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#### **C. STRATEGY AND PLAN OF ACTION ON URBAN HEALTH: MIDTERM REVIEW**

##### **Background**

1. The Region of the Americas is the most urbanized region in the world. Nearly 80% of its population is currently living in urban centers, and by 2030 this proportion is expected to reach 85% (1). The purpose of this report is to summarize progress made in the Region in terms of implementing the regional Strategy and Plan of Action on Urban Health, adopted in September 2011 by the 51st Directing Council of the Pan American Health Organization (PAHO) (Document CD51/5) (2). The Strategy and Plan set objectives over a 10-year period (2012-2021) to strengthen the organizational capacity and stewardship role of the ministries of health and municipal governments in advocating for sustainable urban growth that puts human beings and communities at the center of planning. It also aimed to tackle health inequities and to address the needs and capitalize on the assets of the spectrum of urban populations through policies, programs, and services for people and communities living and working in urban settings (2).

##### **Analysis of Progress Achieved**

2. Since the adoption of the Plan, health and development have become increasingly recognized as linked global priorities, noted at such events as the Seventh Session of the World Urban Forum (2014) and Habitat III, the third United Nations Conference on Housing and Sustainable Urban Development (2016). At the Regional level, this movement was catalyzed by the 3rd Regional Forum on Urban Health (2015). The participants, representing cities and nations, shared key knowledge and identified Health in All Policies (HiAP) and health promotion within the framework of Healthy Cities, Municipalities, and Communities as areas for action.

3. The Region of the Americas has been a driving force for global revitalization of the Healthy Cities movement. In collaboration with the Latin American and Caribbean Network of Health Promotion Managers (Redlac Promsa) and Chile's Ministry of Health, PAHO organized a Mayors' Pre-Forum in Santiago, Chile, in July 2016, during which mayors and health promotion personnel from 12 countries of the Region exchanged

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experiences and adopted the Declaration of Santiago (3) to guide development of a Healthy Cities, Municipalities, and Communities Strategy. This initiative was led by a committee of members from the World Health Organization (WHO) Collaborating Centre on Healthy Cities and Municipalities (CEPEDOC); Ministries of Health staff from Argentina, Chile, Cuba and Mexico; and development staff from Chile and Peru.

4. Multisectoral approaches are a core component of sustainable urban development and a highly active area for PAHO, carried out institutionally under Health in All Policies. The Region of the Americas was the first to establish a Plan of Action to define clear steps for implementation of the HiAP approach (4). As of 2016, 180 participants from 16 countries of the Region had received training in Health in All Policies (4).

5. “Making cities and human settlements inclusive, safe, resilient, and sustainable” is enshrined as a global priority in the 2030 Agenda as Sustainable Development Goal 11 (5). In April 2018, following the regional meeting at the Economic Commission for Latin America and the Caribbean (ECLAC) to review progress toward fulfillment of the Sustainable Development Goals (SDGs), the United Nations High-level Political Forum on Sustainable Development in July 2018 will review SDG 11 in depth. Attention to these issues presents exceptional opportunities to advance the urban health agenda.

6. The Strategy and Plan of Action on Urban Health aimed to initiate a series of activities that would establish urban health priorities as key considerations for national, subnational, and municipal policymaking and planning. PAHO has consistently worked to provide appropriate resources, in particular technical expertise and coordinating power, to support national and regional capacity-building. Specific information on progress toward fulfilling the objectives so far is presented below.

