

Global urban health, well-being and citizenship: the potential for a health systems approach

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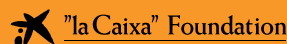
ISGlobal, Hospital Clínic & University of Barcelona

INCLUSION, ACTION AND IMPACT



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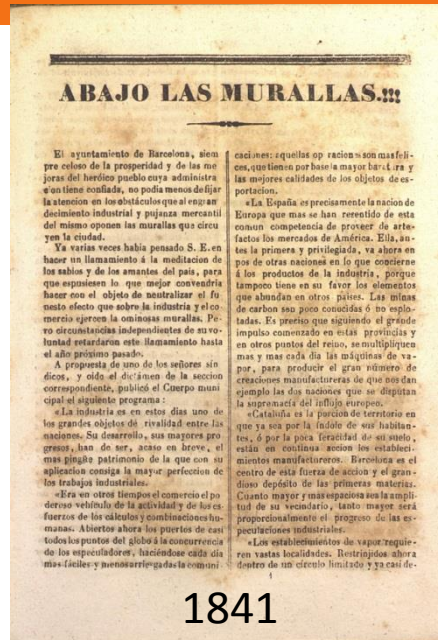


Vista del puerto de Barcelona con la montaña de Montjuïc al fondo (1850). Grabado de [Alfred Guesdon](#).

Barcelona: early public health and urban planning



Pere Felip Monlau i Roca



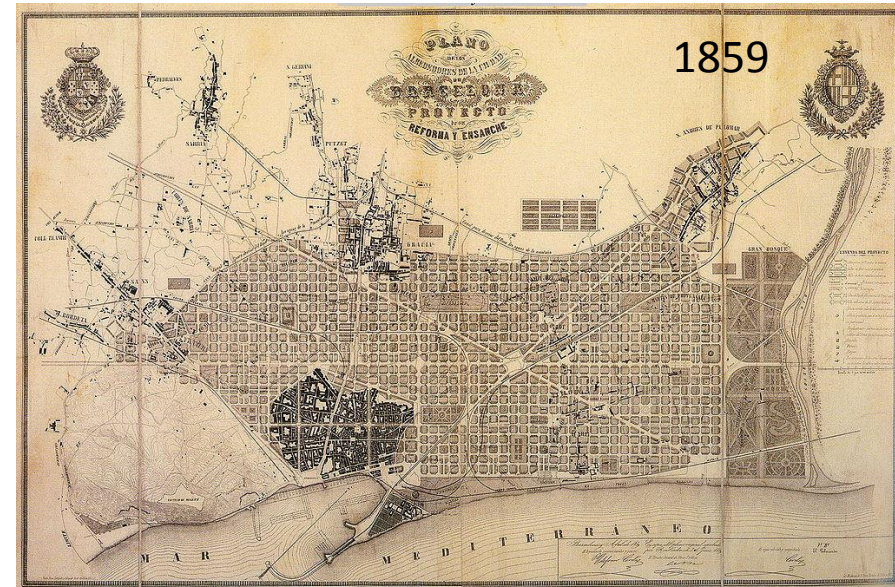
1841



Ildefons Cerdà i Sunyer



1856



1859

XXXXXXSome key points

- ❑ **Health determinants** and the role of **Public Health**
- ❑ Public Health and **health systems**
- ❑ Health systems **strengthening** and Public Health **functions/operations/organizations**
- ❑ **Integrated** health systems and **public health**
- ❑ The case of **Catalonia**: the **PH** reform

Global urban health: also about **equity!**



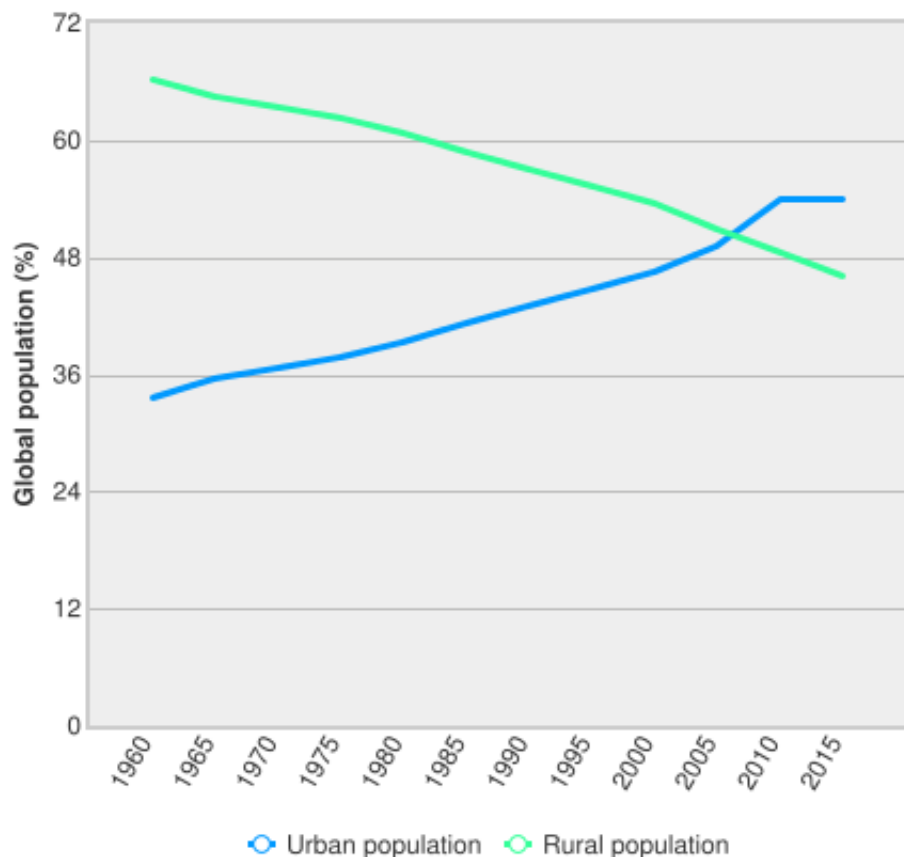
Communities and neighborhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological well-being and that are protective of the natural environment are essential for health equity."

