

Committee: Environmental Commission (Sub-commission 1)

Issue: Promotion of health and equity through health cities

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INTRODUCTION

Nowadays we face the problem of health disparities and inequalities, meaning unfair treatment by medical practitioners to different population groups. While the term disparities is often used or interpreted to reflect differences between racial or ethnic groups, disparities can exist across many other dimensions as well, such as gender, sexual orientation, age, disability status, socioeconomic status, and geographic location.¹

Since this is a complex matter of great importance it should be confronted with an innovative, contemporary dealing. Therefore, the promotion of the WHO Healthy Cities Network is the best approach.

The program is a long-term international development initiative that aims to place health high on the agendas of decision-makers and to promote comprehensive local strategies for health protection and sustainable development. Basic features include community participation and empowerment, intersectoral partnerships, and participant equity.²



¹ <https://www.ncbi.nlm.nih.gov/books/N>

² http://www.who.int/healthy_settings/



The Healthy Cities approach is based on the concept that the social, economic and physical environment is the key to the health of city dwellers. The Healthy Cities program aims to cope with health issues that have emerged with urbanization.³

Its aims are to:

- A. enhance learning and build capacity through sharing ideas, experience and best practice,
- B. widen participation in the Healthy Cities movement and support member towns and cities to develop and test innovative approaches to emerging public health issues,
- C. become a strong collective voice for health, well-being, equity and sustainable development – informing and influencing local, regional, country and national policy.

Furthermore, a healthy city is not defined by any outcome or status but by a “mindset” and by its actions. Namely, healthy is a city striving for the improvement of the health and well-being of its citizens.

DEFINITION OF KEY TERMS

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁴

Equity

The situation in which everyone is treated fairly and equally.⁵

Healthy city

A healthy city is one that continually creates and improves its physical and social environments and expands the community resources that enable

³ http://www.alliance-healthycities.com/htmls/about/index_about.html

⁴ <http://www.who.int/suggestions/faq/en/>

⁵ <https://dictionary.cambridge.org/dictionary/english/equity>

people to mutually support each other in performing all the functions of life and developing to their maximum potential.⁶

Health disparities

Differences in measures of health and availability of health care across populations.⁷

Health inequality and inequity

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.⁸

BACKGROUND INFORMATION

Causes of health inequalities

Health inequities aren't the result of a single causation; they came to exist because of a combination of individual variables. "They are the result of the historic and ongoing interplay of inequitable structures, policies, and norms

⁶<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/who-european-healthy-cities-network/what-is-a-healthy-city>

⁷<https://medical-dictionary.thefreedictionary.com/health+disparities>

⁸<http://www.who.int/hia/about/glos/en/index1.html>

that shape lives.”⁹For a starter this issue roots back to outdated values and laws. Socioeconomic disparities are the main cause of the health inequities, which can be divided into smaller categories.

Racism-Discrimination-Segregation

Racism, discrimination and segregation are three terms interconnected, their common characteristic is that they’re phenomena excluding individuals or specific groups from society, are separatist and promote unfair treatment and the one leads to the other. There have been cases where patients had similar clinical profiles, their care differed systematically based on their race or ethnicity and that of their health care provider”.¹⁰Additionally victims of these three are more likely to developmental disorders, tendencies for risky activities, isolation and antisocialism. “Though people may experience overt forms of racism (e.g., being unfairly fired on the basis of race), the adverse health effects of racism appear to stem primarily from the stress of chronic exposure to seemingly minor forms of “everyday racism” (i.e., racial microaggressions), such as being treated with less respect by others, being stopped by police for no apparent reason, or being monitored by salespeople while shopping . The chronic exposure contributes to stress-related physiological effects.”¹¹

Social determinants of health

The social determinants of health are a number of variables responsible for determining the health level of an individual or social group.

Education

“Education can influence health in many ways. Educational attainment can influence health knowledge and behaviours, employment and income, and

⁹ <https://www.nap.edu/read/24624/chapter/5#161>

¹⁰ <https://www.nap.edu/read/24624/chapter/5#110>

¹¹ <https://www.nap.edu/read/24624/chapter/5#108>

social and psychological factors, such as the sense of control, social standing, and social networks.”¹²

Income and wealth

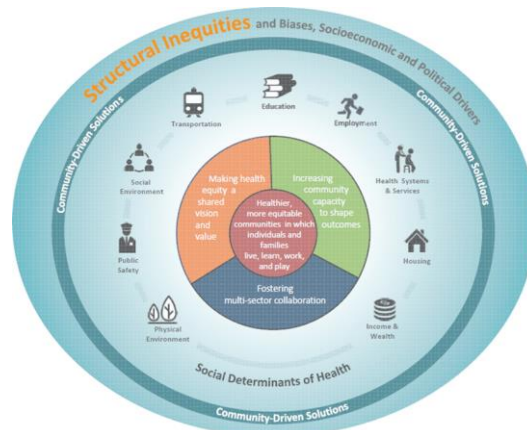
When an individual has managed to earn their wherewithal and more it is logical that they use an amount for health care. On the other hand, those who struggle to make ends meet, tend to neglect their physical and mental needs thus perpetuating health inequities.

