

**IMPLEMENTING
THE INTERNATIONAL GUIDELINES
ON URBAN AND TERRITORIAL PLANNING FOR
IMPROVED HEALTH AND WELL-BEING**

Synthesis report

Expert Group Meeting and Side Event at the first UN-Habitat Assembly | Nairobi, Kenya,
24 and 27 May 2019

Expert Group Meeting “Implementing the International Guidelines on Urban and Territorial Planning for improved environment and well-being” and Side Event “Innovative Approaches to Planning for Health for All” Synthesis Report

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Executive Summary

This report synthesizes the outcomes from the Expert Group Meeting and the “Informal Dialogue” Side Event on urban health convened by UN-Habitat’s Regional and Metropolitan Planning Unit on occasion of the first UN-Habitat Assembly (27-31 May, 2019). The two events gathered over forty stakeholders from Member States, local government, academia, civil society organizations and UN Agencies with the aim to discuss innovative approaches to enhance urban and territorial planning for improved human health and wellbeing.

The events also outlined the importance of urban health for the new UN-Habitat Strategic Plan 2020-2023, which addresses urban health through two of the four Domains of Change: **Domain of Change I – Reduced spatial inequality and poverty in communities across the urban-rural continuum**, realizes the importance of expanding access to basic services (including health services) across territories, to reduce spatial and health inequalities. **Domain of Change III – Strengthened climate action and improved urban environment**, promotes the development of clean air action plans to reduce greenhouse gas emissions and address indoor and outdoor air pollution.

Urban health challenges, such as cardiovascular and respiratory diseases related to ambient (outdoor) air pollution, are merely the visible symptoms of underlying complex systems which are cross-sectoral, interconnected and uncertain of common concern. They happen at multiple levels and thus need to be addressed at the right scale, in time.

At the Expert Group Meeting (EGM), UN-Habitat presented its urban health initiatives, illustrating different entry points to tackle urban health issues: from air pollution and climate change mitigation plans, to housing and sanitation improvements to reduce vector-borne diseases, as well as urban and territorial planning systems to promote healthy lifestyles.

The discussions highlighted the following issues and opportunities of urban health organizations in **moving towards coordinated actions to include health considerations and actors in urban planning and development**:

- Complex urban health & sustainability challenges require new perspectives, gained from:
- “Collective intelligence”: **urban health communication** and the engagement of stakeholders in the **co-production of knowledge**.
- Applying a **systems approach**, which can help planners and health professionals understand the complex relations between urban environments and health determinants better and promote evidence-based solutions.
- More examples **that highlight** evidence on **urban health benefits are needed**: pilot projects (“proof of concept”) are important in validating urban health approaches, policies and tools and as an additional source for knowledge-gaining (“learning by doing”).
- **Context- and community-sensitive urban health initiatives** that promote local ideas and actors in solving existing problems, including in the informal sector, represent an alternative to large scale, top-down urban health projects. Applying the lessons learned of micro-scale and incremental approaches of housing to improve the health conditions of communities.
- **Innovative funding mechanisms**, such as public-private partnership models, community-based financial models or private funding mechanisms that are affordable are needed **for local scale and community-based urban health projects**.
- Innovative institutional and **funding mechanisms for interdisciplinary projects** are needed to promote systems approaches in urban health.

- Building **new partnerships between urban health actors across sectors and levels** and promoting effective collaboration by clarifying and defining roles and responsibilities for cooperation between academia, civil society organizations, international organizations and local governments.
- **Working with** (and not for) **local communities**: motivating the local community as a collective entity. Using **advocacy and education strategies** on urban health to ensure local buy-in by the community and maintenance of the results. Engaging local governments at an early stage in the development of normative products. Win-win partnerships with local actors are key for successful implementation and sustainability.

The events also gathered input on some of the urban health tools under development at UN-Habitat:

ON THE HEALTH-FOCUSED PLANNING SYSTEM ASSESSMENT:

- The value of a rapid health-focused planning system assessment which acts as an **icebreaker** to discuss the perceived quality of the outcomes and processes of a planning system for different stakeholders.
- More considerations about the **end-user and their use of the assessment** are needed while developing the assessment.
- The question of how to make the assessment

operational in multiple contexts (e.g. application in the informal sector) and for different stakeholder groups, including non-experts (e.g. citizens).

- The suggestion to rethink or further elaborate the assessment to be **more user-friendly** and more focused on the quality of the planning system (e.g. statements addressing multiple issues at a time; unclear relation of indicators to statements, etc.).

ON THE TRAINING MANUAL:

- Considerations on the **complementarity** of the content of the manual with **existing resources** within UN-Habitat and beyond (e.g. World Health Organization (WHO) Training Manuals, HiaP-Approach) are necessary to ensure its usefulness and implementation.
- More considerations on how the manual will enhance capacities of planners and health professionals for collaboration and **how it will be used** by its end-users (e.g. in academia, local government, planning associations, etc.)
- The interest in a **multi-stakeholder development approach** of the Training Manual by the organizations present in the EGM highlighted the need to ensure an effective co-production process.

Background

Uncontrolled urbanization negatively affects human health and well-being of citizens, challenging the development of competitive, inclusive and liveable human settlements. As urbanization is one of the main drivers influencing the development of countries across the globe, a shift towards more sustainable

urban development practices is urgent and necessary to ensure the achievement of SDG 11. Sustainable Cities and Communities and SDG 3. Good Health and Well-being and other interrelated goals of the 2030 Agenda for Sustainable Development.



Figure 1 Panelists speaking at the Informal Dialogue “Innovative Approaches for Planning and Health for All”.

