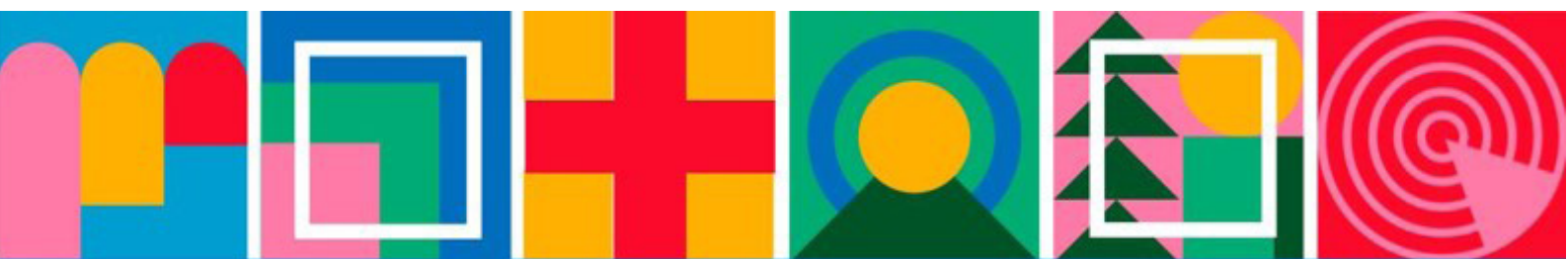


Integrating health into urban and territorial planning: Piloting the asset-based approach



Workshop Review
2021

Integrating health into urban and territorial planning: Piloting the asset-based approach

International Conference on Canadian, Chinese and African Sustainable Urbanism (ICCCASU) organized by UN-Habitat, McGill University, University of Ottawa, Carleton University, Social Sciences and Research Council, Springer Nature.

International Conference on Urban Health (ICUH) organized by UN-Habitat, International Society for Urban Health, Pan American Health Organization, SALUBRAL.

Workshops cohosted by **United Nations Human Settlement Programme (UN-Habitat)**, **ICCCASU4 Organizing Committee**, **International Society of City and Regional Planners (ISOCARP)**, **Metropolis**, **United Cities and Local Governments (UCLG)**, **ICUH** and **ISUH**.

This report provides an overview of the asset-based approach for Integrating health into urban and territorial planning. Two workshops piloting this approach were completed in 2021 in conjunction with the International Conference on Urban Health (ICUH) and International Conference on Canadian, Chinese and African Sustainable Urbanism (ICCCASU). The report provides an overview of the approach, workshops and key takeaways and outlines the next steps for those seeking to further approaches for the integration of health in urban and territorial planning.

Report Authored and Created by Ada Rustow

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August, 2021 Nairobi, Kenya.



SPRINGER NATURE



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Integrating Health into Urban and Territorial Planning: Piloting the Asset-based Approach

This report provides an overview of initial implementation efforts of the asset-based approach to integrating health and territorial planning. The approach (detailed below) was conducted at two separate pre-conference workshops in 2021 as part of a broader effort to begin to pilot and provide proof-of-concept for the approaches outlined in the sourcebook and training manual for integrating health into urban and territorial planning. This report documents key takeaways of these pre-conference workshops which will to be used to refine strategies for future workshops and implementation.

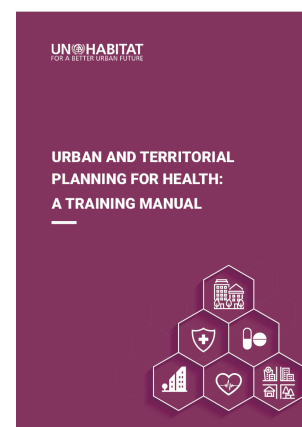
Sourcebook and Training Manual

The Sourcebook builds on a growing body of work at the intersection of health and planning, and works to provide a deeper understanding of the importance and complexities of considering the two fields jointly. Published in 2020, this document provides an overview of actors, parameters, and key considerations in the effort to integrate health into urban and territorial planning. In addition to outlining motivations for joining these two fields, the sourcebook describes a variety of strategies for doing so, including the asset-based approach, the entry-point approach and several tools that can be used to strengthen the merging of urban health at various level of governance and territorial planning.

The Training Manual for Urban and Territorial Planning for Health serves as an accompaniment to the sourcebook, outlining nine modules for training programs on integrating health and territorial planning. "Module 6: Asset-based approach with People at the Centre" is the basis for the workshops detailed below. In addition to the modules, the training manual also provides a list of training materials, curricula for the training of trainers and a number of key considerations for planners and health professionals.



The sourcebook published by UN-Habitat in 2020 (see resource section for more details)



A training manuals for planning and health professionals (see resource section for more)

What is the asset-based approach?

The Asset-Based approach focuses on people, places, and processes as urban assets and entry points for the joint consideration of health and planning. In line with the sourcebook's efforts to identify key actors in this collaboration as well as entry points for integration, this approach focuses on community and localities' assets, and unmet needs. In identifying places as assets, the approach looks at the way that physical spaces, whether natural or built, can act as local or regional assets for health and health equity. Further, it seeks to identify these spaces in order to reveal their unused potential. In looking at people as assets, the approach recognizes people as a key factor in any successful initiative, as a result of their skills, commitment, knowledge and the community-based or professional leadership individuals can provide. For example, a key contribution provided by both individual and collective actors is the dissemination of health literacy. Finally, in recognizing processes as assets, this approach looks at the way in which national, regional, municipal, and local processes can assist or hinder the integration of urban health. It further recognizes that in many contexts these processes may already be in place but may not be used to their full potential.

