The future of our urban world has yet to be realized, but brings both a price and a promise. To what extent we will pay the price, as opposed to fulfilling the promise, is in our hands.
For the first time in human history, the majority of the world’s population is living in urban areas, and this proportion continues to grow. By 2050, 7 out of 10 people will live in urban areas. Almost all urban population growth will occur in low- and middle-income countries. Some of the fastest-growing cities will double their populations in the next eight years. Urbanization is not inherently positive or negative.

Overall, urbanization has brought countries opportunity, prosperity and health. Urban populations are generally better off than their rural counterparts: they tend to have greater access to social and health services, literacy rates are higher and life expectancy is longer. At the same time, large disparities exist between city dwellers. Rapid, unplanned population growth has strained governments’ capacity to regulate air and water quality, build infrastructure and provide essential services. Globally, one in three urban dwellers now lives in slums or informal settlements. Governments are facing further challenges as they prepare for more and more people living in their cities.

Many cities are facing a triple health threat: infectious diseases exacerbated by poor living conditions; chronic, noncommunicable diseases and conditions fuelled by tobacco use, unhealthy diets and physical inactivity; and injuries (including road traffic accidents) and violence. These are the result of a complex interaction of various urban health determinants, including unhealthy living conditions and insufficient infrastructure and services.
This report has shown the inequitable distribution of these health threats within cities. Families with the lowest incomes in urban areas are most at risk for adverse health outcomes such as child malnutrition and early childhood death, have less access to health services such as skilled birth attendance, and are also disadvantaged in terms of their living conditions, such as access to piped water. Importantly, these inequities exist along a social gradient, also affecting middle-class city dwellers to at least some extent. Disadvantage and disease also cluster within certain neighbourhoods of cities. Beyond socioeconomic status and neighbourhood, some city dwellers have poor health outcomes because of the way societies marginalize and discriminate against them for aspects of their identity they cannot change, such as their age, sex or disability.

These urban inequities have been largely hidden from view, yet exist everywhere – in rich and poor countries, across continents and cultures. No city – large or small, rich or poor, east or west, north or south – has been shown to be immune to the problem. Because urban health inequities exist everywhere, all local and national leaders should consider how to overcome them.

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The price, if we fail to take action, will be the further proliferation of inequity among city dwellers, which will translate into even more avoidable suffering from a range of diseases and health problems. The price will be more efforts to tackle the consequences of heat waves, air pollution, storms, floods and infectious diseases. The price will be the failure of countries to attain the Millennium Development Goals, and indeed, to realize their full economic and human potential.

The promise, on the other hand, is cities that are healthy for all people. Rich and poor, young and old, men and women, migrants and citizens: all will be able to enjoy the highest attainable standard of health.

This promise can be realized by reorienting our conventional approaches. This implies reconnecting the fields of public health and urban planning within a framework of multilevel urban governance. The report illustrates the leadership role that municipal leaders and local governments can play in combining the talents and powers of all sectors. The key to successful action is the involvement of organized communities and all levels of government – local, provincial and national – in a combined and coordinated effort to reduce urban health inequities.

Reducing urban health inequities involves knowing which city dwellers are affected by which health issues, and why. By turning the spotlight on the information in this way, cities will better understand what the problems are, where they lie and how best to address them. Tools such as Urban HEART and UrbanInfo can assist people with building the evidence base for action.

Once the nature and extent of urban health inequities are understood, action can be taken in several areas. Options include interventions to improve the natural and built environment, the social and economic environment, food security and quality, and services and health emergency management. Priority issues will vary from city to city; in all cases, chosen interventions should be feasible, sustainable and evidence based.

We are at a clear turning point in history, in which we are moving towards an increasingly urbanized world. The price and the promise are both possible, and the choice is ours. It is our collective responsibility to ensure that cities are healthy places for all people, both now and in the future. We all have a role to play in making this a reality.
A role for all: who can do what?

MINISTRIES OF HEALTH

- Become more informed about health determinants, and how urban policy choices influence the health of city dwellers.
- Proactively engage other sectors, including housing, transport, industry, water and sanitation, education, environment, and finance agencies.
- Lead by example: support healthier and more liveable cities.
- Support health and environmental impact assessments for urban plans and policies.

LOCAL GOVERNMENTS

- Foster collaboration within local government through forums and dialogue between public health officials and urban planners.
- Partner with nongovernmental and community organizations; establish a mechanism that will give health professionals the opportunity to provide input on planning and transport plans.
- Provide a mechanism for sharing information, across government and with civil society and the community, on the nature of urban health inequities and progress in reducing them.

CIVIL SOCIETY

- Ensure that people participate fully in shaping the policies and programmes that affect their lives.
- Include residents of informal settlements in formal processes by establishing groups, associations and federations. Large or small, organizations of the urban poor should come together to identify the social and economic conditions that they face; to find practical solutions to these problems; to struggle against marginalization; and to ensure access to the goods and services to which they are entitled.
- Work with governments on participatory planning and budgeting to allocate a greater portion of the municipal investment budget to priorities determined by neighbourhoods and community groups.

RESEARCHERS

- Generate and systematize knowledge to address the many existing information gaps, including:
  - potential advantages of urbanization and urban growth;
  - the inequities of health disaggregated by intra-urban area;
  - the effectiveness of proactive approaches to deal with health inequity in cities;
  - the importance of involving all citizens in the decisions that affect their habitat and their health.

URBAN PLANNERS

- Use zoning and land use regulations as a way to prevent exposure of city dwellers to pollution emissions and hazards from industrial and commercial activities, waste and chemicals, and transport.
- Develop and adopt building practices that protect health among building users.

* The attribution of roles to specific stakeholders is neither an attempt to be exhaustive, nor prescriptive. This report promotes the idea of a "whole of government approach" encompassing all players who impact on urban health equity.
regarding indoor air environment, safety, noise, water, sanitation and waste management, among several other health determinants in urban settings.

- Build compact cities, where dwellers have easy access to green areas, public transport and bicycle paths, as well as health, education and other fundamental social services.

- Incorporate health impact assessment into the consideration of alternative planning choices and policies.

INTERNATIONAL AGENCIES

- Promote and support policies to promote healthy environments.

- Disseminate lessons learnt.

- Support women’s rights, poverty reduction and equity-promoting strategies.

- Encourage policy-makers to generate and use sociodemographic information to make better decisions regarding the urban future.