Making health a priority in the design of air pollution-free cities

The Urban Health Initiative goes beyond improving access to health care and promoting healthy behaviours, and focuses on how to build cities that enable and encourage good health.

Air pollution is a health issue, with real health costs

Air pollution causes seven million deaths each year, exerts an economic burden of between billions and trillions of dollars, and is responsible for over one-third of deaths by lung cancer, stroke and pulmonary disease.

Urban planning is a health issue, and health is an urban planning issue

An estimated 91% of people living in urban areas are exposed to polluted air.

The sectors that are the biggest causes of urban air pollution – transport, energy, waste and industry – also contribute to other major health risks, including traffic injuries, noise stressors, barriers to physical activity and sanitation risks.

Policies and investments supporting cleaner transport, energy-efficient housing, power generation, industry and better municipal waste management are therefore essential to healthy cities.

Health needs to be at the table when cities shape policies that have health costs and benefits

The health sector is integral to the policy-making process. Health impacts, costs and benefits are significant and need to be modelled, included and anticipated for more accurate economic cost-benefit analyses.

Health arguments, incentives and linkages could be more effectively used to unleash action for clean air and better climate. For example:

• providing better access to relevant evidence on the linkages between air and climate pollutants and health;
• enabling and encouraging health actors to support sector policies that prevent diseases and pollution;
• strengthening capacity to analyse, evaluate and communicate health co-benefit opportunities from policies and interventions to mitigate air and climate pollutants; and
• helping bridge sectoral decision-making silos and thus enhance intersectoral cooperation.

The Urban Health Initiative aims for cities to have the data, tools, capacity and processes to include health in the equation

The Urban Health Initiative aims to reduce deaths and diseases caused by air and climate pollutants and to help cities reap the benefits of policies and measures that tackle air and climate pollution.

It aims to equip the health sector with the capacity and tools to demonstrate to the public and decision-makers the full range of health and climate benefits that can be achieved from implementing local emission reduction policies and strategies.

It works with governments and partners to change the trajectory of a city’s health impacts from air pollution, by:

• arming decision-makers with health-based tools to assess the impacts of air pollution and unsustainable urban policies;
• supporting the mapping of health impacts in transport, land use, energy and housing scenarios;
• helping health and development sectors calculate the health costs and benefits of choices; and
• through communications, nudging the health sector, urban leaders and the public to rally around healthier development choices.
The process:

**Mapping the current situation, policies and decision-making processes**

Assessing the present state of air quality, climate and air pollutant emissions and their sources, identifying expected health impacts and identifying gaps in ability to collect comprehensive data that supports policy action. This stage involves mapping all relevant stakeholders.

**Adaptation and applying health and economic tools in the local context**

Adapting and applying available tools to assess the health and economic impacts of policies.

**Developing and testing scenarios**

Alternative scenarios based on policy options are tested or considered locally to estimate potential health and economic impacts, and preferred policy scenarios or interventions are identified. Health impacts and co-benefits are measured, as well as the costs of both inaction and intervention. Cost-effectiveness and cost-benefit analysis are conducted. A city-level action plan, strategy or roadmap is developed.

**Building capacity to fill gaps at all stages**

Health actors at the policy, programme and service delivery levels are trained to engage in cross-sector policy-making processes, carry out relevant health analyses and communicate effectively with the public on links between climate and air pollutants and health.

**Communication and outreach to sustain and mobilize support**

Urban leaders and champions are engaged to communicate costs of inaction, including through the global BreatheLife campaign, intensifying demand for action. Health care workers advise patients and communities about prevention. Targeted outreach to policy-makers and the health sector is conducted, and workshops are implemented. This step includes public outreach and raising awareness. A city-wide communications campaign including media training, outreach and social marketing is conducted. Health and economic arguments provide urban leaders with an incentive to act.

---

**Healthy cities – key to SDG attainment**

Action in cities can drive progress towards multiple SDGs:

- Reduce air pollution (SDGs 3.9 and 11.6)
- Combat noncommunicable diseases (NCDs) and related risks like obesity (SDG 3.4)
- Access to public transport with special attention to women, children, persons with disabilities and older persons (SDG 11.2)
- Sanitation and waste management (SDGs 3.9 and 11.6)
- Equity (SDG 10)
- Access to safe public and green spaces, particularly for women, children, older persons and persons with disabilities (SDG 11.7)
- Climate action – climate resilience (SDG 13)

**Monitoring results and refining policy**

Development of a monitoring framework establishes a tracking mechanism to follow up on policy change and results from city initiatives to address air pollution and its sources, as well as their link to health.

**Bringing down air pollution makes sense health-wise, now and as an investment in a clean and liveable future.**

For more information, contact the Urban Health Initiative:

- Dr Thiago Hérick de Sá, herickdesat@who.int
- Dr Pierpaolo Mudu, mudup@who.int
- Air quality and health specialist
  Mr Michael Hinsch, hinschm@who.int
  Project management
  Mr Gordon Dakuu, dakuug@who.int
  UHI focal point, Accra, Ghana
- Ms Joana Ansong, ansongj@who.int
  Communications Manager, Accra, Ghana
- Mr Raja Ram Pote Shrestha, poteshresthar@who.int
  UHI focal point, Kathmandu, Nepal