Guiding Questions for Workshops

step one: places

- *Identify assets from the natural and built environment that contribute to health and wellbeing*
- *What are their potential contributions to health and wellbeing?*

step two: people

- *Identify the people that can contribute to a better health and wellbeing in their communities*

step three: process

- *What are the available processes that support the integration of health in urban and territorial planning?*
- *What are the gaps and needs to improve the inclusion of all actors and places?*

WORKSHOP 1: ICCCASU

JUNE 25TH 2021

AGENDA	PRESENTERS
Opening remarks and general introduction	Fakoue Ibrahim , 3rd mayor of Douala, Cameroon Benjamin Gianni , Ezrieli school of Architecture and Urbanism Carleton University, Canada
Setting the stage, sourcebook presentation and the Asset base approach.	Pamela Carbajal , UN-Habitat
Case study 1: Bamenda Case study: City wide assessment and Block by Block workshop Case study 2: Douala COVID-19 response	Joy Mutai , UN-Habitat Nyang George Denning , UN-Habitat
Interactive exercise using the asset base approach	Moderated by: Pamela Carbajal , Sohel Rana UN-Habitat and Jean-Marie Cishahayo , ICCCASU
Plenary discussions	Moderated by : Jean-Marie Cishahayo
Closing remarks	Cecilia Andersson , UN-Habitat

The first workshop on the asset-based approach took place as a pre-conference training workshop for the International Conference on Canadian, Chinese and African Sustainable Urbanism, co-hosted by UN-Habitat, The University of McGill, University of Ottawa, Carlton University, the Social Sciences and Humanities Research Council of Canada and Springer Nature. The workshop, Integrating health in urban and territorial planning: An integrated and multi-disciplinary approach towards healthier environments, was led by Pamela Carbajal, of UN-Habitat and Jean-Marie Cishahayo, a founding member of ICCCASU. It also integrated case studies presented by Nyang George Denning, UN-Habitat, and Joy Mutai, also of UN-Habitat. Benjamin Gianni, Vice-President of ICCCASU and Fakoue Ibrahim, 3rd Mayor of Douala, Cameroon provided opening remarks.

Based on the results of a pre-workshop survey, around 10% of workshop participants identified as public health

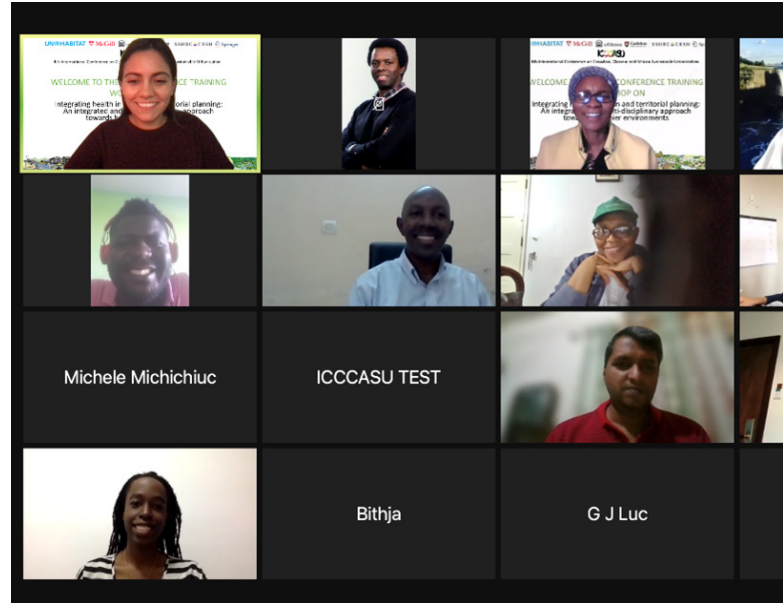
professionals while 20% identified as urban planning and design professionals. Other participants self-identified as architects, environmental scientists, renewable energy professionals, regional economists, GIS specialists, policy analysts, and civil engineers. A majority came from research institutions, while around 25% worked for government at either the local, state or national level, and finally 15% of participants hailed from the private sector.

Bamenda City served as a first case study for the asset-based approach, as Joy Mutai presented UN-Habitat's efforts towards safe, inclusive, and accessible public spaces in Bamenda, Cameroon. The city currently faces poorly regulated urban expansion leading to encroachment on empty or agricultural land and hazardous patterns of construction, either in flood plains or on the slopes of Bamenda Mountain. In line with the asset-based approach, a city-wide public space assessment was conducted, with the result of 174 spaces analyzed based on their spatial

distribution and quality as public spaces. Joy discussed how these spaces could be used as public assets for improving health, given proper interventions.

Nyang George Denning discussed the challenges that Douala, Cameroon faced in responding to the COVID-19 pandemic and the importance of accurate health data for both controlling the vector of disease and anticipating the changes in pattern due to climate change.