Employment

Employment brings people the appropriate income to take care of their needs; subsequently, we go to the previous category. Furthermore, it helps people acquire confidence, believe in themselves, feel worthy and develop their social skills, which means overall better health.

Health systems and services

The amount of access a person has to health care plays an important role when shaping good health, however that depends on a number of variables such as geographic place, political situation etc.



Housing

“Housing affects health because of the physical conditions within homes, the conditions in the neighbourhoods surrounding homes, and housing

¹² <https://www.nap.edu/read/24624/chapter/5#118>

affordability, which affects the overall ability of families to make healthy choices.”¹³

The social environment

The social environment greatly affects the health of an individual, since humans tend to mimic behaviours and stimuli from their surroundings. Thus, if one is enveloped in the spirit of well-being, they will most probably adopt a similar attitude.

Public safety

“Public safety refers to the safety and protection of the general public. Here it is characterized by the absence of violence in public settings and the role of the justice system.”¹⁴Lack of violence means fewer accidents, better overall health and less jeopardizing.

Indicators and Consequences of health inequities

Health inequity aftermath is evident in everyday life all around the world. Statistics show that every day 16.000 kids die before their 5th birthday because of diseases like pneumonia, malaria and diarrhoea in countries of Sub-Saharan Africa.

Another indicator of health disparities in maternal mortality rates in different countries, and in different social groups in the countries themselves. For instance, women in Chad face a risk of 1 in 16, while Swedish women have a risk of less than 1 in 10.000.

Furthermore, there are diseases apparent only in the poorest ones of a population. 95% of tuberculosis’ victims belonged in the lowest income groups. That fact just comes to show how the impoverished have a higher death rate and limited access to proper health care.

¹³ <https://www.nap.edu/read/24624/chapter/5#119>

¹⁴ <https://www.nap.edu/read/24624/chapter/5#119>

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Moreover, there are huge differences between countries' life expectancies. In most low-income lands the life expectancy is 62 years while higher income ones it is at 81 years. However, there are even more extreme cases where the difference is 34 years like Sierra Leone (50) and Japan (84).

Although it might seem like these inequities don't affect the community, they do. They financially burden the societies and slow development. It is estimated that "losses linked to health inequities cost around 1.4% of gross domestic product (GDP) within the European Union- a figure almost as high as the EU's defence spending (1.6% of GDP). This arises from losses in productivity and tax payments, and from higher welfare payments and health care costs"¹⁵. Lastly, this hinders us from meeting the Sustainable Goal on good health.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Sweden

Sweden is, at the moment, one of the healthiest cities worldwide with an average life expectancy of 82.6 years. Simultaneously having achieved 11 out of 17 sustainable development goals including good health and wellbeing as well as reduced inequalities. Moreover, the very low maternal and infant mortality rates and relatively high health expenditure per capita numbers are quite reassuring.

Japan¹⁶

Japan is the healthiest country in East Asia and one of the healthiest countries in the world. Japan's life expectancy at birth of 83.8 years is the highest of any country with a population of at least 250,000. Japan's world leading health outcomes are attributable to a number of factors. But the most

¹⁵ http://www.who.int/features/factfiles/health_inequities/en/

¹⁶ <https://www.msn.com/en-us/health/medical/the-most-and-least-healthy-countries-in-the-world/ss-AAvMorq#image=8>

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important one, every citizen of Japan is covered by a public health insurance program.

Finland

“Finland is the second healthiest country in both Scandinavia and the world. The country’s infant mortality rate of 1.9 deaths within 12 months of birth for every 1,000 live



births is a fraction of the worldwide rate of 30.5 per 1,000 and is indicative of both an effective health care system and good maternal health. Finland’s infant mortality rate has improved considerably in recent decades. Currently, the publicly funded system sends every expectant mother a package of essentials for raising a newborn, which includes clothing, diapers, and towels. Additionally, the concentration of doctors in Finland is roughly double the global average.”¹⁷

Central African Republic

Central African Republic is one of the least healthy countries in the world with a 51.4-year life expectancy, which is the lowest globally. Another indicator is their health expenditure which is \$25 per capita and a rate of 68.5% of the population having access to clean water.” People born in the CAR are less likely to make it to their first birthday than those in any other part of the world.

