EMPOWERING THE FUTURE OF CITIES: ADDRESSING URBAN HEALTH AND HEALTH EQUITY THROUGH INTERSECTORAL ACTION

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WHY HEALTH?

- Sustainable, liveable, economically productive cities need healthy people!
  - Smart, Sustainable, Healthy, Age-Friendly…Cities
- Public health and urban planning are historically linked
- Urban spaces and design directly affect health of people
- Includes health promotion and disease prevention, environmental health, water and sanitation, and health care delivery systems.
- Demographic patterns vary: youth, fertility rate, ageing, etc
- Equity a key issue.

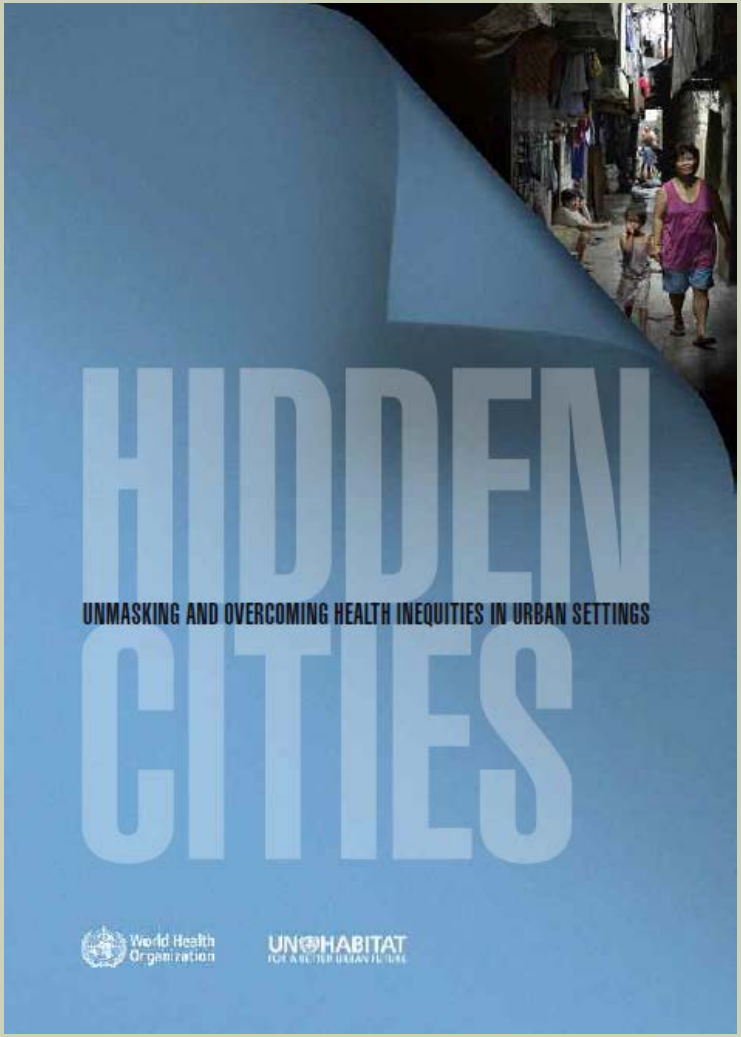
POLITICAL SUPPORT AND CALLS TO ACTION

- MDGs
- Commission on SDH
- UN Political Declaration for Prevention and Control of NCDs
- WHA Resolution on Ageing
- Kobe Call to Action
- WHO Regional Committee Resolutions on Urbanization & Health
- Rio Declaration on SDH
- Rio+20 Outcomes document
- Health 2020 –EURO
- AFRO Libreville Declaration

…. to name a few

HIDDEN CITIES REPORT

- Joint WHO-Habitat Report in 2010
- First report on urbanization and health
- Documented equity gaps
- Need for constructive policy and programmatic actions



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.

