Health Cities Health People: Update

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Our World is Changing Fast...

- Increased possibilities of zoonotic disease needing classical public health management
- Relationships between NCDs/CDs co-morbidities become more important possibilities
- Health emergencies quickly become economic emergencies. Intersectoral approaches needed
- Managing today’s outbreaks, while planning for more resilient future urban spaces
- Mental health and well-being critically important
- Rapidly changing demographies

- Increased interactions at the human-animal-environmental interface
- Unplanned urbanization
- Deforestation
- Migration
- Intensive agriculture
- Intensive animal production
- Pollution
• The purpose of this initiative is to support a network of city leaders and link them with international health advocates. This initiative responds to the Commonwealth Local Government Forum ‘Call to Action on Sustainable Urbanisation Across the Commonwealth’ and the CHOGM Communiqué 2018 but it not limited to Commonwealth City leaders.

• 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. This was launched for World Cities Day in November 2021.

• The longer-term aim is to mobilise substantial and sustainable support for a One Health approach urban health investment, with a strong focus on vector-borne diseases and NTDs.

• Particular attention needs to be given to cities which often lack the political power, resources and support of national capitals and commercial centres.
There are four proposed challenges and cities will be able to apply to one of them in the first round of applications:

I. **Community-led data for surveillance and early warning** to enable targeted prevention and risk assessment against disease outbreaks.

II. **Operationalising a One Health approach** through targeting specific diseases such as rabies, schistosomiasis, tuberculosis etc.

III. **Tackling vector borne disease through the built environment** including housing, water & sanitation, waste management and drainage etc.

IV. **Improved urban design** to improve public spaces including markets, parks, transport.
Progress Since last MSWG meeting

• Review of evidence

• Establishment of a small project development group (Accra, Freetown, Kampala, Kisumu)

• Establishment of Partnership with WHO/NTD dept

• Lancet Commission of building-out Aedes-borne diseases
Conclusions of MSWG Panel of Mayors & Representatives

• Health is not only an input of planning, but also an outcome.
• Operational and Implementation research necessary to generate evidence on MSA and identify gaps.
• Continuous strategic advocacy for coordination, joint planning, and implementation is necessary. Work against those who jealously guarding their resources.
• We must ensure there is a measure of success despite the challenge of competing interests for resources from other diseases and other diseases.
Looking beyond malaria to strengthen the case for investment

• We now understand the urban landscape better. Tools to assist local-level data collection and decision making are available

• Improved urban design, housing and infrastructure (especially WASH, Solid waste)

• City leaders need to engage in new partnerships with financing institutions to include components for environmental management of disease in major infrastructure projects.

• HCHP can prove concepts that can be rolled out with domestic or international resources.

• It also builds preparedness capacity against future zoonotic epidemics.
Using City Data gives a useful picture!
The criticality of community engagement

• Demonstrating the importance of community engagement and highlighting its added value is essential to gaining further funding.

• Sufficient representation, defining community needs and engaging stakeholders in decision making, meeting expectation and adequate awareness/understanding of the role and purpose of multisectoral engagement.

• Communities participate in all stages of programme design and implementation

• Sharing examples of success and failures in mobilizing existing funds. Good practices (and bad) can be shared between cities. Leaders include recognition and positive feedback incentives

• There should also be a clear feedback system for community members to communicate their needs within the existing structures
Conclusions

• An improved understanding of the relationships between VB diseases and other communicable and non-communicable diseases (not forgetting mental health) and living environment are needed to better understand disease risks and co-morbidities in the continuum of urban to rural landscapes

• Understanding the changing demography of urban and rural spaces needs disaggregated data, only available at the local level. Unlock community potential for: surveillance, innovation, education & advocacy, implementation and so provide good practices for national/regional implementation

• National Governments and local authority leaders need to follow a 2-track approach to urban re-design (i) Short-term “response” to address outbreak management and (ii) long term, progressive re-think of urban design principles

• Many urban “retrofits” and upgrades can reduce risks or a variety of diseases. Preventative re-design can be sold based on multiple co-benefits. Access to public green space being a great example

• 60% of the urban space where people will live in 2050 has yet to be built, we therefore have a window of opportunity to re-think our living space now
Thank you for your attention!

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