



Global Forum on Urbanization and Health

15-17 November, 2010
Kobe, Japan



REPORT

FOREWORD

For the first time in history, more people are now living in urban settings than in rural areas. By the middle of this century, an estimated seven out of every ten people will be living in towns or cities, with the most explosive growth occurring in Asia and Africa. While urbanization is receiving increased global attention, the trends and health consequences are less well known. Cities concentrate opportunities - greater access to employment, education, transportation, health care - and they are hubs for economic growth.

They also concentrate risks and hazards for health such as a sharp rise in lifestyle-related chronic diseases, like diabetes, a changing climate, and the urbanization of poverty. In many cases, city resources and infrastructure are overburdened and ill-equipped to provide environments conducive to the well-being of its residents.

One of the greatest challenges of urbanization is the resulting health inequities with consequences to all city dwellers. No city is immune to this problem. Being aware of health inequities generates action for integrating health into urban planning and for improving transport systems, housing, zoning, and green spaces. In this regard, national and municipal leaders play a critical role to address the health and the inequities prevalent in our cities worldwide. They can advocate for change, implement regulations, and encourage a whole-of-government approach that includes multiple sectors and civil society. Throughout 2010, WHO held a year-long campaign to highlight the importance of addressing urbanization and health. The World Health Day theme "Urban health matters" helped raise the visibility of the issue whereby over 1500 cities participated in events.

The Global Forum on Urbanization and Health was organized in the belief that the conditions in cities will be among the most important global health issues of the 21st century. It convened representatives from over 80 countries, including over 50 mayors, ministers, and governors with the aim to share experiences and ensure a framework for addressing health and health inequities in the years ahead. Leaders from around the world were



energized by the potential opportunities to address urban health issues and endorsed the Kobe Call to Action, a clear path for the future.

This report summarizes the discussions and findings at the Global Forum on Urbanization and Health. For more information on the meeting, including video highlights of the sessions, interviews with leaders and a photo gallery of the events, please visit <http://www.gfuh.org>. The WHO Centre for Health Development is pleased to have organized this event and will continue to work with leaders and partners on the actions laid out in the years to come.

Dr Jacob Kumaresan
Director WHO Centre for Health Development



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OVERVIEW



William Fawcett / iStockphoto

The Global Forum on Urbanization and Health took place in the context of increased international attention to the effects and consequences of urbanization, particularly on public health. Throughout the Forum, political leaders including city mayors, governors and ministers highlighted in clear terms that improving public health by addressing health inequities in cities is crucial to managing urbanization and securing the social and economic welfare of city dwellers.

The Global Forum marked the culmination of the World Health Organization (WHO) 2010 campaign on urbanization and health and a series of global events and initiatives, including World Health Day 2010 on the theme of urban health and the launch of the WHO/UN-HABITAT global report entitled *Hidden Cities: unmasking and overcoming health inequities in urban settings*.

Through a series of interactive plenary discussions, thematic and networking sessions, the Global Forum provided a platform for policy-makers, city representatives and urban health experts to share experiences and learn from each other. Several examples of successful initiatives were presented highlighting significant progress in a number of areas, particularly in terms of assessing health inequities and healthier urban lifestyles. However, it was also recognized that much more needed to be done.

Participants were united in stressing the importance

of tackling the factors that are driving the risks and vulnerabilities to urban health such as unplanned and poorly managed urban growth and poverty. Participants, moreover, stressed the urgency of addressing and supporting the needs of the urban poor who suffer disproportionately from a wide range of diseases and other health problems.

The factors that influence and determine the state of health in cities around the world have combined to create a triple threat of diseases and health conditions consisting of a) infectious diseases such as HIV, tuberculosis, influenza and diarrhoeal infections; b) noncommunicable diseases and conditions such as heart diseases, chronic respiratory diseases, cancers and diabetes; and c) injuries, particularly traffic accidents, and violence. The sessions of the Global Forum covered a broad variety of these issues looking at the scope of the challenges, including key contributing factors such as unhealthy lifestyles (smoking and

inactivity, for example), air pollution and lack of adequate sanitation. Solutions and practices were discussed and presented in areas such as waste and water management, urban design, public awareness-raising and education campaigns as well as strengthening of urban health systems. In addition, broader cross-cutting issues such as the impacts of climate change and urban disaster risk reduction were discussed. Cities represented different socioeconomic profiles and challenges, ranging from megacities such as Mexico City (Mexico), Shanghai (China) and Tehran (Islamic Republic of Iran) to smaller and mid-sized cities like San Luis Potosi (Mexico), Liverpool (the United Kingdom) and Windhoek (Namibia).

