Overcoming resistance and rebalancing power: shifting gears for cross sectoral collaboration on transport and climate change

We should be moving towards transport systems that allow us to travel easily and cheaply around towns and cities by walking, cycling, and public transport, using cars only when necessary

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We know what a transport system that is fair and healthy for people and the planet looks like, and we understand the pathways to get there. Yet despite collective endeavours, progress is insufficient. We need to focus our efforts on understanding how commercial interests are holding the current system in place. We need to better account for the health harms of decisions to delay action or perpetuate the current system. And we need to build alliances across a wide range of health and transport groups and businesses that have a common agenda.

The question for healthy transport decarbonisation is no longer “what to do?” but “how to do it?” Broadly, the combination of real world exemplars (such as Singapore’s low car ownership, or Copenhagen’s high cycling levels), the body of direct research evidence on transport policies and projects, and knowledge generated from other population level transformations in behaviour (such as tobacco control), provide us with “good enough” evidence to map the pathway to a new type of system. We should be moving towards transport systems that allow us to travel easily and cheaply around towns and cities by walking, cycling, and public transport, using cars only when necessary. Freight should be moved predominately using low carbon options that do not prevent people in urban areas from walking and cycling.

In our own work for more than 15 years in Aotearoa, New Zealand, we have used a wide range of public health research and advocacy tools in a sustained effort to bring about change in transport systems for climate, health, and health equity. We have been part of multidisciplinary and transdisciplinary teams, working with public health teams, Indigenous researchers, and transport and social science researchers. We have built long term partnerships with tangata whenua (indigenous Māori peoples), local and central government, civil society active travel advocacy groups, and transport sector social enterprises. We have acted as expert witnesses in court proceedings for transport projects, taken part in policy and legislative processes, directly engaged with ministers of transport and government officials, and been part of wider advocacy movements. We have seen how cross sectoral collaboration is possible and how it can work in practice.

Some positive outcomes have resulted from these collective efforts. These include the largest investment in infrastructure for cycling in urban areas in the history of Aotearoa\(^{1}\); regulatory changes to make the reallocation of road space easier; funding for “tactical” trials of temporary street calming; changes to transport institutional structures, skills, and approaches for engagement; and equity focused e-bike pilots.

Despite these positive steps, the harmful system of dependence on cars remains intact. Transport related greenhouse gas emissions are already high and are forecast to increase for another decade.\(^{3}\) Government investment in the most effective policies remains disconcertingly low and politically vulnerable, despite legislation that creates a deadline of 2050 for net zero emissions.\(^{4}\) Investments in active transport have never risen above 2% of the total land transport spend, and public transport has never received more than a quarter of the total funding, whereas new roads and road maintenance persistently take the bulk of the share.\(^{5}\)\(^{6}\)

Aotearoa is not an outlier. Transport emissions continue to rise globally\(^{7}\) and many countries are facing the same uphill battle to achieve change towards a healthy and fair transport system. For many jurisdictions the dominant policy focus remains on electrification of car fleets—despite evidence that the approach is insufficient to achieve the needed reductions in emissions,\(^{8}\) perpetuates harmful colonial extractivism through the ongoing need for raw materials such as lithium,\(^{9}\) and embeds wider harms to health and health equity inherent to car dominated transport systems.\(^{10}\)\(^{11}\)

How do we make sense of our collective inability to change from the current transport system that poses an existential threat to a system that could make us happier and healthier? Considering this question has led us to reconsider the most effective research and advocacy direction in the urgent context of climate change.

Firstly, multinational and national transport sector organisations need to be framed as a complex commercial determinant of health and health equity.\(^{12}\) We need to use recent frameworks and methods already common in alcohol and tobacco research to understand how the transport sector is influencing population and planetary health and health equity.\(^{13}\) This is a heterogeneous group of actors, but we need to better understand their practices and how these might be holding the current system in place, while identifying and managing conflicts of interest.

Secondly, we should count the harms of perpetuating the current system. Delaying action in the face of urgent need (inaction is a policy choice) or...
committing to approaches that continue or increase dependence on cars perpetuates an unhealthy system. These choices all have quantifiable health harms. A substantial body of research has focused on counting the benefits of public and active transport.\(^1\)\(^2\) More assessments are needed to account for the harms of the status quo.\(^3\)

Finally, we need enduring alliances between transport and health, both inside and outside government, to achieve common goals. The two sectors are inextricably intertwined. The health sector generates large numbers of trips each year, so transport needs health to invest in service delivery models that reduce these numbers. Health needs transport to create a system that stops placing avoidable demand on overstretched services through poor mental health, injury, asthma, and the health harms of inactive lifestyles. Common cause can, and should, be built between civil society health groups, such as asthma and cancer societies and climate and active travel advocacy groups, as well as aligned transport sector groups and businesses, with a view to rebalancing whose voice is heard in transport policy making. The transport sector is highly heterogeneous and opportunities exist to create broad based advocacy alliances.

A healthy, equitable transport system is necessary and it is entirely achievable. We now need a shift in health research and action to deal with the powerful roadblocks to change.

Competing interests: None declared

Provenance and peer review: commissioned, not externally peer reviewed.


