



**World Health
Organization**

WHO Centre for Health Development (Kobe)

Healthy and Equitable Urban Planning through Intersectoral Action

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Why urban health matters?

1. Rapid, unplanned urbanization
2. Social and economic inequities lead to inequities in health
3. Improved health increases productivity
4. Liveability creates social stability

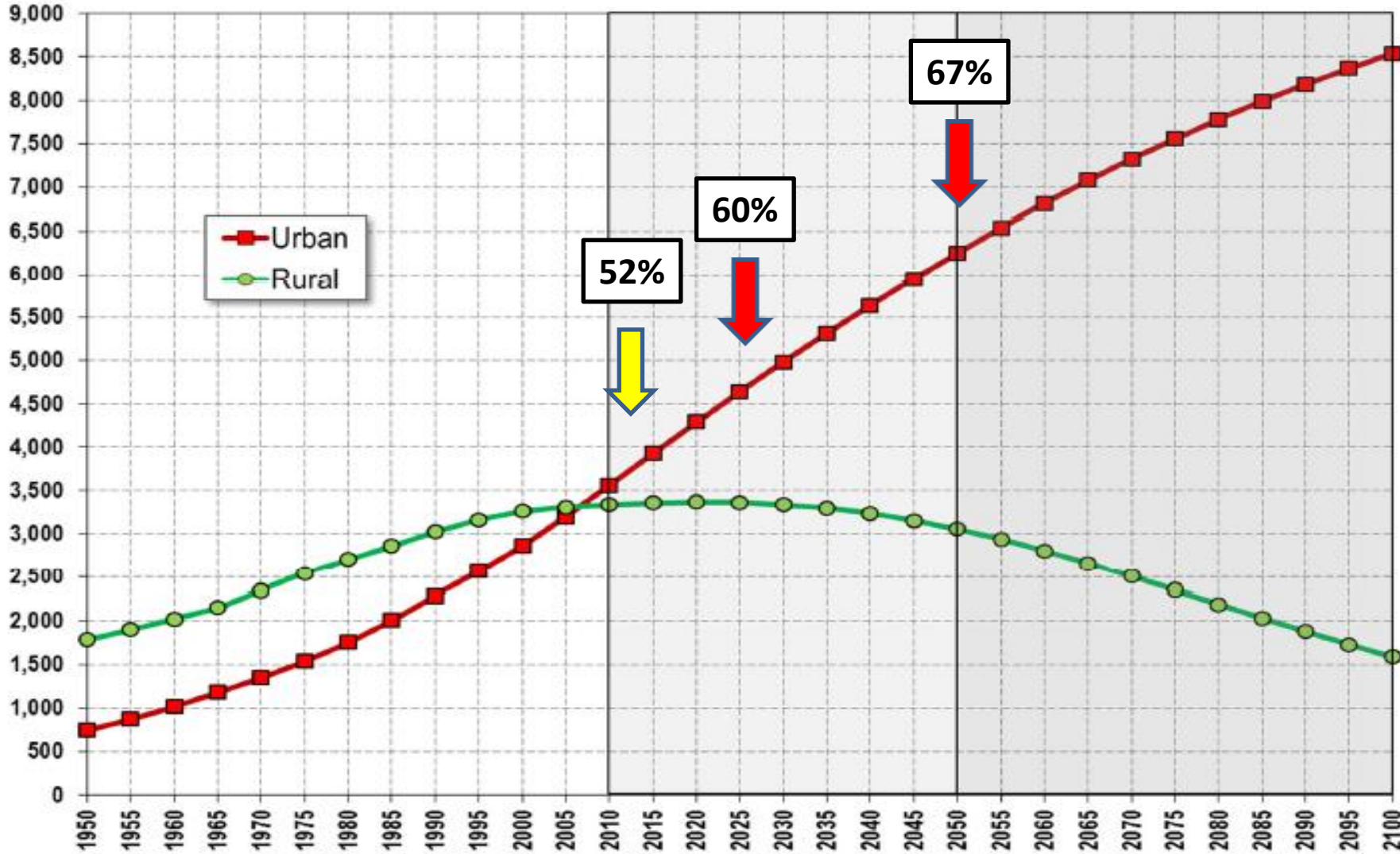
“A developed country is not a place where the poor have cars. It’s where the rich use public transportation.”

