



**WORLD HEALTH DAY 2010 in the
Eastern Mediterranean Region**
Concept paper on Urbanization and Health



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**World Health
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Regional Office for the Eastern Mediterranean

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1. BACKGROUND

Every year on 7 April, World Health Day commemorates the founding of the World Health Organization (WHO) by focusing the attention of the Organization, its Member States and partners on a single important health issue. The issue at the centre of World Health Day 2010 is urbanization and its effects on health. Rapid urbanization and its economic, social, environmental and health impacts affect all countries and regions of the world, particularly developing countries. The theme of World Health Day 2010, urbanization and health, was selected in recognition of the formidable health challenges faced in urban areas.

Urban health encompasses social determinants of health, environmental health, violence, road safety, healthy lifestyles, food safety and security, healthy housing and space, facilities for recreation and a sense of belonging to the community among individuals. Since 1986, WHO has been actively involved in promoting urban health through the healthy city programme. In 1992, the WHO Regional Committee for the Eastern Mediterranean discussed the subject of rapid urbanization and its impact on health and issued a resolution (EM/RC39/R.2) urging Member States to promote the concept of healthy cities. Good success has been achieved; however, the healthy city programme in the Region requires additional resources and commitment by all stakeholders. World Health Day 2010 provides a unique opportunity for WHO to take a lead role once again in advancing the agenda of urban health.

This paper outlines the objectives, strategy and proposed activities of the World Health Day campaign. It also puts forward a framework for the development of national urban health programmes in current and longer term national strategic plans.

2. THE WORLD HEALTH DAY 2010 CAMPAIGN

2.1 Objectives

- Secure high-level political interest in urbanization and health through commitment and action among governments, international organizations, donors, civil society and the commercial sector to anchor health at the heart of urban policy
- Raise awareness and public understanding of the global and local health consequences of urban policy
- Advocate for interdisciplinary and intersectoral partnerships from the local to the international level that seek to improve health in urban settings
- Generate effective actions by local communities and organizations to promote health in urban policy

2.2 Campaign strategy

World Health Day 2010 is not a one-day event, but rather a longer term campaign around the theme of urbanization and health with multiple partners. One of the biggest challenges with all World Health Day campaigns is ensuring continuity of focus on the dedicated theme throughout the year.

World Health Day 2010 will therefore serve as a platform to launch 2010 as a landmark year for urbanization and health. During 2010, the Global Report on Urbanization and Health (co-sponsored by UNHABITAT) will be launched by WHO. As well, a Global Forum on Healthy Urbanization, attended by high-level policy-makers and selected mayors from all around the world, will be held from 15 to 17 November 2010 in Kobe, Japan, to bring together city planners and policy-makers for committed action.

The campaign will also include an unprecedented global initiative entitled “1000 cities, 1000 lives” that will bring together policy-makers, communities and individuals to highlight the importance of making health a priority in urban policy. This initiative aims to galvanize action at multiple levels while demonstrating the need for multisectoral interventions and community involvement to improve health in our cities.

2.3 Proposed activities: “1000 cities, 1000 lives” initiative

This unprecedented global initiative aims at engaging 1000 cities across the world in a set of activities intended to create physical, mental and environmental health benefits, substantial opportunities for small business, and an overall boost in the well-being of participating cities and their citizens.

In the Eastern Mediterranean Region, plans are to seek the agreement of at least 150 cities (mayors, head of the city health departments and other development sectors) to join the global “1000 cities, 1000 lives” initiative and plan according to their local context. This network of cities in the Region will be designated as “Health-Friendly Cities”. WHO country offices and mayors of the volunteer cities will sign a Letter of Cooperation (LOC) and commit to implementing World Health Day activities according to their capacities, needs and resources.

At present, the healthy city programme is being implemented in Bahrain, Islamic Republic of Iran, Iraq, Oman, Pakistan, Saudi Arabia, Somalia, Sudan and Tunisia, covering a population of nearly 13 million in the Region. The World Health Day campaign is a good opportunity to further strengthen promotional events for scaling up of healthy cities in these countries.

In Health-Friendly Cities in countries where the healthy city programme is active, the intersectoral team at city level should coordinate activities related to the World Health Day campaign. In countries without a healthy city programme, a “Health-Friendly City Committee” should be established. This committee should comprise officials from concerned health-related departments and representatives from the community, under the chairmanship of the mayor or governor. The committee will encourage and facilitate community participation and intersectoral action for urban health development.

