COMMITTEE A1
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GLOBAL MODEL UN WHO 2026

ANNOTATED BIBLIOGRAPHY

COMMITTEE A1: URBAN HEALTH

Simulation: Committee A1

Welcome to Global Model WHO 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Organization in the world; and hope to contribute to your understanding of the organization, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Urban health concerns the ways in which the physical, social, economic, and political conditions of cities shape people's health and well-being. More than half of the world's population already lives in urban areas, and that share is expected to continue rising rapidly in coming decades. Urbanization can create major opportunities: cities can expand access to health care, education, employment, public transport, culture, and social services. However, when growth is rapid, unequal, or poorly planned, cities can also concentrate health risks and deepen existing inequalities.

Many urban residents face inadequate housing, unsafe water and sanitation, poor waste management, air pollution, overcrowding, unsafe roads, limited green space, and barriers to healthy food and physical activity. Informal settlements and low-income neighborhoods are often affected most severely, particularly where residents lack secure housing, accessible health services, social protection, or meaningful participation in local decision-making. These conditions contribute to infectious diseases, noncommunicable diseases such as heart disease, diabetes, asthma, and mental-health conditions, as well as injuries, violence, and premature death.

Climate change is making urban-health challenges more urgent. Dense built environments can intensify heat through the urban heat-island effect, while floods, storms, droughts, and sea-level rise can damage housing, infrastructure, health systems, and water supplies. Poor air quality, often linked to transport, industry, energy production, and household fuels, remains a major public-health concern. Urban residents may also be especially vulnerable during emergencies because disruptions to transport, electricity, water, sanitation, or health services can affect millions of people at once.

Urban health therefore cannot be addressed by health ministries alone. Decisions made in housing, transport, land use, energy, environment, education, food systems, labor, finance, and urban planning all influence health outcomes. Effective approaches require cooperation between national governments, local authorities, public-health institutions, civil society, the private sector, and communities themselves. Policies should prioritize equity by ensuring that the benefits of urban development reach people in informal settlements, persons with disabilities, older persons, migrants, women and girls, children, and other groups that may face disproportionate risks.

TOPIC DESCRIPTION (CONT.)

The World Health Organization emphasizes that healthy cities are created through coordinated action on environmental determinants of health, healthy urban planning, safe mobility, food systems, emergency preparedness, disease prevention, and community participation. For the international community, urban health is closely connected to sustainable development, climate action, poverty reduction, and human rights. Delegates should consider how governments can support local capacity, finance inclusive infrastructure, improve urban data, reduce health inequities, and ensure that health is integrated into all urban policies. The central question is not simply how cities can grow, but how they can grow in ways that allow all residents to live healthy, safe, and dignified lives.

Key Points and Main Issues

Urban health is shaped by the interaction of many systems rather than by health services alone. WHO's 2025 strategic guide emphasizes that cities can improve health when housing, transport, land use, food systems, environmental policy, social protection and public services are designed with health in mind, but they can also concentrate risks and inequalities when these systems are poorly coordinated. For delegates, the central challenge is therefore to determine how national governments, local authorities and other actors can work across sectors to create healthier urban environments while responding to different levels of resources, institutional capacity and local need.

1. REDUCING HEALTH INEQUALITIES WITHIN CITIES

Cities often have better average health outcomes than rural areas, but citywide averages can hide very large differences between neighborhoods and population groups. WHO therefore treats equity as a central part of urban-health policy. Residents of informal settlements, low-income neighborhoods and other underserved areas may face several risks at the same time, including inadequate housing, unsafe water and sanitation, air pollution, insecure employment, limited access to health services and greater exposure to climate hazards.

Main Issues include:

• Health differences within cities: National or city averages can conceal major differences in life expectancy, disease, injury and access to services between neighborhoods.
• Informal settlements: Around one in four urban residents lives in a slum or informal settlement, where overcrowding and inadequate infrastructure can increase health risks.
• Multiple disadvantages: Poor housing, insecure tenure, low income, environmental exposure and limited access to services can reinforce one another.
• Unequal exposure: Low-income communities may be located closer to busy roads, industrial areas, dumpsites, flood-prone land or other environmental hazards.
• Unequal ability to respond: Households with fewer resources may have less ability to relocate, cool their homes, obtain healthy food or recover from emergencies.
• Groups requiring particular attention: Children, older persons, persons with disabilities, migrants, displaced populations, women and girls, and other marginalized groups may experience distinct barriers.
• Equity versus equality: Providing every neighborhood with the same resources may not reduce inequalities if some communities face much greater needs.

Key Points and Main Issues (cont.)

• Participation and power: Communities most affected by poor urban conditions may have the least influence over planning and investment decisions.
• Disaggregated data: Governments need neighborhood-level and population-specific information to identify inequalities that citywide averages can hide.

Recommended Actions
• Collect and publish health and environmental data at neighborhood level and for different population groups.
• Direct additional resources toward communities facing the greatest health disadvantages rather than relying only on equal per-capita distribution.
• Include informal settlements and underserved populations in urban-health strategies, service planning and monitoring.
• Assess whether major urban policies reduce or widen existing health inequalities.
• Create meaningful ways for affected communities to participate in decisions concerning their neighborhoods.

Issues for delegates to consider
• How should governments identify which neighborhoods or populations need additional support?
• Should reducing health inequalities be an explicit requirement when evaluating major urban investments?

2. INTEGRATING HEALTH ACROSS URBAN POLICY AND GOVERNMENT

Many of the most important causes of urban ill health are controlled outside the health sector. Decisions about transport, housing, land use, energy, education, food, labor, environment and infrastructure can affect disease, injury and well-being. WHO therefore emphasizes a strategic, intersectoral approach rather than treating urban health as the responsibility of health ministries alone.

Main Issues include:
• Health in All Policies: Health consequences can be considered when governments make decisions in sectors that do not primarily see themselves as health agencies.
• Policy silos: Ministries and municipal departments may work separately even when their decisions affect the same health problems.
• National-local coordination: National governments often control legislation and major funding, while local governments control planning, streets, waste services and other determinants of health.

Key Points and Main Issues (cont.)

• Clear responsibilities: Shared responsibility can become no responsibility if governments do not specify which institution is accountable for particular outcomes.
• Whole-of-government mandate: Urban health may receive greater attention when it is incorporated into national strategies, city plans and performance systems.
• Cross-sector trade-offs: A policy that achieves one objective can create health costs elsewhere; governments need mechanisms for identifying these effects before implementation.
• Co-benefits: Well-designed policies can advance several goals at once, such as reducing air pollution while increasing physical activity and lowering greenhouse-gas emissions.
• Long-term coordination: Urban infrastructure can shape health for decades, so coordination must continue beyond individual projects and electoral cycles.

