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A billion voices: Listening and responding to vulnerable populations in urban settings

Abstract

Der Gesundheitsstatus vulnerabler Bevölkerungsgruppen in Großstädten zeigt neue Risiken, Bedrohungen aber auch Herausforderungen sowohl für die öffentliche Gesundheit als für die öffentliche Sicherheit auf. Die Gesunde-Städte-Bewegung der WHO (Healthy Cities) ist zu einem Wegbereiter für weltweite Forschung, politische Maßnahmen und für Aktionen geworden, die spezifisch auf die Bedürfnisse von mehr als einer Milliarde Menschen ausgerichtet sind, welche als gefährdete Bevölkerungsgruppen in Großstädten (urban settings) leben. Zu diesem Zweck ist ein breitgefächertes, interdisziplinärer Zugang unerlässlich, der in den zahlreichen "Healthy Cities"-Initiativen bereits verfolgt wird und auf ökologischen und bevölkerungsbasierten Parametern, Integration innerhalb eines gesunden Umfelds (healthy settings) und systembasierten Vorgangsweisen fußt. Das Konzept "Gesundheit und Entwicklung" – denn Entwicklung kann nicht ohne Gesundheit erreicht werden und vice versa – ist der Ausgangspunkt für die Werte und Prinzipien, die diesem Prozess in Einklang mit internationalen Vereinbarungen und Abkommen zu Grunde liegen. Es gibt eine Fülle an Information und an effektiven Interventionen, die auf die Zielgruppe der vulnerablen Bevölkerungsgruppen in Großstädten angewandt werden können. Anstrengungen müssen dahingehend unternommen werden, das Verständnis und die Annahme von Wissen und praktischer Erfahrung auf städtischer Verwaltungsebene zu erleichtern. Eine beratende Begleitung während dieses Prozesses ist notwendig. Der Vorschlag lautet deshalb, dass eine Auswahl und Kombination an taktischen und strategischen Vorgangsweisen auf globaler, regionaler, nationaler und lokaler Ebene in Betracht gezogen wird, um so Ungleichheiten in Bezug auf den Gesundheitsstatus in Großstädten zu reduzieren.

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Health of vulnerable populations in urban settings today

Close to half of the world's population lives in urban areas.ⁱ One out of three people who live in cities live in slums. As urbanisation accelerates, it is estimated that two billion people will be living in slums 30 years from now.ⁱⁱ

Extreme poverty in cities and slums pose serious threats to health.ⁱⁱⁱ Slum dwellers, the urban poor, migrants, the homeless, transients, cultural minorities and refugees are vulnerable to ill-health, disability and premature death. Various sub-groups within these vulnerable populations, such as older people, women, children and adolescents may be particularly susceptible. There is increasing evidence to suggest that communicable diseases (e.g. tuberculosis, diarrhea, hepatitis, dengue fever, pneumonia, cholera, malaria, HIV/AIDS), noncommunicable and chronic diseases (e.g. diabetes, obesity, cancer, accidents and injuries) and mental health problems (e.g. depression, anxiety, schizophrenia, suicide, substance abuse and alcoholism) are higher among such vulnerable populations in urban settings.

Health inequity in urban settings

Health personnel and resources tend to gravitate toward urban centres near more advanced and sophisticated medical care and facilities. More often than not, these services are inaccessible to vulnerable populations. Moreover, the fundamental resources for a decent life that are socially determined – housing, safe water and sanitation, nutritious food, employment, social support, early child education, affordable transportation and freedom from crime and violence – are beyond the reach of vulnerable populations in urban settings.^{iv}

Rapid urbanisation and poverty: a new threat to human security?

Within the broader context of health and human development, rapid urbanisation of poverty and ill-health has been characterised as a new threat to human security.^v Consequently, a deeper understanding of how poor health among vulnerable populations in cities and slums contributes to crime, violence, conflict, terrorism and political instability may need to be considered as an emerging global public health concern.

Against the backdrop of globalisation, disease outbreaks or health emergencies among vulnerable groups in major cities may have serious impacts on global public health. Recent outbreaks of SARS and avian flu, for example, are instructive of how highly localised risks and threats to health can almost instantaneously spread to a global level.^{vi}

Ecological, integrative and systems-based perspectives are needed

It is evident that the factors that contribute to poor health and premature death in vulnerable populations in urban settings are embedded in complex and multiple webs of cause and effect that are interrelated.^{vii} Often, interventions that may address the underlying causes of disease, poor health and premature death are outside the scope of the health sector.

WHO's Healthy Cities movement^{viii} has paved the way for global research, policy and action that is specifically directed towards the health of vulnerable populations in urban settings. A broad cross-disciplinary perspective to addressing the challenges in urban settings is manifest in various Healthy Cities activities and is characterised as:

- 1) Ecological and population-based – responsive to source determinants of the health of entire communities in relation to their social, political, cultural and physical environments.

