Group work summary

HEALTH

PFVT

Editorial

S ince 1946, the World Health Organization (WHO) has been asserting that health isn't to be solely defined by an absence of disease, but by a "state of complete well-being at the physical, mental and social levels". Starting 1946, health was thus looked at through a broader lens. This new definition promoted by WHO has created a global framework that pushed, little by little, for a renewed vision on health. This new vision especially opened up to the fields of territorial and urban development, because of all places, cities are the one main place where demographic growth happens the most, along with industrial, economic and societal transformations. However, this didn't prevent health and urban development from being disconnected, and the split between the two made for an ever greater distance between these two sectors (health and urban development) even though they are complementary and interconnected, and even though many studies have been highlighting how much urban ways of life and urban development (with their external negativities) do impact health.

The Covid-19 crisis has greatly shaken our world. It was the revelator of some of our societies and of our health systems' profound weaknesses. It also revealed social and territorial disparities, healthwise. In this context, cities and local scale organizations played a major role to sustain health systems. They were the first in line to face challenges and the measures they took were the most efficient to deal with the crisis, implementing both emergency and long term solutions (such as vaccination). Cities are the most likely to be health ambassadors because their scale comes the closest to people's realities, especially when we talk about isolated and vulnerable populations.

The main idea supported by urban planners who advocate for health (such as USF – urban planners without frontiers) is to understand health in its broad sense. To UFS, health is the result of various risk factors or protection factors, meaning that the goal has to be to include and consider at once all components that determine and impact our health: social factors, as well as environmental, economic, urban, architectural aspects, etc.

While climate change is steadily and irreversibly transforming our ways of life, health has to be considered with the same level of importance as the climate, so it can become the core of sustainable and long term development strategies that would play beyond the restrained and restraining timeline of a given urban project or even more so, of a political timeline.

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CHALLENGES

The health crisis, a trigger for healthy urban planning

One of the consequences that the COVID-19 health crisis has had, was to lead some cities and some city designs to better consider people's health, and to embrace greener, more eco-friendly and more sustainable processes to fight climate change. Actors involved with urban development can indeed play an important role to face such challenges; they can become powerful action tool to promote prevention and to support people's health.

This idea of promoting health in the city isn't bound to the limits of a purely environmental vision that would only concern itself with our relation to nature and to biodiversity. It also considers our urban environment, and more specifically our architectural environment, because the COVID-19 crisis has shed a light on how much inadequate housing can impacts households' living conditions and way of life, just like housing environments do. Both can have negative effects on physical health (humidity, sub-standard installations, housings or buildings, etc.) and on mental health (small houses, lack of light, access to outside spaces, over-population of some housing units, noise, etc.). Working on the topic of health leads us to prioritize what's invisible: pollution, quality of life, noise, etc., because these things do not only depend on material things.

The scope of chronic diseases

The COVID-19 crisis revealed the importance of vector-borne diseases. This shouldn't make us forget that chronic diseases, or non-transmittable diseases, remain very important and call for particular and improved attention. Diseases keep on spreading in both developed and developing countries – respiratory and cardio-vascular affections, diabetes, cancers and allergies caused by various environmental or socio-economic issues like air pollution, food, modern ways of life (lack of physical activities for instance). This spread affects developed countries, but it affects more frequently developing countries, with specific issues for children, like obesity or diabetes. These are all challenges for which territories have to find solutions.

Air quality for instance has grown into being one the fundamental topics that local authorities and urban public policies have to deal with. Advocating for air quality is a powerful way to act holistically on people' daily life conditions and on their well-being, at a scale that goes beyond the limited scale of administrative actions.

Access inequalities to health systems and to healthy food

Cities are far from being equal, both between them and within the limits of their own territory. These inequalities are visible at the scale of individuals and of neighborhoods. Watching and growing an acute knowledge of these inequalities helps to understand why they exist and to question the way cities organized health infrastructure, food logistics, food distribution, social support and urban structuration (air pollution).