Recommended Actions

• Create inter-ministerial and city-level urban-health coordinating bodies with clearly assigned responsibilities.
• Require major urban policies and plans to consider their health and health-equity effects.
• Include urban-health objectives in national urban policies, municipal master plans and development strategies.
• Establish regular mechanisms connecting national, regional and local authorities.
• Use joint reporting and shared performance indicators so non-health sectors can be held accountable for health-related outcomes.

Issues for delegates to consider

• How much authority should health ministries have over decisions made by transport, housing or planning authorities?
• What mechanisms can prevent intersectoral committees from becoming advisory bodies without real influence?

3. IMPROVING HOUSING, WATER, SANITATION, WASTE MANAGEMENT AND BASIC SERVICES

Healthy urban living depends on basic services and the quality of the built environment. Inadequate housing, overcrowding, unsafe water, poor sanitation and waste management can increase infectious disease, respiratory illness, injury, heat exposure and stress. These problems are often concentrated in rapidly growing or underserved areas where infrastructure has not kept pace with population growth.

Key Points and Main Issues (cont.)

Main Issues include:

• Adequate housing: Housing quality affects exposure to heat, cold, dampness, indoor pollution, injury and disease vectors.
• Overcrowding: Crowded housing can increase transmission of infectious diseases and place pressure on sanitation and household services.
• Water and sanitation: Reliable safe water, toilets, drainage and wastewater management are fundamental urban-health protections.
• Solid waste: Inadequate collection can expose residents to hazardous materials, pests, smoke from open burning and blocked drainage.
• Drainage and flooding: Poor drainage can increase flood damage and create standing water that supports mosquito breeding.
• Informal settlements: Upgrading services can improve health without necessarily requiring the displacement of residents.
• Housing affordability: Improvements that raise housing costs can unintentionally push lower-income residents to other unsafe areas.
• Tenure security: Fear of eviction or insecure tenure can discourage households and governments from investing in long-term improvements.
• Service reliability: Infrastructure is only protective when water, electricity, sanitation, transport and waste services continue to function during emergencies.

Recommended Actions

• Prioritize safe water, sanitation, drainage and waste collection in underserved urban areas.
• Use slum-upgrading approaches that improve health and infrastructure while minimizing involuntary displacement.
• Develop and enforce health-supporting housing and building standards appropriate to local conditions.
• Coordinate housing policy with affordability and social-protection measures so improvements do not simply displace low-income residents.
• Design basic infrastructure to remain functional during heatwaves, floods, storms and other emergencies.

Issues for delegates to consider

• How can governments upgrade informal settlements without displacing the people the improvements are intended to help?
• Which basic urban services should receive priority where governments cannot finance all needed improvements at once?

Key Points and Main Issues (cont.)

4. DESIGNING TRANSPORT, STREETS AND PUBLIC SPACES TO IMPROVE HEALTH

Transport and urban design affect health through air pollution, road traffic injuries, physical activity, access to services and social connection. WHO emphasizes that transport decisions should therefore be evaluated not only by how quickly people and goods move, but also by their broader health consequences.

Main Issues include:

• Air pollution from transport: Vehicle emissions contribute to urban exposure to harmful pollutants.
• Road traffic injuries: Street design, vehicle speeds and transport systems influence deaths and injuries.
• Active transport: Safe walking and cycling can increase physical activity while reducing emissions.
• Public transport: Affordable, reliable systems can improve access to employment, education, health care and other services.
• Accessibility: Transport systems should accommodate older persons, children and persons with disabilities.
• Low-emission zones: Cities can restrict or charge more polluting vehicles in selected areas, but effects on lower-income commuters need consideration.
• Congestion pricing: Charging vehicles to enter congested areas can reduce traffic and raise revenue, but design determines who bears the cost.
• Green and public space: Parks, trees, sidewalks and safe public spaces can support exercise, cooling, social interaction and mental well-being.
• Urban form: Low-density development and long travel distances can increase car dependence and make active travel difficult.
• Electric vehicles versus active transport: Electrification can reduce tailpipe pollution but does not by itself address physical inactivity, congestion or road danger.

Recommended Actions

• Design streets to protect pedestrians, cyclists and public-transport users as well as motorists.
• Expand affordable public transport and safe walking and cycling networks.
• Use transport and land-use planning together to reduce long travel distances and improve access to essential services.
• Evaluate low-emission zones, congestion pricing and similar measures for both health benefits and distributional effects.
• Expand accessible green and public spaces, particularly in neighborhoods with the least existing access.

Key Points and Main Issues (cont.)

Issues for delegates to consider

• Should governments prioritize cleaner private vehicles, public transport, or walking and cycling when resources are limited?

• How can transport policies improve health without imposing disproportionate costs on lower-income residents?

5. RESPONDING TO CLIMATE CHANGE, EXTREME HEAT AND URBAN EMERGENCIES

Climate change is intensifying many urban-health risks, including extreme heat, flooding, storms, drought, air pollution and infectious disease. Dense built environments can amplify heat, while the concentration of people and infrastructure means failures of electricity, transport, water or health services can affect very large populations at once.

Main Issues include:

• Urban heat-island effect: Buildings, paved surfaces and waste heat can make cities hotter than surrounding areas.

• Extreme heat: Heat can worsen cardiovascular and respiratory illness and disproportionately affect older persons, outdoor workers, people with chronic illness and households without adequate cooling.

• Flooding and storms: Extreme weather can damage homes, contaminate water, interrupt health care and displace residents.

• Climate-sensitive infectious disease: Changing temperature and rainfall can alter the geographic range and seasonality of disease vectors.

• Cooling access: Air conditioning can protect health but may be unaffordable and can increase electricity demand and emissions if systems are inefficient.

• Passive cooling: Shade, trees, reflective surfaces, ventilation and building design can reduce heat without relying solely on mechanical cooling.

• Resilient health systems: Hospitals and clinics need reliable power, water, supply chains and emergency plans.

• Disaster-risk reduction: Cities can reduce health impacts before emergencies through land-use rules, early warning, preparedness and resilient infrastructure.

• Maladaptation: A climate policy can create unintended health problems if broader consequences are not considered.

• Unequal vulnerability: Climate hazards often cause greater harm where housing, infrastructure, income and access to services are weakest.

Key Points and Main Issues (cont.)

Recommended Actions

• Develop heat-health action plans, early-warning systems and targeted protection for high-risk populations.
• Use urban planning, trees, shade and building design to reduce heat exposure.
• Climate-proof health facilities and essential water, sanitation, energy and transport systems.
• Integrate health into urban climate-adaptation and disaster-risk-reduction plans.
• Assess climate policies for unintended health effects and unequal impacts before implementation.

Issues for delegates to consider

• How should cities provide protection from extreme heat when universal access to air conditioning is neither affordable nor environmentally sustainable?
• Should health vulnerability influence where governments prioritize climate-adaptation investment?

6. ADDRESSING AIR POLLUTION, NONCOMMUNICABLE DISEASES, MENTAL HEALTH AND HEALTHY LIVING

Urban environments shape everyday exposure and behavior. Air quality, food availability, opportunities for physical activity, noise, safety, social connection and commercial environments can influence cardiovascular and respiratory disease, diabetes, obesity, mental health and other noncommunicable diseases. Urban-health policy therefore extends beyond treating illness to changing the conditions in which people live.