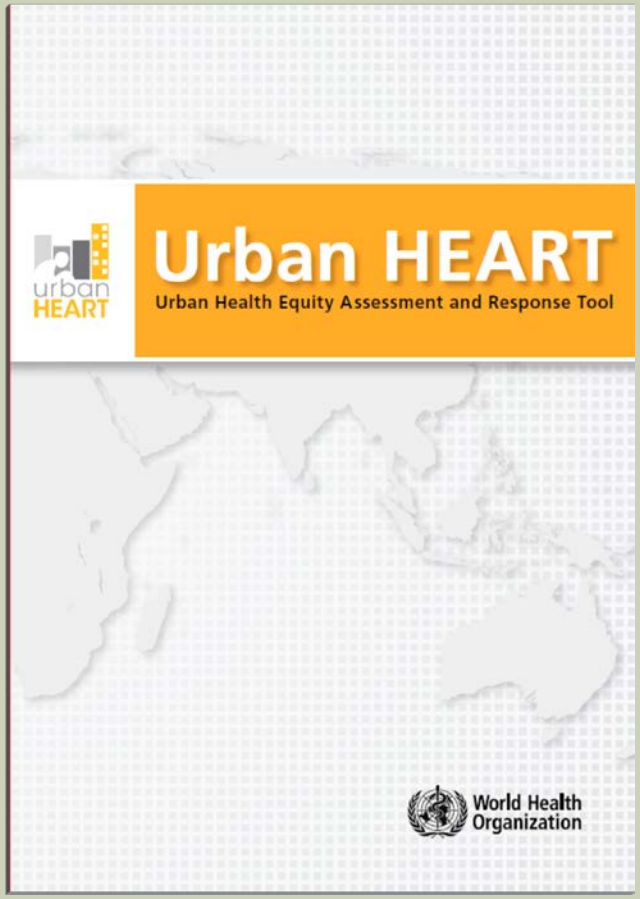
WHO AND THIS SESSION

- WHO Centre for Health Development (WKC) in Kobe
  - Research on health in development with a focus on how social, economic, environmental and technological determinants impact on health, particularly in the urban setting.
  - links between health, equity, urban governance, innovation and ageing, climate change and emergency preparedness, with reference to WHO strategic objectives.
- WHO HQ, Regional and Country Offices engaged in urban health issues
  - Key driver to achieve MDGs
  - Healthy Cities; New WHO Europe Health Policy: Health 2020
  - Environmental health
- WKC works with many universities and institutions around the world.
  - This session highlights two such collaborations: (a) Mr Jon Dawson from the UK and (b) Ms Maja Larsen from Denmark.

MEASURING EQUITY

- Information……first step to action
- A major WKC contribution
  - Urban HEART
- Key local government issue and responsibility
- Being applied to ageing populations in Japan