During the three break-out groups, participants were asked to first consider what places (outside of sites of traditional healthcare services) can benefit the health and wellbeing of citizens, and subsequently which actors can contribute to better health and wellbeing in their communities. The activity also asked participants to consider which planning and design processes can benefit health. Workshop participants identified a range of places, including green and public spaces ranging from parks to public beaches, streets, schools, libraries, gyms, amusement parks and meditation centers. Among the key actors identified were civil servants, including firemen, academics and urban professionals and community leaders, from indigenous leaders to civil society groups like boy scouts, political leaders, and religious leaders. The creation of Master Plans and other similar planning processes were identified as assets for the integration

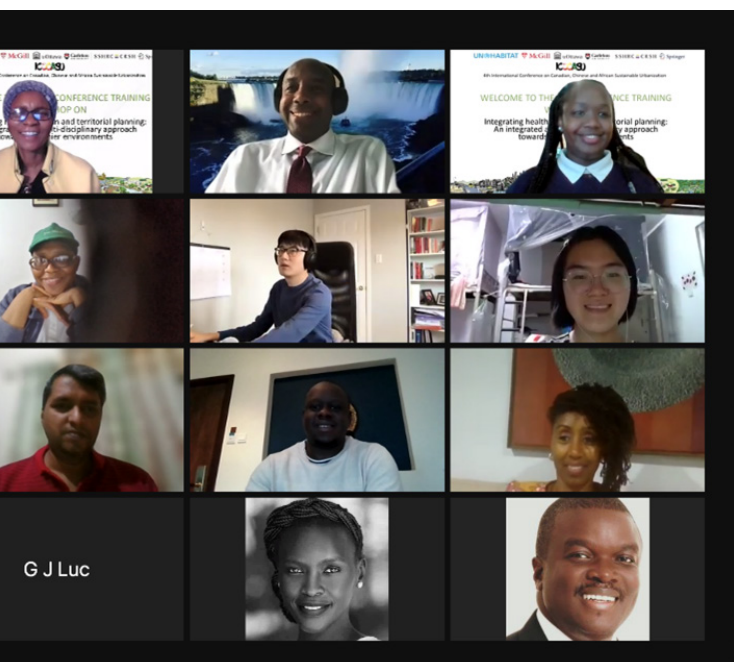


Screenshot from the ICCASU pre-conference training, June 25, 2021

of health and urban planning, as was educational policy and a variety of bottom-up approaches that focus on the needs of communities. Participants also reflected on the importance of conducting health needs assessments, monitoring and evaluation, budget, and funding allocation at the municipal level.

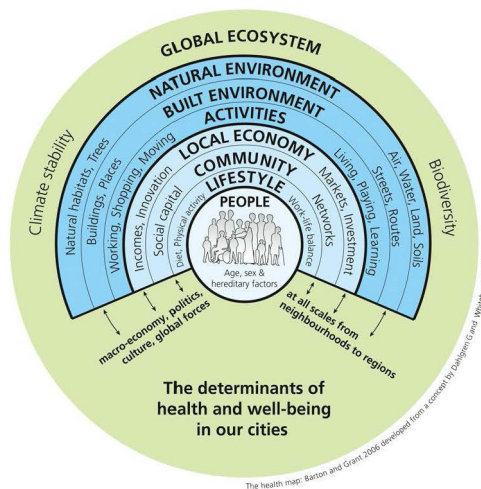
The second and third parts of the working group activities asked participants to consider how health can unlock new opportunities for urban and territorial planning, and what inputs health can bring to improve each asset. Finally, participants were asked to take part in a stakeholder mapping exercise, and look at the key players for enabling cross-sectorial collaboration in their own work.

Participants were largely new to the asset-based approach and plenary discussions focused on how this approach could add value to their daily work. Many echoed the idea that there were strong linkages between urban health and territorial planning, as well as between the three components of the asset-based approach as reflected in their respective cities.



Places are assets

1. What are the places in your city (excluding hospitals and clinics) that can benefit health and well being of people?
- Parks are places that can benefits us all including mental health
 - Open spaces where we can connect with green
 - Bike paths
 - (based on personal experience) Fire station during covid has provided the space to support the health system



Workshop product identifying places as assets and linking to the determinants of health and well-being in cities. Group result from June 25 2021 workshop.

Places are assets

1. What are the places in your city (excluding hospitals and clinics) that can benefit health and well being of people?
- Parks are places that can benefits us all including mental health
 - Open spaces where we can connect with green
 - Bike paths for
 - community centers endowed with (libraries, pools, open mini-gyms)
 - fruit/veggie stands
 - Water fountains
 - Font beach (blue network, can be a positive but also a problem with floodings)

MAPPING THE ASSETS

People are assets

Identify the people that can contribute for a better health and wellbeing in their communities? And how? (e.g. by becoming health advocates)

- Firemen
- Community leaders for example indigenous
- Boy Scouts
- Media/comms

Proces are assets

- Which are the planning and design processes that can benefit health?
- Bottom up approach (having the people needs at the center will support to build healthier communities)
- Health based Community Focus groups
- Ensure health needs assessment reflect community voices
- Health needs assessments
- Monitoring and evaluation (inclusive and reflective)
- Budget and funding allocation (linking important agendas for example climate change and health)



Workshop product identifying 3 different types of assets: places, people and processes. Group result from June 25 2021 workshop.

