



Briefing Session - A better quality of life for all in an urbanising world: promoting health and wellbeing, 6 June 2023, 08:45 – 09:45

Organizers



World Health
Organization

In collaboration with



UN INTERAGENCY
TASK FORCE ON NCDs
10 YEARS SUPPORTING COUNTRIES



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Summary Report

Purpose and objective of the session

The briefing session on urban health was held to illustrate how integrated approaches can lead to better urban health outcomes. The session showcased recent publications on health and development from UN-Habitat, WHO and other partners. Partners had the opportunity to review and assess UN-Habitat and WHO collaborative efforts thus far and to identify further actions required to enhance their contribution to healthier cities and regions. The background to the event is provided in Annex 1. The programme is Annex 2.

Interventions from speakers

Michael Mlynar recalled the main issues nowadays of raising conflicts and climate change in an urbanising world and mentioned the impact that the urban space has on people's health. Access to adequate housing conditions and green spaces are not only important determinants of health in the realm of communicable and non-communicable diseases (NCDs) but also on wellbeing and mental health. Moving towards a preventative access to health, there are two main challenges to consider: namely, inequities in access to a healthy living environment and provision of urban spaces to be built in the future, while keeping in mind the lessons learned during the pandemic of Covid-19. Mlynar invited feedback from all participants to guide priority-settings to make sure that the current strategic plan helps in improving health outcomes in the future.

Nathalie Roebbel described the main risk factors of NCDs and communicable diseases for people living in urban centres. Considering the triple threat to health, urban health should be at the core of policies and agendas. Also, poor urban design and planning is closely related to mortality rates. So, policies at the urban level need to be changed to protect the health of the populations. Climate change, Covid-19 and conflicts are key arguments. Cities are the primary implementers of all the sectorial policies that have an impact on health, and they can react quickly and innovatively. Urban health threats are particularly relevant for the most vulnerable. In the current work program at WHO, urban health is recognised as a key priority to have healthier populations, addressing public health emergencies, strengthening health systems also for migrants. Several sectorial and guidance documents were



developed thus far to help health and non-health sectors to collaborate. Several partnerships were initiated by WHO in collaboration with other partners to bring cities together and learn from the experiences. Although WHO worked with partners on urban health for many years, the approach should be more interconnected, considered that every aspect in a city-system is interrelated, from road safety and air pollution to violence. Roebbel announced that WHO is working to develop a strategic guide that will identify key entry points that can be promoted at the local level through national support. To identify the key entry points, it leverages on urban health programming, through observational analysis, participation, innovation, and governance and financing. Roebbel concluded saying that it is not enough to say what needs to be done but to provide countries with the adequate capacity to act through training programmes.

Laura Petrella emphasized that cities are complex entities, therefore it is important to understand the interconnection between urban form, the way cities are built and the actual health of the population. Petrella also highlighted to act in an integrated and intersectoral manner, for example combining road safety, availability, and accessibility to green spaces, and mentioned there has been increased understanding of the role of governance around health and urban planning, so that it allows to act at both local and national levels. Petrella called also on the importance to create a common language across diverse sectors to harmonise different interpretations of the reality. UN-Habitat set up an urban health team which tackles exactly these issues. Besides that, planning and design became a major area of focus, which is the first step when starting to deal with a city. This is very important because many cities were built in the past without considering correct criteria of design and planning, and given the current urbanisation trend, many more cities will be built in the future. Analysing urban functions is the starting point to integrate health. Both urban planners and health sectors specialists need to be aware of this interconnection and how to deal with it, because this approach entails also economic benefits for the community. Petrella compared the approach of WHO that considers entry points for health with that of UN-Habitat which considers health per se as an entry point. Petrella mentioned that, as already started in the past, in the future, UN-Habitat will be working more on developing a common language, collecting evidence-based data, fostering collaborative plans and processes, involving communities, innovating funding mechanisms and, last but not least, sensitizing the private sector on the importance of health. Petrella called for stronger collaboration with WHO to work also within the countries and expressed the importance of increasing the number of partnerships and alliances in an intersectoral perspective.

Mamka Anyona indicated that NCDs represent a crucial aspect of urban health from different perspectives. Anyona explained that UN-Habitat is a member of the UN NCD Task Force and that it plays a fundamental role with its focus on urban health given that most populations will be living in urban areas in the future and most of these urban areas have not been designed, planned or built yet. As such this is an opportunity to address chronic diseases in the design of urban environments. Anyona briefly named and described a number of cost-effective measures for chronic conditions at WHO, approved by the World Health Assembly, and that are applicable at the city level and relevant for urban health, such as smoke-free cities, regulating hours of sale to control alcohol consumption, public purchasing of foods to ensure healthy diets especially among youth, implementation of regulatory frameworks such as for the restriction of marketing campaigns on unhealthy foods, design of urban spaces to increase physical activity and integrate it in daily living. To ensure all this requires collaborative action and high-level political leadership. It is possible to identify win-win opportunities that can benefit all the actors involved. Anyona reported concisely a few experiences conducted by the UN NCD Task Force in the countries, and concluded by explaining there are already many partnerships ongoing across the UN-system and outside of it, also in collaboration with the WHO, to tackle chronic diseases in real time to promote healthy cities, for example the WHO initiative on air quality.

