GOLD VII Multimedia Journal

Contribution to the 7th Global Report on Local Democracy and Decentralization (GOLD VII) on the **Economies of Equality and Care**

Caring cities:

Calling local leaders to the forefront of universal health coverage progress.

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uhc2030 Taking action for universal health coverage

UCLG United Cities and Local Governments

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Local leaders, the call to action is clear: it's time to make health a central investment in all efforts to build resilient and equitable cities. As cascading crises—including climate change, pandemics, conflict and economic instability—reshape our world, there is great urgency to build "caring cities" as a foundation for universal health coverage (UHC).

UHC ensures everyone, everywhere, can access essential health services—ranging from prevention, treatment, and rehabilitation to palliative care—without risking financial ruin. But this vision remains out of reach for the nearly 4.5 billion people around the world who lack access to basic health services and the 2 billion who face any form of financial hardship due to health costs, many of whom are trapped in urban poverty or are part of underserved communities.[1]

The COVID-19 pandemic exposed deep-seated vulnerabilities in health systems worldwide, disrupting essential services and widening inequities. It also taught us a crucial lesson: resilient health systems are not just the backbone of crisis response but also the bedrock of sustainable, rights-based, equitable societies. However, our collective amnesia risks dampening the urgency for reform. Local authorities, given your unique position as first responders for the people you serve, you have the power to lead this transformation. We urge you to prioritize health systems that protect, empower and sustain your communities in order to build caring cities that leave no one behind. After all, health is not a cost—it is a fundamental right and the foundation of social, economic, environmental progress and human development.

[1] World Health Organization, "New WHO Report Reveals Governments Deprioritizing Health Spending."

1. Why local action matters for the future of health

Over half of the world's population now resides in urban areas with that percentage projected to rise to nearly 70% by 2050.[2] For many, urban life remains synonymous with inequity, as informal settlements and socio-economic divides limit access to essential services, including health. UHC is part of the Sustainable Development Goals (SDG 3.8) and is essential for reducing health inequities globally. To build resilient, inclusive cities for the future, we must embrace a vision of health that places people and equity at the center of decision-making.

Local governments are the first responders and closest allies in delivering health services and are well placed to understand the needs of their communities. However, many lack the resources and decision-making power to meet these needs effectively. Despite the estimation that at least 105 of the 169 SDG targets (over 62%) will not be reached without proper engagement of sub-national governments,[3] local authorities often operate within constrained fiscal and institutional frameworks.

2. The challenges of advancing health equity in cities

2.1 Environmental and spatial barriers

The rapid pace and vast scale of urbanization, particularly in low-income countries, present significant challenges, including an urgent need to meet rising demands for affordable housing, sustainable social and developmental infrastructure, employment opportunities and essential services.[4] Breaking down barriers to healthcare access is crucial for this last component. A fundamental obstacle is the sheer absence of quality health services in many areas.[5] Yet, even when services exist, they may remain out of reach. Urban sprawl often leads to poor urban planning, resulting in hard-to-reach health facilities. Inadequate transportation systems can further hinder access, particularly for low-income populations. Moreover, overcrowding can strain existing healthcare infrastructure, leading to excessive wait times and reduced service availability and quality.

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[2] World Bank, "Urban Development Overview."
[3] OECD, "A Territorial Approach to the Sustainable Development Goals."
[4] World Bank, "Urban Development Overview."
[5] World Health Organization and UN-Habitat, "Global Report on Urban Health."

Limited facility hours and uneven distribution of healthcare services further contribute to disparities in access.[6] Environmental factors such as unsafe roads, lack of walkable pathways, or extreme weather conditions can also act as barriers.

2.2 Economic inequities

Urban poverty involves economic, social, environmental and spatial factors. It is multifaceted and context-specific and manifests differently across regions. However, it consistently exacerbates barriers to healthcare. The financial burden of care on households further discourages people from seeking the care they need—especially when they have to pay for health services out of their own pockets. We need financial protection measures to shield low-income families against catastrophic health spending – large out-of-pocket health spending relative to their total consumption or income – that may worsen poverty or lead to delayed or forgone care.[7] Addressing these barriers is essential if we are to fulfill the promise of UHC to leave no one behind. Offering essential health services with no fees at the point of care for the poorest and most vulnerable segments of the population is one possible measure.

