## Correspondence

## Urban health in the post-2015 agenda

With the rapid rate of urbanisation in developing countries across Asia and Africa, about 70% of the world's population is expected to be living in cities by 2050.1 In their density and complexity, cities often drive national economies, provide a rich array of specialised services, ideas and innovation, with diverse social and cultural populations. However, with an estimated one billion people living in slums-according to UN Habitat, cities are also sites of extreme poverty and environmental degradation with some missing basic infrastructure and services including sanitation, electricity, and health care. In addition to health issues, such as infectious diseases and environmental pollution in urban areas, cities are now confronted with epidemics of non-communicable diseases associated with unhealthy diets, sedentary lifestyles, obesity, and mental health problems-which can be associated with substance misuse, violence, poverty, or unemployment.<sup>2</sup>

In the next decades, urban populations are estimated to double to 6.3 billion people,1 exacerbating these problems. Although the strengthening of public health and health-care delivery systems are fundamental to any development strategy, action in other sectors is also essential to improve health. There is a pressing need to address the basic needs of urban populations and, at the same time, to change the social, economic, and environmental determinants of health in cities through sustainable development. These changes need integration, coordination, and financial investment. Planning of land-use, food security, creation of jobs, transportation infrastructure, conservation of biodiversity and water, supply of renewable energy sources through waste and recycling management, disaster management,

the provision of education, public health-care services, and housing in urban areas are all important issues that need addressing.<sup>3,4</sup>

The upcoming 12th International Conference on Urban Health in Dhaka, Bangladesh, is themed Urban Health for a Sustainable Future. This conference will be a forum for scientists, practitioners, policy makers, and community organisations to discuss how to advance research and practice to promote the health of people living in cities. Futhermore, this conference will lead to discussions with people from different geographical areas and from low-income to high-income settings on how to integrate urban health in the post-2015 development framework. Expected outcomes include the promotion of transdisciplinary research, resource mobilisation, and sharing of evidence-based policy reforms and interventions to advance urban health through the proposed sustainable development goals.

The transformative approach stated in the post-2015 development agenda necessitates innovative and strong partnerships between civil society and private sectors, institutions that can work in an integrated manner, transfer of technology, capacity building, and greater attention than previously given to information access, monitoring, and reporting for accountability. A worldwide shared ambition should be to bring health to the centre of sustainable urban development.

We declare no competing interests.

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For more about the 12th International Conference on Urban Health see http:// icuh2015.org/

For **UN Habitat** see http:// unhabitat.org/

## Putting health first in universal health coverage

The Lancet's Editorial on universal health coverage (UHC; Dec 13, p 2083)1 states "putting people first" in its title. Yet, ironically, the entire UHC initiative really puts process ahead of people and their actual health—as shown by Robert Marten and colleagues' Health Policy paper.2 Their descriptions of UHC in Brazil, Russia, India, China, and South Africa (BRICS) focus entirely on the process of health-care services. Of course, clinical services are important. But by jumping to focus on factors such as providers, health plans, and insurance, UHC projects only the clinical model of promotion of health.

If the objective is actual health, where is the discussion of the effect of alcohol on health in Russia and the role of taxation? For China, where is the discussion of the immense effect of tobacco and air pollution on health, and how to address these? For any of the BRICs countries considered, where is the discussion on water and sanitation, nutrition, or injury prevention? Health interventions are more than just clinical health-care services.

And clinical services can be a huge drain with little effect. Health-care advocate Donald Berwick noted "No relationship exists between health-care expenditures and health outcomes, either internationally among developed nations or nationally among the states with the highest income levels."

Sadly, the term universal health coverage is Orwellianly misleading in

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