Urbanization, migration & health

An Overview

Alex Ross, Director
WHO Centre for Health Development
Kobe, Japan
Source: T. Evans, World Bank)
“Our greatest concern must always rest with disadvantaged and vulnerable groups.”

Dr Margaret Chan
WHO Director-General
Evaluate the health equity impact of policy and action:

Is it making a difference? Why or why not?
Why focus on these issues?

- WHO constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

- SDGs and UHC: integrate migration dynamics and issues
  - Benefits to the individual and to the community

- Equity & Human rights

- Health essential to competitiveness and reducing externalities

- Major global trends: urbanization, globalization, ageing, travel,
  - Cities grow due to migrants: internal, external

- Need for cultural competency

- Health as employer
Migrants & Health

- International migrants
  ...yes, but...
- Internal
- Regional
- Seasonal v. Long term
- Slums and informal settlements
- Children, disabled, aged—vulnerable populations
- Many types: Skilled, economic, students, climate refugees, IDPs, refugees, victims of trafficking, forced labour, etc

- Public health: water, sanitation, etc
- Infectious diseases
- Chronic diseases (& risk factors)
- Mental health
- Sexual and RH
- Environmental health
- Occupational health
- Ageing-related conditions
- Health systems: cultural competency, language
- etc
It is also a story of how cities grow

- **3.3 Billion** in urban areas (2008)
- **1 Billion** in urban slums (2008)
- **3.3 Billion** in rural areas (2008)
- **6.4 Billion** in urban areas (2050)
- **2 Billion** in urban slums (2050)
- **2.9 Billion** in rural areas (2050)
The most rapidly urbanizing regions are also home to the largest proportion of slums.
South-South migration* is as common as South-North migration

2010 "Hidden Cities"

CHRONIC MALNUTRITION AMONG CHILDREN LESS THAN FIVE YEARS OF AGE IN URBAN AREAS OF SEVEN SELECTED COUNTRIES

Prevalence of chronic child malnutrition (percentage, %)

“Triple Threat” of Urbanization

Infectious Diseases
- Inadequate sanitation and hygiene
- Cramped and crowded living conditions
- Access to prevention and treatment, immunization

NCDs
- Availability (promotion) of unhealthy lifestyles
- Decreased physical activity
- Environmental and occupational health impacts

Trauma
- Workplace injuries (3D jobs)
- Traffic accidents
- Violence including SGBV

Mental Health
- Isolation, stigmatization, discrimination
- Forced migration (IDPs, refugees, victims of trafficking)
- Stressors, exploitation, legal status, threat of eviction
Social Determinants of Health
Social Determinants of Migrant Health

Dr Patrick Duigan
Multinational data on urban health inequity

CHRONIC MALNUTRITION AMONG CHILDREN LESS THAN FIVE YEARS OF AGE IN URBAN AREAS OF SEVEN SELECTED COUNTRIES

Focus on Equity and the SDH

WCSDH Final Report

Kobe Call to Action

The Global Forum on Urbanization and Health

Final Report of the Knowledge Network on Urban Settings
Kobe Call to Action

KEY PRINCIPLES

1. UNCOVER AND ADDRESS URBAN HEALTH INEQUITIES TO BUILD HEALTHIER CITIES

2. SHOW LEADERSHIP BY INCLUDING HEALTH IN ALL URBAN POLICIES THROUGH INTERSECTORAL ACTION

3. USE EFFECTIVE MECHANISMS FOR COMMUNITY PARTICIPATION IN URBAN POLICY AND PLANNING
Causes of urban health inequities

The link to social determinants of health
Issues

- Equity and social, economic, environmental, political determinants

- Access
  - Portability of medical record
  - Financing and access
  - Gender issues

- Voluntary code

- Disasters
WHO Tools

- Urban Health Equity Assessment and Response Tool (Urban HEART),
- Urban Health Index,
- WHO Global Health Observatory,
- Age friendly city core indicators
- WHA Resolutions and Urban Health Strategies
Urban Health Equity Assessment and Response Tool
Urban HEART Core Indicators: Define your local indicator set and benchmarks