Sir Michael Marmot, 2010

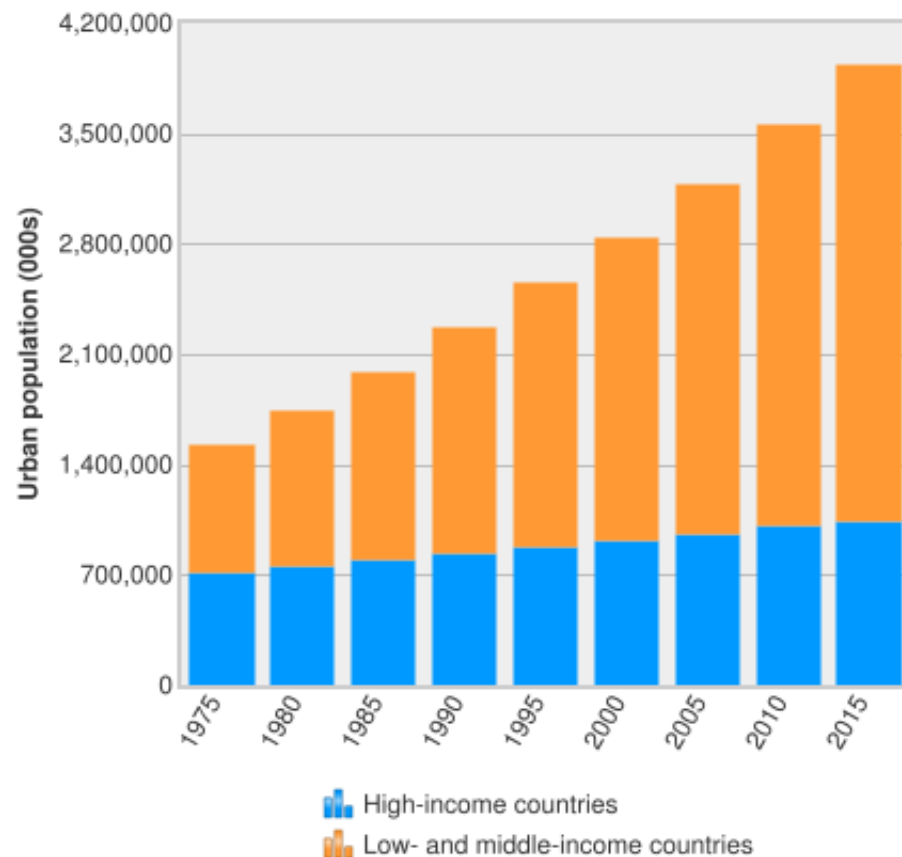
The urban population in 2014 accounted for 54% of the total global population, up from 34% in 1960, and continues to grow

The global urban population is expected to grow approximately 1.84% per year between 2015 and 2020

Percentage of global population living in urban areas, 1960–2015



Urban population by country income level, 1975–2015



AN URBAN WORLD

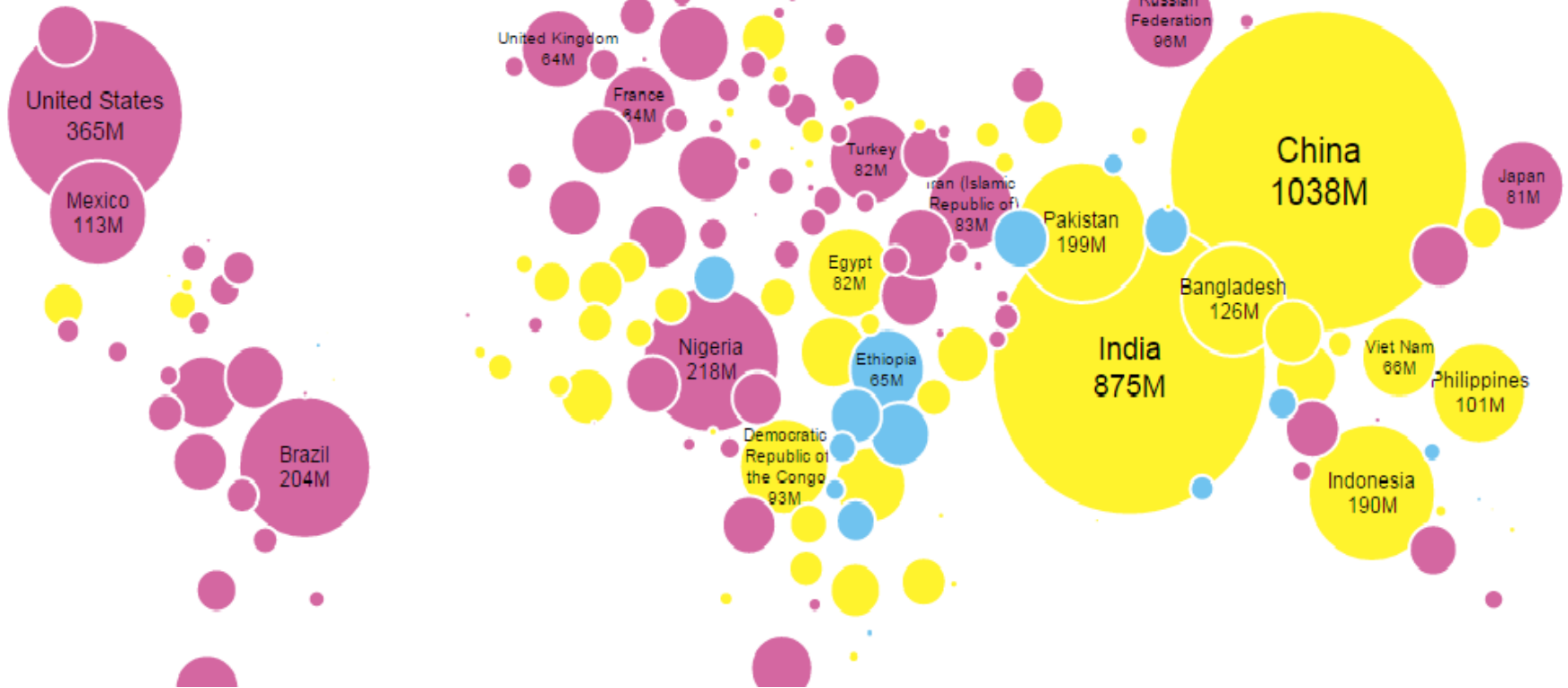
This graphic depicts countries and territories with 2050 urban populations exceeding 100,000. Circles are scaled in proportion to urban population size. Hover over a country to see how urban it is (percentage of people living in cities and towns) and the size of its urban population (in millions).

Urban Population

- Greater than 75%
- 50% - 75%
- 25% - 50%
- Less than 25%



2050



Urban Population by Urban Area Size

WORLD URBAN AREAS: MORE DEVELOPED WORLD: 2013

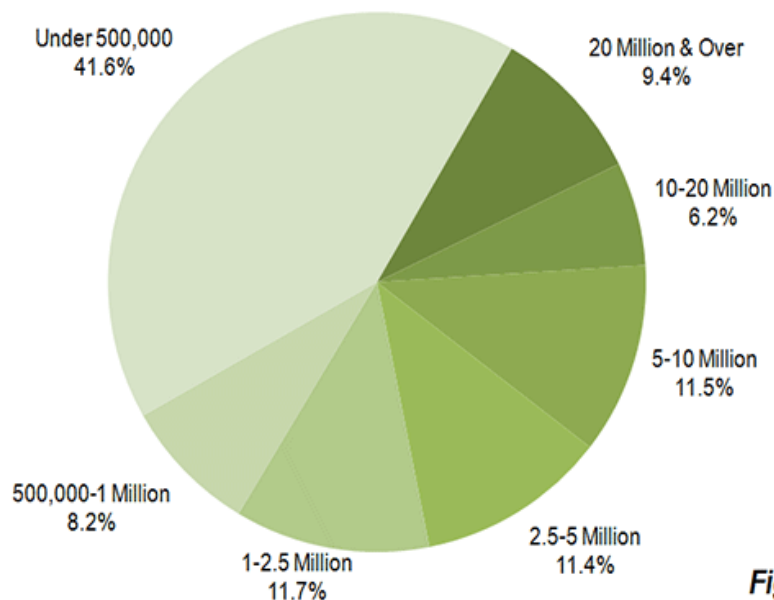


Figure 2

The share of the population in **larger urban areas is greater in the more developed world** than in the developing world.

