

The goal of the ISUH is to encourage research, interventions, policies and programs that lead to healthier and sustainable cities and reduced health disparities for urban populations in the twenty-first century.

## Contents

ICUH 2009	1
Tackling Urban Health Issues in India	3
Notes and Events	4
ICUH 2010	5

# ISUH Connections

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The 8th International Conference on Urban Health

## ICUH 2009



New insights on what it takes for a city to evolve from its roots of informal settlements and slums into a healthy urban center that truly benefits its residents was one of the broad themes to emerge from the week-long series of sessions in Nairobi.

The 8<sup>th</sup> International Conference on Urban Health drew 784 mayors, city planners, researchers, policy experts, and other NGO leaders from 56 countries and included the active participation of slum dwellers from Nairobi, Kenya, who had been working for three months to help develop an agenda that would deliver new insights, even for experts.

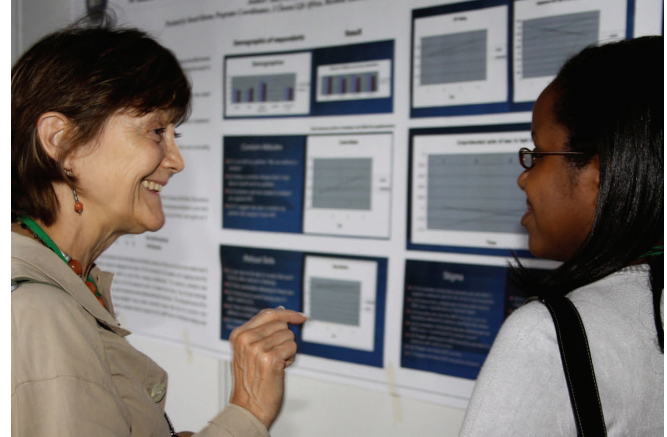
The conference was the brainchild of Jean-Christophe Fotso, PhD, from APHRC. Working with Dr. David Vlahov and others, he organized this conference, held for the first time in Africa. The meeting's premier group of funders included the Bill and Melinda Gates Foundation, the Rockefeller Foundation, the MacArthur Foundation, USAID, The Wellcome Trust, the National Institute on Drug Abuse, and the World Health Organization.

"Many cities are designed by the wealthy, for the wealthy," said Jo Ivey Boufford, MD, who was interviewed after the conference on a *Voice of America* broadcast. "In Kenya, policy leaders were charged to consider how much more a pro-poor strategy might contribute to the general well-being when dealing with things like housing, transportation or health services."

A healthy city, particularly in developing countries, is not one with highways ringing an urban area, emphasized a former mayor of Bogota, Colombia, Enrique Pensalosa, speaking at the conference. Calling for a new paradigm in city design, he suggested that sidewalks, parks, and express bus lanes better serve the needs of urban dwellers, who often cannot afford cars. "A healthy city is a place where a child can ride a bike anywhere safely," Mr. Pensalosa said.

## ICUH 2009 (cont.)

An important potential identified at the conference was the energy and problem-solving capabilities of the people living in these informal settlements or slums. Harnessing those capabilities presents an opportunity



**“A healthy city is a place where a child can ride a bike anywhere safely.”**

for urban leaders, pointed out Dr. Vlahov. “We learned that there are over 15 federations of slum dwellers around the world working productively with their municipal governments to improve conditions. They are helping to develop strategies for land tenure and improving housing, for example,” he said.

Over half the world’s population currently lives in cities, and over the next two decades, that number is expected to rise to 70 percent. The majority of urban residents in developing countries live in informal settlements where they lack proper housing, sanitation, garbage disposal, security, schooling and health services. Holding this year’s conference in Africa helped to highlight the dramatic disparities between rich and poor urban dwellers,



noted Dr. Boufford.

“National averages sometimes hide the enormous gap that exists. Meeting in Nairobi put a real-world picture on the plight of the poor,” she said. “Besides the acute health needs that exist in African countries – infectious diseases, neonatal mortality, maternal mortality – we are now seeing increases in the kinds of chronic diseases that exist among developed countries.”

The implications of this? According to Dr. Vlahov, it is that we need to focus on *all* the factors that keep people healthy, not just the traditional health measures. Many issues arise because of rapid urbanization and the inability of municipal governments to deal with the added load this places on their systems.

In a dramatic conclusion to the conference, all par-

ticipating countries signed the Nairobi Statement on Urbanization and Health and Well-being. This acknowledged both the benefits and risks of urbanization, while committing to improve the health outcomes and overall effectiveness of urban settlements in their countries. The need for involvement of multiple sectors – governments working in partnership with the public and with business and civic organizations – was highlighted. Among other tangible agenda items, the Statement cited the need to ensure the equity consciousness of urban plans and to link urban health with sustainable development.

The World Health Organization will theme 2010 as the Year of Urban Health. Next year’s conference will be in New York City October 27-29<sup>th</sup>, where NYAM will serve as the host.

## Lessons from the Indore, India Urban Health Program



*It is estimated that nearly one-third of India's urban population live in slums.*



In India, 285 million people live in urban areas; 67 million of them are poor. These estimates are conservative, failing to account for population living in unlisted slum clusters. Average health indicators of urban areas mask the plight of the urban poor. A recent re-analysis of National Family Health Survey-II (1998-1999) data by economic groups revealed that health of the urban poor is worse than urban non-poor and urban averages.