2.3 Social exclusion

Marginalized groups, including migrants and undocumented populations, often fall through the cracks of urban health systems. Around the world, nearly one billion people live in informal settlements.[8] For them, out-of-pocket health spending often results in catastrophic financial burden. Data from low- and middle-income countries shows that slum dwellers face disproportionately higher costs for acute care and that nearby care facilities and service providers are often scarce.[9] People living in informal settlements or slums are often invisible and hard-to-reach members of our urban landscapes, and addressing their needs is not just an ethical imperative but a cornerstone for achieving true health equity.[10]

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[6] World Health Organization and UN-Habitat, "Global Report on Urban Health."
[7] World Health Organization, "Universal Health Coverage Global Monitoring Report 2023."
[8] World Bank, "Urban Development Overview."
[9] de Siqueira Filha et al., "The Economics of Healthcare Access: A Scoping Review on the Economic Impact of Healthcare Access for Vulnerable Urban Populations in Low- and Middle-Income Countries."
[10] World Health Organization and UN-Habitat, "Global Report on Urban Health."

3. What a caring city for UHC looks like

A caring city is one that prioritizes people and protects the fundamental right to health. It puts people, not diseases, at the center of its health systems. It is inclusive, equitable and people powered. Caring cities adopt a holistic, inclusive approach to health governance, anchored in three pillars:

3.1 Integrated urban systems for greater health equity

Caring cities implement health- and equity-focused urban governance decisions aiming at tackling barriers to care. For example, the health systems of caring cities are guided by universal design principles, which focus on ensuring products, environments, programs, and services are usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.[11] Caring cities also address health determinants beyond healthcare, integrating urban health strategies into non-health sectors such as transportation, housing, education, food security programs and climate initiatives that directly influence health outcomes. For example, the city of Xi'an, China aims to ensure that residents can more easily reach essential health services by focusing on both the expansion of healthcare facilities and the enhancement of transportation options.[12] And Melbourne, Australia has adopted the "20-minute city" concept, aiming to ensure that essential services are within a 20-minute walk or bike ride for all residents. Approaches such as these promote active transportation, reduce pollution, and enhance access to health services, thereby improving overall urban health.[13]

3.2 People-centered governance

Transparency, accountability and responsiveness to community needs are fundamental elements of effective people-centered governance in urban health. In addition, addressing the significant disparities in resources and needs among urban populations requires a strong emphasis on equity, justice and prioritizing the inclusion of marginalized or disadvantaged groups.[14] Caring cities embrace

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[11] UN DESA, "Convention on the Rights of Persons with Disabilities."
[12] Yang et al., "Evaluating the Improvement of Healthcare Accessibility for Urban Residents via the Construction of New Hospitals: A Case Study of Xi'an, China"; Wang, Cao, and Huang, "Equity of Accessibility to Health Care Services and Identification of Underserved Areas."
[13] Impact on Urban Health, "Reshaping the Built Environment in Melbourne, Australia"; Department of Transport and Planning. State Government of Victoria, "20-Minute Neighbourhoods: Learn How We Are Creating Inclusive, Vibrant and Healthy Neighbourhoods."
[14] World Health Organization, "Governance and Financing for Urban Health - Policy Brief."

participatory governance and adopt a whole-of-society approach. This concern for social participation, which involves empowering people, communities and civil society to participate in all aspects and at all levels of health decision-making processes, is at the heart of UHC progress.[15] Civil society organizations and communities play an important role in amplifying individual voices and connecting political leaders, policymakers and providers to the communities they serve. Moreover, mechanisms such as participatory budgeting and citizen panels ensure that health policies and funding decisions reflect the priorities of the communities they serve. These participatory approaches not only foster transparency and trust but also enhance the effectiveness and relevance of public health investments. What is most needed are mechanisms for fostering dialogue, which empower communities while helping to hold local authorities accountable for their commitments.