A larger share of the population is in **smaller urban areas in the developing world**, at 54%. Combined, 13% of the developing world population is in the megacities and 20% of the population is in urban areas with between 1 million and 5 million population.

Urban Population by Urban Area Size

WORLD URBAN AREAS: DEVELOPING WORLD: 2013

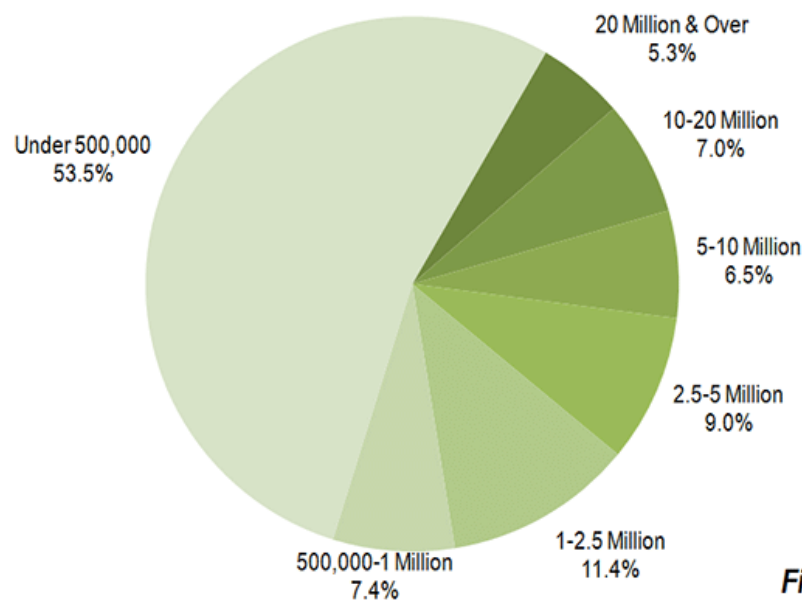
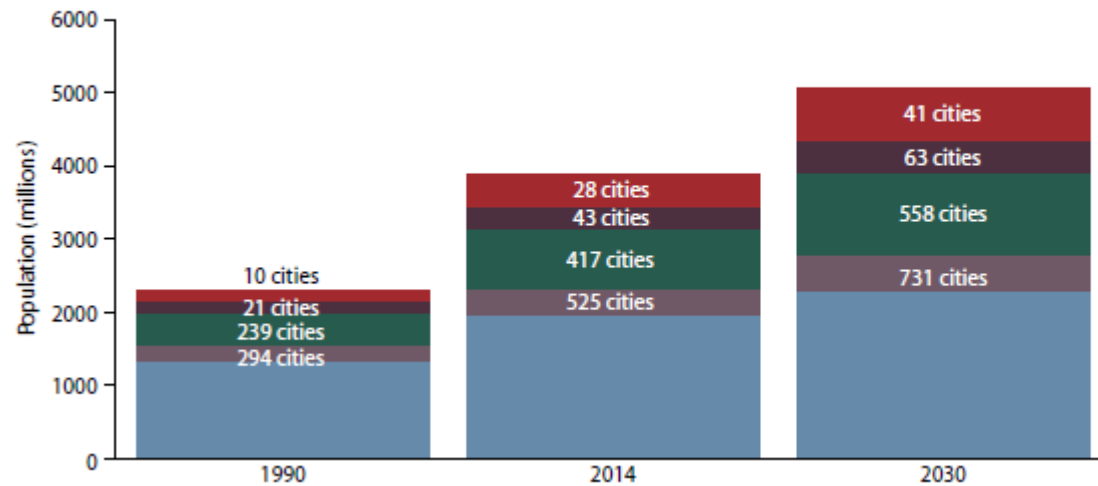


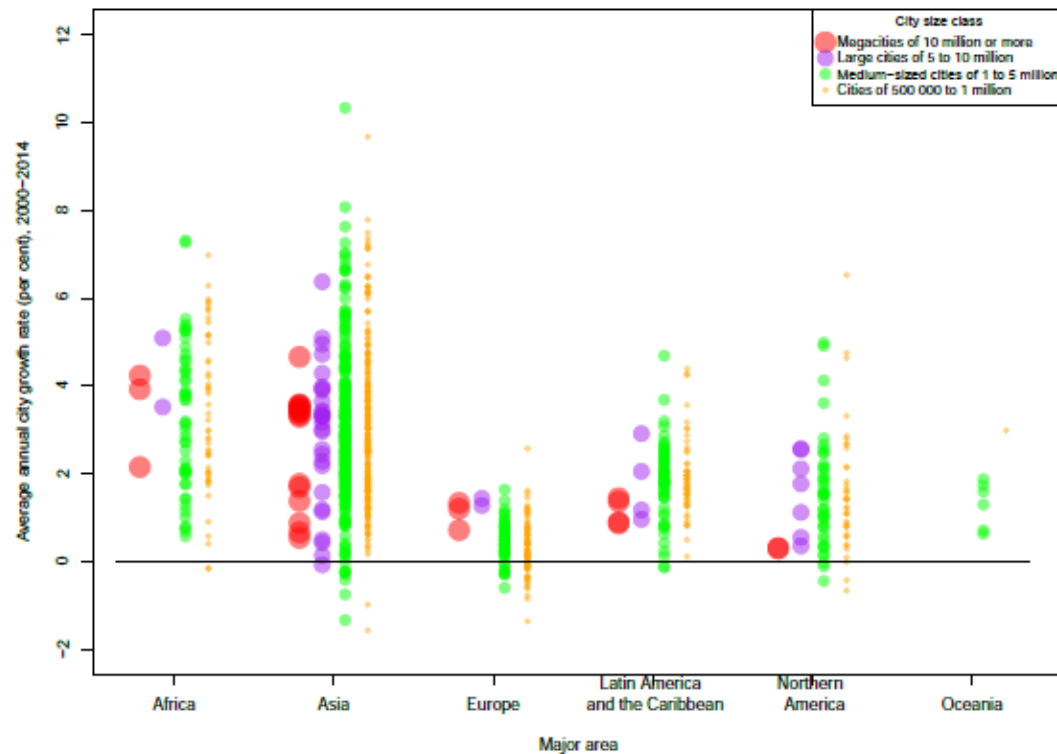
Figure 3

Global urban population growth is propelled by the growth of cities of all sizes



- Megacities of 10 million or more
- Large cities of 5 to 10 million
- Medium-sized cities of 1 to 5 million
- Cities of 500 000 to 1 million
- Urban areas smaller than 500 000

The world's fastest growing cities are in Africa and Asia



*Health is unevenly distributed between social groups in the population
–also in the urban context.*

