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## STRATEGY AND PLAN OF ACTION ON URBAN HEALTH: FINAL REPORT

### Background

1. In 2011, the 51st Directing Council of the Pan American Health Organization (PAHO) adopted the Strategy and Plan of Action on Urban Health (Document CD51/5) through Resolution CD51.R4 (1-3). The Strategy and Plan of Action, covering the period 2011-2021, offered guidance for Member States to address urban health issues, particularly those related to health determinants, health promotion, and primary health care. It also aimed to tackle health inequities, address the needs of urban populations, and capitalize on their assets, through policies, programs, and services for people and communities living and working in urban settings.
2. The purpose of this document is to inform the Governing Bodies on the results of the implementation of the Strategy and Plan of Action, using regional evidence and best practices documented by Member States and the Pan American Sanitary Bureau (PASB).

### Analysis of Progress Achieved

3. The Region of the Americas is the most urbanized Region globally, with about 80% of its population living in cities, while it remains one of the most unequal Regions as well. In this highly urbanized context, the intra-urban inequities are extremely important (4); for example, the intra-city gap of life expectancy in Panama City is 9.8 years for men and 11.2 years for women, depending on the area in which the person lives. In Mexico City, this differential is 10.9 years for men and 9.4 years for women, while in Buenos Aires, it reaches 4.4 years for men and 5.8 for women (5).
  4. Cities provide an important opportunity to apply the Health in All Policies approach, and to generate intersectoral action to address social determinants of health to reduce inequities. Physical proximity of the governments to the communities is an essential factor in the capacity to respond and provide immediate solutions to local problems and community needs.
  5. Since the adoption of the Strategy and Plan of Action, recognition of the importance of urban health has increased. This was expressed in global and regional commitments, such as: The 2030 Agenda for Sustainable Development (6) and the Sustainable Development
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Goal (SDG) 11, “Making cities and human settlements inclusive, safe, resilient, and sustainable”; the Plan of Action on Health in All Policies (7, 8); the New Urban Agenda adopted in 2016 (9), the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (10), and the Consensus on Healthy Cities 2016 (11); and the PAHO Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10) (12), among others.

6. Cities have also been at the forefront of the COVID-19 pandemic, and the recognition of the role of local governments in combatting health emergencies has become even more evident. The impact of COVID-19 at city level has not been homogeneous. It disproportionately affected the populations in situation of vulnerability, with less access to basic services, such as water and sanitation, safe and affordable housing, decent work, social protection, etc. (13, 14). Therefore, cities need to continue to preserve the health and wellbeing of their inhabitants and, particularly, to reduce health inequities.

7. PASB has provided technical cooperation and has used its convening power to strengthen healthy city action at the national and city levels. This includes but is not limited to: The revitalization of the Healthy Municipalities, Cities and Communities movement in the Region; the initiative Partnership for Healthy Cities; the Age-friendly Cities and Communities Initiative; the BreatheLife campaign; and the Framework for Tuberculosis Control in Large Cities (15). Additionally, special attention has been placed on strengthening local governance through the Global Project Urban Governance for Health and Wellbeing (16), and on creating evidence for action through the PAHO/WHO Collaborating Centers and the consortium Urban Health in Latin America (known as SALURBAL) (17), among others.

8. For each specific objective, a brief analysis of progress is presented below. The assessment of the indicators follows the criteria for rating outcome and output indicators at regional level as presented in Annex B of Addendum I to the Report of the End of Biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I) (18).

***Specific Objective 1: Develop urban health policies***

9. Many cities in the Region have included health on their political agenda, and have developed explicit urban health policies. Urban governance for health and wellbeing has increased in importance, and action in this area has been strengthened. The COVID-19 pandemic has highlighted the importance of working on health and wellbeing at all levels of government and the key role urban and local governments play in addressing health issues.

<b>Objective 1.1: Develop urban health policies</b>	
<b>Indicator, baseline, and target</b>	<b>Status</b>
Number of countries with national development plans and policies at the national and subnational levels, as appropriate, that introduce health and health equity into urban development Baseline (2011): 6 Target (2021): 18	<i><b>Exceeded.</b></i> By 2021, 21 countries had introduced health into their national, subnational, and urban development plans and policies (19). For example, countries such as Colombia and Mexico are implementing the project on urban governance for health and wellbeing. Additionally, in countries such as Brazil, Canada, Ecuador and Mexico, health in cities is included in their development plans.

***Specific Objective 2: Adjust urban health services to promote health and improve coverage***

10. As part of the Primary Health Care (PHC) approach and the Strategy on Universal Access to Health and Universal Health Coverage (20), most countries have included to some degree a focus on local level health services in their national health plans. The integrated networks of health services, as part of PHC, have a strong focus on taking action to the territory in responding to the needs of their populations. Additionally, the new model of care focuses on the needs of individuals, families, and communities and emphasizes the health systems' contribution to people's health and the wellbeing of people in their cities and communities (21).