As recognized in the “Health as the Pulse of the New Urban Agenda” report by the World Health Organization (WHO), key urban stakeholders must incorporate health as a central consideration in their decision-making processes. Governments at all levels, along with United Nations agencies and other important agents of change, **must move from a growing recognition of this task to coordinated actions including health considerations and actors in urban planning and development.**

UN-Habitat, in collaboration with WHO and other urban health organizations and with the support of the Government of Norway, is working on implementing the International Guidelines on Urban and Territorial Planning (IG-UTP) for improved health and well-being. This initiative aims to improve human health and well-being through urban and territorial

planning and design. In line with this objective, the **IG-UTP and Health programme** at UN-Habitat works across 4 areas: building an evidence base for the benefits of planning for health, developing normative tools, testing and implementing pilot projects and conducting capacity-building activities, and building partnerships with urban health organizations.

As part of these activities, UN-Habitat convened two events; one that took place prior and the other as part of the first UN-Habitat Assembly (27-31 May, 2019), held in Nairobi, Kenya, bringing together over forty stakeholders from Member States, local government, academia, civil society organizations and UN Agencies. During the events, urban health experts discussed innovative approaches to enhance planning and health activities.

On May 24, 2019 the Expert Group Meeting (EGM) for Peer-to-Peer learning and Capacity Development Implementing the International Guidelines on Urban and Territorial Planning for improved environment and well-being took place at the UN-Habitat Headquarters. The international experts gathered provided valuable inputs on the tools under development by UN-Habitat.

In alignment with the UN-Habitat Assembly's theme: Innovation for Better Quality of Life in Cities and Communities, the EGM was an opportunity to share and advance ongoing initiatives to undertake planning through the "lens" of health.

More specific objectives of the EGM included:

- Produce a health-focused planning system assessment,
- Develop an integrated Training Manual on planning and health, which will in turn provide concrete guidance and close the gap between health actors and planners, to coordinate and improve health and wellbeing through planning and design approaches.

Furthermore, the "Informal Dialogue" Side Event Innovative Approaches to Planning and Health for All, held on May 27, 2019 was an opportunity to discuss innovative approaches on how partnerships between planners and health professionals can contribute to the delivery of healthier cities for all and contribute to reduced spatial and health inequality in urban settlements.

More specific objectives of the event included:

- Discuss new tools and approaches to improve planning for health,
- Present evidence-gathering activities and multidisciplinary experiences and examples from around the world, where health considerations have been placed at the center of the planning process, yielding better health outcomes, as well as an improved urban environment.
- Discuss the role of civil society organizations, UN agencies and academia in supporting local and national governments in delivering healthier cities.

Relevance to UN-Habitat's Strategic Plan 2020 – 2023:

UN-Habitat's long-lasting mandate on urban health initiatives was strengthened by Governing Council Resolution 25/4 in 2015, requesting the agency "to consider health and well-being aspects, including the promotion of and access to health services, in developing policies on urban and territorial planning".

Addressing the relation between health and sustainable urbanization has been also captured in the recently approved UN-Habitat Strategic Plan 2020-2023 through two of the four Domains of Change: **Domain of Change I – Reduced spatial inequality and poverty in communities across the urban-rural continuum**, realizes the importance of expanding access to basic services such as clean drinking water, sanitation, housing, transportation and health services, as well as to safe and secure public space. Leveraging access to basic services can not only contribute to reduce spatial inequality but also to improve health equity, two mayor causes for poverty. In addition, **Domain of Change III – Strengthened climate action and improved urban environment**, focuses on improved resilience, adaptation and mitigation actions for the development of sustainable cities and the improvement of the health of human and natural systems in cities. This Domain of Change promotes the development of clean air action plans to reduce greenhouse gas emissions and address indoor and outdoor air pollution.

Domains of Change
in relation to health:

