

## Response by the Union for International Cancer Control

### Habitat III Draft Policy Paper Framework 9: Urban Services and Technology

*This response was prepared by the Union for International Cancer Control (UICC) in collaboration with members of the global NCD Alliance network. UICC is a founding member of the NCD Alliance and as such firmly believes that working jointly across all non-communicable diseases, namely cancer, cardiovascular disease, diabetes, respiratory conditions, and mental health and neurological disorders will yield far greater benefits for populations globally. Together these diseases account for more than half of morbidity and mortality worldwide. This response therefore refers to measures which will serve to prevent not only cancer, but all major NCDs.*

The Union for International Cancer Control commends the development of these Draft Policy Paper Frameworks, and welcomes the opportunity to submit comments on paper 9. The majority of people with NCDs live in urban settings, and urbanisation is associated with increasing exposures to risk factors for NCDs. As such, urban settings offer great opportunity for implementing effective policies and interventions for the prevention of NCDs, hence minimising the burden of disease and contributing significantly to sustainable development. This response focuses on measures to enable safe and accessible walking and cycling, with dual benefits for increasing physical activity in urban users, and reduction of air pollution.

#### General Comments:

This paper clearly summarises the key issues related to urban transport systems, energy, and infrastructure. Physical inactivity and outdoor air pollution are major causes of morbidity and mortality, responsible for 3.2 million<sup>i</sup> and 3.7 million<sup>ii</sup> deaths annually worldwide respectively, and are leading risk factors for NCDs. Solutions to combat physical inactivity and outdoor air pollution areas relate closely to transport and mobility, and to energy production. We commend the integrated focus on health throughout this document, but suggest that specific reference to NCDs should be made, since this group of diseases account for the majority of mortalities from these causes.

In particular, we recommend that walking and cycling should be integrated throughout the document to a far greater extent. Walking and cycling are not included in the language of SDG 11.2 to *'By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons'*. As such, walking and cycling need to be particularly addressed within the New Urban Agenda. Given the dual benefits of walking and cycling to increase physical activity and decrease emissions which contribute to outdoor air pollution and global warming, they are the ultimate modes of sustainable transport and represent a crucial component of sustainable urbanisation. Walking and cycling in cities has value across public health, business and public authority that far exceeds the costs of its provision. If half of short trips were made by bicycle in the US alone, an annual USD 3.8 billion would be saved from avoided mortality and reduced health care costs<sup>iii</sup>.

Walking, cycling and indeed other modes of public transport should notably be not only accessible but safe for all. Linked to this, we also recommend inclusion of SDG target 3.6 to *'By 2020, halve the number of global deaths and injuries from road traffic accidents 3.7'* in the document.

#### Specific Recommendations:

##### Introduction

- **Pg2p2I5:** We commend the framing of urban services as key ingredients for the physical and mental wellbeing of the population. Health is indeed an integrated component across many issues relating to urbanisation, and is rightly promoted as such in this paper.

## Challenges

- **Pg4b1:** We support inclusion of the statistics on cities consuming around 75% of global primary energy, and being responsible for 70% of global greenhouse gas emissions. In addition, we recommend including the statistic that outdoor air pollution, a key consideration when optimising infrastructure and energy supply, alone is responsible for 3.7million deaths annually.
- **Pg5b1:** We welcome the consideration of the impact of congestion on well as citizens' wellbeing, and suggest that interventions to promote walking and cycling as well as to improve public transport will reinforce positive patterns of reducing air pollution from congestion, while also replacing trips made by car with trips made by walking, cycling or by public transport, all of which have lower emissions per capita, thus reducing outdoor air pollution.
- **Pg5b4:** The paper notes that private motorized modes of transport are dominant in developed economies and absorb an extremely high proportion of energy in comparison to their transport effects. This offers yet more rationale to promote walking and cycling as essentially carbon-free and healthy modes of transport. These modes of transport should be perceived not only as equal and complementary to public transport, rather as distinctly valuable urban transport since as they offer certain health and carbon-related benefits not provided by public transport.
- **Pg6:** We welcome the barriers and structural constraints laid out but recommend additional consideration of the fact that in urban policy making and funding of infrastructure development, walking and cycling are often not seen as equally important policy options to deliver urban services. This is also the case for international funding mechanisms for urban infrastructure. As a result, the benefits of walking and cycling (decarbonisation, environmental quality, health and well-being) are underrepresented in urban policy making. New cost-benefit models for urban transport are needed for effective policy making.
- **Pg6b2:** Regarding insufficiency of funds allocated at the local level, cost benefit analysis of walking and cycling will demonstrate their applicability and benefits across all settings, and their particular value and advantage in low income settings. Cost benefit analysis would also be of use in overcoming the issue noted in this section that the user costs of private motorised transport modes do not reflect their full costs.

