HABITAT II Conference

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Mission Report

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Getting into the conference programme

The Habitat II conference offered a myriad of sessions dealing with specific but interrelated themes. Often competing with one another; it was soon clear that it would be extremely difficult to get an overview of the major issues being addressed by the conference.

Looking back at Vancouver, when the Habitat I conference launched a first global agenda for human settlements development, and arriving in Istanbul with some expectations to have key professional dilemmas being redressed by the world elite of city managers and planners, it soon became clear that this would not be so simple if not an impossible mission. And I am not even talking about the "negotiations" being held in the Committees I and II, and the outcry of NGOs that are neither listened by governments nor by a World Forum based on Partnership.

Participating in Habitat II

My participation in the conference was possible thanks to a sponsorship provided by DSTUR/DGIS in response to an invitation to take part in two major activities:

the Dialogue 10, Creating Healthy Cities in the 21st Century, organised by the World Health Organisation, realised on 7th June, to which I was linked as member of the Steering Committee; and

the Special Event on Environment and Health, organised by UNCHS/HABITAT Settlement Infrastructure and Environment Programme, realised on 8th June, to which I was linked as a panellist on Human Settlements Intervention Addressing Crowding and Health.

I also attended other events though not in full-time:

Building Capacity for Better Cities, organised by the IHS, UNCHS/HABITAT and DPU/University College London;
Dialogue 5, "Transport in the City of Tomorrow";
Dialogue 9, "Cities, Communications and the Media in the Information Society;

The Dialogue 10

The dialogue started with the auditorium completely full. By the end of the day, one third of the audience was still present. Unfortunately, this dialogue did not provide opportunities to establish a discussion between keynote speakers and panellists and the public. It was more a monologue. Several issues were tackled. Some were obvious. Others were surprisingly new e.g. the emerging of new diseases and the real threats they represent for urban populations living in densely occupied environments. The presence of the mayors of Cali, Colombia and Santos, Brazil, provided the audience with concrete, simple and effective actions and initiatives to create healthier and safer living environments in cities. An expontaneous political speech made by the mayor of Santos - responding to the lack of courage of the Habitat II conference to address international issues related to access to resources and the ignorance towards 12.3 million children deaths from which 54% from malnutrition - did shake the audience. Being a pediatric doctor and based on his experience first as a heath secretary of the municipality and later as mayor of Santos, where they managed to decrease child mortality drastically, he finds this figure unacceptable from the human and ethic point of views. He urged the participants to mobilize actively against what he calls cynicism of governments.

The Healthy City: emerging concepts and strategies for sustainable cities

The background paper for the Dialogue 10 already highlighted the need to promote health and prevent disease and injury while establishing good city governance that ensures the participation of the stakeholders from the public, private and popular sectors.

"Achieving healthy cities means building on each city's own resources and on the skills and managerial capacities of its people and formal and informal institutions". The healthy city model is also built from the inherent and potential advantages that cities have to concentrate population and services. This allows lower costs for servicing the population with public utilities, infrastructure and services. However, there are also potential disadvantages created by high concentration of people and manufacturing enterprises with the most dangerous occupational health hazards. Pollution, environmental hazards and transmission of infectious diseases are placing severe threats to human development. Not speaking of poverty and violence which are reaching epidemic proportions.

It is worth noting that high levels of crime and increasing income disparity are really affecting the spatial form of and the process of social interaction in cities. Middle and upper income groups are now living in self-contained and literally fortified enclaves protected by high security systems where residence, working, shopping and leisure are all enclosed in one location.

The background paper pinpoints a critical change since Habitat I (Vancouver, 1976) which is "the recognition of local governments that a person's health can be as much the result of conditions in the home, at school or at work as the quality of health care available to them".

Emerging and Re-emerging Diseases:
an unobserved crisis threatening the future of cities

At least 29 previously unknown diseases have emerged since 1973. What is new about this phenomenon is the fact that they emerge as serious public health problems but also because **their incidence and geographic range increases dramatically**. The underlying causes are vast but inadequate provision of water and sanitation scores high - 5 million people die from illness related to improper water and sanitation and unsanitary conditions within household environments - ; high concentration of people in urban areas increases morbidity and susceptibility to infection therefore increasing transmission of infectious diseases; malnutrition and worm infections affect immune systems of vulnerable groups such as children, pregnant women and the elderly; increases in people mobility - from 1950-90, airline passengers increased 140 fold from two to 280 million - meaning that newcomers are bringing new infections to city populations who have not built immunity against new diseases yet, new pathogens and disease vectors are travelling quickly through national boundaries during incubating periods. This means, cities are becoming a gateway for the dissemination of infections. Clear examples of that are the cholera, HIV, dengue and urban yellow fever, e.g. TB emerging as a public health problem in the USA after decades; cholera in South America - probably a contaminated bilge water from an Asian freighter initiated cholera epidemic in Peru and then spread around South America; urban malaria in India, Nigeria, Turkey and Eastern Mediterranean region; the dengue fever mosquito in Asia became established in USA, Brazil and parts of Africa. What would happen if an ebola virus would appear in a high density and overcrowded low income neighbourhood of an Indian urban centre?

