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# **Healthy urban policy and planning: Good practice in healthy sustainable development**

**Alejandra G. Rossetti, MSc, MPA, PhD**

**For ISGlobal - Barcelona Instituto for Global Health**

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# Making the case for an **urban health equity** agenda (UHE): **Including the poor** in healthy urban policy and planning.



- **Urban health equity** as a central, yet still **unattended agenda** in global health.
- **The city**, its built territories, and urban policy.
- **Health systems** (public health) and its full circle **back to the city**.
- Urban health policy as the (re) **convergence** of public health and urban policy.
- **The city as a public health resource** and instrument for public health intervention.
- Examples of potential **good practice**.

**THIS IS ABOUT BUILT TERRITORIES**

THE CITY



# The city as a mirror of the world I: An aspiration for progress, order and equity...

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- The city as an aspiration and a reflection of order.
- Urban policy and planning: Life can be engineered.
- The city as a machine of and for progress.
- The competitive city as an efficient production machine.

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The world follows suit: The city as an aspiration to modernity.

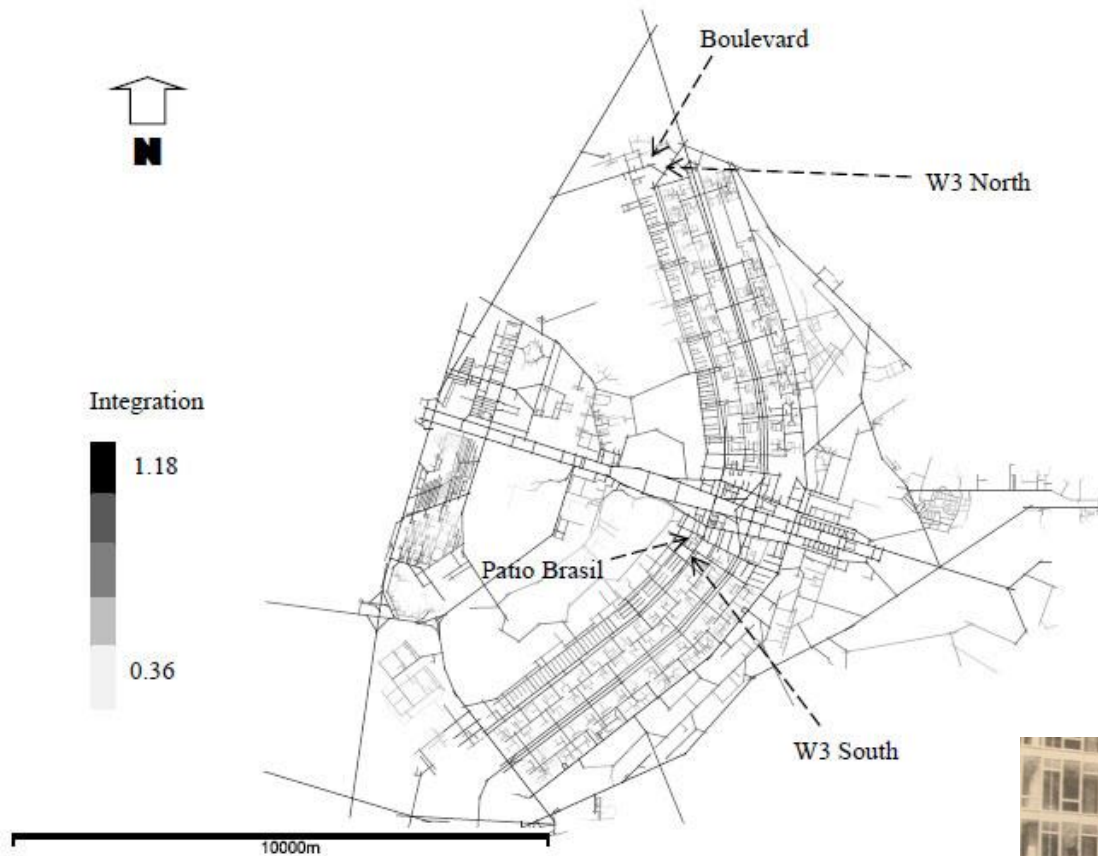
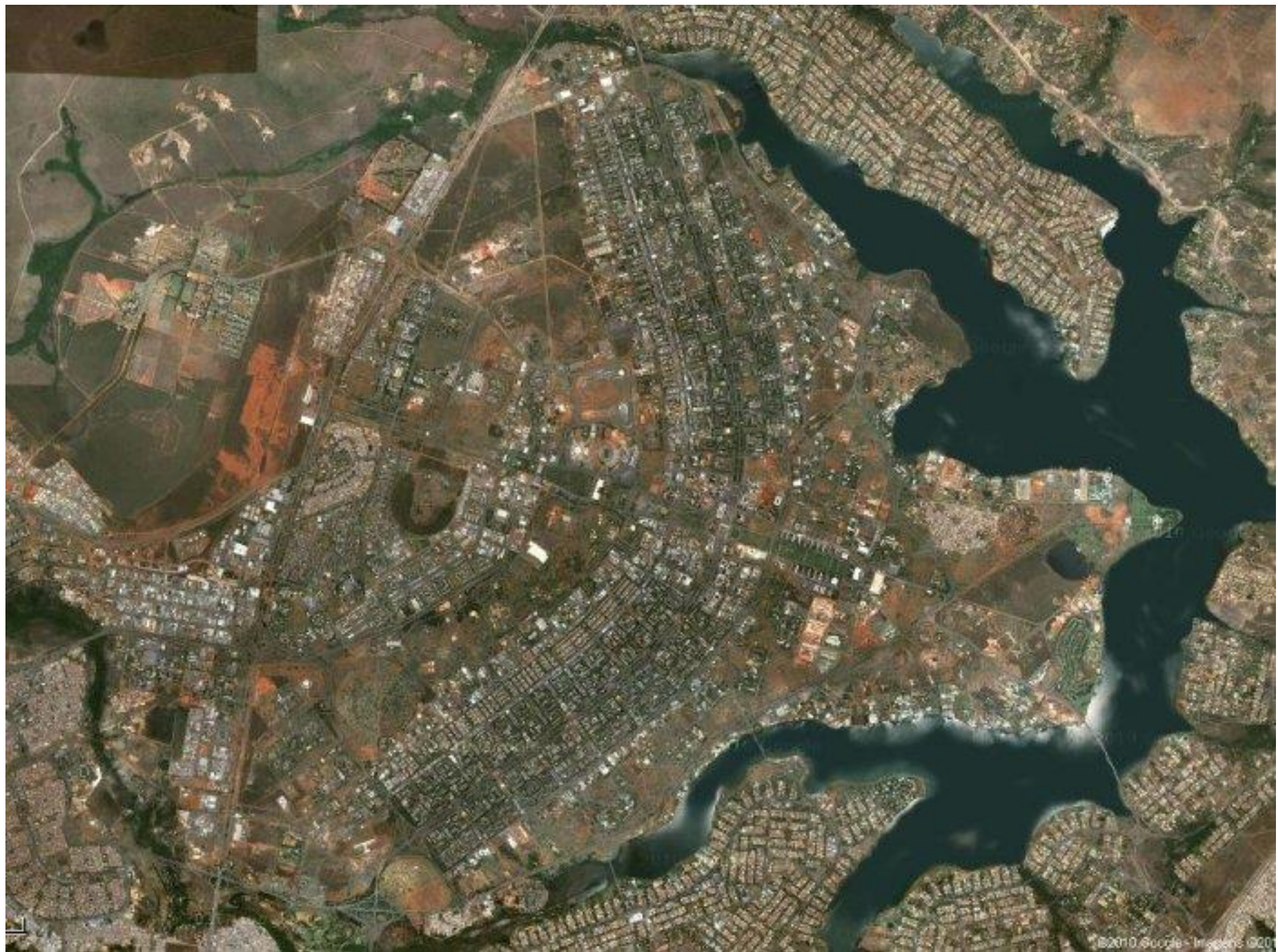


Figure 12 - Axial Map Rn of the Pilot Plan. Source: Barros (2006)



The world aspires to modernity,  
wealth, equity  
and democracy.





