

A missed opportunity for urban health

Habitat III, the bi-decennial global gathering on cities, held in Ecuador (Oct 17–20), attracted 35 000 participants from 167 countries including heads of state, local and national planners, the private sector, and civil society organisers—the largest turnout for a conference in UN history. With a living experiment in the streets of Quito, exhibitions from cities around the world, an alternative summit by activists unhappy with the main agenda, and its own theme song, Habitat III was a literal urban jamboree. By all accounts, it has generated considerable buzz for this vastly important topic—75% of the world's population is expected to live in cities by 2050.

The document agreed and adopted at the meeting, which is formally named the United Nations Conference on Housing and Sustainable Urban Development, is similarly lofty. The so-called New Urban Agenda outlines an agreed framework and aspirational agenda for sustainable urban development as the new way to frame and plan cities, and to meet the Sustainable Development Goals. The language of the new urban agenda hits many of the right notes: it is inclusive, green, and clean. But it fails badly on one main aspect at the heart of cities: health.

WHO had released a report—*Health as the Pulse of the New Urban Agenda*—in advance of Habitat III to influence the proceedings and argue the case for health being central. It says that while urbanisation has provided unprecedented mobility and economic opportunity—as well as greater access to health services—rapid, uncontrolled growth of cities is having profoundly negative health, environment, and climate effects. It highlights urban air pollution, sedentary lifestyles, and road traffic injuries, coupled with poor access to healthy foods, as feeding the global pandemic of non-communicable diseases. Disappointingly, however, there is little specific reference to health in the new urban agenda.

Health at the heart of the urban agenda makes absolute sense, according to two recent Series in *The Lancet*. The *Lancet* Series on urban design, transport, and health shows how cities are a key social determinant for health and wellbeing of most of the world's inhabitants, and one of the greatest assets in achieving sustainable health and development. Healthy

city planning, particularly when it designs transport to encourage walking, cycling, and public transport and discourage the use of private cars, can reduce non-communicable diseases and road trauma while also managing rapid urbanisation. However, when done poorly urban design can reinforce health inequalities—limiting the promise of an inclusive new urban agenda.

One dreadful form of urbanisation is slums, highlighted by the *Lancet* Series on the health of people who live in slums. UN Habitat reports that the proportion of the urban population living in slums in the developing world has declined from 39.4% in 2000 to 29.7% in 2014, but the absolute numbers have grown and now stand at an incredible 881 million people. Slums occupy more than half of megacities like Mexico City, Mumbai, and Nairobi where urbanisation grows without adequate planning or infrastructure. Worse, slums are the reservoirs of inequality: they harbour everything detestable about cities—insecure housing, overcrowding, unhygienic conditions, lack of basic health and social services, and a myriad of other obstacles to children and families realising their full life potential. Habitat III acknowledges slums are a growing form of urbanisation that deserve special attention but offers no specific action. It seems certain that if the problem of slums is not adequately addressed, the new urban agenda will fail.

Habitat III must not miss the health opportunity again. As it is rolled out, the new urban agenda should draw more upon expertise and stakeholders in the health arena, and specifically focus on evidence. The agenda does not bind member states to any targets or goals, simply to the shared vision, but there will need to be an action plan with more specificity. Currently the agenda makes little mention of the importance of implementing proven interventions that are effective and safe, and it makes only limited reference to tracking and monitoring. Health experts should have a voice, as WHO has also affirmed: assisting with evidence-based standards for air and water quality, transport systems, and housing design; guiding the scientific assessment of the effects and cost-benefit analyses of new interventions; and monitoring and documenting improvements to the health of cities and their inhabitants. ■ *The Lancet*



For the WHO report see <http://www.who.int/phe/publications/urban-health/en/>

For the Agreed Draft of the New Urban Agenda see <https://habitat3.org/the-new-urban-agenda>

For the *Lancet* Series on urban design, transport, and health see <http://thelancet.com/series/urban-design>

For the *Lancet* Series on the health of people who live in slums see <http://thelancet.com/series/slum-health>