This unobserved crisis - as it was named by L. Garret, the author of book on this subject, during her presentation in the dialogue - is affecting cities and labour productivity. Not mentioning the negative effect it can have on local, regional and national revenue collection from tourism activities if these health hazards are not controlled and managed properly. If they reach certain proportions meaning that incomes from tourism can fall drastically, governments may be reluctant to recognise the seriousness of the situation fearing that this would discourage tourism and foreign investment. This can have a dramatic impact in terms of epidemic control.

Creating a participatory platform:
tackling the urban health threats and increasing the productivity of cities

It will be impossible to address the problems created by emerging and re-emerging diseases in a sustainable manner if there is no effective urban management addressing public and environmental health in an integrated way.

To address health issues, a Healthy Cities Programme was designed and is being implemented in several urban centres throughout the world. Alike the Sustainable Cities Programme, the Healthy Cities Programme is based on a participatory planning process which involves all stakeholders and has the health issue as an entry point. It promotes a consultation process which helps to mobilise local resources, identify key issues, set priorities and establish mechanisms to act. Cities such as Nobel (Tunisia), Sherbrooke (Canada), Glasgow (UK), Chittagong (Bangladesh), Johannesburg (SA) and Cali (Colombia), are accomplishing significant results with the Healthy Cities approach.

Some Issues discussed during the Dialogue 10

Cities are becoming more densely occupied. The relationship between high density environments and health impacts are becoming more and more evident. Though, the concentration of health care services, facilities, low level of energy consumption, public transport, the availability of socialisation spaces and integration are some of the aspects that highlight the sustainability of urban environments. However, this potential demands effective actions that can manage the compactness and densification of urban environments. Health must become an integral part of urban management which must aim at a healthy city. That means equal opportunity for city residents.

It is assumed that health must be in the centre of development. There is no sustainable development if people are not healthy. The relationship health and environment will have to emerge as a key component in urban management and planning. That implies:

- access to services
- participation
- specific priority programmes
- a problem solving approach
- capacity building in local communities for health promotion

Several modalities and levels of interventions must be pursued in order to minimise urban exposure to health hazards. The use of technical solutions and enforcement of basic environmental regulations should be combined with changes in behaviour and attitudes. A multifaceted approach is required. Systematic and realistic assessments must be in place e.g. the costs for taking lead from gasoline is 11 times less the costs of environment management of the impacts caused by its use, according to I. Seragelding, from the World Bank.

Health is far too serious to be left alone to doctors and medical specialists. There is a need to establish a dialogue between urban planners, city managers, medical specialists and environmental experts in order to build an agenda that will strengthen the dialogue between local governments and stakeholders and define multi-sectoral approaches. It is worth noting the election of several mayors in Latin American cities who have a medical background and are committed to a grassroots-based urban governance.

The Special Event on Environment and Health

The event started with a surprising mass attendance of more than 100 people. It ended with less than 40 participants. The discussion was intensive and with a lot of response from the audience.

As highlighted by the Minister for Environment, Science and Technology of Ghana, Dr. Christina E. Amoako-Nuama, the close relationship between environment and heath became evident during the process of urban renewal in the cities of Ghana but it is noticeable the difficulties to collect and manage data on environment-health. She emphasised that in addition to decentralisation and privatisation, it is necessary to empower municipal, district and metropolitan bodies and their capabilities. In other words, effective urban management in Ghana will have to pass first through enabling local governments before enabling the market and private provision of services if

sustainable urban development is to be achieved. Only within this scope the health problems and the environmental issues will be able to be addressed properly.

The issue of urban and labour productivity in relation to health-environment emerged during the discussions when the following figure was presented: an ordinary person in Sub-Saharan Africa falls ill from parasitic diseases 106 days per year which is 50 times more than in Industrialised countries. How can we manage urban development under these conditions?

She argued that despite so many evidences of health and environmental deterioration in cities, from Habitat I to Habitat II there is a noticeable decrease in capital investments in urban infrastructure improvement.

Health and Housing: inseparable issues in urban environmental improvement
If you are not a health professional and if you have not been trained to deal with health issues, how do you in fact deal with the subject? This is a question formulated by David Satherthwaite during his keynote speech.

While entering in a poor shack in a squatter settlement or visiting a low income unserviced neighbourhood in any city of the world, one will be immediately confronted with health problems related to unsuitable homes, unsuitable services, unsuitable urban environment, etc. Planners, architects, engineers and city managers must be able to approach medical specialists and ask the right questions in order to design appropriate policies and human interventions that can address the real causes of the problems. Co-operation and interdisciplinary actions are required. That places a specific demand on local capacities to co-ordinate, plan and manage urban development processes addressing health-environment issues.