Health as an input and outcome

Table 4.1 Health as an input and an outcome for urban and territorial planning

How can health unlock new opportunities for urban and territorial planning?	How can urban and territorial planning contribute to health?
<p>Health as an input:</p> <ul style="list-style-type: none"> • Contributing with health professionals' skills, expertise and resources, including data and statistics • Bringing on board new partners and collaborations for UTP • Using a "health lens" to merge agendas such as climate change, ecosystem services and resource use in urban policy to empower and enable stronger collaborations • Providing "health and well-being" as an aspirational vision for a nation, region, town or city • Developing the messages and communications channels to highlight the links between health and UTP, and creating demand for healthier policies and interventions • Helping to deepen the knowledge of how spatial planning can control disease vectors and influence disease transmission, including for emerging infectious diseases • Anticipating changes in the patterns of disease distribution due to climate change so that housing, city and regional planning can be designed 	<p>Health as an outcome:</p> <ul style="list-style-type: none"> • Reducing the burden of disease and improving the context for UHC, including access to health care • Helping to tackle the spatial and environmental "causes of the causes" of illness and health inequity • Raising level of health literacy specifically via awareness of communities, politicians and professionals of the upstream causes that result in adverse downstream health outcomes • Ensuring that health outcomes are considered alongside commitments to other goals in areas such as economic vitality, climate change and infrastructure delivery and in the training of all built environment specialists • Helping to deliver national health plans such as those on NCDs

Workshop product exploring health as both an input and output of urban and territorial planning. Group result from June 25 2021 workshop.

WORKSHOP 2: ICUHJULY 1ST 2021

AGENDA	PRESENTERS
Opening remarks and general introduction	Cecilia Andersson , UN-Habitat
Resources, Tools and Network Presentations	Puvendra Akkiah , UCLG Laura Valdes , Metropolis Jens Aerts , ISOCARP
Stage setting, sourcebook presentation and Introduction to the Asset-based Approach.	Pamela Carbajal , UN-Habitat
Interactive exercise using the asset base approach	Moderated by: Jens Aerts , ISOCARP Pamela Carbajal , UN-Habitat Laura Valdés , Metropolis
Plenary discussions	
Closing remarks	Pamela Carbajal , UN-Habitat

The second asset-based approach workshop took place in line with the International Conference on Urban Health, the annual meeting of the International Society for Urban Health. This pre-conference workshop, entitled Integrating health in urban and territorial planning: An integrated and multi-disciplinary approach towards healthier environments, was co-hosted by UN-Habitat, the International Society for City and Regional Planners (ISOCARP), Metropolis, United Cities and Local Governments (UCLG), the International Society for Urban Health (ISUH) and the International Conference on Urban Health (ICUH). The workshop featured presentations from Pamela Carbajal of UN-Habitat, as well as Puvendra Akkiah of UCLG, Laura Valdés, Research and Policy Officer at Metropolis and Jens Aerts representing ISOCARP.

Panelists' presentations focused on the diverse set of actions and tools currently being employed to integrate health and territorial planning. Puvendra Akkiah of UCLG discussed the challenges in urban mental health and

the work the UCLG is doing to address these and other health challenges through cross-sector collaboration, enhancement of public space and advocacy for coordinated inclusive governance. He described the Public Space Dividend, developed by UCLG, which is a tool that enables cities to advocate for increased investment into public space and for higher quality spaces. "Cities are often quite happy to develop pockets of excellence in terms of public space," Akkiah said, but "rather than having pockets of excellence, we need a system that connects these pockets to ensure a complete development profile within the city." He underscored that public spaces are a key component of achieving all the Sustainable Development Goals across all focus areas.

Laura Valdés described Metropolis' multisectoral efforts in over 140 cities to address biodiversity and green infrastructure, mobility and accessibility, gentrification, and the right to the city and housing. Valdés described the priority shift that the COVID-19 pandemic has caused

within Metropolis membership in questions related to urban health. Metropolis launched the Cities for Global Health Platform and has also integrated urban health into two other key platforms: MetroTalks and Learning from Cities, the latter in partnership with the United Nations Development Programme (UNDP). Metropolis additionally issued a call to action to encourage members to rethink and redesign metropolitan spaces, improve crisis response, enhance health services, and structure more inclusive economic models in the urban context.

Jens Aerts outlined ISOCARP efforts to represent planners and planning efforts around the world. Notably, ISOCARP's Planning Advisory Team's expertise on local issues, focusing on key challenges including urban health. The Core working group on Cities and Health serves as a network bringing together 30 international expert members to build knowledge around urban health, and work with the health sector to recognize the spatial elements of resilient urban systems.

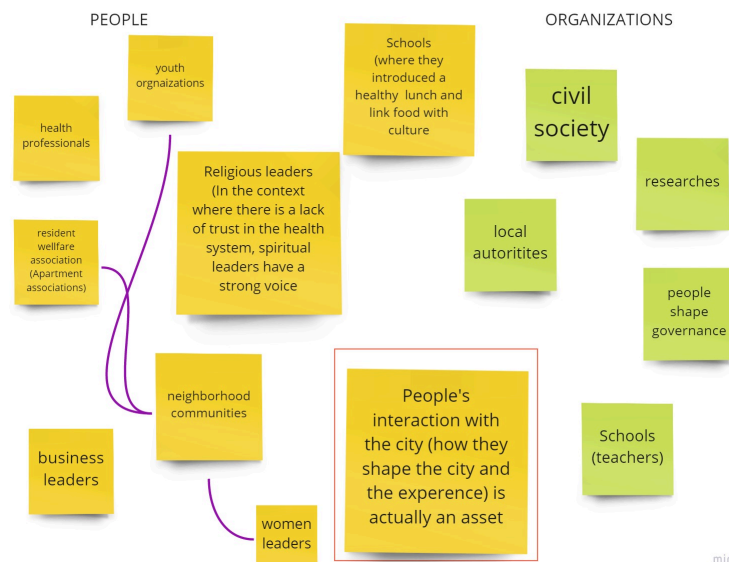
Pamela Carbajal then introduced the asset-based approach as well as other key initiatives to support urban health efforts within UN-Habitat. Participants then split into break-out rooms and participated in the asset-based approach activity. In plenary key themes discussed were the distinction between tangible and intangible assets, and, within the asset category of places, between natural and built environments. Participants emphasized the importance of more tangible urban services like green and blue infrastructure, mobility networks and housing, but also examined how these services interact and how citizens interact within them. Social cohesion was emphasized as a key factor for achieving sector integration, as were

