Could cities be the answer to the world's healthcare woes?

By 2050, over 65% of the world's population will live in urban areas.
Image: REUTERS/Nacho Doce

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According to the World Bank's recent report, over half of the world's population is unable to access basic health services. This is a stark reminder of the persistent inequity that exists across the globe, and reiterates the urgency of accelerating progress toward universal health coverage (UHC) as a key driver of the 2030 Agenda for Sustainable Development.

No doubt, there have been commendable achievements in the way the global community has tackled the challenge of communicable diseases through strong partnerships and political will. Through a collective effort, we have seen malaria deaths halved to 445,000 per year since 2000.

However, while the global community galvanised around the Millennium Development Goals, non-communicable diseases (NCDs) continue to take a heavy toll on people's health and

healthcare systems. It remains the case that around 70% of the world's 56 million annual deaths are associated with NCDs. It includes an estimated 10 million from hypertension – dubbed the 'silent killer' due to its lack of notable symptoms.

Unmet NCD Challenge needs to be high on the agenda

Responding adequately to this challenge remains one of the critical tasks for the UHC agenda. There is a mismatch between unmet NCD needs and progress towards UHC in low and middle-income countries – where almost 75% of all NCD deaths occur. Health systems in these countries are mainly geared toward acute care focusing on infectious diseases, and are often not set up to provide care for chronic diseases like cardiovascular disease. Not only does this imbalance in global burden put an increased strain on health services, but it also stagnates countries' ability to develop economically and remove themselves from a cycle of poverty.

This is a distinctly modern crisis, partly driven by accelerated rates of urbanization bringing changes in lifestyle such as unhealthy diets, reduced physical activity, stress, excessive alcohol and tobacco consumption: all risk factors for the development of NCDs.

By 2050, over 65% of the world's population will live in urban areas, so we must look for ways to develop cities as instruments of public health. Every city has its own combination of lifestyle factors which contribute to the growing burden of NCDs, making it a complex problem to tackle.

But cities are also united by a common feature: the dense concentration of people and businesses, which presents a unique opportunity to bring diverse sectors together to enact change at scale. Compared to rural areas, cities can also be relatively well resourced with healthcare workers, and supported by more developed facilities and infrastructure.

Technology often forms the backbone of cities and leveraging the resulting opportunities will be vital for improving health outcomes for urban populations. More broadly, it is critical for leapfrogging low and middle-income countries towards more equitable access to care and better population health along the continuum of care – from health promotion, to preventing illnesses to disease awareness, screening, diagnosis and treatment.

It is important to note the benefits of technology as an enabler of global partnerships. No one organisation can impact global change on the scale of UHC alone. Thanks to technological advances we can communicate and work with partners locally and around the world more easily than ever before.

Realising the potential of these opportunities and forming ever more networks of multisector partners will drive success in the next generation of global health initiatives. This is particularly true for NCDs, which have multiple determinants within and outside the health sector, and require a multisector effort from both public and private organisations.

Multisector collaboration allows partners to contribute unique resources which are essential to developing initiatives that can be scaled. Private partners often contribute experience in innovating around healthcare delivery, the ability to take on financial risk, and to bring all stakeholders together.

Local ownership is also crucial to success; not only to build a network of partners, but to achieve longer-term impact and sustainability, by working with local governments to strengthen health systems.

The challenges surrounding NCDs such as hypertension are systemic and require multisector action on several fronts, including:

1) Strengthening health systems and innovating care provision

2) Encouraging physical exercise through smart city design and urban planning

3) Creating a healthy food environment for the city populations

4) Establishing policies to encourage people to stop smoking and reduce alcohol consumption

5) Improving air quality and addressing other environmental factors

Better Hearts Better Cities as multisector initiative

For example, the Better Hearts Better Cities initiative managed by the Novartis Foundation is building a multisector network of partners from digital and telecommunications, food suppliers, schools and employers, insurance funds, social enterprises and civil society, with the aim of improving cardiovascular health in low-income urban populations.

Tackling NCDs is a difficult, but urgent problem. If we do not act soon, any chance of achieving the UN's goal of UHC by 2030 will be threatened by the increase in NCDs overburdening health systems. However, if those who design, build and govern cities recognise their huge potential for public health solutions and agree on sustainable plans, there is a real chance to achieve significant improvements and transformations of health systems, health services and to the quality of life – thus re-imagining healthcare.

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The views expressed in this article are those of the author alone and not the World Economic Forum.

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