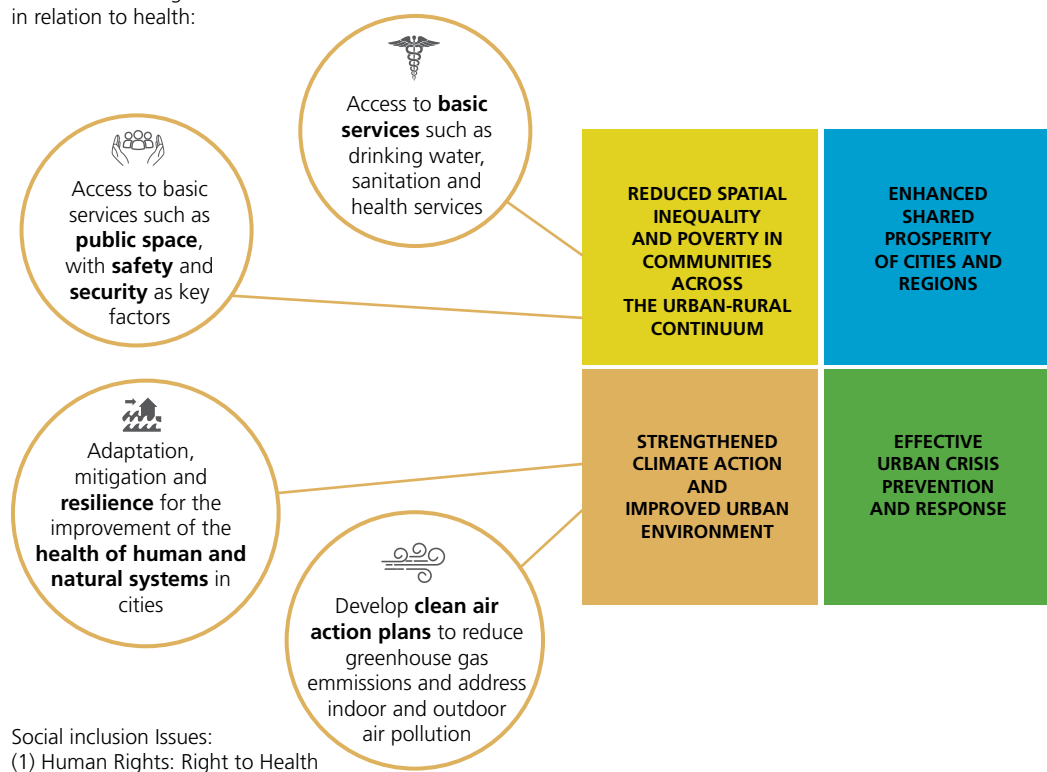


Figure 2 Health in the Strategic Plan 2020-2023 of UN-Habitat.

Global tools that have been developed as part of UN-Habitat’s work on urban health and whose application was discussed during the events include the Guidance Document in Planning for Health (UN-

Habitat and WHO), [the International Guidelines on Urban and Territorial Planning \(IG-UTP\) Compendium on Inspiring Practices: Health Edition](#) (UN-Habitat) and the [WHO Housing and Health Guidelines](#).

EXPERT GROUP MEETING FOR PEER-TO-PEER LEARNING AND CAPACITY DEVELOPMENT
**“IMPLEMENTING THE INTERNATIONAL GUIDELINES ON URBAN
AND TERRITORIAL PLANNING FOR IMPROVED ENVIRONMENT
AND WELL-BEING”**

Overview Facts:

Date & Time: 09:00 – 17:30, 24th MAY 2019

Location: Fukuoka Room, UN-Habitat

Participants attendance: 16 participants from 5 organizations
(names available in the annex)

Co-organized by:



Introductory remarks



Figure 3 Prof. Blessing Mberu speaking at the event opening.

The Expert Group Meeting “*Implementing the International Guidelines on Urban and Territorial Planning for improved environment and well-being*” was inaugurated on Friday morning by the Regional and Metropolitan Planning Unit Leader **Dr. Remy Sietchiping** from UN-Habitat and **Dr. Franz Gatzweiler**, Executive Director of the Urban Health and Well-being Programme (UHWB) of the International Science Council (ISC). In his opening, Dr. Remy Sietchiping highlighted the urgency of addressing the current urbanization challenges through urban and territorial planning through the “lens” of health by relating it to the global frameworks for health and sustainable urbanization, the Sustainable Development Goals 3 and 11 and the New Urban Agenda. Like SDG 3 and 11, all 17 SDGs are fundamentally interconnected, and the achievement of any SDG cannot be accomplished without addressing the links to others. As an example of UN-Habitat’s ongoing work on urban health, Dr. Sietchiping introduced the International Guidelines on Urban and Territorial Planning (IG-UTP) and

Health programme at UN-Habitat with its 4-pronged approach: building an evidence base, developing normative tools, project implementation and capacity-building activities and partnership-building.

Dr. Franz Gatzweiler in turn presented the UHWB’s system approach to urban health and highlighted, through their partnership with the “Urban Lab” of Beirut Arab University, that “Architecture and Urban and Territorial Planning are a very good entry point to address health issues in urban areas”. He also emphasized on the importance of partnerships between organizations and by introducing their ongoing collaboration with WHO in the drafting of the publication “Health as the Pulse of the New Urban Agenda”.

Moderator **Prof. Blessing Mberu** (African Population Health Research Center), concluded the opening remarks by emphasizing on the human dimension of both urbanization and health issues. In his words, this EGM came as an opportunity to bring “everything [and everyone] together” on the discussion table.

UN-Habitat urban health initiatives

The first morning session brought together a series of initiatives that UN-Habitat has been working on with partners to highlight different entry points in addressing urban health issues, such as air pollution and climate change, housing and sanitation to reduce vector-borne diseases, and urban and territorial planning for improved health.

The first presentation addressed the linkage between climate change and air pollution: **Mr. Sebastian Lange**, from the Climate Change Planning Unit (CCPU), introduced the Urban Health Initiative, a joint project with WHO and Local Governments for Sustainability (ICLEI) to realize climate and health benefits in urban areas. This initiative, meant to be scaled-up and replicated by other cities, calls for integrated approaches at the pollution-environment-health nexus. In Mr. Sebastian Lange's opinion, these kinds of trans-sectoral or nexus approaches are necessary to tackle the complex challenges affecting cities. In particular, the "climate change curve" can only be bent if the amount of air pollutants is reduced. As cities contribute greatly to air pollution, reducing the amount of air pollutants will have a direct impact on the air quality of cities, which influences human health significantly.

In order to address this relationship, the Urban Initiative has been promoting three pillars to catalyze policy change: creating evidence on the effects of air pollution on health, the economy and the climate; creating health competency to address these effects and developing health communication products customized to the local context to raise awareness.

The Urban Health Initiative is articulated around a theory of change that aims to promote evidence-based policy change that improves air quality through: tracking climate and health indicators, assessing current policies in cities on its impact on air quality, as well as improved health competences of local policymakers.

The "proof of concept" for this approach is taking place in two projects in Accra and Kathmandu.

