WHY URBAN HEALTH MATTERS

1000CITIES
1000LIVES

URBAN HEALTH MATTERS
WORLD HEALTH DAY 2010

World Health Organization

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CONTENTS – WHY URBAN HEALTH MATTERS

2010: A YEAR-LONG FOCUS ON URBANIZATION AND HEALTH

To ensure sustained action on the topic of urbanization and health throughout 2010, a series of events are planned to highlight the health risks in urban settings and the actions and policy options that can be taken to improve health in cities.

1. World Health Day 2010

The aim of World Health Day 2010 is to draw attention to urbanization and health, recognizing that in an increasingly urbanized world, health issues present new challenges that go far beyond the health sector and require action at the global, national, community, and individual levels. World Health Day 2010 is not seen as an event in and of itself, but as the launch of the year-long focus on the issue.

2. A joint WHO/UN-HABITAT Global Report on urban health inequities

The report, to be published later in the year, will expose the extent to which the urban poor suffer disproportionately from a wide range of diseases and health problems. It will provide evidence-based information to help municipal and health authorities reduce health inequities in their cities.

3. Global Forum, Kobe

The Forum will bring together mayors, municipal leaders and national ministers across multiple sectors for a declaration of action to reduce health inequities in cities. The Forum will be held in Kobe, Japan, 15–17 November 2010.

Director-general's statement

Urban health matters, in critical ways, for more and more people.

For the first time in history, more people are now living in urban settings than in rural areas. By the year 2030, an estimated six out of every ten people will be living in towns or cities, with the most explosive growth expected in Asia and Africa.

For a growing proportion of the world's population, prospects for a better future are tied to living conditions in cities.

Cities concentrate people, opportunities, and services, including those for health and education. In a well-known trend, cities house the most and the best hospitals and they attract the most talented doctors, nurses and other health care staff. When cities are planned, managed, and governed well, life flourishes and health outcomes surpass those seen in rural areas.

But cities also concentrate risks and hazards for health. They magnify some long-standing threats to health and introduce others. When large numbers of people are linked together in space and connected by shared services, the consequences of adverse events – like contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak or a natural disaster – are vastly amplified.

Given the current scale of urbanization, it comes as no surprise that cities themselves contribute to two global trends of direct concern to health: climate change and the rise of chronic diseases. According to the latest estimates, cities contribute directly to more than 60% of greenhouse gas emissions. They account for 75% of energy consumption and a similar proportion of all wastes. At the same time, city dwellers are especially vulnerable to the consequences of climate change, whether expressed as heat waves, water scarcity, increasing levels of air pollution, or rising sea levels in coastal areas.

Cities also tend to promote unhealthy lifestyles, like "convenient" diets that depend on processed foods, sedentary behaviour, smoking, and the harmful use of alcohol and other substances. These lifestyle choices are directly linked to obesity and the rise of conditions like heart disease, stroke, some cancers, and diabetes. And these conditions are increasingly concentrated in the urban poor.

Perhaps most alarming, the growth of urban centres in the 21st century is being accompanied by a second, distinctly ominous trend. Poverty, which in previous centuries was greatest in scattered rural areas, is now heavily concentrated in cities. In many countries, urbanization has outpaced the ability of governments to build essential infrastructures and enact and enforce the legislation that make life in cities safe, rewarding, and healthy.

Today, around one third of urban dwellers, amounting to nearly one billion people, live in urban slums, informal settings, or sidewalk tents. While the vast majority of urban slums – more than 90% – are located in the developing world, nearly every city everywhere has pockets of extreme deprivation together with extreme wealth. They have people who over-consume health care and people who forego the most basic and essential care for financial and other reasons. In every corner of the world, certain city dwellers suffer disproportionately from poor health, and these inequities can be traced back to differences in their social and living conditions.

On this World Health Day, the World Health Organization (WHO) is calling on a wide range of groups – from municipal authorities and the private sector, to concerned citizens, nongovernmental organizations, and advocates for healthy living – to take a close look at health inequities in cities and take action.

Why should inequities in urban health and living standards matter? Most obviously, the consequences of poverty and ill health, including mental health, are contagious in a city setting. They are detrimental to all city dwellers. Urban poverty and squalor are

Director-general's statement

strongly linked to social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth. These threats can easily spread beyond a single neighbourhood or district to endanger all citizens and taint a city's reputation.