- Gustavo Petro, Mayor of Bogotá, Colombia



World: Urban and rural Population: 2010-2100

United Nations Department of Economic and Social Affairs – Population Division

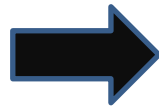


Source: United Nations, Department of Economic and Social Affairs, Population Division (2012): World Urbanization Prospects, the 2011 Revision. New York

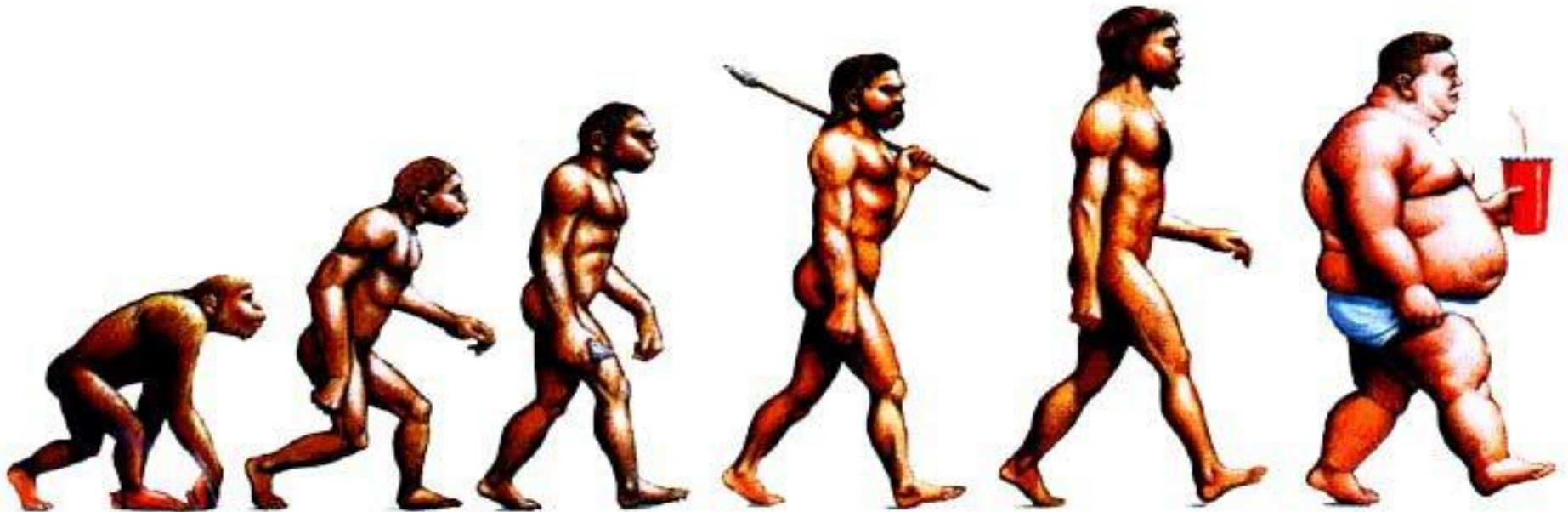
UN Dept. of Economic and Social Affairs, World Urbanization Prospects 2011