The next presentation delved around housing as an entry point for improved health. **Mr. Ramses Grande**, from the Regional and Metropolitan Planning Unit (RMPU), introduced the Housing at the Centre approach on behalf of the Housing Unit, and their contributions as part of the External Review Group of the WHO Housing and Health Guidelines. The Housing and Health Guidelines focused on the effects of housing on human health through different aspects, such as crowding, low or high indoor temperature, injury hazards or housing accessibility, and provide recommendations.

Ms. Pamela Carbajal (RMPU), highlighted the Regional and Metropolitan Planning Unit's approach to urban health through the International Guidelines on Urban and Territorial Planning (IG-UTP): this multi-level, multi-sectoral and multi-stakeholder framework which provides key recommendations for the four main stakeholder groups involved in urban planning (national governments, local authorities, civil society organizations, and planning professionals and their associations), allows for the inclusion of public health professionals and health considerations in urban and territorial decision-making (see figure next page).

Since 2017, the IG-UTP and Health initiative, supported by the Government of Norway, has been working on four main areas: building a knowledge base through a global call for case studies, which led to the publication of the Compendium of Inspiring Practices: Health Edition; developing normative tools such as the Guidance Document on Planning and Health or the Planning System Assessment for Health (both under development), testing and project implementation, and capacity building activities and partnerships.

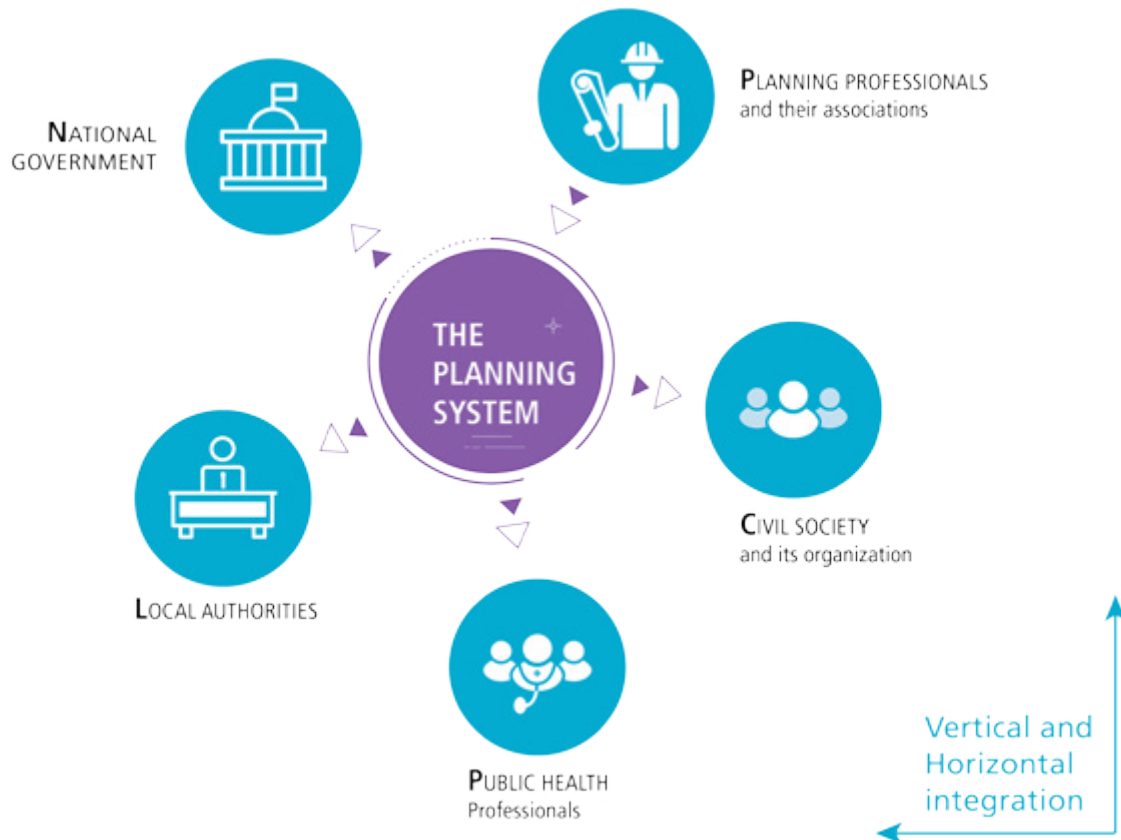


Figure 4 Stakeholders involved in a health-focused planning system

Mr. Jose Chong introduced the work of the Public Space Programme on Public Space Assessment Tools and how many public space indicators are directly related to health and well-being determinants.

This relation is being discussed in a paper on public space and health. He further emphasized that the Public Space Programme is establishing a UN System-wide network on Public Space, where WHO will be part of.



Figure 5 Mr. Graham Alabaster presenting an initiative on vector-borne diseases in the built environment.

The last initiative from UN-Habitat was presented by **Mr. Graham Alabaster**, from the Waste Management Unit and member of the BOVA-Network, an interdisciplinary network of researchers and practitioners working on insect-borne diseases and the built environment. Vector-borne diseases are a major environmental threat to societies and their economies in many sub-Saharan countries, and their eradication is directly linked to the achievement of several SDGs (e.g. 1 No poverty, 3 Good Health and Wellbeing and 6 Clean Water and Sanitation, 11 Sustainable Cities and Communities). Mr. Graham Alabaster further stressed the link between insect-borne diseases and the built environment: For instance, poorly screened houses increase the risk of malaria, open water storage tanks and solid waste accumulation harbor *Aedes* mosquitoes responsible for dengue, etc. That is why BOVA (Building Out Vector borne diseases in sub-Saharan Africa) aims to eradicate these vectors through improvements in the design of housing and human settlements. Their theory of change is based on four pillars: Information exchange, Basic and applied research, Capacity building and Advocacy and sustainability.

