

# Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities



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### **ABBREVIATIONS**

AFHC	Alliance For Healthy Cities
DPSEEA	driving forces, pressures, states, exposures, effects on health
ESHUT	Environmentally Sustainable and Healthy Urban Transport
HiAP	health in all policies
ICN2	Second International Conference on Nutrition
IHR	International Health Regulations (2005)
KNUS	Knowledge Network on Urban Settings
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MPOWER	A set of measures that correspond to one or more of the demand reduction provisions in the WHO Framework Convention on Tobacco Control. <i>The acronym MPOWER stands for:</i> • Monitor tobacco use and prevention policies • Protect people from tobacco smoke • Offer help to quit tobacco use • Warn about the dangers of tobacco • Enforce bans on tobacco advertising, promotion and sponsorship • Raise taxes on tobacco
NCD	noncommunicable disease
SARS	severe acute respiratory syndrome
SDGs	Sustainable Development Goals
STEPS	WHO STEPwise approach to noncommunicable disease risk factor surveillance
UHC	universal health coverage
UNDP	United Nations Development Programme
Urban HEART	Urban Health Equity Assessment and Response Tool
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

#### FOREWORD

The Western Pacific Region is urbanizing rapidly. More than 54% of the population is already urban. Many cities have benefited greatly from controlled development. Well-governed and designed cities offer many advantages. They are hubs of knowledge, creativity and innovation. They offer access to health and education, infrastructure for clean water and sanitation, and markets for nutritious food. They have communication and transport networks that generate employment and leisure opportunities.

Elsewhere, rapid and unchecked urban growth has amplified many public health challenges and increased health inequalities. City governments often cannot meet the demand for essential infrastructure and services, giving rise to polluted environments, slums, poor sanitation and inadequate health and education services. In the context of a changing planet, cities are also enduring the effects of climate change in the form of severe natural disasters and novel patterns of disease.

Responsiveness is no longer sufficient to address persistent and emergent health challenges. The *Regional Framework for Urban Health in the Western Pacific 2016–2020* builds on the *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific 2011–2015* and the *Framework of Action on Revitalization of Healthy Islands.* The newest framework envisions healthy and resilient cities, and outlines strategic actions for national and local governments.

The framework represents our vision for healthy and resilient urban communities. Our world is changing and with it, our cities. Cities should be engines for growth, health and wellness. In the end, good health is good politics.

WHO will work with you to create cities that protect our health and our future.

M. Shin

Shin Young-soo, MD, Ph.D. Regional Director

#### **EXECUTIVE SUMMARY**

#### Background

The Western Pacific Region is witnessing dramatic changes brought about by globalization and urbanization. These changes can produce positive and negative impacts on health. For example, greater proximity to health services, clean and safe water, higher income and higher education positively impact health-seeking behaviours, which then translate into better health outcomes. On the other hand, traffic congestion, insufficient waste management, outdoor and indoor air pollution, and other factors may threaten health and overall well-being.

In urban areas, health care, water and sanitation, and education systems might be better organized, more accessible, affordable and acceptable because of the concentration of resources and economies of scale. Communication networks and public transport systems facilitate economic activities that generate employment and livelihood opportunities. Well-planned and well-executed delivery systems for water, food and energy, with appropriate infrastructure for human settlements and waste management, create an urban health advantage.

Conversely, people living in urban areas also experience health threats from poor housing conditions, insecure tenure, lack of access to safe water and improved sanitation, insufficient waste disposal and waste-water treatment. Sedentary lifestyles from increased use of motor vehicles and changes in consumption habits with increased reliance on processed food (that is typically high in salt, sugar and fat) contribute to the noncommunicable disease epidemic.

Living in urban areas can confer health advantages when there is good urban

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