Strengthening local action for global health: WHO's response to urban health challenges

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The climate and COVID-19 crises have exacerbated existing social injustice and vulnerabilities in our communities and our health systems, especially in cities. Over 55% of the world's population live now in urban areas and the prevalence of urban-related disease burdens is now dominant and will continue to grow. High connectivity of large cities, ongoing urban population growth and spatial extension, rapid motorization as well as climate change all impact negatively on a large number of health outcomes.

Urban health can be considered as the configuration of urban features and systems that collectively determines the potential for all urban dwellers to achieve a state of complete physical, mental, and social well-being. As such, city authorities play a key role in protecting their citizens' health and well-being.

The triple burden – cities responses to health challenges must take account of multiple threats

Inadequate housing and transport, poor sanitation and waste management, high levels of air and noise pollution are still big issues in many cities. Sedentary lifestyles resulting from the lack of space for safe walking, cycling and active living (and increasingly poor diets with high amounts of processed foods) also make cities epicentres of the noncommunicable diseases epidemic. This rising noncommunicable disease burden, combined with the persistent threat of infectious disease outbreaks and an increased risk of violence and injuries, in particular road traffic injuries, are key public health concerns in urban areas, reflecting the triple burden faced by cities.

Health inequities in urban areas

While urbanization can bring health and economic benefits, rapid and unplanned urbanization can have many negative social and environmental health impacts, which hit the poorest and most vulnerable the hardest. Health inequities are perhaps most stark in urban areas, sometimes varying from street to street. Migrants and other disadvantaged groups tend to be clustered in the most deprived and environmentally degraded neighbourhoods with the fewest mobility, work and educational opportunities, the poorest access to health services and below-average health outcomes.

Urban health and climate change

But urbanization, as one of the most predominant societal features of economic development, is also a key driver of emissions and environmental transformations threatening the natural systems, so impacting the planetary health, that in turn has an impact on global population health. Cities consume over two-thirds of the world's energy and are responsible for over 60% of greenhouse gas emissions. Urban populations are among the most vulnerable to climate change: inland cities are more vulnerable to extreme weather events, both cold and heat. For example, they

KEY POINTS

- **Over half of the world's population lives in cities. Cities are responsible for more than 60% of greenhouse gas emissions. WHO identifies several factors that negatively impact upon the health of urban populations: poor housing and transport conditions, pollution, waste management and inadequate sanitation all contribute to an increase in non-communicable and infectious diseases, as well as an increased risk of violence and injuries, particularly road traffic injuries. And health inequalities are particularly marked in urban areas. To address these challenges, WHO advocates a "systems" approach to urban health, i.e. taking into account all the determinants of health: the characteristics of urbanization are clearly identified as a priority determinant of health and well-being. To do this, health must be taken into account in all city policies.**

may experience temperatures 3–5°C higher than surrounding rural areas due to the so-called heat island effect of large concrete expanses and lack of green cover. This is particularly true in the global south, which suffers from higher environmental degradation mainly caused by weaker policy and legislative mechanisms, lack of resources, and more.

Urban health and COVID-19: cities at the frontline of a public health response

The COVID-19 pandemic has shown that cities often bear the brunt of emergencies. Urban citizens frequently have high exposure to the virus and are less able to protect themselves. Overcrowding and lack of clean sanitation services increase the risk of contagion, and limit residents' ability to adhere to public health measures. COVID-19 cases and deaths in deprived areas are double those of more advantaged areas, exposing existing health inequities. Furthermore, the pandemic has had unequal negative impacts on broader health and outcomes – mental health, education disruptions, job losses, food security – have been considerably worse among disadvantaged populations.

But the world has seen cities react rapidly and innovatively to address the challenges raised by COVID-19. Indeed, COVID-19 has played out a city level, with each city experiencing the pandemic in different ways. Cities were often the first to respond, were flexible and frequently showed leadership and the ability to positively and quickly impact the health and environment of their populations ahead of their national government response. As such, many cities were able to respond quickly both to keep citizens safe from the virus – including by adapting the way people travel, maintaining food security and safety, and protecting older people and marginalized populations – but also to address some of the negative consequences of the lockdown measures themselves, like food security, mental health, physical activity. In Peru, the city of Lima, its municipal authorities concerned about the risk of crowded public transport during the COVID-19 outbreak, strengthened its cycling infrastructure with almost 50 km separated bicycle lanes prioritizing routes which would connect with their existing 227 km cycle network and facilitate access to public services such as hospitals. In Freetown, Sierra Leone, a multipronged approach to improving food security combined emergency food packages to those in informal settlements[1].

Cities' experiences were based not just on their epidemiological profiles, but on a number of factors, such as infrastructure, governance, trust, intersectoral and community participation – cities with similar profiles had vastly different COVID-19 experiences and health outcomes.

While some of the experiences from the pandemic are temporary or context-specific, there are nevertheless some key transferable lessons of the more successful responses at city level that relate to a cities' resilience that are impacted by these governance issues, e.g., strengthening existing networks and partnerships with communities to best respond to people's needs, multisectoral collaboration and strong leadership from the health sector supported by flexible budgeting that could be re-purposed.

