

Response by the Union for International Cancer Control

Habitat III Draft Policy Paper Framework 6: Urban Spatial Strategies: Land Market and Segregation

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 6. The majority of people with NCDs live in urban settings, and urbanisation is associated with increasing exposures to risk factors for NCDs, including physical inactivity and poor diet. 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 the provision of public space as a key enabler for physical and mental wellbeing, especially with regard to physical activity, and additionally access to nutritious foods.

General Comments:

These remarks set out the rationale for the specific recommendations set out in the second half of this response.

- **Physical inactivity:** Physical inactivity is one of the leading modifiable risk factors for NCDs, and is responsible for 3.2 million deaths worldwide. Despite the known benefits of exercise, physical activity levels are declining globally, with 31% of adults aged 15 and over were insufficiently active in 2008.ⁱ This is due to a combination of insufficient participation in physical activity during leisure time; an increase in sedentary behaviour during occupational and domestic activities, and increased reliance on "passive" modes of transport. Progressive urbanisation has resulted in several environmental factors which may discourage participation in physical activity, including lack of parks, sidewalks and sports/recreation facilities, high density traffic, and low air quality. Interventions to improve the accessibility and quality of public space need to be implemented to increase physical activity levels globally.
 - ➔ **Walking and cycling:** In order to improve health through physical activity, we recommend specific integration of the benefits of walking and cycling throughout this document on account of their health and environmental benefits in terms of increased physical activity and reduced pollution; and measures required in terms of urban spatial strategies to ensure the accessibility and safety of these forms of transport for all urban users. Cycling and walking are more affordable and have lower carbon emissions than any other mode of transport, thus making them essential components of equitable and sustainable development. 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 costsⁱⁱ.
- **Poor nutrition:** Poor diet is an additional risk factor for NCDs. A global dietary transition from locally-sourced, unprocessed foods to imported, often highly-processed options is contributing to excessive energy intake, malnutrition, and increased greenhouse gas emissions. Hypertension, high blood glucose and high cholesterol, which are principal outcomes of such diets, are three of the top six causes of death globally, together accounting for over 15 million deaths annually. Furthermore, overweight and obesity occur as a combined result of physical inactivity and poor diet, resulting in an additional 3.4 million deaths annually.ⁱⁱⁱ

- **Access to fresh fruits and vegetables:** Local markets are central to allow urban users to access affordable and healthy foods, and space in urban areas should be set aside to allow markets to take place. In addition to health benefits, facilitating access to markets reduces emissions from highly foods or those transported over long distances, as well as supporting livelihoods of farmers in peri-rural areas, thus presenting a key component of sustainable urbanisation.

Specific Recommendations

Note: Pg – page; p – paragraph; s – section (i.e. box); b – bullet; l – line.

Challenges:

- **Pg2b1l4:** Performance indicators for spatial planning which relate to health include provision of local healthy foods and quantified measures of walking and cycling.
- **Pg2b1l6:** The paper notes that the drafting of the issue paper preceded the adoption of the SDGs. While SDG 11 is of course indeed of central relevance, the integrated and indivisible nature of the NCDs necessitates that interlinkages be drawn upon in documents such as this. To this end, we recommend inclusive attention to health (SDG 3) and specifically NCDs (target 3.4) in urban planning. [Also applies to **Pg3s2b2**]
- **Pg2b3:** When working to develop this concept more clearly, as suggested in the Policy Paper, this should include local food webs, tackling food deserts and integration of local food markets to improve urban-rural linkages and foster productive exchange of goods between urban and rural areas.
- **Pg3b1l6:** Appropriate performance indicators for public space include:
 - Percentage area coverage of green public space in a given city, and quantified accessibility for citizens in terms of distance from home, as per the WHO guidelines stated later in the Policy Paper
 - Air quality within public spaces (with improved air quality increasing the appeal of such spaces and therefore use, thus simultaneously reducing physical activity by providing a space for exercise/walking and cycling as modes of transport, and exposure to air pollution, which causes 7 million deaths annually).
 - Frequency and diversity of usage (in particular by vulnerable groups including women, older persons, and those with disabilities).
- **Pg4p6:** We emphasise that health is a fundamental area within the social domain, and is as yet unrecognised in this section on socioeconomic scenarios. If current global trends continue, NCDs, which already account for over half of the global burden of disease, are projected to cause mortality increasing from 38 million in 2012 to 52 million by 2030ⁱⁱⁱ, with lack of foresight in urban spatial strategies being a major contributor.
- **Pg6s2:** The International Diabetes Federation is implementing a project entitled “Diabetes Aware Cities” which monitors indicators including percentage of green public space. Cities which are found to need support in designating areas of public space will subsequently be supported with a toolkit to enable them to take action to improve the situation.
- **Pg6s3:** We embrace the note on the targets supporting goal 11, and in particular targets 11.2, 11.6 and 11.7. We note a number of areas where these specific targets could be further strengthened in their interpretation in the context of the New Urban Agenda:
 - Target 11.2 on provision of access to safe, affordable, accessible and sustainable transport systems for all should make specific note of walking and cycling, on account of their great affordability even as compared to public motorised transport (and hence enhancement of social

equity), and the excellent sustainability of these modes of transport in terms of simultaneously reducing air pollution and promoting physical activity.