The Global Forum highlighted the importance of working across all relevant sectors and levels of government to advance urban health, emphasizing the crucial leadership role of local and municipal governments. It also stressed the necessity to better understand which city dwellers are affected by which health issues – and why – by generating and applying data broken down according to socioeconomic status and living conditions. Finally, the need for local authorities to engage communities and non-government stakeholders in urban planning was underlined as a fundamental tool to ensure not only good governance, but also improved implementation of policies.

FINDINGS

Among the issues discussed at the Forum, four stood out and were considered as critical to advancing urban health:

1. **Urban health equity;**
2. **Working across sectors and integrating health in all urban policies;**
3. **Urban planning and community engagement; and**
4. **Leadership and political commitment.**

1. Urban health equity

KEY POINTS

- Cities concentrate opportunities and risks to health – health inequities exist in all cities.
- Particular attention must be given to the urban poor and disadvantaged.
- City planners and policy-makers must have a clear picture of the social and economic health determinants – information broken down by neighbourhood, gender, age, employment – and use the data to guide effective health actions.

The Global Forum recognized that cities overall offer good opportunities for residents to benefit from education and health and social services. However, they also concentrate a number of risks and health hazards associated with overcrowding, poor housing conditions and lack of proper infrastructure, including access to safe water and sanitation. The result, as several participants pointed out, is that within cities we often find both the best and the worst for health and well-being.

Empirical long-term studies and practical city examples were presented, showing that people and families with the lowest incomes in urban areas are most at risk of adverse health outcomes and have less access to health services. They are also disadvantaged in terms of their living conditions, such as their access to safe water and adequate sanitation. Poverty was singled out as the major contributing factor to urban health inequities with further underlying factors such as household wealth, education and location of residence.

The vast majority of the world's 828 million slum dwellers live in cities in developing countries and it is in these countries that almost all urban population growth in the coming decades will happen. The speed of urban growth has often outpaced the capacity of national and local governments to cope

and despite growing awareness and efforts, the number of people living in slums is rising. Representatives from African cities gave voice to the fact that this is the fastest urbanizing continent facing an unprecedented urban transition. Urban population growth is leading to a drastic increase in the demand for housing and basic services, posing a serious challenge to cities and countries already struggling with high levels of poverty.

Cities showcased efforts to improve the health of the urban poor and disadvantaged. Examples from Windhoek (Namibia) and Addis Ababa (Ethiopia) included housing upgrade programmes, infrastructure development and expansion, particularly in the area of water and sanitation, improved access to health care services as well as support to micro-industries to improve the socioeconomic status of people.

It was stressed that problems of health inequity are not restricted to cities in developing countries and areas traditionally perceived as slums. A number of presentations confirmed the links between relative urban poverty and the prevalence of diseases and conditions such as heart disease, cancers and diabetes associated with lifestyle choices such as tobacco, alcohol use and unhealthy diets. The lack of education and awareness of the health consequences of lifestyle choices was cited as a major constraint in this regard. Representatives from the cities of Liverpool (United Kingdom) and El Paso (United States), talked about the problems they face in terms of lifestyle-related diseases as well as efforts to promote healthier ways of living through non-smoking campaigns and tackling childhood obesity.

Despite the general understanding among participants that people living in cities, on average, enjoy better health than their rural counterparts, it was a common view that better and more accurate information is needed on the health differences that exist within cities. Urban growth often occurs so quickly that city planners and leaders do not know even basic information such as precisely how many people are residing in their cities or where they are living. Available health

One of our key challenges is to make the vulnerable visible.

Bience Gawanas, African Union Commissioner for Social Affairs

Support to Urban HEART



To support the implementation of Urban HEART in coming years, WHO Kobe Centre will:

- Scale-up Urban HEART implementation to new countries and cities through WHO Regional Offices
- Provide technical assistance to support Urban HEART implementation
- Develop additional resources, such as a user manual and interactive website
- Develop measurements and methods for impact assessment

To download Urban HEART go to: www.who.or.jp/urbanheart.html

information is usually aggregated to provide an average of all urban residents – rich and poor, young and old, men and women, migrants and long-term residents – rather than disaggregated by income, neighbourhood or other population characteristics. As a result, the different worlds of city dwellers remain hidden and substantial health challenges of the disadvantaged are overlooked.

The Global Forum emphasized that because urban health inequities exist everywhere, all local and national leaders must work to overcome them. Local governments are uniquely positioned to coordinate efforts, but should do so in a way that includes all relevant stakeholders and sectors. Understanding the nature and scope of health inequities within their cities, local governments must choose priority interventions and then monitor and evaluate their effects over time. The importance of looking at the access of different groups to the wider social determinants of health across cities (such as education, clean water, sanitation, housing, healthcare, and transport) was underlined. In addition, affordability, which is an integral component of access to such services, should be monitored by socioeconomic group.

