



## Newsletter /Circular 178 | end of April-2010.

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## 1. Introduction

Dear Members and Guests

With this News letter I try to highlight the actual collaboration with the WHO which has started in 1956 already but which has to be redefined now. In order to strengthen our collaboration we have to formulate a number of specific projects on which members of the PHG will work during the next triennial period 2009-2011. Since there is not yet any official basic agreement available I will make a special effort to get it. Preparations have been made however for the first new project but further ideas for the other projects to follow can be detected from the next pages. Astrid Maria Debuchy has sent me her comment concerning this first project:

Last year we worked with the intention of holding a workshop concerning Guidelines for Health Facilities that was to be in parallel with the 29<sup>th</sup> UIA PHG Seminar in Buenos Aires. Unfortunately, those plans had to be cancelled, of which you had been informed in advance of the Seminar.

The CIRFS Research Centre of Health Facility Planning of the UBA University of Buenos Aires, host of the 29<sup>th</sup> UIA PHG Seminar, anticipates commencing the work for the WHO to update the "Guidelines for the Development of Health Care Facilities". Some of you may recall that the original Guidelines were developed by CIRFS in 1990 under the sponsorship of the WHO and the PAHO (Pan-American Health Organization). These Guidelines provide a universal tool of methodological processes for the planning and development of modern health care facilities.



## 2. WHO DAY 2010

**Dr Margaret Chan**  
**Director-General of the World Health Organization**

Ladies and gentlemen,

On this World Health Day, we are looking at **why urban health matters**. Some trends help answer that question.

First, urban health matters for more and more people. For the first time in history, more people are now living in cities than in rural areas. Worldwide, virtually all population growth over the next 30 years will be in urban areas, with the most explosive growth taking place in Asia and Africa. By mid-century, seven out of every ten people will live in a city.

This trend is not inherently bad for health. In general, urban populations are better off than their rural counterparts. They tend to have greater access to social and health services, literacy rates are higher, and life expectancy is longer. When cities are planned, managed, and governed well, life flourishes for most residents and health outcomes surpass those seen in rural areas.

However, average figures hide some major discrepancies, and these discrepancies are growing. Cities concentrate opportunities, jobs, and services, but they also concentrate risks and hazards for health.

When large numbers of people are linked together in space and connected by shared services, the consequences of adverse events are vastly amplified. Examples range from contamination of the food or water supply, to high levels of air or noise pollution, a chemical accident, a disease outbreak or a natural disaster.

This is part of the problem. In many countries, urban growth has outpaced the ability of governments to build essential infrastructures and enact and enforce the legislation needed to make life in cities safe, rewarding, and healthy.

For a growing number of people in a growing number of cities, the essential services needed for healthy living are extended to only the wealthier neighbourhoods or simply do not exist at all. For example, most cities in low- and middle-income countries do not have sewers.

Cities also tend to promote unhealthy lifestyles, like cheap and convenient diets that depend on processed foods rich in fats and sugar, yet low in essential nutrients. Like sedentary behaviour, smoking, and the harmful use of alcohol and other substances.

These lifestyle changes are directly linked to obesity and the rise of chronic conditions like heart disease, stroke, some cancers, and diabetes. These conditions are costly to treat, for households and societies, and they are increasingly concentrated in the urban poor.

This is the second worldwide trend that makes urban health matter, especially for the urban poor. The growth of urban centres in the 21st century is being accompanied by a shift in the burden of poverty. In previous centuries, poverty was greatest in scattered rural areas. Today, poverty has become heavily concentrated



in cities.

Today, around one third of urban dwellers, amounting to nearly one billion people, live in urban slums, informal settings, or pavement tents. More than 90% of slums are located in cities of the developing world. In many of these cities, slums have become the dominant type of human settlement.

The threats to health are multiple: from inadequate sanitation and refuse collection to pollution and accidents from congested traffic, from children playing barefoot in soil or water contaminated by untreated waste, to outbreaks of infectious diseases that thrive on filth and crowded conditions.

Such diseases are likewise numerous. Slums are productive breeding grounds for tuberculosis, hepatitis, dengue, pneumonia, cholera, and diarrhoeal diseases that spread easily in highly concentrated populations.

People do not really live in such squalid conditions. They are stranded there.

These are the worst examples of the negative effects on health of poorly managed urbanization. But they are not the only examples.

Nearly every city everywhere has pockets of extreme deprivation together with extreme wealth. They have people who over-consume health care, and pay too much for it, together with people who forego the most basic and essential care for financial and other reasons.

In every corner of the world, certain city dwellers suffer disproportionately from poor health, and these inequities can be traced back to differences in their social and living conditions.

Ladies and gentlemen,

Cities are growing larger and larger, and their populations of the poor are growing larger even faster. The consequences for health are immense.

In fact, one of the best ways to measure urban harm is to look at the gaps in health outcomes seen when affluent and deprived groups, living in the same city, sometimes just a few blocks away, are compared.

On this World Health Day, WHO is asking municipal authorities, concerned citizens, nongovernmental organizations, and advocates for healthy living to take a close look at health inequities in cities and take action.