Main Issues include:

• Ambient air pollution: Transport, industry, energy and waste burning can expose large urban populations to unhealthy air.
• Household air pollution: Cooking and heating fuels can remain important sources of exposure, including in urban and peri-urban communities.
• Physical inactivity: Urban design can either encourage or discourage walking, cycling and recreation.
• Food environments: Some neighborhoods have limited access to affordable nutritious food while being surrounded by heavily marketed unhealthy products.
• Mental health: Crowding, insecurity, violence, noise, isolation, poor housing and lack of green space can affect psychological well-being.
• Violence and safety: Fear of crime or harassment can limit use of streets, parks and public transport.

Key Points and Main Issues (cont.)

• Commercial determinants of health: Marketing, product availability and business practices can influence tobacco, alcohol and unhealthy-food consumption.
• Green space and nature: Access can support physical activity, cooling, social interaction and mental health, but benefits depend on accessibility and safety.
• Prevention versus treatment: Governments must decide how much health investment should address upstream urban conditions rather than primarily expanding clinical services.

Recommended Actions

• Apply WHO air-quality guidance and strengthen monitoring of major urban pollution sources.
• Design neighborhoods that make physical activity and social interaction safer and easier.
• Use planning, procurement and other policy tools to improve access to affordable nutritious food.
• Include mental health, safety and social connection in urban planning and community-development strategies.
• Evaluate how commercial environments and marketing influence urban health, particularly among children and young people.

Issues for delegates to consider

• How far should governments use urban planning and regulation to shape healthier behavior rather than relying on individual choice?
• Which upstream urban interventions are most likely to reduce noncommunicable disease while also reducing inequality?

7. PLANNING FOR DEMOGRAPHIC CHANGE, MIGRATION AND DIVERSE URBAN POPULATIONS

Urban populations are changing as a result of population growth, ageing, migration, displacement and changes in household structure. WHO emphasizes that these demographic patterns affect both health needs and the design of services. A strategy appropriate for a rapidly growing young city may differ substantially from one needed in an ageing city or a city receiving large numbers of migrants or displaced people.

Key Points and Main Issues (cont.)

Main Issues include:

• Population growth: Rapid growth can outpace housing, transport, schools, health services and basic infrastructure.
• Ageing: Older populations may require accessible transport, housing, public space, health care and social support.
• Children and adolescents: Urban design influences injury risk, air pollution exposure, physical activity, nutrition, education and development.
• Migration: Migrants may face language, legal, employment, housing and health-service barriers even when services formally exist.
• Forced displacement: Conflict and disasters can rapidly increase urban populations and place pressure on local systems.
• Gender: Women and girls may experience distinct safety, mobility, employment and care-related constraints in urban environments.
• Disability inclusion: Infrastructure and services that are physically or digitally inaccessible can exclude people from health care and social participation.
• Population data: Planning requires information on who lives in the city, where they live and what barriers they face.
• Social cohesion: Rapid demographic change can create both opportunities for diversity and risks of exclusion or social tension.

Recommended Actions

• Use population projections and disaggregated demographic data when planning urban services and infrastructure.
• Apply age-, gender- and disability-responsive design standards to transport, housing and public spaces.
• Ensure migrants and displaced populations can access essential health and public services without unnecessary barriers.
• Plan service capacity for anticipated population growth rather than responding only after systems become overwhelmed.
• Include children, youth, older persons, migrants and persons with disabilities in relevant planning processes.

Issues for delegates to consider

• How should national governments help cities whose populations are growing faster than their tax base and infrastructure?
• Which services should be available to migrants and displaced people regardless of legal or residency status?

Key Points and Main Issues (cont.)

8. FINANCING URBAN HEALTH AND BUILDING LOCAL CAPACITY

Urban-health strategies cannot be implemented without sustained financing and institutions capable of using it. WHO notes that urban-health funding often comes from separate sectoral budgets that are poorly suited to problems crossing departmental boundaries. Local authorities may also be given responsibilities without the revenue, staff or technical capacity needed to carry them out.

Main Issues include:

• Fragmented budgets: Health benefits may result from investments made by transport, housing, environment or planning agencies rather than health ministries.
• Long-term investment: Infrastructure and prevention may require substantial upfront spending while health and economic benefits appear years later.
• National-local fiscal relations: Local governments often depend on national transfers, creating questions about autonomy and accountability.
• Pooled funding: Governments can combine resources from several departments for projects that pursue shared objectives.
• Health impact and economic assessment: Evidence on health benefits and avoided costs can help governments compare competing investments.
• Innovative financing: Land-value capture, congestion pricing, urban-health bonds and other mechanisms may supplement ordinary budgets.
• International finance: Lower-resource cities may need development finance, grants, concessional lending or technical assistance.
• Private finance: Public-private partnerships can mobilize resources but require safeguards so commercial interests do not determine public-health priorities.
• Capacity gaps: Money alone is insufficient if cities lack planners, public-health expertise, data systems, procurement capacity or project-management skills.
• Electoral cycles: Capacity building and infrastructure often require longer time horizons than political terms.

Recommended Actions

• Assess the health and economic consequences of major urban investments, including investments outside the health sector.
• Create financing mechanisms that allow departments to fund joint urban-health programmes.
• Align national transfers and grants with local needs while maintaining transparent accountability.

Key Points and Main Issues (cont.)

• Invest in the technical, administrative and public-health capacity of local governments.
• Develop diversified and resilient funding sources, including contingency resources for urban-health emergencies.
• Use private and international financing with transparency, conflict-of-interest safeguards and clear public objectives.

Issues for delegates to consider
• Who should pay for urban-health improvements when the health benefits result from policies controlled by several different sectors?
• How much discretion should national governments give cities over urban-health funding?

9. IMPROVING URBAN DATA, EVIDENCE AND HEALTH IMPACT ASSESSMENT

Effective urban-health policy depends on knowing where risks occur, who is affected and whether interventions work. WHO stresses that data should be disaggregated geographically and socially, cover informal settlements and vulnerable groups, and be translated into evidence that decision-makers can actually use.

Main Issues include:
• Neighborhood-level data: Citywide averages can hide severe differences among communities.
• Coverage gaps: Informal settlements and marginalized populations may be missing from administrative data.
• Health determinants: Useful systems need information not only on disease but also on housing, pollution, transport, food, climate and social conditions.
• Health impact assessment: Governments can examine likely health effects before approving major policies, plans or infrastructure projects.
• Economic evaluation: Comparing health benefits, costs and avoided losses can improve resource allocation.
• Monitoring and evaluation: Governments need to determine whether programmes are being implemented and whether they improve health.
• New data sources: Remote sensing, mobile devices, geographic information systems and other technologies can provide detailed spatial information.

Key Points and Main Issues (cont.)

