THE POWER OF CITIES:

TACKLING NONCOMMUNICABLE DISEASES AND ROAD TRAFFIC INJURIES

World Health
Organization

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CITIES:

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"Healthy cities make
for healthy countries."

Héctor López Santillana
Mayor of León

Cities are energetic hubs of creativity and power, learning and culture. They are ecosystems that support growth and change, and are now home to more than half of the world's population – a proportion expected reach two thirds by 2050 (1).

The World Health Organization (WHO) has identified urbanization as one of the key challenges for public health in the 21st century (2). It is typically discussed in negative terms, including infectious outbreaks, unhealthy lifestyles and environmental threats. Yet cities offer significant opportunities to improve public health through health-enhancing policies and actions (3, 4).

National ministries generally assume responsibility for promoting a country's health and well-being, but city leaders are key allies in delivering national public health objectives among large parts of the population. City leaders have the means, opportunity and obligation to protect the health and well-being of their people by defining priorities, uniting stakeholders around common goals, and ensuring accountability for outcomes.

City leaders' commitment is important not just for the health of cities, but for global health as a whole. Sustainable Development Goal (SDG) 11 explicitly commits the world to "Mak[ing] cities inclusive, safe, resilient and sustainable" places to live (5). But their contribution to Goal 3, "Ensure healthy lives and promote well-being for all at all ages", is also fundamental (6). Cities are the main implementation sites for national health policies and programmes – without their support, global targets are unlikely to be achieved.

This report is a call for city leaders to rise to the challenge and show the world how local action can help solve global health problems. ●

A city park in Tianjin, China.
Photo credit: Yang Aijun / World Bank.

NCDs and Road Safety in the Sustainable Development Goals

Cities can work to support the global commitment to ensure access to safe, nutritious and sufficient food for all people, especially the poor and ending all forms of malnutrition including overweight and obesity.

Major targets are to reduce the number of deaths from NCDs by a third by 2030 (3.4), and to halve the number of deaths from road traffic crashes by 2020 (3.6). Cities can help countries achieve meaningful reductions in mortality by implementing and enforcing effective policies.

Cities can encourage better urban planning to prioritize increased access to safe systems, improve access to green or public spaces, and improve air quality. Together these will support efforts to reduce road traffic deaths, improve air quality and promote physical activity.

Addressing the challenge of NCDs and road safety requires national and city authorities to work closely together.

Public health in cities: the scale of the challenge

Cities face myriad public health challenges: sanitation, air pollution, urban violence, road safety, and access to healthy food and spaces. This report is focused on two of the biggest issues facing urban health: noncommunicable diseases (NCDs) and road traffic injuries.

NCDs, which include cancers, diabetes, cardiovascular disease and chronic respiratory diseases, kill 41 million people globally each year and account for 71% of all deaths (7). They are increasingly recognized as conditions whose development is affected by social, economic and environmental determinants, and are often driven by aspects of urbanization (8, 9). Major risk factors include tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. In 2018, air pollution was also recognized as an NCD risk factor (10). Cumulatively, the anticipated economic toll of NCDs for low-, middle- and high-income countries was forecast to reach over US\$ 30 trillion by 2030 (11).

Meanwhile, road traffic crashes kill another 1.35 million people each year and are the leading cause of death for people aged 5–29 years (12). Road traffic crashes also represent a significant economic burden: they cost most countries an average of 3% of GDP, and for low- and middle-income countries this can sometimes be higher (13).

These health and economic burdens are preventable through action at the city level. Risk factors for NCDs and road traffic injuries are influenced by the urban environment. By choosing the right policies and programmes, local authorities can create a city environment that supports better health outcomes (6).

Successful action on NCDs and road traffic injuries requires multisectoral policy collaboration across a range of sectors, including health, transport, housing and education. Cities are well placed to promote this kind of collaboration, sometimes referred to as a "health in all policies approach" (14,15). Box 1 below outlines how WHO has historically supported these issues through its Healthy Cities networks. ●

80% of all deaths worldwide are attributed to noncommunicable diseases (NCDs) and injuries.