Municipal authorities know what this means in terms of attracting tourists and new businesses and winning the next election. City dwellers know what this means in terms of social cohesion, safety, security, and the quality of life.

In addition, health inequities are an excellent social accountant. They are a reliable way to measure how well a city is meeting the needs of its residents. Poor health, including mental health, is one of the most visible and measurable expressions of urban harm. Health inequities can also be a rallying point for public demands for change that compel political leaders to take action.

Urban health matters and urban health governance matters most especially. For example, in developing countries, the best urban governance can help produce 75 years or more of life expectancy. With poor urban governance, life expectancy can be as low as 35 years.

Good urban health governance helps ensure that opportunities and advantages are more evenly distributed, and that access to health care is fair and affordable. Abundant evidence has identified the root causes of urban health inequities and shown how they can be tackled.

While most of these root causes lie beyond the direct control of the health sector, local leaders have direct influence over a wide range of urban health determinants, from housing and transport policies, to social services, to smoking regulations and the policies that govern food marketing and sales. Local leaders are well-positioned to influence land use, building standards, water and sanitation systems, and the enactment and enforcement of health-promoting legislation. Moreover, acting in the name of health can rally stakeholders from diverse backgrounds and interests and build political pressure on issues that are important to every city dweller. Health is valued universally as an essential prerequisite for a fulfilling and productive life.

Making cities good for health takes time, but as abundant examples from all around the world show, it can be done.

Urban health matters, in critical ways, for more and more people. And WHO will be doing more, today and well into the future, to support these efforts.

1. *Promote urban planning for healthy behaviours and safety*
2. *Improve urban living conditions*
3. *Ensure participatory urban governance*
4. *Build inclusive cities that are accessible and age-friendly*
5. *Make urban areas resilient to emergencies and disasters*

Later in the year, WHO and UN-HABITAT will be launching a report on urban health inequities and how to address them. Titled *Hidden cities*, the report is aimed at unmasking and overcoming health inequities in urban settings, and includes abundant practical examples and policy advice on specific, evidence-based interventions.

In November 2010, a global forum on urbanization and health, to be held in Kobe, Japan, will bring together municipal authorities and decision-makers across multiple sectors with the aim of promoting intersectoral action to reduce urban health inequities.

In a dedicated programme, WHO and its six regional offices will work with specific cities and national authorities to assess urban health inequities and identify appropriate actions to reduce them.

To maintain momentum, urban health advocates are being identified and successful city experiences will be shared as menus of policy options and models of good practice.

WHO will help municipal authorities in assessing the health impact of planning options in other sectors, such as urban transportation and the safety of roads for both vehicles and pedestrians.

Dr Margaret Chan
Director-General of the World Health Organization

I. Introduction

Where people live affects their health and opportunities for leading lives to their full potential.

The year 2007 saw, for the first time, the majority of human beings living in urban areas. This trend will continue with 6 in 10 people living in towns and cities by 2030. In recent times, the growth of urban areas in low-income countries has been four times faster than the growth in high-income countries. This trend, too, is expected to continue in coming years.

Urban areas provide great opportunities for individuals and families to prosper and can provide a healthy living environment through enhanced access to services, culture and recreation. However, city dwellers continue to face health hazards and new health challenges have emerged.

While the characteristics of each city vary by local context, common urban health and social challenges include: overcrowding; air pollution; rising levels of risk factors like tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol; road traffic injuries; inadequate infrastructure, transport facilities and solid waste management systems, and insufficient access to health facilities in slum areas.

World Health Day in 2010 offers an opportunity to take a closer look at the conditions that determine health outcomes for the majority of the world's population, the issues that need to be addressed, and the actions that can be taken. By understanding these issues, limited resources can be allocated to more targeted interventions, and achieve better health outcomes.

The focus on urbanization and health as a theme for World Health Day 2010 is timely and highly relevant for the following reasons.

First, with the majority of the world's population now living in urban areas and this proportion expected to grow, urban health should become a major focus of global public health policy. Whilst urbanization and the growth of cities may be associated with increasing prosperity and good health at an aggregate level, urban populations demonstrate the world's most obvious health disparities – in both low- and high-income countries. Rapid migration from rural areas as well as natural population growth are putting further pressure on limited resources in cities, especially in low-income countries.