Through these actions, they aim to develop and scale-up products and approaches in the built environment for preventing disease through direct housing improvements and targeted policy-action.

The short presentations on UN-Habitat’s urban health initiatives were followed by a discussion around the following topics:

- The need to incorporate a systems approach in the theories of change when facing urban health challenges. Tackling complex urban health challenges requires moving beyond linear theories of change.
- The need for more evidence on urban health outcomes drawn from concrete examples. The importance of pilot projects in validating urban health approaches, policies and tools and as an additional source of knowledge-gaining (“learning by doing”) was stressed by discussants.

- “The evidence is there but how much will it cost to implement these projects?” The issue of funding for community-based urban health projects was raised. Large housing projects and initiatives by governments in many African countries often fail because of the lack of financial resources and their top-down approach. This situation has sparked the demand to find alternative sources of funding for local governments, communities and individuals, including public-private partnership models, community-based financial models or private funding mechanisms that are affordable. These must be adaptable to the local context, including the informal sector. The discussants shared examples of successful urban health initiatives at a local level that bring local ideas to solve local problems: **Ms. Sarah-Ruel Bergeron** (ARCHIVE Global) shared a community-based financial model in Bangladesh that would allow families to pay for the incremental improvement of their housing. In her words, an approach where “the economy of the household improves health”. Alternative financing is also illustrated by the combination of government funding (delivering essential supplies difficult to source locally) and communities mutually supporting one another in the construction of fuel-reducing stoves (with health benefits owing to the evacuation of the smoke) in Eritrea, as shared by **Dr. Geertrui Louwagie**, Cooperation officer for Rural development/Food security at the EU Delegation to Eritrea. A third example given was a levy on water consumption by a utility company to cover the connection to the sewage system of a community in Tanzania.
- Building new partnerships between urban health actors across sectors and levels is fundamental to show which kind of problems require more private and which ones require public action. One participant indicated that the nature of the solution needs to match the nature of the problem.

Presentation: A systems approach to urban health and well-being

The second session by **Dr. Franz Gatzweiler** provided an overview of the “systems approach to urban health and well-being” that the Urban Health and

Well-being Programme (UHWB) of the International Science Council (ISC) has been promoting since its establishment in 2015.



Figure 6 Dr. Franz Gatzweiler presenting his vision on a systems approach to urban health.

Dr. Franz Gatzweiler began his presentation by stressing that there is enough evidence that human society has made development progress over the years, for instance by reducing the percentage of the world’s population living in extreme poverty. However, this progress, measured only in economic terms, has come at the expense of urban and planetary health. This can be seen in multiple urban health challenges, for instance in the increasing global burden of disease related to ambient [\(outdoor\) air pollution, which accounts for an estimate of 4.2 million deaths every year](#) according to WHO statistics.

The **Urban Health and Well-being Programme (UHWB)** is a global science programme and interdisciplinary body of the International Science Council (ISC, previously ICSU), supported by the United Nations University (UNU) and the InterAcademy Partnership (IAP). It’s vision is to generate policy-relevant knowledge based on a systems approach that will improve health status, reduce health inequalities and enhance the wellbeing of populations living in urban environments.

Dr. Franz Gatzweiler called for a shift towards sustainable development where economic growth is regarded as a by-product of that progress and „as a means to achieve higher societal goals“, not as a goal in itself.

In order to shift towards sustainable development, it is necessary to adopt a different perspective, gained from „collective intelligence“. He highlighted that the nature of urban and planetary health challenges is systemic, not linear. Urban health challenges are merely the visible symptoms of underlying complex systems which are cross-sectoral, interconnected, uncertain of common concern, happen at multiple levels and need to be addressed at the right scale, in time.

Therefore, Dr. Franz Gatzweiler called for a systems approach to sustainable development. A systems approach helps to understand patterns of interconnectivity and the behaviour of complex systems. Furthermore, he highlighted the potential of using systems approaches to reconnect knowledge to action and overcome communication barriers between

science domains and between science and society.

In order to do so, the UHWB programme focuses on building better data models that allow to simulate complex systems. At the same time, the UHWB programme engages stakeholders in the co-production of knowledge. Not only because stakeholders are affected by the problem and carry the costs: Engaging stakeholders can help define the problem (the system boundaries and components) and they add different perspectives and insights to the problem.

In conclusion, in order to contribute to solving the global development challenges by means of science, science itself needs to develop and change. How? Science needs to move out of its ivory towers and into society and facilitate collective learning processes, by:

- Maintaining disciplinary diversity and yet contributing to unity of knowledge;
- Knowledge of what we know and learning from history;
- More and better data and
- Science communication: knowledge for and with societal stakeholders.

Dr. Franz Gatzweiler also shared one example of how a systems approach can help planners improve the urban environment: In collaboration with Beirut Arab University of Lebanon, the UHWB programme applied a systems tool for making policy recommendations to reduce traffic noise in a district of Beirut city. The tool allowed to better understand the effects of urban variables, such as the number of cars or the road paving material, on traffic noise levels inside a neighbourhood. This tool therefore allowed to better manage a complex systems relation in order to take evidence-based decisions to improve the area. Similarly, systems approaches can help planners and health professionals understand the complex relations between urban environments and health determinants better.