participatory urban processes. Various actors were listed as assets, with participants sharing diverse experiences in which actors including the mothers of kindergarten children had proved key agents in a child welfare and nutrition project, and residents had been key knowledge holders in a playstreets project. The interaction between local actors and institutional actors like universities and local governments was also identified as a process and asset.

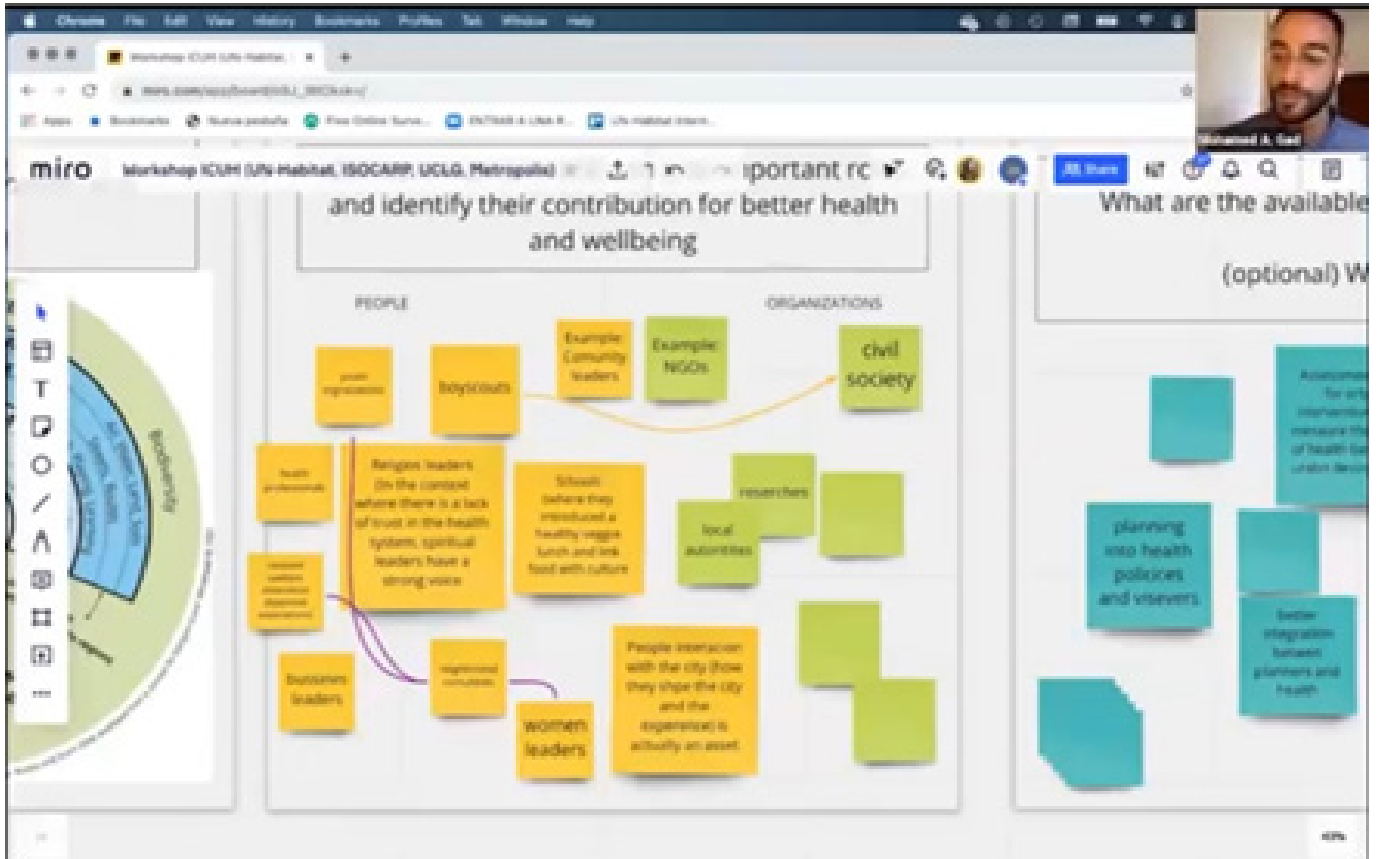
Participants commented that urban health is a broad category, encompassing questions related to gender, urban safety and climate change, among others and thus pertaining to a broad range of entry points. Despite this breadth, strong assets are circumstantial, and depend on continued and inclusive access to spaces, and urban processes which encourage interconnections between people, places, and processes. Participants agreed that local governments should strengthen the maintenance and operation of urban spaces and to support local actors in order to

ensure health is centered within planning.