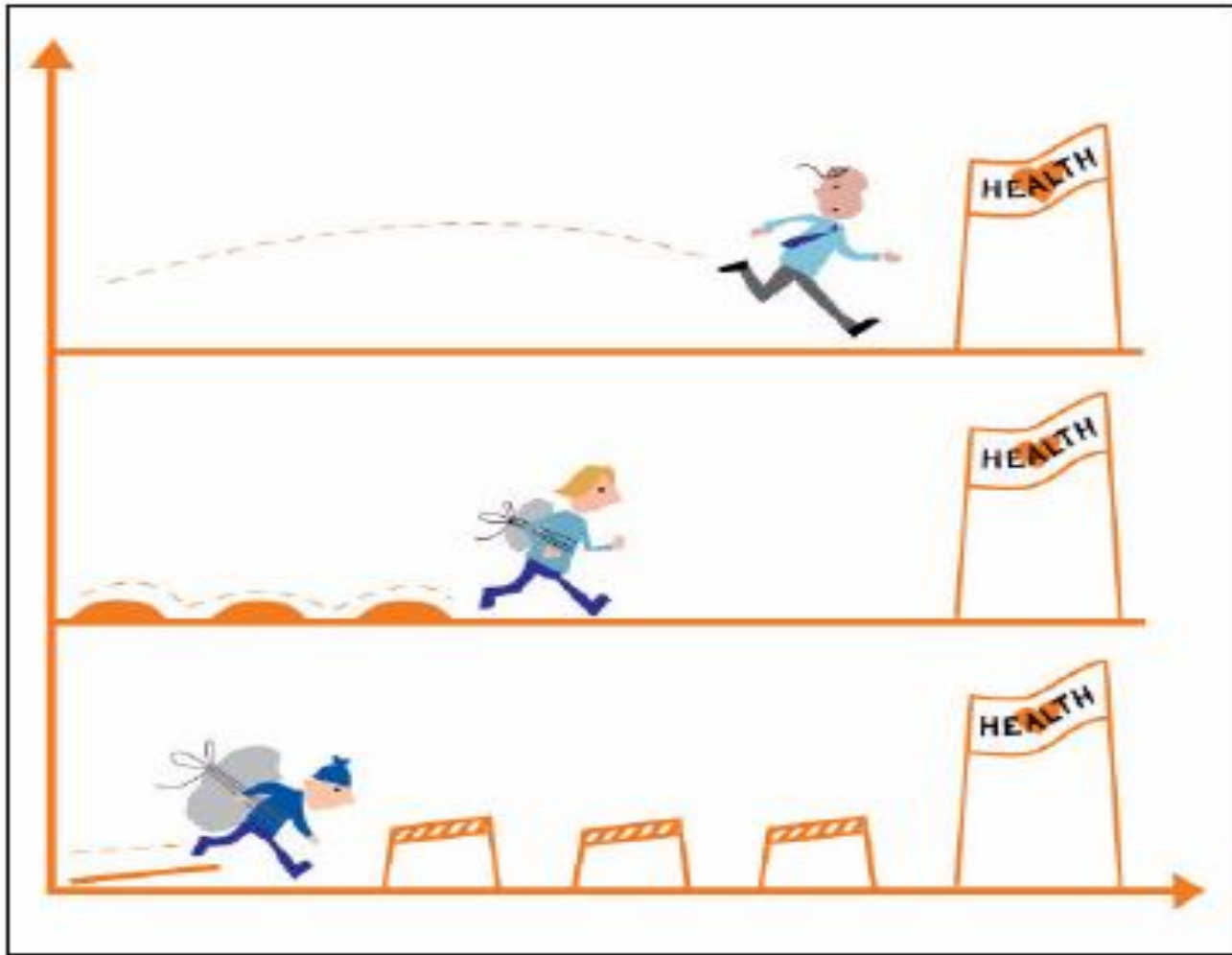


FIGURE 2. The Urban Crucible

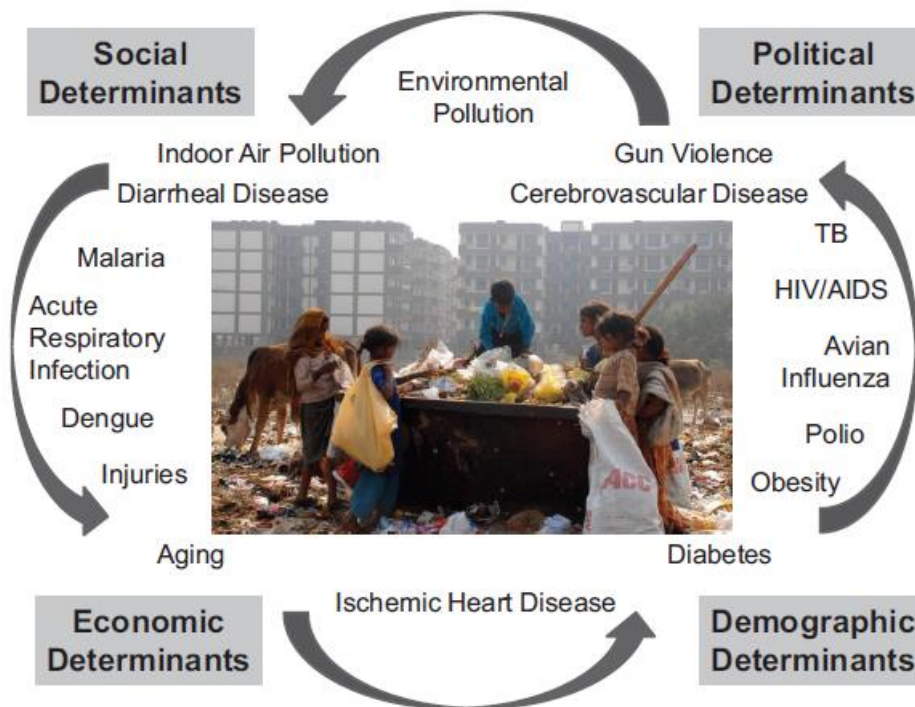
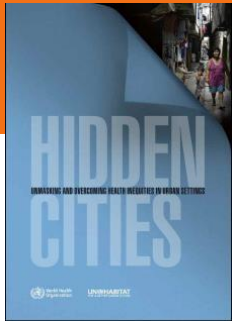


Photo credit: ©2008 Pradeep Tewari, Courtesy of Photoshare

*largely
amenable to
life-style,
environmental
interventions &
to access to
care, vaccines &
drugs*

Urban health inequities...



SOME KEY MESSAGES (SELECTED)

- ✓ Urban growth has **outpaced the ability of governments to build essential infrastructures**, and one in three urban dwellers lives in slums or informal settlements.
- ✓ In all countries, certain city dwellers **suffer disproportionately from poor health**, and these inequities can be traced back to **differences in their social and living conditions**.
- ✓ To unmask the full extent of urban health inequities, it is important to **disaggregate** health and health determinants **data within cities**.
- ✓ Acting on urban health inequities requires the **involvement of organized communities and all levels of government** – local, provincial and national.
- ✓ Solutions often lie beyond the health sector, and require the engagement of **many different sectors of government and society**.