<b>Objective 2.1: Adjust urban health services to promote health and improve coverage</b>	
<b>Indicator, baseline, and target</b>	<b>Status</b>
Number of countries with a National Health Plan, and subnational health plan, as appropriate, integrating a health equity framework with consideration of vulnerable groups Baseline (2011): 6 Target (2021): 25	<i><b>Achieved.</b></i> By 2021, 25 countries had integrated urban health into their national health plan agendas by enhancing intersectoral collaboration and community participation, and utilizing evidence-based interventions.

***Specific Objective 3: Construct health-promoting normative frameworks and participatory governance strategies***

11. PAHO and WHO have developed several guidelines aimed at or including components for promoting health in cities, including guidelines on: Air pollution, such as BreatheLife; urban planning (22); healthy cities (23); road safety (24); tuberculosis control, such as the Framework for Tuberculosis Control in Large Cities (15); public policy, such as the Health in All Policies framework (25); and the COVID-19 response (13, 26, 27). Also, the PAHO/SALURBAL "Health in All Urban Policies" document has served as guidance on how urban policies that affect urban environments can be leveraged to build healthy, inclusive cities (28).

<b>Objective 3.1:</b> Construct health-promoting normative frameworks and participatory governance strategies	
<b>Indicator, baseline, and target</b>	<b>Status</b>
Number of countries that apply PAHO public health guidelines for urban health planning  Baseline (2011): 3 Target (2021): 18	<i><b>Exceeded.</b></i> By 2021, 25 countries had applied PAHO public health guidelines for urban health planning. For example, more than 20 cities in the Region from 12 countries had joined the BreatheLife campaign, which mobilizes cities and people to bring air pollution to safe levels by 2030. Additionally, the WHO Age-friendly Cities and Communities initiative is being implemented in over 50 cities, with 11 countries in Latin America and the Caribbean having at least one city or community engaged in this initiative.

***Specific Objective 4: Expand national and regional networks for healthy urban development***

12. The PAHO movement of Healthy Municipalities, Cities and Communities (HMCC) expanded at national and subnational levels. Highlights of the action of mayors from Latin America include their leading role in the Shanghai Declaration for Healthy Cities during the 9th Global Conference on Health Promotion in 2016 (10). An important achievement for positioning health on the municipal agenda in the Region was the prioritization of health as one of the key concerns in the Latin American Federation of Cities, Municipalities, and Associations of Local Governments (known as FLACMA) in 2019, motivated by PASB.

<b>Objective 4.1:</b> Expand national and regional networks for healthy urban development	
<b>Indicator, baseline, and target</b>	<b>Status</b>
Number of countries with national healthy municipalities networks applying PAHO Healthy Municipalities Toolkit in communities with more than 100,000 inhabitants  Baseline (2011): 5 Target (2021): 24	<i><b>Partially achieved.</b></i> The work on this area has gone beyond the application of the Healthy Municipalities Toolkit, towards a political approach for urban governance and the integration of health and wellbeing into the municipal agenda.  A total of 17 countries have national or subnational local governments networks, including health or healthy municipalities. Mayors from the Americas have reaffirmed their commitment to health promotion through a dynamic, healthy cities, municipalities, and communities' network, as expressed in multiple regional forums (29-30). Additionally, FLACMA, whose memberships encompass more than 16,000 municipalities in the Region, committed to including health promotion as a key element for action in their agendas.

Objective 4.1: Expand national and regional networks for healthy urban development	
Indicator, baseline, and target	Status
	However, although important progress was made in the Region, there are opportunities for strengthening the work on urban health in the Caribbean; and Belize, Guyana, Haiti, and Saint Lucia have already participated in the Healthy Cities movement, but there is room for expansion.

***Specific Objective 5: Strengthen knowledge, capacity, and awareness to respond to emerging urban health challenges***

13. The capacities of local governments to respond to emerging urban health challenges have significantly increased over the years, which accelerated during the COVID-19 pandemic. Capacity building supported by PASB has taken place, both through presential and virtual means, on topics such as Health in All Policies through partners such as the Oswaldo Cruz Foundation (Fiocruz) in Brazil, the Latin American School of Social Sciences (FLACSO) in Chile, and the National Institute of Public Health (INSP) in Mexico. Topics also included housing (31), among others. Particularly relevant during the COVID-19 pandemic response were capacity-building webinars carried out in collaboration with FLACMA.<sup>1</sup> Additionally, PASB co-produced the virtual course Making Cities Resilient with the United Nations Office for South-South Cooperation (UNOSCC) and the United Nations Office for Disaster Risk Reduction (UNDRR) (32). Also, in the context of the COVID-19 pandemic, cities of the region produced case studies on their response to the emergency, as part of a global initiative facilitated by UNOSCC and PASB. Furthermore, the knowledge base on urban health has increased through extensive research carried out on urban health by partners such as SALURBAL (28) and PAHO/WHO Collaborating Centers (33), among others. In 2021 the Region of the Americas were the virtual host of the International Conference on Urban Health, jointly organized between SALURBAL, the International Society on Urban Health, and PASB, which provided an important platform for exchange among city leaders, academics, and international organizations on urban health.<sup>2</sup>

<sup>1</sup> For instance, the FLACMA-OPS series of five international webinars held between 2020 and 2021.