Disadvantage and disease within certain neighbourhoods, and city dwellers' odds of being healthy depend very much on where they live within the city. Examples presented from a number of large cities, such as Sao Paulo (Brazil) and London (United Kingdom) highlighted the incredible concentration of rich and poor living side by side, with very different levels of health and drastic variations in life expectancy from neighbourhood to neighbourhood.

The starting point is a clear picture of the health issues and what drives them within the city. Information about each specific population group or segment (disaggregated data) should be used; depending on the specific context, data can be disaggregated into male versus female, age groups, geographic areas or locale within the city, and socioeconomic status. The importance of considering differences in cultural backgrounds and potentially health-determining factors in customs and common behaviour was also stressed, particularly in cities with large groups of ethnic minorities. It was noted that the data—which is often not available, or if available is not compiled in a user-friendly way – does not need to be extremely complex. Basic information such as average age of death broken down by profession and place of residence was cited as an example. Data presented in this way is fundamental to tackle health inequities and provides a powerful tool to advocate and argue for change.

Tools are available to help governments and local leaders with these processes. WHO's Urban HEART (Urban Health Equity Assessment and Response Tool) was highlighted as a simple and user-friendly way to assess and guide response to urban health inequities. Feedback on lessons learned from the application of Urban HEART in Paranaque (Philippines), Guarulhos (Brazil) and Tehran (Islamic Republic of Iran) were provided. Disaggregating already-available data into socioeconomic groups, and geographical areas or neighbourhoods, Urban HEART considers health determinants and their interactions in multiple areas of urban life to prioritize actions to reduce inequities.

2. Working across sectors and integrating health in all urban policies

KEY POINTS

- Strengthening urban health requires multisectoral and multi-stakeholder involvement – including civil society and the private sector.
- Mechanisms for coordination and mutual engagement on health issues between all sectors and government departments should be established.
- The health sector and political leaders must push for the integration of health into all urban policies.

The Global Forum emphasized that one of the most significant hindrances in strengthening urban health systems is the lack of sufficient coordination between relevant sectors and stakeholders as well as inherent problems related to the division of authority, responsibility and accountability across sectors and government levels.

The overwhelming view of the Forum was that successful design and implementation of urban health interventions requires a multisectoral approach involving a broad set of stakeholders. Participants agreed that efforts must be made to integrate health in all urban policies and while much of the leadership in health issues should come from the health sector, a wider approach is necessary. Advancing urban health is dependent on effective cooperation across government departments including housing, transport, industry, water and sanitation, education, environment and financial management. Furthermore, working with the private sector and civil society was viewed as a crucial component to ensure cross-cutting interactions. With cities like Tehran and Shanghai providing examples of having established such cross-sectional coordination, local governments were urged to further develop and strengthen such platforms.

Effective interventions in urban health require the cooperation of a complex set of stakeholders who may or may not be used to working together. Participants discussed the roles and responsibilities of different layers of government, including those between the national and local level, stressing the need for continuous coordination as well as clarity in the division of labour.

Several interventions stressed the importance of integrating health concerns in the transport sector. Participants heard about efforts to improve road safety and reduce the number of traffic injuries in Viet Nam as well as actions on cutting down air pollution from motorized vehicles in Giza (Egypt) to improve urban environmental health. It was underlined that improvements and investments in public transport connectivity as well as promotion of walking and biking, require close cooperation not only between health and transport departments but also with the environment, finance, education and planning sectors.

Disaster risk reduction, including disease outbreak prevention and control, was stressed as an area where intersectoral action and frameworks for joint coordination is of particular importance. The global campaign 2010–11 to support cities in building disaster resilience, including practical tools and check lists, was presented by the United Nations International Strategy for Disaster Reduction.

Making cities resilient requires working across all relevant sectors; ensuring access to safe hospitals, education and training on disaster risk reduction; enforcement of risk compliant building codes, early warning systems and emergency management capacities. The importance of having clearly designated focal points and division of duties was also emphasized.

Concrete examples of managing disease outbreaks, for example, the establishment of a surveillance, sanitary alert and response system in Mexico City to deal with the H1N1 influenza pandemic of 2009–2010 clearly demonstrated the need to involve multiple public sectors, the academic and scientific community, and the media. The responsibility of health departments to lead and coordinate efforts in this regard was stressed. Similar points were the lessons learned from the response

Tackling environmental health problems is a complex work that requires linking together many professions and influencing almost all aspects of life...

Bojan Srot, Mayor of Celje, Slovenia



Marshall Faulk/SXC.hu

and control of the measles' outbreak in 2008–2009 in Baghdad's Sadr City.