Access inequalities to health services tend to grow bigger, in parts because some households lack financial resources. The differences that set urban territories and rural territories apart result in big movements of populations, with precarious populations pushed to move to cities to look for opportunities and to look for better access to basic services (especially in developing and emerging countries). As a consequence, inequalities grow bigger between neighborhoods. Although migrations today affect developing countries primarily, access inequality to healthy food and to health services are actually a global issue, intrinsically connected to with social and income inequalities. The city of Rennes for instance (north of France) has 4% of child obesity, of which 0,8% concerns rich neighborhoods and the city center and 9 to 11% concerns poor neighborhoods.

For us to really consider how important nutrition and food are in the city, we first have to understand the main health factors that depend on food and on its related risks: obesity, diabetes, lack of activity. The goal is to make nutrition and food constitutive parts of the city-making process, by providing population with food systems that enable them to access the market and to enjoy affordable and quality local products. Food and food safety also related to gender. In developed and developing countries, indeed, households' food and nutrition responsibility and more broadly childcare fall upon the shoulders of mothers. The UN Food and Alimentation Organization (FAO) warned that, without suitable measures to guarantee that poor people and the most vulnerable populations can access food, hunger and death will significantly increase in some urban areas.

Health, a transversal topic that involves all actors

The great difficulty of urban planning is its position, being at the crossroad of many topics and issues, since cities and territories are canvases where complex combinations and components happen and aggregate: mobility, nature, health, climate, energy, social matters, etc. Actors involved with urban planning have find the right balance between all these elements, by questioning what entry to choose to ensure a balance. Most actions taken at territorial scale raise health questions, but they also contribute to supporting health: for instance, when promoting soft and active transportation means, or dealing with air pollution, or ensuring access to quality food, or promoting biodiversity areas. Health matters connect with all field of urban and territorial development, and all actors have to be a part of the process to deal with them, from decision-makers to city users.

Today, health experts and actors involved with urban planning tend to work separately, even within local administration, and even when every measure impacts people's health more or less directly. We should think about ways to make health a crossing point between a variety of stakes and topics. Making health a bigger part of territorial development processes, for instance, can allow for more transversal approaches, with health not conceived as an extra layer or constraint of project development anymore, but as a key tool to achieve greater benefits for all on the long run.

Environmental health stakes at multiple scales

Air quality, noise disturbance, heat island, physical and chemical environments, housing condition: each one of those things can have negative impact on our physical and mental health. The stakes behind environmental health go way beyond specific scales. Working on improving health in general and on improving environmental health more specifically also implies to work with an approach that embraces different scales, from the individual scale, if we want individuals to be aware of their health and adapt their behaviors to protect individual and collective well-being, to the scale of buildings, as well as the scales of local, regional, national and supranational authorities.

Acknowledging health should also happen at two other levels: urban development and the construction sector. When an urban development operation is being done, for instance, we have to make sure to promote soft and active mobility means through incentives and planning (bike paths, sitting spots on sidewalks, securing pedestrian traffic, etc.).

Improving vegetation is also a tool to be considered to improve quality of life, and to avoid heat islands. When it comes to construction, we must think about housing configuration and about the good workings of housing unit components. For instance: ensuring good openings for the windows, especially in older buildings; ensuring good ventilation systems which, when they don't work properly, create bothering or harmful noises for people who occupy the building.

2050 SCENARIO

A scenario where no major decisions is taken

In 2050, the number of people suffering chronic or non-transmittable diseases in the world will keep on inevitably increasing if urban environments and health policies do not acknowledge the scope of this increase. Air quality and environmental degradation in general with become out of control, and unmanageable.