These insights led to a discussion around on the following issue:

- The institutional mechanisms needed to promote systems approaches in science and practice: Systems approaches require overcoming siloed disciplinary approaches, which are the result of traditional science, funding and governance structures. In order to allow for initiatives that promote systems approaches in urban health, like the UHWB programme, innovative funding and governance mechanisms are required.
- The need to incorporate a stronger systems-approach in UN-Habitat's work on urban health was recognized during this discussion. As a first step to promote a this approach in UN-Habitat's work and to formally establish on-going collaborations with academic institutions, the Urban Health and Well-being Programme, the International Science Council, the Institute of Urban Environment (IUE) at the Chinese Academy of Science (CAS) and UN-Habitat signed a Memorandum of Understanding during the First UN-Habitat Assembly.

Health-focused Planning System Assessment

The objective of the third session was to review the health-focused Planning System Assessment, currently being developed by UN-Habitat. **Ms. Pamela Carbajal** and **Mr. Ramses Grande** gave an overview

of the background, approach and methodology of the tool, before handing out the assessment to the participants asking them for their feedback.



Figure 7 Ms. Pamela Carbajal presenting the health-focused Planning System Assessment.

The health-focused Planning System Assessment is drawn from the premise that integrating health considerations and health professionals in the planning process, not only promotes **more compact, socially inclusive, better integrated and connected cities and territories**, as promoted by the [International Guidelines on Urban and Territorial Planning \(IG-UTP\)](#), but also **yields better health outcomes for all**. Therefore, the assessment provides a platform for stakeholders involved the planning system to evaluate and discuss, in a simple and structured way, their perception on whether their current planning system is delivering healthy outcomes.

In other words, the assessment aims to act as a conversation starter that can help identify gaps and deficiencies, strengths and opportunities and ultimately lead to achieving consensus on the need to carry out a more in-depth analysis with other tools and frameworks to improve the planning system.

The need to reassess the efficiency of current planning systems is drawn from a series of reasons:

- Local planning practices in many places are outdated and no longer fit-for-purpose to address the challenges of the 21st century, e.g. climate change, rapid urbanization, urban-rural linkages, rise in NCDs, etc.
- Planning **only considers ‘formal planning’** while most urbanization is taking place outside of the formal system.
- Planning has become a **‘siloe’d’ practice** and needs to be revised to meet the needs of its interrelated sectors e.g. public health, transportation, food systems, etc.

The structure of the assessment is based around three main questions: **Part 1** - Is urban planning delivering health and well-being in your country or city?; **Part 2** – Who plans?; and **Part 3** – What is the quality of the planning process?. Each section is composed of several statements related to the overall question.

The respondent is asked to provide his/her level of agreement with each statement regarding his/her city or country on a Likert scale of 1 to 5 (Strongly disagree to Strongly Agree). The result of the assessment offers an impression on the overall performance of the planning system at a quick glance, which can be useful for discussions on the way forward.

So far, this assessment has been piloted in a workshop with 15 interested participants from the health and planning sectors during the 16th International Conference on Urban Health in Kampala, in November 2018, and in a workshop with local authorities (20 participants) from Douala, Cameroon in March 2019.

After the introduction, the feedback session on the assessment took the form of a discussion, whose main points were captured via a Mentimeter live survey. The main comments and suggestions received are captured below:

FEEDBACK ON THE HEALTH-FOCUSED PLANNING SYSTEM ASSESSMENT :

General comments:

- Making the benefits of using the tool explicit for its users: Where, how and when will it be used? And by whom? What are the incentives for people to participate in using the assessment? Think about the end-user and the end-user's organizations when designing the content and format of the tool. The incentives of using the tool for planners and health experts should be highlighted in the introduction, given the resistance of some for inter-sectoral collaboration: For instance, planners and health experts would work "less" by sharing knowledge (instead of working twice with the same goal) or achieve economic incentives. In order to identify those benefits, a pre-analysis of the actual benefits for stakeholders would be necessary. What other incentives are possible? For instance, being featured as an IG-UTP-best practice.
- "What are the outcomes of the Assessment?" Understanding the assessment as an icebreaker

instead of as an in-depth analysis tool. Emphasis was made on the value of a rapid assessment of the perceived quality of the outcomes and processes of a planning system ("a justified impression for action"), in order to raise awareness and political momentum on the need for more thorough revision of the planning system with more complex analytical tools. In that sense, it was suggested to:

- Open up the assessment to include stakeholders which are not part of the planning process, foremost citizens. This requires targeted questions and a use of language for non-experts. One suggestion was that there could be two versions, or one version with differentiated sections, depending on the stakeholder using the assessment (expert vs. non-expert). An introductory question in the questionnaire could be: How well do you know the planning system in your city/region/country? The option of categorizing results from respondents based on their background (expert vs. non-expert).
- Capture Individual/group conclusions/next steps: How can the conclusions/next steps of a multi-stakeholder discussion/workshop be captured in the assessment in written form? Perhaps through a section: Conclusion: Which next steps would be required? Which priorities would you take forward?
- One expert suggested to use the Planning Assessment in combination with (two) other assessments, one on Health outcomes, one on Planning/urban functions/services, and finally the Planning System Assessment on the relation between planning and health outcomes. The health assessment could be drawn from WHO's health assessment resources.
- The relation of the health-focused Planning System Assessment with other urban assessments/ indicators and furthermore its relation to urban frameworks, such as the SDGs, NUA or the City Prosperity Initiative (CPI).