The Global Forum discussed the importance of public-private partnerships and highlighted a number of reasons for working with the private sector to achieve urban health improvements. First, urban populations depend to a large degree on receiving their health services from the private sector, including medical doctors, birth attendants and local pharmacies. Good examples of public-private partnerships were provided, such as on delivery of affordable medicine in the city of Cuenca (Ecuador) and involvement of micro-institutions to assist slum-dwellers in Karachi (Pakistan). Second, the private sector brings addi-

tional resources to tackle problems and offers low-cost solutions. Discussions related to climate change and environmental health noted that government authorities should work with the private sector to find cost-effective ways of reducing emissions of pollutants that damage not only the health of city residents, but also the global climate. Third, public-private partnerships are also important to ensure healthy workplace conditions. In addition to engaging with the private sector, linkages with the academic community was also encouraged to ensure that policy-making is based on evidence and the best scientific information available.



Intersectoral Action on Health (ISA)

During the Forum a special consultation with ministers, governors and mayors focusing on Intersectoral Action on Health (ISA) was conducted. The objective was to review and discuss draft guidelines for policy-makers on how to implement intersectoral action on health. The issues raised will feed into the development of a practical set of guidelines on ISA for policymakers. The main messages from the meeting were:

- Intersectoral action on health, especially in urban settings, plays a key role in effectively addressing the social determinants of health and ensuring health equity among city dwellers.
- The municipal level provides an important opportunity for intersectoral action, where mayors as an integrated part of their work provide an arena for coordination between sectors.
- The promotion of co-benefits and increasing the awareness of other sectors on how their actions and decisions may contribute to health is important for the health sector to prioritize.
- Political leadership and commitment at all levels of government to using a multisectoral approach is critical for successful intersectoral action on health.

3. Urban planning and community engagement

KEY POINTS

- Working with and through community-based organizations and health centres is fundamental to advancing city-wide health with a particular focus on empowering slum-dweller organizations.
- Local governments should establish platforms and structures that enable community organisations and citizens to interact in all phases of urban health planning and programmes.

The Global Forum highlighted the importance of community involvement in local governance and called for the establishment of local participatory governance mechanisms that enable communities and local governments to partner in building healthier and safer cities. The Mayor of the city of Udine

(Italy) pointed out that if citizens are not aware of risks and health issues, or do not actively take part in addressing their needs and sharing decisions, even the best agenda can be totally ineffective.

Community engagement should involve dynamic relationships and dialogue between community members and local health departments to promote a mutual exchange of information, ideas and resources. While the health department shares its health expertise, services and other resources with the community through this process, the community can also share its knowledge and experience to guide public health programmes.

Governments should strive to ensure transparency and genuine engagement of all relevant stakeholders in the various phases of urban development – planning, budgeting, implementation, monitoring and evaluation. This was seen as an essential element to effectively build commitment to reducing urban health inequities.

In the discussions, it was highlighted that a community may include individuals, groups, organizations, and associations or informal networks. These may share common characteristics and

A lot ... has to do with the lack of awareness and illiteracy about health ... so a lot has to be done with education and awareness.

Furio Honsell, Mayor of Udine, Italy

interests based on factors such as place or neighbourhood, age or socioeconomic status. Local governments may have to actively seek out and identify the most relevant and inclusive community partners. Communities may have similar concerns about specific health issues, which would help create more relevant and effective programmes.

Working with and through community-based organizations in relation to education and awareness-raising on health issues was considered an important opportunity. Engaging volunteers working in youth clubs was mentioned as a successful way of promoting healthy lifestyles such as non-smoking among young people. Similar lessons were shared in terms of reaching elderly urban residents: understanding their needs, providing them with information on how best to access health services, and motivating them to lead more active lifestyles.

The Global Forum recognized that reducing health disparities requires greater community participation to harness diverse skills, resources and perspectives to identify issues and to craft viable solutions. Sharing ownership of the agenda with communities is critical to developing trust and creating plans that incorporate local concerns.

On the issue of slums and informal settlements, several participants emphasized that interventions concerning the built environment must be complemented with a social dimension leading to the empowerment of slum dwellers and their associations. An increasing number of upgrading programmes have been implemented as partnerships between local governments and organizations of slum dwellers, supported by bilateral and multilateral donor agencies. Participants were presented with a number of examples from Nairobi, Addis Ababa and Karachi. People in informal settlements have participated in their own governance and taken an active role in urban planning, policy-making, and programme management. By engaging slum



WHO/Anna Karf

communities, by showing them the respect of inclusiveness, there is a much higher chance that those living in slums will gain more self-esteem, particularly in terms of raising awareness of sanitary conditions and hygienic behaviour.