EXAMPLE OF URBAN HEART ANALYSIS

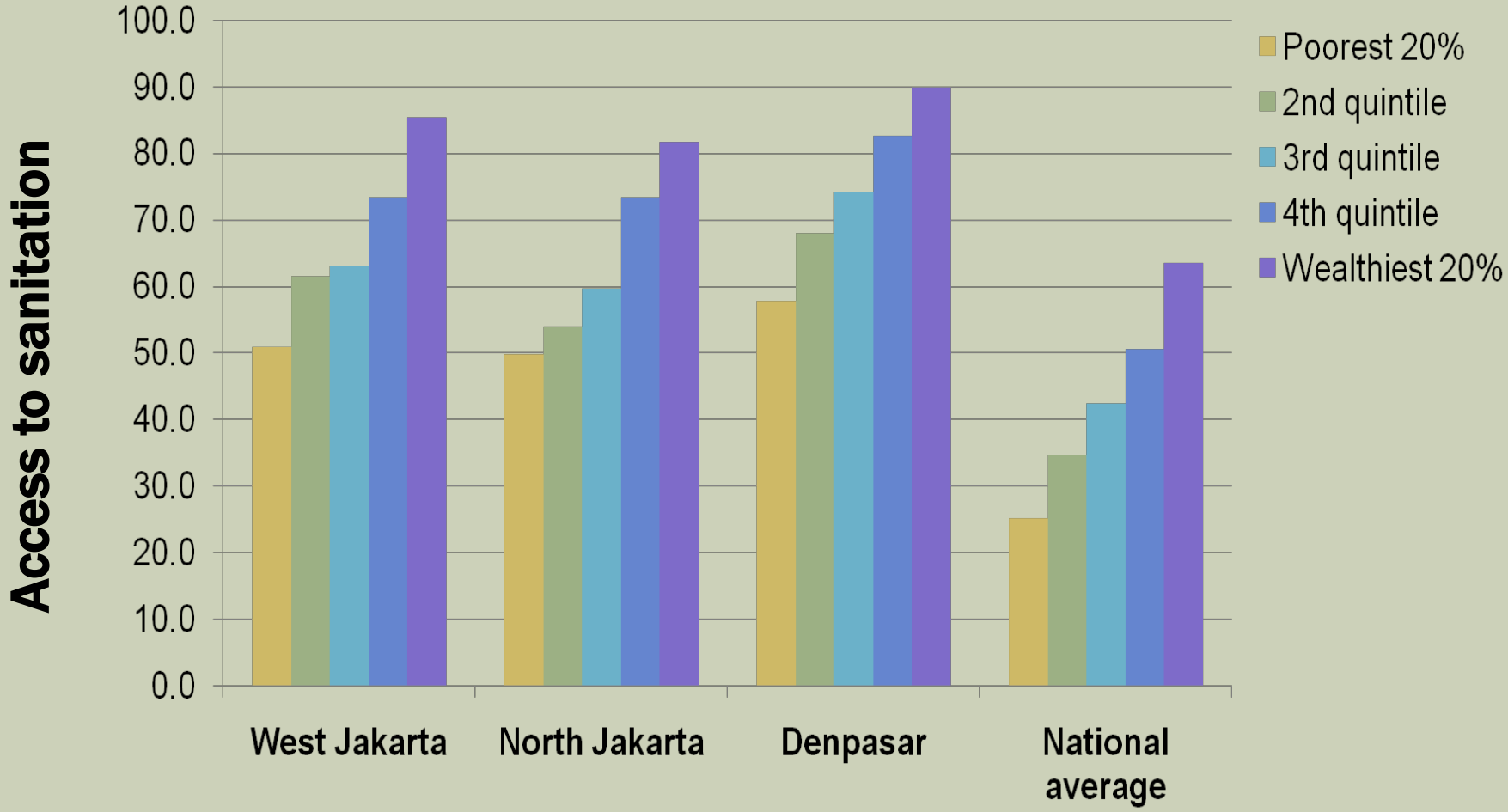


The Urban Health Equity Assessment and Response Tool (Urban HEART) is a user-friendly guide for policy- and decision-makers at national and local levels to:

- **identify and analyse inequities in health** between people living in various parts of cities, or belonging to different socioeconomic groups within and across cities;

- **facilitate decisions on viable and effective strategies**, interventions and actions that should be used to reduce inter- and intra-city health inequities.

EXAMPLE OF URBAN HEART ANALYSIS



EXAMPLES OF KEY OUTCOMES FROM URBAN HEART

Tehran, Iran	• "Tehran, Smoke-Free City" • Reallocation of city budget to worse-off areas
Paranaque, Philippines	• Birthing facilities • Guidelines on maternal and child health
Nakuru, Kenya	• Advocacy for new investments in infrastructure • Street lighting to improve security
Guarulhos, Brazil	• Increase youth employment • Improve opportunities for physical activity
Jakarta, Indonesia	• Improve urban poor access to public services • Health within urban development plan

Bangladesh: Urban health profile

Country Profile*

		Bangladesh	South Asia regional average
General	Total population (thousands)	162 221	
	Population living in urban areas (%)	26	30
	Gross national income per capita (PPP int. $)	1 550	2 954
	Health expenditure per capita (PPP int. $)	42	98
Health	Life expectancy at birth for both sexes (years)	66	64
	Maternal mortality ratio (per 100,000 live births)	340	290

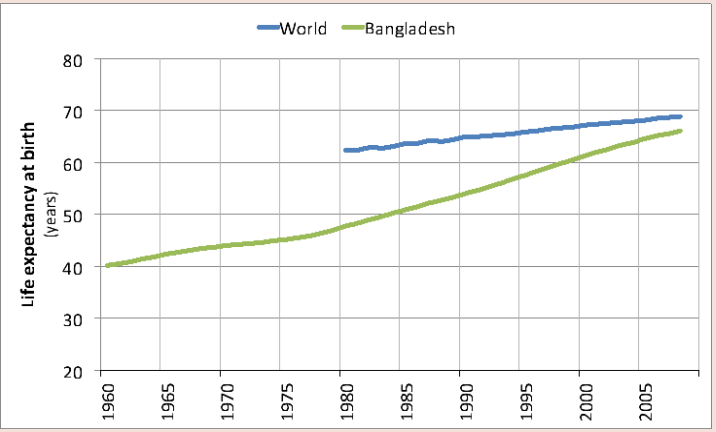
Background

As urban populations continue to grow globally, there is an increasing need to focus on urban health. This fact sheet displays data for urban areas in Bangladesh. Further, this fact sheet aims to reveal inequalities in health between different wealth quintiles in urban areas and to compare these to rural averages.

