World Health Organization

Kobe Call to Action

The Global Forum
on Urbanization and Health

www.gfuh.org

15-17 November 2010, Kobe, Japan

Key Principles

We, government leaders, city mayors and other participants at the Global Forum on Urbanization and Health, recognize the importance of the following three key principles for the development of urban health policies:

1. UNCOVER AND ADDRESS URBAN HEALTH INEQUITIES TO BUILD HEALTHIER CITIES

Understanding urban health begins with knowing which city dwellers are affected by what health issues, and why—making the vulnerable visible so that their situation can be addressed. In this way, municipalities will better understand what the problems are, where they lie, and how best to address them.

This understanding can be enhanced through the use of reliable measurements of health inequities and their determinants within cities, especially those associated with the lack of safe water and adequate sanitation, as well as lifestyle-related noncommunicable diseases and conditions.

2. SHOW LEADERSHIP BY INCLUDING HEALTH IN ALL URBAN POLICIES THROUGH INTERSECTORAL ACTION

Local governments have a major leadership role to play in improving urban health and reducing urban health inequities. They have the capacity to bring together many different areas of government and society in order to bring health and health equity to the heart of the policy-making process.

Essential prerequisites for action to integrate health in urban policies include securing commitments from a wide range of local leaders, developing a common vision for health and health equity, creating supportive institutional arrangements, measuring the health impact of policies and programmes, and connecting with others—including civil society and the private sector—who can support the work.

3. USE EFFECTIVE MECHANISMS FOR COMMUNITY PARTICIPATION IN URBAN POLICY AND PLANNING

Communities need to be actively engaged in the decisions that affect their lives. Communities often know their situation best and what needs to be done. Moreover, communities have a capacity for handling constant change. Local governments are uniquely positioned to tackle health inequities, but must do so in a way that includes other levels of government and specifically communities.

This can be done by enabling citizens' participation in the urban planning process and through the empowerment of individuals and communities to improve health and well-being.

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COMMIT TO:

- Promote health and health equity in cities;
- Develop ongoing systems for regular and sustainable collection and analysis of disaggregated data;
- Integrate health into all public policies (for example, education, water and sanitation, housing, tobacco use, transportation and road safety, physical activity, healthy diets, and mental health) through the use of intersectoral action in order to have a positive impact on health equity;
- Systematize the use of health equity assessment tools to identify and respond to inequities, and to assess the impact on health of urban policies and programmes;
- Utilize urban planning processes to create and build upon opportunities that address health inequities;
- Invigorate mechanisms for the informed participation of citizenry in local decision-making;
- Promote health literacy to support people in living healthier lives.

REQUEST ALL LOCAL GOVERNMENTS TO:

- Follow up on these commitments to improve urban health and health equity.

REQUEST CIVIL SOCIETY TO:

- Support and be actively engaged in the implementation of these commitments.

REQUEST ALL NATIONAL GOVERNMENTS TO:

- Integrate health and health equity into all urban public policies;
- Make all data relevant for health equity and impact assessment accessible across all levels of government;
- Develop supportive institutional arrangements to enable local governments to tackle urban health inequities through intersectoral action;
- Engage their Heads of State in supporting recommendations related to the integration of urban health equity considerations in the high level meeting on noncommunicable diseases at the UN General Assembly in September 2011;
- Support urban leadership in addressing Primary Health Care, urban health and health equity.

REQUEST THE WORLD HEALTH ORGANIZATION (WHO), THE UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT) AND OTHER UN AGENCIES TO:

- Coordinate efforts, generate evidence and favor intersectoral policies and actions on urban health and health equity;
- Promote the integration of urban health and health equity in the agenda, policies and plans of action of municipal networks and civil society organizations;
- Develop tools and processes designed to empower communities in local decision making and tackle urban health inequities;
- Provide technical assistance and support capacity-building among Member States and local governments with the aim of improving urban health and reducing urban health inequities and the negative impacts on health of urban policies and programmes;
- Encourage the support of Healthy City networks and similar networks as effective mechanisms for promoting political commitment and action at the local level for healthy and sustainable development.

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Half of humanity now lives in urban areas – and the proportion is growing. Cities, with their concentration of culture, infrastructure, and institutions, have long driven the progress of civilization and have been the focus of opportunity and prosperity. Cities offer unique opportunities for residents to increase income, mobilize for political action, and benefit from education as well as health and social services. Cities may also face unique challenges in addressing the needs of citizens living in informal settlements and slums. Despite its promise, urbanization can lead to health inequities.

While cities strive to build their resilience to the impacts of climate change and other troubling environmental changes (for example air pollution), and to strengthen their health systems, they also face a triple health threat: infectious diseases which thrive when people are crowded together under inadequate living conditions; violence and injuries (including road traffic accidents) which further burden urban health; and noncommunicable diseases and conditions (including mental health) which are in part a result of the globalization of unhealthy lifestyles (for example, tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol) fuelled by urban life.

However, one of the most prominent threats of all remains urban health inequities, which are largely hidden by the misleading use of averages. In many countries, rapid, unplanned urbanization has outpaced the ability of governments to build essential infrastructures and enforce the legislation that makes life in cities safer and healthier. Abundant evidence exists about the root causes of urban health inequities and how they can be tackled. While most of these root causes lie beyond the direct control of the health sector, it does have a stewardship role and can act as a catalyst and advocate for change.

Local governments have direct influence on a wide range of urban health determinants and are well positioned to influence, enact and enforce health promotion and protective legislation. If we fail to take action, further inequities among city dwellers will proliferate, translating into even more needless suffering from a range of diseases and health problems. Cities can be healthy for all people. Rich and poor, young and old, men and women, migrants and non-migrants should enjoy the highest attainable standard of health. This can be realized by considering the impact on health of all urban policies, and in particular, giving special attention to reducing inequities between city dwellers. While there is no one-size-fits-all approach, successful experiences point to the fundamental importance of local governments taking a leadership role in combining the talents and powers of all sectors.

Opportunities to put health at the heart of the urban policy agenda exist, and it is time for all levels of government to work together toward innovative and effective solutions that mitigate health risks and increase health benefits. The World Health Organization (WHO), through its call for the renewal of primary health care, is moving forward with an agenda based on international commitments such as Agenda 21, the Alma Ata Declaration and the Report of the Commission on Social Determinants of Health to tackle unacceptable politically, socially and economically driven health inequities.

In 2010, WHO launched a year-long campaign to raise awareness of urban health issues and engage municipal leaders in the struggle against health inequities in urban settings. The World Health Day 2010 with its theme "Urban Health Matters" generated widespread engagement globally of more than 1500 cities. This was followed by commitments to address urban health such as the WHO Western Pacific Regional committee resolution on Healthy Settings, the Pan American Health Organization roundtable on Urbanism and healthy living, and South East Asia's Bangkok Declaration on Urbanization and Health. Similar initiatives have also been conducted through conferences such as the WHO European Regions' Healthy Cities Conference on mobilizing action for health and health equity in all local policies, and through International Conferences on Urban Health.

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