Urbanization and noncommunicable diseases

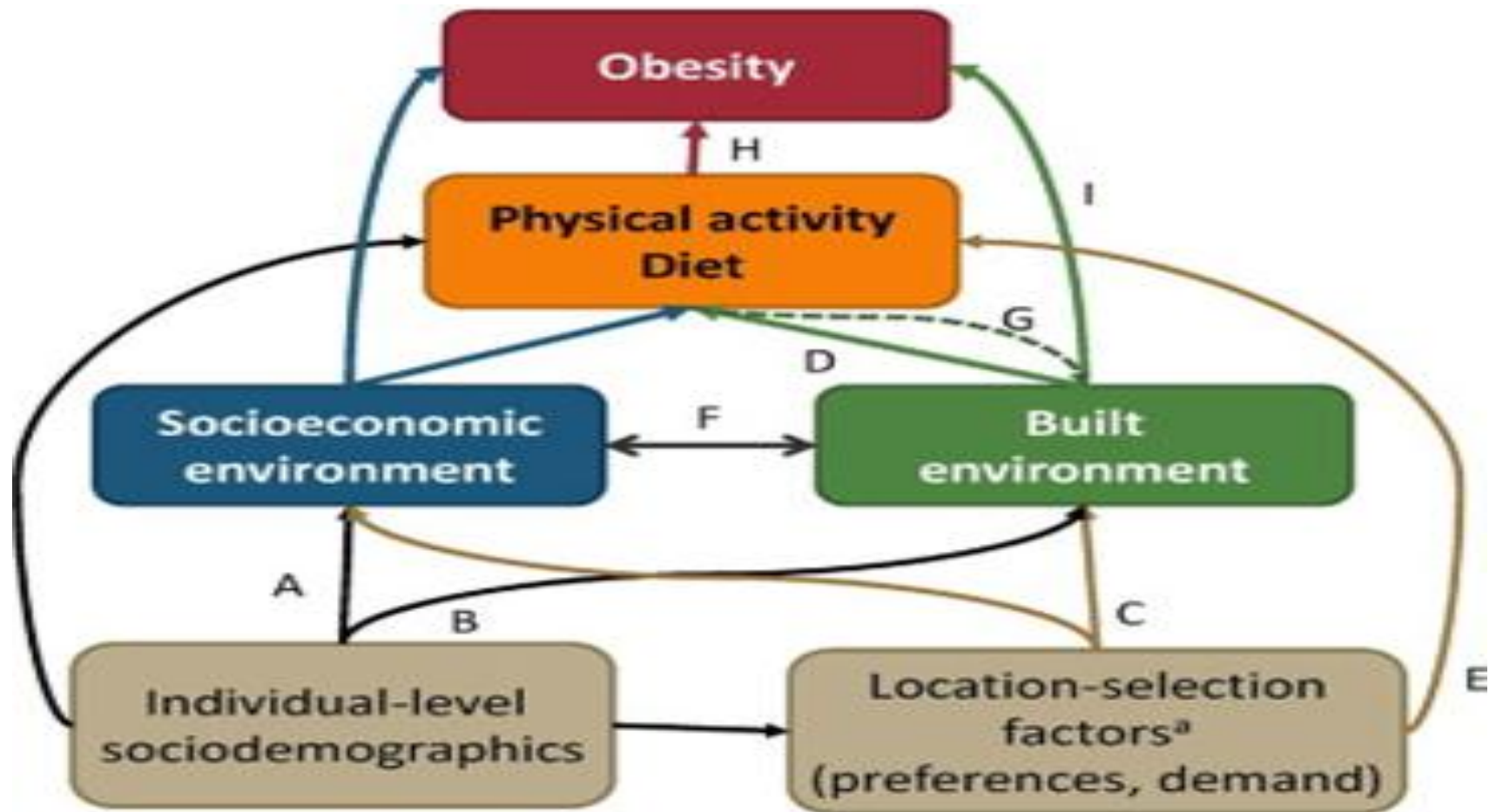
Unhealthy diet
Lack of physical exercise
Harmful use of alcohol
Tobacco use