Second, much of the natural and migration growth in urban population is among the poor. More than one billion people – one third of the urban population – live in overcrowded and life-threatening conditions in urban slums and informal settlements. If cities fail to deliver on the perceived promise of economic opportunities for the poor, large concentrations of unemployed young people may threaten social stability, security and the health of communities as a consequence. In low-income countries, in particular, disparities will increase, as the combination of in-migration, natural growth and scarcity of resources results in cities being unable to provide the services needed by those who come to live in them.

Third, there is evidence that rapid, unplanned urbanization can have negative consequences for the health and safety of people.

II. What are the issues?

1. Urbanization impacts population health

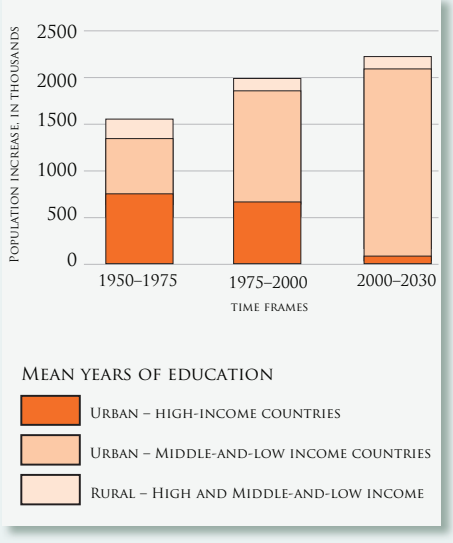

FIGURE 1

DISTRIBUTION OF WORLD POPULATION GROWTH, 1950-2030

SOURCE: COHEN B. URBAN GROWTH IN DEVELOPING COUNTRIES. WORLD DEVELOPMENT. VOL. 32, NO. 1, PP. 23–51, 2004. DATA SOURCE: UNDESA. WORLD URBANIZATION PROSPECTS: THE 2001 REVISION.

Virtually all population growth over the next 30 years will be in urban areas *(1)*. By 2030, 6 out of every 10 people will be city dwellers, rising to seven out of 10 people by 2050 *(2)*.

Key points to consider on urban growth and its impact on health

Most of the world's population growth is expected in urban areas in low- and middle-income countries (Figure 1).

Urbanization trends vary across different parts of the world. Some cities and regions are experiencing rapid growth, whereas other cities and regions are in population decline. However, the world's urban population in the less developed regions is projected to increase from 1.9 billion people living in cities in 2000 to 3.9 billion in 2030 *(3)*.

Growth will be primarily in small and mid-sized cities

Urbanization and its health impacts are not just an issue for megacities – cities with over 10 million residents. In fact, much of the urban population growth will occur in small and mid-sized cities. While large cities of developing countries will account for 20% of the increase in the world's population between 2000 and 2015, small and mid-size cities (less than 5 million) will account for 45% of this increase *(4)*.

Urbanization involves migration, reclassification and natural growth

In addition to migration, cities add population through reclassification, when they expand horizontally and absorb hamlets and towns. Migration and reclassification account for 40% of urban growth, with the remaining 60% coming from natural growth of existing populations *(5)*.

2. Urban settings are a health determinant

Cities are growing horizontally

The trend for the past 50 years is for cities to grow horizontally in the form of urban sprawl, whether as suburbs in the developed world or peri-urban expansion in the developing world.

This has implications for the efficiency of urban services, including delivery of water and sanitation, provision of public transport, as well as for access to jobs, education, food and health services.

Speed of growth can outpace infrastructure requirements

In many cases, especially in the developing world, the speed of urbanization has outpaced the ability of governments to build essential infrastructure. Failure to plan for continued growth results in inadequate health services, water, sanitation, education, and essential infrastructure.

Many cities are currently burdened and will be confronted by a triple threat:

- Infectious diseases exacerbated by poor living conditions;
- Noncommunicable diseases – such as heart disease, cancers and diabetes – and conditions fuelled by tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol; and
- Accidents, injuries, road accidents, violence and crime.

These are the result a complex interaction of various determinants of health, including insufficient infrastructure and services that particularly impact the health of the poor and slum dwellers. Living and working conditions vary widely within and between cities across the world and are the “causes of the causes” of ill-health.