In member countries of the Gulf Cooperation Council (GCC), the World Health Day campaign will give special attention to diabetes, hypertension and other lifestyle-related conditions, such as cardiovascular disease and cancer.

At country level, WHO Representatives will assist ministries of health to play a leading role in coordination between potential partners, generate resources and link 150 municipalities to other development sectors at the city level.

All activities should be planned and implemented in partnership with interested nongovernmental organizations, community representatives, community groups (like women, youth or development city committees, etc) and, if applicable, universities and interested research institutes. This will help ensure that interventions are sustained throughout 2010 and are not only limited to one-day activities.

From September 2009 to April 2010, a WHO technical working group for World Health Day assigned to monitor and supervise relevant activities in the Region will support and assist WHO country offices to sustain all expected outcomes of such an initiative.

Planned activities should be matched with the local context, including the traditional culture, capacities and potentials, available resources, local needs and gaps in each city. In order to move towards positive health-related behavioural change among the population in Health-Friendly Cities, it should be agreed at the city level to repeat all community-based activities once every two months (such as tree plantings, family walks, cleaning campaigns, healthy nutrition days, drive safely days, etc).

All activities should be documented through videos, photos and development of success stories with defined and unified format.

Activities in 150 health-friendly cities in the Eastern Mediterranean Region

All events should be well advocated by local media and community groups and documented through video, photos and other electronic equipment.

- **Family walk.** On Friday, 9 April 2010, cities around the Region are called on to close selected streets to traffic and promote physical and mental health activities. This can be started before and after Friday prayer, for example, to encourage people to attend the prayer by walking. The campaign can be implemented in many different ways, based on the given priorities and contexts of any city. The one common element is to commit to closing off one or more city streets to motorized vehicles and promoting physical and mental health activities. This can be a 10-kilometre walk, open bikeways, etc. A good practice of which is the weekly Korba traffic-free street, Egypt, and the annual Korba festival, where citizens can enjoy a walking day without traffic in the sunny metropolitan city of Cairo (read more under <http://globalvoicesonline.org/2009/05/19/egypt-el-korba-annual-festival-allows-citys-true-beauty-to-shine/>).
- **Healthy lifestyle behaviour.** On Friday, 9 April 2010, all citizens of the selected 150 Health-Friendly Cities will be encouraged to wake up early and sleep early. Families are encouraged to start the day together with physical exercises in the parks, followed by a healthy breakfast low in fat and high in vitamins, fruits and vegetables. An example is the New York physical activity and nutrition programme (see http://www.nyc.gov/html/doh/html/cdp/cdp_pan.shtml for more information).

- **No smoking days.** 7 and 9 April 2010 will be declared as “No Smoking Days” in Health-Friendly Cities (awareness building on hazards of smoking through educated community members/volunteers, youth and women’s groups, local media, schools etc.); The No Smoking Day, United Kingdom, has developed a list of links for information and resources for organizing “No Smoking Day” events (see <http://www.nosmokingday.org.uk/organisers/how.htm> for more information).
- **Tree and flower planting and environmental campaign.** On 9 April 2010, as a symbolic contribution to promoting a healthy environment, each family in the Health Friendly Cities will plant one tree or flower. In addition, families and individuals will be encouraged to clean up the areas in front of their homes, shops or living places and to participate in city clean-up campaign. A good example is the Singapore’s tree planting campaign (see http://infopedia.nl.sg/articles/SIP_135_2005-02-02.html for more information).
- **Healthy Nutrition Days.** 7 and 9 April 2010 will be declared “Healthy Nutrition Days”, where families will be encouraged to eat more fruit and vegetables and to avoid fats, red meats, junk and unsafe foods. As an example, New York City is promoting healthy food through free workshops and encouraging new business through its “Green Carts” initiative (see http://www.nyc.gov/html/doh/html/cdp/cdp_pan_green_carts.shtml for more information).
- **Social solidarity.** Social solidarity will be promoted through encouraging families and neighbors to make visits, to each other, to orphanages, hospitals, poor families, and to help each other as much as possible to solve the family problems.
- **Safe drive days.** 7 and 9 April 2010 will be declared as “Safe Drive Days”, encouraging people not to use their car horn on those days, respect each other’s rights in traffic, follow rules and regulations, assist traffic police, etc.
- **School health campaign.** From 1 to 7 April 2010 (one week) a health campaign should be promoted in the schools, by encouraging physical exercise, healthy nutrition and no fast foods, cleaning up campaign, competition on essay, drawing and art works related to factors that can promote Health Friendly City.
- **Free routine physical screening.** On 2 and 7 April 2010, all public and interested private health facilities will be ready to perform screening tests for all men and women above 40 years of age, free of charge. Such screening will involve measuring blood pressure, weight and height, physical examination and if possible and necessary blood sugar and cholesterol testing.
- **Organize community and mayor forum.** On 9 April 2010, citizens will have the opportunity to discuss priority health issues in their city, share ideas, contribute in the city planning process and help decide on collective actions to fill existing socioeconomic and health gaps. The forum can be organized in the city hall, parks or wherever the local authorities decide. This is to be considered as a starting process to bring the mayor and community together for needs assessment and mid-term planning for urban development.
- **Public health security.** Many cities of middle-income and low-income countries in the Region are highly vulnerable to emergencies. Commonly, they are at risk for both natural disasters (e.g. earthquake) and man-made emergencies (conflict, chemical and environmental accidents), and emergency services may be weak or hampered by delays. The occasion of World Health Day provides a good opportunity to raise awareness on