1. Cardiovascular diseases
2. Cancers
3. Respiratory diseases
4. Diabetes



Obesogenic environment

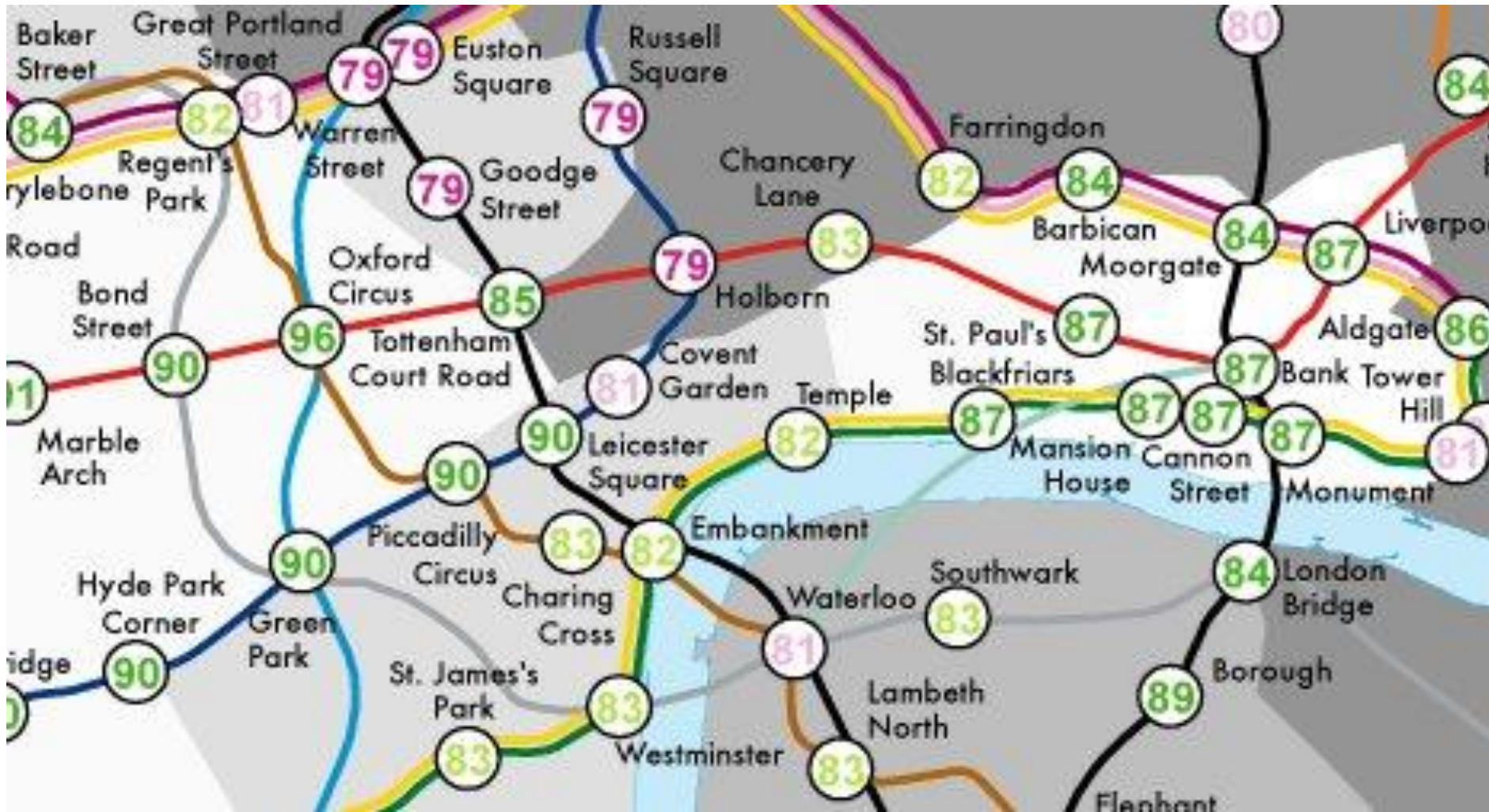


Ilona Kickbush, 2013

Health inequities

- Inequalities across different population groups
- Systematic, socially produced and unfair
 - ➔ but modifiable
- Result of circumstances where people born, grow, live, work and age, and the health system they can access
- Affect everyone