2. Urban settings are a health determinant *(continued)*

Housing, land tenure and security

Most, but not all, urban poor live in slums and squatter settlements. These settings tend to be unregulated, precarious, overcrowded, and are often exposed to hazards, such as steep hillsides subject to landslides, riverbanks and water basin locations subject to flooding, or sites near industrial hazards. Inadequate, overcrowded or deteriorating housing in informal settlements, especially where tenure is insecure, increases the health risks from environmental hazards, violence and crime, and is associated with injuries, respiratory problems, infectious diseases, and mental health problems *(6)*.

Water

Approximately 5.9 billion people – 87% of the world's population – are now using safe drinking-water sources, according to the new WHO/UNICEF Joint Monitoring Programme report on sanitation and drinking-water *(7)*. Although 94% of urban residents in developing countries use "improved" drinking-water sources (that is, the availability of at least 20 litres per person per day from a source within 1 km of the user's dwelling), grave risks of water contamination still exist due to the unreliability of supplies and related water storage practices *(8)*.

Sanitation

Although the vast majority without access to water and sanitation live in rural areas *(7)*, some 807 million city dwellers (24% globally and 32% in developing cities) lack access to what WHO defines as "improved sanitation" – household latrines or flush toilets that are connected to sewer, septic, compost or covered pit – hygienically separating excreta from human contact. Of these, more than 170 million urban residents do not have access to even the simplest latrine and are forced to defecate in the open. About 500 million urban dwellers worldwide share sanitation facilities with other households *(8)*. Globally, an estimated 3% of all deaths are the result of diarrhoeal diseases caused by unsafe drinking-water, sanitation and hygiene *(9)*.

Food

Another health determinant in cities is access to safe and quality food, and in sufficient quantity *(10)*. Inadequate diet reduces resistance to disease, especially for slum dwellers, because they live in the constant presence of pathogenic micro-organisms *(11)*. Urban poor populations in the developed and developing world often rely on street food, fast food, processed and cheap food, leading to nutritional problems such as vitamin/mineral deficiencies, dental problems and obesity, which in turn is associated with diabetes and cardiovascular problems.

Urban transport

Public transport, walking and cycling – assured through good land use and transit planning – are the major travel modes in some large cities of Europe, Asia and the Americas. But in many developed and fast-developing cities, trends are moving in the opposite direction. As people become more affluent, the lack of public transport infrastructure and services or good networks for cycling and walking along with attraction to a more affluent lifestyle has spurred a rapid transition to cars or motorcycles leading to enormous increases in traffic, along with traffic-related pollution, injury risks to pedestrians and cyclists, and a reduction in physical activity.

Physical inactivity is a major risk factor for cardiovascular disease, diabetes and certain cancers. While everyone in a city may be affected by a lack of transport options, poor neighbourhoods often lose out the most, as they lack good public transport access to health centres, grocery stores, schools, and jobs *(9, 12, 13)*.

Road traffic injuries also stand out as an important and growing transport-related public health problem, with most deaths occurring in low- and middle-income countries. Globally, road traffic injuries constitute the ninth leading cause of death and ill-health, and will rise to the third position by 2030 unless immediate and sustained action is taken *(14)*.

Noise exposure

Noise, a common urban problem, is a consequence of transportation and construction. Intense and continuous exposure may be associated with hearing impairment, high blood pressure and cardiovascular disease *(15)*.