Climate change will become even more visible through more frequent and more intense episodes (floods, wildfires, storms, droughts, etc.). Cities will be the first affected, due to temperature rising. They will also undergo intense heat waves. They will face floods more frequently due to a change of rain patterns and to sea levels rising (seas, oceans) near coastline cities. Cities won't be ready to face extreme temperatures during periods of time that will last longer and longer. Most housing units will become more or less unlivable. Beyond its effect of city planning, climate change will also significantly impact health, and this situation will be more critical in some areas than others. This will mean diseases and deaths caused by extreme temperatures, mental health issues, nutrition issues, infectious and vector-borne diseases, as well as with diseases caused by bad water and air quality. Social inequalities will increase in both urban and rural environments, and between individuals themselves. With this divide growing bigger, climate change will impact poorer territories and vulnerable populations more strongly.

If authorities keep on going for small-steps policies, and based on the current food production conditions, people will start developing cognitive problems due to bad alimentation received during the two first years of their lives. This will lead, in 2050, to malnutrition having a great negative impact on city and national economies. Technologies, having developed very fast, can also trigger new health issues.

A scenario that relies on growing awareness

In this scenario, health has become one of the main preoccupations of public policies and has been placed at center of urban and territorial development processes, since the COVID-19 crisis. It means that in this scenario, the provided means match the ambitions, when it comes to the culture of health as WHO understands it (embracing care, social and environmental factors). This acculturation process enabled the production of more knowledge that was then spread and empowered citizens, whose actions are now systematically taken to protect individual and collective well-being. In 2050, chronic illnesses have thus decreased everywhere in the world; or at least, they haven't dramatically increased, thanks actors being now accustomed to this new way of thinking. Health, in this scenario, has become the main factor conditioning decisions taken by those who public urban policies. Environments promoting health have grown a lot, thanks to measures encouraging people to walk in the city (new city design and conception) and supporting mobility and healthy behaviors. This new design also includes nature and biodiversity and understands them as factors of environmental health. Provide people with environment-friendly food supplies has become mandatory.

In developing countries, diseases like diabetes and obesity been cured and treated in time thanks to prevention actions taken to improve people's quality of life and food habits – resulting in less people getting sick. More actions have been developed to grow awareness and provide people with trainings that enable to be more independent and to make informed decisions about their well-being and health. Developing countries, especially big capital cities (Antananarivo, Ouagadougou, Niamey, Bamako, Phnom Penh, Port-au-Prince) enjoy better access to their territory and better care system quality, with prevention being the main point of attention. States enable this process by allocating health budgets that are in line with the specific needs and expectations of each country. If we hope to guarantee better urban futures, we must make sure that 2050 brings about a civilizational change and a profound transformation of our development models, and especially of our economic models – something that we should do collectively and targeting the desirable world of tomorrow.

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OBJECTIVES
TO ACHIEVE THE OPTIMISTIC SCENARIO

Make health a major condition in decision-making processes

Including health issues to public policies should be mandatory; hence the need to grow more awareness and to make urban actors and decision makers familiar with the topic. In this sense, innovating with health system can be a way to open up new opportunities and improve the positive impact that incentives have. But innovation processes have to remain grounded in the systems and contexts where they apply, they shouldn't be disconnected from them.

Regarding decision-making processes targeting health, a regulatory framework is needed to constrain some actors who might show some resistance and to ensure that the common well-being stays respected. The need for a constraining regulatory framework leads to question the ways local authorities are organized, how they are able or not to make such topics their top priority. Questions like these are taboo because they interrogate the role and responsibilities of local authorities in general, but they are very important to think about if we want to develop competences and prevent health from being a marginal topic.

Impose systematic health impact assessment of urban policies and of urban development

Through health trainings or actions led to grow awareness, we must make people understand that protecting air quality and biodiversity is also a way to protect their health. Health can be approached as a technical topic, but using common sense is already enough to understand health issues in a more participatory way. Any urban development project should take into consideration the macro-scale, meaning should address environmental health and should include slow and active mobility means as well as vegetation improvement to answer issues related to well-being and quality of life. Physical activity has to be encouraged and fostered because it is one of the most efficient barriers against chronic diseases (diabetes first and foremost). According to the World Health Organization (WHO), sedentary lifestyles are one of the main mortality factors in the world.