Variations in life expectancy across London Tube stops



University College London, 2012. <http://life.mappinglondon.co.uk/>

Healthy urban planning: challenges and opportunities



Physical
activity
&
Healthy
diet



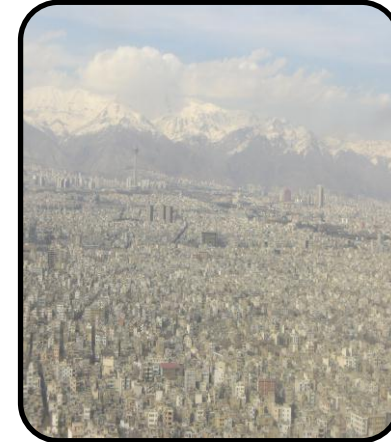
Access to
goods and
services



Mental
health



Accidents
and
injuries



Air
quality

WHO/EURO 2003: Healthy urban planning in practice

Physical activity and healthy diet

UP measures:

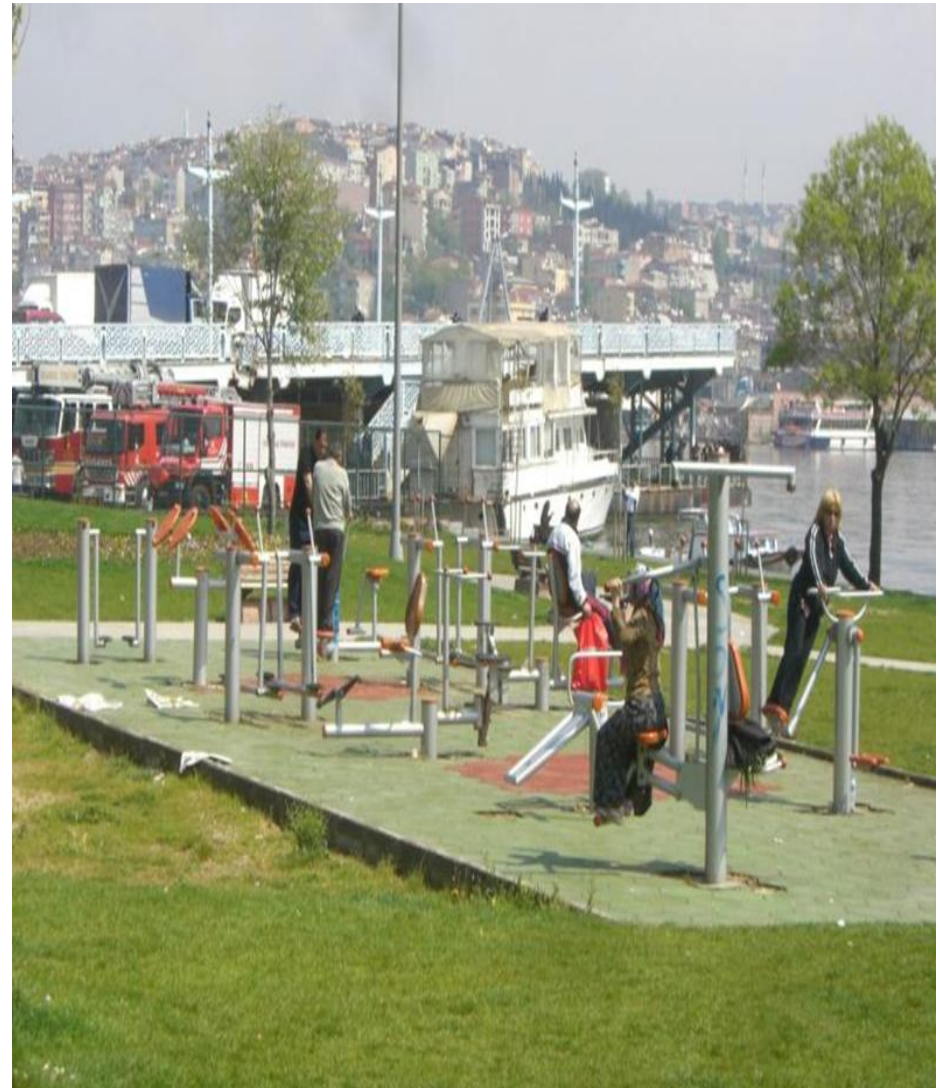
- Health promoting infrastructure: Streets, buildings, parks
- Active transportation policies (walking, cycling..)
- Public transportation
- Land use & zoning: Full-service supermarkets, fresh food, restricting fast food outlets