<sup>2</sup> See 17th International Conference on Urban Health. Transforming our Collective Urban Future: Learning from COVID-19. Available from: <http://www.isuhconference.org/>.

<b>Objective 5.1:</b> Strengthen knowledge, capacity, and awareness to respond to emerging urban health challenges	
<b>Indicator, baseline, and target</b>	<b>Status</b>
Number of countries with surveillance systems that include indicators for urban health Baseline (2011): 4 Target (2021): 15	<i><b>Exceeded.</b></i> By 2021, 24 countries had achieved the indicator of having surveillance systems with urban health indicators. In addition, many countries have disaggregated data at local level, with some of them having multiple cities that include indicators for urban health.
Number of countries that apply guidelines on assessment and action tools for health impact and/or health equity impact assessments in national or city policies, programs, or projects Baseline (2011): 3 Target (2021): 15	<i><b>Achieved.</b></i> By 2021, 15 countries had achieved the indicator. This includes, for example: The implementation of Innov8 <sup>3</sup> in Chile (34); more recently, the implementation of the special Initiative on Social Determinants of Health and Equity in Chile, Colombia, Costa Rica, El Salvador, and Peru; and the Urban Governance for Health and Wellbeing in Colombia and Mexico, which include the application of health equity impact assessment tools at local level. Moreover, a health problem prioritization tool, considering social determinants of health and equity, has been developed and applied in cities. Additionally, the Urban HEART initiative continues to be of interest for several cities in the Region.

## Lessons Learned

14. Since 2011, interest on health in cities has grown significantly. Urban health was included in new frameworks such as the 2030 Agenda for Sustainable Development and the New Urban Agenda (9) developed by the United Nations Human Settlements Program (UN-Habitat) and the PAHO Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (12), which has a specific strategic line on governance including urban health. During this same period, evidence on urban health in the Region has also increased and, based on those new insights, action on urban health has shifted from a focus on leadership from Ministries of Health, as was proposed in this Strategy and Plan of Action, to city-lead action supported by the Ministries of Health.

15. The city level provides good opportunities to apply the health promotion and a social determinants approach to public policies to improve the health and wellbeing of people, their families, and communities. In this context, the participation of communities in the policy making cycle at local level is essential for good governance, to improve health

<sup>3</sup> Innov8 is an approach to reorient national health programs towards the integration of equity and to leave no one behind.

and wellbeing in cities. Action at city level also provides an opportunity to accelerate the achievements of the 2030 Agenda with an equity focus.

16. The COVID-19 pandemic highlighted the need to work with local governments and their key role in implementing public policies towards equity, addressing social determinants of health, and fostering community and civil society participation. The pandemic also highlighted the key role of local governments in adapting public health measures to the local contexts and the specific needs of populations in situation of vulnerability. Moreover, the pandemic highlighted the importance of coordination between the national, subnational, and city level governments, and served as a catalyst to transform the ways in which urban health is addressed. This included how health issues were understood and addressed from sectors beyond the health sector at local level.

### **Action Needed to Improve the Situation**

17. The following actions are presented for consideration by the Member States:
- a) Recognize the crucial position of local and urban governments for implementing a Health in All Policies approach, addressing social determinants of health, and reducing health inequities.
  - b) Strengthen the territorial application of the 2030 Agenda, with specific opportunities for SDG 3 and SDG 11 in cities through good governance for health and wellbeing, as well as for other health related SDGs.
  - c) Enhance participation of local governments in national and international decision-making mechanisms on policies that impact health and wellbeing, based on the recognition of the critical role that local governments play in promoting health and responding to health challenges, which has become even more evident during the COVID-19 pandemic.
  - d) Foster better alignment between various levels and sectors of government to improve health at city level, with appropriate support from Ministries of Health.
  - e) Strengthen commitment and capacities at city level to foster action on social determinants of health through intersectoral action, with active participation of community and civil society organizations.
  - f) Promote the use of tools and methodologies for the integration of social determinants and equity in city policies.
  - g) Strengthen the generation of disaggregated data with an equity lens at local level for evidence-based decision-making.
  - h) Expand and strengthen the regional movement of HMCC supported by PASB.
  - i) Create platforms and mechanisms to facilitate the fluid exchange of experiences between cities.

- j) Create synergies between existing PAHO and WHO networks in cities such as the HMCC, the WHO Global Network for Age-friendly Cities, and the Partnership for Healthy Cities, among others, to avoid duplication and increase effectiveness, at regional, national, subnational, and local level.
- k) Improve coordination with other UN Agencies, particularly UN-Habitat, around the 2030 Agenda goals on health and cities.
- l) Continue implementation of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 to facilitate the support to Member States in continuing the commitment on urban health.

### **Action by the Executive Committee**

18. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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