A few cities are launching initiatives to strengthen inclusive governance for health. Bogota, the capital of Colombia, is working to become a caring city (*ciudad cuidadora*) by promoting an inclusive, sustainable, conscious city for population well-being through a participatory approach. It is also launching the "care promoters' initiative" to improve integrated primary health care by developing a road map with the local community, civil society organizations and other stakeholders. The project is beginning in the Alcadía local de Kennedy, with a focus on promoting the participation of people with disabilities. It will make use of existing official intersectoral committees led by the Secretary of Health and Kennedy Local Council.[16] Another example is Khulna City. With a population of 1.5 million, it is one of the fastest-growing cities in Bangladesh and the third largest city of the country. The city is experiencing rapid expansion with increasing health risks. Under the leadership of the Mayor of Khulna City Corporation, a four-year action plan has been developed for "Healthy City Khulna", with good governance and multisectoral coordination as one of the top three priorities. A multisectoral coordination platform for "Healthy City Khulna" has been set up, and 11 city stakeholders have already joined. This is the first step in institutionalizing a coordination platform to ensure regular dialogue and consultations with communities, local leaders and key stakeholders to implement the plan.[17]

[15] World Health Organization, "World Health Assembly Endorses Resolution on Social Participation."
[16] World Health Organization, "WHO Initiative on Urban Governance for Health and Well-Being: Bogota, Colombia."
[17] World Health Organization, "WHO Initiative on Urban Governance for Health and Well-Being: Khulna, Bangladesh."

3.3 Equitable and resilient health systems

For UHC to become a reality, national governments must prioritize investment in equitable and resilient local health systems. Attention to funding an adequate health and care workforce is also critical to strengthening effective health systems.

3.3.1 Climate-resilience and adaptation

Urban health systems must adapt to climate challenges. Climate-related risks are now increasingly contributing to urban deaths and ill health.[18] The increase in frequency and intensity of extreme weather events creates fertile ground for increased health vulnerabilities, poverty and inequality in the long term.[19] Resilience-focused measures—such as climate adaptation—can protect health systems from shocks, including pandemics and extreme weather events, ensuring continuity of care for all. Planning and implementing these measures is best accomplished with joint action among health professionals, urban planners, engineers and other civil society stakeholders.

For example, the Ultra-Low Emission Zone (ULEZ) of the city of London, UK, has reduced air pollution and associated respiratory illnesses. The aim of the ULEZ is to help improve air quality by reducing the number of vehicles in London that do not meet emissions standards. It has helped to reduce harmful roadside nitrogen dioxide (NO2) concentrations by 21% in outer London, 53% in central London and 24% in inner London, compared to a scenario without the ULEZ and its expansions in place.[20] Another example is Freetown's urban forestry initiative. Rapid deforestation exposes the 1.2 million residents of Freetown, Sierra Leone, to increased risk of flooding, landslides, water shortages, extreme heat and coastal erosion. Residents in hillside and coastal landscapes are most vulnerable, particularly the 60% of Freetown's population living in and around informal settlements. #FreetownTheTreeTown is a community reforestation program aimed at growing millions of trees. The initiative has already achieved higher tree cover and restored natural landscapes, reducing the risks of climate impacts such as floods, landslides, coastal erosion, urban heat stress, air pollution and water shortages.[21]

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[18] UN Habitat, "World Cities Report 2022: Envisaging the Future of Cities."
[19] UN Habitat. Idem
[20] Transport For London, "Why Do We Have a ULEZ?"
[21] UNDP, "Freetown the Treetown. SDG Local Action."

3.3.2 Primary health care approach

A robust primary health care (PHC) infrastructure—integrated with social protection systems and supported by adequate public financing—is the most inclusive and cost-effective approach to strengthening local health systems. PHC is essential for achieving UHC as 90% of essential services delivery can be delivered through it—thus addressing the majority of health needs throughout an individual's life course. It also fosters healthier communities by addressing social determinants of health, reducing disparities and empowering individuals and communities.

For local authorities, prioritizing PHC means expanding access to comprehensive services by integrating care models and reaching underserved populations through mobile clinics and telemedicine. It requires investing in a well-trained, motivated workforce. Strengthening health information systems, ensuring consistent access to essential medicines, and building emergency preparedness are vital to system resilience. Community engagement, cross-sector collaboration, and preventive care initiatives are key strategies to align PHC efforts with local needs and improve health outcomes.