Access to goods and services

UP measures:

- Water and sanitation
- Public spaces, health and social services, education
- Healthy food and goods
- Safe neighborhoods
- Accessible and reasonable-priced public transportation
- Mixed housing



Mental health



UP measures:

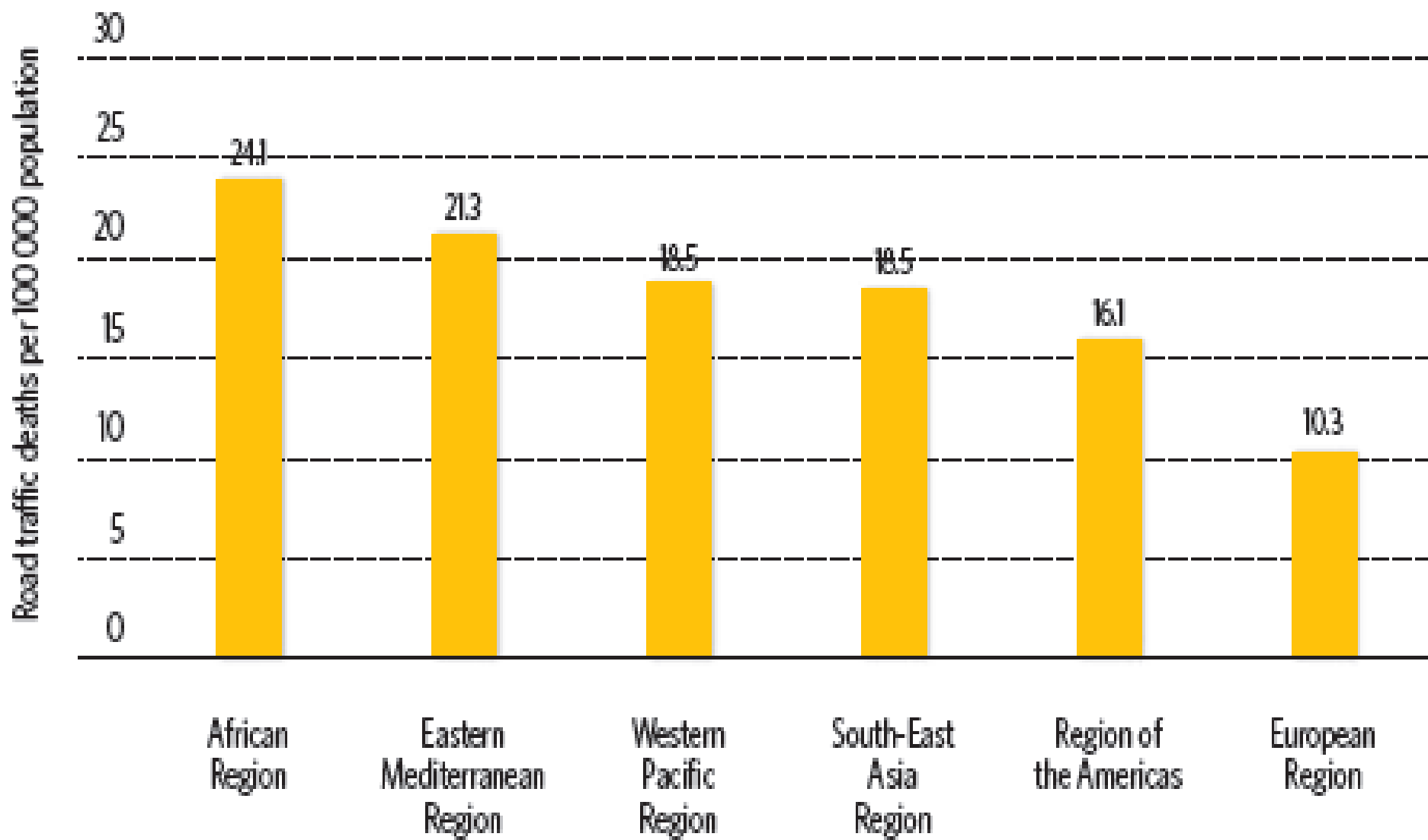
- Liveable cities with recreational areas
- Traffic/street design e.g. to control crowds
- Less dense housing
- Sound barriers, car free zones
- Access to health services