2. Urban settings are a health determinant *(continued)*

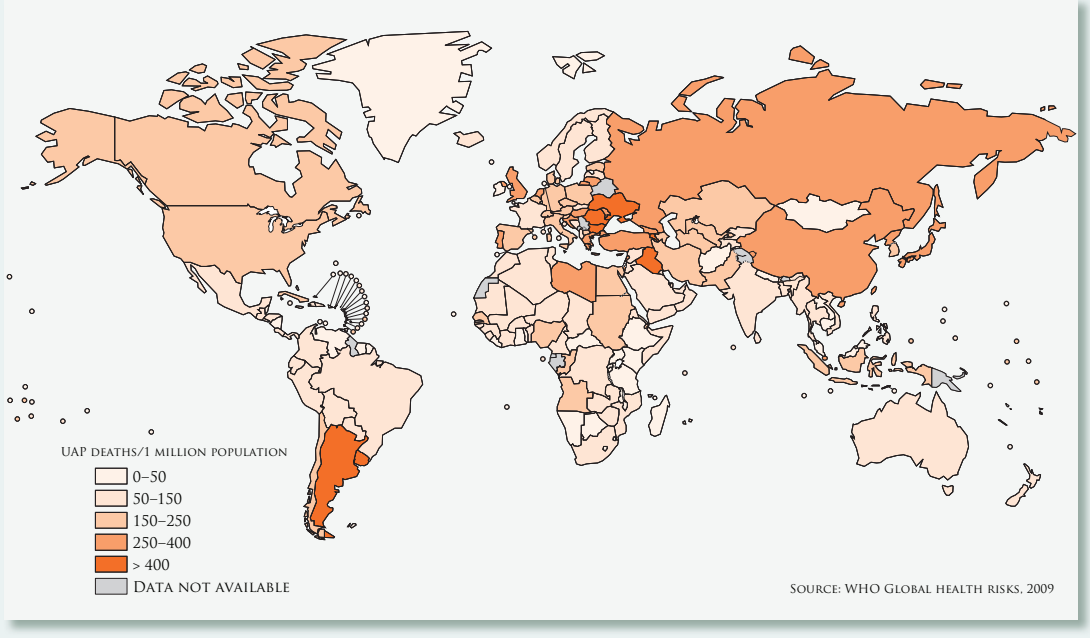

FIGURE 2
Deaths attributable to urban air pollution, 2004

Outdoor and indoor air pollution

In 2004, outdoor urban air pollution killed some 1.2 million people worldwide *(9)*. WHO estimates that 1.5 billion urban dwellers face levels of outdoor air pollution that are above the maximum recommended limits *(16)*.

Of urban air pollutants, fine particulate matter, mostly from vehicle and industrial fuel combustion, has the greatest effect on human health. Worldwide, fine particulate matter is estimated to cause about 8% of lung cancer deaths, 5% of cardiopulmonary deaths and about 3% of respiratory infection deaths *(9)*.

About 25% of city dwellers in developing countries and 70% of city dwellers in least developed countries use solid fuels for household heating and cooking. In 2004, exposure to indoor pollution was estimated to cause about 2 million deaths worldwide, mostly from pneumonia, chronic lung disease and cancer. As poor households tend to be more dependent on solid fuel for heating and cooking, they are thus most exposed to indoor pollution *(17)*.

Climate change

Climate change has major environmental health impacts in the cities of the developing world, which can be generally more vulnerable to the impacts of climate change. Key vulnerability factors include coastal location and exposure to the urban heat-island effect, whereby urban temperatures may be as much as 5–11 °C higher than in surrounding rural areas due to the greater heat absorption of dense urban built spaces and lowered capacity for evaporative cooling *(18)*. Urban areas concentrate both emitters of greenhouse gases and people at risk from climate change. The potential health impacts of climate change range from direct (e.g. ill-health from heat exposure) to highly indirect (e.g. spread of infectious diseases to new locations through ecological changes) *(19)*.

Social environment

A city's social environment can support or damage health *(20)*. Positive urban features include higher levels of social support.

Problematic characteristics of the urban social environment may include social pressure for health-damaging behaviour like drug abuse and violence and high levels of social stressors such as social isolation and extreme poverty *(21)*. Interpersonal violence is fast becoming a major security and public health issue *(22)*. Violence tends to be greater in faster-growing and larger cities. In urban areas, young people aged 15 to 24 commit the largest number of violent acts and are also the principal victims of violence. The lives and health of city dwellers are at risk during wars and conflicts.

Health and social services

Cities are frequently characterized as having a rich array of health and social services in comparison to rural areas. Yet for low- and middle-income countries in particular, the story is more complex. Access to services for the urban poor may be limited by ability to pay, even in the context free health services where medications and supplies are not free, location or hours of operation is inconvenient, and care is of poor quality. The result is low utilization of even the most basic preventative and curative health services.