Figure 1: Probability of dying from the four main noncommunicable diseases between the ages of 30 and 70 years, comparable estimates, 2016

Legend:
- ≤14
- 15-18
- 19-21
- 22-24
- ≥25
- Not available
- Not applicable
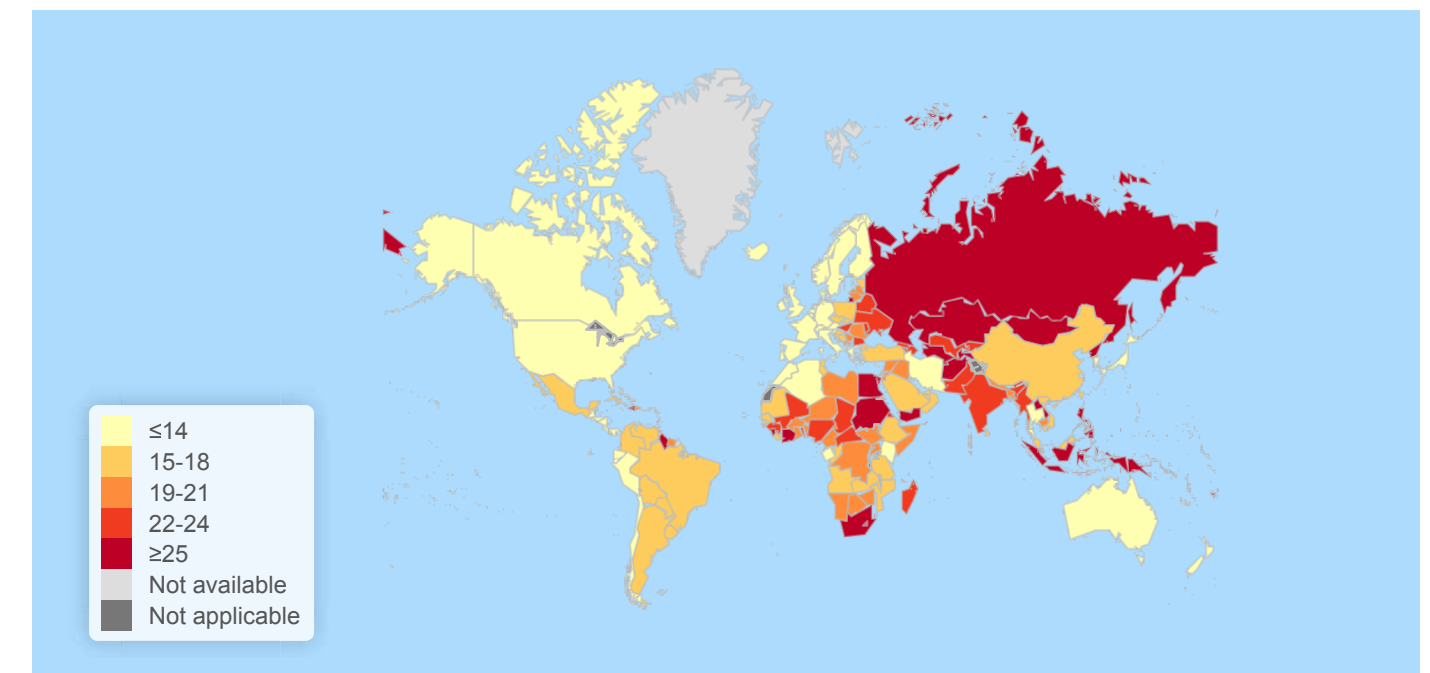
Source: WHO Global Health Observatory.

The World Health Organization's Healthy Cities Programme

The first WHO Healthy Cities Programme began in 1986. Today, each of the six WHO regions has a dedicated Healthy Cities network that helps build a strong movement for public health at city level, addressing issues such as the determinants of health; equity; participatory governance; and intersectoral collaboration.

In addition to the core Healthy Cities networks, many other networks and initiatives have since been established by WHO to provide topic-specific technical support as requested by cities to help them achieve their public health goals.