Why should inequities in urban health and living standards matter? Most obviously, the health consequences of poverty and squalid living conditions are contagious in a city setting. They are detrimental to all city dwellers.

Societies with big differences in opportunities, income levels, and health outcomes tend to have less social cohesion and more violent crime. Social unrest, violence, and outbreaks of disease can easily spread beyond a single neighbourhood or district to endanger all citizens and taint a city's reputation.

Municipal authorities know what this means in terms of attracting tourists and new businesses and winning the next election. City dwellers know what this means in



terms of social cohesion, safety, security, and the quality of life.

Poor health, including mental health, is one of the most visible and measurable expressions of urban harm. Health inequities can also be a rallying point for public demands for change that compel political leaders to take action.

This is my final point. When municipal authorities think about the future of the cities they govern, they need to think about health, and plan for health.

In developing countries, the best urban governance can help produce 75 years or more of life expectancy. With poor urban governance, life expectancy can be as low as 35 years.

Thank you.

### 3. Dr Margaret Chan director-General of the WHO organization

#### Biography

Dr Margaret Chan, from the People's Republic of China, obtained her medical degree from the University of Western Ontario in Canada. She joined the Hong Kong Department of Health in 1978, where her career in public health began.

In 1994, Dr Chan was appointed Director of Health of Hong Kong. In her nine-year tenure as director, she launched new services to prevent the spread of disease and promote better health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and establish better local and international collaboration. She effectively managed outbreaks of avian influenza and of severe acute respiratory syndrome (SARS).

In 2003, Dr Chan joined WHO as Director of the Department for Protection of the Human Environment. In June 2005, she was appointed Director, Communicable Diseases Surveillance and Response as well as Representative of the Director-General for Pandemic Influenza. In September 2005, she was named Assistant Director-General for Communicable Diseases.

Dr Chan was appointed to the post of Director-General on 9 November 2006. Her term will run through June 2012.



WHO



## 4. Collaboration between WHO and PHG

The acting Coordinator, Health Technology and Facilities Planning (TFP) between our Public Health Group and the WHO is:

### **Dr. Roger Schmitt**

Department for Health System Governance and Service Delivery (HDS)

He is originally from Luxembourg and made his studies as an Architect in Germany where one of his professors was Richard Sahl the founder of the Public Health Group. He is among other priorities also interested to find experts within the PHG for his projects or to discuss with us new ideas proposed by our members. Here an example from the WHO internet page.

[www.who.int](http://www.who.int)

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**Note for the Media WHO/06  
9 April 2010**

### **WHO SUPPORTS CAMPAIGN TO MAKE SCHOOLS AND HOSPITALS SAFER**

**Manila/Geneva | 9 April, 2010** -- The World Health Organization is pledging its support to the *One Million Safe Schools and Hospitals Campaign* launched yesterday in Manila. The goal of the new United Nations' global campaign is to protect health and educational facilities, and the millions of people who rely on them for healthcare and learning, from emergencies.

"This campaign is unique because it offers people from all walks of life the opportunity to protect their hospitals and schools, and in turn save lives," says Dr Eric Laroche, WHO Assistant Director-General for Health Action in Crises. "Members of the public, governments, health workers and hospital staff can all find a way to actively support this initiative to make one million hospitals and schools safe from disasters."

People can make pledges under three types of categories, including:

- volunteering to raise awareness about safe schools and hospitals;
- leading or supporting safety and disaster preparedness activities;
- donating time and/or resources to make hospitals and schools safer by buying safety equipment, maintaining surroundings and repairing facilities.

By pledging its support to the campaign, WHO will continue its work in advocating and supporting action with governments, health professionals and other partners to ensure the structural and functional safety and preparedness of health facilities so they can continue treating people who need healthcare following emergencies.

The campaign was launched during yesterday's opening of the Association of Southeast Asian Nations (ASEAN) Forum on Safe Hospitals in Manila, which was attended by governments throughout the South-East Asia region, United Nations agencies and nongovernmental organizations.



## 5. The coming Public Health Seminar 2010 in Malaysia

For all those who are interested to participate at the 30<sup>th</sup> seminar in Kuala Lumpur, Please have a look at our internet page. You can down load the registration documents on:

[www.uia-public-health-group.org](http://www.uia-public-health-group.org)

Norwina Mohd Nawawi who is the responsible person in Kuala Lumpur has extended the deadlines as follows:

Looking back: Call for papers including request for CV's (on line ),posters. February 15<sup>th</sup> 2010

Abstracts: 30<sup>th</sup> March now **extended 30<sup>th</sup> May 2010** ( submission on line)

Looking ahead: Paper and Poster acceptance : **30<sup>th</sup> June 2010** (on line)

Final paper and poster deadline : **30<sup>th</sup> August 2010**

(in appropriate form for publication )

Other details will be updated soon: Norwina and her staff are working also on the cost depending on estimations and the number of registrations received until now.

Thanks to all those which have already registered and for the others still hesitating I can recommend to make now the next step with the hope to see you in Kuala Lumpur again.

**Hans Eggen**

Director of the UIA Work Programme Pubic Health