



**UNITED NATIONS CONFERENCE  
ON HUMAN SETTLEMENTS**

(HABITAT II)  
Plenary Meeting

Statement by  
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Istanbul, 7 June 1996

**(A)** By the end of this century, about 50% of the world's population will be living in urban areas and, by 2015, more than 75% of the urban population will be in less developed countries.

**(B)** Urban development expresses most of the paradoxes and tensions of global change experienced by our societies. Cities bring people together but they also separate them. They foster globalization with cultural and commercial exchange, but they fragment families and traditional support network. They create economic growth and opportunities but they also generate poverty, exclusion and a sense of helplessness.

**(C)** As a rule, health care facilities and services are concentrated in the cities, but their quality and accessibility are very uneven according to districts and levels of income. Local infant mortality rates can vary tenfold within the same cities, highlighting the gaps in terms of access to health and development. Cities are not homogeneous.

**(D)** In pursuing its mission, which is to promote health for all in a spirit of equity, solidarity and respect, WHO's main concern is to help countries and cities to ensure access to reliable health care and services of good quality for everyone with special emphasis on meeting the needs of the most deprived.

**(E)** To achieve this goal in urban areas, WHO proposes to focus more particularly on four tasks:

**(F) 1. Creating a healthy environment.** Inadequate housing and infrastructure are major factors of disease and ill-health. Water supply is a vital issue worldwide. Many suburbs and shanty towns have no sewerage system. An estimated 30 to 50% of the solid waste in cities is left uncollected. The health sector must ensure that health concerns are fully taken into account at all stages and in all areas of urban development. Unmanaged population growth and industrialization are also affecting our global environment, causing climate changes and rising levels of pollution which present health hazards to all.

**(G) 2. Responding to specific health emergencies.** Epidemics can spread very rapidly in cities. This has been illustrated by the recent outbreaks of cholera, plague, meningitis, dengue and other hemorrhagic fevers, as well as by the HIV/AIDS pandemic and the resurgence of tuberculosis. To reduce risk, food safety and vector control must be ensured. WHO acts as a facilitator to mobilize international cooperation for research, surveillance and control.

**(H)** In densely populated areas, natural or man-made disasters such as earthquakes and chemical or nuclear accidents have a devastating impact. Environmental and technological risks must be managed locally, but with strong national and international back-up. Emergency prevention and preparedness require close cooperation between urban planners and health and other services.

**(I) 3. Meeting the needs of specific population groups.** Through health care services and information and education, people must be empowered to protect and promote their own health, taking into account their specific resources and vulnerabilities. Reproductive health services, covering family planning and prevention and control of sexually transmitted diseases, including HIV/AIDS, must be made available to all. Women, in particular, must be provided with the means to protect and promote their own health and that of their families.

**(J) 4. Promoting lifestyles that are conducive to health.** In urban areas, the poor suffer a double burden of infectious and noncommunicable diseases. The rising incidence of cancer, diabetes, cardiovascular diseases, respiratory diseases and allergies, for example be related to the adoption of new lifestyles and to the growing proportion of old people in the general population. Health education must promote healthy lifestyles among the young to reduce disease and disability later in life.

**(K)** Economic and social changes, poverty and unemployment, the loss of group identity and the pressure to compete, produce both considerable stress and loneliness. Violence, suicide and substance abuse, especially among the young can be linked with increased psychological vulnerability, due to social disintegration and the difficulty individuals have in coping alone with stress and social and economic pressure. Peace and security are essential to health and human development.

**(L)** What then is WHO's prescription for health development in urban settings?

**(M) 1.** The health sector must ensure that it is present where the action is, where urban development is being planned and at all stages of its implementation.



**(N)** 2. Health care systems must be redesigned. The health sector must rethink its role and modes of action, together with other partners-including its own users. Health services must be brought to the people, and made fully accessible to them.

**(O)** 3. Health interventions must be used as an opportunity for community-building. The World Health Organization's 'Healthy Cities Programme' has been very successful in promoting a culture of health, based on community participation. In megacities, however, one major difficulty is the absence of a natural or stable community. The challenge, therefore, is to establish some measure of social cohesion. some sense of belonging, in the large floating populations that live there. Helping to rally and strengthen local communities around health interventions, the health sector must stimulate capacity-building and self-help. It must also encourage solidarity and cooperation for health, through the sharing

of experience and resources among people, cities and districts across Vectors, countries and regions. All actors should be acknowledged and enabled to contribute to shaping their own society. Partnerships for health must be encouraged between central government, local townships, private business and the general public.

**(P)** The growing concentration of the world's population in a few megacities will have a considerable impact not only on health needs and services but also on the geographical distribution of financial and political power. It should not be allowed to aggravate social disparities. Emphasizing local interventions and community participation for urban health development should not divert us from achieving greater equity and access to health for all.

**(Q)** The challenge for Habitat II is to find ways in which cities can be both prosperous and environment-friendly and, at the same time, places where the dignity, the health and the well-being of all people can be protected and enhanced. This will be achieved through local effectiveness and global solidarity.