

This year World Health Day addresses urbanization and health, an area of great importance given the mounting health challenges that are arising in our urbanized world. Rapid urbanization and its economic, social, environmental and health impact are distinct characteristics of many countries in the Eastern Mediterranean Region. Urbanization is driven by rapid population growth and changes in economic and development policies. In this connection, most capital, investment and public facilities are concentrated in cities. The large cities and metropolitan areas have most of the non-agricultural jobs and income-earning or educational opportunities. The imperatives of national economic growth are focused on urban areas. As a result of these factors, in 16 out of the 22 countries in the Region the average urban population is far above 50%.

The lack of adequate urban planning, management and an enforceable legal framework, as well as poor governance, are the root causes of health challenges and poor quality of life in cities. There are difficulties with water, sewerage, air pollution, environmental hazards and unsafe housing. Violence and injuries are rising and health coverage is often poor. People in cities of the Region have developed unhealthy diets and a sedentary lifestyle, with little physical activity. Tobacco and illicit drug use are rising. The lifestyle-related health risks for both the rich and poor have increased substantially due to urbanization. Among the urban poor, children and women are especially vulnerable.

The aim of World Health Day 2010 is to promote a year-long campaign that puts the health challenges in cities on to the national and local level development agendas of countries. The campaign also seeks to secure high-level political commitment; raise awareness and public understanding; and encourage intersectoral partnerships and community involvement—in order to promote health in urban policy-making. In addition the campaign includes an unprecedented global initiative “1000 cities, 1000 lives”, which brings together policy-makers, communities and individuals to highlight the importance of making health a priority in urban development. In the Eastern Mediterranean Region cities were encouraged to join this initiative and to plan health-related activities according to their local context.

I am pleased to announce that 189 cities in the Eastern Mediterranean Region have registered and each city’s commitment has been confirmed by the mayors or governors through an official letter of cooperation. In these cities the mayor and WHO representative will collaborate closely. I acknowledge and greatly appreciate the commitment of the mayors and governors. This will be the starting point for building sustainable action-oriented efforts to improve health in urban areas and reduce health inequity.

The regional experience on health and urbanization has been documented by the Regional Office in a technical report, supported by papers commissioned from eight countries. The final report, which will be published later this year, provide evidence of the major health challenges faced in urban areas in the Region and constitutes an advocacy tool to influence policy-makers and facilitate positive change in urban health actions, particularly through the implementation of the health city programme.

The report makes it clear that the slum and poor areas of the cities have a higher incidence of infant and maternal mortality, more depression, higher child malnutrition, male gender bias in education and a high level of substance use. The report also clearly reflects health inequity and poor quality of life in these cities. For example, in the city of Ariana, Tunisia, the infant mortality rate in urban slums was 20 per 1000 live births as compared to 18 per 1000 at the national level. In the Cairo slum area of Baten El Bakra the report shows absolute poverty, with an income of below US\$ 1 per person per day and a severe lack of access to quality education, health, safe water, sanitation and recreational facilities. About 85% of people live in homes that have no walls, floor or proper roof.

In Sale, Morocco, 65% of the land on which shantytowns are located is privately owned. Most slum residents have to pay rent to the landowner. Social exclusion is clearly evident for the population of slum areas. In Khartoum, Sudan, the report provides evidence of the stigma attaching to slum dwellers who have no official address and are not able to obtain birth certificates, attend government schools or access other entitlements. The report also highlights the major public health issues in Khartoum which cause high morbidity and mortality rates, including: measles, diarrhoea, acute respiratory infections, vaccine-preventable diseases, malaria and malnutrition. Restricted access to quality services and care increases the risks of maternal morbidity and mortality. There is also a high rate of sexually transmitted diseases.

In Rawalpindi, Pakistan, the report highlights the links between women's lack of education and early marriage, family size, childhood diarrhoea, acute respiratory infection and the number of children attending school. Notably, 51.5% of children under 3 years of age raised by uneducated mothers had an episode of diarrhoea in the two weeks prior to the study. The report also shares the experience of the healthy cities programme in Islamic Republic of Iran, Oman and Saudi Arabia.

Since the health conditions in urban slum areas require urgent attention, I urge city planners, United Nations partners, civil society and community members to work together and to pool resources and efforts to improve health and quality of life and reduce health inequity in urban slums. The areas that need immediate attention include: improving cities' health governance,

reviewing the urban health system and ensuring better and equitable access to quality services for all. Special consideration needs to be paid to the needs of children and their health and well-being. In addition, focus on the promotion of environmental improvement, job and income-generation for the poor, and the education of women in slums are vital.

I also strongly advocate expanding the healthy cities programme which was introduced by WHO in 1986 to promote urban health and was initiated in the Eastern Mediterranean Region in 1989. The healthy cities programme has successfully managed to address many of the urban health issues mentioned here.

Among the activities of the day will also be a press conference in which all key speakers will honour us with their participation. Allow me to take this opportunity also to express appreciation for the contribution of the Egyptian Red Crescent to the joint preparatory work with the Regional Office for the Children's Park initiative as part of the World Health Day agenda.

It is clear that health development in urban areas requires additional resources and commitment by all national and international stakeholders. All the reports that we have collected from different countries of the Region have concluded that improving urban health requires an integrated approach, and a planned response from government, academia and civil society. Only then will we fill the much needed basic development gaps in our cities.

Let's all work together and make urban health a priority!

Thank you.

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Friday 26th of April 2024 08:59:24 PM