## The city as mirror of the world II: Urban territories

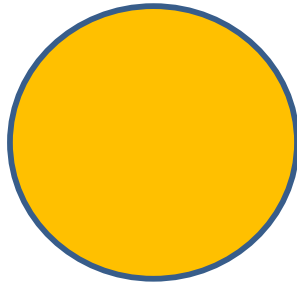
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- A formal city for a formal economy supported by a welfare state.
- Inclusion by development.
- The city that came to be: Cities today are the cities of the future.
- Social urban policy and planning: Life can only be supported, accompanied.

# The city as mirror of the world II: Urban territories

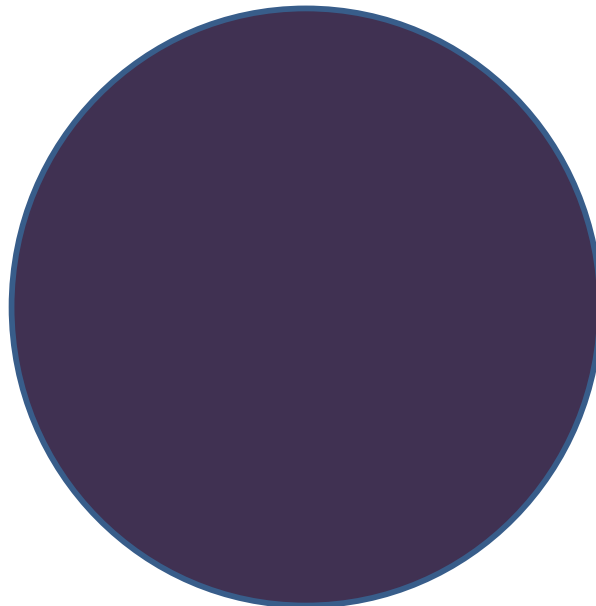
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## FORMAL CITY



- Formal economy
- Formal employment
- Access to public goods & services
- Formal means for political org.
- Visibility and voice

## INFORMAL CITY

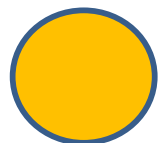


- Informal economy
- Subsistence informal activities
- Less access public goods & services.
- Little formal political organization.
- Scarce visibility and voice
- Civil society & self-help groups.

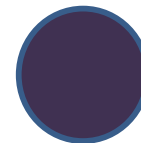


# Economic crises, economic policies, development slow-down: Two cities juxtaposed

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**FORMAL CITY**  
Political economy

