GPM Position Paper: Health
Inoculating cities: reducing the threats posed by infectious disease
SDG 3/ 6/ 11

Background

Cities sit squarely at the forefront of public health and this year has already witnessed a diverse suite of significant infectious disease outbreaks in various localized urban communities. These outbreaks included emerging infectious diseases (e.g., Ebola outbreak that has affected the Northeastern region of the DRC, including Beni and Goma), or well-known diseases (e.g., measles which has impacted a growing number of cities including Antananarivo, Madagascar; Manila, Philippines; and New York City, USA). We have seen vectorborne disease outbreaks, such as the dengue outbreak that affected Kingston, Jamaica, as well as sustained disease events, such as HIV, that continue to plague urban populations around the world.

The devastating impacts of these infectious disease outbreaks on local urban communities cannot be over-stated. The implementation of quarantines and other isolation activities, closing ports of entry, and other public health measures can have socially divisive impacts as well as local economic impacts which take years and in some cases decades to overcome. The ongoing stigma on local communities is immeasurable.

Regardless of the characteristics of these outbreaks, the threats posed by them are complicated by a reality that they all have the potential to quickly spread both within cities and to other cities as a result of our highly connected and globalized world. Conversely, mitigating their potential infectious spread is a highly localized, community-based, urban health practice. International guidance and frameworks recognize the threats posed by infectious diseases. The third Sustainable Development Goal [1] calls for numerous actions to reduce these threats, and additional frameworks such as the International Health Regulations (2005), the Sendai Framework for Disaster Risk Reduction, and the Global Health Security Agenda are also used to frame discussions regarding health threats and concentrate efforts to address these risks. These international frameworks are mostly targeted at national level authorities, yet their success relies upon subnational actors.

While several city networks prioritize public health, many of them focus on reducing the burdens of noncommunicable disease. Networks like the WHO Healthy Cities Network, the Sustainable Healthy Cities Network, and the Bloomberg Partnership for Health Cities all work to promote health by mitigating social determinates of health to save lives by creating health-supportive environments, addressing infrastructure-environment interactions, and preventing noncommunicable diseases and injuries.

Objectives

While the work of these organizations is critically important, a notable gap in other city networks is the lack of an explicit focus on infectious diseases. As a result, cities not only run the risk of acting as incubators for the diseases themselves but also as hubs for more social threats such as the spread of misinformation that fuels dangerous movements like skepticism in healthcare research and systems.

These challenges are real, significant, and impossible to address in isolation. Moreover, the networks of trusted information necessary to advance interdisciplinary

---

[1] The third Sustainable Development Goal (SDG 3) calls for numerous actions to reduce these threats, including: (i) ending preventable deaths of newborns and children under 5 years of age, (ii) ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases, (iii) ensuring universal access to sexual and reproductive health-care services, (iv) supporting the research and development of vaccines and medicines for the communicable diseases, and (v) strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. Other SDGs that relate to infectious diseases include: SDG 1 (No poverty), SDG 8 (Decent work and economic growth), SDG 9 (Industry, innovation & infrastructure), SDG 10 (Reduced inequalities), SDG 11 (Sustainable cities & communities), and SDG 17 (Partnerships for goals).

solutions often lie within local community-based health networks themselves. For example, in recent years there has been a growing hesitancy towards vaccines fuelled by widespread calumny regarding their safety, apprehension about their necessity, and arguments surrounding human rights. This has resulted in the resurgence of infectious diseases that were once controlled (e.g., measles) and threatens progress toward eliminating or eradicating other infectious diseases (e.g., polio). Because of this, there have been several national-level policy shifts [2] and earlier this year, the World Health Organization recognized "vaccine hesitancy" as one of the world's top 10 health threats – placing it on the same threat level as climate change, air pollution, and Ebola.

The Global Parliament of Mayors is ideally situated to complement the public health efforts of other city networks by taking the lead in elevating and prioritizing infectious disease threats. This can be done by advocating for measures to improve public health in cities by addressing the challenges posed by preparing for and responding to infectious disease threats.

Last year, members of the Global Parliament of Mayors agreed to prioritize pandemic preparedness as a key component of urban health by signing the Bristol Declaration[3] and the stage is now set for more practical and action-oriented resolutions. Owing to its strengths of expertise and leadership provided by mayors, geographic diversity, and commitment to addressing global problems at a local level, the Global Parliament of Mayors is primed to take action to address these challenges by advocating for taking action on:

- Developing novel policy and financing mechanisms and models
- Promoting the development of public health capacities (laboratory systems, surveillance systems, reporting systems)
- Improving immunization rates against vaccine preventable diseases
- Deploying resources to address infectious disease outbreaks
- Communicating clear and correct information regarding health and the risks posed by infectious diseases
- Providing clear directives to national health ministries to develop partnership programs with cities and local communities to advance preparedness and create response networks.

The Global Parliament of Mayors should advocate for and take action to address the challenges posed by infectious diseases and promote a world free from the scourge of infectious disease.[4]

Health Working Team:

Rebecca Katz, PhD, MPH   Professor and Director, Georgetown University,
Center for Global Health Science & Security, USA

Professor Karim   Nelson Mandela School of Med, Durban, South-Africa

Sheila Foster   GPM Co-Chair Advisory Committee, Georgetown University, USA

Matthew Boyce, MSc   Senior Research Associate, Georgetown University,
Center for Global Health Science & Security, USA

This Paper is supported by the Mayor of Freetown, Yvonne Aki-Sawyerr.

---

[2] In Italy, parents who fail to vaccinate their children risk being fined up to €500 or having their children turned away from school if they are under six years of age. In Germany, parents risk being fined up to €2,500 if they fail to vaccinate their children against measles prior to them starting school.

[3] The GPM Declaration on Health was supported by: Beira, Mozambique – Durban, South Africa - Ellembelle District, Ghana - Hannover, Germany - Iganga, Uganda - Kabale, Uganda - Lahore, Pakistan - Nice, France - Puerto Morazon, Nicaragua - Sydney, Australia - Tamale, Ghana - Viano de Castelo, Portugal

[4] The Sydney Statement on Global Health Security details that health security is a state of freedom from the scourge of infectious disease and that addressing these threats will necessitate collective action.