Community involvement was underlined as a fundamental feature in effective disaster risk reduction. The host city of Kobe shared experiences in working with communities to increase local disaster resilience, including the restoration phase, to enhance awareness and knowledge of disaster risk as well as support response capacities at the district and neighbourhood level, recognizing that it is from communities where the first line (and often life-saving) response will come.

4. Leadership and political commitment

KEY POINTS

- Leaders are role models and must lead by example.
- Since most of the root causes of ill-health lie beyond the health sector, local leaders must influence and promote health through all relevant sectors.
- Political will is required to push forward the health agenda even in the face of opposition.
- Transparency in governance is fundamental to ensure accountability and inclusiveness.

Intersectoral coordination, participatory governance, forward thinking and city-wide health strategies require political commitment and leadership. This was a clear message from the Global Forum. The capacity and responsibility to advance urban health is the responsibility of all citizens. However, political leaders, ministers, governors, city mayors and heads of city health departments have a crucial role to play in their capacity as leaders. Without political commitment, without leaders pushing for adequate allocation of public budgets and relevant legislation, urban health will not be sufficiently and sustainably advanced.

While most of the root causes of ill-health and health inequity lie beyond the direct control of the health sector, local leaders have direct influence over a wide range of urban health determinants from housing and transport policies, to social services and smoking regulations as well as the policies that govern food marketing and sales. City mayors, governors and other local leaders are in a position to influence issues such as land use,

building standards, water and sanitation systems, and the enactment and enforcement of health-promoting legislation.

The future of urban health rests with choices in policy and practice that, in turn, are dependent upon firm political will. The Global Forum heard from a number of political leaders, particularly city mayors, on the challenges they have faced and some of the lessons learned in trying to advance urban health.

The need to make difficult and sometimes unpopular political choices was mentioned as a clear challenge for policy-makers when trying to ensure political support and budgets for health investment both directly and indirectly. Manoeuvring in a context of political opposition and private sector interests and lobbyists, leaders often face conflicts of interest and tough choices. With a number of local government leaders from Lagos (Nigeria), Bangkok (Thailand) and elsewhere sharing their efforts and political vision, city mayors and other leaders were urged to commit to strengthening urban health even if they meet with initial resistance and seem unpopular in the short term.

The Global Forum urged national governments to support city authorities and called for close coordination between the local and national levels. However, as was pointed out by several participants, cities both can and should take action independently of national initiatives where necessary and relevant. Climate change is an area where a number of cities and city-networks have already moved ahead proactively.

Participants recognised the inherent challenge of the short political lives of government administrations compared to the long-term investments to improving public health. Political leaders will often not be in office to actually see the results of public health initiatives. Furthermore, it was pointed out that health might not always be the most convincing political argument to pass

relevant decisions or legislation that will have positive impacts in the long run. These concerns further validate the need for political vision, will and commitment. Policy-makers need to be supported by the best data available to make the case for investment in health, not only from a humanitarian point of view, but for the broader social, economic and environmental benefits.

The importance of celebrating achievements on urban health, marking the initiation, progress and completion of projects were regarded as a way of building relationships across sectors. It is important to make issues visible, to recognize community engagement and not the least, to reward courageous political leaders by giving them visibility.

The Global Forum underlined that not all actions to improve health necessitate high-level political decisions and costly investments. Often it is about encouraging a change of behaviour. Leaders at all levels, from the central government to the community, have an important part to play in this regard by acting as role models. Leaders can be examples by becoming champions for smoke-free environments, walking, cycling, active lifestyles, and by promoting community designs that support these activities.

Inclusion of stakeholders into the policy-drafting process was seen as essential to ensure adherence to political decisions and legislation. Ensuring transparency in governance and community involvement were valued as examples of good leadership and fundamental to sustained improvements on urban health. Community leaders are often active in their positions for much longer than the average city mayor or minister, thus working with and through community-based organisations is a way of ensuring consistency and long-term implementation.

If I don't make the policies necessary for the public just because I face opposition, the political leadership becomes meaningless...

Shigefumi Matsuzawa
Governor of Kanagawa Prefecture, Japan



WHO/Yuki Kitamori



WHO/Masahiko Sugitani

The turning point was when we adopted the policy for developing community-based health centres...

Shen Xiaoming, Vice Mayor, Shanghai

We got everybody's phone number ... and published it ... so now you can easily reach everyone in our government either by email or phone. This has improved accountability and has helped citizens' participation.

Babatunde Raji Fashola, Governor, Lagos State, Nigeria

THE FUTURE

The Global Forum was recognized as an important step towards advancing urban health and addressing health inequities in urban settings – an opportunity for participants to build on and inspire each other to network, discuss and do more. National governments, cities and communities all have a responsibility to move the agenda forward. Participants at the Global Forum broadly acknowledged their responsibility to act and to motivate action by others.

