In the name of God, the Compassionate, the Merciful

Address from

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to the
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Your Excellencies, Mayors from Asian Countries, Distinguished Participants, Ladies and Gentlemen,

It is indeed a great pleasure for me to participate in this second meeting of the Asian Mayors’ Forum and to share the experience of the WHO Eastern Mediterranean Region on urbanization and health, including urban health equity. I would like to express my appreciation for the efforts made by the organizers of this forum which enables us to gather together and find ways to tackle common urban health and social challenges in the megacities of Asian countries.

As all of you are aware, the health challenges in urban areas across the world are becoming more acute and complex due to rapid urbanization, economic recession, and issues relating to management of the urban environment. Congestion, heavy traffic, rapid increase in population density and serious environmental problems affect most of our urban dwellers. 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 many cities across the world. There are difficulties with water, sewerage, air pollution, environmental hazards and unsafe housing. Violence and injuries are rising. People in cities have developed unhealthy diets and a sedentary lifestyle, with little physical activity. Tobacco use and illicit drug use are rising. The lifestyle-related health risks for both the rich and poor have increased substantially due to urbanization.

Mr Chairman,

The WHO Eastern Mediterranean Region is home to eight of the world’s largest cities out of the top 100 by population, together housing over 60 million people. In the past five decades,
major cities in 16 out of 22 countries in the Region have been affected by natural disasters alone, with over 250 000 deaths and over 35 million victims. Recent political and popular movements towards democracy in at least five countries of the region have added to the current urban health challenges, in addition to the situation in seven countries with complex emergencies. Although emergencies are often unpredictable, much can be done to prevent and mitigate their negative effects as well as to strengthen the response capacity of communities at risk through vulnerability assessments, risk reduction and better emergency preparedness. I am sure you will have detail discussion in one of the parallel sessions of this Forum related to disaster risk management.

Mr Chairman,

Equity and social justice for health and social services have now become the guiding principles for development activities. When we talk about cities, particularly slum areas, the urgency of achieving the Millennium Development Goals (MDGs) is put into real perspective. These goals are focused on ending poverty and hunger, on universal education, gender equality, child health and maternal health, on combating HIV, tuberculosis and malaria, on environmental sustainability and global partnership. All or some of these issues are relevant in the urban slums of many cities across the world. This is where, as you will learn in this Forum from our Iranian colleagues, the WHO Health Equity Assessment and Response Tool (Urban HEART) comes into the equation. The experience in Tehran shows that this tool not only identifies the gaps and inequities but is a powerful instrument to promote, energize and involve everyone in health development in the capital city of Tehran.

Mr Chairman,

I am extremely pleased that we are gathered here in the presence of the mayors of some of the Asian cities as well as other high level officials, intellectuals and members of academia to assess and discuss the existing socioeconomic status and the challenges we all face in the Asian cities, and to envision a way forward in which we can act together to overcome urban challenges. I strongly believe that leadership, commitment and partnership in urban health are steps in the right direction. Local leadership, a partnership approach and focus on equity and social justice are fully in line with the 1978 Alma-Ata declaration on primary health care. I hope this meeting will reiterate also our joint commitment towards health development in cities in the face of rapid urbanization, using the “Healthy City” and other community-based initiatives, concepts and methodologies based on community ownership and sustained intersectoral collaboration.
Mr Chairman,

Allow me to share with you some highlights from a research study on urban health inequity that was carried out during 2010 in five countries of our Region. The report of this study provides evidence of the major health challenges faced in urban areas and constitutes an advocacy tool to influence policy-makers and facilitate positive change in urban health actions, particularly through the implementation of the Healthy 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 and 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. 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.

Mr Chairman,

Since the health conditions in urban slum areas require urgent attention, I urge city planners, mayors, governors, United Nations partners, nongovernmental organizations and community members to work together under the leadership of the mayors, 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 to increase access to quality primary health care services and ensuring better and equitable access to quality socioeconomic services for all. 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. WHO experience shows that the healthy cities programme has successfully managed to address many of the urban health issues mentioned here.

As part of our effort to support countries of the Eastern Mediterranean Region in urban health, the Regional Office is providing technical support to the cities that registered for the World Health Day campaign “1000 cities, 1000 lives”, a global initiative to improve the health and social conditions of citizens. I acknowledge and greatly appreciate the commitment of all the mayors and governors of all cities across the world who participated in World Health Day 2010 and I am confident that their leadership will complement our joint future movement towards urban health equity. I hope that the participants in the Asian Mayor Forum will work together and put forward useful suggestions and recommendations for governments, civil society, donors and United Nations agencies regarding reduction of urban health inequity, particularly in slum and underprivileged areas.

Finally, I urge you to seek feasible ways to motivate key local policy-makers to support work on the social determinants of health, to enhance community empowerment in local health and social development, to design a sustainable mechanism for intersectoral collaboration and partnership for urban health development, and to develop strategies to reduce urban health inequity. As WHO Regional Director of the Eastern Mediterranean Region I look forward with great interest to receiving your conclusions and recommendations and wish you every success in the next two days.

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

Thank you.