SECTION TWO

KEY MESSAGES, FACTS AND TRENDS

KEY MESSAGES

Virtually all population growth over the next 30 years will be in urban areas.

The rapid increase of people living in cities will be among the most important global health issues of the 21st century. Over half the world's population now live in cities. By 2030, six out of every 10 people will be city dwellers, rising to seven out of every 10 people by 2050. In many cases, especially in the developing world, the speed of urbanization has outpaced the ability of governments to build essential infrastructure. Unplanned urbanization can intensify an existing humanitarian crisis and has consequences for the health security and safety of all citizens in cities.

The urban poor suffer disproportionately from a wide range of diseases and other health problems.

Health data is usually aggregated to provide an average of all urban residents - blurring differences between the rich and the poor. It thus masks the health conditions of the urban poor. More than one billion people – one third of the urban population – live in urban slums. World Bank estimates that by 2035, cities will become the predominant sites of poverty. Health problems of the urban poor include an increased risk for violence, chronic disease, and for some communicable diseases such as tuberculosis and HIV/AIDS.

The major drivers of health in urban settings are beyond the health sector.

Urbanization is not inherently positive or negative. Underlying drivers – also referred to as social determinants – converge in urban settings which strongly influence health status and other outcomes. These determinants include physical infrastructure, access to social and health services, local governance, and the distribution of income and educational opportunities. Communicable diseases such as HIV/AIDS and tuberculosis, chronic diseases such as heart disease and diabetes, mental disorders, and deaths due to violence and road traffic injuries are all driven by these underlying social determinants.

Actions and solutions exist to tackle the root causes of urban health challenges.

Urban planning can promote healthy behaviours and safety through investment in active transport, designing areas to promote physical activity and passing regulatory controls on tobacco and food safety. Improving urban living conditions in the areas of housing, water and sanitation will go a long way to mitigating health risks. Building inclusive cities that are accessible and age-friendly will benefit all urban residents. Such actions do not necessarily require additional funding, but commitment to redirect resources to priority interventions, thereby achieving greater efficiency.

Build partnerships with multiple sectors of society to make cities healthier.

Health is a human right for all citizens. It is the role and responsibility of individuals, civil society, and governments to uphold this principle. Platforms where municipalities, civil society and individuals come together must be encouraged to protect the right to health of current and future generations of urban dwellers. By bringing multiple sectors of society together to actively engage in developing policies, more sustainable health outcomes will be achieved.

SOME URBANIZATION AND HEALTH FACTS AND TRENDS

The following information is drawn from the Knowledge Network on Urban Settings report, the WHO Commission on Social Determinants of Health, UNHABITAT reports and other global studies. For the most part, data is global and regional in nature and is meant to depict common trends related to urbanization and health. Differences in health outcomes and factors determining them in any given city will vary according to context. This information and data may be useful for groups wishing to develop their own advocacy materials for World Health Day.

Urbanization continues in all parts of the world

- The rate at which urbanization has taken place over the last few decades is well-illustrated by a look at how long it took a city to grow from one million to eight million inhabitants. For London, this growth took around 130 years. For Bangkok, similar growth took 45 years. For Seoul, it took only 25 years.
- Between 1995 and 2005 alone, the urban population of developing countries grew by an average of 1.2 million people per week, or around 165 000 people every day.
- Most rapid growth will take place in cities of 1 to 10 million people; it is not just a megacity issue.
- The speed of urbanization has outpaced the ability of governments to build essential infrastructures that make life in cities safe, rewarding, and healthy, particularly in low-income countries.

Growing health inequities in all cities

- The presence and extent to which health inequities exist in all cities is of particular concern.
- Significant differences in life expectancy between urban residents in the same cities exist in high-income countries as well as low- and middle-income countries.
- Evidence from 47 countries on child health outcomes shows higher socioeconomic inequality in urban areas compared to rural areas.

Urban settings as a health determinant

- Health outcomes are determined by environmental, social, and physical infrastructure conditions and factors that can be positively influenced.
- Examples of determinants include water and sanitation, quality of air, living and working conditions, access to services and resources, among others.
- Unplanned urbanization, especially in the developing world, has been accompanied by continued growth of slums and shantytowns.
- One in three urban dwellers lives in slums, or a total of 1 billion people worldwide.
- With more of the world's population living in cities, the conditions and factors that determine health outcomes become an ever more pressing challenge to address.
- The myriad factors and conditions in urban settings make urbanization such a powerful force that it is, in itself, a major determinant of public health in the 21st century.
- Failure to address these underlying factors now can result in spiraling health costs, as well as potential security issues for underserved populations in all cities.

