By the end of this century, more than half of the world’s population will be living in cities and the numbers of people crammed into these cities will, in many cases, exceed those of entire countries. Within 15 years, about 25 cities, for example, will hold more than 20 million people – slightly more than the population of Australia today.

Rapid urban growth is at the root of most problems of city life. It is putting increasingly intolerable strains on food and water supplies, on the availability of safe housing and solid waste disposal and on health care services. It is the main reason for the growth in the numbers of social outcasts, drug addicts and street gangs. All these problems affect health in one way or another. And the impact on health is visible: witness the increased risk of communicable diseases that city dwellers face, such as malnutrition, mental illness or chronic respiratory disease.

**NOT JUST AN OUTCOME, BUT ALSO A PROCESS**

“A HEALTHY CITY IS ONE THAT IMPROVES ITS ENVIRONMENTS AND EXPANDS ITS RESOURCES SO THAT PEOPLE CAN SUPPORT EACH OTHER IN ACHIEVING THEIR HIGHEST POTENTIAL...A HEALTHY CITY IS CONSCIOUS OF HEALTH AS AN URBAN ISSUE AND IS STRIVING TO IMPROVE IT. ANY CITY CAN BE A HEALTHY CITY IF IT IS COMMITTED TO HEALTH.”

FROM: TWENTY STEPS FOR DEVELOPING A HEALTHY CITIES PROJECT, 2ND EDITION, 1995, WHO REGIONAL OFFICE FOR EUROPE.
WORLD HEALTH DAY
7 APRIL 1996

Figure 1: Regions with low levels of urbanization, such as Africa and Asia, have very high annual rates of growth in urbanization, whereas those with high levels of urbanization have much lower growth rates. Source: United Nations, World Population Prospects 1988, Population Studies No. 106. ST/ESA/SER.A/106. (New York, 1989).

Cities now risk destroying the ecosystems on which their very existence as living social organisms depends. For a city to function and grow productively, urban planning and management must consider the need for a healthy environment, and that includes the need to protect and make good (i.e. sustainable) use of natural resources.

Photo 20952 - Street scene in Abidjan, Côte d’Ivoire. Crowded, makeshift housing and inadequate water supply and sanitation raise the risks of disease from infections, especially gastrointestinal and respiratory. Infant mortality, for example, may be three-to-five times higher than in more salubrious parts of the city.
WHO's Healthy Cities Programme works on the principle that health can be improved by improving the environmental, social and economic determinants of health. Put simply, a person’s health is as much the result of conditions in the home, at school or at work as of the quality of health care facilities available.

From its inception in the late 1940s, WHO has recognized the interaction of physical, mental and social factors as crucial to health. In 1967, WHO launched the Health for All movement.

The Healthy Cities movement, which was begun by WHO's European Office a decade ago, applies WHO's Health for All principles to improving health in cities. It has its roots in the public health culture of many parts of the world, particularly in Latin America and parts of Asia, notably Japan. Two milestones in the origins of the movement were the Ottawa Charter for Health Promotion, adopted in 1986, and the Adelaide Declaration, adopted in 1988. The first called, among other things, for more emphasis on health in public policy, a more health-supportive environment and greater participation of the community in health-related activities. The second elaborated the concept of a health-oriented public policy.

Reflecting the value of the Healthy Cities Programme is the growth of the global healthy cities network, which currently links more than 650 cities, not only in the industrialized world but also in developing countries.

**PANEL 1**

**DEVELOPING COUNTRIES WITH CITIES PARTICIPATING IN WHO'S GLOBAL HEALTHY CITIES NETWORK**

**AFRICA**

Cameroon | Niger  
Congo     | Nigeria  
Côte d’Ivoire | Senegal  
Ghana     | United Republic of Tanzania

**EASTERN MEDITERRANEAN**

Cyprus       | Morocco  
Egypt        | Pakistan  
Iran (Islamic Republic of) | Tunisia  
Kuwait       | United Arab Emirates