...and some key limitations

- Focusing on “average” urban dwellers, and with an economic efficiency an environmentally sustainable agenda, **urban policy fails to “see” the poor and their built environment** as a specific territory within the city landscape
 - ↳ the city is **impeded to address urban health**
- **Health systems and public health do not have the policy instruments** to address (i) the health needs of the urban poor; (ii) the social determinants of health largely defined by their built environment
 - ↳ Public health interventions are hampered and health service provision reduced to minimums, thus limiting the universal access to health care.

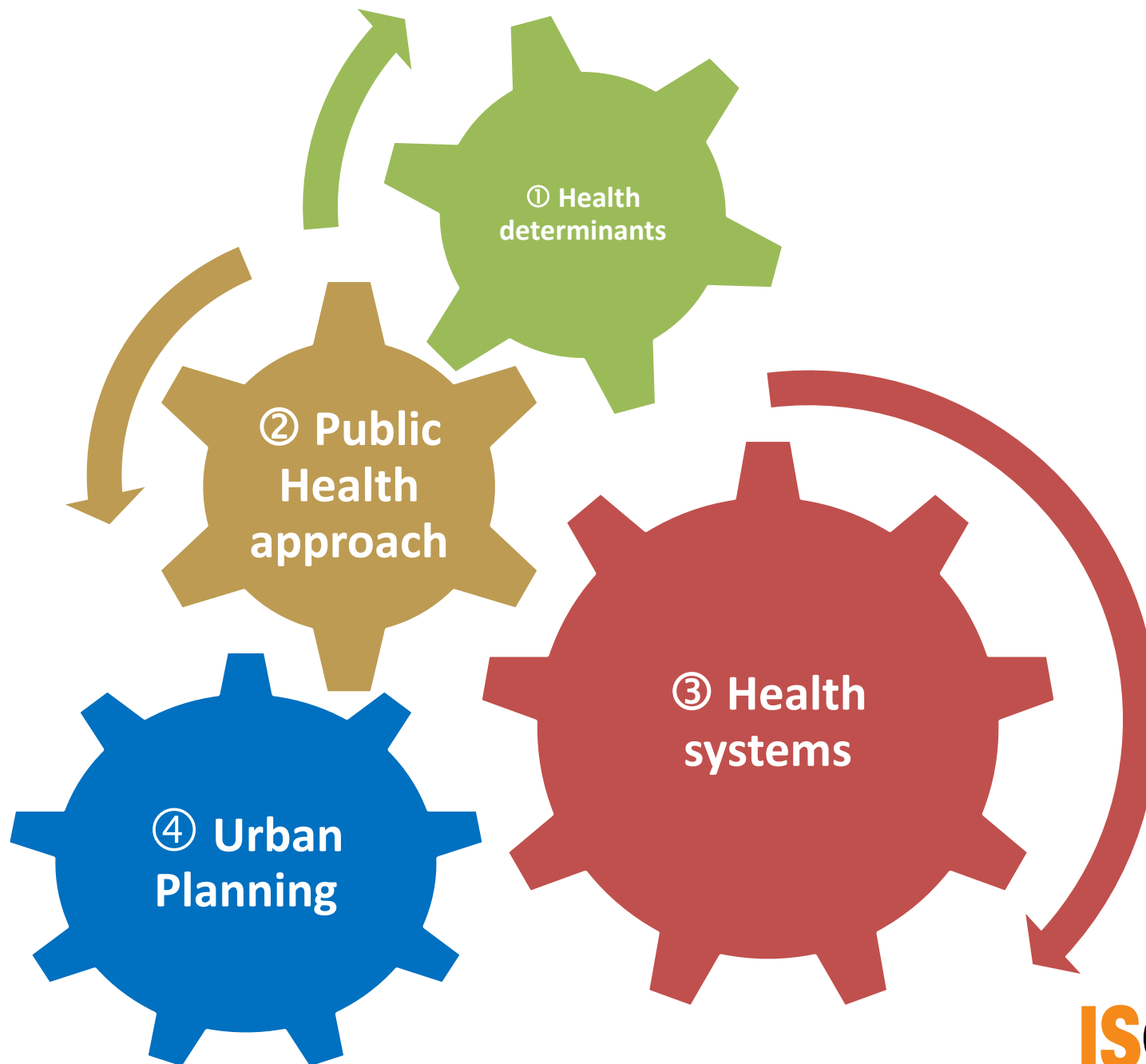
The one “average “ size fits all everywhere in the city cannot hold

Global urban health and SDGs

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

**Health ?
Equity?
Intersectorality?**

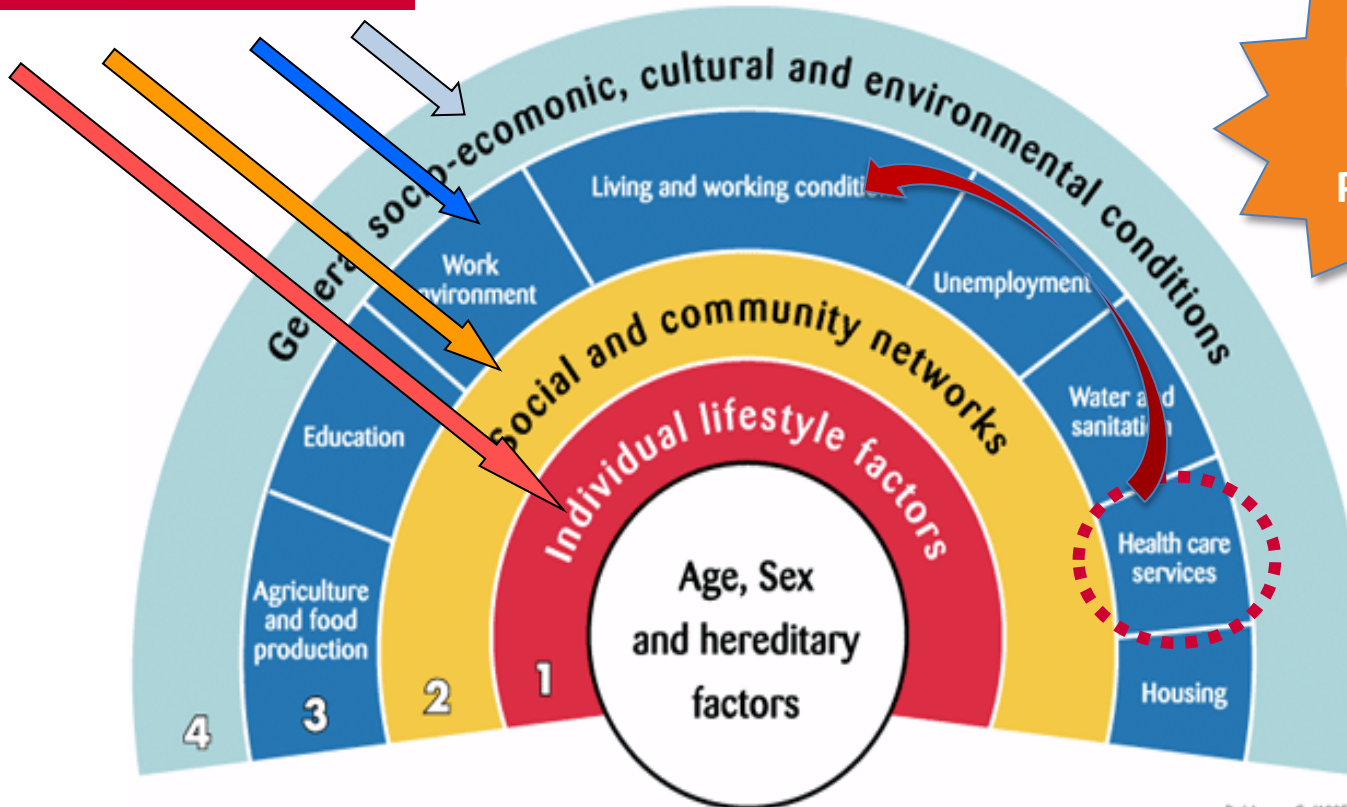




Health determinants and the role of Public Health

the organized efforts of the government and society to monitor, promote and protect the health of people, and to prevent disease, individually and collectively.

