

Health Security in cities of the Eastern Mediterranean Region

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**World Health
Organization**

Regional Office for the Eastern Mediterranean



Health security in cities is protection from **physical injuries, diseases,** undue **stress** from social and environmental causes, **access** to preventive and curative health services and safeguard from **environmental hazards**

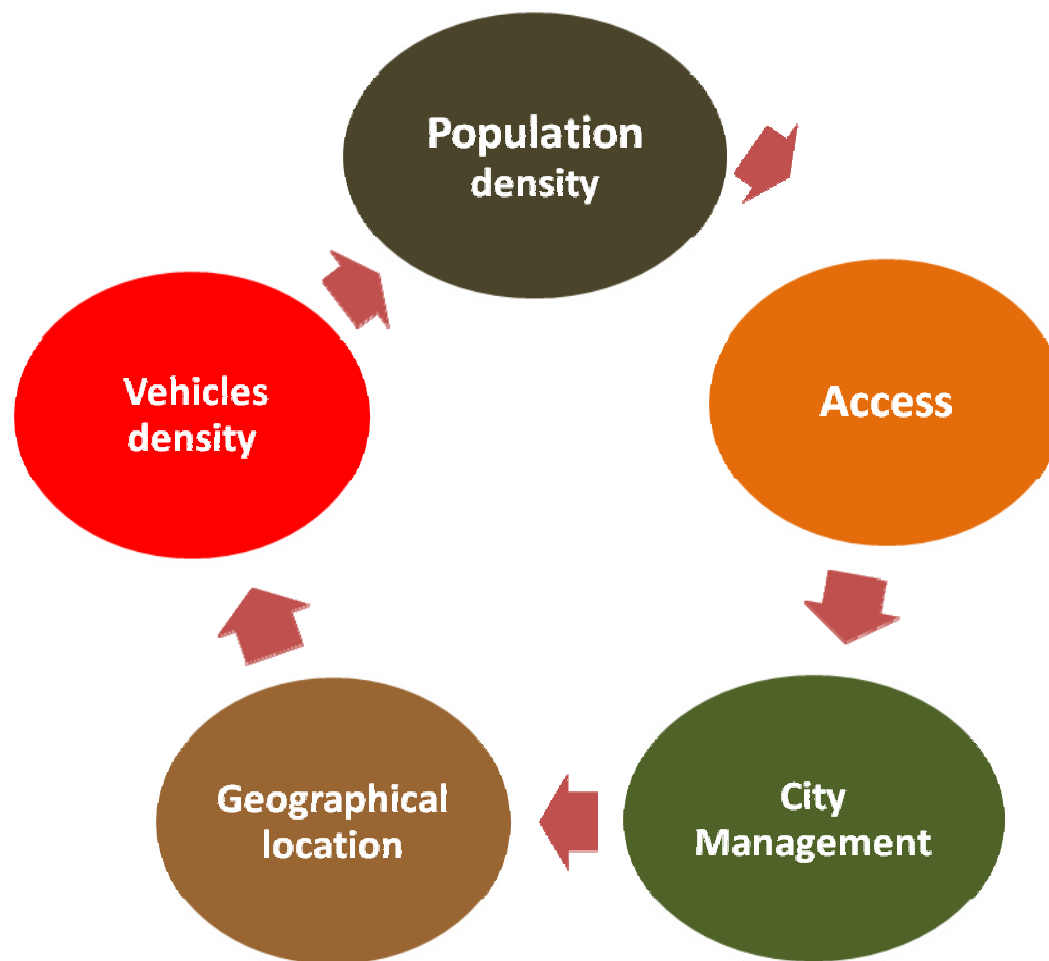
Status of health security in cities of EMR

Huge challenges in cities of middle and low income countries.

Urban planning, management and safety standards are below average or acutely deficient.

Highly vulnerable to emergency conditions and have significant slum and poor income areas

In high income countries health security challenges are less.