On the content:

- The need for clarification on what is being assessed. For cities and countries where implementation of plans and policies is low, the issue raised was whether the plans or the actual reality (with plans partially not implemented) are the object to be assessed. In cities where plans are implemented, clarification if the current reality (on the ground) or the projection (plans to be implemented in the future) should be assessed was also stressed.
- The question of capturing the effects of past planning practices and current initiatives (e.g. a city might have been dispersed but current practices are promoting redensification).
- The question on the level of the planning system that is being assessed by looking at the outcomes. In most cases, the outcomes on the ground are the result of multiple levels of action (local, regional and national). It is important to differentiate which level is responsible for which outcomes. Need for revision of statements. Some statements contain multiple criteria which might make it difficult for the user to give one precise answer to all of them.
- Need for revision of the link between some of the statements and the proposed indicators. In particular, on the relation between the statement and the health outcomes. Also on the indicators used, it was suggested to look at hard indicators from existing sources, such as the ones developed by WHO.
- Capturing the planning and health services provision outside of the formal planning system. The suggestion was made to add a Part 4 – Planning and Health outside of the planning system, to capture the actors, processes and current outcomes in informal contexts. Incorporating Health considerations in informal planning and capturing existing local processes was suggested as an opportunity to strengthen the health assessment and a planning system in general.

- The need for a description in the instructions about the evaluation of the assessment.

On the format:

Make format more user-friendly for:

- Capturing comments, explanations and examples for each statement. Right now, the Likert scale offers little margin to explain an opinion or expand the conversation beyond the statement. The suggestion was made to offer an empty line under each statement to complement an answer on the scale or even to add open questions beyond pre-formulated answers: “Describe how health and well-being is delivered through urban planning?”
- Capturing the level of consensus when filling out the assessment collaboratively, ranging from no-consensus to full agreement. This will ease the way the assessment can capture the richness of the discussion with multiple stakeholders. The question is also: Consensus - by whom?
- The options “No Answer” or “Don’t Know” for each statement (currently not available).

Training Manual for Planning and Health

The Expert Group Meeting continued in the afternoon session with a brainstorming on the Training Manual for Planning and Health. **Ms. Pamela Carbajal** first

presented the scope and objectives of the Training Manual as part of the on-going work of the IG-UTP and Health programme on capacity building:



Figure 8 Participants at the brainstorming session.

The Training Manual will serve as a complementary resource to the Compendium of Inspiring Practices: Health Edition and the Guidance Document in order to build capacity on how to apply the lessons learned from these materials in practice. The target audience for the Training Manual are urban planners, urban health actors, and health professionals. The specific focus will be to help them identify mechanisms that enable intersectoral and multi-stakeholder collaboration to integrate health into planning processes.

The next step was to open the discussion for brainstorming ideas from the experts. Following the Question Technique (Who? – What? – How? – Where? – When? – Why?), the experts were requested to provide *questions* (not answers) about the scope, content and use of the future Training Manual. The objective of this exercise was to ensure that all relevant questions concerning the development of the Training Manual are being addressed in the formulation process.



Figure 9 Mentimeter assessment on the stakeholder focus of the Training Manual.

A summary of the questions (and a few not exclusive answers) from the discussion are captured below:

Who? –

The main questions raised were: Who is your target audience? And who deploys the training? Answers provided mentioned stakeholders who have knowledge of the urban planning process: Local and national government officers, urban planning department, health department, academia, non-governmental planning professionals (either private sector or non-governmental organizations (NGOs), etc. The suggestion was made to review stakeholders identified in the health-focused Planning System Assessment and in training manuals of urban health organizations like WHO. Groups or individuals who experience the outcomes of planning in daily life (citizens). Emphasis was also made on how stakeholders beyond the formal planning system should be included as well. In a poll conducted via Mentimeter, the experts rated that both local authorities and planning professionals should be the main target audience.

What? –

The main question raised was: What should the content of the Training Manual be, in order to have an added value to existing resources and fill the “gap”? In particular, the question of complementarity with existing materials from UN-Habitat and beyond (e.g. WHO Training Manuals, HiaP-Approach) were esteemed as necessary to ensure its usefulness and implementation. In addition, the question was also raised on what the best method to promote collaboration between planners and health professionals could be. As an answer, it was suggested to start by providing “common ground” on Health and Urban Planning, including definitions for health and urban practitioners to be able to collaborate and understand each other. Another idea was to follow a step by step-approach in order to guide practitioners throughout the collaboration process. Regarding the content, one expert suggested to include best practices relevant to different contexts, as well as

additional resources that can be referred to in order to “dig deeper”.

When asked what an innovative approach to the manual could be, it was suggested that the “systems approach” could be integrated in developing the training manual.

How? –

Considerations on how the manual will enhance capacities of planners and health professionals for collaboration and how it will reach its end-users and be applied by were the main points raised in this section. Experts proposed to collaborate with existing training opportunities, such like the WHO training activities, in order to disseminate the manual. Additional options could be short courses (such as MOOCs) or university courses.

Another issue raised was the way in which input from different actors would be incorporated in the formulation phase, given the interest in a multi-stakeholder development approach by the organizations present in the EGM.

On how to promote implementation, one proposal was to involve more implementing partners in the formulation of the guide to make them feel ownership for the cause and actively promote its implementation afterwards.

Where? –

The main question was: Where will the manual “live up” to its potential? Experts emphasized the need for an accompanying advocacy and communication campaign during its launch. They also highlighted that professional associations (of planners and health experts), working groups/committees on urban health at local/national government levels and academia could be potential organizations where the manual could be promoted at.

When? –

When/at what time should the tool be incorporated in the work of planners/in university education? The first answer “at every opportunity” was supported with

the suggestion to illustrate how to integrate health at each phase of the urban planning process.