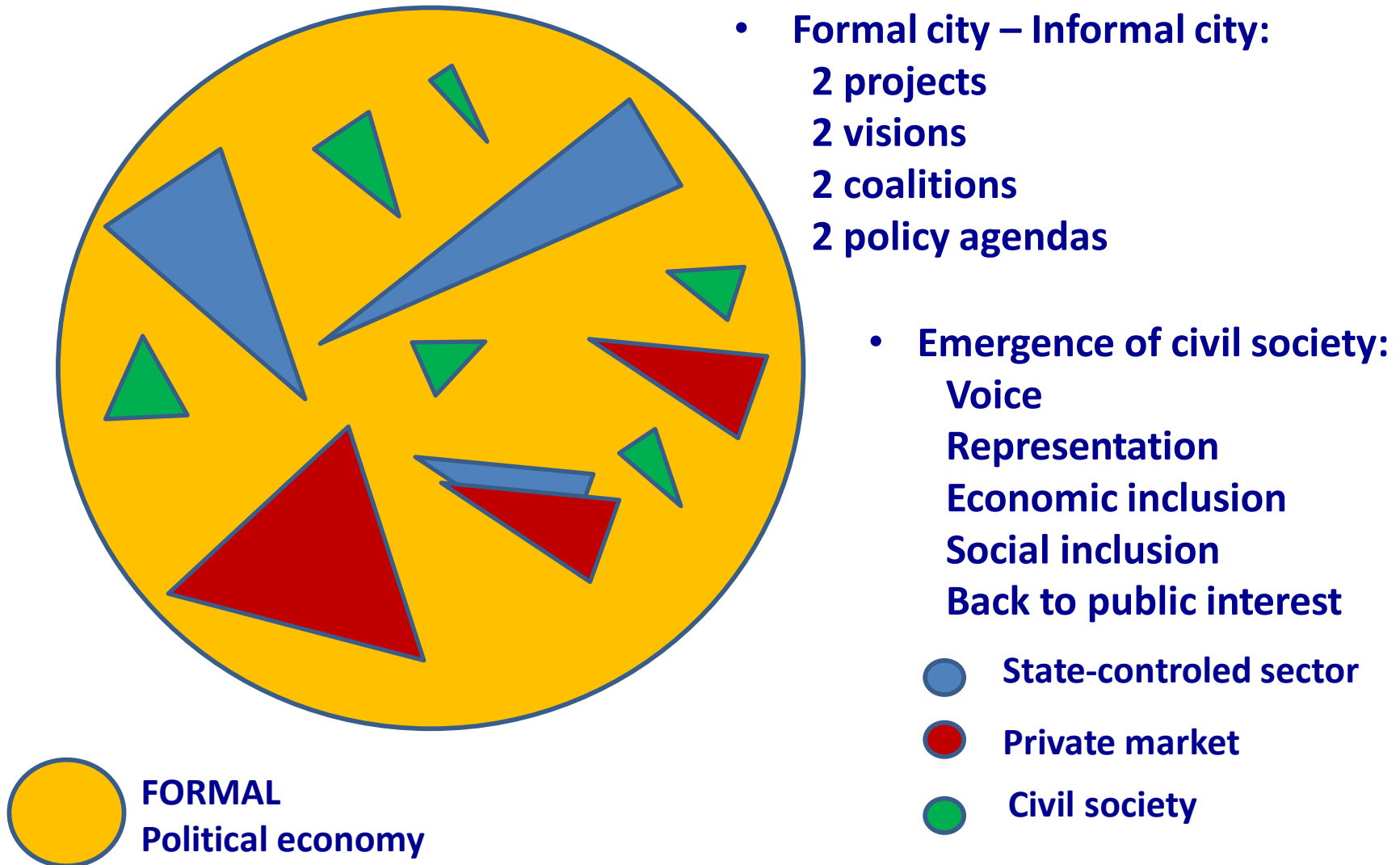


**INFORMAL CITY**  
Political economy

- Exhaustion of the state-centered strategy.
- Economic slowdown.
- Structural adjustment
- Public sector relinquishment.
- The state has few instruments to include the informal sector, the community and the poor.

