



UN-HABITAT



**Address by Anna Tibaijuka
Under-Secretary-General of the United Nations
Executive Director UN-HABITAT
at the International Conference
Towards Sustainable Global Health
Bonn Germany 9 -11 May 2007
Internationales Kongresszentrum Bundeshaus Bonn**

Your Excellency Mr. Heidemarie Wieczorek-Zeul
Federal Minister for Economic Co-operation and Development

Your Excellency Prof. Stefan F. Winter
State Secretary, Ministry of Labour, Health and Social Affairs,
North-Rhine-Westphalia, Düsseldorf, Germany

Your Worship Bärbel Dieckmann, Mayor of Bonn, Germany

Prof. Matthias Winiger, Rector of the University of Bonn, Germany

Dr. Rupert Maclean, Director UNESCO-UNEVOC International Centre
for Technical and Vocational Education and Training, Bonn,

On behalf of Dr. Anna Tibaijuka, Under-Secretary-General of the United Nations and Executive Director of UN-HABITAT, I wish to convey her appreciation for the gracious invitation received from Dr. Rupert Maclean to attend this conference and to deliver a keynote address. She extends her sincere apologies for not being able to participate in person as originally promised. She has requested me to deliver the following statement on her behalf, and I will read it verbatim.

INTRODUCTION

Excellencies,

Distinguished Participants

Ladies and Gentlemen,

It is indeed an honour for me to be invited to deliver a keynote address at this important international symposium on Sustainable Global Health, taking place in this beautiful historical city of Bonn. The presence of representatives of all spheres of government, international organizations, universities and research institutions, private sector and civil societies from many parts of the world underscores the importance attached to this symposium. I wish to congratulate the organizers for their foresight and determination that have led to the successful convening of this meeting. It is indeed inspiring to learn that the motivating drive for this symposium is the noble desire to work together in a holistic, global and action oriented manner towards achieving sustainable global health. We in the United Nations Human Settlement Programme fully share your conviction that it is only through collective effort that the Millennium Development Goals can be achieved for the sake of human wellbeing, livelihood, sustainable development and global peace and stability.

Indeed, the challenges of promoting human wellbeing, particularly in the area of health, must be addressed in a holistic manner and within a global perspective. Experience of the past decades has strongly confirmed that no community, society or nation, can deal with health issues in isolation. They have shown that there are no islands in the health arena.

HOMO URBANUS

Chairperson

Excellencies

Distinguished Participants

Ladies and Gentlemen

This is all the more the case as this symposium is taking place at a critical turning point in human history. 2007 is a year when human beings will become a predominantly urban species, *homo urbanus*. From now on the majority of people will no longer be rural but urban. There is no going back for this transition is irreversible and accelerating. The world's urban population is expected to grow at an average annual rate of 1.78% between 2005 and 2030, almost twice the growth rate of the world's total population. Ninety-five percent of this growth will take place in the cities of the developing world. This means that every month a city the size of Tehran, Kinshasa or Madrid needs to be built in developing countries. By 2030, the total number of new urban households in the world requiring shelter will have increased by 877.5 million. This represents an increase of 35 million households every year between 2005 and 2030, or 96,150 households per day, or 4,000 households per hour.

As cities become the predominant mode of living, the major challenge for public health in the 21st century will be in urban areas. It is interventions in human settlements, and particularly in cities, that will determine our success in achieving national and global health goals. There can be no doubt that the mode of urban development and the capacities that are put in place to respond to the challenges of urban growth will have an important impact on our future wellbeing.

Patterns of future urban growth will affect the incidence and severity of health issues and influence strategies for intervention. The morphology of cities, their density, the

dominant age of their present and future populations, accessibility to shelter and basic services, and the structure of decision-making have a direct bearing on the health of populations. In all these situations, and in both developed and developing countries, the challenge is to develop effective policies and programmes that reduce the prevalence of chronic, infectious and other diseases and also reduce the health inequities that characterize urban areas. For developed countries, which are already highly urbanized, the main challenge is to deal with the long standing disparities in health care, especially among marginalized populations. And on the part of the developing world, it is to respond to the phenomenal rate of urbanization in countries that is characterized with concentrated poverty in slums.