The second workshop provided the opportunity to refine the asset-based approach. Due to the variety of agencies included in this workshop, participants were also able to identify overlaps and further spaces for collaboration in their work. The training proved the value of trying the asset-based approach with many different types of participants, as many new themes and critical questions emerged in the course of these discussions.



Workshop product identifying key actors, both individuals and organizations as urban health assets who contribute to better health and wellbeing in the urban environment. Group result from July 1, 2021 workshop..



Screenshot of workshop participant explaining workflow and results in plenary discussions, July 1, 2021.



17th International Conference on Urban Health



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Integrating health in urban and territorial planning: an integrated and multi-disciplinary approach towards healthier environments

Pre-Conference Workshop
July 1 2021 9:00-11:00 am EDT | 15:00-17:00 CEST

HOSTED BY UN-HABITAT, ISOCARP, METROPOLIS AND UCLG





ICUH flyer for joint Pre-Conference Workshop, co-hosted by UN-Habitat, Metropolis, ISOCARP, UCLG.

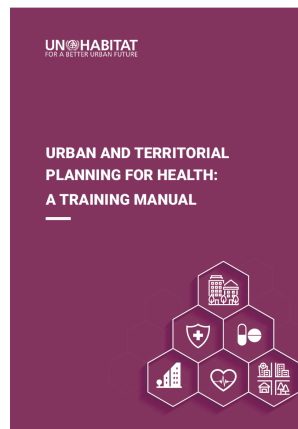
NEXT STEPS AND WAY FORWARD FOR THE ASSET-BASED APPROACH

- **Review and finalize Module 6: asset-based approaches** in the training manual for integrating health in urban and territorial planning.
- **Continue to the different training modules** in the training manual in collaboration with key partners, urban health experts, and the urban and territorial health network.
- **Continue delivering workshops** in order to pilot and test the different modules.
- **Finalize the training manual** and its digitalization.
- **Seek out additional funding mechanisms** to sustain capacities in urban health.
- **Open a call for capacity building** at the local and municipal level.
- **Develop and deliver Training of Trainers curricula.**

ADDITIONAL RESOURCES



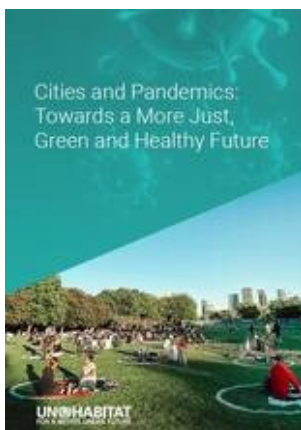
UN-Habitat | WHO (2020) [Sourcebook for Integrating Health into urban and territorial planning](#)



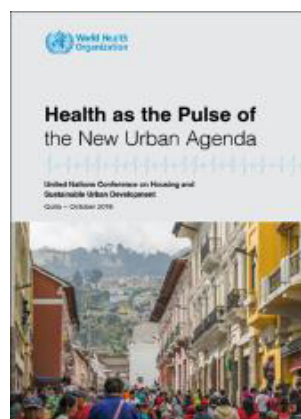
UN- Habitat (2021) Urban and Territorial Planning for Health: A Training Manual (under development)



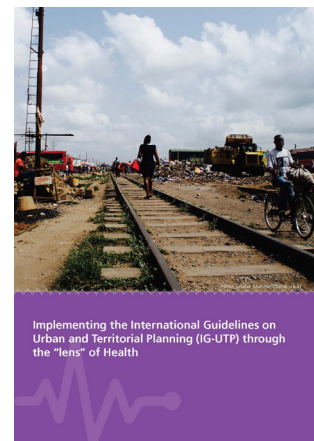
UN- Habitat (2015) [International Guidelines on Urban and Territorial Planning](#)



UN-Habitat (2021) [Cities and Pandemics: Towards a More Just, Green and Healthy Future](#)



WHO (2016) [Health as the Pulse of the New Urban Agenda](#)



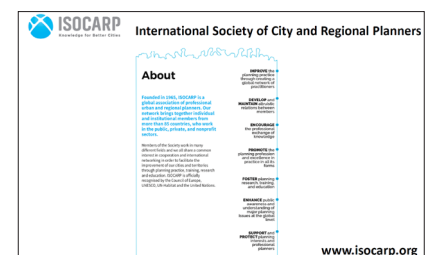
UN-Habitat (2016) [Think Piece: Implementing the International Guidelines on Urban and Territorial Planning \(IG-UTP\) through the "lens" of Health](#)



Puvendrah Akiah (2021) [UCLG: Creating a case for capacity building to improve Health and Wellbeing](#)



Laura Valdes (2021) [Metropolis on Urban Health](#)