Foster cross-disciplinary approaches and make sure to involve various types of actors

Having all actors work hand in hand is the only way to move forward. We need to bring a variety of them together to make sure that health-related policies are taken and thought out transversally, and to especially make sure that they involve various levels and services of local authorities, school institutions (to grow awareness), city actors and actors active at the national scale, local actors of the private sector who contribute for instance to providing affordable quality food, and civil society, like community organizations or NGOs. Transversality is an important instrument to open up competences and to go further and deeper in tackling health matters considered in a broad and global sense (environmental), rather than considered in a purely health-based way. Urban actors also need to collaborate with experts and researchers. People doing research are a part of this ecosystem because they compensate the lack of knowledge on cities and health, and they can provide urban actors with concrete answers. Lastly, the local private sector also needs support, so that food and health systems can work more efficiently and become guarantors and protectors of local health.

Acknowledge the complexity and diversity of territories and of populations

Needs and stakes are different depending on the various kinds of populations and of territories that we look at. Implementing efficient urban planning projects or efficient environmental health policies is a complex process because it implies to consider differentiated parameters that depend on each specific context. But we still need to choose for such holistic approaches if we want to create global impact (in terms of physical, mental and social health of populations and of the living). Understanding a context's complexity calls for an understanding of the diversity of audiences. We must pay particular attention to the most vulnerable populations - those we call invisible - by creating conditions that truly encourage their inclusion. Creating citizen convention is one of the tools for instance that can enable individuals and groups to be heard.

Do more research on the economy of health

Global analysis and research done on the economic impact of public health investments help us understand and help us to make understand how important it is to invest in health-related projects and actions. The idea here is to look at a project through an economic lens, so that political decision-makers create or implement actions more quickly. Local authorities, territories and economic actors can trigger a lot of benefits if they support and encourage research and studies, for instance if they fund research and experimentations that enable cross-sectorial and cross-disciplinary processes. Research can provide more knowledge and understanding on the often complex workings of a city, for us to then be better able to include health to practices and policies.

Focus

Communal safety plans (PCS in French)

PCS, in French, are tools to manage natural, technological and health-related hazards. The mayor is in charge of them. The population needs to be informed about risks and needs to be made aware of the orders and rules that prevail when risks happen.
https://tinyurl.com/2nbbupr2

City information document on major risks (DICRIM)

DICRIM, (city information document on major risks) on the other hand, is meant to share information with inhabitants about "natural and technological risks that concerns them directly, about prevention, protection and safety measures, as well as about the warning means that can be used in case of risks happening."
Such documents tend to better include citizens to processes through trainings, preparations and exercises.
https://tinyurl.com/57xasnw6

"Le Pacte" – to conceive, develop and build the ecologic transition, Strasbourg Eurométropole

This innovative process promotes urban planning that serves the transition. It brings together actor who deal with urban issues and with urban development (close to 130 private and public partners, all the way down to inhabitants). The "Pacte" is an instrument of dialogue. It is also an opportunity to make health a part of brainstorms aimed at developing urban policies. The "Pacte" resulted for instance in creating a training on healthy urban planning.
https://www.strasbourg.eu/demarche-pacte

Local health contract (France)

The local health contract is a tool to encourage cohesion between environmental actors and other actors (insurance compagnie, family allowances, National school system). The 2nd generation of local health contract is a new framework, planned for a 5 year period. Some of this contract's new goals are agriculture and food, targeting safe and food, and targeting environmental health.
https://tinyurl.com/4xyzz898

Implement prevention actions meant to promote health and to replace people at the heart of projects

We need to implement actions and measures that promote and prevent health, in order to limit the spread of diseases as well as the cost they have for society. Lately though, curative actions have been taken more frequently that strategic anticipation action, despite upfront anticipation making populations more resilient and being more efficient in creating a shared culture of health that can start at a young age – by growing awareness and passing on knowledge about health and risks, and by having people share this knowledge among people, their kin, their families. Growing awareness in this way should also become a focus for urban actors, especially for those who tend to overly favor technical city-making processes – and who could instead give more room to more human-based approaches.