Some of key health security elements in a city

For realization of health security a two pronged approach is proposed

An immediate action oriented

A longer term view concomitant with the above

Strategy for attaining health security in cities



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Immediate and short term

Action oriented themes

- *Safe Shelter*
- *Road traffic accidents (RTA), injuries, violence and crime*
- *Safety and accessibility of hospitals and health facilities*
- *Prevention of chronic and acute environmental health hazards*
- *Slum areas*
- *Emergency preparedness, assessment and response*

Safe Shelter

Problems: *Buildings, structural safety, earthquake, homelessness:*

• **Action at city level :**

- *Vulnerability assessment,*
- *Development of remedial programmes*
- *A moral and social campaign for homeless from healthy city tribune.*

• **Action by WHO**

- **Advocacy for eliminating homelessness and building safety as health imperative**

RTA , injuries, and crime

Problem: **highest** rates of **RTA** in countries of the EMR **in the world,** uneven and **unsafe** pavements for **pedestrian walk,** and **street children**

•Action at city level :

- *Establishment/strengthening of a unit in municipality to coordinate with national programmes.*
- *Develop participatory action for safe pedestrian walking*
- *Address street children*

•Action by WHO

- *Provide technical support*
- *Help in information data collection and operation research*

Safety and accessibility of hospitals and health facilities

Problems :

- unsuitable location and **difficulty for emergency access,**
- **many large hospitals run down, poor hygiene**
- **Long delays for movement of emergency services**

Action at city level :

- ***Development of a MOH/ municipality joint action for health facilities management: (planning, location, standards, emergency services, parking facilities, wastes management, etc.)***
- ***Promotion of healthy hospital concept***
- ***Focus on structural safety***
- ***Development /strengthening of private hospital licensing***

Accessibility of hospitals and health facilities

Action by WHO

- Technical support for hospital and health facilities vulnerability assessments**
- Develop codes and standards for location and facilities of hospitals in urban planning and urban development.**
- Guidelines for hospital sanitation, wastes management and training.**

Environmental health hazards

Problem: Severe air pollution, no population density norms, too many cars, Industries in middle of cities risk of chemical accidents

- Action at city level

- Strengthening/establishing EH data and research unit
- Promote walk-ability concept and no-car streets
- Collaboration between MOH, MOHU, Municipality
- Public transport
- Reducing waste
- Coping with global warming

- Action by WHO

- Promotion, technical support training

Slum areas

Problem:

- Slum areas are critical to economy of the city.
- slum areas can threaten the health of the entire city.
- crime, illicit drugs and other vices.
- epidemics, pandemics, HIV/AIDS and other social ills.

• Action at city level

- Advocate and lead development of national plan to deal with slum areas.
- Research/study and collecting data
- Address slum areas in city economic development plan
- Focus on generating gainful employment and steady income