# Cities today (cities of the future): Built territories

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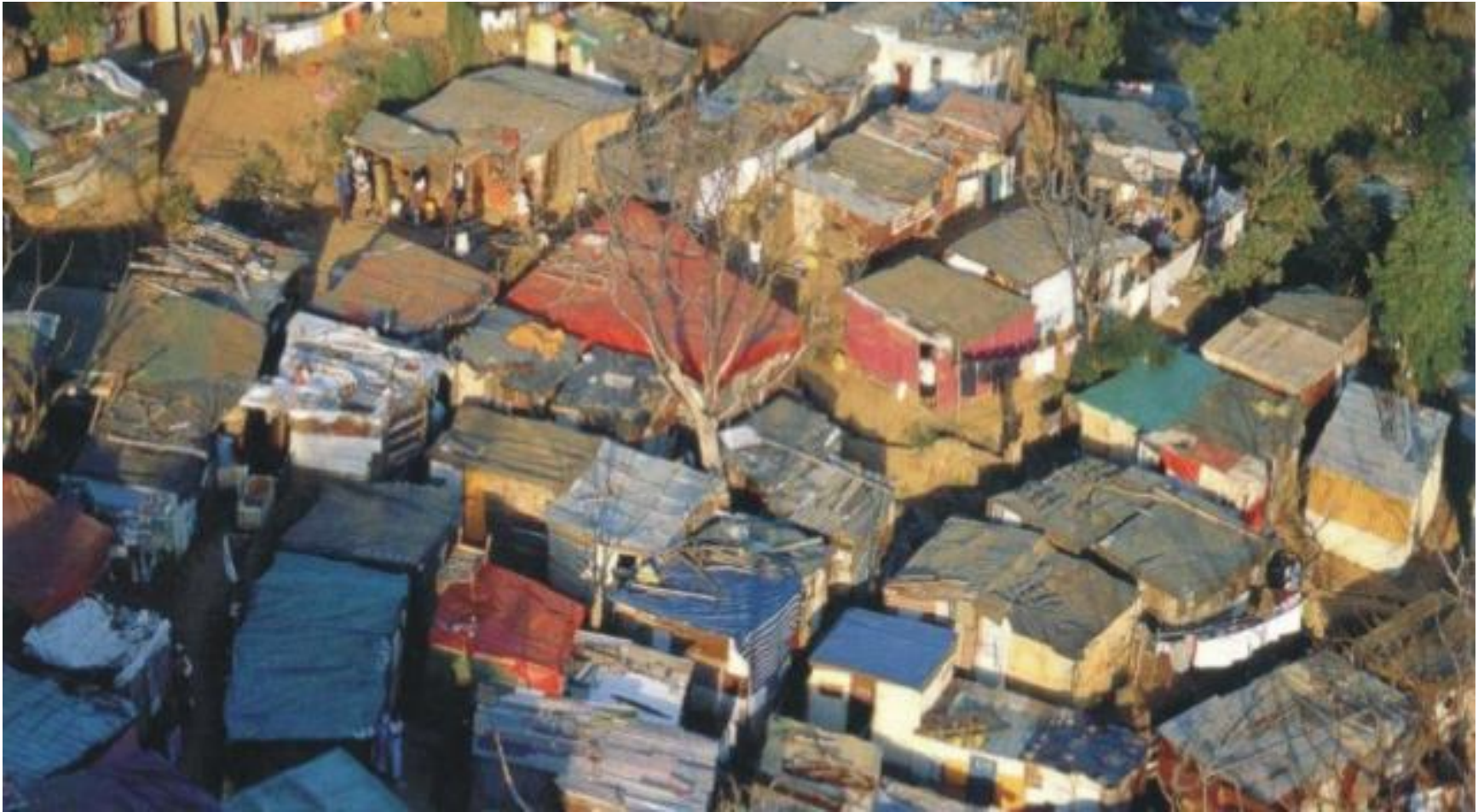
# Intermediate territories

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# City growth

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# New cities

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# Deteriorated neighbourhoods

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Urban health equity will require differentiated urban health policies targeting the poor.

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Total number of slum dwellers in 2014: 863 million

Slum population per Region (2012) in millions	
Sub-Saharan Africa	199.5
South Asia	190.7
East Asia	189.6
Latin America & Caribbean	110.7
South East Asia	88.9
West Asia	35.0
North Africa	11.8

UNHabitat, 2013

# THE HEALTH SECTOR

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# Health systems and public health in today's cities:

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Paris antes de Haussman (s/f)

- Public Health and Urban planning in response to impacts of rapid industrialization and urbanization. (S.XIX)
- Address infection outbreaks with housing, basic infrastructure, garbage collection, rodent control.
- and urban design and urban policy.

# Health systems and public health in today's cities:

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Pasteur (s/f)

- Science & innovation allow for controlling germs and microbes.
- Public Health moves to LABS & reemerges w/ vaccination campaigns.
- It parts away from urban policy as a instrument of public health.