¹⁷ <https://www.msn.com/en-us/health/medical/the-most-and-least-healthy-countries-in-the-world/ss-AAvMorq#image=11>

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There are 89 infant deaths for every 1,000 live births annually, more than double the global infant mortality rate of 31 per 1,000.”¹⁸

Nigeria

“Nigeria is Africa’s most populous nation, with nearly 186 million citizens. It also struggles with many of the health problems prevalent around much of the continent. Nigeria has an infant mortality rate that is more than double the world average, and a maternal mortality rate close to four times the global average. About one-third of reported deaths in the country are due to Malaria, HIV, or malnutrition. Due in part to each of these factors, life expectancy at birth in Nigeria is just 53 years, about 19 years below the global average.”¹⁹ **World Health Organization (WHO)**

The most major organization is the WHO, which is the initiator of the Healthy Cities program.

Alliance for Healthy Cities

“The Alliance for Healthy Cities is the network founded on the international efforts on Healthy Cities worldwide. The members are municipal governments, national governments, NGOs, private sectors, academic institutions, and international agencies.”²⁰

The 20 accredited WHO European national healthy cities networks²¹

Belgium	France	Italy	Slovenia
Croatia	Germany	Norway	Spain

¹⁸<https://www.msn.com/en-us/health/medical/the-most-and-least-healthy-countries-in-the-world/ss-AAvMorq#image=22>

¹⁹ <https://www.msn.com/en-us/health/medical/the-most-and-least-healthy-countries-in-the-world/ss-AAvMorq#image=17>

²⁰http://www.alliance-healthycities.com/htmls/about/index_about.html

²¹ http://www.euro.who.int/__data/assets/pdf_file/0007/262492/Healthy-Cities-promoting-health-and-equity.pdf

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Czech Republic	Greece	Poland	Sweden
Denmark	Hungary	Portugal	Turkey
Finland	Israel	Russian Federation	United Kingdom

TIMELINE OF EVENTS

Date	Description of Event
1948	The World Health Organization Constitution comes into force on 7 April.
2003	The Healthy Cities approach was initiated by the World Health Organization.
2003	The Alliance for Healthy Cities was founded.
2004	The Alliance held its Inaugural General Assembly and Conference in Kuching City, Sarawak, Malaysia.

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

So far there haven't been any passed UN resolutions on the matter of the promotion of health inequities. Nevertheless, there have been expert group meetings and negotiations concerning health inequities, the healthy cities alliance where there has been monitoring and reporting of the data received from actions having been made.

- **ESA/STAT/AC.320/11**

The meeting was being convened to bring together statistical experts working on producing data by various types of disaggregation, such as age, sex, ethnicity, and others as specified in the 2030 Agenda for Sustainable Development.

- **UN Resolution 65/1**

UN Resolution (65/1) reaffirms world leaders' commitment to the MDGs and sets out a concrete action agenda for achieving the Goals by 2015. The General Assembly resolution commits to strengthening the effectiveness of health systems and proven interventions to address evolving health challenges such as the increased incidence of non-communicable diseases.

POSSIBLE SOLUTIONS

Since health inequities originate from social inequities those are the ones we need to tackle. Not only that but also, the concept of the WHO Healthy Cities program is that by achieving prosperity in the social determinants of health that cause disparities, as an outcome the health of a community will be boosted.

Education

By acquiring higher education people are open to more job opportunities, which lead to better income and superior health care. Therefore, it is significant to reduce inequities in the educational system.

Raising public awareness about health inequities

It is imperative to inform the public on the importance of the combating of social inequities and how they're damaging society and slowing down development.

Racism

Through the assessment of racism, we are diminishing health inequities and are reducing the causes for discrimination and segregation.

Poverty

Poverty is one of the main reasons for inequities and consequently health inequities thus by minimizing those we are indirectly countering them.

Hunger

Many illnesses originate from lack of proper nutrition and malnutrition and by tackling them we are facing the root cause of the issue. Some possible clauses could look like the following :

- A. Reducing the inequalities in socioeconomic position itself, such as education, income, or wealth.
- B. Reducing the negative social and economic effects of ill health, such as school drop-out, lost job opportunities and reduced income.

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