Specific objective	Indicator, baseline, and target	Status
1. Develop urban health policies	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	As of 2017, 21 countries had introduced health and/or health equity as an aspect of urban development in their national (or subnational) development plans and policies (6).  As of 2017, 12 cities in 5 countries had reported policies to reduce excessive demand for transport services and

Specific objective	Indicator, baseline, and target	Status
		infrastructure, such as vehicle and parking restrictions, carpools, and congestion pricing (7). <sup>1</sup>
2. Adjust urban health services to promote health and improve coverage	<p>Number of countries with a National Health Plan, and subnational health plan as appropriate, integrating an urban health equity framework, with consideration of vulnerable groups</p> <p>Baseline (2011): 6 Target (2021): 25</p>	<p>Data indicate increasing interest in integrated urban health approaches in the Region. Fourteen countries are using their national health plans to address issues related to urban health equity, enhance intersectoral collaboration and community participation, and utilize evidence-based interventions. For example, some countries have focused on modifying conditions in urban environments to better support population health (8).</p> <p>Additionally, in 2 countries, the WHO Age-friendly Cities and Communities initiative is being implemented in over 50 cities, with 6 countries in LAC having at least one city or community engaged in this initiative (9).</p>
3. Construct health-promoting normative frameworks and participatory governance strategies	<p>Number of countries that apply PAHO's public health guidelines for urban health planning</p> <p>Baseline (2011): 3 Target (2021): 18</p>	<p>As of 2017, 10 cities in the Region had joined the BreatheLife campaign, which mobilizes cities and people to bring air pollution to safe levels by 2030 (10).</p> <p>PAHO has worked to facilitate technical and strategic connections that support the tremendous energy in the Region for urban health, maintaining a country focus by prioritizing capacity building and network forming in key technical areas.</p> <p>Member States have established national processes to promote and disseminate public health guidelines and criteria for urban housing and planning.</p>

<sup>1</sup> The Region of the Americas has taken a leading role in implementing innovative urban transportation policies and interventions that favor urban health and equity. Sustainable transport increases equitable access to services and opportunities in a way that minimizes negative environmental consequences as well as safety and affordability. As of 2017, Latin American cities reported having 1,912 km of bus and rapid transport routes in 67 cities and 13 countries; 3,486 km of bicycle routes in 51 cities in 10 countries; 1,041 km of metro/subway/light rail track in 19 cities in 7 countries, and 47 km of aerial tram routes in 7 cities in 4 countries. Interest is increasing in *ciclo vías recreativas*—in other words, multisectoral programs that temporarily or permanently designate streets for nonmotorized leisure uses, with 457 cities in 16 countries of Latin America reporting action in this area (7).

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		<p>In compliance with WHO indoor air quality guidelines, countries are working to replace traditional cookstoves and heaters with cleaner technologies to reduce household emissions from solid fuels (11).</p> <p>PAHO is also disseminating WHO guidance on household battery disposal and lead exposure reduction.</p> <p>The United Nations estimates that clearly defined procedures in law or policy for participation by urban service users and communities in program planning are present in 29 of the Region's countries for drinking water management, and 25 countries for sanitation management (12).</p>
<p>4. Expand national and regional networks for healthy urban development</p>	<p>Number of countries with a national healthy municipalities network applying PAHO's Healthy Municipalities Toolkit in communities with more than 100,000 inhabitants</p> <p>Baseline (2011): 5 Target (2021): 24</p>	<p>In response to accelerating interest in the Region, in 2018 a new Healthy Municipalities and Communities Toolkit was developed in partnership with Kansas University. Eight countries are expected to pilot or implement the toolkit by the end of 2018.</p> <p>Substantial work has been done towards Activity 4.1 of the Strategy and Plan of Action on Urban Health.<sup>2</sup> Using the Healthy Municipalities, Cities, and Communities approach, 12 countries have committed to and established mechanisms to engage communities and civil society in the policy development process across sectors, as evidenced by signature of the 2016 Declaration of Santiago (3). Additionally, as of 2018, 4 countries/territories have joined the International Health Promoting Universities and Colleges Working Group, with 8 countries reporting national university health promoting networks.</p>

<sup>2</sup> Activity 4.1: Buttress and stress the urban health component in national and regional networks and build upon and through existing regional networks such as the Network of the Americas for Healthy Municipalities, Cities and Communities; Health Promoting Schools; Healthy Housing; Faces, Voices, and Places; and global networks such as Safe Communities.