• Privacy and data governance: More detailed information can improve policy while also creating risks of surveillance, misuse or discrimination.
• Interdisciplinary evidence: Urban health draws on medicine, epidemiology, economics, planning, engineering, environmental science and social science.
• Decision-support capacity: Collecting data has little value if institutions lack the skills to interpret and use it.

Recommended Actions

• Develop urban-health indicators that can be compared over time while allowing adaptation to local circumstances.
• Require appropriate health and health-equity impact assessments for major urban plans and projects.
• Improve data coverage of informal settlements and populations often missing from official statistics.
• Build local capacity to analyze data and translate evidence into policy.
• Establish privacy, security and ethical standards for new urban data sources and digital tools.
• Publish monitoring and evaluation results so policies can be adjusted when they are not working.

Issues for delegates to consider

• Should health impact assessments be mandatory for major urban-development projects?
• How can governments collect neighborhood-level data without creating unacceptable privacy or surveillance risks?

10. STRENGTHENING PARTICIPATION, PARTNERSHIPS AND LONG-TERM IMPLEMENTATION

WHO's strategic approach emphasizes that urban health requires sustained action involving governments, communities, researchers, civil society and, where appropriate, the private sector. Participation is not only a way to gain public support: residents may identify local risks and practical barriers that national statistics or outside experts overlook. The challenge is to create participation and partnerships that genuinely influence policy while preserving public accountability.

Key Points and Main Issues (cont.)

Main Issues include:

• Community knowledge: Residents can identify local conditions, barriers and priorities that may not appear in official datasets.
• Meaningful participation: Consultation has limited value if decisions have already been made or communities have no influence over outcomes.
• Representation: Governments need mechanisms to include marginalized groups that may be less able to attend formal consultations.
• Local ownership: Policies developed with communities may be more responsive to local needs and easier to sustain.
• Academic partnerships: Universities and urban-health observatories can strengthen evidence, evaluation and technical capacity.
• Civil-society partnerships: NGOs and community organizations can reach populations that public institutions may struggle to engage.
• Private-sector role: Businesses influence housing, transport, food, technology and other determinants of health and may provide resources or expertise.
• Conflicts of interest: Partnerships need safeguards when private actors have commercial interests affected by public-health policy.
• Innovation and experimentation: Cities can test new approaches, but pilots should be evaluated before being scaled up.
• Continuity: Urban-health strategies need institutions, financing and accountability mechanisms capable of surviving political changes.
• Adaptation: Because cities are complex and changing, governments need to monitor results and revise policies rather than assuming an initial plan will remain appropriate.

Recommended Actions

• Create permanent mechanisms for community participation in urban-health planning and evaluation.
• Ensure participation includes residents of informal settlements and other groups that are often underrepresented.
• Develop partnerships with universities and research institutions to strengthen evidence and evaluation.
• Establish transparent rules for private-sector participation and management of conflicts of interest.
• Evaluate pilot programmes before scaling them and publish lessons from both successes and failures.
• Build urban-health objectives into laws, budgets, institutions and long-term plans so programmes do not depend entirely on individual political leaders.

Key Points and Main Issues (cont.)

Issues for delegates to consider

• How can governments distinguish meaningful community participation from consultation that has little influence on decisions?
• What safeguards are needed when private companies participate in urban-health policy or financing?

CENTRAL QUESTIONS FOR DELEGATES

1. How can governments reduce health inequalities within cities rather than relying on improvements in citywide averages?
2. How should responsibility for urban health be divided among national governments, local authorities and sectors such as health, housing, transport and environment?
3. Which urban-health investments should receive priority where financial and institutional capacity is limited?
4. How can informal settlements be upgraded without displacing residents or making housing unaffordable?
5. How should cities balance transport efficiency, affordability, air quality, road safety and opportunities for physical activity?
6. Which measures should governments prioritize to protect urban populations from extreme heat, flooding and other climate-related health risks?
7. How can urban planning help prevent noncommunicable disease and improve mental health without placing excessive emphasis on regulating individual behavior?
8. What financing mechanisms can support long-term, cross-sector urban-health programmes that extend beyond ordinary health budgets?
9. What data should governments collect to identify neighborhood-level health inequalities, and how should privacy be protected?
10. How can community participation, scientific evidence and private-sector expertise be incorporated into decision-making while maintaining public accountability?

The negotiating challenge is therefore not simply to identify individual urban-health problems. Delegates must decide how governments can coordinate policies across sectors and levels of government, direct resources toward populations facing the greatest risks, finance and sustain long-term action, use evidence without overlooking local knowledge, and adapt global guidance to very different urban contexts.

OFFICIAL UN RESOURCES ON THE TOPIC

World Health Organization. An Evaluation of Odisha's Urban Public Health System — 2026

WHO's 2026 evaluation of Odisha documents strengths and challenges in an urban public-health model from both supply and demand perspectives. It gives delegates a current country-level example of how urban primary care, service delivery and health-system organization can be assessed and improved.

World Health Organization. Supporting Healthy Diets and Safe Foods in Urban Food Environments — 2026

This WHO resource examines how urbanization changes the environments in which people obtain and consume food. It helps delegates understand why nutrition is an urban-health issue shaped by food systems, affordability, planning and public policy rather than only by individual choices.

UNFPA. Demographic Resilience in Latin America and the Caribbean (8 June 2026) — 2026

This UNFPA report examines how ageing, migration, urbanization and changing family structures reshape needs for health care, social protection, housing, services and territorial planning. It emphasizes anticipatory, evidence-based and rights-centred policy supported by stronger demographic data.

OHCHR. Privatization and Economic, Social and Cultural Rights — 2026

This OHCHR thematic brief examines private-sector involvement in water, health care, housing and transport. It stresses that governments retain responsibility for ensuring essential services are accessible, affordable, high quality and non-discriminatory, making it useful when delegates consider public-private partnerships and urban-service financing.

UNICEF. A Different Model for Urban Sanitation (15 July 2026) — 2026

This UNICEF resource examines a sanitation model designed for dense informal settlements in Kenya and Zambia. It shows how governments, communities and service providers can expand safe sanitation where conventional sewer systems are difficult to provide, illustrating why urban-health solutions must be adapted to local density, infrastructure and affordability.

UNICEF. Noise and Children's Health (March 2026) — 2026

This UNICEF report identifies excessive noise as a preventable environmental health hazard affecting children's sleep, learning, emotional well-being and development. It is relevant to urban health because major noise sources such as traffic and aviation are shaped by transport and planning policy, and many noise-reduction measures also reduce other forms of pollution.

UN Habitat. Catalogue of Solutions 2026–2029: Planning for Healthy Cities and Communities — 2026

UN-Habitat's Catalogue includes a dedicated approach to healthy cities, explaining how planning, design, housing, mobility, waste management, finance and governance can reduce disease, injuries and health inequalities. It includes examples from several countries assigned in the simulation, including Colombia, Senegal, India, Bahrain, the Philippines, Lebanon, Egypt and Mexico.