**Data from latest year available from 2005-2009 World Bank Data.*
***Data from latest year available from 2003-2009 Demographic Health Survey.*
****Data from 2003 World Health Survey.*

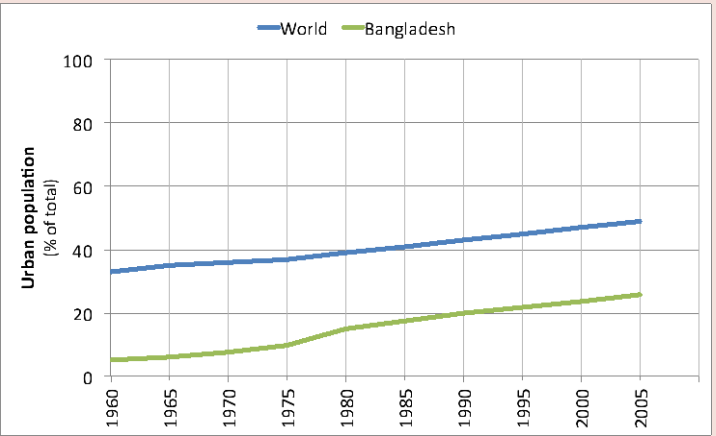
Trends in Key National Indicators*

Life expectancy at birth



Life expectancy at birth in Bangladesh has increased from 40 years in 1960 to 66 years in 2008, but is still lower than the global average of 69 years in 2008.

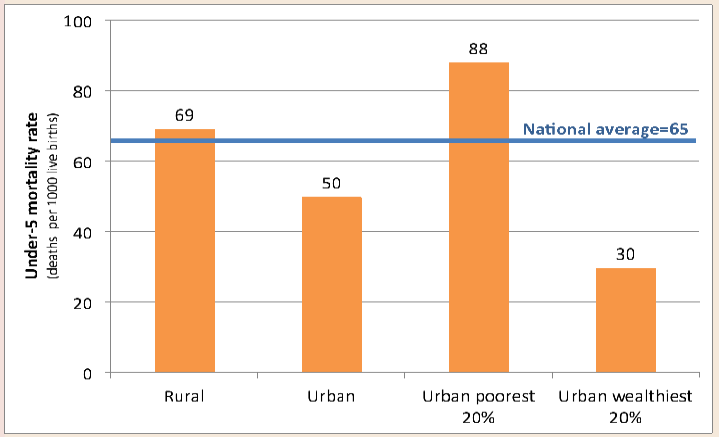
Urban Population



The proportion of urban population in Bangladesh has increased from 5% in 1960 to 26% in 2005, but is still lower than the global average of 49% in 2005.

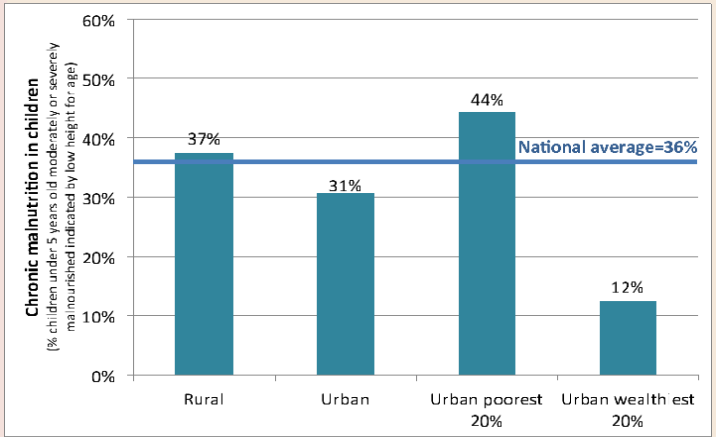
Indicators of Health Outcomes**

Under-5 mortality rate



Children from the poorest urban quintile are 3 times more likely to die before the age of 5 than children from the wealthiest urban quintile. They are also more likely to die than children from rural areas.