3. *There are unfair differences in the health of city dwellers*

Intra-urban differences in New York City, 2000

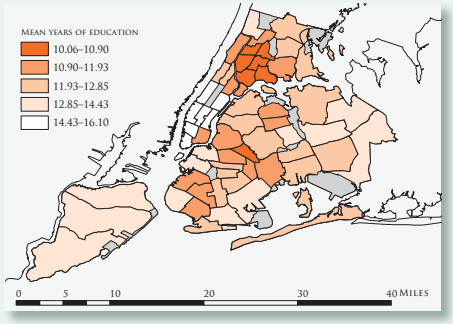

FIGURE 3
AVERAGE EDUCATIONAL ATTAINMENT

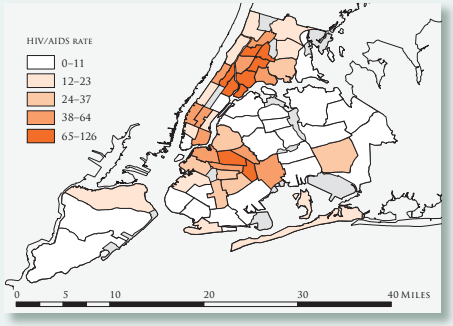

FIGURE 4
AGE-ADJUSTED HIV/AIDS RATE

Health inequities are a concern in all cities. For example, in Glasgow, Scotland, male life expectancy in Calton ward is 54 years in contrast to 82 years in Lenzie, East Dunbartonshire, a nearby ward in the same city *(23)*. A child who lives in a slum in Kenya is far more likely to die before the age of 5 than his or her compatriot living in another more affluent part of the city, or even in rural Kenya. In the Embakasi slum in Nairobi, the under-5 mortality rate per 1000 children is 254 while the average for Nairobi is 62 *(24)*.

Intra-urban differences are seen for more than life expectancy and under-five mortality.

SOURCE: VLAHOV, D ET AL. KNOWLEDGE NETWORK ON URBAN SETTINGS THEMATIC PAPER 1. WHO CENTRE FOR HEALTH DEVELOPMENT 2008. (AVAILABLE AT HTTP://WWW.WHO.OR.JP/CHP/THEMATIC_PAPERS/KNUS_THEMATICPAPER01.PDF)

Figure 3 shows a map of community districts in New York City by measures of concentrated disadvantage including for education.

Figure 4 shows the same map for HIV/AIDS. In both figures, the darkest areas are the most disadvantaged and have the highest rate of poor health outcomes. These differences in health outcomes within urban areas disaggregated by absolute or relative poverty are seen around the world. This highlights the need for detailed intra-urban data in cities to show where interventions can have the most effect.

Health inequities are the result of a combination of poor social policies and programmes, and unfair economic and social arrangements. Putting right these inequities, above all, is a matter of social justice.

III. What can be done: calls to action

We are at a clear turning point at which we are moving towards an increasingly urbanized world. We need to appreciate the positive and negative impact on health due to urbanization and take appropriate actions to address them. There is a pressing need for action now to ensure that growing cities are healthy cities.

On World Health Day 2010, WHO recommends the following five calls to action to build a healthy and safe urban environment:

1! **Promote urban planning for healthy behaviours and safety**

2! **Improve urban living conditions**

3! **Ensure participatory urban governance**

4! **Build inclusive cities that are accessible and age-friendly**

5! **Make urban areas resilient to emergencies and disasters**

These five calls to action do not necessarily require additional funding, but political commitment is vital to redirect resources to priority interventions, thereby achieving greater efficiency.

III. What can be done: calls to action

1! Promote urban planning for healthy behaviours and safety

Urban planning can promote healthy behaviours and safety in many different ways, applicable both to existing and new areas. These would include design for physical activity in cities, where healthy food is available, safe, accessible and affordable, where health services for all are provided and where roads are safe.

Concrete and feasible actions that can be taken include:

- Design cities to promote physical activity
- Make healthy food available, safe, and affordable
- Provide adequate health services for all
- Improve road safety

2! Improve urban living conditions

Improvements in housing and housing conditions, control of pollution and improvement in water and sanitation go a long way to mitigating health risks. Land security and tenure is a foundation on which health can be built. Squatter settlements are often illegal but generally represent the only option open to poor people, migrant or local, in search of shelter. Informal settlements are rarely provided with basic social services.

Concrete and feasible actions that can be taken include:

- Locate houses in safe places
- Improve housing conditions
- Control indoor and outdoor pollution
- Ensure safe water and improved sanitation

3! Ensure participatory urban governance

Local participatory governance mechanisms should be established that enable communities and local governments to partner in building healthier and safer cities. Good urban governance means paying attention to concerns and planning horizons that extend beyond current needs *(25)*. In many developing nations, present urban problems are only the beginning. Cities need a longer term strategy in order to turn urbanization's potential into reality.

Action and successful implementation require four preconditions for change: political commitment at the highest level where health, equity and sustainable development are core values in a city's policies and vision; shared vision, understanding and commitment to a comprehensive and systematic approach for urban health; organizational structures and processes to coordinate, manage and support change and to facilitate intersectoral action and active citizen involvement; and opportunities for partnership-building and networking with statutory and non-statutory bodies and community groups *(26)*.