THE CHALLENGE OF SLUMS

Chairperson

Excellencies

Ladies and Gentlemen

The phenomenon of slums constitutes a major impediment to achieving sustainable global health in a rapidly urbanising world. Nearly one billion people today live in urban slums, without adequate shelter and basic services. This figure is expected to rise to 2 billion over the next 25 years. What we are witnessing is urbanization of poverty and ill health, and the creation of a fertile breeding ground for endemic disease. Living conditions in slums constitute the basis of most if not all of the prevailing health hazards we are battling with today. It is among slum dwellers that malaria, tuberculosis, the opportunistic diseases associated with HIV/Aids, and other epidemics take the heaviest toll.

Most slums are overcrowded, with five and more persons sharing one room which is used for cooking, sleeping and living. Lack of water and sanitation, solid waste disposal, the

presence of vermin, and poor ventilation combined with the use of low-grade fuels as the principal form of energy, constitute the principal causes for ill health.

Early life experiences are amongst the most powerful influences on health throughout the course of life. A number of studies have connected overcrowded housing conditions during childhood with respiratory problems and infections later in life. Housing deprivation alone can lead to a 25% greater risk of disability or severe ill health across the life course, with the risk increasing with exposure to poor housing in early childhood. Where poverty is endemic and social dislocation proverbial, the HIV/Aids pandemic has catastrophic effects, especially on women and children.

The causal relationship between socio-economic development and health is clear. The poor and malnourished are more likely to become sick and are at a higher risk of dying from their illnesses. This ill health undermines efforts to reduce poverty. People who become ill are more likely to fall into the poverty trap. Debilitating illness prevents adults from earning a decent living; it also prevents children from attending school, thus decreasing their chances of a healthy and productive adulthood. Indeed, good health is crucial for economic development.

CITIES AND SUSTAINABLE GLOBAL HEALTH

Chairperson

Excellencies

Ladies and Gentlemen

Though cities are sometimes seen as chaotic and filled with the worst of human maladies, historically, they have also proven to be one of the most important sources of creativity and innovation. Though two billion people will be added to our cities by 2030, the sheer growth of cities is not in itself a primary cause of ill health. The central issue is managing

growth with equity. Poverty and increasing inequities are the major challenges that have to be confronted in achieving sustainable health.

To solve these problems, efforts in poverty eradication and health care must be blended with urban planning and management. Strategies of care and prevention must give special weight to poverty dimensions in health, particularly in addressing the phenomenon of slums. Indeed, reducing risks and improving global health is not simply a function of health care. Rather it is an issue of providing equitable access to public goods and services. More concretely, any sustainable effort in dealing with malaria, diarrhea, tuberculosis and other prevalent diseases will depend on our ability to provide access to decent shelter and basic infrastructure and services such as clean water, basic sanitation and garbage disposal. In summary, the emerging risks and issues related to health cannot be separated from the way that cities are planned and managed.

Distinguished delegates,

This is where our efforts can compliment each other. We, at UN-HABITAT have only a few weeks ago adopted our new strategic plan for the next six years, devoted to promoting sustainable urbanization. In line with UN reform, this plan is designed to strengthen the role of UN-HABITAT as a catalyst for the coordinated implementation of the Habitat Agenda and related Millennium Development Goals. The key pillars of this Plan are a strategic focus on slum upgrading and slum prevention, creating strong links between policy reform, capacity building and projects on the ground, and last but not least, partnerships.

The Plan calls for ongoing and increasing alliance building with all those committed to making a difference. This implies first and foremost that we work with member States to develop effective policies and strategies to meeting the social, economic and environmental challenges of rapid urbanisation. It requires working in tandem with the UN family of agencies, programmes and funds to ensure a coordinated and concerted

approach to mainstream sustainable urbanisation and urban poverty reduction. It includes reinforcing partnerships with international and domestic financial institutions so that capacity building and policy advisory efforts are followed up by investments and by tangible results on the ground. Finally it involves deepening our strategic working relations with our long-standing partners especially with local authorities and with the urban poor.

It is in this regard, that I look forward to working with you very closely in achieving our common agenda of promoting sustainable urban development and global health. We have in place a number of programmes that compliment the various interventions that you are making in achieving global sustainable health. We need to marshal our respective competences and capacities in confronting this major global challenge.

I thank you for your kind attention.

**Chairperson,
Excellencies
Ladies and Gentlemen**

This is the end of Dr. Anna Tibaijuka’s statement.