The Urban Health Resource Center (UHRC) works closely with governments, civil society and slum communities for improving health of urban poor. In 2003, UHRC initiated a City Urban Health Program in Indore (population 1.8 million). The objectives of the program, operational in 79 slums, were a) to increase the access of health service in underserved slums and b) promote healthy household behaviors through effective community organization process.

Program planning included: situational analysis, mapping of listed and unlisted slums, vulnerability assessment of slums and stakeholder consultations. Two program approaches evolved. Implementation included encouraging slum-based community collectives or networks and strengthen-

ing their capacities and capacities of key stakeholders.

The first approach- the Demand Supply Linkage Approach entails building community based organizations (CBOs), encouraging services to be more responsive and improving community-provider linkages. This improves demand as well as supply of services. CBOs evolved women's groups comprising 10-15 active women from the slum. They were provided capacity building inputs on community organization, maternal and child health care. With training inputs they a) counsel mothers on healthy household behaviors, and b) identify and track eligible mothers and children.

Health service provision is improved by effectively motivating government and private providers to strengthen OPD services conducting monthly health camps in slums.

In the second approach a Ward Coordination Committee comprising local stakeholders (public sector, private service providers and civil society organizations) was constituted. It brings together key stakeholders to function in a coordinated manner for better provision of health services utilizing local resources and to monitor progress.

The program has enhanced service utilization by slum communities and improved health indicators. Evaluation data in demand, supply and linkage approaches indicated improved immunization of children by 12 months from 32% to 72%, TT immunization from 76% to 90%. In the ward coordination approach area immunization by 12 months had increased from 27% to 64%. Measles Vaccination by 12 months has increased from 60.7% to 76.4% and drop out rate for DPT had decreased from 55% to 21%.

The program shows that strengthened community level institutions are able to negotiate and mediate for basic health services. This results in better demand for services and strong provider – community linkages. The ward coordination approach shows that convergence of multiple stakeholders and resources at ward level improves service provision. Enlisting support of like minded private health practitioners and coordinated planning for outreach health activities also emerged as important lessons. These can be adapted for similar initiatives.

For more information on UHRC's activities, visit <http://www.uhrc.in/>.



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## ISUH Connections

**ISUH Connections** is a forum for information exchange among ISUH members and other interested in the health of urban populations. Articles do not represent official positions or endorsement by ISUH.

**ISUH Connections** welcomes submissions of brief articles relevant to the field of urban health (maximum 500 words) for consideration. Notices of events, funding opportunities, positions available or sought and other announcements are also welcome. While ISUH Connections appreciates all submissions, we reserve the right to edit content for accuracy, grammar and space. Please submit materials to Andrew Quinn at [aquinn@nyam.org](mailto:aquinn@nyam.org).

## Notices and Events

### World Health Day, April 7, 2010

World Health Day 2010 will focus on urbanization and health. With the campaign "1000 cities - 1000 lives", events will be organized worldwide calling on cities to open up streets for health activities. Stories of urban health champions will be gathered to illustrate what people are doing to improve health in their cities.

For more information, visit <http://www.who.int/world-health-day/2010/en/index.html>.

### World Urban Forum, March 22-26, 2010

In the space of a few short years, the World Urban Forum has turned into the world's premier conference on cities. The Forum was established by the United Nations to examine one of the most pressing problems facing the world today: rapid urbanization and its impact on communities, cities, economies, climate change and policies.

For more information, visit <http://www.unhabitat.org/categories.asp?catid=584>.

### 2010 WPHA-WALHDAB Annual Conference: Achieving Health Equity Through Policy and Partnerships, May 25, 2010 to May 27, 2010

This year's theme is "Achieving Health Equity Through Policy and Partnerships." This theme highlights the importance of policy change for addressing the political, economic, environmental, and social determinants of health that contribute to disparities in health outcomes.

For more information visit <http://www.wpha.org/2010Conference.htm>.




# 9<sup>TH</sup> INTERNATIONAL CONFERENCE ON URBAN HEALTH



NYC 2010  
[www.ICUH2010.org](http://www.ICUH2010.org)

## SAVE THE DATE

**9<sup>TH</sup> International Conference on Urban Health 2010**   
October 27 – October 29, 2010, New York, NY

The 9th International Conference on Urban Health (ICUH-2010) will be held at the New York Academy of Medicine in New York, NY. The conference will consist of plenary sessions, concurrent sessions and poster presentations. Conference organizers are also arranging to hold several sessions in conjunction with community-based organizations and policymakers.

The principal theme to be addressed at ICUH 2010 will be good governance for healthy cities, with special interest in the positive consequences in urban health interventions, as well as the social and public health policies that are required to address these issues.

The New York Academy of Medicine has been advancing the health of people in cities since 1847. An independent organization, NYAM addresses the health challenges facing the world's urban populations through interdisciplinary approaches to innovative research, education, community engagement and policy leadership. Drawing on the expertise of diverse partners worldwide and more than 2,000 elected Fellows from across the professions, our current priorities are to create environments in cities that support healthy aging; to strengthen systems that prevent disease and promote the public's health; and to implement interventions that eliminate health disparities.



**The New York  
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