- 2) Integrative – coherent within specific ‘healthy settings’ and yet able to incorporate a wide range of interventions that may be promotive, preventive, protective or curative.
- 3) Systems-based – clearly linked to the principles of good governance and better management and is related to ongoing health systems development or reform processes (i.e. health financing, improvement of quality of care and access, decentralization, reducing health inequity).

Health in Development

The basic values and principles that guide research, action and policy to address the health of vulnerable populations in urban settings are embodied in several international declarations and agreements that emphasise health as a human right within the framework of sustainable development. ^{ix}

As the 21st century has ushered in new driving forces (e.g. globalisation, urbanisation, demographic change, environmental change, technological innovation) that affect human health and the development process, the notion of “health in development”^x, stating that development cannot be achieved without good health and vice-versa, links initiatives on health of vulnerable populations in urban settings to international declarations and agreements.

A model for analysing and responding to health in development has been derived from the WHO Driving Forces-Pressures-State-Exposure-Effects-Action (DPSEEA) model for environmental health that identifies causal pathways for determining how driving forces interact with each other [see Figure 1] and how these driving forces consequently affect health. The model provides a basis for practical approaches to research, policy and action on improving the health of vulnerable populations in urban settings.

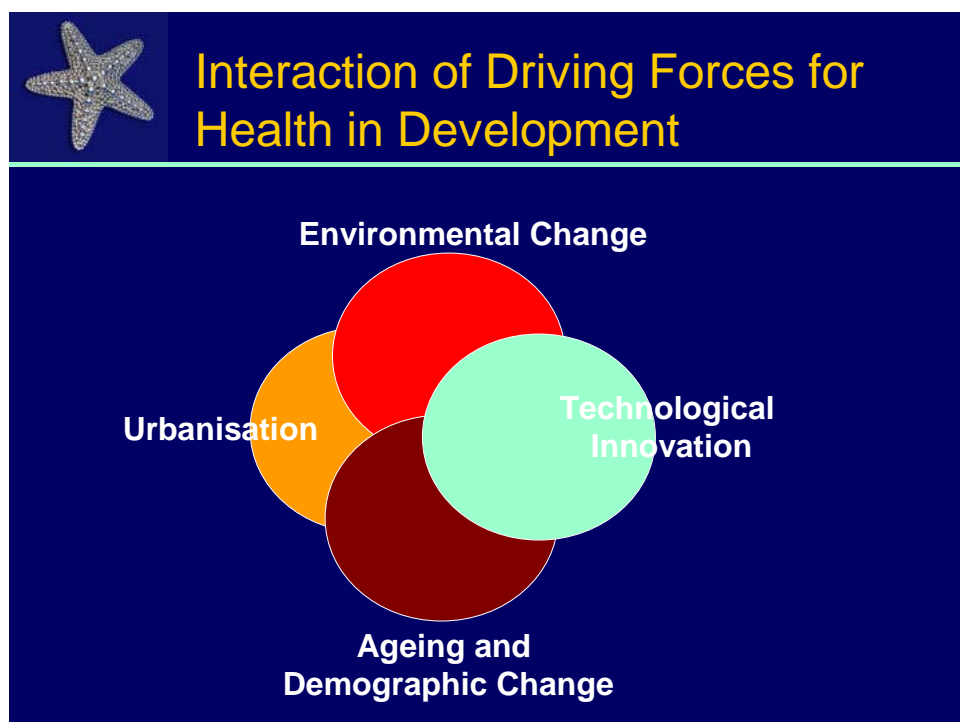


Figure 1: The interaction of driving forces for Health in Development
WHO Kobe Centre, 2004