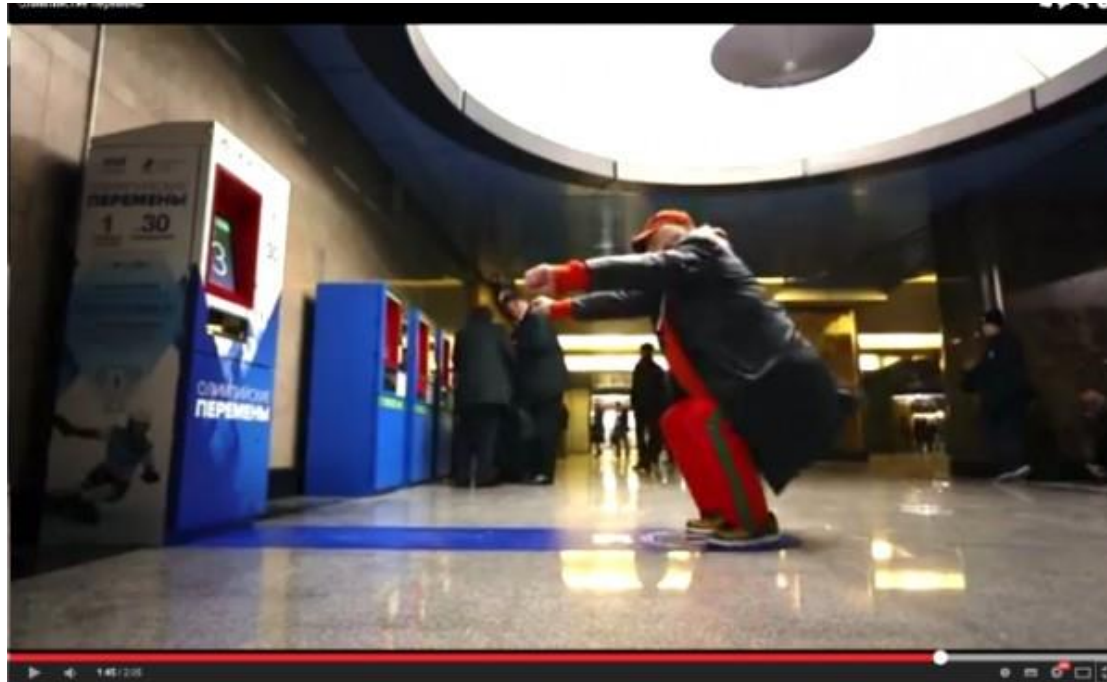
# Health systems and public health in today's cities:

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- Science & innovation, progress in medicine.
- Curative care becomes predominant.
- Biomedical lens focuses on the individual
- The city is the environment of the city dweller (health risks). Addressing it falls outside the realm of focus and responsibility of the health sector..

# Health systems and public health in today's cities:



- Focus starts shifting to individual behaviour
- Public Health moves to prevention campaigns trying to influence behaviour.
- City still perceived as the environment of city dwellers as above.



# Health systems and public health in today's cities:

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- Public health re-visits the role of the city.
- Public Health undertakes policy dialogue and advocacy to influence urban policy & planning.
- Place determines health, healthy behaviour.  
The city is an instrument of public health.

# Back to city as an instrument of public health: An opportunity for urban health.

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- Public health back at measuring urban determinants of health
- (Social determinants, HIA, Hidden Cities, HEART, health evaluation)
- Health systems advocating with evidence for health in all policies.
- Can the health system “see” the urban poor and their environment?
- Can the health system act effectively in built territories?
- Urban health equity is about the urban poor: largely informal, unregistered, and invisible to policy.
- Approaching urban health equity re-visiting the city and urban communities.

# Mother and child care in the built territories

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Argentina, social housing project.

- “Hidden” household heads: women integrating ‘varied’ composition families: (living w/ parents or family, occasional partner).
- Women that assume the productive and reproductive responsibility on their own.
- 50% of these women had to build their house on their own.
- With few exceptions, none were able to expand the dwelling as unitary families did with program support.
- After 3 years none were able to build a fence around their allotted property.

Source: Reyes Najera, *Vivienda en Latinoamerica* (2013)



# Community health in the built territories: The building as an urban village.

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- 1,160 apartments
- House 5,000 dwellers
- Mixed income, race and occupation.
- 100 fixed staff.
- Dwellers nickname house administrator “Major”.

Copan Building, Sao Paulo (s/f)



# KEY MESSAGE

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## Opportunities for good practice in urban health policy

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The (re)convergence of public health and urban policy into a structured field of urban health policy can provide an effective policy means to address urban health equity using the city as a valuable instrument for health interventions.