Urban Environmental Health

- Some 32% of urban residents in developing regions lack improved sanitation. Globally, it is estimated that 3% of all deaths, including most diarrhoeal disease, is attributable to the lack of improved drinking-water sources, sanitation and adequate hygiene.
- The unreliability of piped drinking-water supplies in urban areas also encourages household storage of water, with associated risks of contamination (diarrhoeal diseases) and vector breeding (dengue and malaria); household water treatment and safe storage can reduce these risks.

Urban Environmental Health (continued)

- About 25 % of city dwellers in developing countries, and 70% in least developed countries use solid fuels for heating and cooking, causing indoor pollution, which greatly increases risks of respiratory disease, especially in children and exacerbates outdoor air pollution as well. Globally, some 2 million deaths annually are attributable to such indoor air pollution exposures. Shifts to improved stoves or alternative fuels (LPG, solar power, etc.) can address this severe health problem, and in some scenarios also reduce greenhouse gas emissions.
- Poor urban housing structures and household water storage and waste disposal practices also are factors in vector borne disease transmission, particularly dengue disease and malaria. Improved residential housing design, can address these as well as energy conservation. Disposal of health care waste, containing toxic or biohazards, can pose health risks in urban areas with inadequate waste facilities as may other forms of industrial and commercial waste exposures.
- Developing country cities are particularly vulnerable to health hazards from climate change and. In particular, the coastal location of many major cities, makes populations more vulnerable to extreme weather and to sea level rise. Heat waves also place cities at risk of the "heat-island" effect, where temperatures may be as much as 5-11° C warmer than surrounding rural areas due to dense urban geography and energy sources.

Urban transport and health

- In many developing world cities, soaring increases in motorized road traffic over past decades pose a growing urban public health problem, particular for vulnerable groups. In developed world regions too, such as Europe, urban transport patterns, along with smoking and diet, have been widely acknowledged as among the most important health determinants.
- Globally, road traffic injuries constitute the ninth leading cause of death, and most road traffic deaths occur in low- and middle-income countries. Almost half of those who die in road traffic crashes are pedestrians, cyclists or users of motorized two-wheelers.
- Urban air pollution is estimated to kill some 1.2 million people annually around the world, largely due to cardiovascular and respiratory diseases. A significant proportion of urban air pollution is generated by motor vehicles, although industrial pollution, electricity generation, and in least developed countries, household fuel combustion, also are major contributors. Globally, transport emissions also are a major contributor to climate change.
- In many developing cities, high urban vehicle concentrations, proliferation of aging and polluting vehicles (e.g. older diesels), poor infrastructure, and mixing of pedestrian/cycle and road traffic, generate even greater risks from air pollution and traffic injury – particularly for vulnerable groups.
- By creating barriers to walking and cycling and other forms of physical activity, poorly planned urban transport also encourages sedentary lifestyles. That is also a factor in obesity and obesity-related diseases. Transport-related noise is a factor in stress-related diseases.
- The health of the entire urban population is impacted by pollution and unsafe streets. But groups facing the greatest risks typically include children, older people, and people with disabilities and the poor – as they tend to be more reliant on walking, cycling and public transport for everyday movements.
- Urban sprawl often means new city neighborhoods and businesses are sited far from public transport hubs and without safe walking and cycling networks. This, in turn, creates a vicious cycle of greater reliance on motorized transport, and exposure to risks. Sprawl also can make expansion of electricity, sewage and water infrastructure inefficient and difficult to regulate.

The growing burden of noncommunicable diseases

- Today, around 80% of the global burden of chronic diseases is concentrated in low- and middle-income countries, with enormous implications for the accessibility, quality, and cost of long-term care.
- Obesity/overweight and other related conditions also place a significant economic burden on countries in terms of enormous healthcare expenditures and lost productivity.
- Unhealthy diets and physical inactivity contribute to increased risk for many noncommunicable diseases as well as chronic conditions including obesity, hypertension, cardiovascular disease, osteoporosis, type 2 diabetes and certain types of cancer.

