UN INTERAGENCY TASK FORCE ON NCDs
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UN HABITAT
FOR A BETTER URBAN FUTURE

Responding to the Challenge of Non-communicable Diseases

United Nations Human Settlements Programme (UN-Habitat)

1. Non-communicable diseases in urban settings

By 2036, 5.4 billion people will live in urban environments, with 91% of the growth being from less developed regions of East Asia, South Asia, Africa, India, China, and Nigeria.[1] Rapid and uncontrolled urbanization and poor urban environments have accelerated the prevalence of non-communicable diseases (NCDs) such as cardiovascular disease (heart disease and stroke), respiratory illnesses, obesity, cancers, and diabetes. Urban populations often include refugees and migrants – many of whom are at significant risk of acquiring NCDs, receiving suboptimal care, and having greater exposure to NCD risk factors.[2]

The main risk factors for NCDs are: air pollution, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. People living in urban environments are often more exposed to these risk factors.

Most urban populations live in environments which promote weight gain and lead to increased rates of obesity. Commercial, societal and cultural factors contribute to the development of obesogenic environments. Commercial factors include massive advertising and promotion of ultra-processed foods and sugar-sweetened beverages and the ubiquitous supply of and access to low

SDG 11. Sustainable cities and communities

SDG Goal 11 is about making cities and human settlements inclusive, safe, resilient and sustainable.

Sustainable and well-designed cities provide win-win opportunities for reducing the NCD risk burden. Healthy people are important for prosperous cities and communities.

Urban areas should be designed to encourage healthy living, for example by reducing exposure to tobacco and alcohol use, ensuring there are opportunities for a healthy diet, and promoting public transport and safe walking and cycling, as well as promoting policies to minimise air pollution.

1 UN-Habitat. World cities report: the value of sustainable urbanization. 2020.
2 World Report on health of refugees and migrants. WHO. 2022.

cost, high-energy processed foods that have high shelf durability and large profit margins. Children with migrant background are at particular risk of becoming overweight/obese.

The loss of recreation spaces and walkable environments, as well as the ever-increasing use of motorized transport, and electric or electronic appliances, have reduced opportunities for physical activity at work and home. In some societies, being overweight is perceived as a sign of wealth, good health and fertility. Home and work pressures also contribute to the obesogenic environment, with compensatory calorie intake, including through 'convenient', rapid and easy-to-prepare energy-dense meals largely based on processed foods.

Air pollution is responsible for over five million premature deaths from NCDs each year.[3] Whilst air quality has improved in many high-income countries over the past decades, progress has been slower in low- and middle-income countries owing to large-scale urbanization, economic development and insufficient response to air pollution.

Tobacco use not only brings suffering, disease and death, but it also impoverishes families and national economies. The global economic cost of smoking (from health expenditures and productivity losses) was estimated to be as high as US$ 1.4 trillion in 2012, i.e. around 2% of the world's annual gross domestic product.[4] In addition, tobacco use results in substantial expenses for the treatment of smoking-related diseases and loss of revenue, making smoking an important cause of impoverishment for many smokers.

Harmful use of alcohol causes significant mortality and morbidity globally, including through NCDs. In addition, alcohol use also has a large negative socioeconomic impact on individuals, families and communities, including through domestic and sexual violence, homicide, victimization, risky behaviour and criminal activity.

Those living in urban environments are often more exposed to the advertising of tobacco and alcohol in addition to food and beverages associated with an unhealthy diet. Individuals with migrant background are especially vulnerable to unhealthy behaviours such as tobacco use and harmful use of alcohol. means that NCDs do not just harm human health; they have significant economic implications, through premature mortality and as a result of those living with NCDs taking time off from work. Caring for people with NCDs diverts resources from other municipal priorities. The growing burden of NCDs, especially amongst the young and middle-aged, is a significant strain on health care budgets.

United Nations high-level meetings have highlighted the need for UN agencies, including UN-Habitat, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs contribute to ill health, poverty and inequities and slow the development of countries. Every year 15 million people die before the age of 70 from NCDs, with 86% of these premature deaths occurring in low- and middle-income countries.

Major progress on NCDs is possible. Premature deaths from NCDs are largely caused by modifiable behavioral risk factors, such as unhealthy diet, tobacco use, physical inactivity and harmful use of alcohol. Environmental risks (e.g. air pollution) and constrained access to basic services also contribute significantly to NCDs.

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.

3 WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. WHO. 2021.
4 Goodchild et al. Global economic cost of smoking-attributable diseases. Tob Control. 2018;27:58–64.