- Target 11.6 to reduce the adverse per capita environmental impact of cities should be interpreted in terms of notable consideration of public health.
- Target 11.7 to provide universal access to safe, inclusive and accessible, green and public spaces should additionally mention access to local public markets as an important urban development strategy with benefits for both producers and consumers in terms of livelihood and health.

Priorities:

- **Pg8s2b2:** This section refers to the lack of understanding of human settlement planning as an inter/cross-sectoral tool, and indeed participation from / consultation of the health sector in urban planning processes is crucial.
- **Pg9b1:** We wholeheartedly support the recommended qualitative framing of urbanisation as regarding life styles and quality of the living environment.
- **Pg9b2:** Liked to the concept social justice suggested here, we note that public health varies across geography, race and gender, and can be included as measure for social equity.
- **Pg10b5:** Concerning new urban-rural relationships supportive of sustainable urban development, we recommend promotion of local food markets as spatial strategy to connect dense urban areas with the productive urban fringe.
- **Pg10s2l2:** We fully support the note on how green spaces contribute to clean and cool air, given the additional public health benefits of reduced air pollution. We recommend that green and public space infrastructure development should prioritise potential to support public health by integrating walking, cycling and local food markets.
- **Pg11s1:** The list of priorities is well-chosen, and specific indicators are needed to measure them in order to support monitoring and accountability.
- **Pg11s2:** We emphasise the need to create policies to support local food markets as a spatial development strategy. Policy should embrace local food markets to supply local and fresh produce and safeguard that informal economies and fine grain economies in public spaces are recognised for their valuable role in servicing the population.

Implementation:

- **Pg13s2:** Local public markets as strategy to create sustainable urban-rural linkages should be included in this section.
- **Pg14s2:** In addition to creating *access* to green public space, policies should be implemented which protect their *quality*, including those to ban tobacco use, most especially in areas used by children, in order to protect the public health benefits of these assets. Trees and vegetation are also beneficial in terms of reducing carbon dioxide levels which contribute to global warming, improve mental wellbeing, and provide protection from UV rays which are a risk factor for skin cancer.
- **Pg14s2:** The requirement for provision of accessible green and public space at the municipal level should be included in national level policies, in order to provide a mandate for action at the municipal level.
- **Pg14s2:** In order to facilitate monitoring and support accountability, the actions proposed must be accompanied by a set of internationally comparable indicators to measure progress and benefits of the actions proposed. We welcome the note that monitoring should pay special attention to areas such as human health factors, including outdoor physical activity and mental wellbeing.
- **Pg15b4:** Regarding possibilities to fully tap the economic potentials of green and open spaces, Ernst and Young's report 'How Smart Parks Investment Paves Its Way may be of use, noting cases of commercial real estate value increasing by up to 225% and residential real estate value by up to 150%^{iv}). However,

we also note that access to public space must be safeguarded regardless of real estate considerations. The return on investment in terms of health should also be noted and promoted, in terms on health cost saved by preventing ill-health. Increasing access to parks and open spaces could reduce costs to the UK National Health Service of treating obesity by more than £2 billion^v. Identifying benefits across other sectors will incentivise buy-in from multiple departments across government.

Conclusion:

- **Pg16s2:** We strongly recommend that public health be included in the conclusions of this policy paper as a concrete outcome goal.
- **Pg16b5:** We support the note that for new development, environmentally friendly urbanisation models based on low carbon consumption including adequate streets and sidewalks, accessible public space, multi-modal public transport, and affordable housing, and recommend that specific reference to walking and cycling be made here.

ⁱ WHO Factsheet 'Physical Inactivity: A Global Public Health Problem' online at http://www.who.int/dietphysicalactivity/factsheet_inactivity/en/

ⁱⁱ 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.

ⁱⁱⁱ World Health Organization (2009). *Global health risks: mortality and burden of disease attributable to selected major risks*. Geneva, Switzerland.

^{iv} Ernst and Young How Smart Parks Investment Pays Its Way, online at <http://www.ny4p.org/research/other-reports/or-smartinvestment.pdf>

^v The King's Fund (2013): *Improving the public's health: A resource for local authorities*. London, United Kingdom.