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As many parts of the world now turn to the recovery phase, the challenge for many cities that were able to address not just disease transmission but also mitigate against some of the broader negative health impacts of COVID-19 positively, is to maintain the gains made and recover better. One example is the city of Bologna, Italy, which has taken a comprehensive determinants of health approach to its recovery plans (upgrading parks, cycle lanes, regeneration, fostering health and economic development).

Adopting a systems approach to urban health

For urban health more broadly, the COVID-19 pandemic illustrates the necessity that determinants of health and disease are considered together with determinants of city resilience (e.g. to disasters and climate change), prosperity, and opportunities for human development. The health of a city relies on the health of its population, but also is characterised by health equity and natural ecosystems/climate. Numerous entry points address specific issues/parts of the complex web of causation: health, climate, interconnectivity, jobs, infrastructure, equity, resilience but also education. There is the overall recognition of the need to promote further a systems approach to urban health within a city – understanding the structure of systemic relationships and positive and negative feedbacks that determine system trajectories. Programmatic efforts need to be merged to understand and change urban systems, building on the different approaches, success experiences and focusing on the understanding of the centrality of health in development. Governments should integrate health, emergency preparedness, equity, and nature considerations into urban and regional planning policies and interventions, including in economic impact and cost-benefit assessments.

Addressing urban health also implies recognizing multi-scale linkages downwards (from national to sub-national government) and upwards (from national to regional and global bodies) and the links between different sectors, health and beyond at the different scales.

And because healthy and sustainable cities and communities cannot depend solely on biomedical solutions, urban governance reform is critical.

There also remains a persistent and misguided perception that health is solely related to health systems and individual behaviours. However, there is still a general lack of urban management expertise in the health community and a dearth of health expertise across the urban sector. While there are numerous examples globally of effective and innovative urban health projects and programmes, much more could be achieved in building key capacities to allow scaling up the impact of these interventions.

Technical capacities, but also capacities in intersectoral mechanisms and in applying Health in All Policies approaches that need to rely on specific mechanisms put in place at local level (such as regulations, multi-sectoral working groups etc.) but here the prerequisite is training and support. Health in All Policies is key for local decision-making processes in the context of urban policies to promote public health interventions aimed at achieving Sustainable Development Goal targets.

For example, health is at the core of all policies in Utrecht. Active mobility, green environment and equity are key priorities for ensuring healthy urban living for everybody and this relies on strong community engagement. The city is for example designed to promote bike use with a special emphasis on low income neighbourhoods.

WHO strengthened support for the implementation of local policies for global health

WHO has been supporting cities in building and shaping these policies and actions for decades. Over the years, its work has included the development of numerous technical normative documents to support increased dialogue between health and other sectors (that have important impacts on health, as well as key tools towards implementing measures known to improve health outcomes in cities). For example, the AirQ+ and GreenUR tools have the specific aim of quantifying the effects of exposure to air pollution or access to green spaces in terms of public health and informing policy choices at local level, while the guidance document on *Integrating health in urban and territorial planning* produced together with UN Habitat aims at overcoming existing barriers and addressing health determinants at the urban level. WHO's new repository on urban health provides easy access to a broad range of resources to enhance local action for health.[2]

Along with these developments, WHO has steadily aimed at prioritizing and supporting urban governance and leadership for health and well-being through the establishment of the WHO Healthy City Network and other city partnerships, as well as key initiatives that foster the development of urban governance for health and well-being frameworks. The role of WHO Regional Offices in these networks to respond to the specific needs of cities in their regions and share experiences between cities has been crucial.

Indeed, while during the pandemic WHO has quickly scaled up its response at the local level across a number of technical areas, the pandemic has emphasized the critical importance of cities, their governance structures and their partnerships, both in the immediate response to a health crisis and in the ability to have a more sustainable recovery.

Within WHO's organizational programmatic framework, urbanization has been clearly identified as a key priority determinant of health and well-being. As such, the need for WHO's action to address the broad impacts of urbanization is critical if it is to meet its objective of improving the health and well-being of the global population.

The Organization wants to ensure that this progress continues so that cities are better prepared to face future emergencies impacting health. WHO is now promoting this more integrated approach aiming at setting out broad principles/drivers of change that are relevant globally to improving urban health. WHO will further emphasise the support to governments to integrate health, emergency preparedness, equity, and nature considerations into urban and regional planning policies and interventions, including in economic impact and cost-benefit assessments. It will further promote the implementation of land-use policies and interventions that deliver diverse, compact, green, and well-connected cities, and support securing sustained funding and resources for delivering on healthy urban environments for both humans and nature. Building capacity will be critical to realising these objectives- to this end WHO will partner with the new WHO Academy to develop and roll out a multisectoral capacity-building programme.

Cities play a critical role in the attainment of global health and well-being objectives. As such, decisions taken at the highest level of government in all Member States on health need to ensure the involvement and support of cities and urban settings. ■

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