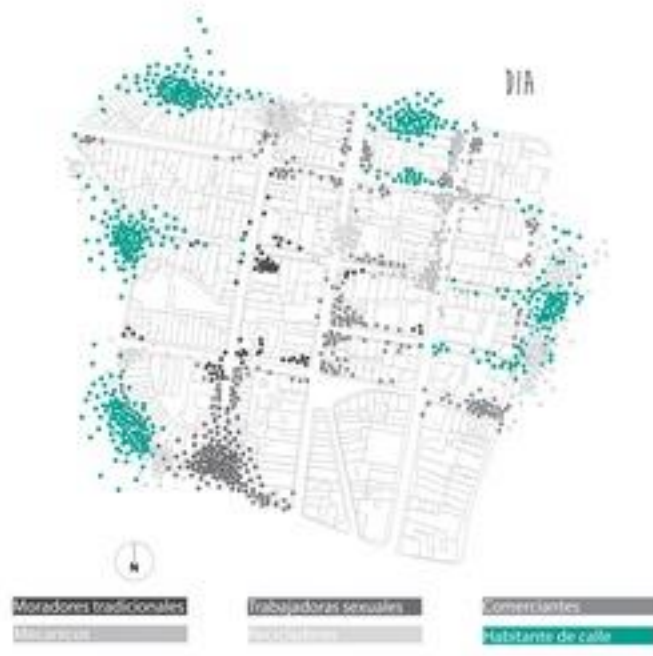
# EXAMPLES

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**TB and HIV prevention and treatment in street dwellers:** Where are they? Urban fluxes in daily life. Can we provide a home? Can we adapt outreach services? Can urban health policy provide a platform for cit-based intersectoral work?

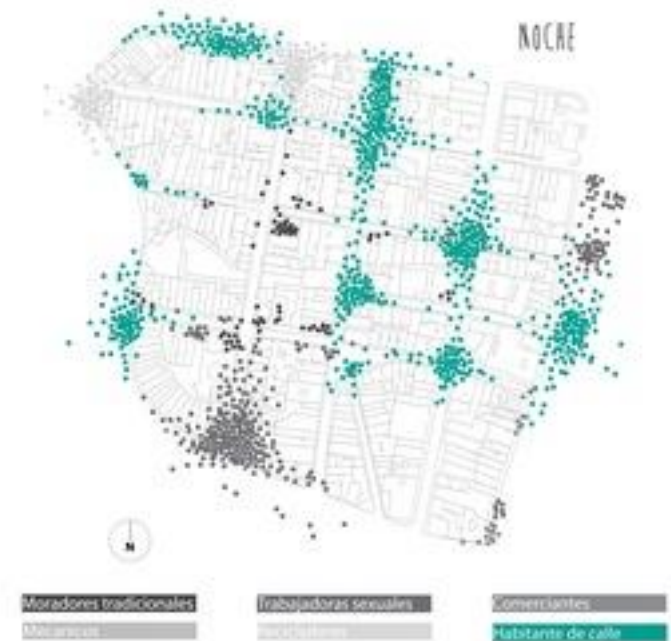
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## CONCENTRACION DE HABITANTES



Why not (...) think about the city in the way that they see it and live in it? Why not think about a city in constant motion?