Diet and physical activity in urban settings

- Urban environments tend to discourage physical activity and promote unhealthy food consumption.
- Participation in physical activity is made difficult by a variety of urban factors including overcrowding, high-volume traffic, heavy use of motorized transportation, poor air quality and lack of safe public spaces and recreation/sports facilities.
- Cities often have a greater supply of energy-dense, nutrient-poor foods with high levels of fat, sugar and salt, as well as a greater demand for "fast food" to accommodate the fast-paced lifestyle.
- In the WHO World Health Survey last conducted in 2003, at least half of the countries reported a prevalence of about 70% or more of insufficient intake of fruits and vegetables in urban areas.

Smoking and secondhand smoke in urban areas

- Smoking rates may be higher in some urban areas due to greater availability of tobacco products and targeted marketing, especially in developing countries.
- The absolute number of smokers in urban areas can be considerable even if prevalence is lower than in rural areas.
- According to data from the World Health Survey 2003, the median smoking prevalence in urban areas was over 20% in all WHO regions except Africa.
- There is no safe level of exposure to secondhand smoke. Smoking and non-smoking sections in restaurants, bars, pubs, do not ensure adequate limits to secondhand smoke.

Violence in urban areas

- The frequency and intensity of violence is closely tied to economic and social inequalities within and between large cities, with often huge disparities in homicide rates, youth violence, sexual assault and child abuse coinciding with inequities in the provision of housing, educational, employment and health expenditure.
- Rates of violence by young males, often belonging to gangs, are higher in urban areas. Gang violence often accounts for the bulk of violent offences reported in cities. Emigration to cities from rural areas, the breakdown of established social order, demographic changes and income inequalities all help fuel youth violence in cities.

Mental Health

- Rapid urbanization of cities leads to conditions that can threaten mental health, such as overcrowding, unemployment, poverty, cultural dislocation and isolation, and deterioration of housing.
- Urbanization can lead to increases in the burden of mental disorders and widening treatment gaps. Mental health treatment gaps are particularly pronounced in urban centres in developing countries.
- Studies from both developed and developing countries indicate that children in urban environments (especially those that are low-income), have higher rates of psychological and behaviour problems, and lower educational and occupational expectations than do those from rural areas.

Mental Health(continued)

- Neighbourhood factors such as levels of noise pollution, perceptions of the local environment (local amenities, area reputation and fear of crime) and neighborhood social cohesion and social capital have been found in several studies to impact on mental health.
- To improve service access and outcomes for mental health, mental health interventions need to be built into general health care, especially primary care. Health and social services must be provided in ways that address the particular mental health needs of urban populations including the vast numbers of migrants

Substance abuse

- Alcohol and drug related problems may be exacerbated by urbanization due to higher availability of alcohol and illicit drugs in urban environments.
- Even after accounting for other variables, urbanization is associated with twice the rates of hospital admission for alcohol or drug use disorders.
- The level of abstention is an important mediating factor of alcohol-attributable health burden that often serves a protective role in poorer societies, but such abstention rates tends to be lower in urban than in rural areas.
- With rising affluence in many cities in developing countries, there are often substantial increases in alcohol and drug use and resultant public health problems with an inequitable impact falling on the poor.

Tuberculosis

- Crowding and high population density are direct risk factors for transmission of communicable diseases, especially airborne diseases, such as TB.
- The rapid population expansion in urban areas globally and especially in low-income countries has resulted in sprawling urban poor settlements where people live in poor conditions facing problems related to poverty, sanitation, hygiene, housing and overcrowding. Congested urban settlements facilitate transmission of most communicable diseases and especially tuberculosis.
- TB incidence is much higher in big cities. In New York City, TB incidence is four times the national average. Incidence of TB in some parts of London is as high or higher than that in China. The situation is no different in resource-poor countries: 45% of TB cases in Guinea live in Conakry; 83% of TB cases in DR Congo live in cities.
- The challenges of urban TB control are: 1) multiplicity of health care providers of diverse types, 2) multiplicity of users of TB services (slum-dwellers, migrants, drug addicts, homeless) and 3) multiplicity of authorities -- municipal, provincial, national - responsible for carrying out similar tasks for different population groups. Quality TB care requires more than good clinical services, particularly strong linkages with other social services to enable strong patient support.