Chronic malnutrition in children

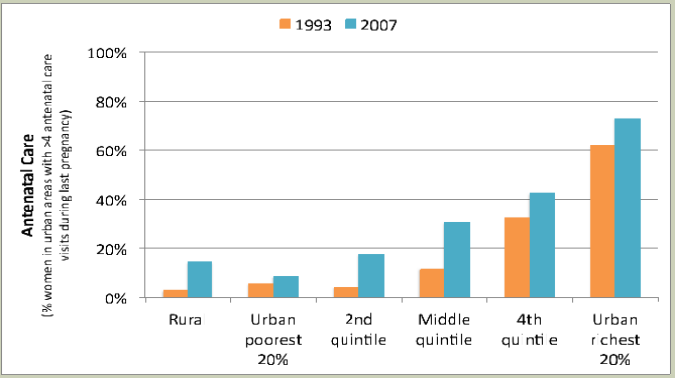


Children from the poorest urban quintile are 4 times more likely to be chronically malnourished than children from the wealthiest urban quintile. They are also more likely to be malnourished than children from rural areas.

Bangladesh: Urban health profile

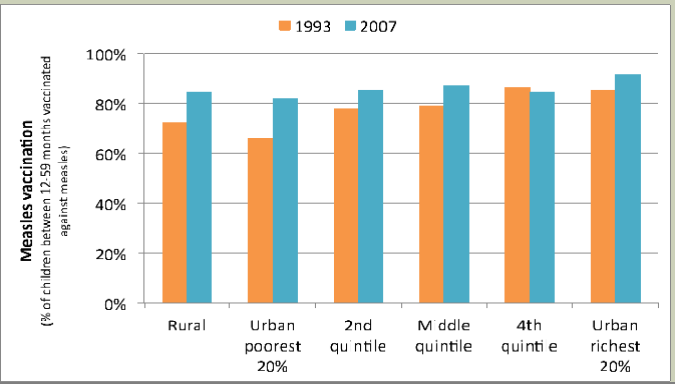
Indicators of Health System Outputs**

Antenatal care



Coverage of antenatal care has increased among all wealth quintile groups between 1993 and 2007. Inequalities persist despite increased coverage of antenatal care.

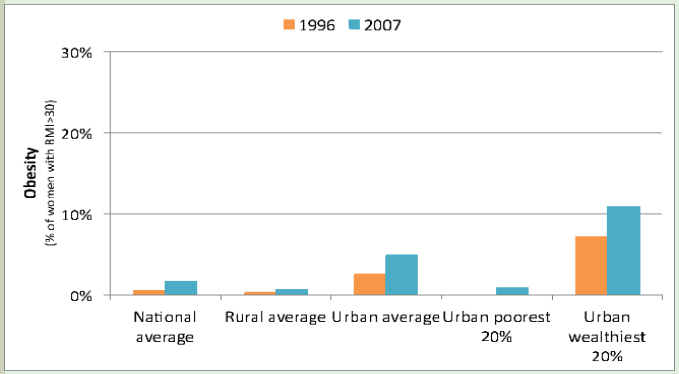
Measles vaccination



Coverage of measles vaccination has increased among all wealth quintile groups, except the 4th quintile, between 1993 and 2007.

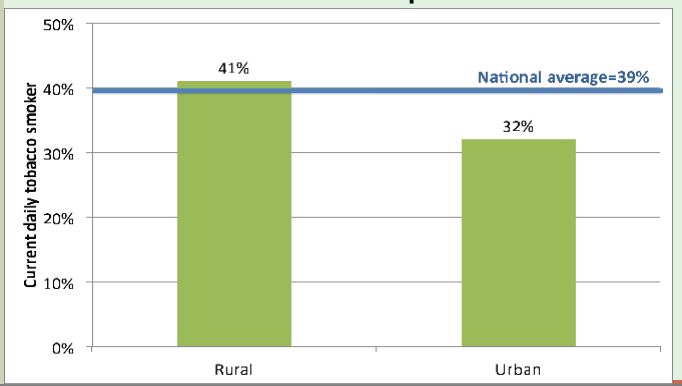
Indicators of Health Risk Factors

Obesity among women**



In 2007, women from the wealthiest urban quintile were more than 12 times likely to be obese than women from the poorest urban quintile.