Injuries, violence and unsafety

- **Traffic:** safe and well-maintained roads for all road users, tolls, speed bumps
- **Environmental hazards:** flood barriers, strong materials, smart buildings, shadowing structures
- **Crime and violence:** mixed housing, monitoring, livability



Road traffic deaths per 100 000 population, by WHO region



Pollution and air quality

UP measures:

- Smoke-free cooking/heating facilities
- Public and active transportation
- Tolls, car free city centres
- Parks, trees
- Avoiding mixed zoning



Intersectoral Action for Health (ISA)



- Shared recognition of the problems, shared determination to tackle them
- Cooperation across sectors to promote health
- Integrating health concerns into the policy-making of other sectors

Strategies:

- **Broad**, e.g. Health in All Policies
- **Specific**, e.g. smoking

Tools: ISA booklet

Intersectoral Action on Health

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



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

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

BOX 1

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 participate 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.



10 “steps” for intersectoral action

1...5

1. Self-assessment
2. Assessment and engagement of other sectors
3. Analyze the area of concern
4. Select an engagement approach
5. Develop an engagement strategy and policy

6...10

6. Use a framework to foster common understanding between sectors
7. Strengthen governance structures, political will and accountability mechanisms
8. Enhance community participation
9. Choose other good practices to foster intersectoral action
10. Monitor and evaluate

