GLOBAL MODEL WORLD HEALTH ASSEMBLY **WHA4.1**

Committee A1 **9 November 2026**

Zero Draft Resolution

Urban Health

The Fourth Global Model World Health Assembly,

Recalling resolution WHA44.27 (1991) on urban health development, resolution WHA68.8 (2015) on the health impact of air pollution, and resolution WHA75.7 (2022) on strengthening health emergency preparedness and response in cities and urban settings;

Recognizing that urban environments can improve access to health care and services while exposing residents to risks associated with, but not limited to, unsafe housing, air pollution, inadequate water and sanitation and traffic injuries;

Concerned that access to safe housing, clean water, sanitation and health care, as well as exposure to pollution and extreme heat, varies greatly between neighbourhoods, particularly in informal settlements;

Noting WHO's 2025 guide Taking a Strategic Approach to Urban Health, which offers advice to national and local authorities on including health considerations in urban planning;

Emphasizing the importance of involving communities, including marginalized groups, in decisions affecting their living environments;

Recognizing WHO's existing guidance on cooperation between health, housing, transport and other authorities, and on assessing and tracking the health effects of urban policies;

Recognizing that WHO guidance emphasizes cooperation across government sectors, fair access to funding, local health data and community participation, while acknowledging that countries differ in how responsibilities for urban planning, public health and essential services are divided between national and local authorities,

1. URGES Member States:

(1) to assess the impact of major housing, transport, land-use and infrastructure projects on health before approval is given;

(2) to compare health conditions and exposure to pollution or extreme heat across neighbourhoods, including informal settlements, using local data while protecting residents from being identified or discriminated against;

(3) to prepare plans that estimate the costs of improving water, sanitation, drainage, housing and primary health care in underserved settlements, and identify how these improvements could be financed;

(4) to ensure that projects to improve living conditions in underserved settlements include measures to protect existing residents from displacement, including safeguards against forced relocation and unaffordable increases in housing costs;

(5) to establish procedures for issuing extreme heat warnings and ensuring that they reach people at greater risk of heat-related illness, including older persons, outdoor workers and people living in homes without adequate cooling;

(6) to develop emergency plans to maintain essential health, water and electricity services during extreme heat, including measures to respond to power outages, water shortages and increased demand for emergency medical care;

(7) to compare the impact of proposed investments in transport projects on improving road safety, reducing air pollution, accessibility and opportunities for safe walking and cycling, and to explain publicly which benefits and disadvantages informed the final choice;

(8) to identify which national and local authorities are responsible for coordinating urban-health measures, how they will settle disagreements over responsibilities and how progress will be reviewed;

(9) to involve residents of affected communities before priorities and investments are finalized, and to report how their proposals influenced decisions;

(10) to measure health conditions and access to services before urban-health projects begin, compare them with results after implementation and, where possible, examine whether benefits reach different neighbourhoods and population groups;

2. INVITES international, regional and national partners, the health sector and other relevant stakeholders:

(1) to help cities choose methods for assessing the health effects of urban projects that match the size of each project and the staff, funding and data available locally;

(2) to share practical experience with integrating health considerations into transport, housing and land-use decisions;

(3) to help local authorities collect and interpret health data broken down by neighbourhood or population group while protecting people from identification, surveillance or discrimination;

(4) to involve community organizations and residents in the design and evaluation of urban-health initiatives;

3. REQUESTS the Director-General:

(1) to provide, upon request and through existing WHO work, examples of how health authorities can assess urban projects and cooperate with housing, transport and other authorities, distinguishing approaches that require limited staff and funding from those that require greater resources;

(2) to help cities compare measures of pollution exposure, access to health services and other health differences between neighbourhoods, and to assess whether urban investments reduce those differences;

(3) to document lessons from existing WHO urban-health and emergency-preparedness initiatives, including approaches that did not achieve their intended results.