2. UN-Habitat has a role to play in supporting countries in both the prevention and management of NCDs

UN-Habitat works to position health at the centre of urban development efforts and to support cities and partners in developing adequate urban planning systems, processes and tools to achieve healthy cities for all.[5] The New Urban Agenda and UN-Habitat's current strategic plan recognize sustainable urban development's contribution to health.[6,7]

An estimated 60% of the world's urban areas that will be established by 2050 have not yet been designed or constructed.[8] This highlights the potential for ensuring the cities of the future are healthy and minimise health inequalities.

UN-Habitat operates in over 90 countries, promoting healthy cities and assisting Governments to develop action plans to improve health and wellbeing in urban settings. At the heart of UN-Habitat's work in a human-rights-based approach is to address inequalities and discrimination, reaching those who are furthest behind. This requires ever greater understanding and action around power relationships in human settlements, highlighting the right to health and health care.

In 2023, the World Health Assembly endorsed a new set of 'best buys' and other recommended interventions to address NCDs.[9] These interventions are all evidence-based, cost-effective and feasible to implement in almost all settings. Many can be implemented at a city level. Best buy interventions address tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity and cardiovascular disease, diabetes, cancer and chronic respiratory disease.

In 2022, WHO in collaboration with other UN agencies published a compilation of evidence-based policies and actions to reduce air pollution,[10] many of which can also be implemented at a city level to prevent and control NCDs. Special attention needs to be paid to vulnerable populations, including women, children and refugees and other migrant populations.

Examples of evidence-based interventions that UN-Habitat should promote through advocacy and technical and programmatic assistance are shown in the Table below.

Table 1. Examples of evidence-based interventions that UN-Habitat should promote through advocacy and technical and programmatic assistance

Reducing tobacco use
Introduce, pass, and enforce legislation and regulations to make all indoor public places, workplaces, and public transport 100% smoke-free to create smoke-free cities.
Introduce, pass, and enforce legislation and regulations establishing comprehensive bans on tobacco advertising, promotion, and sponsorship, including a ban of display at the point-of-sale.
Increase excise taxes and levies/fees on tobacco.
Increase subnational tobacco tax revenue.
Reducing the use of alcohol
Increase excise taxes and prices on alcohol; increase subnational alcohol tax revenue.
Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media.
Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale).
Reduce drinking and driving: enhance and/or enforce traffic laws related to drinking and driving.
Work with local services to ensure that brief psychosocial interventions are available for people with hazardous and harmful alcohol use.

5 UN-Habitat. Urban Health.
6 UN-Habitat. New Urban Agenda.
7 UN-Habitat.The Strategic Plan 2020-2023.
8 UNDESA. World Economics and Social Survey 2013: sustainable development challenges. 2013.
9 EB6/152. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health. Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases. 2021.
10 Compendium of WHO and other UN guidance on health and environment, 2022 update. Pages 9-32.

Improving healthy diet

Promote reformulation policies for healthier food and beverage products (for example, elimination of trans-fatty acids and/or reduction of saturated fats, free sugars and/or sodium) and front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets.

Promote public food procurement and service policies for healthy diets (for example, to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables), as well as menu labelling to encourage healthy diets (for example, to reduce the intake of energy, free sugars, sodium and/or unhealthy fats).

Undertake behavioural change communication and mass media campaigns for healthy diets (for example, to reduce the intake of energy, free sugars, sodium, and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables).

Ensure development, implementation and enforcement of policies to protect children from the harmful impact of food marketing on their diet.

Protect, promote and support optimal breastfeeding practices.

Tax sugar-sweetened beverages as part of fiscal policies for healthy diets.

Identify opportunities to subsidize healthy foods and beverages (for example, fruits and vegetables) as part of comprehensive fiscal policies for healthy diets.

Increasing physical activity

Increase opportunities for walking and cycling, via street design and interventions such as bike share programmes.

Implement policies and programmes to create safe routes to school.[11]

Implement at all levels of government, to provide compact neighbourhoods with mixed-land use and connected networks for walking and cycling and equitable access to safe, quality public open spaces that enable and promote physical activity and active mobility.

Implement whole-of-school programmes that include quality physical education, ensuring adequate facilities, equipment and programmes supporting active travel to/from school and support physical activity for all children of all abilities during and after school.

Reduce exposure to air pollution

Regulate vehicle emissions.

Implement fossil fuel tax and other transport and planning policies to encourage modal shift to public transport and shared use of cars.

Ban burning organic waste in favour of recycling organic waste to better manage municipal waste.

Incentivize replacement of traditional use of wood or charcoal for home cooking with less polluting alternatives (e.g. biogas).

Invest in and incentivize energy-efficient heating and ventilation in homes and buildings.

