

## Shaping cities for health: a UCL/Lancet Commission



Cities are bustling, vibrant, built-up places where millions of people reside, often in close proximity to each other. Most, whether in high-income or low-income countries, exist with vast, and very visible, social and health inequalities between inhabitants. But the provision of health services cannot reduce these inequalities alone; the physical fabric and design of a city also have parts to play. In today's *Lancet*, we publish a joint Commission with University College London (UCL) that sets out how policy makers can develop urban areas to foster the health of citizens so that they become healthy cities.

On average, the health of people in cities is better than that of those living in rural areas, in part because of economic prosperity and development. This so-called urban health advantage has led decision makers to assume that health outcomes in cities in low-income nations will improve with economic growth, associated urban expansion, and demographic change. But income growth only partly explains the improved health outcomes of urban dwellers. An urban health advantage does not simply emerge, it needs to be actively created and maintained through policy interventions. What shape should these interventions take?

The Commission's report features five case studies that show that the way cities are planned and managed can make a substantial difference to the health of their residents. For example, in Bogota, Colombia, a mass-transit system that uses Bus Rapid Transit technology was introduced in 2000, with dedicated lanes and fixed bus stations. By 2010, it covered 25% of daily public transport trips and not only lowered commuting times but also reduced car use and congestion, improving air quality in the city. The intervention also prompted increased physical activity by users as they walked longer distances to get to designated stations.

However, a successful urban health intervention in one city might not work in another. Cities are complex systems that adapt and respond to changes, so the outcome of one intervention is often unpredictable. The case studies in the Commission reinforce the complex nature of cities. Take the Slum Sanitation Programme in Mumbai, India, which sought to provide access to adequate sanitation to 1 million people living in slums on municipal land by 2050. The programme encourages a sense of ownership, so that communities maintain

the toilet blocks more effectively than would the state. It charges user fees for the maintenance, water, and electricity costs. However, while clearly a positive urban development for health, analysis showed that in some of the poorer settlements, richer inhabitants could afford to use the facilities, whereas poorer ones could not.

The Commission therefore proposes a new approach to the analysis and promotion of urban health, one that recognises the uniqueness and complexity of cities. The approach has three components: first, the promotion of experimentation to understand how to improve health in specific contexts; second, the application of strengthened assessments based on dialogue, deliberation, and discussion between key stakeholders (rather than public health assessments); and, third, the creation of inclusive forums to debate the moral and ethical dimensions of different approaches to urban health.

The Commission concludes with five recommendations: city governments should build political alliances for urban health; governments need to identify inequalities in cities; urban planners should include health concerns in their plans and decisions; policy makers need to recognise that cities are complex and that urban health outcomes have multiple causes; and policy practitioners should experiment locally and learn through projects.

The sixth World Urban Forum—the world's premier conference on cities established by the UN—takes place in Naples, Italy, on Sept 1–7. Government leaders, ministers, mayors, non-governmental and community organisations, professionals, and academics, will gather to debate issues relating to urbanisation. Importantly, UN-HABITAT has raised urban planning as one of the four dialogues of discussion at the Forum. Around 3·4 billion people live in urban areas today, 1 billion of them in slum-like conditions. The conditions in which these billion people live mean that traditional urban planning models need to be radically revised. Still, the agenda from the Forum hints at an economic model of increased productivity and prosperity for the development of cities. We hope that the UCL/Lancet Commission on Shaping Cities for Health will help policy makers move towards a model of active urban planning for health. It is time to reinvigorate the debate about how to make cities not just wealthy but also healthy environments for their citizens. ■ *The Lancet*



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