## Priorities

- **Pg7s1#1:** Basic urban services are well defined in the introduction of the paper, and we recommend reiterating in this section that basic urban services also relate closely to health issues: basic urban services (and equitable access to them) are required to attain good health and well-being.
- **Pg7s1#2:** We suggest that the language 'fossil fuelled and individual car-based transport needs to be regarded as a complementary means of transport and drastically downscaled in favour of eco-mobility (non-fossil fuel based public transport, cycling, walking)' be phrased more strongly to read 'fossil fuel and car-based transport must be dramatically reduced, and ultimately phased out entirely. Progress can be made initially through interventions to promote and strengthen eco-mobility solutions including public transport, walking and cycling'.
- **Pg7s2b2:** As part of this point on energy, we recommend consideration of the impact of fossil fuels vs renewable energy sources on human health. Transition to renewable energy sources is extremely beneficial for health, with wind energy causing 1/1000 the number of mortalities per kilowatt hr of electricity generated in comparison with coal<sup>iv</sup>. The negative health effects of extractive industries for fossil fuels such as hazards due to coal-fired power plants or fracking should be well noted particularly in the urban context, since both occur in urban or peri-urban areas. When transitioning to renewable

energy, efforts should also be made to minimise detrimental impact to health, since these can still have negative impacts on health even if to a far lesser degree.

- **Pg8b1:** We appreciate the mention of health as one key objective, and also especially the reference to walking and cycling.
- **Pg9l6:** This sentence on recognition of the street as an essential public space can also make reference to the need of redistribution of public space amongst the various users of street space. Currently this distribution is typically skewed towards cars (both in terms of number of trips made and space occupied by automobiles even when not in use), and greater prioritisation should be given to ensure safety of walking and cycling.
- **Pg9:** In the section on 'Targets related to policy priorities', we commend the mention of SDG3, and recommend specific reference be made to non-communicable diseases (target 3.4) and road traffic injuries (target 3.6) given other health areas are less relevant in this context.
- **Pg9b5:** We support the recommendation of considering co-responsibility between institutions of government, and recommend that this language is strengthened to say 'delivery of basic services should be centred around the principle of subsidiarity'.
- **Pg10l2:** We support inclusion of access to markets, on account of the accessibility of fresh, nutritious foods which can be obtained by citizens.
- **Pg10l4:** We note that walking and cycling offer the ultimate benefit in reducing cities' carbon footprint, and as such strongly recommend that walking and cycling be noted here, and specifically promoted in the bulleted objectives that follow. We propose inclusion of this language: *'Walking and cycling should be recognized as uniquely efficient and beneficial in terms of zero carbon emissions and promotion of physical activity, and are thus highly valuable urban transport modes which should be accessible by all citizens.'*
- **Pg10l5:** We furthermore commend the timely reference to the COP21 agreement, and recommend that the connection between COP21 and eco-mobility choices be referred to at the start of the document.
- **Pg10b2:** We strongly recommend adding an additional phrase to this point to read *'Urban mobility should support overall sustainability objectives....with the least possible detrimental impact on environment and human health.'*
- **Pg10 final paragraph:** We recommend inclusion of target 3.6 in addition to 11.2, since both are directly relevant to transport systems and will serve to benefit human health. With specific regard to 11.2, we again note that walking and cycling are not mentioned in the language of the target, and should be specifically incorporated into this document. This comment also applies to the mention of SDG11.2 on page 16 regarding international action for implementation.

