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equitable, healthier cities for sustainable development







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CONTENTS

2

FOREWORD
PREFACE
ACKNOWLEDGEMENTS
ACRONYMS10
INTRODUCTION
SECTION 1: A vision for healthier cities
Chapter 1 — Reduce health inequity for sustainable development
Chapter 2 — Advance universal health coverage in cities
Chapter 3 — Leverage the urban advantage to tackle communicable diseases 67
Chapter 4 — Noncommunicable diseases: overcome the new urban epidemic 80
Chapter 5 — Tackle 21st century malnutrition
SECTION 2: Plan cities for people
Chapter 6 — Provide safe water and sanitation for all
Chapter 7 — Design healthier, more sustainable cities
Chapter 8 — Transform urban mobility 153
Chapter 9 — Improve health in the home 169
Chapter 10 — Ensure safety in the city 189
SECTION 3: A Renewed Focus on Urban Governance
ANNEX 1. Methodological notes for the urban-level analysis using the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS)
ANNEX 2: Methodological notes on the calculation of the Urban Health Index (UHI) 221
SEMANTIC INDEX
REFERENCES

FIGURES

4

Figure 1. Urban inequalities in health outcomes and risk factors for 79 countries from four United Nations regions — pg 21

Figure 2. Applying a health lens to cities: the UHI — pg 24

Figure 3. Common patterns of the urban advantage and intra-urban health inequity — pg 34

Figure 4. Visualization of ward-level UHI values, based on age-adjusted mortality rates in Tokyo — pg 36

Figure 5. Maps of socioeconomic deprivation and smoothed standardized mortality ratios (sSMR) for men and women at the census tract-level in London — pg 37

Figure 6. Dot map showing the concentration of immigrants in New York City by place of origin — pg 43

Figure 7. Universal Health Coverage Dashboard for Urban Settings in Countries — pg 52

Figure 8. Trends in service coverage, by region across two time periods — pg 60

Figure 9. Trends in DPT3 vaccination coverage in urban areas of selected countries — pg 64

Figure 10. HIV prevalence among general population, by sex and place of residence — pg 69

Figure 11. Impact of the 90–90–90 Target on HIV infections and AIDS-related deaths, 2016–2030 — pg 70

Figure 12. Trends in HIV prevalence, by sex in urban areas — pg 71

Figure 13. Comprehensive Correct Knowledge of HIV/AIDS by educational attainment and wealth — pg 73

Figure 14. TB prevalence maps of Rotterdam and London — pg 75

Figure 15. Trends in prevalence of overweight and obesity among urban women by country — pg 82

Figure 16. Inequalities in smoking rates among urban men by wealth quintiles and by region — pg 86

Figure 17. Trends in prevalence of overweight (including obesity) among urban adult women, 1990–2013 — pg 94

Figure 18. Trends in prevalence of stunting among urban children under 5 years, 1990–2013 — pg 97

Figure 19. Trends in prevalence of stunting among children under 5 years by country and urban wealth quintile, 1990–2012 — pg 98

Figure 20. Association between the prevalence of overweight (including obesity) among adult women and the prevalence of stunting among children under 5 years living in urban areas — pg 99

Figure 21. Urban food deserts in Houston, Texas — pg 104

MDG Scorecard — pg 112

Figure 22. Trends in country-level urban prevalence of access to improved water sources comparing 1990–2004 to 2005– 2013, by world region — pg 124

Figure 23. Prevalence of open defecation in urban areas by country and by household wealth quintile — pg 128 Figure 24. Household access to improved water sources in urban areas by country and by household wealth quintile — pg 130

Figure 25. Urban spatial expansion and population growth — pg 139

Figure 26. Population density and transport energy use — pg 140

Figure 27. Map of areas that are within one or more alternative transport networks in Bilbao, Spain, 2015 — pg 146

Figure 28. Wealth and car ownership levels — pg 154

Figure 29. Global map of air pollution levels in 1600 cities — pg 156

Figure 30. Top 10 causes of death among people ages 15–29, 2012 — pg 158

Figure 31. Reported traffic fatalities per 100 000 inhabitants in selected world cities — pg 159

Figure 32. Proportion of urban households with dirt floors by wealth quintile for selected countries — pg 172

Figure 33. Proportion of urban households using solid fuels for cooking by wealth quintile for selected countries — pg 182

Figure 34. Global housing affordability gap for 2400 world cities — pg 187

Figure 35. Distribution of murder — pg 190

Figure 36. Map of Cape Town districts by crime level — pg 193

FOREWORD

We are at an unprecedented moment in human development as the greatest migration in history unfolds around us. Less than a decade ago a majority of humankind still lived in the countryside, yet today a clear majority live in urban areas. By the deadline of the new Sustainable Development Goals (SDGs) in 2030, 60% of all people will reside in cities, proportionally twice that of 1950. For most of us from now on, life and death will be an urban affair.

In 2010, at the dawn of this urban world, we published our first joint global report on urban health titled *Hidden cities: unmasking and overcoming health inequities in urban settings.* The global community was not only waking up to this new demographic reality and the consequent implications for health, society, and economic and political affairs, but also to a host of new opportunities as humans shape and are shaped by an urban future.