Public Health
action

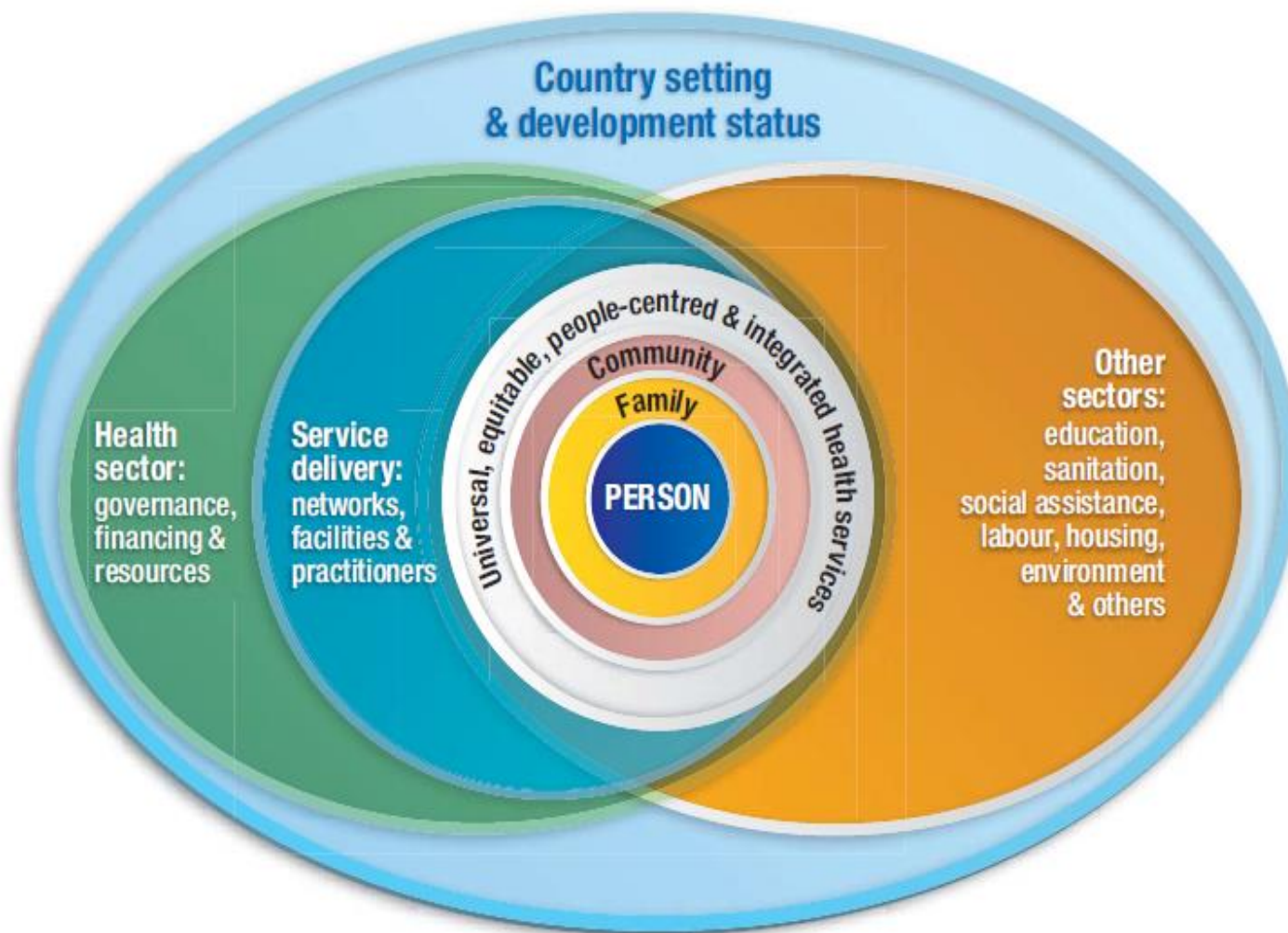


Health
in All
Policies

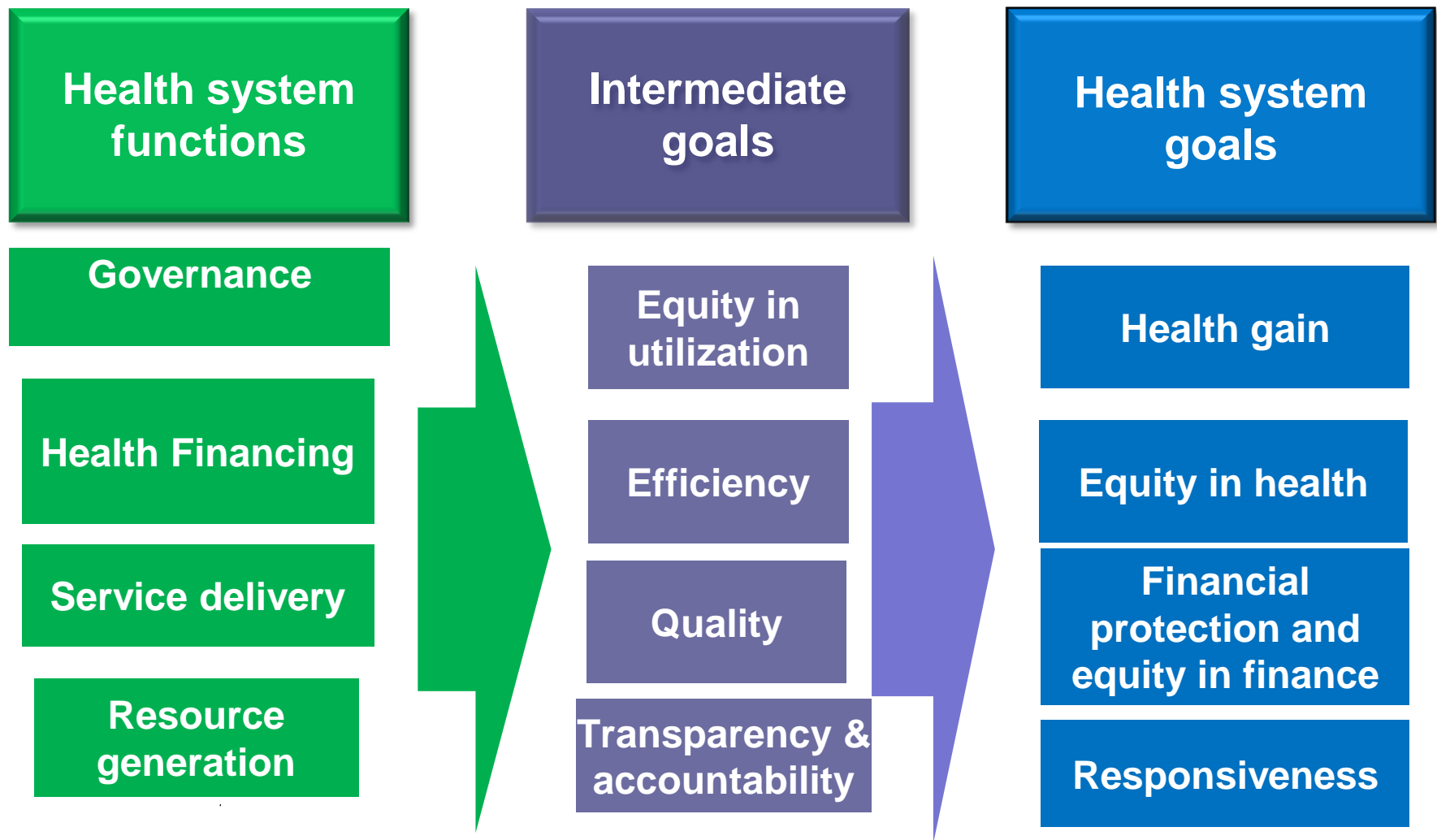
Health
Systems

Dahlgren, G. (1995)
European Health Policy Conference:
Opportunities for the Future. Vol 11 - Intersectoral Action for Health.
Copenhagen: WHO Regional Office for Europe

Fig 1. Conceptual framework for people-centred and integrated health services



A conceptual architecture: Health systems components



Approaching health systems to work jointly with urban policy

1. Health systems can resort to urban policy as a means to address health needs and determinants of health.

(health goes urban)

2. Health systems can ensure health in all policies by introducing health as an objective in urban policy and interventions.

(urban goes health)

Example : Urban health in new (and future) built territories: In deprived areas, can health systems contribute with a “health equity vision and strategies” that may integrate health in innovative urban interventions as new means to address health needs and social determinants of health?



