

## **NCD Alliance Response: HABITAT III Issue Paper 1: Inclusive Cities**

*This response was prepared by the NCD Alliance, a global network of 2,000 civil society organisations in 170 countries working towards a world free of preventable suffering and death from non-communicable diseases (NCDs).*

The NCD Alliance commends the drafting of the Issue Papers and welcomes the opportunity to submit comments on the Issue Paper on Inclusive Cities as part of the Urban Dialogue on Social Cohesion and Equity. NCDs, including cancer, cardiovascular disease, chronic respiratory diseases, diabetes and mental and neurological disorders constitute a significant proportion of global morbidity and mortality globally. NCDs share common risk factors which are shaped by urban environments, most notably physical inactivity and poor air quality and which alone are responsible for 3.2 million<sup>i</sup> and 3.7 million<sup>ii</sup> deaths annually worldwide respectively. The majority of people with NCDs live in urban settings, and urbanisation is associated with increasing exposure to risk factors for NCDs. As such, urban settings offer great opportunity for implementing effective policies and interventions for the prevention and control of NCDs.

### **General Comments:**

This paper provides a thorough overview of the potential for inclusive cities, and also the major hurdles to the effective integration and social inclusion of urban dwellers. However the paper makes no references to NCDs despite their status as the leading cause of death globally. NCDs are inextricably linked with inequalities, with high prevalence and poor outcomes seen in groups with low socioeconomic status. Ensuring inclusivity is a first step in reducing inequality and contributes to the prevention and control of NCDs. Almost three quarters of NCD deaths occur in low- and middle-income countries, which are the predominant focus of this paper. LMICs are at the nexus of rural to urban transition, hence further linking NCDs to urbanisation and the need for effective urban policies. Given the broad-reaching health and economic impacts of NCDs, and their shared roots with climate and environmental issues<sup>iii</sup>, we consider them to be an integral part of any response which seeks to promote sustainable development.

### **Key Facts and Figures:**

- The NCD Alliance recommends moving beyond the focus on economic inequalities to further explore the social and health implications of these differences. For example, lower socioeconomic status is associated with consumption of unhealthy diets, which are too often less affordable than nutritious diets.<sup>iv</sup> This is not only a key risk factor for NCDs but has implications for childhood development and is indicative of much broader social inequalities. Social inequalities in risk factors such as smoking and high blood pressure, which are often higher in groups with low socio-economic status, account for more than half of the absolute inequalities in key NCD outcomes.<sup>v</sup>
- The focus on particularly vulnerable populations i.e. women, those living in slums, is a crucial recognition of the way that multiple inequalities can interact to shape their opportunities and access within the urban environment.

### **Issue Summary:**

- The NCD Alliance welcomes the recognition of the dual potential of cities for social mobilisation or the exacerbation of inequalities, and the reference to social determinants of health. It would be beneficial to place greater emphasis on social issues including health in this section, which is generally more oriented towards economic outcomes.
- Finally it is important to recognise that multiple and intersecting deprivations are not the reserve of low- and middle-income countries and that inequalities in high-income countries equally shape the social determinants of health. Distance from recreational facilities, limited free time and unsafe neighbourhoods all limit the physical activity of low-income households across Europe<sup>vi</sup>.

### Key Drivers for Action:

#### Establishing Political Commitment to Inclusive Urbanisation

- The NCD Alliance applauds the human rights approach called for in the paper is and the associated mention of health services.

#### Establishing the Pathway to Inclusive Cities

- The NCD Alliance support the engagement of marginalised groups in dialogues on budgeting, infrastructure investments and land-use or development planning through the inclusion of community organisations in order to foster new partnerships for action and innovative solutions.
- The NCD Alliance applauds the call for universal access to services, including health services, the social determinants of health, and key NCD risk factors such as access to nutritious food.
- Recommend noting the regulatory framework needed to protect health, such as banning smoking in public places, and implementing strict urban air pollution measures. For example the “congestion charge” in London has been estimated to save 1,888 extra years of life had been saved among the city's seven million residents in its first five years.<sup>vii</sup>

---

<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> Friel S et al, Climate Change, Noncommunicable Diseases, and Development: The Relationships and Common Policy Opportunities. Annual Review of Public Health 2010.

<sup>iv</sup> Harvard School of Public Health, Eating healthy vs. unhealthy diet costs about \$1.50 more per day. 2013 (online [here](#))

<sup>v</sup> Di Cesare et al, Inequalities in non-communicable diseases and effective responses. Lancet, 2013.

<sup>vi</sup> World Health Organization European Regional Office, Physical Activity and Health in Europe: Evidence for Action. 2006.

<sup>vii</sup> British Broadcasting Corporation, Congestion charge 'boosts health'. 2008 (online)