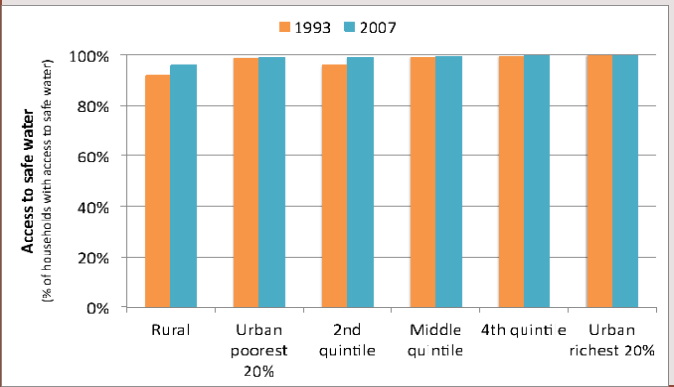
Tobacco consumption***



More people are current daily smokers in rural areas compared to urban areas.

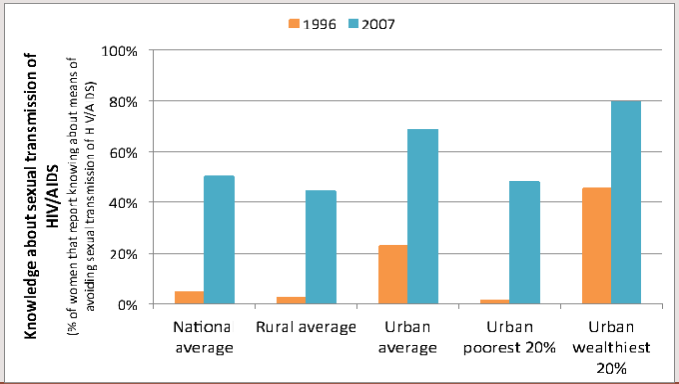
Indicators of Health Determinants**

Access to safe water



Access to safe water increased in the 2nd poorest quintile between 1993 and 2007. Inequalities in access to safe water have improved in urban areas during this time period.

Knowledge of transmission of HIV/AIDS



Knowledge on the transmission of HIV/AIDS increased among urban and rural women from 1996 to 2007. Inequalities persist between the urban wealthiest and poorest despite increased knowledge on the transmission of HIV/AIDS.

INTERSECTORAL ACTION FOR HEALTH

- Identification of equity gaps leads to crafting solutions
- Many health problems and issues require actions from different stakeholders and perspectives
- UN Political Declaration on NCDS calls for “whole of government” and “whole of society” responses
- More realistic approach to solving recurrent challenges
- Lessons from other areas of development
- Urban environment easier to implement such actions

INTERSECTORAL ACTION ON HEALTH

A path for policy-makers to implement effective and sustainable action on health

WHY INTERSECTORAL ACTION (ISA)?

- Health and quality of life are determined by a complex net of interrelated social, environmental, and economical factors

  → The measures to promote health cannot be confined to health sector alone

Strategies of ISA

1) "Health in All Policies"
2) Integrating a specific health concern into other relevant sector's policies

WHO: 10 STEPS TO POLICY-MAKERS

- Published in 2011 by the WHO Centre for Health Development in Kobe (WKC)
- Presents a series of steps which policy-makers can take to promote multi-sector health initiatives in national level
- Aims to share lessons and encourage policy-makers to move towards intersectoral action on health
- Relevant to both an issue-centred approach to implementing ISA, and to a general strategy of achieving health in all policies at national level

Intersectoral Action on Health

A path for policy-makers to implement effective and sustainable action on health

World Health Organization

What is this document about?

The need to involve many other sectors of society in addition to health in the struggle for a healthier society has been a long-held conviction of WHO. WHO's recommendations to address specific issues usually emphasize the role of a wide range of players beyond the health sector, in recognition of the complex network of determinants of health. After a series of consultations, including a review of experiences worldwide, this document summarizes a set of recommendations, lessons and approaches to intersectoral action on health as an overall strategy for public policy. The document presents a series of steps which policy-makers can take to promote multi-sector health initiatives, illustrated by six real-life examples.