The Global Forum culminated in the endorsement of the Kobe Call to Action, which captures the essence of the discussions and conclusions of the Forum, and is a statement by and for national and

local leaders to address health and health equity in cities. (See Annex 1 for the full text).

The last day of the Global Forum also saw the official launch of the WHO/UN-HABITAT global report on urbanization and health, *Hidden Cities: unmasking and overcoming health inequities in urban settings*. Based on a number of studies and city examples, the report exposes the extent to which certain city dwellers suffer disproportionately from a wide range of diseases and health problems. The report provides information and tools to help governments and local leaders reduce health inequities in their cities.

WHO/Masahiko Sugitani



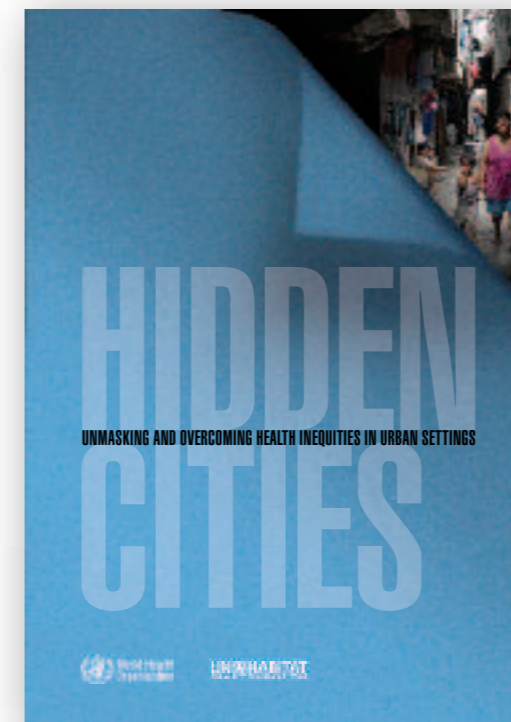
To download the Kobe Call to Action go to: www.gfuh.org

In essence, the Kobe Call to Action asks governments to put health at the heart of the urban health agenda...policy-makers need to make full use of urban planning expertise and get civil society, community groups and business to shape these plans – after all, these are the people who will be living with the results.

Margaret Chan, Director-General, WHO



Pierre Holtz/IRIN



To download *Hidden Cities* go to www.hiddencities.org.

WHO, through its Centre for Health Development in Kobe (WKC) will follow up on commitments made at the Global Forum. WHO will work with country and city partners as well as UN and other international organizations to develop partnerships to advance urban health and promote health equity in urban settings on the following areas:

- Develop tools and advise local governments to assess health inequities, prioritize action and monitor health impacts.
- Promote regional and inter country networks, alliances and platforms to exchange information, share challenges and experiences on successful initiatives on health and health equity in cities.
- Identify and support role models, national and municipal leaders to champion health in all urban policies.
- Generate disaggregated data on urban health and systematically integrate such information into national and global observatories, urban and health databases.

ANNEX 1: TEXT OF THE KOBE CALL TO ACTION

Key Principles

We, government leaders, city mayors and other participants at the Global Forum on Urbanization and Health, recognize the importance of the following three key principles for the development of urban health policies:

1. UNCOVER AND ADDRESS URBAN HEALTH INEQUITIES TO BUILD HEALTHIER CITIES

Understanding urban health begins with knowing which city dwellers are affected by what health issues, and why—making the vulnerable visible so that their situation can be addressed. In this way, municipalities will better understand what the problems are, where they lie, and how best to address them.

This understanding can be enhanced through the use of reliable measurements of health inequities and their determinants within cities, especially those associated with the lack of safe water and adequate sanitation, as well as lifestyle-related noncommunicable diseases and conditions.

2. SHOW LEADERSHIP BY INCLUDING HEALTH IN ALL URBAN POLICIES THROUGH INTERSECTORAL ACTION

Local governments have a major leadership role to play in improving urban health and reducing urban health inequities. They have the capacity to bring together many different areas of government and society in order to bring health and health equity to the heart of the policy-making process.

Essential prerequisites for action to integrate health in urban policies include securing commitments from a wide range of local leaders, developing a common vision for health and health equity, creating supportive institutional arrangements, measuring the health impact of policies and programmes, and connecting with others—including civil society and the private sector—who can support the work.

3. USE EFFECTIVE MECHANISMS FOR COMMUNITY PARTICIPATION IN URBAN POLICY AND PLANNING

Communities need to be actively engaged in the decisions that affect their lives. Communities often know their situation best and what needs to be done. Moreover, communities have a capacity for handling constant change. Local governments are uniquely positioned to tackle health inequities, but must do so in a way that includes other levels of government and specifically communities.

