



Multi-Sectoral Working Group

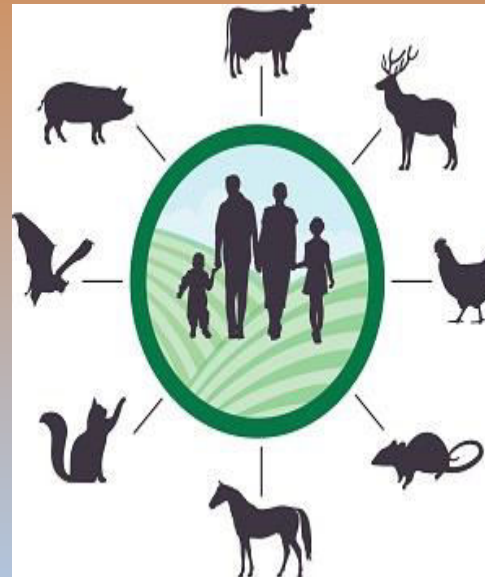
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Healthy Cities healthy people World Café session

OUR WORLD IS CHANGING FAST...



INCREASED INTERACTIONS AT THE HUMAN-ANIMAL-ENVIRONMENTAL INTERFACE

WHY FOCUS ON URBAN AND PERI-URBAN SETTINGS?

- **Urbanisation:** From 2000 to 2030 the world's urban population is expected to increase from 2.7 billion to 5.1 billion people – i.e. 60% of global population. By 2050 close to 70% of the world population will live in an urban setting
- **Environment:** Urban malaria and vector-borne disease risk varies according to types of construction, waste management, drainage, ditches and water storage that can create breeding sites for vectors
- **Urban vs rural:** WHO has recognised the different response required for the response to malaria in urban areas vs rural, to address rapid urban population growth and evolving malaria transmission dynamics in malaria endemic countries and produce a new guide in partnership with UN-Habitat
- **Multiple benefits of action:** Multi-sector response required to tackle malaria in cities will also help tackle other vector borne diseases, NTDs and TB



WHY WORK WITH CITY LEADERS?

Many of the indirect (i.e. non health) interventions to tackle vector borne disease fall under the direct responsibilities of local governments

TYPE	INTERVENTION
Environmental modification	<ul style="list-style-type: none">• Improving drainage• Draining swamps• Dredging to increase water flow• Making embankments• Land reclamation• Deforestation/afforestation• Flood control• Improved sanitation including better water storage and provision and good maintenance of piped water• General infrastructure development – e.g., construction of roads
Social/preventive	<ul style="list-style-type: none">• House/window screening• Improved housing• House inspections to identify and remove breeding sites



HEALTHY CITIES, HEALTHY PEOPLE

- The ***purpose*** of this initiative is to **support a network of city leaders** and link them with international health advocates.
- The initial ***objective*** was to agree a ***Common Position and Commitment to Action***, with a focus on the role city leadership can play in galvanising action beyond the health sector.
- The ***longer-term aim*** is to **mobilise substantial and sustainable support for urban health investment globally**, and create a *network* with a strong focus on vector-borne diseases and NTDs.
- Particular attention needs to be given to secondary cities which often lack the political power, resources and support of national capitals and commercial centres.

Healthy Cities, Healthy People: Partners

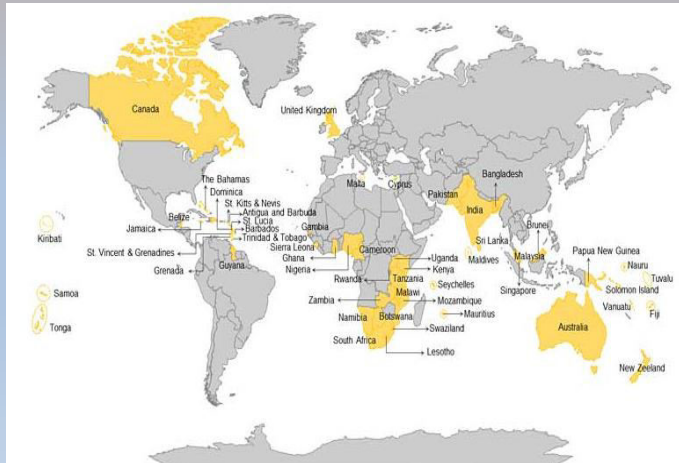
Partner Organisations



Potential Collaborators



Commonwealth outreach to urban leaders (CLGF)



- Hosted series of regional meetings with 20+ countries represented, plus further consultations.
- Covid-19 highlights role of mayors/city leaders, but most lack authority and resources they need.
- Environmental factors must be addressed, investment in prevention has never been more critical
- Keen to join forces with Francophone Mayors & beyond



NEXT STEPS

- UN Habitat are seeking resources to support city leaders with technical assistance, enabling them to build the case for investment, identifying opportunities to access sub-sovereign finance and other resources for infrastructure development and capacity building.
- A new financing mechanism has been developed. Which links the creation of a challenge fund for demonstration projects WITHIN current and planned larger scale investments
- Work plan is being developed to link leaders with each other and with technical expertise. Widening the network to collaborate with Francophone partners and beyond.
- We are currently looking for resources to developing pilot projects to take to leaders World Health Assembly, World Urban Forum etc



But “urban” means different things to different people. We need to consider the different typologies.....



