

UCLG Committee for Urban Health

Working Document

Background and Justification:

As we have reached the 21st century, we see almost all of the countries in the world putting a lot of effort for the betterment of human life. This effort has largely proven successful with a lot of progress in a number of aspects of human life among which the issue of health carries great weight. However, despite the recognition of the 'right to health' as one of the fundamental, innate human rights, it is reported that 85% of the world population is still living under the circumstances where this right is way out of reach. As the demographic structure of the world and health technologies are undergoing immense transformation, health and disease maps are changing face as well. While overurbanization is hitting the towns, communicable diseases are still far from eradication, exacerbated by the swelling of chronic diseases and the undercare of the elders for lack of institutions to pick up the tab in the aftermath of the dissolution of extended families. While diseases such as tuberculosis and malaria are still much of a concern, we are yet to find adequate remedies for the new epidemics such as HIV/AIDS. Almost every five years we face with a new outbreak that takes a high toll on human lives. Humanity is still far from curing medical and the consequent social maladies. Teenage health is struck by smoking, alcohol and drug addictions. We are still far below the desired levels in our fight against infant mortality. Millions of children are suffering from malnutrition and hunger. Most urban residents are deprived of any access to healthcare and medication. While violence against women and children persists, urban poverty has risen to prime importance even to overwhelm the health problems of the rural areas.

In order to face these challenges, not just the basic issues of equal and fair access to health services is a must, but issues such as healthy water and sanitation, mother literacy, and provision for basic nutritional needs have to be equally addressed. In almost every international agreement and manifesto that have been unanimously signed by the states, equal and fair access to basic services including healthcare receives a lot of emphasis. A quick glimpse at these documents will reveal the responsibility of the local governments at the very least to match the central governments in the area of health.

Central government agencies are making great efforts to ameliorate the unfair access to health services, adjust the services to the needs of the users, and make the services more patient-oriented and user-friendly. Still, as the experience of the last fifty years has demonstrated those very ameliorative mechanisms that have been produced with immense difficulties and that target the needy citizens are for the most part benefited by the stronger (financially, in terms of educational and health level, or by virtue of a family background with strong support networks). This makes the dire situation of the vulnerable groups even more ominous. Inequalities in the healthcare also manifest itself in the form of health service capacities. This is a problem not just of the developing

world but of the advanced countries as well. It is because these injustices exist both across countries and within them between different classes.

In order to break this vicious circle, what seems most reasonable is to utilize the flexibility of the local governments. Local governments could step in just at these critical points to identify the disadvantaged citizens to provide them with more support. That is why the rising trend now since the 2000s is centered upon the principles of decentralization, subsidiarity, and the stewardship.

Although the way health services are provided and their finance mechanisms vary across countries, local governments take the lead in the area of health, in particular protective health in most of the world. In almost all of the advanced countries local governments are of primal importance in treatment and rehabilitation services. Most of the public hospitals around the world are also run by local governments.

The efforts of the UN to alleviate the inequalities either across countries or within a certain country were formulated under the heading of "Millennium Development Goals" and several steps have been taken so far to this end. These goals that have been outlined under 8 major titles are as follows:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

While three of these eight goals set by the UN are directly related to health, the other five can also be linked indirectly. It is fair to say that reaching the goals without having a health agenda does not seem probable.

The World Health Organization (WHO), which is an agency within the UN system, took the urban health problems as a high priority issue with the initiative of "Healthy Cities". This approach was started initially as the "Healthy Cities Project" and later widened by WHO Europe Regional Office. It aims to provide optimal health conditions for the people to live in urban areas while identifying and controlling the social, economic and environmental factors to support it.

Three specific topics in this regard are:

- environmental sensitivity and creating a healthier urban environment,
- healthy living,
- healthy urban planning.

WHO does not impose a standard health level in order to be considered a healthy city. However, the importance of taking health as a high priority issue and working for health intensively are indispensable. Any city in the world can be a healthy city regardless of whether it has achieved a particular health status, but on the condition that it is committed to health and works for it through a structure and process to achieve it. In this regard, a "healthy city" is one that improves its physical and social environment continuously, that increases

community resources for mutual support targeting to achieve all functions of life and to reach maximum potential. This approach seeks eventually to attain equity, participatory governance, social solidarity, and intersectoral cooperation. Needless to say, these goals cannot be achieved without creation of a global impact by powerful relations among cities.