UN Habitat. World Cities Report 2026: The Global Housing Crisis — Pathways to Action — 2026

UN-Habitat's 2026 flagship report examines the shortage of secure, safe and affordable housing and the growth of informal settlements. It connects housing with health, basic infrastructure, climate resilience, poverty and social inclusion and is especially useful for understanding housing as an underlying determinant of urban health.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

UNDP. Inclusive Urban Futures: From Inequality to Opportunity (23 February 2026) 2026

This UNDP report examines rapid urbanization in Asia and the Pacific through the lens of inequality and inclusion. It focuses on affordable housing and basic services, decent and inclusive employment, healthier urban environments, governance and financing, helping delegates connect urban health to the wider economic and social conditions that shape health.

UNICEF. The Future for Children in a Volatile World: Prospects for Children in 2026 2026

UNICEF's 2026 global outlook examines how climate and environmental crises, demographic pressures and changing social systems are shaping children's lives. It is useful for delegates because children will increasingly live in urban areas and are especially affected by unequal access to safe housing, services, healthy environments and protection.

UNEP. Global Cooling Watch 2025 2026

This United Nations Environment Programme report examines the rapidly growing global demand for cooling as populations, cities and extreme-heat exposure increase. It warns that cooling demand could more than triple by 2050 under current policies, increasing emissions and pressure on electricity systems. The report identifies passive cooling, efficient technologies, renewable energy and equitable access to cooling as essential for protecting health while avoiding additional climate damage, particularly among low-income and heat-vulnerable urban populations.

World Health Organization. WHO Initiative on Urban Governance for Health and Well-being (17 November 2025) 2025

This overview describes WHO's eight-year Initiative on Urban Governance for Health and Well-being, including its objectives, results from its first phase between 2020 and 2024, and priorities for 2025–2028. Working with six cities across different WHO regions, the initiative promotes participatory and multisectoral governance involving local and national governments, communities, civil society and academic partners. It offers delegates practical examples of how inclusive urban governance can address social determinants of health and reduce health inequities.

World Health Organization. Taking a Strategic Approach to Urban Health: A Guide for Decision-Makers (27 October 2025) 2025

This guide presents WHO's comprehensive framework for addressing complex urban-health challenges through coordinated, long-term action rather than isolated interventions. It explains how governments can integrate health into decisions involving housing, transportation, climate adaptation and other sectors. The guide emphasizes governance, sustainable financing, institutional capacity, evidence, partnerships and community participation, providing national and local decision-makers with a structured approach for developing urban-health strategies adapted to their particular political, social and environmental circumstances.

World Health Organization. Integrating Health in Urban and Territorial Planning: The Directory (14 May 2025) 2025

Jointly developed by WHO and UN-Habitat, this directory provides open-access guidance, assessment tools, training materials and examples for incorporating health into urban and territorial planning. Its resources help governments and planning professionals understand how urban design affects health and equity, assess health and socioeconomic consequences and identify successful interventions. Updated in May 2025, the directory demonstrates continuing cooperation between the two UN entities in translating public-health evidence into practical planning decisions.

OFFICIAL UN RESOURCES ON THE TOPIC (CONT.)

UN Habitat. World Cities Report 2024: Cities and Climate Action — 2024

This UN-Habitat flagship report examines how cities contribute to climate change while remaining highly vulnerable to its consequences. It analyzes unequal exposure to heat, flooding, infrastructure disruption and other hazards across cities and population groups. The report recommends people-centred climate action, resilient infrastructure, inclusive planning, improved urban finance and stronger multilevel governance. It helps delegates connect climate policy with public health, poverty reduction, environmental justice and the protection of vulnerable urban communities.

UNFPA. Urbanization — 2024

This UNFPA resource examines the opportunities and inequalities created by rapid urbanization. It highlights inadequate access to health facilities, sexual and reproductive health care, family planning and protection services among women, young people and residents of informal settlements. UNFPA supports urban population data, gender equality, youth participation and reproductive-health services for marginalized communities. The resource helps delegates understand how demographic change and disaggregated data can inform equitable urban planning and service delivery.

UNICEF. Strategic Note on UNICEF's Work for Children in Urban Settings — 2022

This strategic note establishes UNICEF's priorities for protecting children and adolescents in rapidly growing urban areas, particularly those living in informal settlements and other underserved communities. It emphasizes disaggregated data, child-responsive local governance, community participation, equitable access to coordinated social services, inclusive urban planning and effective humanitarian response in cities. The resource helps delegates understand how urban policy can address unequal health, protection and development outcomes while incorporating children's needs and participation into municipal decision-making.

UN Habitat. New Urban Agenda 2017

Adopted at Habitat III in 2016 and endorsed by the General Assembly, the New Urban Agenda establishes the United Nations' foundational framework for inclusive and sustainable urban development. It addresses housing, infrastructure, basic services, public space, transportation, environmental protection, social inclusion and participatory governance. Although older than the preferred four-year period, it remains essential because subsequent UN urban policies and programmes build upon its commitments to safe, resilient, accessible and healthy human settlements.

1. African Region

World Health Organization. WHO Initiative on Urban Governance for Health and Well-being: City Spotlight—Douala, Cameroon. 2025

This city spotlight examines Douala's participation in WHO's Initiative on Urban Governance for Health and Well-being. It summarizes the city's progress during 2020–2024 and establishes priorities for 2025–2028. The resource demonstrates how urban authorities can use multisectoral governance, community participation and institutional coordination to address social, economic and environmental determinants of health. It offers delegates a practical African case study of local implementation within a broader WHO global strategy.

2. Region of the Americas

PAHO Promotes Urban Resilience through Health Disaster Risk Reduction and South-South and Triangular Cooperation 2025

This resource describes cooperation among PAHO, the United Nations Office for Disaster Risk Reduction and the United Nations Office for South-South Cooperation to strengthen urban resilience in the Americas. Their joint training programme helps officials integrate health into disaster-risk reduction, exchange regional expertise and develop inclusive urban policies. The initiative provides delegates with an example of how UN entities support cities in protecting vulnerable populations while connecting health equity, disaster preparedness and sustainable urban development.

3. South-East Asia Region

World Health Organization. Ten Cities in the WHO South-East Asia Region Receive Healthy City Awards — 2025

This resource presents urban-health initiatives implemented by ten cities across six countries in the WHO South-East Asia Region. Their programmes address environmental conditions, waste management, green spaces, nutrition, disability inclusion, ageing, social protection and participatory governance. WHO recognized the cities for using inclusive planning, local leadership and multisectoral approaches to improve health and well-being. The examples help delegates compare how municipalities can adapt the Healthy Cities framework to differing local needs and institutional capacities.