Develop trainings for all actors of the urban field

For health to be considered as a main condition to respect in urban decision-making processes, we need to train actors and service providers who make the city, and grow awareness among them, in a logic of constant education. The idea is to provide them with basic knowledge and with practical tools that enable them to make health a constitutive part of urban projects and public policies. Trainings can for instance be generalized within urban planning or architecture institutions and should be systemized for all students in the field since they will become the main actors of tomorrow, and since they need to be equipped with this culture and be able to understand the main stakes.

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Focus

Pasmi program, Gret - to improve access to health for mothers and children, Madagascar

With the Pasmi program, the Gret association leads actions to grow awareness among populations (especially among children and women) about access to child and maternity health services. This program also offers specific trainings to fight malnutrition. It targets care providers and men, for them to share this responsibility with women.
https://tinyurl.com/4mma7hyd

Ambassad'Air project, city of Rennes and House of consumption and of the environment

This operation aims to actively involve people in assessing the air quality of their city – especially people living in the neighborhoods targeted by city policies. It follows the the Smart Citizen project model in Barcelona, and the idea is for citizen to carry devices and measure air quality themselves.
https://tinyurl.com/22879acs

World Health Organization Academy, Lyon (France)

This schools offers trainings to urban actors, researches, experts and local elected representatives who work on public health policies. The idea is that each training - whether about health emergency, basic health services or people well-being – has to tackle this one main question: how to include the UN Sustainable Development Goals and how to connect health with other urban sectors?
https://tinyurl.com/54kcnw4r

MOOC, "Sustainable cities and territories", Ademe and the National center of the territorial public function

In 2020, when an open training on "sustainable cities and territories" was created, the Ademe agency focused a specific teaching session on how to include health to urban and territorial policies and to healthy urban planning.
https://tinyurl.com/4j9mc6ax

Conclusion

To deal with health is a political choice. So, choosing not to make health a part of public policies is also, in fact, a political choice. Despite the obvious impact that climate change has had so far on health, and despite the COVID-19 health crisis having transformed our world so deeply, health is, still today, not included enough in policies. Yet no need to prove anymore how strongly urban development impacts people's behavior and their environment. This is why looking at urban development through the lens of "health" can help limit the negative externalities of our urban ways of life and limit social and gender inequalities. Cities and local authorities are the most suited and suitable scale in this regard. As such they are the ones that should take action, provided they get granted the right means to foster health. But the national and supranational levels are also responsible for asserting and sustaining the application of competences and the endowment of local authorities, to put them in charge of health on their territory (through funding, trainings, and by erasing divides between institutions and service providers).

Several approaches and instruments to use to achieve the above:

• Producing data and diagnosis
• Promoting transversality
• Creating a common culture on healthy urban planning
•Choosing for context-specific approaches
- Implementing participatory actions

Lastly, to implement quicker solutions and face challenges, we also need to intensify the fight against small-steps policies, especially with health and climate emergencies since those are becoming more frequent and more extreme. When it comes to health and climate change, the UN have to advocate more strongly, and develop more constraining competences to make sure that truly efficient actions get implemented.

P F V T

Started in 2011, the **French partnership for cities and territories (PFVT – Partenariat Français pour la Ville et les Territoires)** is a platform meant for the exchange and valorization of the French urban actor's expertise at the international level. It is a multi-actor partnership headed by Hubert JulienLaferrière, Member of Parliament, supported by the Ministry of Europe and of foreign affairs, the Ministry of territorial cohesion, the Ministry of the ecologic and fair transition, and the Ministry of culture. It brings together close to 200 organizations representing the diversity of the French expertise, contributing to the construction of a shared French vision based on a capitalization of exchanges and of innovative and sustainable experiences. **https://www.pfvt.fr/**

Food

International and cross-border cooperation

Informal City

Affordable housing

Mobilities

Digital technologies

Resilience

Health

Cities and Biodiversity

Creative city

Women and city