Emergency preparedness, assessment and response

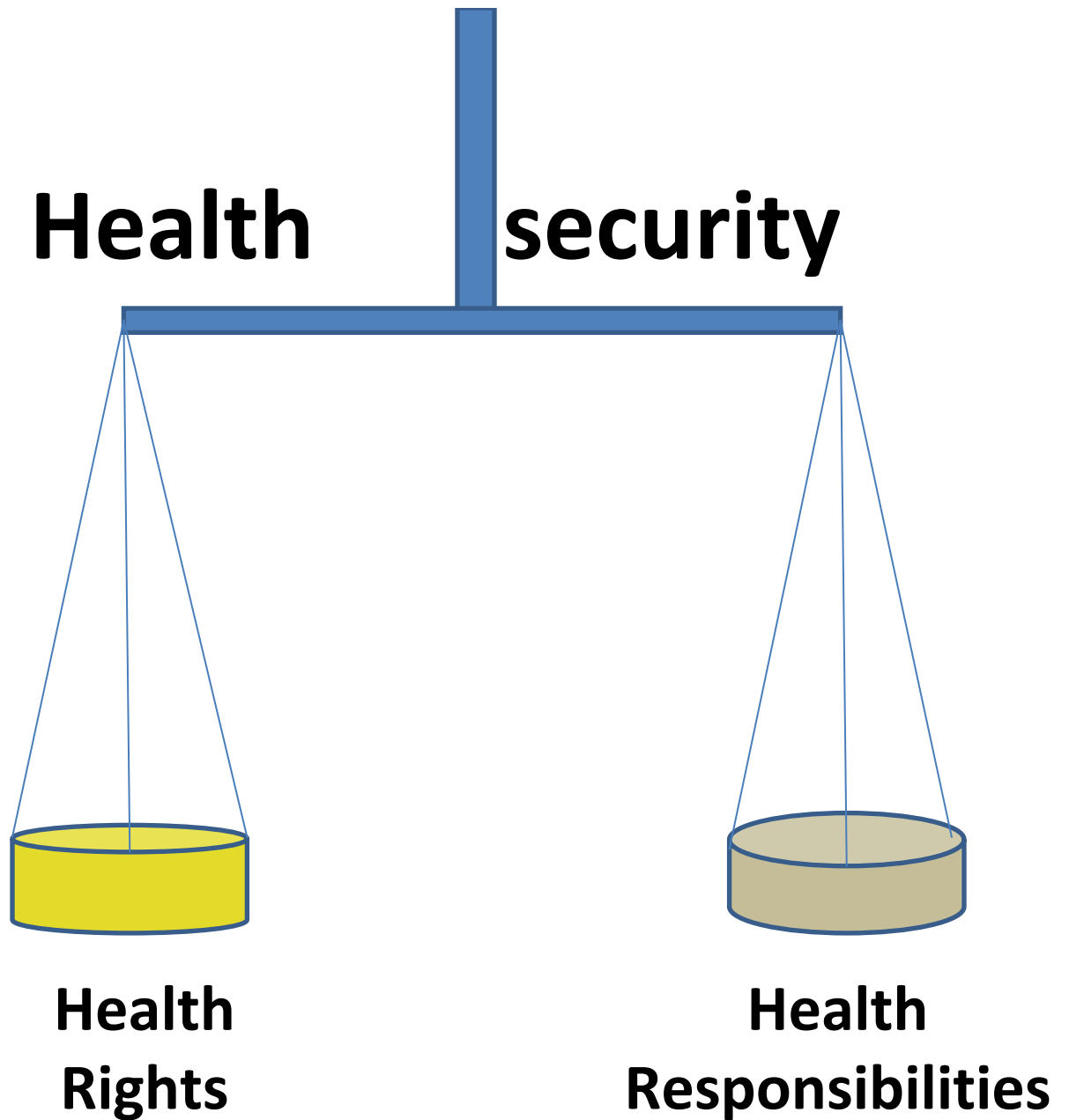
Problems: *Natural and man-made disasters, Epidemics and Pandemics and Environmental* (chemical and physical)