health security, and the healthy cities programme is the most suitable venue for promoting and advancing health security concerns. The most relevant role of the WHO collaborative programme with cities in relation to health security is promotion and advocacy. The following themes could be promoted:

- Shelter and safety of buildings and housing
- Safety and accessibility of hospitals and health facilities
- Prevention of chronic and acute environmental health hazards
- Safety in slum areas
- Emergency preparedness, assessment and response (natural and man-made disasters, epidemics and pandemics and chemical and physical environmental accidents)
- Road traffic accidents, injuries, violence and crime

2.4 Communications and advocacy materials for World Health Day 2010

Making use of the material produced at global level, the following material will be developed or adapted in the Region.

- A visual identity for World Health Day through the creation of a logo and slogan to be used for posters, letterhead, stickers, flags/banners, etc, alongside the WHO logo
- An electronic regional toolkit (pdf logos, background, summary of key messages, human interest stories)
- A brochure with human interest stories and key messages of the campaign
- A World Health Day website and related multimedia materials such as video clips from the Director-General, Regional Director, WHO Representatives; live videocasts of event(s)
- Podcasts of health in cities of the Region, as well as a photo essay series to be posted on WHO headquarters and regional websites
- Broadcasts of short films/advertisements on news and local channels emphasizing the impacts of unhealthy urban environments, in comparison to good examples (or best practices) of healthy urban environments, prior to the World Health Day event
- Possible production of a longer film on CD showing the urban health gaps and statistics and the urban risks in the Region to raise awareness on the effects of urban/slum conditions on health
- YouTube site featuring: 1) announcement of winner of the urban health hero appearing at the international launch event; 2) “Roving Reporter” clips as they are collected throughout major cities in the world on World Health Day; and 3) announcements and criteria for the city or cities chosen for World Expo 2010 display in Shanghai
- Media relations (questions and answers, advisories, news releases, pre-positioning opportunities for speaking engagements for the Director-General and other spokespeople, press briefing, etc).

2.5 Proposed time-line

July–September 2009: liaison with the Ministry of Health and Ministry of Interior at the national level, sharing of ideas with mayors and encouraging cities to join the global initiative

and sign a Letter of Cooperation between mayors and health departments (minimum 150 cities in the Region).

September–December 2009: formation of Health Friendly City committee, agreement on local plans activities and development of a plan of action with clear tasks and responsibilities for each partner, encouraging involvement of nongovernmental organizations, community groups, universities, etc; and generation of resources for implementation of interventions.

December 2009–February 2010: decisions on communication strategy, use of the local media and plan for advocacy and documentation.

April 2010: Launch of activities.

