



In the name of God, the Compassionate, the Merciful

Message from

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to the

**INTERCOUNTRY MEETING ON HEALTH AND DEVELOPMENT IN SLUM AREAS,
USING THE COMMUNITY-BASED INITIATIVES APPROACH AND URBAN
HEALTH EQUITY ASSESSMENT AND RESPONSE TOOL**

**IN COLLABORATION WITH
WHO CENTRE FOR HEALTH DEVELOPMENT, KOBE, JAPAN**

Cairo, Egypt, 27–29 September 2010

Distinguished Participants, Ladies and Gentlemen,

It is indeed a great pleasure for me to welcome you to this intercountry meeting. As all of you are aware, the health challenges in urban areas in our region are becoming more acute and complex due to rapid urbanization, economic recession, and serious shortcomings in city governance and urban planning. Congestion, heavy traffic, rapid increase in population density and serious environmental shortcomings affect most of our urban dwellers. 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, on environmental sustainability and global partnership. All or some of these issues are relevant in urban slums. This is where, as you will soon learn, the WHO Health Equity Assessment and Response Tool (Urban HEART) comes into the equation. It is an

extremely effective tool to bring equity to the table and energize the ongoing activities at the city level for achieving the MDGs.

I am extremely pleased that we are gathered here with representatives from the governments of Egypt, Morocco, Pakistan, Sudan and Tunisia. The team will have the opportunity to discuss health and development in slum areas, exchange experiences and come up with a plan of action for health development and equity in urban areas using Urban HEART. The specific focus of this meeting will be on the assessment of urban health inequity.

Urban HEART was field tested in 22 parts of Tehran, Islamic Republic of Iran, and this experience will be drawn upon as an evidence based example for other cities in the Region. At this juncture I am pleased to say that we have two distinguished and experienced participants from the Islamic Republic of Iran. I wish to commend the efforts of the Tehran municipality for its cooperation in exchanging its experience with the mayors of other large cities in the Islamic Republic of Iran, where the process is led by the municipalities in collaboration with the Ministry of Health and Medical Education. 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 cities.

I strongly believe that the leadership, commitment and partnership of municipalities 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. This meeting reiterates 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 that are based on community ownership and sustained intersectoral collaboration.

Urban HEART is a tool intended to give policy-makers and key stakeholders, at national and local levels, a user-friendly guide to assess and respond to unfair health conditions and inequity. The tool has two components: health equity assessment and response. The key objectives of Urban HEART are: to assist communities to identify gaps, design interventions and promote health equity. In addition, it will help policy-makers achieve a better understanding of social determinants of health and associated health outcomes. The tool will stimulate policy-makers to make strategic decisions and interventions sensitive to the needs of vulnerable groups,

and finally will assist programme managers to develop better intersectoral collaboration and communication strategies to deal with the various determinants of health.

As an illustration, the experience of Tehran has shown that there is inequity in different parts of the city in numerous domains, including physical infrastructure, social and human development, health and nutrition, economic and governance. This has led the authorities to seek possible solutions.

As part of our effort to support countries of the Region in urban health, WHO will support the 209 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 and welcome them to the healthy city regional network. The Urban HEART initiative and the healthy city regional network have many similarities. Both place the health challenges in cities at the top of the city development agenda, seek high-level political commitment; raise awareness and bring people into the mainstream of health development.

The participants of this meeting, representing ministries of health, municipality and health departments of target cities of five selected countries and WHO country offices who are the key players of Urban HEART, should work together to assess health equity, find equity gaps and promote this strategy within other cities.

We expect the city planners attending this meeting to commit to collecting valid data and information about their city, since data currently collected is ad hoc, unsystematic and inadequate. Lack of good data hinders policy formulation, monitoring and evaluation.

In addition, during the meeting you will be hearing from the Iranian participants on how they are approaching urban primary health care which might be of use for other countries in developing their approach to urban health.

I hope that the participants in the meeting from five countries of the Region will work together and put forward useful suggestions and comments regarding Urban HEART and reduction of health inequity, particularly in slum and underprivileged areas. We must find 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 finally to develop strategies to reduce urban health inequity. I look forward with great interest to receiving your conclusions and recommendations and wish you every success in the next three days. I hope we can establish a structured plan of action for this pioneering tool for the next twelve months.

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

Thank you.