HIV/AIDS

- Prevalence of HIV in generalised epidemics is generally higher in urban areas; population-based household surveys indicate that prevalence is 1.7 times higher in urban than rural areas.
- In concentrated epidemics, groups at higher risk of HIV owing to particular behaviors such as intravenous drug use, men having sex with men, or sex workers and their partners tend to cluster in urban areas, increasing potential for exposure in urban areas.
- Although they may represent greater risks of HIV exposure, urban areas also tend to benefit from greater access to health services; the concentration of populations around health services underscores the potential for expanding and improving urban health services around HIV treatment and prevention.

Urbanization and Maternal and child health

- The rapid growth of cities has increased the visibility of unequal access to skilled care at birth and to emergency care for urban women.
- Women who live in these slums often do not have access to basic health services. These women and their newborns are particularly disadvantaged because they do not receive appropriate care during pregnancy and childbirth.
- Most caesarean sections in developing countries are performed among the urban richer and richest women, while often almost none of the urban poorest women have access to this life-saving procedure. A similar trend can be seen regarding access to skilled birth attendants. Only very few of the poorest women have access to a doctor and/or a skilled nurse or midwife during childbirth.

Public health emergencies and humanitarian crises in urban settings

- The risks of emergencies from natural hazards (such as floods, extreme heat and cold, landslides and earthquakes), chemical and radiological hazards, fires, transport crashes, and outbreaks of respiratory, water-borne and vector-borne diseases, are amplified by the concentration of population and their living conditions in urban areas.
- Conflict and insecurity in the urban environment and the movement of people from crises in rural areas to cities pose significant humanitarian challenges. Slums proliferate as large numbers of displaced people seek refuge at the margin of urban areas.
- Poor water and sanitation, overcrowded living conditions, and fire-prone shelter increase community vulnerability to emergencies, especially among the urban poor and other high-risk groups.
- Cities are an efficient engine for the rapid national and international spread of diseases by providing a unique environment for both amplification of diseases and mobility of infected individuals with access to bus and train stations, large international airports, and seaports.
- Health facilities are damaged or destroyed by hazards, while local authorities and communities are often ill-prepared and under-resourced to respond to the scale of these emergencies, leaving people with limited access to health and emergency services when they are most needed.
- When urban areas, which are the most concentrated source of health, logistic and other resources, are impacted by emergencies, assistance to the rest of the country is restricted.

UPDATES TO KEY FACTS AND TRENDS WILL BE AVAILABLE
ON WEBSITE VERSION OF TOOLKIT

ADDRESSING THE CHALLENGES

Actions to build a flourishing urban environment

If urbanization continues in its current path, it will present social, health and environmental challenges on an unprecedented scale in human history. There is an urgent need for a new approach to urbanization and a new paradigm of public health. Five key areas for action are:

- ✓ *Urban planning promoting healthy behaviours and safety.* Local governments and civil society can design urban areas to promote physical activity through investment in active transport; encourage healthy eating by managing availability and access to fresh food; and reduce violence and crime through good environmental design and regulatory controls, including managing the number of alcohol outlets.

- ✓ *Improve urban living conditions.* Apply healthy urban design principles with easy access to basic amenities and services, designated commercial and non-commercial land use, with land also set aside for protection of natural resources and recreation. One of the biggest challenges is, of course, access to adequate shelter for all. The quality of housing and adequate access to services such as water and sanitation are vital contributors to health.

- ✓ *Participatory urban governance.* Local participatory governance mechanisms should be established that enable communities and local governments to partner in building healthier and safer cities.

- ✓ *Inclusive cities are accessible and age-friendly.* People with disabilities make up at least 10% of the population, and access barriers prevent participation in education, employment and public life. Globally, populations are rapidly ageing, leading to more older people, many of whom will experience mobility and sensory impairments. Measures such as accessible public transit, kerb cuts, safe pedestrian crossings (e.g. tactile paving, signaled controlled crossings) all improve safety and enhance participation for disabled and older persons.

- ✓ *Making urban areas resilient to emergencies and disasters.* Improving the ability of the community to protect themselves from all types of hazards, and involving the health sector in community-led local emergency response planning and training, will help to reduce risks and provide a more effective emergency response. The development of settlements and infrastructure away from natural and technological hazard-prone areas, and safer health facilities which are prepared for emergencies will make communities safer. All-hazard health emergency management systems, with the ability to provide safe and secure health services, food and water, water, protection and shelter in humanitarian settings is needed to minimize loss of life and disabilities in emergencies, disaster and other crises.