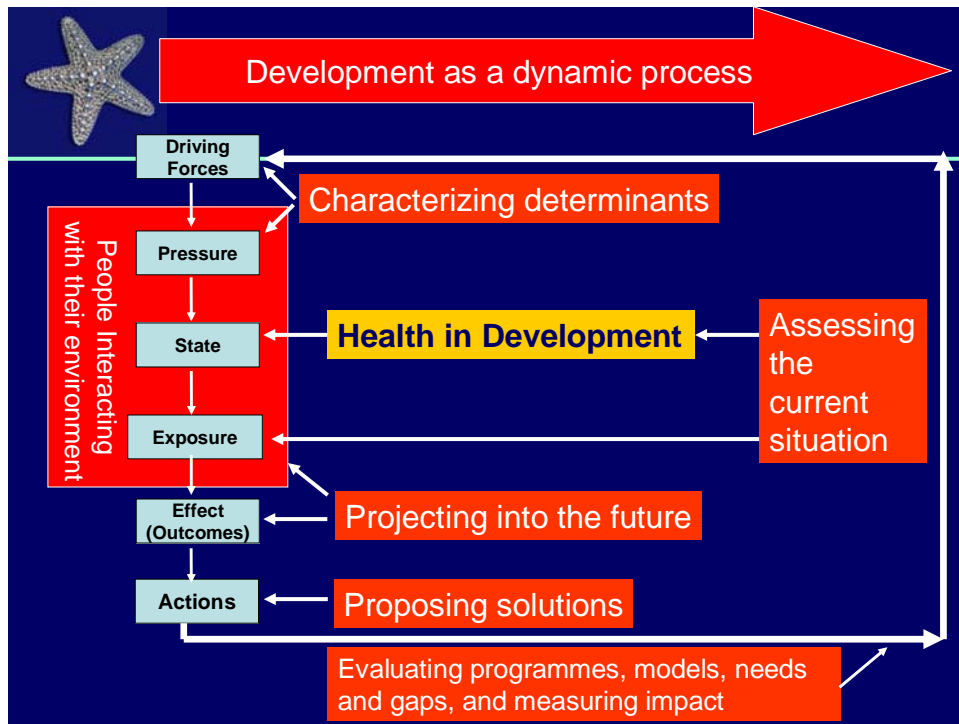


Figure 2. Modified *DPSEEA* model for a research framework on healthier people in healthier environments, WHO Kobe Centre, 2004

Tactical and strategic directions for research, policy and action for improving the health of vulnerable populations in urban settings

There is a wealth of information on interventions to improve the health of vulnerable populations. There is a need, however to make information on policy and practice easier to use at a municipal level. Guidance is also needed on how effective local actions can be scaled up.

Both short-term (or tactical) and long-term (or strategic) directions seem necessary as stakeholders may have different time frames to work towards.

The following are put forth as possible starting points for the delineation of tactical and strategic directions that may be particularly relevant to listening and responding to the health needs of vulnerable populations in urban settings:

Tactical directions

- Advocate good urban governance, specifically governance interventions that result in scaling up of participatory processes to engage vulnerable populations in exercising greater control over determinants of health;
- Support, scale-up and integrate slum-upgrading projects with health programmes that specifically target the urban poor;

- Develop research methods that municipal-level health officers can use to capture “felt needs” and conduct highly localised problem-solving;
- Integrate health outreach services with public health infrastructure development;
- Conduct health promotion and health education campaigns specifically among vulnerable populations;
- Train municipal health staff in advocacy and social mobilisation to enable greater engagement in policy-making;

Strategic directions

- Strengthen local referral systems between health, education and welfare services and systems;
- Improve the urban environment;
- Develop capacity to conduct research and policy development on emerging urbanisation and health issues (e.g. transportation and health, climate change, complex emergencies) within ministries of health;
- Develop courses on urbanisation and health for pre-service training of physicians, nurses, midwives and health workers;
- Create and support networks for policy on the health of vulnerable populations in urban settings.

Conclusions

The health of vulnerable populations in urban settings poses new risks, threats and challenges to global public health and human security. WHO’s Healthy Cities movement has paved the way for global research, policy and action that can be specifically directed toward the over one billion people who constitute vulnerable populations in urban settings. Efforts now need to be focused on facilitating use of knowledge and practice at municipal levels. It is proposed that a combined range of tactical and strategic approaches be considered at global, regional, national and local levels to reduce health inequity in urban settings.

ⁱ United Nations Population Division, World urban prospects: the 2003 revision, New York: United Nations, 2003.

ⁱⁱ UN Habitat, Slums of the World: the Face of Urban Poverty in the New Millennium? United Nations Human Settlements Programme, 2003.

ⁱⁱⁱ Sclarr, Garau and Carolini The 21st century health challenges of slums and cities The Lancet; Mar5-Mar11; 365,9462; Health Module, pg 901.

^{iv} World Health Organization, Europe The Solid Facts WHO EURO, 2003.

^v Tipping, Adom and Tibaijuka Achieving healthy urban futures in the 21st Century: New approaches to financing and governance of access to clean drinking water and basic sanitation as a global public good Helsinki Process Publication Series 2/2005.

^{vi} WHO Western Pacific Regional Office Healthy Cities and SARS, presentation made at the Meeting on a regional mechanism for Healthy Cities, Manila, 2003.

^{vii} WHO Commission on Social Determinants of Health Background paper, Santiago, Chile 2005.

^{viii} Takano Takehito Healthy Cities and Urban Policy Research Spon Pres, New York, 2003.

ix The definition of health established by the World Health Organization, the UN Declaration of Human Rights, and the Alma Ata Declaration on Primary Health Care and Health for All underscores health as a human right. Complementary to this, the principles of sustainable development as espoused in Agenda 21 and the notion of human development situate health as a human right within the context of social and economic development and emphasize the importance of sustaining an environment that can nurture the health and well-being of current and future generations. Further to this, the Ottawa Charter on Health Promotion defines health as a resource for living and advocates greater control over conditions that create health by individuals and communities. More recently, the United Nations Millennium Declaration and consequently the Millennium Development Goals articulate a global agenda for poverty reduction and sustainable development through targeted actions that include health.

^x WHO Kobe Centre, Health in Development: Healthier People in Healthier Environments, a proposed research framework for the WHO Centre for Health Development, Kobe Japan, WHO Kobe Centre, 2004.