**LATIN AMERICA**

Argentina | Dominican Republic  
Bolivia    | Ecuador  
Brazil     | Mexico  
Chile      | Nicaragua  
Colombia   | Peru  
Costa Rica | Venezuela  
Cuba
KEY HEALTH-SUPPORTING ENVIRONMENTS

One way to make the environment more “supportive for health” is to make the key social settings – of everyday living (home, village, neighbourhood), of education (school, college, etc.), of work (factory, office, etc.), of human concourse (marketplaces, shopping centres, etc.), and of public administration (city, district) – more conducive to health or less conducive to ill-health. Cities committed to becoming more health-oriented must involve all the actors – governing and governed – who, in each of the above settings, can turn that commitment into action and reality.

Each setting is a potential nest of health hazards. But, managed and modified correctly, each can offer an opportunity for fostering better health. For example, a factory designed to minimize occupational hazards and environmental pollution will be healthier for its workers. A housing scheme planned with the help of community leaders has a better chance of providing proper health services and of catering for the community’s environmental concerns and needs. Neighbourhoods can be made “health-friendly” by involving community organizations and other concerned groups in putting together a municipal health plan. Schools could be healthier places through concerted planning by parents, school staff and education authorities for, say, the installation of proper water and sanitation facilities and safe playgrounds.
A Healthy City project calls for innovative thinking on the part of local government authorities, who may, for example, not have appreciated the need to monitor the impact of the urban environment on health and to assess what specific health policies are required for the different sectors of urban management – water, sanitation, education, industry, etc. – to make that environment more conducive to health.

**IN VolvIng The CoMmunity**

Consultation with members of the community – in a workshop, for example, to which local agencies and associations are invited – should be an opportunity to discuss where the city is heading: in other words, to develop a “vision” of the city’s future directions based on an understanding of its past and present strengths and weaknesses. Throughout the world, an appreciation of a city’s unique cultural heritage, its “sense of place”, is proving a powerful driving force in getting people to improve their living conditions.
An early step in a healthy cities project is the appointment of a task force to facilitate cooperation between the different municipal and government agencies and the identification of the different population and administrative groups who should be involved in the project. The task force also gathers and analyzes information, contacts key individuals on priority issues, helps in the elaboration of a municipal health plan and garners support for the project from as many sources as possible.

One critical source of support is the municipal government, whose commitment sends a clear signal to local government staff and agencies that public health is now well and truly on the official agenda and worthy of whole-hearted support.

National support is also extremely useful and some countries have even set up national healthy city commissions that support local government efforts to ensure that all sectors of the community, however impoverished, can participate in efforts to improve health.

THE MUNICIPAL HEALTH PLAN

Preparing a municipal health plan serves to make municipal authorities, nongovernmental agencies and community groups more aware of health and environmental problems and can mobilize resources to deal with these problems. It should not be considered a “one-off” exercise that will set in motion all the work needed to solve a city's health problems in one fell swoop. Rather, it should be seen as a process of consultation, data gathering and analysis; as a means of mobilizing resources required to make priority improvements and open new channels of communication whereby the different public and private sector participants in the process learn to work together on a continuing basis.

The municipal health plan can envisage specific projects for different settings, such as schools, workplaces, marketplaces or health care centres.

SCHOOLS

City schools can undertake a project that, for example, encourages inclusion of environmental and health issues in school curricula. It could also work to bring parents, teachers and pupils together to introduce into school management such health-promoting activities as improving water and toilet facilities, and making playgrounds safer and classrooms brighter and airier. It would also ensure that the school has an efficient medical service that emphasizes disease prevention.

WORKPLACES

A “healthy and safe workplace” programme would provide for the efficient running of the traditional occupational health services, with their emphasis on factory health inspections, and would also address the newer small-scale, cottage industry that calls for participation by community members. Such a programme could, for example, educate workers about occupational risks and ways of minimizing them, train nongovernmental organizations in the education of cottage industry workers about health issues, foster worker participation in the management of industry and of trade associations, and recruit the media in educating workers about health. The programme could also address the setting up and running of health services for workers and ensure that the needs of working women are taken into account and that women's associations are receiving adequate support. It could build stronger channels of communication between
managers, workers and local authorities concerned with environmental protection, improve the management of solid and liquid waste and ensure that the choice of sites for new factories pays due attention to environmental concerns.