In general there is a lack of understanding about the underlying processes and underlying causes and relationships for environmental degradation and the deterioration of people's health. Some externalities which are global or local e.g. poverty, inefficient local governments, etc. At the very local level, there should be a full understanding about the dual relationship development-environment in order to design proper solutions and strategies. It is at the neighbourhood level where environmental problems are identified and where solutions need to be implemented in full cooperation and participation of the direct benefficiaries of public policy. Poverty alleviation policies must be coupled with environmental management strategies so that the needs and priorities of the urban poor can be addressed. This will pose a question about urban equity and redistribution of income and wealth.

As stated by one panellist:

"***The problem of the poor are suffered by the poor and dealt with by the poor***"
"***The problem of the rich are suffered by the public and dealt with by the government***".

An emerging issue for the cities in the 21st Century
A significant percentage of the urban population in the developing world live in crowded neighbourhoods and overcrowded houses. There are now sufficient evidences about

alarming rates of in-house crowding which even leads to crowded rooms and in-bed crowding. A survey carried in Jakarta, Accra and Bissau provided astonishing figures e.g. 67% of all households in three neighbourhoods of Bissau live with 4 to 6 persons per bed. The health impact of this phenomenon is obvious and is gradually becoming apparent through recent comprehensive studies and research e.g. Johannesburg. The linkage of crowding with epidemiological risks and transmission of infectious diseases are revealed by studies and poses a dramatic threat to human development. Attention must also be given to the psychological impacts e.g. stress which is difficult to measure although it was found that crowed houses had a negative impact on the mental health of inhabitants of a Rio de Janeiro favela. The formulation of effective strategies to cope with this phenomenon will depend on the close co-operation between health specialists, urban planners and city managers among others.

Human development in cities will partly depend on the environmental quality of houses, neighbourhoods and urban "places". This is not an isolated discussion. Crowding-health-environment cannot be placed apart form solid waste management and infrastructure improvement and public health management. One must place it in a new and integrative perspective. It will probably be the result of meaningful actions in distinct professional fields (sanitation, public health, design, planning, management, technology) and in different levels of interventions (city, neighbourhood, site, household levels). Policies, programs and action plans should be designed to address the causes and the effects of urban environmental degradation and health deterioration in an integrative and interactive manner, and guided by a co-ordinated institutional approach if a healthier and sustainable city is to be realised.

How compact will be city of the 21st Century?

The Habitat II agenda has to increase an understanding about the inter-relationships between urban development policies and the management of highly densed occupied environments in relation to the various adverse health effects that can emerge from the agglomeration of people, manufacturing industries and activities. So that managerial tools and specific strategies can be developed to guide and monitor a range and often conflicting activities. The level of compactness and the way to plan and manage the process of densification and land occupation are not explicitly and sufficiently dealt with in the present debate about the sustainable city. The materialisation of the sustainable city concept and its capacity to generate safe and healthy communities - the healthy city as advocated by the dialogue 10 - partly depends on how city governments, city planners, city managers, housing specialists, public health managers, medical specialists, sanitary engineers, policy makers and decision takers perceive these inter-relationships.

The fact remains that in order not to expand infinitely towards environmentally protected areas and natural resources which materialises a linear city model, urban planners, architects and city managers will have to assess the viability of other different urban growth modes that opposes urban sprawls. The North American urban growth model based on peripheral and low density neighbourhoods are not sustainable in various aspects; commuting, transportation costs, jurisdiction and revenue generation, spatial and social segregation, etc. One should expect that city boundaries will tend to become more strict in the future. Green areas and natural resources will be environmentally protected and land conversion from rural to urban use will become more difficult. It is

much likely that a compact city model will be realised. But how compact should a city be?

A recent decision of the goverment to decrease densities in Hong Kong caused strong reactions from two opposing interested groups. For real estate developers and brokers, this means a decrease in the profitability and in the number of housing units per plots in real estate development which is based on high rise and high density schemes. For environmentalists, this decision will cause a change in the growth pattern, from a compact city towards a more linerar type of urban growth, that can jeopardize the valuable buffer green areas of the city, where the population can still find leisure and ammenities.

The planning and management of urban densities and the level of compactness that urban environments may achieve will certainly become an agenda point and the concern of "tomorrow's cities". The demand for accomplishing high efficiency of urban environments in terms of resources utilisation and the optimal use of land and infrastructure will have to be balanced with levels of environmental suitability (climatic, health, natural disaster mitigation, etc.) and social acceptance. In developing contexts where resources are scarce and where there are noticeable policy inefficiencies affecting the functioning of the housing sector - that seems to be the case in the great majority of developing countries - "overcrowding" will increase and become a serious threat for human development and social and political stability. This is bound to become a serious obstacle for human development in the cities of the 21rst century.