A healthy city then aims to provide:

- a clean, safe physical environment of high quality (including housing quality);
- an ecosystem that is stable now and sustainable in the long term;
- a strong, mutually supportive and non-exploitative community;
- a high degree of participation in and control by the citizens over the decisions affecting their lives, health and well-being;
- the meeting of basic needs (food, water, shelter, income, safety and work) for all the city's people;
- access by the people to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication;
- a diverse, vital and innovative economy;
- connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals;
- a form that is compatible with and enhances the preceding characteristics;
- an optimum level of appropriate public health and sickness care services, accessible to all;
- high health status (high levels of positive health and low levels of disease).

"Health For All – Health 21" Policy of the WHO European Regional Office is also along the same lines with this approach. The 21 goals for the 21st Century are specified as follows:

1. Solidarity for health in the European Region
2. Equity in health
3. Healthy start in life
4. Health of young people
5. Healthy aging
6. Improving mental health
7. Reducing communicable diseases
8. Reducing noncommunicable diseases
9. Reducing injury from violence and accidents
10. A healthy and physical environment
11. Healthier living
12. Reducing harm from alcohol, drug and tobacco
13. Settings for health
14. Multisectoral responsibility for health

15. An integrated health sector
16. Managing for quality of care
17. Funding health services and allocating resources
18. Developing human resources for health
19. Research and knowledge for health
20. Mobilizing partners for health
21. Policies and strategies for health for all

Since global coordination is crucial for these targets, the UCLG World Organization is the right platform for a successful structure.

UCLG and Health Issues

UCLG World Council approved in November 2010 in Mexico the renewal of mandates for 10 existing committees (including the fusion of the City Diplomacy and the Decentralized Cooperation Committees), 4 working groups and the Negotiation Group on Climate Change.

In fact, there was no organized committee or working group dealing specifically with health yet, though it is a strong need. Almost all international development and service provision organizations take health as a specific topic and the importance given to health is increasing incessantly. The health issues that were described above mostly fall within the activity sphere of local governments. Even further, international health management literature proposes "provincial level" as the most critical level for success in health services management. There is no way to be successful in health services without the support of local or regional governments. The relations between the UN and the UCLG World Organization suggest that the involvement of local governments is a "must" on the way to reach the Millennium Development Goals (MDGs). Therefore, it is nothing but a necessity for the UCLG World Organization to work on specific health affairs via a specific committee.

Considering the success of the activities accomplished under the Millennium +5 Summit and the well-recognized performance of City Councils, it seems a very effective strategy for the UCLG World Organization to start a new initiative specifically dedicated to health. This policy should be seen as an indispensable pillar for the main task of the organization, which is defined as "global combined voice and advocate of democratic local governance." The initiative could be started as "Committee for Urban Health" under the UCLG World Organization. This will hopefully be a good beginning towards the major goals aimed at by the UN and WHO. It will be also beneficial for the coordination and desired relationship among the member cities. The societal awareness of health problems and working towards potential solutions could be well understood and put into action thanks to these efforts.

It is in the light of the foregoing considerations and suggestions that the creation of a *Committee for Urban Health* has been recommended to the UCLG World Organization. Consequently, the UCLG Executive Bureau approved in June 2011 in Rabat the proposal to create such a committee.

Composition of the Committee for Urban Health

• **Presidency of the Committee**

Istanbul Metropolitan Municipality is a candidate for assuming the presidency of the Committee for Urban Health. It is also proposed to have one Vice President from among the UCLG local government members and one Vice President from among Regional/International Institutions taking part in the Committee.

• **Potential Partners**

Along with the UCLG local government members interested to play an active role in the Committee for Urban Health, the following institutions may be potential partners:

- **International Partners:** WHO, WHO European Healthy Cities Network, World Federation of Public Health Associations (WFPHA), World Bank or IFC, the EU, other related agencies of the UN system (UNDP, UNFPA, UNICEF, ILO), and other interested IGOs or NGOs with a commitment to health or a related mission.
- **Domestic Partners from Turkey:** Sağlık A.Ş. (Istanbul Health Investments and Business, Industrial and Commercial Enterprise: A Local Public Company, a significant share of which is owned by Istanbul Metropolitan Municipality), Istanbul University Faculty of Health Sciences, Istanbul University Hospitals.
- Other **IGOs** or **NGOs** (both domestic and international) acting in the field of health and medicine.

• **Secretariat**

The Secretariat of the Committee will be provided by the Istanbul Metropolitan Municipality through the "Istanbul Health Investments and Business, Industrial and Commercial Enterprise" (Sağlık A.Ş.) at the following address:

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