



Health Cities Health People: Update

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Our World is Changing Fast...

Increased possibilities of zoonotic disease needing classical public health management



Managing today's outbreaks, while planning for more resilient future urban spaces

Relationships between NCDs/CDs co-morbidities become more important possibilities



Mental health and well-being critically important

Health emergencies quickly become economic emergencies. Intersectoral approaches needed



INCREASED INTERACTIONS AT THE HUMAN-ANIMAL-ENVIRONMENTAL INTERFACE



Rapidly changing demographics

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- 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.

Using a challenge fund to catalyse larger investments

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.

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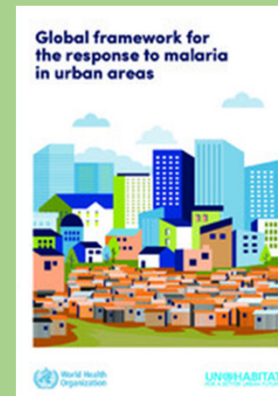


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Progress Since last MSWG meeting

- 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



The past 50 years have seen the emergence of epidemic arboviral diseases transmitted by the urban mosquito, *Aedes aegypti*. More than 120 countries are affected by frequent and cyclical dengue epidemics that result in an estimated annual 400 million infections and 100 million symptomatic cases.¹ Chikungunya virus re-emerged in 2004 from east Africa and spread to Asia, the Pacific, the Americas, and Europe.²⁻³ Zika virus spread from sub-Saharan Africa through Asia and the Pacific to the Americas, where it caused a major outbreak associated with severe birth defects and neurological complications.⁴⁻⁵ In 2016, Zika virus disease became the first vector-borne disease to be declared a Public Health Emergency of International Concern. Ominously, yellow fever virus continues to spill over from the jungles of west Africa and South America with local epidemics that threaten pandemic transmission.⁶ These diseases collectively have devastating effects on human health and economic development in affected places, many of which are low-income and middle-income countries.



Conclusions of MSWG Panel of Mayors & Representatives



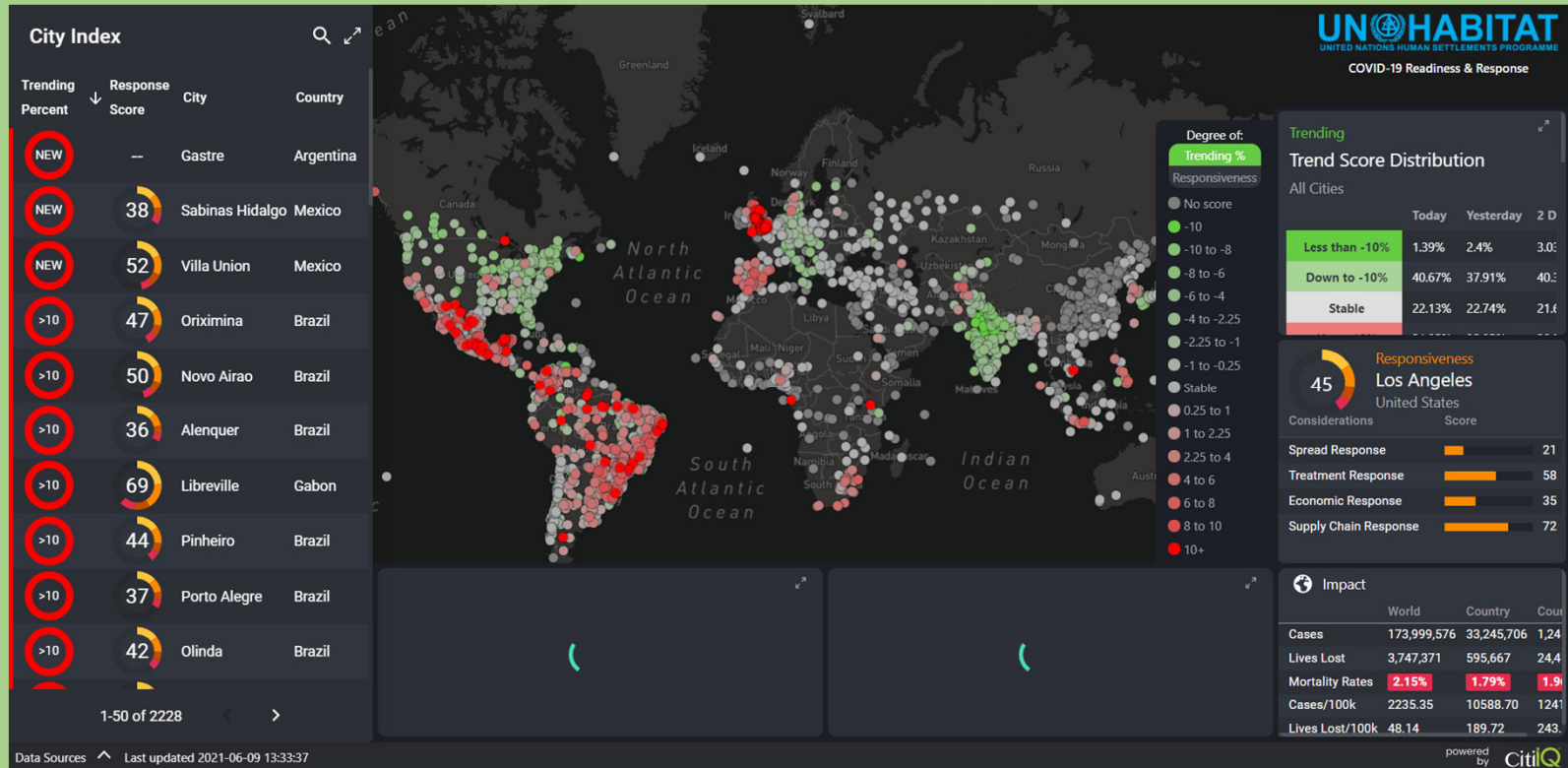
- Health is not only an input of planning, but also an outcome.
- Operational and Implementation research necessary to generate evidence on MSA and identify gaps.
- Continuous strategic advocacy for coordination, joint planning, and implementation is necessary. Work against those who jealously guarding 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 !



CitiIQ COVID-19 City Readiness and Response Tracker

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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