This can be done by enabling citizens' participation in the urban planning process and through the empowerment of individuals and communities to improve health and well-being.

Kobe Call to Action

We, government leaders, city mayors and other participants at the Global Forum on Urbanization and Health in Kobe, Japan

COMMIT TO:

- Promote health and health equity in cities;
- Develop ongoing systems for regular and sustainable collection and analysis of disaggregated data;
- Integrate health into all public policies (for example, education, water and sanitation, housing, tobacco use, transportation and road safety, physical activity, healthy diets, and mental health) through the use of intersectoral action in order to have a positive impact on health equity;
- Systematize the use of health equity assessment tools to identify and respond to inequities, and to assess the impact on health of urban policies and programmes;
- Utilize urban planning processes to create and build upon opportunities that address health inequities;

- Invigorate mechanisms for the informed participation of citizenry in local decision-making;
- Promote health literacy to support people in living healthier lives

REQUEST ALL LOCAL GOVERNMENTS TO:

- Follow up on these commitments to improve urban health and health equity.

REQUEST CIVIL SOCIETY TO:

- Support and be actively engaged in the implementation of these commitments

REQUEST ALL NATIONAL GOVERNMENTS TO:

- Integrate health and health equity into all urban public policies;
- Make all data relevant for health equity and impact assessment accessible across all levels of government;
- Develop supportive institutional arrangements to enable local governments to tackle urban health inequities through intersectoral action;
- Engage their Heads of State in supporting recommendations related to the integration of urban health equity considerations in the high level meeting on noncommunicable diseases at the UN General Assembly in September 2011;

- Support urban leadership in addressing Primary Health Care, urban health and health equity.

REQUEST THE WORLD HEALTH ORGANIZATION (WHO), THE UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT) AND OTHER UN AGENCIES TO:

- Coordinate efforts, generate evidence and favour intersectoral policies and actions on urban health and health equity;
- Promote the integration of urban health and health equity in the agenda, policies and plans of action of municipal networks and civil society organizations;
- Develop tools and processes designed to empower communities in local decision making and tackle urban health inequities;
- Provide technical assistance and support capacity-building among Member States and local governments with the aim of improving urban health and reducing urban health inequities and the negative impacts on health of urban policies and programmes;
- Encourage the support of Healthy City networks and similar networks as effective mechanisms for promoting political commitment and action at the local level for healthy and sustainable development.



WHO/Yuki Kitamori



WHO/Anna Kari

ANNEX 2: COUNTRIES OF PARTICIPANTS*

- | | | | |
|-------------------------------------|----------------------------------|------------------------------|---------------------------------|
| 1. AFGHANISTAN | 15. CHINA | 29. HUNGARY | 42. MALAYSIA |
| 2. ALGERIA | 16. COLOMBIA | 30. INDIA | 43. MALDIVES |
| 3. ANGOLA | 17. COTE D'IVOIRE | 31. INDONESIA | 44. MEXICO |
| 4. ANTIGUA AND BARBUDA | 18. CROATIA | 32. IRAQ | 45. MONGOLIA |
| 5. ARGENTINA | 19. DEMOCRATIC REPUBLIC OF CONGO | 33. ISLAMIC REPUBLIC OF IRAN | 46. MYANMAR |
| 6. AUSTRALIA | 20. DJIBOUTI | 34. ITALY | 47. NAMIBIA |
| 7. BELGIUM | 21. DOMINICA | 35. JAMAICA | 48. NEPAL |
| 8. BENIN | 22. DOMINICAN REPUBLIC | 36. JAPAN | 49. NETHERLANDS |
| 9. BHUTAN | 23. ECUADOR | 37. JORDAN | 50. NIGERIA |
| 10. BOLIVIA, PLURINATIONAL STATE OF | 24. EGYPT | 38. KENYA | 51. OMAN |
| 11. BRAZIL | 25. ETHIOPIA | 39. KOREA, REPUBLIC OF | 52. PAKISTAN |
| 12. BURKINA FASO | 26. FINLAND | 40. LIBYA ARAB JAMAHIRIYA | 53. PARAGUAY |
| 13. CAMEROON | 27. GABON | 41. MALAWI | 54. PHILIPPINES |
| 14. CANADA | 28. GUINEA | | 55. RUSSIAN FEDERATION |
| | | | 56. RWANDA |
| | | | 57. SAUDI ARABIA |
| | | | 58. SENEGAL |
| | | | 59. SINGAPORE |
| | | | 60. SLOVENIA |
| | | | 61. SOMALIA |
| | | | 62. SOUTH AFRICA |
| | | | 63. SPAIN |
| | | | 64. SRI LANKA |
| | | | 65. SUDAN |
| | | | 66. SURINAME |
| | | | 67. SWEDEN |
| | | | 68. SWITZERLAND |
| | | | 69. THAILAND |
| | | | 70. TIMOR-LESTE |
| | | | 71. TRINIDAD AND TOBAGO |
| | | | 72. TUNISIA |
| | | | 73. TURKEY |
| | | | 74. UGANDA |
| | | | 75. UNITED KINGDOM |
| | | | 76. UNITED REPUBLIC OF TANZANIA |
| | | | 77. UNITED STATES OF AMERICA |
| | | | 78. VIET NAM |
| | | | 79. YEMEN |
| | | | 80. ZAMBIA |
| | | | 81. ZIMBABWE |