4. European Region

World Health Organization City Leadership for Health and Sustainable Development: Critical Issues for Successful Healthy Cities Initiatives in the WHO European Region. — 2024

This WHO Regional Office for Europe publication examines the principles, objectives and leadership conditions needed to develop successful Healthy Cities initiatives. It emphasizes political commitment, intersectoral governance, community participation and the integration of health and equity into municipal decision-making. The resource helps delegates understand how city leaders can move beyond isolated health interventions and use coordinated urban policy to address the social, environmental and economic conditions affecting population health and sustainable development.

5. Eastern Mediterranean Region

Building a Sustainable Future in Bahrain: Evolving from Healthy Cities to Healthy Settings — 2025

This article examines Bahrain's expansion of the WHO Healthy Cities approach into a broader Healthy Settings programme. It describes how national and local authorities have incorporated health promotion, community participation, sustainability and multisectoral cooperation into urban governance. Bahrain's experience, including the designation of Manama as a healthy city, provides delegates with a regional example of translating WHO frameworks and the Sustainable Development Goals into locally administered programmes that connect health with social and environmental conditions.

6. Western Pacific Region

World Health Organization. WHO Initiative on Urban Governance for Health and Well-being: City Spotlight—Pasig, Philippines — 2025

This city spotlight summarizes Pasig's progress under WHO's Initiative on Urban Governance for Health and Well-being during 2020–2024 and its priorities for 2025–2028. It describes the creation of an intersectoral UrbanLead Committee, community consultations, health-leadership activities and efforts to align neighbourhood development plans with citywide policy. The resource gives delegates a practical Western Pacific example of institutionalizing community participation, evidence-informed planning and multisectoral action within rapidly urbanizing local-government systems.

RESOURCES ORGANIZED BY WHO REGION

1. African Region

Zimbabwe — 2026 National Report on Implementation of the New Urban Agenda 2026

This article examines Bahrain's expansion of the WHO Healthy Cities approach into a broader Healthy Settings programme. It describes how national and local authorities have incorporated health promotion, community participation, sustainability and multisectoral cooperation into urban governance. Bahrain's experience, including the designation of Manama as a healthy city, provides delegates with a regional example of translating WHO frameworks and the Sustainable Development Goals into locally administered programmes that connect health with social and environmental conditions.

Senegal — 2026 National Report on Implementation of the New Urban Agenda 2026

Senegal's national report provides an official account of how the government is implementing the New Urban Agenda and where it sees continuing needs. It is useful for identifying likely priorities concerning housing, services, planning, resilience, inclusion, financing and national-local coordination.

Cameroon — 2026 National Report on Implementation of the New Urban Agenda 2026

Cameroon's national report provides direct evidence of the government's priorities, progress and remaining challenges in sustainable urban development. Delegates should use it to identify national positions on housing, basic services, informal settlements, resilience, governance and implementation capacity.

South Africa — Statement at the Thirteenth Session of the World Urban Forum

2026

South Africa's Minister of Human Settlements identifies spatial inequality, informal settlements, service backlogs, transport, land markets, climate resilience and municipal capacity as major urban challenges. The statement provides direct evidence of South Africa's support for evidence-based planning, community engagement, stronger local government and implementation of the New Urban Agenda.

Kenya Boosts Climate-Resilient Healthcare with Pioneering Training for Experts

2024

Kenya's Ministry of Health describes national efforts to prepare health professionals for the growing health consequences of climate change. The training programme introduced participants to climate-risk assessments, WHO vulnerability and adaptation tools, sustainable health-care practices and preparation of a national health adaptation plan. Conducted within Kenya's Climate Change and Health Strategy 2024–2029, the initiative demonstrates how a Member State can strengthen technical capacity and institutional preparedness for climate-related health threats affecting cities and other communities.

Remarks by the Minister of Human Settlements at the 2024 World Habitat Day Celebration

2024

In these World Habitat Day remarks, South Africa's Minister of Human Settlements emphasizes youth participation, evidence-based policy and sustainable human-settlement planning. The statement identifies climate change, population growth, urbanization, informal settlements, infrastructure deficiencies and unequal access to urban land as interconnected policy challenges. It also introduces a national research agenda intended to guide planning, resource allocation and collaboration among government, universities, businesses and civil society in developing inclusive, equitable and sustainable communities.

2. Region of the Americas

Canada — Statement on the 50th Anniversary of Habitat I — 2026

Canada's Minister of Housing and Infrastructure identifies housing affordability, climate-resilient infrastructure, equitable urban development, Indigenous perspectives and cooperation with UN-Habitat as current priorities. It provides a concise official statement of issues Canada is likely to emphasize in international urban negotiations.

Government of Canada Adaptation Action Plan — 2024

Canada's Adaptation Action Plan establishes federal measures for protecting health, infrastructure, communities and the economy from climate-related hazards. Its health actions include Heat Alert and Response Systems, public-health guidance, climate-resilient health systems and assistance for local and regional authorities. The plan also supports natural infrastructure, including urban tree canopies, to reduce extreme-heat risks. It gives delegates an example of national coordination connecting public health, municipal resilience, infrastructure investment and protection of populations disproportionately exposed to climate hazards.

3. South-East Asia Region

India — 2026–2027 Outcome Budget: National Urban Health Mission — 2026

India's health-sector outcome budget shows how the government is financing and measuring the National Urban Health Mission and related health-system strengthening. It gives delegates concrete evidence of India's emphasis on neighborhood-level primary care, urban health centres and measurable service-delivery targets.

India — Statement at the 2026 High-Level Meeting on the Midterm Review of the New Urban Agenda

2026

India's Permanent Representative describes sustainable cities as central to national development and highlights programmes involving housing, water and sanitation, urban infrastructure, digital systems and support for street vendors. Because it was delivered in a UN negotiating setting, it is strong evidence for positions an Indian delegate might advance.

Annual Report 2024–2025: Ministry of Health and Family Welfare, Government of India

2025

This annual report documents India's implementation of national health programmes, including the National Urban Health Mission. The mission seeks to improve access to primary health care for urban populations, particularly residents of informal settlements and other disadvantaged communities. It supports urban health centres, community participation, outreach services and coordination with urban local bodies. The report provides delegates with government data and institutional context for evaluating how a highly urbanizing Member State addresses unequal access to essential health services.

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4. European Region

Türkiye — 2026 National Report on Implementation of the New Urban Agenda

2026

Türkiye's second national report provides an official source for understanding its current urban priorities and measures taken since 2022. Delegates can use it to examine Türkiye's approach to housing, resilience, infrastructure, local governance and implementation rather than assuming its position from wider European groupings.

United Kingdom — Adverse Weather and Health Plan Annual Report 2024 to 2025 — 2025

This United Kingdom Health Security Agency report reviews implementation of England's Adverse Weather and Health Plan during 2024–2025. The plan coordinates government agencies, health and social-care organizations, local authorities, voluntary organizations and communities in preparing for heat, cold, flooding and drought. It also supports weather-health alerts and measures for protecting vulnerable groups. The report provides delegates with a national example of integrated preparedness for environmental hazards that can produce severe and unequal health consequences in densely populated urban areas.