Specific objective	Indicator, baseline, and target	Status
		Finally, as of 2017, 14 cities in 8 countries of the Region had committed to the UN-Women’s Global Flagship Program Initiative “Safe Cities and Safe Public Spaces” (13).
5. Strengthen knowledge, capacity, and awareness to respond to emerging urban health challenges	<p>Number of countries with surveillance systems that include indicators for urban health</p> <p>Baseline (2011): 4 Target (2021): 15</p>	<p>As of 2016, 15 countries had surveillance systems in place capable of reporting on key urban health information according to indicators of health outcomes, health system outputs, risk factors, and health determinants (14).</p> <p>As of 2017, 27 countries had completed their Health Vulnerability and Adaptation Assessments for Climate Change. Through this process, ministries of health can assess current health system vulnerabilities to climate change, estimate future disease burden and risks, and identify adaptation policies and projects to address the vulnerabilities.</p> <p>In preparation for Habitat III, held in Quito, Ecuador, in September 2016, 19 countries of the Region submitted national reports that articulated experiences in managing urban issues, which helped inform the New Urban Agenda (15).</p> <p>In line with Activity 5.4 of the Strategy and Plan of Action on Urban Health,<sup>3</sup> in September 2015, the United Nations University International Institute for Global Health (UNU-IIGH), Drexel Dornsife School of Public Health, and ECLAC formed a partnership for urban health research in the LAC region: the Urban Health Network for Latin America and the Caribbean (SALURBAL).</p> <p>The network brings together regional experts in urban health, supports intraregional research and training linkages, and seeks to identify and disseminate important lessons</p>

<sup>3</sup> Activity 5.4: Build closer ties with academicians and universities, fostering action by collaborating centers, promoting the funding of pertinent research, as identified from observatories and practice related to the impact of urbanization on health and the social gradient.

Specific objective	Indicator, baseline, and target	Status
		both within and beyond the LAC region (16). Thanks to a major research grant recently awarded to network members, PAHO and Drexel University are actively discussing collaboration opportunities on a large regional urban health study.
	<p>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</p> <p>Baseline (2011): 3 Target (2021): 15</p>	<p>As of 2017, 2 countries developed capacity to use Innov8, an online action planning organizer and collaboration tool, to evaluate and provide recommendations for the integration of gender, equity, and human rights into their programs. The tool was adapted for use in the Region with Spanish translation and a component on ethnicity for future use (17).</p> <p>Fifteen countries are partnering with the Commission on Equity and Health Inequalities in the Americas, aiming to understand the factors leading to health inequities in the Region, including both the positive and negative effects of urbanization (18), and ways to address them.</p>

### Action Necessary to Improve the Situation

7. As an agent of mobilization at the national, regional, and global level, PAHO is responsible for supporting Member States in developing appropriate strategies and policies for urban health planning, identifying mechanisms for achieving multisectoral action, and collecting and sharing national urban health experiences, lessons learned, and best practices. Strategic action is recommended in the following areas:

- a) Strengthen regional capacity in urban design, its implementation, and monitoring.
- b) Continue PAHO support for engagement on the part of ministries of health, city leadership, other sectors of government, the private sector, and civil society. Partnerships can be enhanced through participatory decision-making; public-private collaboration, particularly for urban planning; and Health in All Policies.
- c) Ensure equal access to opportunities for all people by calling upon city authorities to systematically consider the needs of women, children and youth, people with disabilities, older persons, indigenous people, and other marginalized groups.

- d) Member States are encouraged to enhance their systems for collecting data and reporting on urban health indicators, investing in capacity-building where required. Relationships among urban health and determinants of health personnel in Member States, PAHO Country Offices and Headquarters, should be strengthened and efforts should be made to harmonize programming with the 2030 Agenda for Sustainable Development.

### **Action by the Directing Council**

8. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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