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WHAT MUNICIPAL AUTHORITIES, LOCAL GOVERNMENTS AND MINISTRIES RESPONSIBLE FOR URBAN PLANNING NEED TO KNOW

Noncommunicable Diseases

KEY POINTS

- Urbanization is driving noncommunicable disease (NCD) epidemics.

- NCDs threaten the resiliency and sustainability of cities.

- There are cost-effective initiatives at municipal and local level that can prevent NCDs while delivering wider societal benefits.

- Prevention must be a central component of NCD responses.

- Those responsible for urban planning have a fundamental responsibility to tackle NCDs and their socioeconomic impacts.

- Tackling NCDs provides an opportunity for government, the private sector and civil society to work together to make life-saving, life-enhancing differences for entire city populations.

1. Urbanization is driving NCD epidemics

- The consumption, living and working patterns of urban residents have the potential to fuel an increase in NCDs in cities. NCDs already account for nearly 70 percent of global deaths each year,[1] with rapid and unplanned urbanization a major factor. The urban environment limits physical activity opportunities and provides a captive market for industry to promote tobacco use, harmful use of alcohol and unhealthy foods and beverages.[2] Air quality is also a significant problem in urban environments – in 2012, more than 8 million people died from NCDs caused by air pollution,[3] yet barely one in ten cities worldwide reaches pollution control targets.[4]

2. NCDs threaten the resiliency and sustainability of cities

- NCDs do not just harm human health; they have significant economic implications. Under a 'business as usual' scenario, cumulative economic losses to low- and middle-income countries (LMICs) from the four main NCDs are estimated to surpass US$ 7 trillion between 2011-2025, equivalent to approximately 4 percent of their annual output in 2010.[5] With the majority and fast-rising proportion of the global population now living in urban areas,[6] cities and their businesses will bear the brunt of the health and economic burdens imposed by NCDs.

- Caring for people with NCDs diverts resources from other municipal priorities. The growing burden of NCDs, especially amongst the young and middle-aged, is straining healthcare budgets. If trends persist, cities will find it increasingly difficult to finance adequate healthcare and social support services for people with NCDs, amidst overcrowding, inadequate sanitation, violence and crime, and other overlapping challenges. NCD-sensitive urban planning helps avoid this scenario while delivering spill-over benefits to sustainable development more broadly.

What are NCDs and why must government work together?

There are four main NCDs: cardiovascular diseases (which include heart disease and strokes), cancers, diabetes and chronic respiratory disease.

38 million people die from NCDs each year, including 16 million people who die prematurely (before age 70). Most premature NCD deaths are from four main behavioural risk factors – tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet.

Population exposure to these behavioural risk factors for NCDs is determined largely by policies in trade, labour, tax, urban planning, education and other 'non-health' sectors. This means that early death and disability from NCDs are largely avoidable through better policy coherence across sectors.

Given the social, economic and environmental burdens of NCDs, it is possible to identify strategies and approaches that deliver shared gains for all sectors involved.

Goal 3 of the Sustainable Development Goals (SDGs) includes targets to prevent and control NCDs. Achievement of these targets would advance SDG 11 on making cities and human settlements inclusive, safe, resilient and sustainable. It would foster cleaner air and safer, more active living, for example.

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1   Global Burden of Disease 2013 Mortality and Causes of Death Collaborators (2015). "Global, regional, and national age–sex specific all-cause and cause-specific mortality for 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013." *Lancet*, 385: 117–71.
2   WHO (2010). "Urbanization and health." *Bull World Health Organ*, 88:245-246.
3   WHO. 2016. "An estimated 12.6 million deaths each year are attributable to unhealthy environments." http://www.who.int/mediacentre/news/releases/2016/deaths-attributable-to-unhealthy-environments/en/
4   WHO (2014). "Air quality deteriorating in many of the world's cities." http://www.who.int/mediacentre/news/releases/2014/air-quality/en/
5   WHO, WEF (2011). "From burden to "best buys": reducing the economic impact of NCDs in LMICs." http://www.who.int/nmh/publications/best_buys_summary.pdf?ua=1
6   More than half of the global population lived in cities in 2010, a proportion expected to reach 60 percent in 2030 and 70 percent in 2050.