NCD surveillance

Conduct population-based surveys of risk factors for NCDs and injuries.

Conduct targeted air monitoring to identify important emissions sources and their impact on ambient air quality and health.

A large number of case studies on cities and urban health, many of which relate to NCD prevention and control, provide practical examples of implementing the interventions described in the table above.[12,13]

3. Partnerships are critical for UN-Habitat in mobilizing an effective response to NCDs

The interventions described above require whole-of-government and whole-of-society action.[14, 15] A whole-of-government approach encourages sectors to collaborate, identify and act toward mutually beneficial gains (win-wins) whilst avoiding policies and actions that conflict. Too often sectors work in siloes, with incentives not always aligned with public health. It is important that different parts of government are clear on their respective responsibilities in delivering country action to address NCDs. This requires shared

11 Safe routes to school. Safe Routes Partnership.

12 Case studies. Cities and urban health. WHO.
13 The power of cities: Tackling noncommunicable diseases and road traffic injuries. WHO. 2019.
14 Small R et al. Whole-of-government response for NCD prevention and control. In: Noncommunicable Diseases: A Compendium. Ed. N Banatvala and P Bovet. 2023. Routledge, Oxford, UK
15 Banatvala N et al. Whole-of-society response for NCD prevention and control. In In: Noncommunicable Diseases: A Compendium. Ed. N Banatvala and P Bovet. 2023. Routledge, Oxford, UK.

understanding and agreement on aims and objectives, sufficient incentives to act, quantifiable targets, and a commitment to monitor and account for progress.

Working with municipal authorities, local governments and ministries responsible for urban planning is a central part of UN-Habitat's work and a summary brief of what these groups need to know about the relationship between urbanization and NCDs is available.[16] This brief also provides an important resource for UN-Habitat staff.
UN-Habitat works with UN agencies, inter-governmental organizations, the World Bank group, international financial institutions, foundations, civil society, and the private sector to support governments at national/ federal level and at local levels. There are significant opportunities for partnership with all the above for the prevention and control of NCDs.

Examples of collaborating between UN-Habitat and UN agencies include WHO (improving urban health, including the prevention and control of NCDs), FAO (making food systems more resilient) and UNICEF (strengthening sustainable urban mobility). When it comes to NCDs, the collaboration between UN-Habitat and WHO focuses on joint action to: (i) develop technical guidance; (ii) build capacity; (iii) collect and monitor data; and (iv) develop and disseminate advocacy materials.[17]

There are a number of initiatives that focus on NCDs in cities (Table 2). These provide a wealth of resources and experience that staff in UN Habitat, their partners, and cities themselves can draw on. For example, the Partnership for Healthy Cities supports a network of cities around the world to take action on NCDs by strengthening local policies and programmatic work. Example projects include: (i) protecting people from tobacco with new smoke-free areas in Bandung, Indonesia; (ii) reducing traffic, air and noise pollution in Barcelona, Spain; (iii) building healthier school and restaurant environments in Lima, Peru; (iv) tackling the dual challenge of tobacco use and COVID-19 in Ahmedabad, India; and (v) reducing the consumption of sugar-sweetened beverages in Cape Town, South Africa.

Table 2. Partnerships that address NCDs or risk factors in cities

Name	Focus
Partnership for Healthy Cities	Preventing NCDs and injuries
City Cancer Challenge	Treating cancer
Novartis Better Hearts	Improving heart health
WHO Urban Health Initiative	Improving air quality and health in cities
Breathe Life	Reducing air pollution
Milan Urban Food Policy Pact	Advancing sustainable, inclusive and resilient urban food systems
Asia Pacific Tobacco Control for Smoke-free Cities and NCD Prevention (APCAT)	Supporting subnational action on tobacco control and NCD prevention in the Asia Pacific region.
C40	Tackling climate change, including air pollution, food systems and sustainable transportation

16 WHO and UNDP. Noncommunicable diseases: What municipal authorities, local governments and ministries responsible for urban planning need to know. United Nations Inter-Agency Task Force on the Prevention and Control of NCDs. 2016
17 Memorandum of Understanding. WHO and UN-HABITAT. 2021.

4. Mobilizing resources to deliver

For UN-Habitat to continue being the vanguard in changing cities and human settlements, the organization must constantly search for new ideas to mobilize resources to deliver on its mandate when it comes to supporting governments at all levels scale up action on NCDs.

Highlighting NCDs as an economic as well as a health issue is often helpful in mobilising resources. It is also helpful to consider where specific policies could lead to benefits for multiple health and non-health issues, delivering efficiency gains for local authorities and stakeholders.

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.

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