The Silver prize was awarded to Alfredo Brillembourg and Hubert Klumpner of [Urban Think Tank, Brazil, for a project that will reinvigorate an eroded landscape in the Paraisópolis favela in Sao Paulo, one of the world's largest informal communities. The eroded area will be transformed into a thriving public space that includes urban agriculture, a water management system, public amphitheater, music school, small concert hall, sports facilities and transport infrastructure.](#)

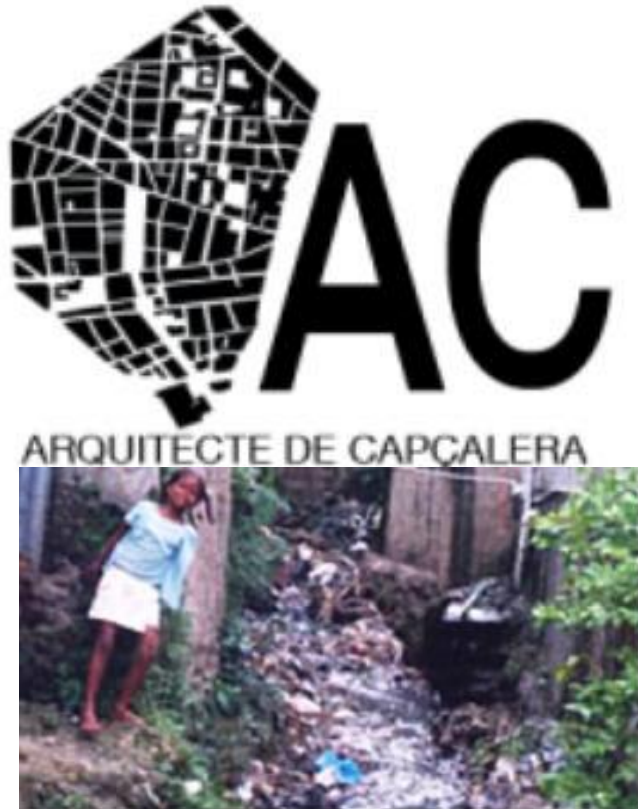
Location: Paraisópolis, São Paulo, Brazil Status: Expected Completion 2016

Year: 2009-Ongoing Client: Secretaria Municipal de Habitação De São Paulo (SEHAB), Camargo Corrêa

Alfredo Brillembourg & Hubert Klumpner

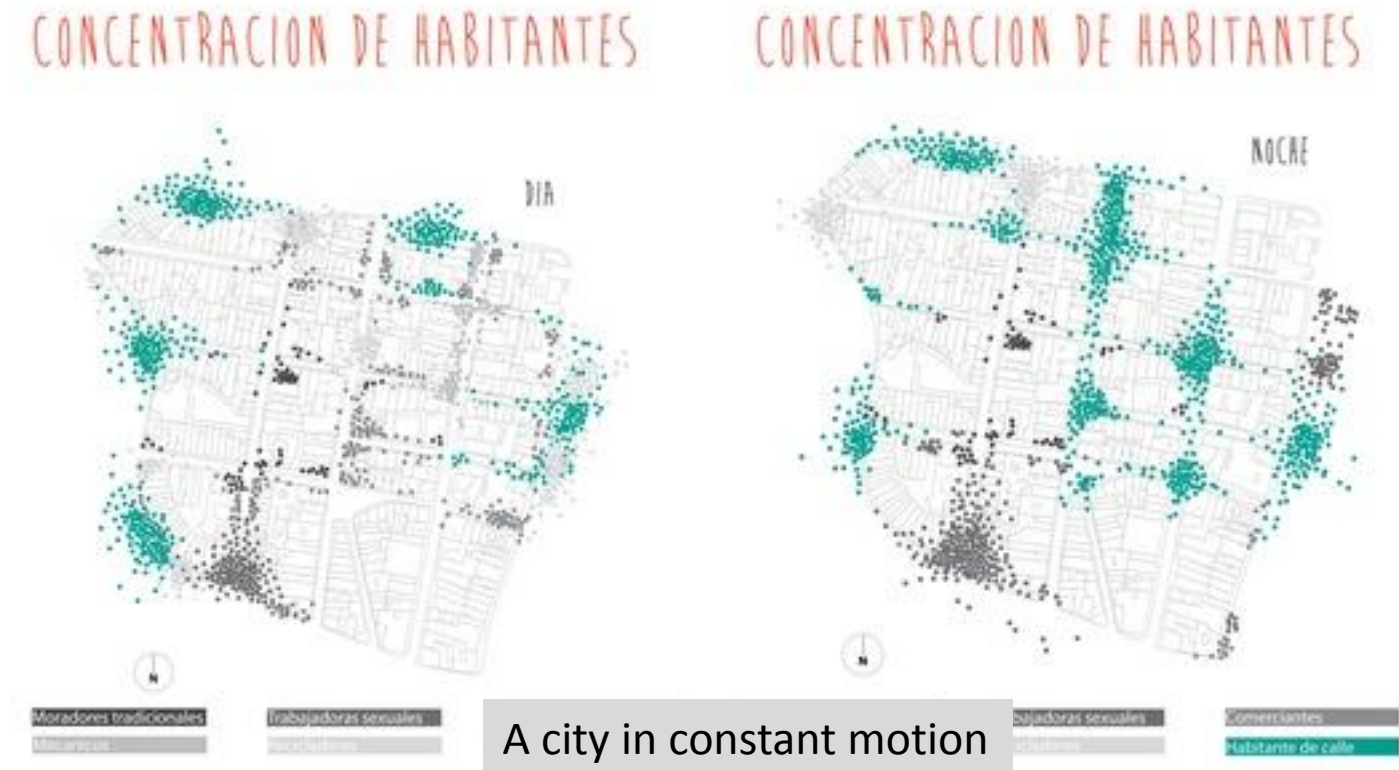
Example: MALARIA in the City: Families and neighborhoods need a GP and an architect.