Panel session

Sharifa Alshalfan mentioned air pollution and obesity as particular challenges in Kuwait, that is characterised by one of the hottest urban areas in the world. The community made a difference starting to partner through the WHO Healthy Cities initiative. There are eleven healthy cities that are at district scale (i.e. small sized). Thanks to historical origins, these districts are self-sufficient as they for example have their own schools, clinics, markets and so on. With a bottom-up approach volunteers in the community worked on public space, improving green spaces by considering also different ages and needs of the population. All this was possible in Kuwait because at the administrative level there is a cooperative system in place, with collaborations and direct partnerships with the communities which in turn allowed partnerships with WHO through the Ministry of Health.

Sam Okello provided a quick overview of the Kisumu local interaction platform that is a knowledge platform that helps to give urban solutions, including academia, public and private sectors, and practitioners. Nowadays it is necessary to look at health with a holistic view, considering it as a transversal dimension that is related to all other aspects such as air pollution, water provision, conflicts and emergencies, among others. Nowadays they are giving prominence to health through co-planning sessions. The fastest solid resolution thus far was aided by UN-Habitat, called Kisumu solid waste integration management system. Waste management as well as water sanitation are profoundly related to guaranteeing urban health.

Borislava Batandjieva-Metcalf provided an overview of the birth and mission of her organisation, reminding everyone that people are exposed to both natural and artificial atomic radiations, even when they are in their houses. Therefore, it is important that policy is regularly informed by independent science. Batandjieva-Metcalf recalled the importance of being aware of the risk of radiations, from both natural and artificial sources, and recommended to keep record of existing radiations and monitor them on a regular basis. Then, it is important to have a legal framework and a regulatory system that creates limits thus ensuring health. It is fundamental to build competences based on existing experience, and pass knowledge to the future generations. Finally, it is important to collect and maintain reliable data on the sources and levels of exposure. Batandjieva-Metcalf highlighted their recent efforts and intention to collaborate more and more with all member countries so to build evidence, and invited to visit their websites and check their list of publications.

Graham Alabaster concluded the session recalling the key points that had emerged during the panel discussion, including the need to understand and work with administrative mechanisms and financing processes of cities, the need to work across sectors to improve health, and the importance of ensuring interventions to improve health and wellbeing in cities are evidence-based.

A video recording of the session is available [here](#).

23 January 2024

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ANNEX 1. BACKGROUND

The UN-Habitat Strategic Plan 2020-2023 emphasises the need for UN-Habitat to leverage partnerships with local and regional governments, sister United Nations entities, the private sector and other development actors and stakeholders. The 2020-2023 plan also highlights that sustainable development cannot be achieved without addressing the basic human rights of the millions of marginalised urban dwellers living in poverty and subject to marginalisation and that this can be done in a variety of ways, including by improving health and expanding access to health care.

UN-Habitat positions health outcomes at the center of urban development efforts and supports cities and partners in developing adequate urban planning systems, processes, and tools to achieve healthy cities for all.

Multiple factors influence health. And many of them are outside the control of the health sector. In cities and regions, planning and design play a central role in the prevention of disease and in fostering healthier environments. For example, effective urban design, policies, strategies, and plans lead to cleaner air, cleaner water, safer movement of the population, and better prevention measures to curb the spread of disease. Deliberate action in planning cities and territories can contribute directly or indirectly to improving overall health and wellbeing. It is predicted that by 2050 around 70% of the world's population will live in an urban setting of some kind. More importantly, a similar percentage will live in urban space that has yet to be built. We thus have a unique window of opportunity to guide urban development healthily and productively.

Increasing awareness and understanding of urban complexity has led to a widespread recognition that good health in cities can only be achieved and sustained through a systemic approach that transcends health systems, working across multiple sectors and scales, with multiple stakeholders, towards multiple outcomes, across multiple timescales. Yet, successfully implementing such an approach has been a serious challenge in human systems prone to bias, information and action silos, short-termism, conflicting incentives and goals, and other complicating factors.

This event will bring Member States, United Nations and other development partners to highlight critical actions required to achieve the New Urban Agenda and the 2030 Sustainable Development Goals and inform UN-Habitat and WHO implementation actions going forward. Improving health and wellbeing to ensure all four domains of change are delivered requires action across health and many other sectors.

ANNEX 2. PROGRAMME

Moderator: Dr Graham Alabaster, Head of Geneva Office, Office of The Executive Director

Welcome - Opening remarks and introduction	Mr Michael Mlynar, Deputy Executive Director, UN-Habitat (TBC)
A strategic approach to achieve urban health: making the case and making it work	Dr Nathalie Roebbel, Lead, Urban Health, WHO
A Framework for an integrated approach: Mainstreaming Health in Urban and Territorial Planning	Dr Laura Petrella, Section Chief, Planning, Finance and Economy, UN-Habitat
Leveraging Multisectoral Collaborations and Approaches: Joining Forces to promote better health outcomes	Dr Mamka Anyona, UN Inter Agency Task Force on the Prevention and Control of NCDs
<p>Moderated Panel discussion: Strengthening collaboration – Reinforcing health outcomes - Roadmap to the next UN-Habitat strategic plan</p> <p>Sharifa Alshalfan, Kuwait Municipal Council Hon. Sam Okello, Kisumu City Board, Kenya Dr Borislava Batandjieva-Metcalf, Secretary, UN Scientific Committee on the Effects of Atomic Radiation</p> <p>Questions and Comments from the floor</p>	
Closing remarks - Wrap-up and way forward	UN-Habitat