Photo 18757 - Women winding silk thread in Thailand. The cottage industry is a major employer in many cities, especially for newcomers or those unable to find work through the more traditional employment channels. But it often imposes hard conditions on workers – long hours, poor pay and health risks.

MARKETPLACES

A “healthy marketplace” programme would address the health conditions of stall-holders and food handlers, with particular emphasis on access to clean water, toilet facilities and health services. It would also deal with the storage and handling of foodstuffs, the impact of markets on nearby residential areas, solid waste management, government inspections (encouraging a more educational rather than punitive attitude) and the potential of the marketplace for health education.

HEALTH SERVICES

A project to upgrade health services would, for example, examine how the users of such services might be brought more into the decision-making and management process, how greater emphasis might be given to preventive vs. curative services and how the provision of health care might be more equitably distributed in the community.

The project could encourage the formation of active working partnerships between women’s organizations, health-oriented nongovernmental organizations and national and municipal health authorities with a view to encouraging health centres and hospitals to pay more attention to local concerns. Examples: making maternal and child health services more accessible to people in under-served areas, improving family planning services and health education, ensuring better access to proper drugs for common diseases.

CITY NETWORKING

Effective channels of communication between cities exist widely for the exchange of information, technology and goods, and are assuming increasing importance for the sharing of information and technology related to health. Twin cities, for example, for the sharing of cultural or other activities, have become
commonplace. City networking for health can take advantage of these links. Already, networks have sprung up that link cities within a country or region – perhaps spanning over a linguistic area, such as French-speaking Africa or Spanish-speaking Latin American countries. Some networks even have a worldwide scope.

A network can be a useful resource for cities new to the healthy city concept. It can also be crucial to the development of multi-city plans, which are very popular in Europe and which bring together several cities that decide jointly and simultaneously to address common health problems – such as alcoholism, malnutrition, AIDS, diabetes or women’s health – and to share the information needed to deal with these problems.

**WHO’S ROLE**

WHO organizes regional meetings that bring together representatives from the different countries to review progress being made by participating cities and to share experiences in the use of different technologies and approaches for improving health and the environment. The emphasis is usually on the economically underprivileged cities. WHO also presents evaluation reports and other information about successful healthy city projects throughout the world for discussion at the meeting.

**CONCLUSION**

Healthy city projects can and do make cities better places to live in. This information kit describes seven cities that have indeed improved their living environment as a result of their projects. There are many more whose efforts are being crowned with success. Certainly, no two projects are identical. Hopefully, the examples given may stimulate all who support the healthy city concept and who are now facing the challenge of making the global healthy city network a true success.

**WHEN IS A CITY HEALTHY?**

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<thead>
<tr>
<th>A HEALTHY CITY:</th>
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<tbody>
<tr>
<td>■ HAS A CLEAN, SAFE PHYSICAL ENVIRONMENT</td>
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<td>■ MEETS THE BASIC NEEDS OF ALL ITS INHABITANTS</td>
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<tr>
<td>■ HAS A STRONG, MUTUALLY SUPPORTIVE, INTEGRATED, NON-EXPLOITATIVE COMMUNITY</td>
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<td>■ INVOLVES THE COMMUNITY IN LOCAL GOVERNMENT</td>
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<td>■ OFFERS ITS INHABITANTS ACCESS TO A WIDE VARIETY OF EXPERIENCES, INTERACTION AND COMMUNICATION</td>
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<tr>
<td>■ PROMOTES AND CELEBRATES ITS HISTORICAL AND CULTURAL HERITAGE</td>
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<td>■ PROVIDES EASILY ACCESSIBLE HEALTH SERVICES</td>
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<td>■ HAS A DIVERSE, INNOVATIVE ECONOMY</td>
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<td>■ RESTS ON A SUSTAINABLE ECOSYSTEM</td>
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