Health outcomes
- Infant mortality
- Diabetes
- Tuberculosis
- Road traffic injuries

Physical environment & infrastructure
- Access to safe water
- Access to improved sanitation

Social and human development
- Completion of primary education
- Skilled birth attendance
- Fully immunized children
- Prevalence of tobacco smoking

Economics
- Unemployment

Governance
- Government spending on health
# Measuring and visualizing equity

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Intersectoral Action on Health: 10 steps

• 10 steps
• 10 lessons
• 6 examples
Guidance for policy-makers
10 steps

1) Self-assessment
2) Assessment and engagement of other sectors
3) Analyse the area of concern
4) Select an engagement approach
5) Develop an engagement strategy and policy
6) Use a framework to foster common understanding between sectors
7) Strengthen governance structures, political will and accountability mechanisms
8) Enhance community participation
9) Choose other good practices to foster ISA
10) Monitor and evaluate
Examples on ISA

- **Viet Nam**: National mandatory helmet law
- **South Africa**: Intersectoral collaboration for mental health
- **Liverpool**: Active City 2005-2010
- **Australia**: Experience in governance from the South Australian model on Health in All Policies
- **Ghana**: Intersectoral collaboration for health in the extractive industries – oil and gas sector
- **WHO Framework Convention on Tobacco Control, FCTC**: WHO’s intersectoral action mechanisms in tobacco control
Key strategies for taking action

Inter-sectoral action

Community participation

Sound evidence
Paradigm Shifts in New Public Governance for Universal Health Coverage
New Opportunities: Post-2015 Development Goals

**Health**
- Universal Health Coverage
- MDG+
- NCD/risk factors

**Inequality**
- Bottom 40%
- Equal opportunity
- Migration

**Cities**
- Environment
- Sustainability
- Settlements

Source: Proposal of the Open Working Group on Sustainable Development Goals, July 2014
UNIVERSAL HEALTH COVERAGE (UHC)
What is UHC?

Universal health coverage (UHC), is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Countries progressively implement UHC (recognizing their socio-economic situations)
Three dimensions of UHC

X axis: **pop coverage**
- universal pop coverage

Y axis: **financial protection**
- Free at point of services, with negligible co-pay

Z axis: **depth of services**
- Extensive comprehensive package, small exclusion list – all essential drugs including ARTs, anti-cancer, Renal Replacement Therapies, organ transplant, CABG, etc
Solutions: Migration and urban health

1. **Capture data on inequities**: understand the community, risk factors; determinants

2. **Prioritize the interventions, engage communities**
   - “People at the centre”

3. **Migrant sensitive health systems → Access**: financing, services, portability (e-health), location

4. **Cultural competency and linguistic access**

5. **Urban planning and public health**
   - Intersectoral action
   - Health and social services

6. **Differentiate responses** to infectious, chronic diseases, mental health, environmental health, etc

7. **Enact enabling legislation**

8. **Partner and create meaningful collaborations**: Share lessons
The Way Forward

- Ensure migrants' health rights
- Avoid disparities in health status and access
- Public health approach to migrants’ health
- Reduce excess mortality and morbidity
- Minimize negative impact of the migration process
WPRO & PAHO Urban Health Strategy

- **WPRO:**
  http://www.wpro.who.int/about/regional_committee/66/documents/wpr_rc66_08_urban_health.pdf?ua=1

- **PAHO:**
Additional WHO and OCHR resources

- WHO Technical Brief Series - Brief No 12 Ensuring access to health services and financial protection for migrants [http://www.who.int/healthsystems/topics/financing/healthreport/MigrationTBNo12.pdf](http://www.who.int/healthsystems/topics/financing/healthreport/MigrationTBNo12.pdf)
Webpages – WHO Kobe Centre

- [http://www.who.int/kobe_centre/en/](http://www.who.int/kobe_centre/en/)

**E-mail**

wkc@who.int
Rossa@who.int

**Thank you!**