Urban Typologies

- **Large urban centres** include megacities, urban areas with a clear central business district (CBD) and suburbs with varying levels of progressively decreasing population density (Lagos, Nigeria) including city-states like Singapore
- **Large urban centres resulting from conurbations**, where two or more distinct urban centres progressively grow and see their population density increase, until they more or less merge into one metropolitan area. (BUT WITH POSSIBLY DIFFERENT ADMINISTRATIVE JURISDICTIONS (Accra-Tema , Metro Manila)
- **Smaller urban centres** typically are towns that have a small CBD, possibly some small satellites and radial linear expansion along the major routes. (Lake Victoria region East Africa) 200-500,000 pop
- **Large villages and small towns** are typically quite compact but differ from urban centres as they have little fringe expansion including areas around industrial or commercial activities. college campuses, airports, mining communities, refugee camps. Upto 100,000 pop
- **Rural areas** low density dispersed settlements



Urban Typology 1

- **Large urban centres** include megacities, urban areas with a clear central business district (CBD) and suburbs with varying levels of progressively decreasing population density
 - This urban centre has a strong municipal government who are of a different political party to the national government
 - The slum populations are 60% of the total population
 - The slum housing is of very poor quality and large amounts of solid waste together with poor drainage
 - There is a rapidly expanding urban sprawl with uncontrolled developments and many construction sites
 - The current situation is that Malaria is increasing and there are frequent dengue outbreaks
 - Many of the youth are worried about the environment and how climate change will impact their future



Urban Typology 2

- **Large urban centres resulting from conurbations**, where two or more distinct urban centres progressively grow and see their population density increase, until they more or less merge into one metropolitan area. (BUT WITH POSSIBLY DIFFERENT ADMINISTRATIVE JURISDICTIONS)
- This urban centre is covered by two municipal governments both of which are poorly managed. There is much corruption. The medical officers of health from both municipalities are efficient and they work well with other departments in their respective administrations
- The slum populations are increasing rapidly, especially between the two original city centres
- The conurbation is a traditionally water-scarce region, so every effort is made to store water at various official (and unofficial) dams/ lagoons around the city
- Dengue outbreaks are frequent with some malaria. The public hospitals are weak and many use the rapidly expanding private “clinics” where misdiagnosis is common
- There is a strong civil service club, where many retired civil servants meet. They have a strong desire to do something about the current health of the residents



Urban Typology 3

- **Smaller urban centres** typically are towns that have a small CBD, possibly some small satellites and radial linear expansion along the major routes.
- This urban centre has a strong municipal government who are aligned with national government
- The slum populations are minimal 10% of the total population
- There is a rapidly expanding CBD but with well controlled developments and many construction sites. The city is surrounded by large amounts of urban agriculture and there is much trade between this market town and the neighbouring smaller villages
- The current situation with Malaria is very bad and much worse during the rainy season
- Tea is grown in the areas around the Town and the Cooperative that processes the products is a solid and well-respected employer.



Urban Typology 4

- **Large villages and small towns** are typically quite compact but differ from urban centres as they have little fringe expansion including areas around industrial or commercial activities. college campuses, airports, mining communities, refugee camps. Upto 100,000 pop
- This urban centre has a strong municipal government who are currently work well with the regional government.
- The community has grown up around a rice research institute and the slum populations are minimal
- Aside from rice cultivation there is a growing interest in diversifying the businesses. The location is popular with tourists.
- The current situation is that Malaria is is very high and seasonal.. Dengue is increasing
- Water-supply is very poor due to leakage losses I the system and the fact that the local MP “steals” municipal water for his personal farm. Intermittant supplies have caused city residents to store water In their homes
- The local education office is well organized and takes a keen interest in the environment.



Imagine that a directive has come from the Prime Ministers office for urgent action as your city/town has been identified as a national hot spot. As the local leader, you and your team have to report to the PM in 48hrs what you need to do

- What are the most critical problems that need to be addressed in this urban setting ?
- What are the (i) immediate interventions you need to take (ii) the long-term interventions prevent future outbreaks
- How will you apply a multi-sectoral approach
- What communication and advocacy approaches you suggest



Good luck!

Your next promotion is soon up
for review