

In 2010, World Health Day focuses on urbanisation and health, with a campaign entitled *1000 cities – 1000 lives*. It looks at the worldwide impact of urbanisation on individual and collective health, using the testimony of 1000 cities and 1000 of their inhabitants.

More than half the world's population now lives in cities, and the proportion is growing. By 2030 the figure will be around two-thirds, and - by the middle of the century - very nearly three-quarters.

The Commonwealth's urban population is growing by over 23 million a year. Some of our small island countries will face staggering scales of urban growth in period 2000 to 2025: for instance over 200% in the Maldives in the Indian Ocean, and 175% in Vanuatu in the Pacific.

Unplanned urbanisation, especially in the developing world, often leads to the growth of slums and shantytowns. One in three city dwellers now live in slums, including 400 million people in the Commonwealth. The slums of Dharavi in Mumbai or Kibera in Nairobi may be extreme cases, but their under-five mortality rates are double that of the cities themselves, and ten times that of the rural areas.

Urban health challenges include the increased risk from violence, road traffic injuries, public health emergencies and infectious diseases like HIV/AIDS, malaria, TB and pandemic influenza. The water supply, sanitation, housing, air quality and waste disposal are often compromised or at breaking point in over-crowded urban areas, endangering public health.

As increasing numbers of people live in urban areas and adopt urban lifestyles, any combinations of unhealthy diet, physical inactivity, and the misuse of alcohol, tobacco or drugs are also likely to increase the incidence of 'lifestyle' (non-communicable) diseases.

These urban health challenges are further threatened by climate change or extreme weather conditions. Rising sea levels endanger over 70 million people in Commonwealth cities. Floods and storms bring in their wake injury, infectious or water-borne disease, increased fungal and algal growth, as well as severe strains on health service delivery.

Neither the public, nor the private, nor the 'third' sector of civil society can meet the challenge alone. But together, they can. The Community-Led Infrastructure Finance Facility (CLIFF) is an innovative example of the way international agencies can support local communities to upgrade slums, resettle pavement dwellers, and re-plan traffic management.

Meanwhile our association of 54 nations has been involved in global and regional initiatives to address some of the most important aspects in urban health.

In 2007, Commonwealth Health Ministers called for global action in focussing on lifestyle diseases, and pledged to facilitate and support physical activity at every stage of life. They also stressed the need for cross-government efforts in education, trade, diet and food standards, taxation and regulation.

In 2009, those Ministers also analysed the impact of climate change on health, and found that it is the poorest people, and those in the most geographically vulnerable regions, including small island states, which are at the greatest, ever-increasing risk.

Also in 2009, it was Commonwealth Heads of Government who called for new and inclusive approaches to urban planning and management, if we are to achieve the health-related MDGs. They called for leadership and deeper understanding, together with the provision of effective financing (on a non-debt creating basis) for local infrastructure and services.

Through ComHabitat, a network of Commonwealth governments, civil society organisations and professional associations, the Commonwealth has turned its attention to the concerns of human settlements. It has initiated a benchmark study on 'the state of Commonwealth cities', while a separate pilot network of 12 Commonwealth cities* will share good practice on how to address issues such as inclusiveness, social cohesion and meeting the Millennium Development Goals. The report will be launched at the *Commonwealth Local Government Forum* network meeting on inclusive cities, in Ahmedabad later this month.

The events and activities planned for this World Health Week, 7-11 April 2010, should encourage individuals, institutions, organisations, and government agencies involved in public health - at local, regional and international levels - to play a role in improving urban health, or raising awareness about it. Town hall meetings, clean up-campaigns, physical exercise, individual testimonies may be short-term, but they are part of the long-term commitment to the inclusion of health in urban policy and planning.

Urbanisation is clearly having a major impact on the state of public health in the 21st Century. The reality is stark: there are serious global health challenges posed by rapid global urbanisation. We must work together to tackle those challenges effectively.

* Ahmedabad & Hyderabad, India; Birmingham, UK; Brisbane, Australia; Dar es Salaam, Tanzania; Durban & Johannesburg, South Africa; Freetown, Sierra Leone; Kuala Lumpur, Malaysia; Port Moresby, Papua New Guinea; Port of Spain, Trinidad & Tobago; Surrey (Vancouver), Canada