This is by no means a "one size fits all" approach, but a sharing of lessons and an encouragement to policy-makers and advocates at all levels of government to move towards intersectoral action to positively impact on population health and health equity.

Examples of intersectoral action on health

BOX 1

Viet Nam's national mandatory helmet law – success of a multisectoral approach

Motorcycle helmets are a well-documented public health and road safety intervention. With its multisectoral approach, Viet Nam provides an excellent example of how intersectoral action can help save lives and improve health.

Road traffic injury in Viet Nam is a leading cause of death and disability, with more than 14 000 deaths and 140 000 injuries reported by the Ministry of Health in 2009. Statistics from 2001 show that an estimated 60% of all road traffic fatalities were in motorcycle riders and passengers. Some degree of motorcycle helmet legislation has been in place since 1995, but low penalties and limited enforcement coverage made it largely ineffective.

In 1997, a multidisciplinary coordination mechanism, the National Traffic Safety Committee (NTSC) with representatives from 15 ministries and agencies including transport, police, health and education was established as an advisory body to the Prime Minister on all transportation safety initiatives. The terms of reference of the NTSC include promotion of international

Working across sectors to improve health and its social determinants is often referred to as intersectoral action on health. WHO, recognizing the complex network of determinants of health, recommends that a wide range of actors beyond the health sector participates in the designing and implementing of health-related policies.

Intersectoral Action on Health, a path for policy-makers to implement effective and sustainable action on health summarizes a set of recommendations, lessons and approaches to intersectoral action on health as an overall strategy for public policy. The booklet presents a series of steps for policy-makers to promote effective and sustainable multi-sector health initiatives, illustrated by six examples. It does not present a "one size fits all" approach, rather it is a sharing of lessons and an encouragement to policy-makers and advocates at all levels of government to move towards intersectoral action to improve population health and health equity.

World Health Organization

PROCESS LEADING TO "10 STEPS"

- Alma Ata (1978) and Adelaide (2010) Declarations
- Several analyses of international experiences on ISA
- Series of expert consultations hosted by WHO:
  - Kobe, June 2009
  - Helsinki, June 2010
  - Global Forum on Urbanization and Health in Kobe, November 2010

EXAMPLES ON ISA

- Viet Nam: National mandatory helmet law
- South Africa: Intersectoral collaboration for mental health
- Liverpool: Active City 2005-2010
- Australia: Experience in governance from the South Australian model on Health in All Policies
- Ghana: Intersectoral collaboration for health in the extractive industries – oil and gas sector
- WHO Framework Convention on Tobacco Control, FCTC: WHO's intersectoral action mechanisms in tobacco control

STEP 1: SELF-ASSESSMENT

- Assess the health sector's capabilities, readiness, existing relationships, and participation
- Strengthen the institution by improving staff capacity to interact with other sectors, to address and communicate potential co-benefits, and to contribute the debate with other sectors

Liverpool: the analysis of the local health profile before initiating intersectoral programme to increase levels of physical activity

STEP 2: ASSESSMENT AND ENGAGEMENT OF OTHER SECTORS

- Achieve a better understanding of other sectors
- Establish links and means of communication with them
- Conduct a stakeholder and sector analysis
- Identify existing intersectoral bodies
- Participate in activities led by other sectors
- Establish a common information system

Ghana: the conduction of the health impact assessment (HIA) of national oil and gas development plans in order to identify the potential impacts on health, environment etc.

STEP 3: ANALYSE THE AREA OF CONCERN

- Define the area and the intervention needed
- Analyse the context regards to available mechanisms
- Present sector-specific disaggregated data focusing on the impact of other sectors
- Analyse the feasibility of the intervention
- Build your case using disaggregated data

Viet Nam: the analysis of statistics illustrating that road traffic injury is a leading cause of death and injury in Viet Nam, and that 60 % of the accidents happened with motorcycle

STEP 4: SELECT AN ENGAGEMENT APPROACH

- Gauge the intensity of engagement with other sectors in terms of health impact, health priorities, public policy priorities etc.
- Select the approach:
    1) Issue approach
    2) Sector approach
    3) Opportunistic approach

FCTC: the decision to focus on the relations of tobacco and agriculture

STEP 5: DEVELOP AN ENGAGEMENT STRATEGY AND POLICY

- Develop a strategy to involve the relevant sectors.