2.6 Indicators

Process indicators at the national level

- Number of cities that sign a Letter of Cooperation to join the “1000 cities, 1000 lives” global initiative
- Number of nongovernmental organizations, universities, community groups involved in World Health Day planning processes
- Number of family walks arranged on the occasion of World Health Day 2010
- Number of healthy lifestyle events organized on the occasion of World Health Day 2010
- Number of environmental health events/campaigns including tree and flower planting carried out at the city level
- Number of smokers that stopped smoking on 2 and 7 April 2010
- Number of road traffic crashes on 2 and 7 April 2010 compared to the same dates in 2009
- Number of schools involved in World Health Day 2010 activities
- Number of routine physical screenings carried out on the occasion of World Health Day 2010
- Number of organized mayor forums with community

Outcome indicators

- Number of cities with a functional intersectoral committee at city level
- Number of parks being equipped for physical activities, sport facilities established for youth and interested people
- Number of individuals who exercise at least 30 minutes per day
- Number of road traffic accidents/injuries/death
- Prevalence of hypertension, diabetes and cardiovascular diseases
- Number of individuals who have quit smoking
- Knowledge, attitudes and practices of school-aged children related to healthy lifestyles
- Number of community groups active in city development

3. MEDIUM-TERM AND LONG-TERM PLANNING FOR DEVELOPING URBAN HEALTH PROGRAMMES

3.1 Objectives

- Initiate dialogue with communities and prepare a comprehensive strategy for advancing urban health in current and future national strategic plans
- Scale up the healthy cities programme, helping establishing/strengthening national and regional healthy cities networks

3.2 Urbanization and health in the Region

Rapid urbanization is a distinct characteristic of many countries in the Eastern Mediterranean Region. Rapid urbanization is driven by rapid population growth and by economic and development policies that have encouraged a change from agrarian to urban-based economic activities. Although population growth in the Region has slowed somewhat in recent years, growth rates are still high. Currently in 14 of 22 countries of the Region, the annual population growth rate is between 2.2% and 8.4%.

In the past 4–5 decades, the Region has witnessed rapid horizontal growth of housing, from the centres of cities towards the periphery. In the past two decades, this “urban sprawl” has also been combined with vertical expansion. Old single-family dwellings have been replaced with high-rise buildings and the new housing schemes are high density multistorey building blocks. These have caused many adverse health-related impacts.

In the oil-producing high income countries of the Region, which have less than 6% of the regional population, urban areas have proper environmental safeguards and good health services. However, in these countries, lifestyle-related health problems, especially in the cities, are critical priorities. Obesity, diabetes and hypertension are at epidemic proportions. In these countries, unhealthy diets and sedentary lifestyles coupled with extremely hot weather are challenges for health.

Cities in middle-income and low-income countries are where major urban health challenges are in blatant display. In summary the health challenges in these cities are:

- Unhealthy environmental conditions (high pollution levels, inadequate sanitation and waste management, etc.)
- Inequity in terms of quality and affordability of private care
- Health system incapacity to provide cost effective, equitable and properly managed and regulated public and private health services
- Lack of priority given to health in urban management and development
- Poverty
- Lack of sufficient employment opportunities
- Deficiencies in urban governance and municipal management and services
- Food safety, unhealthy diets and lifestyles
- Lack of space, public parks, recreational and sport facilities, especially for children.

3.3 Annotated framework for development of long-term urban health programme(s)

A preliminary annotated framework is being developed for initiating dialogue and consultation with Member States and international partners on the development of comprehensive urban health strategies and programmes at regional, national and local levels. The framework itself is subject to review and further revision, in consultation with Member States. The framework provides the essential elements for WHO-sponsored urban health development.

Communication and awareness-raising. Development of communication awareness strategy, methods, techniques, and involvement of community;

Assessment, research and information. Rapid situation assessment, including level of awareness, identification of key stakeholders, equity assessment and developing indicators for health equity in the urban areas considering local health and socioeconomic problems;

Capacity building and programme development. Identifying needs and building capacity using results of needs assessment, setting priorities at the local level and supporting local interventions to fill existing gaps;

Partnership and resource mobilization: Mapping partners, creating dialogue between partners aiming to increase international, national, local and private sector resources for development of urban health, facilitating/creating urban health and environmental groups, involving opinion setters and community leaders, national figures.

Guiding principles of the framework

- Community-based approaches and focus
- Partnership and intersectoral action
- Involvement of youth, children and women's groups
- Innovative use of electronic media, especially for awareness raising and mobilization
- Facilitating equity
- Holistic approach and special focus on social determinants of health

Time-line for development of urban health programmes

- Finalization of framework: end February 2010
- Development of detailed plans for each element: end June 2010
- Presentation of the programme in Regional Committee and related resolution: October 2010
- First regional ministerial meeting to launch the programme: November 2010