Concrete and feasible actions that can be taken include:

- Share information about city planning for health
- Encourage public dialogue
- Involve communities in decision-making
- Create opportunities for participation

III. What can be done: calls to action

In summary, for the first time in history, we are living in a predominantly urban world. Urbanization is continuing, and local and national governments as well as communities are facing many challenges as more people are living in cities. It is our collective responsibility to take action now to make sure that cities are healthy for all people at all times.

4! Build inclusive cities that are accessible and age-friendly

Globally, populations are rapidly ageing, leading to more older persons, many of whom will experience mobility and sensory impairments. WHO has developed a guide that is aimed primarily at urban planners to monitor progress towards more age-friendly cities in general *(27)*.

Concrete and feasible actions that can be taken include:

- Make public transport accessible to disabled people
- Develop safe walkways for those with special needs
- Build public places and buildings for easy access
- Promote active city life and sports for all

5! Make urban areas resilient to emergencies and disasters

Urban settings face complex emergencies, including natural and human-made disasters. Local governments can play a crucial role in urban disaster risk reduction, emergency preparedness, and assessment and response in coordination with other emergency management mechanisms at the global, regional and national levels.

Concrete and feasible actions that can be taken:

- Locate health facilities in safe areas
- Build more resilient health facilities to withstand known dangers
- Strengthen community preparedness and response capacity
- Improve disease surveillance

Annex: A role for all – who can do what?

Ministries of health

- **Become more informed** about the social determinants of health, and how urban policy choices impact health and development.
- **Engage other sectors** proactively in dialogue, including housing, transport, industry, water and sanitation, education, environment and finance agencies.
- **Lead by example** by supporting healthier and more livable cities.
- **Support** health and environmental impact assessment for urban plans and policies.

Local governments

- **Show leadership** by providing role models and by setting an example. Champion walking, cycling, active lifestyles and community designs that support these activities.
- **Foster collaboration within local government** through forums for city departments (such as transport, health, public safety, parks and recreation and education) to discuss the development of an integrated urban health strategy. Encourage public health and urban planners to work closely together.
- **Partner with voluntary organizations, professionals and community organizations** and establish a mechanism that will give health professionals the opportunity to provide input on planning and transport plans.
- **Share information** and set up mechanisms for sharing data on active living, for example on the health costs of inactivity and pedestrian travel and safety patterns, across government departments and with civil society and the community.
- **Encourage and enable community participation** by engaging the nongovernmental, private and public sectors as well as citizens of all ages in planning and implementing initiatives to encourage active living and physical activity.

Civil society

- **Ensure that people are fully engaged in shaping the policies** and programmes that affect their lives.
- **Include residents of informal settlements** in formal processes by setting up groups, associations and federations. Large or small, organizations of the urban poor should come together to identify the social and economic conditions that they face; to find practical solutions to these problems; to struggle against marginalization; and to ensure access to the goods and services to which they are entitled.
- **Work with governments on participatory planning and budgeting** to allocate a greater portion of the municipal investment budget to priorities determined by neighbourhoods and community groups.

Annex: A role for all – who can do what?

Researchers

- **Generate and systematize knowledge to address the many existing information gaps, including:**
  - potential advantages of urbanization and urban growth;
  - the inequities of health disaggregated by intra-urban area;
  - the effectiveness of proactive approaches to deal with health inequity in cities; and
  - the importance of involving all citizens in the decisions that affect their habitat and their health.

Urban planners

- **Use zoning and land use regulations** as a way to prevent exposure of city dwellers to pollution emissions and hazards from industrial activities, waste and chemicals, and well as transport.
- **Develop/adopt building practices that protect health** among building users regarding indoor air environment, safety, noise, water, sanitation and waste management, among several other health determinants in urban settings.
- **Build compact cities,** where dwellers have easy access to green areas, public transport, cycle paths and health, education and other fundamental social services.
- **Incorporate Health Impact Assessment** (HIA) into the consideration of alternative planning choices and policies.

International agencies

- **Promote and support policies** to promote healthy environments.
- **Disseminate lessons learned** from one part of the world to other.
- **Support women's rights, poverty reduction and equity-promoting** strategies and programmes.
- **Encourage policy-makers to generate and use sociodemographic** information to make better decisions regarding the urban future.

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