* A full list of the individual names of participants can be found at <http://www.gfuh.org>



WHO/Anna Kari

ANNEX 3: USEFUL WEB LINKS

GLOBAL FORUM AND OTHER 2010 URBAN HEALTH EVENTS

For footage and information from the Global Forum on Urbanization and Health, visit www.gfuh.org

The WHO / UN-HABITAT global Hidden Cities report is accessible online at www.hiddencities.org/report.html

WHO Centre for Health Development, Kobe Japan

www.who.or.jp/index.htm

URBAN INDICATORS

ww2.unhabitat.org/programmes/guo/urban_indicators.asp

The website is a portal to UN-HABITAT's urban indicators, which are collected regularly in a

sample of cities worldwide to report on progress on the 20 key areas of the Habitat Agenda at the city level.

URBANINFO

www.devinfo.info/urbaninfo/

The website provides access to a web-based version of UrbanInfo.

WHO KNOWLEDGE NETWORK ON URBAN SETTINGS

www.who.or.jp/knus.html

The Knowledge Network on Urban Settings was focused on synthesizing global knowledge on social determinants of health and urbanization. The website provides access to the Network's final

report, as well as a range of other resources that informed its work.

COMMISSION ON SOCIAL DETERMINANTS OF HEALTH

www.who.int/social_determinants/thecommission/finalreport/about_csdh/en/index.html

The Commission on Social Determinants of Health was a global network of policy-makers, researchers and civil society organizations brought together by WHO to give support in tackling the social causes of poor health and health inequities. The website provides access to the Commission's final report and related information.

HEALTHY CITIES PROGRAMME

www.euro.who.int/healthy-cities

The website provides a wealth of information on all aspects of urban health, and describes WHO's Healthy Cities Programme and its activities around the world.

URBAN HEALTH EQUITY ASSESSMENT AND RESPONSE TOOL (URBAN HEART)

<http://www.who.or.jp/urbanheart.html>

The website provides access to the latest version of Urban HEART, as well as supporting materials and information.

WORLD BANK – URBAN HEALTH

go.worldbank.org/3YB10HELNO

The website provides links to resources that will help planners design, implement and improve urban interventions for better health outcomes.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) – URBAN HEALTH AND ENVIRONMENT

www.makingcitieswork.org/urbanThemes/Urban-healthandenv

The website describes USAID's work in the area of urban health and provides links to selected full-text versions of USAID-sponsored publications on urban health.



WHO/Anna Kari

UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) – TOOLS FOR COMMUNITY ACTION

www.cdc.gov/healthycommunitiesprogram/tools/index.htm

The website, part of CDC's Healthy Communities Program, provides a range of tools for engaging communities to improve places and organizations that touch people's lives every day – schools, workplaces, healthcare sites and other community settings – for health promotion and chronic disease prevention.

INTERNATIONAL SOCIETY FOR URBAN HEALTH

www.isuh.org

The International Society for Urban Health is an association of researchers, scholars and professionals from various disciplines and areas of the world who study the health effects of urban environments and urbanization.

INTERNATIONAL INSTITUTE FOR ENVIRONMENT AND DEVELOPMENT – URBAN ENVIRONMENT

www.iied.org/human-settlements/key-issues/urban-environment-0

The Human Settlements Programme of the International Institute for Environment and Development has been working on urban environmental issues since the mid-1970s.

AFRICAN POPULATION AND HEALTH RESEARCH CENTER

www.aphrc.org

The Center's mission is to promote the well-being of Africans through policy-relevant research on population and health. A major focus of its work has been on urban health.

URBAN HEALTH TODAY: A CURRENT-AWARENESS TOOL

www.urbanhealthtoday.blogspot.com

The website collects reports from the grey literature – not indexed in medical research storage sites (such as PubMed) – surrounding the health of people in cities worldwide. Users can access reports and upload information to share with others.



WHO/Yuki Kitamura





World Health
Organization

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Centre for Health Development (WHO Kobe Centre)
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