3. There are cost-effective initiatives at municipal and local level that can prevent NCDs while delivering wider societal benefits

The following should be strongly considered:

- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport;
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns;
- Ban all forms of tobacco advertising, promotion and sponsorship;
- Where possible, reduce affordability of tobacco products by increasing tobacco excise taxes;
- Regulate commercial and public availability of alcohol;
- Restrict or ban alcohol advertising and promotions;
- Where possible, use pricing policies such as excise tax increases on alcoholic beverages;
- Work transparently with the private sector to reduce salt and sugar in manufactured food and undertake public awareness campaigns on the need for reduced fat, sugar and salt in the diet;
- Implement public awareness programmes on diet and physical activity.[7]

Well-planned cities offer unique opportunities to positively influence people's health. Promoting pedestrian and age-friendly streets, calming traffic, providing safe green spaces, increasing bicycle lanes, and increasing public transit access (e.g. through bus rapid transit) have increased physical activity while decreasing traffic fatalities and environmental pollution. Ensuring people, especially women, are safe – and feel safe – when walking through or playing in cities encourages the incorporation of physical activity into daily activities. Public transport reduces congestion, lessens pollution and, because people have to walk from the bus or train stop to their final destination, encourages physical activity.[8]

Call to action

Through the 2030 Agenda for Sustainable Development, entire governments – not just health ministries – have committed to support national NCD responses.

Municipal authorities, local governments and ministries responsible for urban planning are essential to NCD responses.

"Can children be blamed for an addiction to nicotine when single cigarettes are sold at the gates of their schoolhouse? Can parents be blamed for their overweight children when cities have no green spaces or the crime rate is so high that children are not safe playing outdoors? For the millions of people living in so-called 'urban food deserts', healthy eating is simply not an option." WHO Director-General Margaret Chan, 2015

Urban planning specifically should consider the following policy options:

- Implement zoning measures and land use regulations that restrict the sale and marketing of health-harming products near schools and in other areas where children gather;
- Increase the availability and accessibility of healthy foods, particularly in lower income communities, through farmers' markets, allotment gardens, easy access to supermarkets and groceries, and by incentivizing street vendors/food retailers to sell healthier options/move to underserved urban communities;[9]
- Encourage active commuting through mixed-use zoning that places shops, services and jobs near homes;
- Focus on safe, affordable and effective forms of transportation, infrastructure and services

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7   These policy options are drawn from the WHO Global NCD Action Plan 2013-2020. More policy options are available in Annex 3 of the WHO GAP http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1

8   WHO and UNHabitat (2016). "Global report on urban health: equitable, healthier cities for sustainable development." http://www.who.int/kobe_centre/measuring/urban-global-report/ugr_full_report.pdf?ua=1

9   The food environment can include availability and accessibility to food as well as food advertising and marketing. Some neighbourhoods have been classified as 'food deserts' because they are devoid of supermarkets or other food retailers that carry affordable and nutritious food. Residents of these neighborhoods, which are typically low-income, often lack transportation and must rely on smaller neighbourhood stores that either do not carry healthy foods or, if they do, offer them at higher prices. Also, unhealthy fast-food outlets tend to concentrate in poorer areas.

that (1) encourage physical activity such as walking or cycling; (2) provide speedy access to health services; and (3) accommodate everyone with disabilities;

- Focus on cleaner forms of public transportation that reduce air pollution and respiratory-related NCDs;
- Increase access to recreational facilities, safe green space and well-maintained pedestrian pavements.

4. Prevention must be a central component of NCD responses

Investing in increased access to early detection, diagnostic and treatment services is critical. At the same time, no city or country can treat its way out of the NCD epidemic. The costs of care for those with NCDs are just too high.[10]

Return on investment facts[11]

Fact 1. The economic consequences of NCDs are enormous.

- Under a 'business as usual' scenario, cumulative economic losses to LMICs from the four main NCDs are estimated to surpass US$ 7 trillion between 2011-2025, equivalent to approximately 4 percent of their annual output in 2010.

Fact 2. The costs of scaling-up NCD prevention and control are very low compared to their burden.

- Population-based measures for reducing tobacco and harmful alcohol use, as well as unhealthy diet and physical inactivity, are estimated to cost US$ 2 billion per year for all LMICs – less than US$ 0.40 per person;
- The most cost-effective NCD interventions for individuals cost US$ 11.4 billion per year for all LMICs (annual investment ranging from under US$ 1 per person in low-income countries to US$ 3 per person in upper middle-income countries).

Fact 3. The returns on scaling up prevention and treatment are massive.

