

## **Success for public health at Paris climate talks – Now where is health at Habitat III?**

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***In December 2015, after years of concerted advocacy, the health community rejoiced at the focus on public health in the outcome document of COP21 – the Paris Agreement. Preparations are now well underway for Habitat III, the United Nations’ main forum for sustainable urbanisation, which will take place this October in Quito, Ecuador – but where is health on the agenda?***

It is widely acknowledged that COP21 in Paris last December was an unprecedented success, with over 190 Member States committing to pursue efforts to limit global warming to 1.5°C, and with high income countries reaffirming their commitment of USD 100 billion annually by 2020 to strengthen the capacity of developing nations prevent and respond to climate change.

Furthermore, continued advocacy by the health community secured multiple references to health in the outcome document of the Conference, the Paris Agreement, celebrated by the World Health Organization as an [historic win for human health](#) [1]. This Agreement is a valuable starting point for redoubled efforts to tackle the root causes of climate change and to protect the most vulnerable from its effects.

This October, world leaders will convene at another pivotal event in shaping sustainable development, this time with a focus on urban environments, at the Third United Nations Conference on Housing and Sustainable Urban Development (Habitat III). Governments will adopt the ‘New Urban Agenda’ which will define priorities in urban planning, fiscal systems and infrastructure for the coming two decades.

Rapid global urbanisation is one of the most striking changes in human societies over the past century, and has crucial links with climate change. In 2014, the global urban population exceeded the number of people living in rural areas for the first time in history. This transition has brought with it dramatic changes in people’s local environments and working patterns – heralding progress in human and economic development, but placing an ever-increasing burden on the world’s resources, fuelling climate change as consumption has increased, and jeopardising both human and planetary health.

As is the case in so many other areas of development, there are vast discrepancies between rich and poor even within a city, with people living in slums or informal settlements at greatest risk from climate-related extreme weather events.

NCDs and climate change have their roots across multiple sectors, including in energy production, transport and food and agriculture, which must be addressed in urban development planning. Cities' density and connectivity create an unparalleled opportunity to support citizens in reducing their environmental impact through changes which are beneficial for both human and planetary health.

**However, the attention afforded to health in the Habitat III discussions to date has been minimal. Despite an extensive consultative process, only mere mentions of health have been made, with no coordinated approach on how to collaboratively and strategically maximise health gains in urban environments. Air pollution alone causes over 7 million deaths annually, together with an additional 18 million from poor diet and physical inactivity – all risk factors which are exacerbated by urban environments.**

Failure to comprehensively address health in the New Urban Agenda will leave urbanisation to hurtle ever faster along its current trajectory, abandoning health considerations until they grow so great that the remedial action and economic investment required far exceed the strategic consideration which could be applied in the coming months. The opportunity is now, and we must seize it.

### Three Paths to Healthy Cities

As highlighted in a joint report launched today by the NCD Alliance and the Global Climate and Health Alliance, '[NCDs and Climate Change: Shared Opportunities for Action](#)' [2], the opportunities to tackle health and environmental challenges in tandem through well-planned urban development are wide-ranging, spanning energy, air quality, transport and food. Solving these challenges presents a valuable opportunity to improve health outcomes and to reduce health and social inequalities, whilst also mitigating climate change and steering us towards sustainable development outcomes.

Air pollution is one of the largest environmental health burdens worldwide, with outdoor air pollution a leading cause for NCDs including [respiratory conditions, cancer and cardiovascular disease](#) [3]. At present, half of the urban population whose air pollution exposure is monitored are exposed to outdoor air pollution [more than double](#) [4] the levels recommended by the World Health Organization. Interventions to reduce air pollution in three key areas are simultaneously beneficial for climate change mitigation and for health.