Apart from the impact of urbanization on human health, the report used new statistics to demonstrate that the growth of prosperity in cities leaves behind significant 'hidden' urban areas and populations. Indeed, many of today's urban poor are not only much worse off than their wealthier fellow citizens, they even lag behind rural populations. Urban inequity is obviously unjust, but certainly also hindered national and global achievement of the Millennium Development Goals (MDGs).

This new report coincides with the advent of the new SDGs and development paradigm. Equity, inclusiveness, and accountability in health and development are core principles and themes of the SDGs, as well as for the Third United Nations Conference on Housing and Sustainable Urban Development in Quito in October 2016. The commitment to universal health coverage, as well as to the New Urban Agenda that will emerge from Quito, is intrinsically linked to improving the living conditions and health of all city dwellers.

A healthy population is essential for creating economically competitive and inclusive cities. Health and its various determinants, cities and inequality, are all represented by individual goals in the SDGs and the solutions are interdependent. City leaders are broadening their responsibilities to take on global health and demographic issues such as pollution, slum upgrading, noncommunicable diseases, communicable disease such as HIV/AIDS and tuberculosis, as well as population ageing and migration.

Similarly, cities are increasingly focusing on measuring and challenging inequities. At least 102 cities in 53 countries use the WHO's Urban Health Equity Assessment and Response Tool (Urban HEART) to analyse and plan for more equitable health outcomes. International organizations have also focused on urban health equity in recent years, publishing flagship reports such as UNICEF's *State of the world's children 2012: children in an urban world*; UNAIDS' 2014 *The cities report*; and Save the Children's 2015 *State of the world's mothers: the urban disadvantage*, to name just a few.

Practical, proven solutions exist to tackle these 21st century challenges. This report presents evidence that in cities, progress in health depends not only on the strength of health systems, but also on shaping urban environments. Capitalizing on such intrinsically linked factors leads to efficiency, synergies and co-benefits, and is essential to the attainment of the SDGs. The report presents examples of effective actions by cities and nations around the world and subsequent successes. At the same time, it underscores the persistence of inequity and how its root causes must fundamentally be addressed in order to achieve meaningful progress.

As the global community transitions hopefully into a new era of sustainable development, committed leadership is needed to create healthier, more equitable cities. This report should serve as a starting point for identifying the health challenge faced by hundreds of millions of vulnerable people currently living in cities around the world, as well as for crafting policies and actions for sustainable urban development for the majority of humanity who will reside in the cities of the future.

Marie-Paule Kieny Assistant Director-General

Health Systems and Innovation World Health Organization (WHO) Joan Clos Executive Director

United Nations Human Settlements Programme (Habitat)

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6

PREFACE

This timely report comes at a decisive moment in history where we can reshape urban environments and health systems for the majority of the world's population that live in cities. Enabling this transformation are the SDGs, which have reconfigured how governments and the international community need to plan and implement actions to eradicate poverty and inequality, create inclusive economic growth, preserve the planet and improve population health. Central to this quest is to create equitable, healthier cities for sustainable development.

A focus on urban health not only recognizes global demographic trends but the inextricable and inter-dependent links between health, economic productivity, social stability and inclusion, climate change and healthy environments, and an enabling built environment and governance. With half of the anticipated world's population that will live in cities in 2050 not yet born or living there, we must seize the opportunity to create health systems and environments that enable improved health outcomes and liveable cities.

The first WHO-UN-Habitat global report, *Hidden Cities*, focused primarily on revealing health inequities. This second report reviews progress made in reducing equity gaps and enhancing health in cities, especially with respect to achieving the Millennium Development Goals. It emphasizes the use of high quality evidence and best practices for a wide array of multi-sectoral actions and solutions, illustrates how health and non-health sectors are determinants for one another's outcomes, and strategies for addressing health inequities, essential for achieving the SDGs.

The report draws from the WHO Centre for Health Development (WHO Kobe Centre) and its network of collaborators' decade of work to increase the knowledge base for urban health, particularly in understanding health Section 1 of the report presents a vision for healthier cities, inclusive of a review of health inequities, the promise of universal health coverage (UHC), the need, opportunities, and solutions to address communicable and non-communicable diseases, health emergencies, malnutrition, and supporting healthy ageing. As health gains can only be achieved with other sectors' engagement and actions, Section 2 provides a comprehensive look at actions required for co-benefits for health and for liveable, inclusive cities. These include urban planning, water and sanitation, transport, housing, energy, safety, and other factors that have positive and negative health implications.

The report seeks to provide a foundation from which to measure the SDGs, particularly for health, for urban settings, and for a number of other, inter-related goals and targets. Cities represent national "laboratories" for synergistic actions that are central to achieving a variety of SDGs and innovation at scale. Underpinning all such efforts is the need for bold leadership by leaders, across professional disciplines, and within communities, and the need for an "urban data revolution" as the report stipulates to measure and get things done.

For all of the potential of urbanization, disparities and inequities within cities will continue to undermine the realization of their promise. With nearly a billion people living in slums and informal settlements today, projected to double by 2050, optimal health outcomes for these populations cannot be realized without renewed commitment.

At the core of the dynamic and transformative nature of cities are people – healthy people. In order to pursue this goal and the SDGs, we must ensure that all citizens and communities, regardless of income, social status, or gender, have

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