Consider:

1) Long-term commitment
2) Time allocation
3) Supporting champions with tools and guidance
4) Establishing common points of interest
5) Identifying strategies agreeable to all parties

Ghana: the conduction of Health Impact Assessment that aimed to establish a continuous engagement and communication with potentially affected communities

STEP 6: FOSTER COMMON UNDERSTANDING BETWEEN SECTORS

- Identify a common understanding of the key issues and required actions
- Use a common framework to facilitate a shared understanding of the pathways and key interventions

Viet Nam: the negotiations held in the framework of National Traffic Safety Committee in order to set a national law on mandatory use of motorcycle helmets

STEP 7: STRENGTHEN GOVERNANCE STRUCTURES, POLITICAL WILL AND ACCOUNTABILITY MECHANISMS

- Assess the political route required to adopt the policy
- Develop accountability mechanisms
- Take advantage of the treaties and reporting mechanisms mandated by international agreements to integrate health determinants across sectors

Australia: the linking of the HiAP approach to the South Australian Strategic Plan that already provided a cross-government mandate

STEP 8: ENHANCE COMMUNITY PARTICIPATION

- Enhance participation in the policy development and implementation through:

1) Public consultations and hearings
2) Disseminating information using mass media
3) Web-based tools
4) Facilitating the involvement of NGO's from different sectors

Liverpool: the cooperation between the Liverpool Strategic Partnership and community-sector organizations

STEP 9: CHOOSE OTHER GOOD PRACTICES TO FOSTER INTERSECTORAL ACTION

- Join other sectors in establishing common policies, programmes or initiatives
- Be an agent in other sectors' policies, and invite them to be agent in yours
- Provide required expertise
- Provide tools and techniques to include health in the policies of other sectors
- Allocate available resources to contribute to other sectors' policy implementation
- Share lessons

South Africa: the establishment of a Mental Health Directorate based on the recommendations from the South Africa Mental Health and Poverty Project

STEP 10: MONITOR AND EVALUATE

- Follow closely the implementation of intersectoral action through monitoring and evaluation processes
- Report regularly on the development of policies that protect and promote health

Liverpool: the verification of the positive effects of the Liverpool Active City programme by two national surveys

KEY LESSONS 1-5

1. Use already identified and prioritized public health issues.
2. A supportive governance structure helps to sustain efforts and ensures integration of strategies.
3. A capable and accountable health sector is vital to promote and support ISA.
4. Establish a common information system with sector-specific data.
5. Policies selected for implementation through intersectoral mechanisms need to be robust.

KEY LESSONS 6-10

6. Community participation and empowerment is critical.
7. MDG's can be used as a mechanism to promote ISA.
8. Context-appropriate application of Health Impact Assessment can help promote ISA.
9. A human rights-based approach can help address the underlying determinants.
10. Assessment, monitoring, evaluation, and reporting are required throughout the process.

WKC AGENDA ON ISA

- Healthy Urban Planning: Joint project with UN-HABITAT
  - WKC has initiated a case study project on ISA mechanisms used in middle-sized Asian cities to foster healthy urban planning
  - A call for case studies sent in September 2012
  - UN-HABITAT is examining African cities

- 8th Global Conference on Health Promotion in Helsinki, Finland, June 2013: Health in All Policies
  - WKC is looking forward to host session(s) on ISA

WKC AGENDA ON ISA

- Most important are real experiences on ISA
- Further research led by WKC (examples)
  - Intersectoral Action on Health in Urban Settings: Liverpool Active City 2005-2010
  - Intersectoral Health Policy in Varde Municipality, Denmark
  - A Case Study on Intersectoral Action on Health in Urban Settings: the experience of Abha City, Saudi Arabia
  - A Community-based Effort to Work Across Sectors to Reduce Level of Diabetes in Riverlea, Johannesburg, South Africa

THANK YOU!

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www.who.int/kobe_centre

YOUR CONTRIBUTION

- What is your experience ?
- What are the challenges you are facing ?
- What would you advise to make it successful ?