1. **Active transport:** Urban planning which prioritises active travel (eg. walking and cycling) over vehicle transport can create safer, more liveable and more sustainable cities. In Bogotá, Colombia, 120km of road becomes car-free every Sunday as part of the city's 'Ciclovía' initiative, allowing people to walk, cycle and enjoy themselves whilst exercising safely, as well as reducing transport emissions and air pollution. Women participating regularly in the Ciclovía are [seven times more likely to be physically active](#) [5], with [\\$3 - 4 were recouped in the direct medical costs](#) [6] for every dollar invested in the scheme.
2. **Renewable energy:** In terms of energy sources including for electricity generation, transport, and heating, transition to renewable energy sources serves to both dramatically reduce carbon emissions and protect health. For example, electricity generated from solar or wind energy causes [400 times fewer deaths](#) [7] than electricity generated from coal.
3. **Sustainable food systems:** Urban environments often promote diets which are rich in processed foods, imported over extensive distances, contributing to carbon emissions and poor health. Ensuring access to fresh, healthy and affordable foods through protecting and fostering local markets can help to reverse this trend. Plant based diets rather than those rich in meat, as often seen in more rural areas, are also beneficial for health and environment.

In order to successfully influence the New Urban Agenda to benefit both health and environment, the NCD community must be increasingly vocal in the remaining months before Habitat III – at multi-stakeholder meetings, formal negotiations, consultations, and online dialogues.

Beyond these opportunities to input formally into the Habitat III process, we must engage in ongoing advocacy to our

national governments and raise awareness in our communities of the opportunities to protect and promote health in urban environments.

The world's cities are set to continue their rapid growth over the coming decades, not only in terms of their scale, but also their crucial importance to tackling several major health challenges facing society, such as the global rise in NCDs and the clear threat to health and wellbeing posed by climate change.

The stakes are high: communities everywhere will pay a heavy price in health impacts and economic losses if we fail to act, but many of the solutions are already within our reach. The task we face now is to realign our cities to a more people-centred development trajectory, by prioritising health and sustainability. With the future of urban development centre stage at Habitat III, we have a window of opportunity to ensure that the cities of today can become the healthy, liveable and climate-smart cities of tomorrow.

Where is #health at #Habitat3? Time to prioritise #NCDs in urban planning @ncdalliance @GCHAlliance #climatehealth

### About the Authors

**Isobel Braithwaite** is currently Projects Officer at the Global Climate and Health Alliance, and is also at the end of her medical studies at University College London. Her involvement and interest in the links between climate change and health were sparked by work with the student-led organisation Healthy Planet, and she earned her MPH, which focused on environmental health, from the London School of Hygiene and Tropical Medicine.

**Jessica Beagley** is Policy Research Officer at the NCD Alliance. Jess first became interested in the links between climate change, urban environments and health while working specifically in the field of diabetes. Since working in NCDs more broadly, she has become increasingly aware of the mutual dependence of progress in each of these areas in order to achieve sustainable development and the urgency for dialogue to raise awareness and effect collaborative change.

### Featured:

**Related Resource:** [NCDs and climate change: Shared opportunities for action](#) [8]

[ENT y cambio climático: Oportunidades conjuntas para la acción](#) [9]

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### Links

[1] <http://www.who.int/mediacentre/commentaries/climate-change-agreement/en/>

[2] [https://ncdalliance.org/sites/default/files/resource\\_files/ClimateChange%26NCDs\\_BRIEF\\_EN\\_web\\_0.pdf](https://ncdalliance.org/sites/default/files/resource_files/ClimateChange%26NCDs_BRIEF_EN_web_0.pdf)

[3] <http://www.who.int/mediacentre/factsheets/fs313/en/>

[4] <http://www.who.int/mediacentre/news/releases/2014/air-quality/en/>

[5] <http://www.ncbi.nlm.nih.gov/pubmed/15300304>

[6] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284592/>

[7] <http://www.forbes.com/sites/jamesconca/2012/06/10/energys-deathprint-a-price-always-paid/>

[8] <https://old.ncdalliance.org/resources/ncds-and-climate-change-shared-opportunities-for-action>

[9] <https://old.ncdalliance.org/node/8403>