Several cities have successfully implemented initiatives to strengthen PHC by integrating care models and engaging communities. The city of Rio de Janeiro, Brazil, developed an early warning system for dengue fever by integrating health and meteorological data, enabling proactive public health interventions to mitigate outbreaks. It ensured resources were deployed where they were needed most and reached the lowest death rate among the last four dengue epidemics in 2024.[22] Faced with a cholera outbreak, the city of Lusaka, Zambia engaged communities to understand barriers to healthcare access, leading to the provision of ambulances and oral rehydration solutions. Community-led cholera prevention initiatives have demonstrated the power of inclusive care, reducing mortality rates and building local resilience.[23]

[22] The Rockefeller Foundation, "Urban Climate-Health Action- A New Approach to Protecting Health in the Era of Climate Change Report."
[23] UNICEF, "Zambia Cholera Flash Update"; Thobe, "Tackling Cholera Starts in the Community: Community-Based Approach Crucial for Cholera Outbreak Response to Provide Early Care"; The Rockefeller Foundation, "Urban Climate-Health Action- A New Approach to Protecting Health in the Era of Climate Change Report."

4. Towards a renewed social contract

Caring cities for UHC embody a renewed social contract anchored in equity, solidarity and collective responsibility. This renewed social contract requires empowering local governments to implement inclusive, gender-responsive health policies. By providing local authorities with the adequate fiscal autonomy and decision-making powers necessary, we can bridge the gap between global commitments and local action.

4.1 Promoting redistributive justice

This renewed social contract implies that we reimagine care not as a commodity but as a collective responsibility—where governments play the leading role in ensuring people's health while bringing society together around a collective commitment to health. It demands solidarity between people who have the resources to pay and those who do not, people who are healthy and those who are not, people who are young and people who are old. It implies redistribution, social justice and rights, ensuring that the most vulnerable and marginalized groups are meaningfully included.

4.2 Redressing gender imbalances

Critically, this renewed social contract recognizes the rights and the contribution of women in order to address the disproportionate burden they face, particularly in the health and care workforce. Gender inequality and discrimination endanger the health and well-being of women and girls, making it harder for them to access essential health services and information.[24] Although women constitute nearly 70% of the global health workforce and perform 76% of all unpaid activities in the health and care sector, they remain underrepresented in leadership roles and disproportionately impacted by workplace risks, low wages and lack of protections.[25] Migrant women, increasingly a vital part of this workforce, often face additional vulnerabilities.

5. Calls to action

To transform global commitments into local realities, we urge local authorities to:

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[24] World Health Organization, "Gender and Health."
[25] World Health Organization, "Fair Share for Health and Care."

- **Build equitable, climate-resilient and sustainable local health systems:** Invest in primary health care to build resilient systems that prioritize equity, affordability and accessibility. Prioritize cross-sector integration on urban health strategies, including transportation, housing, education, food security and climate adaptation measures, to address emerging health threats.
- **Advocate for greater empowerment from central governments with allocation of adequate funding:** Advocate for revising or developing legal frameworks to ensure governments have the jurisdiction and mandate to pursue health equity in urban areas. Increase city budgets for urban health with innovative fiscal mechanisms and external funding to design tailored health strategies, ensuring resources align with local needs.
- **Protect and invest in the health and care workforce:** Guarantee safe and decent working conditions. Ensure fair wages and equal pay for work of equal value. Offer opportunities for professional growth, with a focus on supporting women and migrant workers.
- **Institutionalize social participation and multisectoral platforms:** Formalize stakeholders' engagement in health governance to ensure accountability and relevance, and foster trust. Establish platforms for continuous dialogue among government sectors, civil society, communities, academia, and private stakeholders.
- **Advance gender equality:** Ensure women's representation in leadership and decision-making. Design policies that address gender-specific health needs. Promote gender-responsive health systems by mainstreaming gender perspectives into health policies, programs and budgeting to eliminate barriers that prevent women, girls and people with marginalized gender identities from accessing quality health services.

Caring cities are more than an aspiration—they are a necessity for progress. They are the heart of a world where no one is left behind. Let us seize this moment to translate global commitments into local action, to build systems that prioritize equity, resilience and sustainability, and to realize the promise of health for all. Together, we can make caring cities the engines of a healthier, fairer and more sustainable future.

The time to act is now. The world is watching, and the people we serve deserve nothing less.

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