5. Eastern Mediterranean Region

Saudi Arabia — Statement at the 2026 UN General Assembly High-Level Meeting on the New Urban Agenda — 2026

Saudi Arabia's Minister of Municipalities and Housing describes the Kingdom's urban-development model under Vision 2030, emphasizing quality of life, housing, municipal development, sustainability and measurable implementation. The statement provides direct evidence of priorities Saudi Arabia is likely to bring to urban negotiations.

Bahrain— The Ministry of Health Participates in the Final Evaluation of Shopping Malls within the GCC "Mu'azzaz" Project — 2025

Bahrain's Ministry of Health describes its participation in a Gulf Cooperation Council initiative promoting healthier community environments within shopping centres. The assessment evaluates malls against six areas: healthy lifestyles, public awareness, community partnerships, hygiene and environmental conditions, safety and security, and community-service quality. Although focused on commercial settings, the project demonstrates how governments can apply health-promotion standards to heavily used urban spaces and cooperate regionally to make healthy behaviour more accessible within everyday community environments.

6. Western Pacific Region

China — 2026 National Report on Implementation of the New Urban Agenda — 2026

China's 2026 national report provides an official source for examining how the government describes progress and priorities in urban planning, housing, infrastructure, environmental improvement, resilience and public services.

Philippines — 2026 National Report on Implementation of the New Urban Agenda — 2026

The Philippines' national report provides a detailed official record of policies on housing, land use, mobility, resilience, basic services and local governance and can be compared with statements made by Philippine representatives in international meetings.

Philippines — National Statement at the Thirteenth Session of the World Urban Forum — 2026

The Philippines identifies housing, infrastructure, land use, environmental sustainability and climate risk as major pressures associated with rapid urbanization. It emphasizes local-government capacity, participatory governance, disaster-risk reduction, climate adaptation, data-driven management and affordable housing.

Australia — NationaNational Health and Climate Strategy: Implementation Plan 2024–2028 — 2024

Australia's implementation plan explains how the government will deliver 49 actions contained in its National Health and Climate Strategy. It establishes arrangements for governance, leadership, collaboration, stakeholder engagement and programme planning while identifying activities prioritized for 2024 and subsequent years. The plan provides delegates with an example of whole-of-government implementation connecting climate policy with public health, health-system resilience and community protection. Its approach is particularly relevant to cities facing extreme heat, air pollution, disasters and pressure on health infrastructure.

Joint Statement of the Seventeenth ASEAN Health Ministers Meeting — 2026

The 2026 ASEAN Health Ministers' statement establishes regional priorities including healthy lifestyles, health-system access, emerging threats and food safety. It is relevant to Indonesia, Malaysia, the Philippines, Singapore and Thailand and helps identify shared Southeast Asian health commitments.

Gulf Cooperation Council — 28th Meeting of the Healthy Cities Committee — 2026

The GCC Healthy Cities Committee reviewed progress in regional healthy-city programmes, financing for sustainable implementation and indicators linking public health with urban planning. It is particularly useful for Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

Second Africa Urban Forum — Nairobi Declaration — 2026

Adopted by African Union Member States, the Nairobi Declaration sets continental priorities for adequate housing, infrastructure, water and sanitation, climate resilience, inclusion and stronger urban governance. It helps delegates identify shared African priorities while leaving room for national differences on implementation and financing.

European Union Statement at the 2026 UN General Assembly High-Level Meeting on the New Urban Agenda — 2026

Delivered on behalf of the EU and its Member States, this statement supports action-oriented implementation of the New Urban Agenda linked to the 2030 Agenda and Paris Agreement. Türkiye and the United Kingdom aligned themselves with the statement, making it useful for understanding positions influencing several assigned European delegations.

Cities for All Ages — 2025

This OECD report examines how demographic change is reshaping cities and recommends policies for making urban environments accessible, safe and inclusive throughout the life course. It connects urban design, housing, transportation, public spaces, employment and digital access with health, social participation and well-being. The report provides comparative evidence and policy examples that can help delegates evaluate how national and local governments can adapt urban services while reducing isolation, unequal access and adverse health outcomes among older residents.

Implementation of the European Urban Initiative in 2022–2024 — 2025

This European Commission report reviews implementation of the European Urban Initiative, which assists cities in testing innovative solutions, exchanging knowledge and strengthening capacity for integrated urban development. Although not exclusively focused on health, the initiative addresses sectors that determine urban well-being, including housing, mobility, environmental conditions, public spaces, social inclusion and access to services. The report helps delegates examine how regional financing, city-to-city cooperation and transferable policy models can support healthier and more equitable urban environments.

Global State of National Urban Policy 2024: Building Resilience and Promoting Adequate, Inclusive and Sustainable Housing — 2024

Adopted by African Union Member States, the Nairobi Declaration sets continental priorities for adequate housing, infrastructure, water and sanitation, climate resilience, inclusion and stronger urban governance. It helps delegates identify shared African priorities while leaving room for national differences on implementation and financing.

G20 Health Approves Ministerial Declaration in Support of Global Health and International Cooperation — 2024

The G20 Health Ministers recognize climate change as an urgent health challenge requiring sustained financing and coordinated action across sectors and levels of government. The declaration emphasizes health equity, resilient health systems, social and environmental determinants of health and implementation of a One Health approach connecting human, animal, plant and ecosystem health. It provides delegates with an important collective political position on protecting vulnerable populations and integrating health considerations into climate and sustainable-development policies relevant to rapidly growing cities.

Africa Urban Forum Declaration — 2024

Adopted at the inaugural Africa Urban Forum, this declaration establishes shared priorities for sustainable urbanization across African Union Member States. It calls for inclusive planning, stronger local governance, climate resilience, adequate housing, infrastructure, basic services, financing and improved urban data. Although framed as an urban-development declaration, these commitments address major determinants of health, including living conditions, environmental risks and access to essential services. The document helps delegates understand Africa's collective regional position on managing rapid urban growth.

A Guide to Implementing the One Health Joint Plan of Action at National Level — 2023

Developed by FAO, UNEP, WHO and the World Organisation for Animal Health, this guide helps governments translate the Quadripartite One Health Joint Plan of Action into national policy. It presents pathways involving governance, legislation, financing, sectoral integration, evidence and knowledge, together with five implementation steps. The approach is relevant to urban health because dense populations, food systems, environmental degradation, antimicrobial resistance and human-animal interaction can intensify interconnected health threats requiring cooperation across traditionally separate sectors.

Thriving: Making Cities Green, Resilient, and Inclusive in a Changing Climate

2023

Drawing on evidence from more than 10,000 cities, this World Bank report examines the relationship between urbanization and climate change. It proposes policy options based on information, incentives, insurance, integration and investment to reduce emissions, strengthen resilience and protect disadvantaged populations. The report is useful for assessing how climate shocks, inadequate infrastructure and unequal development influence urban living conditions and health. It also provides delegates with financing and governance considerations for developing greener, safer and more inclusive cities.