## Implementation

- **Pg11s2l4:** We recognise the need for 'quick wins' and recommend that walking and cycling indeed offer this in terms of the measures required to promote them and the effect on health and reduced congestion and emissions observed with their use.
- **Pg11s2b1:** We recommend adding the phrase 'and protect health' directly after 'to reduce climate change'.
- **Pg12l1:** We strongly support the inclusion of health service in the list of societal benefits that can be reaped from redistribution of financial resources from e.g. inefficient use of energy. We also note that walking and cycling offer cost-efficient alternatives to modes of transport placing a burden on society, and that costs saved by walking and cycling could be reinvested to promote them further.
- **Pg13:** We are in full agreement with the sector-wise measures set out for the health sector. We additionally note that the health sector has a duty to promote the necessity to ensure access to fresh and healthy local food, and additionally to promote walking and cycling as transport modes for improving public health.

- **Pg14b2:** Regarding considerations on public space, we recommend an additional consideration on the quality of the public space (in terms of facilities available in these spaces, density of trees and vegetation, and regulation to prohibit tobacco use in the vicinity, especially in areas used by children), rather than simply the extent to which public space is available.
- **Pg14b3:** An objective for the energy sector should be included to: ‘Reduce and ultimately eliminate the adverse side effects of fossil fuel energy extraction and burning by transitioning to renewable energy.’
- **Pg15s2:** Local governments have a responsibility to promote walking and cycling as affordable, efficient and healthy transport modes, and to prioritise measures to strengthen them. Such measures include community walking or cycle groups and creating streets which have wide pavements and cycle paths, and public bike rental system. Furthermore, it is local governments should prioritise road safety, by supporting initiatives to create safe streets for all, focusing on vulnerable populations such as women, children, persons with disabilities and older persons. In particular, emphasis should be placed on ensuring that all children have a safe and healthy route to school.
- **Pg16:** In the second point for national governments, on sustainable transport, we recommend defining this in both environmental and health terms since these are of particularly great urgency. Specific recommendation here should be made to establish national-level strategic plans to promote walking and cycling such as those seen in Austria and Denmark, including legal frameworks, adequate financing, and public awareness campaigns. The health and additional benefits of increased levels of walking and cycling can be used justify public expenditure for those transport modes.
- **Pg16:** At the international level, we call for research and collaboration into evaluating the benefit of different interventions, followed by opportunities for dissemination of good practice, and lessons learned in implementation. International institutions should additionally help develop capacities of local and national governments to improve road safety and protect vulnerable populations such as women, children, persons with disabilities and older persons, and advance the five pillars of the UN Decade of Action for Road Safety; this is directly related to the implementation of SDG 3.6.

## Conclusion

- **Pg17b4:** We recommend including a caveat in the concluding points that transport should be available to all, *on the condition that* realisation of this goal is not at the cost of other priority areas in sustainable development, including air pollution and health.

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<sup>i</sup> World Health Organization, Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks. 2009.

<sup>ii</sup> World Health Organization, Fact sheet N°313: Ambient (outdoor) air quality and health. 2014

<sup>iii</sup> Grabow ML, Spak SN, Holloway T et al (2012). Air quality and exercise-related health benefits from reduced car travel in the midwestern United States. *Environmental Health Perspectives* 120:68-76.

<sup>iv</sup> Forbes (2012). How Deadly Is Your Kilowatt? We Rank The Killer Energy Sources. Online:

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