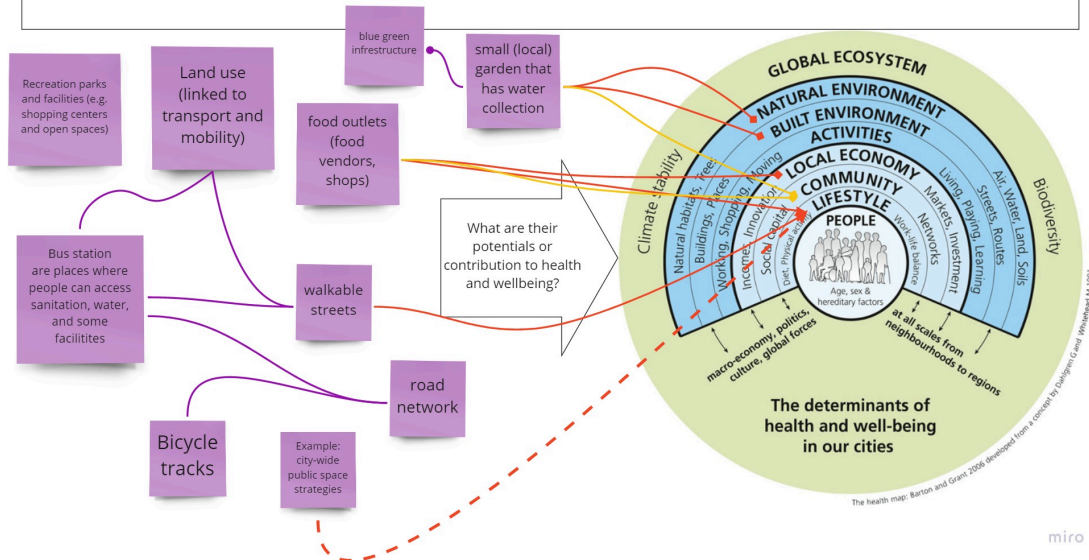
Jens Aerts (2016) [ISOCARP](#)

APPENDIX A:

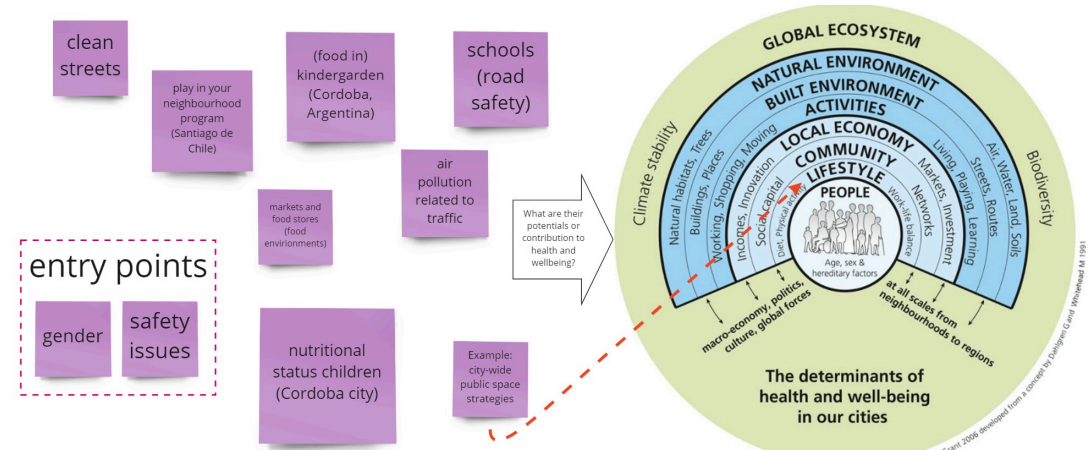
ICUH Workshop Results - Places

Identify assets from the natural and built environment that contribute to health and well-being