NON-OFFICIAL RESOURCES ON THE TOPIC

Urban Slum Vulnerability in Informal Settlements: Indoor Overheating in Ghana — 2026

This study monitored indoor temperatures in Ghanaian informal-settlement dwellings and found that poor ventilation and building conditions can expose residents to dangerous indoor heat. It connects climate change, housing quality and poverty and shows why heat-health strategies must consider conditions inside homes.

Community-Led Approaches for Sanitation Resilience in Informal Urban Settlements: Jakarta, Indonesia — 2026

This study finds that participation, institutional support and social norms can strengthen sustainable sanitation and hygiene practices in an informal settlement in Jakarta. It shows how infrastructure, community organization and government support can work together.

Co-production of Informal Settlement Health: Building Healthy Communities in Salvador, Brazil — 2026

This community-based study examines interventions developed with residents of informal settlements in Salvador. It illustrates how community participation can identify local priorities and produce interventions more responsive to conditions that may be missed by citywide data.

Water Insecurity and Lived Experiences in Nairobi, Kenya — 2026

This mixed-methods study compares water access in Nairobi's formal and informal settlements and examines availability, accessibility, quality, affordability and acceptability. It identifies additional burdens faced by women and residents of informal settlements.

NON-OFFICIAL RESOURCES ON THE TOPIC (CONT.)

Lived Sanitation Experiences in Informal and Formal Settlements in Nairobi, Kenya — 2026

This study compares sanitation in formal and informal settlements in Nairobi and finds greater problems with availability, quality and affordability in informal areas. It shows how water scarcity, flooding, tenure and governance can compound sanitation inequalities.

Beyond Land Tenure and Titling: Legal Recognition as a Pivotal Determinant of Health in Urban Informal Settlements — 2026

This Lancet Global Health viewpoint argues that lack of legal recognition can contribute to poor health in informal settlements by limiting access to safe housing, water, sanitation and other services. It helps delegates connect land and tenure policy with urban health.

Smart City Technologies and Health Equity: A Review of Urban Health Outcomes and Sustainable Development (2019–2026) — 2026

This review examines whether smart-city technologies improve health equitably or risk widening disparities. It considers digital infrastructure, data systems and technology-enabled services alongside access, governance and the digital divide, showing that technological innovation does not automatically produce equitable health benefits.

Cities Need an Integrated and Holistic Approach to Health Adaptation in Climate Planning — 2026

This study evaluates 55 municipal climate-adaptation plans to determine how comprehensively cities address physical, mental and social health, equity and implementation. Although many plans acknowledge health risks, none met the authors' standard for prioritized and holistic health integration. Mental health, social cohesion and distributive justice were especially neglected. The findings help delegates assess why urban climate plans require clearer health objectives, attention to vulnerable populations, measurable implementation strategies and coordination between public-health and municipal-planning authorities.

Advancing Equitable and Sustainable Urban Health — 2025

This article explains how rapid and poorly managed urban growth can concentrate infectious diseases, noncommunicable diseases, injuries and environmental hazards while worsening health inequalities. It argues that urban-health policy must address the upstream systems shaping everyday life, including housing, transportation, employment, food, energy and environmental conditions. The resource is useful for understanding why health equity and sustainability must be incorporated across urban governance rather than treated solely as responsibilities of the health sector.

How to Achieve a Healthy City: A Scoping Review with Ten City Examples — 2024

This scoping review examines the characteristics of a healthy city and compares practical examples from ten cities worldwide. It identifies recurring priorities across several sectors, including basic services, accessible health care, environmental quality, transportation, urban planning, governance and community participation. The article helps delegates understand that healthy-city development requires coordinated action across multiple institutions and that approaches must be adapted to local demographic, political, economic and environmental circumstances.

RESOURCES ORGANIZED BY WHO REGION

1. African Region

Differences in Walking Access to Healthcare Facilities Between Formal and Informal Areas in 19 Sub-Saharan African Cities

2025

This study evaluates walking access to health facilities across formal and informal neighborhoods in nineteen sub-Saharan African cities. Although most residents could reach a facility within sixty minutes, people living in informal areas frequently experienced worse access, especially in rapidly growing medium-sized cities. The findings demonstrate how land use, settlement patterns and the spatial distribution of services produce health inequalities, supporting more targeted infrastructure investment and equitable urban planning.

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2. Region of the Americas

Urban Environments, Health, and Environmental Sustainability: Findings from the SALURBAL Study

2024

This article summarizes findings from the Salud Urbana en América Latina study, a multicountry research partnership examining health and environmental conditions across Latin American cities. It considers how the built environment, transportation, social conditions and public policies influence health outcomes and inequalities within and between cities. The resource also demonstrates how comparable urban data, systems approaches, regional research partnerships and engagement with local decision-makers can support evidence-based urban-health policy.

3. South-East Asia Region

How City Living Affects Mental Health: A Qualitative Exploration of Urban Stressors Among Adults in a Megacity in India — 2025

This qualitative study examines how urban living conditions affect the mental health of adults in an Indian megacity. Participants identified housing problems, traffic, transportation, neighborhood conditions, living costs and employment pressures as major sources of stress, alongside pollution, waste, safety concerns and limited recreational opportunities. The authors recommend integrating mental health into urban development through inclusive planning, Health in All Policies and approaches associated with the WHO Healthy Cities initiative.

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4. European Region

Urban Environments, Health, and Environmental Sustainability: Findings from the SALURBAL Study — 2025

This study projects temperature-related mortality across 854 European urban areas under different climate, demographic and adaptation scenarios. It finds that, without substantial adaptation, increasing heat-related deaths are likely to exceed reductions in deaths associated with cold temperatures. Vulnerability is projected to be particularly severe in Mediterranean and Eastern European cities. The findings provide delegates with evidence supporting stronger heat-health planning, climate mitigation, adaptation measures and protection for vulnerable urban populations.

5. Eastern Mediterranean Region

The State of the Healthy City Programme Worldwide: A Narrative Review with a Focus on the Eastern Mediterranean Region

2026

This review examines the development and implementation of the WHO Healthy City Programme worldwide, with particular attention to the Eastern Mediterranean Region. It identifies conflict, migration, health inequalities, weak institutionalization, limited intersectoral cooperation and inadequate documentation as important regional challenges. The authors emphasize political commitment, community participation, research, monitoring and the integration of healthy-city principles into ordinary municipal governance as necessary for sustaining and expanding the programme.

6. Western Pacific Region

Improvement of China's Healthy City Construction Policies from the Perspective of Policy Instruments

2025

This study analyzes China's healthy-city policies by examining the policy instruments used to influence urban environments, services and population health. It identifies imbalances in the selection and application of regulatory, economic, informational and capacity-building measures and recommends a more coordinated policy framework. The article offers a useful national example of how governments can strengthen healthy-city implementation by aligning policy instruments, encouraging participation and addressing health through multiple sectors of urban governance.