

## FREQUENTLY ASKED QUESTIONS

### Q1: Why does urban health matter? Why now?

The focus on urbanization and health as a theme for World Health Day 2010 is timely and highly relevant for the following reasons:

- First, with the majority of the world's population now living in urban areas and this proportion expected to grow, urban health should become a major focus of global public health policy. Whilst urbanization and the growth of cities is associated with increasing prosperity and good health in general, urban populations demonstrate some of the world's most prominent health disparities – in both low- and high-income countries. Rapid migration from rural areas as well as natural population growth are putting further pressure on limited resources in cities, especially in low-income countries.
- Second, much of the natural and migration growth in urban populations is among the poor. More than one billion people – one third of urban dwellers – live in slum areas which are often overcrowded with life-threatening conditions. In low-income countries, disparities will increase as the combination of migration, natural growth and scarcity of resources results in cities being unable to provide the services needed by those who come to live there.
- Third, there is evidence of poorly planned or unplanned urbanization patterns which have negative consequences for the health and safety of people. This includes increased risk of road traffic injury, the increase of risk factors such as physical inactivity and unhealthy diets for heart disease, cancer, diabetes and chronic lung diseases.

### Q2: What are the main health issues in cities?

Every city has a set of unique challenges and issues. However, the following are commonly seen:

- Noncommunicable diseases like heart disease, high blood pressure, diabetes and obesity are linked to lifestyles in cities;
- Communicable diseases such as diarrhoea caused by unsafe food and water or tuberculosis due to overcrowded living conditions;
- Increased risk of road traffic accidents, injury and violence;
- Mental health disorders and substance abuse;
- Exposure to air pollution and second-hand smoke.

It is important to address the growing disparities in health between different groups in cities:

- One in three city dwellers live in slums. This means roughly 1 billion people worldwide.
- Huge disparities in health exist within cities. For example, there is a 28 year difference in the life expectancy of people living in different neighborhoods within Glasgow in the UK. In Nairobi, a child who lives in a slum is four times more likely to die before the age of five than his or her compatriot in other parts of the city.

### Q3: What do social determinants have to do with urban health?

Many cities face a triple threat to health: infectious diseases exacerbated by poor living conditions, chronic, noncommunicable diseases and conditions fueled by tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol, injuries, road accidents, violence and crime. These are the result of a complex interaction of various determinants of health, including insufficient infrastructure and services that particularly impact the health of the poor and slum dwellers. Living and working conditions vary widely within and between cities across the world and are the “causes of the causes” of ill-health.



#### **Q4: What does WHO hope to achieve through this campaign?**

The campaign is aimed at informing and supporting policy makers to develop and implement cost-effective, sustainable, pro-health policies involving all relevant sectors such as transport, education, housing, water and sanitation, and to involve whole communities in shaping these decisions. More specifically the campaign strives for the following outcomes:

- Cities are planned and maintained so that everyone can access facilities and services for a healthy and safe lifestyle.
- City dwellers, city planners and authorities understand that many aspects of living in cities have a health impact and that good urban planning which involves decision makers from across city life can address these challenges.
- Urban living conditions are improved and access to basic services and amenities as well as recreational facilities is increased.
- City dwellers adopt healthy behaviors for city living and participate in shaping policy decisions that affect their health and survival.

#### **Q5: What resources will WHO put into this initiative?**

- Since 1986, WHO has been actively involved in promoting urban health through the healthy city programme. Good results have been achieved, however, additional commitment by all stakeholders is needed.
- As the specialized agency for health, WHO is well placed to apply its expertise in issues associated with urbanization: water; environment; violence; road safety; prevention of noncommunicable diseases (NCDs) through anti-tobacco measures, diet and physical activity promotion, and the reduction of the harmful use of alcohol; and the risks associated with disease outbreaks. WHO's involvement is important for two reasons: 1) several measures to improve health outcomes in urban settings exist and 2) the policy reach of WHO can extend to local municipalities.
- Actions do not necessarily require additional funding, but commitment to redirect resources to priority interventions, thereby achieving greater efficiency.
- A WHO-UNHABITAT report on reducing urban health inequities will be published later in the year, and a Global Forum on urbanization and health in Kobe, Japan will be held in November to showcase the successes on urbanization and health.

#### **Q6: What is the point of the “open street activities” under the 1000 cities, 1000 lives?**

- Open streets is a well-established and successful practice in some parts of the world such as in Latin America where streets are closed to traffic and opened up to pedestrians on set days every week or month.
- This allows people to enjoy activities which promote health within the city and brings all sectors of society and local authorities together to demonstrate simple, low-cost but pro-health policies and activities that can be undertaken within cities in the longer term.
- It is also an opportunity for everyone to stop and think about their health and safety in cities and take individual and policy decisions to protect and promote health.

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