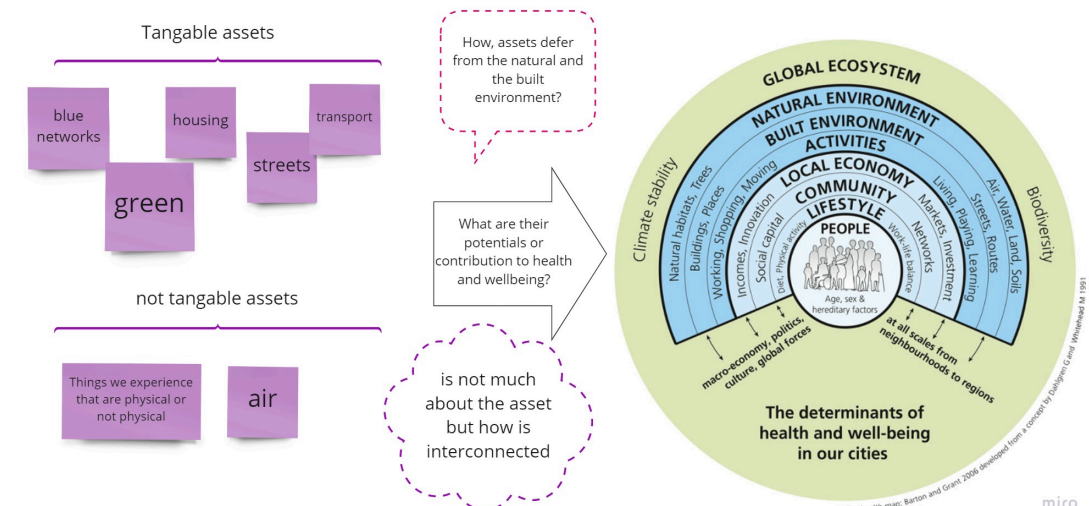
Group A



Group B



Group C

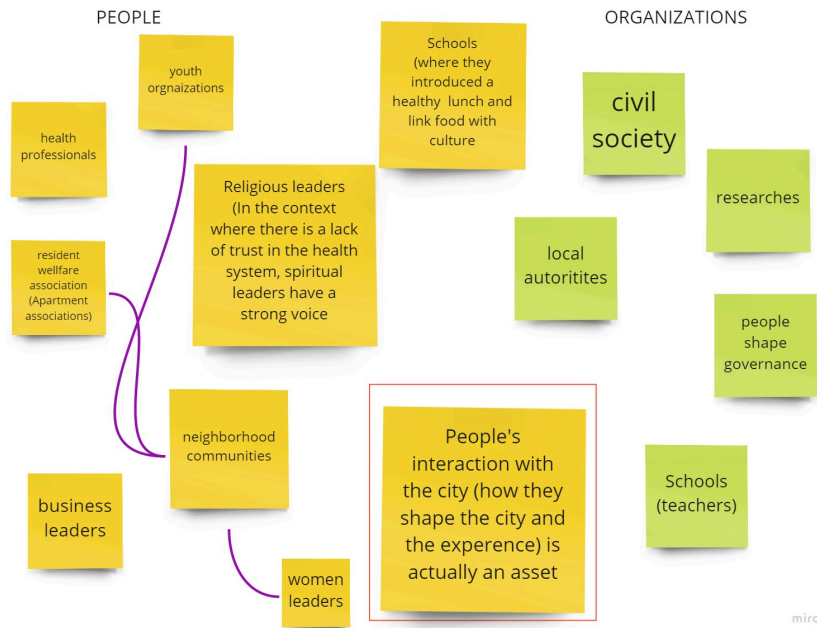


APPENDIX B:

ICUH Workshop Results - People

Identify the people who can play important roles and identify their contribution for better health and well-being

Group A



PEOPLE

young people

mothers

ORGANIZATIONS

Example: Community leaders

individual citizens

Municipality

university research and science

PEOPLE

school

children

ORGANIZATIONS

civil society

citizen science

local governments

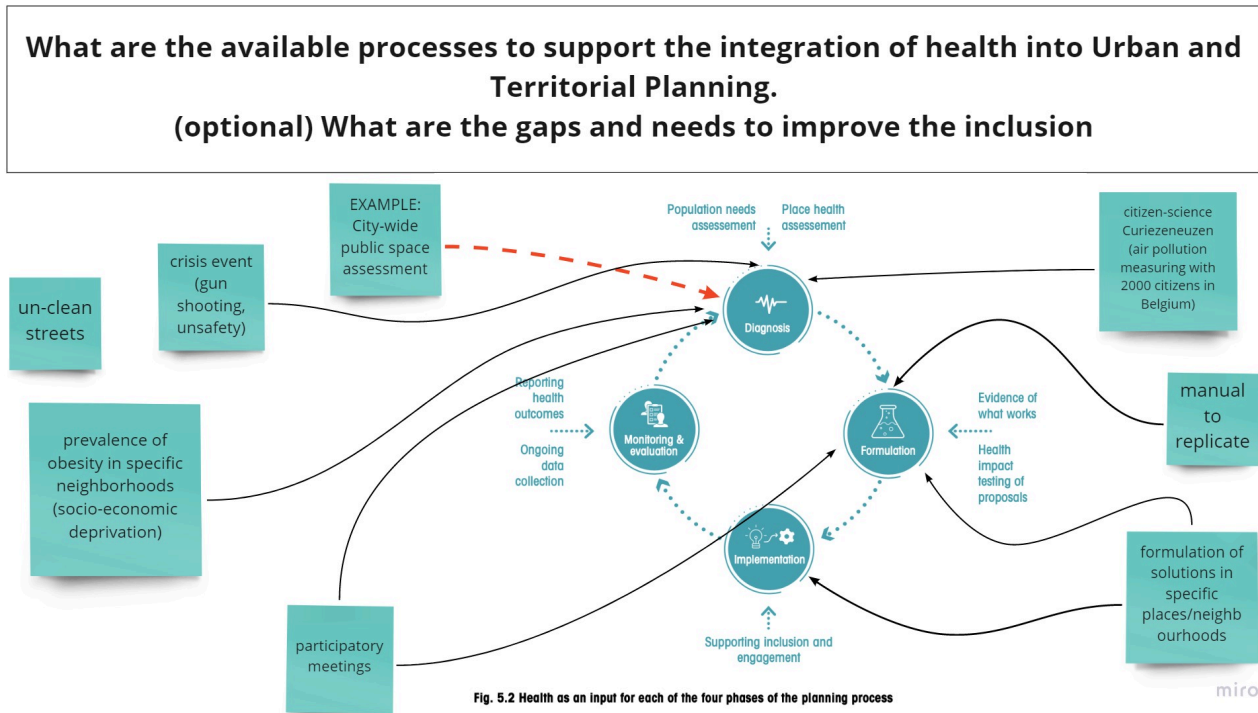
Group B

Group C

APPENDIX C:

ICUH Workshop Results - Processes

Group A



miro

Group B

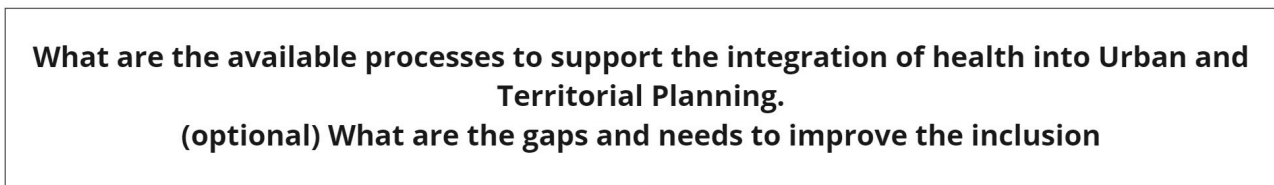


Fig. 5.2 Health as an input for each of the four phases of the planning process

miro