In built territories facing vector-borne disease and the double burden of epidemiological transition, families need a doctor as much as an architect (public health and urban policy): Addressing health from a biomedical perspective (health service provision) is not enough.



On this occasion, we want to introduce ourselves to the Raval neighbourhood as Local Architects, understood in the manner of local doctors. The overall objective is to offer residents the opportunity to work with (future) architects to envision, plan and study the viability of those changes to their homes and communities that will result in improvements to their lives and their relationships with each other.

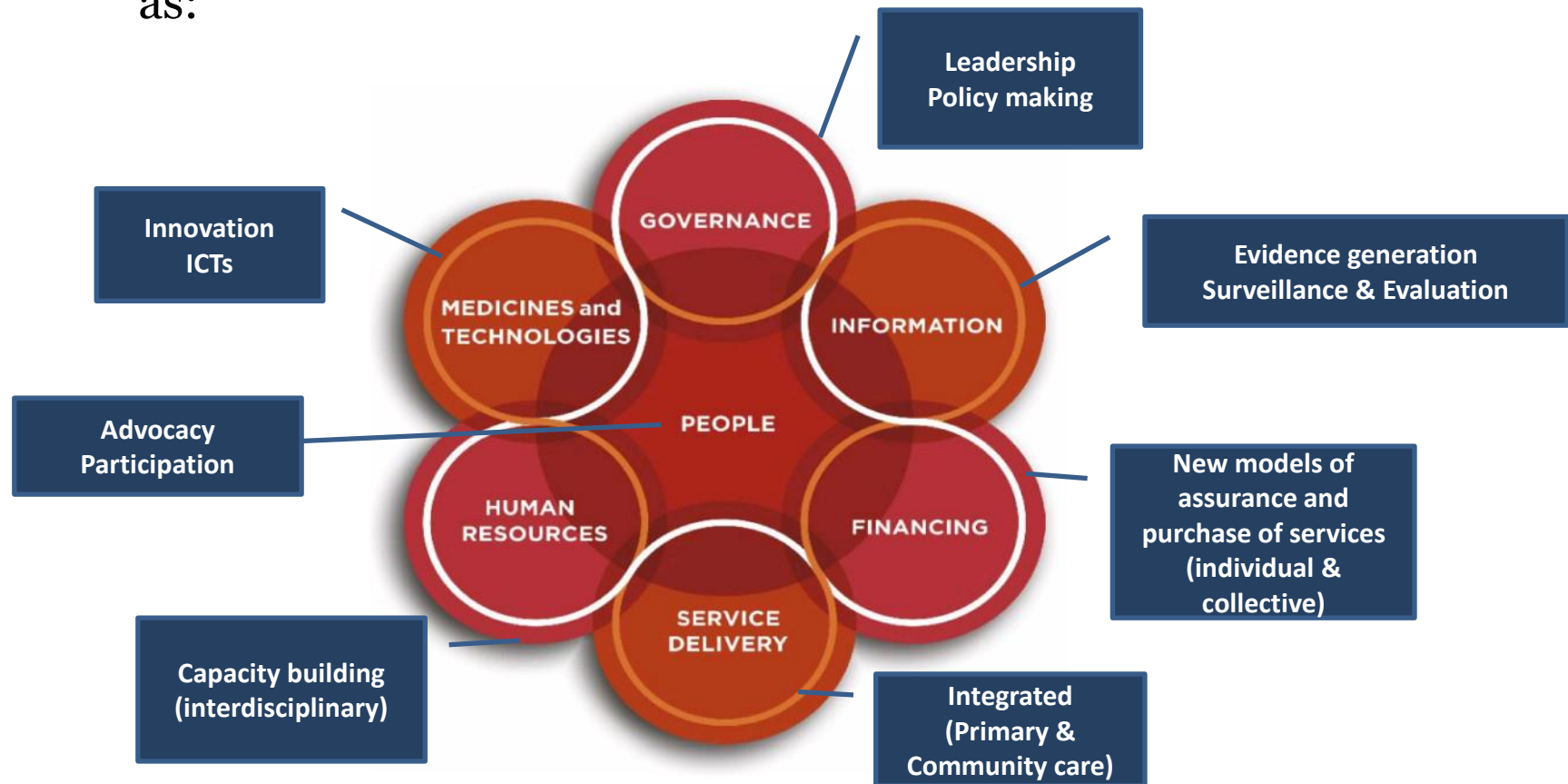
Example : Urban health Equity and TB Public health and health service provision is challenged to reach out to socially excluded population groups for effective service delivery. Can health systems resort to urban strategies for effective intersectoral interventions? Urban studies of neighbourhood fluxes can help.



“We launched this proposal by focusing on the people living on the street. By dividing up the home and locating the amenities it offers at strategic points in the area, we planned the construction of these amenities (bedroom, dining room, kitchen, bathroom, etc.) at the neighbourhood level.”

(Re)integrating public health in urban policy an opportunity for health systems strengthening

- Health systems provide a **structured approach in need of adaptation** to the challenges of GUH equity
- This requires **innovative developments**, including in areas such as:



Yes, we can...

- strengthen the current **capacity of cities** to act effectively in favour of the urban poor, and of health systems to address the health needs of the poor.
- the **collaborative work** of the public health policy community and the urban policy community has the potential contribute significantly towards global health equity.
- the city itself (and urban policy in particular) can be a powerful means for **public health action**
- **innovation** in the collaborative work among the public health and urban policy communities
- potential for a **health systems approach** to strengthen the **public health-urban policy interaction**

Los barrios de chabolas, una oferta turística alternativa en la India

Las visitas guiadas a las laberínticas callejuelas de la Colonia Sanjay de Nueva Delhi descubre la pobreza de los suburbios de una gran ciudad

Viajes | 02/11/2015 - 09:34h



<http://www.lavanguardia.com/viajes/20151102/54437600768/barrios-chabolas-turismo-alternativo-india.html>



Thank you.
Gràcies.

www.isglobal.org

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