Tools: Urban HEART



User-friendly guide to identify and act on health inequities



Assessment: an indicator guide

Response: guide to best practices

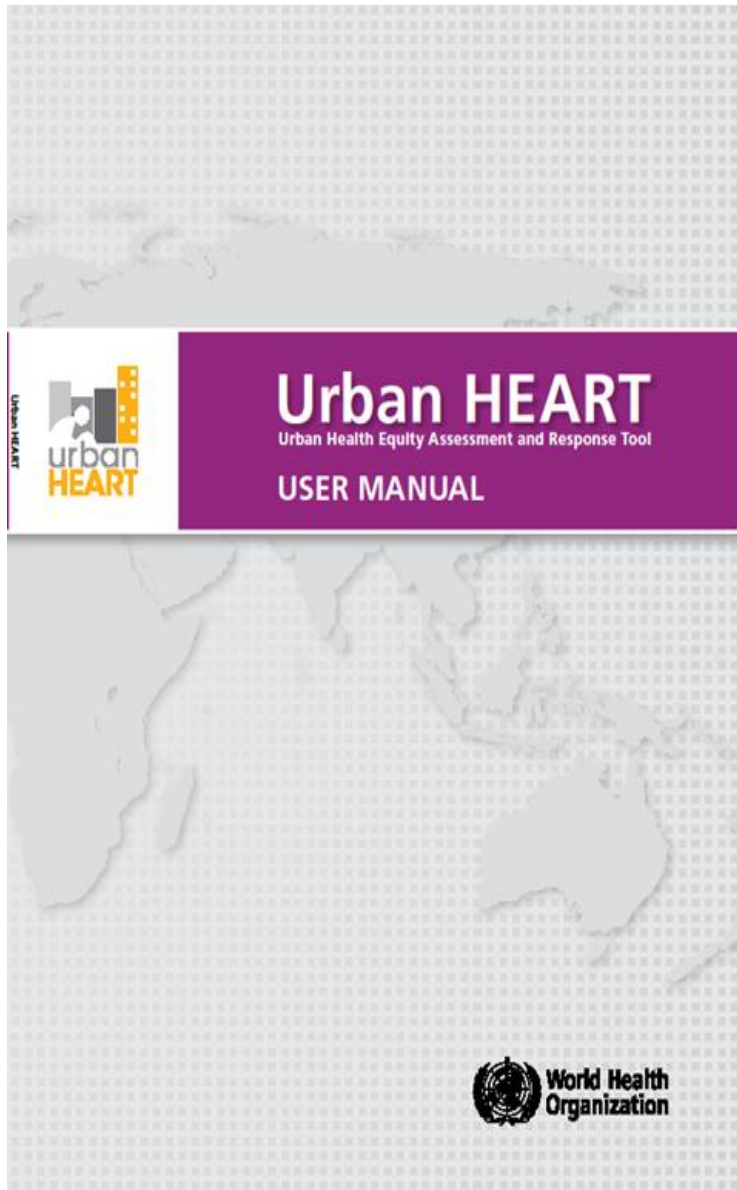


Target audiences:

Mayors, local
authorities

National
government

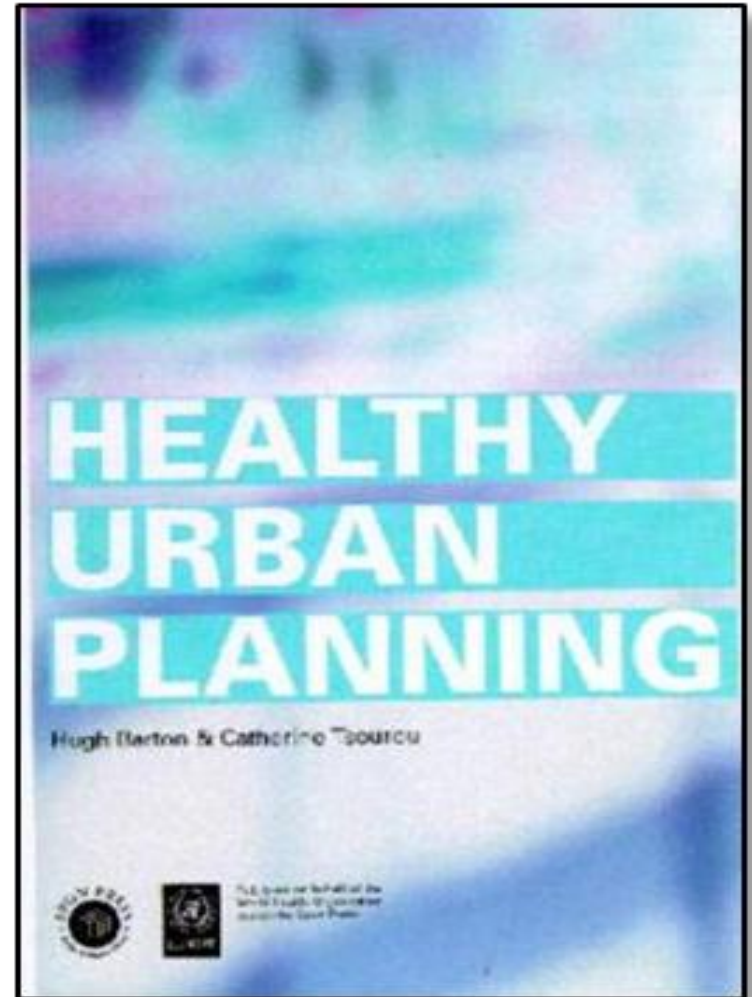
Urban HEART *User Manual*



Detailed instructions on the Urban HEART process for those who plan to use the tool in their cities or regions.

Conclusion: promoting health and equity in cities

- Urbanization is an *opportunity* to improve equity, health and well-being
- Intersectoral action is a *possibility* to benefit from synergies
- Evidence-based interventions, tools
- Context specificity



THANK YOU!

More information

WHO: <http://www.who.int/en/>

WKC: http://www.who.int/kobe_centre

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