City-level action also represents an important contribution to the **WHO Thirteenth General Programme of Work (GPW) 2019–2023** (16). Within the GPW, mayors and local leaders are explicitly mentioned as key actors to achieve the WHO goal of helping one billion people become healthier by 2023, which includes protecting them from NCDs.

The power of cities

Addressing NCDs and road traffic injuries requires national and city leaders to work closely together. While each has strengths that can support the work of the other and contribute to better results overall, cities have particular strengths when it comes to the following:

Community engagement.

City leaders are close to the people they serve, which tends to increase public demand for action and accountability. This puts city leaders in a strong position to understand the needs of inhabitants, and to engage communities in service design and delivery.

Local partnerships.

Municipal authorities often have strong partnerships with local stakeholders such as community groups or local organizations, many of whom are already involved in delivering frontline services. These can support effective multisectoral action.

Agility.

City agencies can often act more quickly than national bodies. Unlike national ministers of health, city leaders often have a mandate over multiple government sectors. Because they have greater freedom to link health programmes with other programmes or policies, they can influence cross-sectoral change more easily than national governments.

Children travelling on scooters.
Photo credit: shutterstock.com.

Public Assets.

Municipal authorities own infrastructure such as public spaces, buildings and other assets and can use them to ensure that they support health. For example, temporary or permanent spaces can be used to promote healthy behaviours, such as traffic-free zones, safe bicycle lanes, green markets, and parks and recreation areas. Local zoning regulations can also be used to mandate, incentivize or prohibit specific private property uses to deter unhealthy activities.

Leadership.

City leaders can implement and enforce laws and regulations that enhance national initiatives. They may be able to develop policies further than is possible using national legislation, or test new interventions to determine how they might be scaled up. City leaders can also determine priorities and set a vision or strategy that aligns different city agencies to common objectives, and influence budget allocations to support implementation.

Innovation.

Cities can create enabling environments to test new ideas and approaches, and can also take the lead in piloting such innovations for national authorities. Occasionally this can result in programmes championed by cities being adopted and expanded in regional or national practice.

Peer-to-peer learning.

Striving to achieve goals shared with other cities provides opportunities for intercity diplomacy. Formal or informal relationships and networks between cities, either national or international, can provide support for mutual learning and sharing, healthy competition, and a push to global excellence and leadership.

The goal of this report is to help city leaders identify at least one area which could be changed for the better.

The purpose of this report

This report looks at some of the specific areas where city authorities can take action to prevent NCDs and improve road safety. It focuses on a set of 10 intervention areas that are seen as starting points to show that action is possible.

Many good resources for implementing city-level interventions for NCDs and road traffic injuries already exist. The report identifies a representative selection of these to help city authorities access existing technical tools and guidance that can support their work. However, in practice there is significant variation in how policies are implemented. Actions will be affected by multiple factors relating to political, legislative or fiscal autonomy, sociodemographic trends, and sociocultural preferences, and projects do not always evolve in a continuous, systematic way *(17)*. The report therefore looks at elements that can affect an intervention's success by drawing on insights from real-world experiences in 19 cities, 15 of which are in low- and middle-income countries.

A cyclist travels around the city of Fortaleza.
Photo credit: City of Fortaleza/Vital Strategies.

The perspectives offered by these experiences are particularly important because they reflect current trends in NCD and road traffic injury mortality and in urban demography. About 85% of premature adult NCD deaths (among those aged 30–70 years) occur in low- and middle-income countries *(7)*, as do 93% of road traffic crashes *(18)*. At the same time, of the world's 10 largest cities, seven are in countries that are not classified as high-income *(19)*.

Overall, this report reflects two important lessons. First, that there are many opportunities to address

NCDs and road traffic injuries at the city level, and second, that there is significant variation in how this is achieved. The analysis is designed to help municipal authorities benefit from the learnings of other cities and use these to inform their own future actions.

Ultimately, city leaders will decide which areas of work are most important to improve the health and well-being of their citizens. The goal of this report is to help all city leaders identify at least one intervention from these areas that could benefit their city, and to give them the impetus and tools to take action. ●