• Action at city level

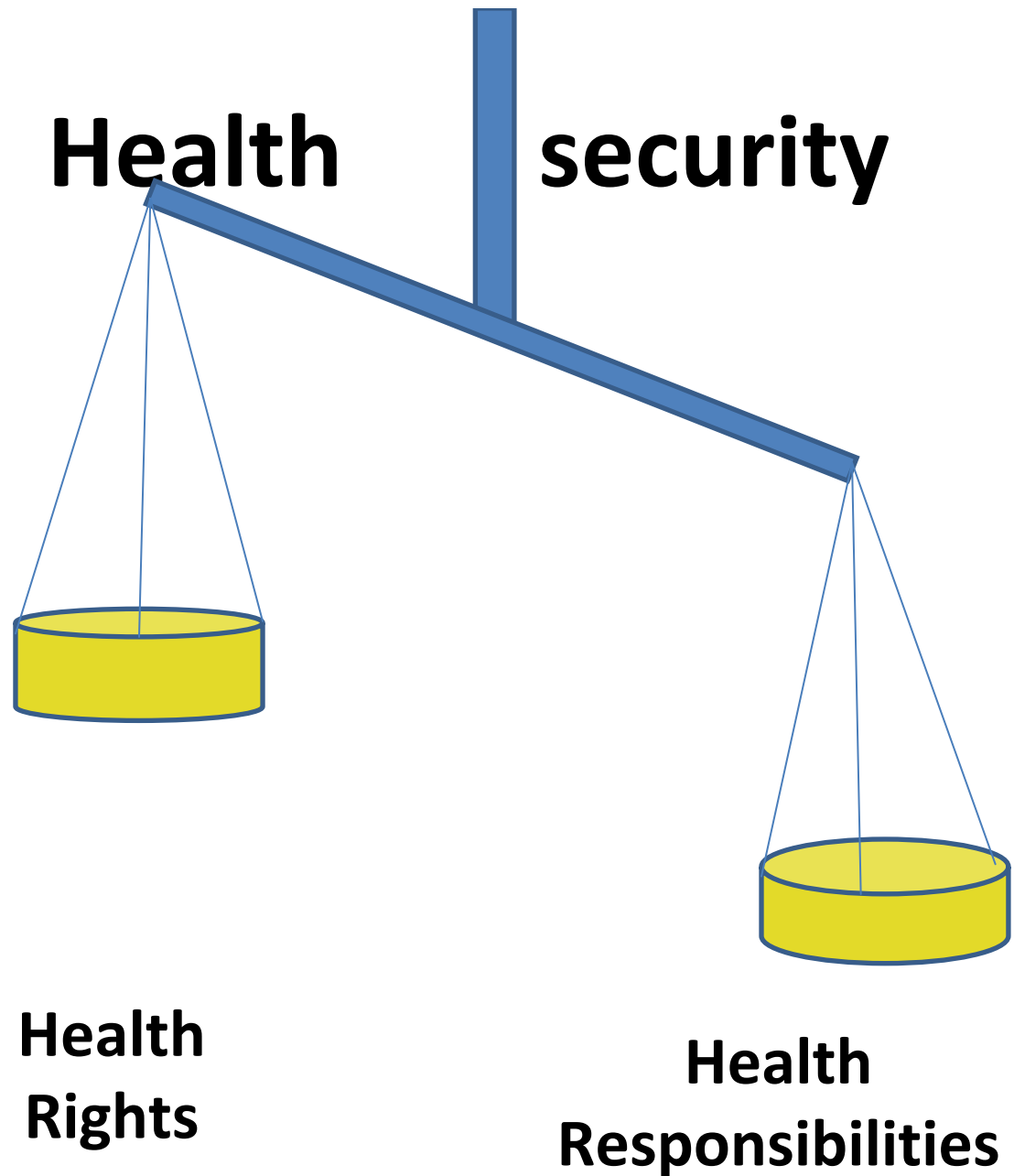
- Coordination with national programme, a city unit for emergency preparedness
- Involve and train citizens
- Close collaboration with MOH and other sectors
- Develop a comprehensive city emergency preparedness plan

Long term

Health security concept in cities poses the legal perspective of Rights and Responsibilities of citizens and city and national authorities



Current status in most cities of Region is an imbalance to detriment of citizens.



Health security and legal instruments

- Existing general laws covering health, food safety, water safety, environment, buildings, pathways littering, etc. have a national orientation
- There is a need to review these and make their orientation and enforcement city-respondent
- Within such a legal framework rights and responsibilities of all (citizens, local councils, municipalities, national departments and all other stakeholders) to be addressed



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Health security and institutional instruments

- Individual and collective frame work for governance of different sectors are weak and not harmonized.
- Policy settings and executive procedures are incongruent and at times not compatible.
- Realignment and harmonization , which need research, consultation with citizens, experts, parliamentarians, etc. should start at city level

Conclusions

1. High density settlements are more vulnerable to **health risks**. Urban sprawl and horizontal expansion of cities makes services more expensive and **destroys surrounding natural environment**. It is **an art and science** to arrive at an optimal balance.
2. **Urban land speculation** and **rush to sell cars** are detriments to health security

Conclusions

3. To promote and achieve **health security** in the city, first promote certain action oriented related **themes**. Then develop **legal** and **institutional** instruments with city level orientation within the principals of “**Rights**” and “**Responsibilities**”.