## CONCENTRACION DE HABITANTES

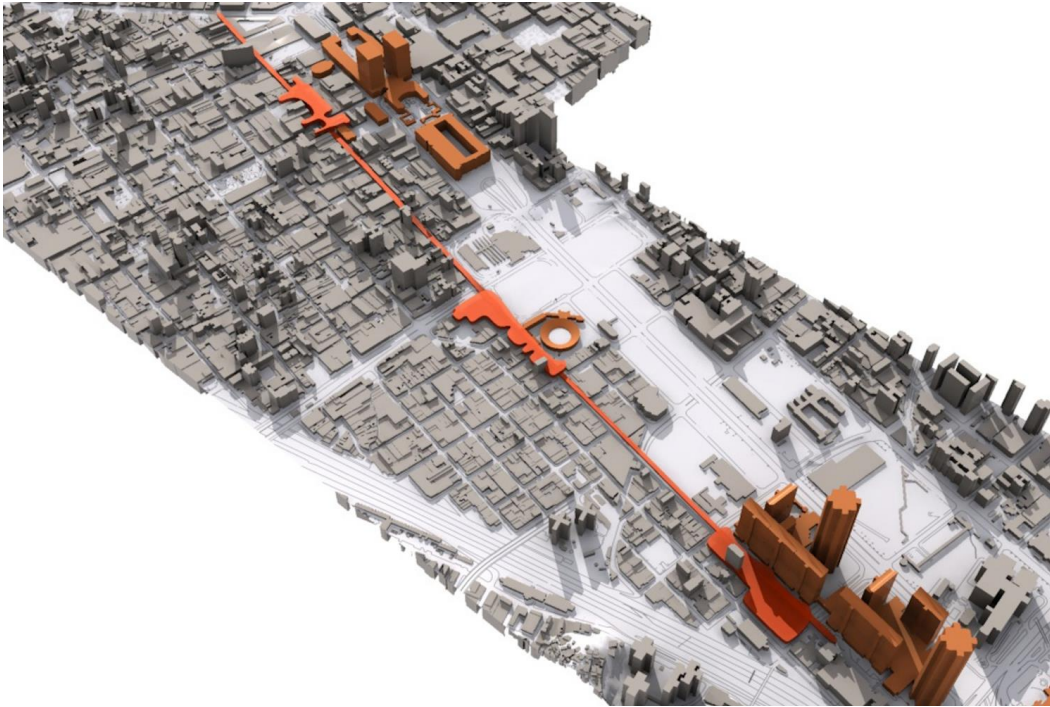


We launched this proposal by focusing on the people living on the street. By dividing up the home and locating the amenities it offers at strategic points in the area, we planned the construction of these amenities (bedroom, dining room, kitchen, bathroom, etc.) at the neighbourhood level.

## Urban health in intermediate territories: An opportunity.

In urban regeneration, can health systems contribute with a “health equity vision and strategies” that may push urban interventions beyond providing a sustainable built environment and a health clinic?

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As construction finished on a new subway line beneath the mile-long Avenida Lecuna, the Caracas municipal Metro Company did not have a redevelopment plan.

Dozens of vacant parcels and derelict buildings would have been left unaddressed on the avenue.

In response, U-TT proposed a vision that included mixed-income housing, offices, shops, educational and sports facilities, and **a health clinic.**



## Urban health and vector-borne disease: An opportunity

In built territories facing vector-borne disease, can public health workers team-up with architects to support households and communities define and undertake effective health promotion strategies? Intervening the built environment in addition to health promotion, prevention and cure.



On this occasion, we want to introduce ourselves to the Raval neighbourhood as Local Architects, understood in the manner of local doctors.

The overall objective is to offer residents the opportunity to work with (future) architects to envision, plan and study the viability of those changes to their homes and communities that will result in improvements to their lives and their relationships with each other.



## Urban innovation in built territories: Opportunity.

In deprived areas, can health systems contribute to integrate health as part of innovative urban interventions, thus using them as public health instruments?



A project intends to reinvigorate an eroded landscape in the Paraisópolis favela in Sao Paulo, one of the world's largest informal communities.

The eroded area will be transformed into a thriving public space that includes urban agriculture, a water management system, public amphitheater, music school, small concert hall, sports facilities and transport infrastructure.

Brillembourg and Klumpner have also included plans to prevent future damage due to erosion and mudslides.

## Urban health equity and vulnerable groups: An opportunity.

In addressing the health needs and social determinants of health mothers, children (MCH), the elderly and the frail in informal (underserviced) built territories, can health systems explore urban interventions and innovative housing and premise construction and use as a strategy for increased health system responsiveness?



This pilot focuses on a cluster of 68 houses within the BT-Section of Khayelitsha, SA.

Through innovative design and organizational models, the project aims to develop a comprehensive and sustainable informal settlement upgrading strategy centered on four core components: a two-story housing prototype, participatory spatial planning, ecological landscape management, and integrated livelihoods programming.

Thank you