- In economic terms, the return will be many billions of dollars of additional output; for example reducing death rates from ischaemic heart disease and stroke by 10 percent would reduce economic losses in LMICs by an estimated US$ 25 billion per year, which is three times greater than the investment needed for the measures to achieve these benefits;
- In health terms, the returns on investment would be many millions of avoided premature deaths.

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10 See Maher, D, Ford, N, and Unwin, N (2012). "Priorities for developing countries in the global response to non-communicable diseases." *Globalization and Health*, 8: 14.
11 WHO, WEF (2011). "From burden to "best buys": reducing the economic impact of NCDs in LMICs." http://www.who.int/nmh/publications/best_buys_summary.pdf?ua=1

5. Those responsible for urban planning have a fundamental responsibility to tackle NCDs and their socioeconomic impacts

The impacts of urbanization on population health, health equity and the environment are key concerns for national and municipal authorities. Inequities in ill-health and premature death caused by NCDs are common in cities. Urban slum dwellers, for example, face heavy exposure to NCD risk factors as well as difficulties accessing essential health services.[12] NCDs can drive individuals and families into poverty, widening inequities and worsening vulnerabilities.

Local governments often have the policy and legislative control over key issues affecting NCD risk. They must exercise this control to save, extend and improve lives. They must help make the healthy choice the easy choice.

6. Getting started

In the first instance municipal authorities, local governments and ministries responsible for urban planning should:

• Encourage their city/cities to become part of the Healthy Cities network;[13]

• Establish an interdisciplinary steering committee or coordination council in which urban planning, housing, sanitation, environment, and/or transport join forces with health and other sectors to integrate attention to NCDs and their risk factors into urban planning;

• Take steps to reduce conflicts of interest between elected officials/civil servants and big tobacco, food and alcohol industries; these corporations often seek to influence governments with biased and false arguments to prevent NCD action.

> Premature deaths and untold misery from NCDs are the scourge of the 21st century.
>
> Tackling the burden of NCDs presents an opportunity for government, the private sector and civil society organizations to work together to an unprecedented degree and make life-saving, life-enhancing differences for entire city populations. It is a chance for cities to show their true worth and to exploit the urban advantage to maximum effect.
>
> With the right policies, the right investments, and the right support from all partners, the tide can be turned on NCDs.

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12   See e.g. Haregu, TN, et al. (2015). "Co-occurrence of behavioural risk factors of common non-communicable diseases among urban slum dwellers in Nairobi, Kenya." *Glob Health Action*, 8: 10.3402/gha.v8.28697.

13   Thousands of cities worldwide are part of the Healthy Cities network. Implementation strategies differ by city but all follow the basic idea of involving many community members and various stakeholders as well as securing commitments from municipal officials to achieve widespread mobilization and efficiency. Being a Healthy City depends not on current health infrastructure, but rather upon a commitment to improve a city's environment and a willingness to forge the necessary political, economic and social connections.

Unprecedented leadership from mayors and municipal governments

In September 2015, during the SDG Summit, mayors from 40 countries met and declared their commitment to the 2030 Agenda for Sustainable Development. Other mayor-led initiatives include the World Mayors Council on Climate Change, the Rockefeller Foundation's 100 Resilient Cities, the C40 Cities Climate Leadership Group and a range of other initiatives often co-led by foundations and supported by civil society and private sector partners.[14]

Nowhere has municipal leadership been more apparent than in tobacco control, specifically included in Agenda 2030 through target 3.a.[15] Hundreds of cities worldwide – including large cities such as Beijing, Mexico City, New York and Sao Paulo – have successfully become smoke-free. Dedicated action at the city level to protect populations from exposure to tobacco smoke can be a catalyst for the entire country to become smoke-free, with city leaders recognized widely for their advocacy and leadership.[16]

14   SDSN and the Global Taskforce of Local and Regional Governments for Post-2015
     Development Agenda towards Habitat III. "A Declaration of Cities' Commitment
     to the 2030 Sustainable Development Agenda." https://docs.google.com/
     forms/d/e/1FAIpQLSdTcEjf_mPt2w5ltN4hEJI_XlVTnAWX1fwS-8hDPlqNh4zdKQ/viewform
15   The Framework Convention Secretariat takes the lead in coordinating global implementation of
     target 3.a under the guidance of the Conference of the Parties. COP7 (7-12 November 2016) will
     discuss target 3.a implementation under the umbrella of international cooperation.
16   WHO (2011). "Making Cities Smoke-free."
     http://apps.who.int/iris/bitstream/10665/44773/1/9789241502832_eng.pdf

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