Why? –

The final question was: Why is this Training Manual initiative needed? The answers indicated that, overall “we can only reach maximum impact if we partner in multi-disciplinary partnerships to find new solutions to rapid urbanization and health problems among vulnerable communities.” Also, “planning and health education and professional practice are still siloed: a framework on how to effectively collaborate together is still missing”. And, “to demonstrate how planning adds value to health and wellbeing”.

All these inputs gained from the discussions will form the basis for the development of the Training Manual by UN-Habitat in coming months.

After the brainstorming session, a joint way forward on the collaboration for the tool development and for upcoming activities was discussed via a live survey.

Participants were also asked to share their main takeaways from the EGM, which are included in the Conclusions and Way Forward of this report. This was followed by an evaluation survey, which allowed the host, the Regional and Metropolitan Planning Unit, to learn and improve on the organization of the event (see Evaluation Survey section for more information).

The event was concluded with remarks from **Dr. Remy Sietchiping** and **Prof. Blessing Mberu**, who thanked the experts for their great input and enthusiasm throughout the day.



Figure 10 Participants group photo in the headquarters of UN-Habitat.

UN-HABITAT ASSEMBLY INFORMAL DIALOGUE

**“INNOVATIVE APPROACHES TO PLANNING AND HEALTH
FOR ALL”**

Overview Facts:

Date & Time: 13:15 –14:45, 27th MAY 2019

Location: Youth Tent, UNON Compound

Participants attendance: 41 participants from 22 organizations
(names available in the annex)



UN-Habitat in partnership with the International Society for Urban Health (ISUH) and the Urban Health and Wellbeing Programme (UHWB) held an Informal Dialogue: “Innovative approaches to planning and health for all” on the opening day of the first UN-Habitat Assembly. The Informal Dialogue brought together speakers from civil society organizations, UN Agencies, academia and local governments, and gathered 41 participants to discuss different approaches to urban and territorial planning that put **health at the center** of the decision-making process to yield better health outcomes and an improved urban environment.

The informal dialogue was moderated by **Prof. Blessing Mberu**, African Population Health Research Center (APHRC) and had as panelists: **Dr. Franz Gatzweiler**, Executive Director of the global programme on Urban Wealth and Well Being (UHWB) of the International Science Council (ISC); **Ms. Sarah Ruel-Bergeron**, Director of Projects and Development of ARCHIVE Global; and **Dr. Remy Sietchiping**, Leader of the Regional and Metropolitan Unit of UN-Habitat. In a series of question rounds, panelists were asked to share their own examples of planning and health projects, discuss strategies for successful implementation and key ingredients for establishing multi-stakeholder partnerships.



Figure 11 Mr. Wang Jun presenting Songyang County’s strategy for healthy rural development.

The **Africa Population Health Research Center (APHRC)** is committed to generating an Africa-led and Africa-owned body of evidence to inform decision making for an effective and sustainable response to the health challenges facing the continent. Their mandate is to generate and support the use of evidence for meaningful action through three integrated programmatic divisions: research on health and wellbeing; research capacity; and policy engagement and communications to support greater influence of evidence in policy - and decision-making across sub-Saharan Africa.

Mr. Wang Jun, Governor of Songyang County (China), presented **Songyang County’s** strategy to promote a healthy urban and ecological environment. Initiated by DnA _Design and Architecture office in Beijing, the local government has adopted their “acupuncture architecture” approach as a long-term strategy to transform the county into a “healthy garden city”. Among many projects, this initiative is “facilitating villagers to upgrade [traditional houses] with modest budgets”, “promoting ecologically-friendly agriculture” and revitalizing “low-carbon and environmentally-friendly modes of production and living”.

Songyang County, in the southwest of Zhejiang province, China, has remained a traditional agricultural region. Faced with declining population and loss in economic activity, the County Government initiated a programme in 2014 to revitalise the region through integrated territorial planning under an “architectural acupuncture approach”. Initiated by DnA _Design and Architecture office in Beijing, these acupuncture interventions have achieved territorial economic development and employment in the villages, promoting an ecologically healthy environment and a revival of the sociocultural identity of the county.

Dr. Franz Gatzweiler, instead of starting from the health needs of the most vulnerable, provocatively

invited the audience to change perspective and talk about ourselves, meaning the privileged part of the population that, even though small in numbers, has a major impact on urban and planetary health. Based on the observation that health problems in wealthy societies are often the result of too much (see for instance obesity), he emphasized that “we need to be slower, consume less, move more and eat less”.

Among many UHWB activities, Dr. Franz Gatzweiler described the Urban Health Model, a successful program that brought all ministers of El Salvador at the same roundtable to make sure that health is present in each and every policy.



Figure 12 Ms. Sarah Ruel-Bergeron presenting the work of ARCHIVE Global.

Ms. Sarah Ruel-Bergeron, architect and Director of Projects and Development at ARCHIVE Global, shared her approach on how to integrate planning and health: “We put health at the very center of the work that we do. We always have a design intervention that is backed up by the health impact that needs to happen.” Furthermore, she stressed how health-research can become the basis for evidence-based interventions: “There is always a survey to understand what the conditions are before and after the intervention.”

When asked to share a project for improving health through planning, she introduced a multiscale

intervention to prevent diarrheal risk linked to poor sanitary conditions in Cameroon. To improve sanitary conditions, the project has started with the replacement of household floors and is moving to waste management and sanitation systems at the community level.

This example also highlights the importance of micro scale models of improving people’s health: “one at a time” and “from their homes”. She noted that “urban health starts at the household level”, hence the best intervention level compared to large infrastructure projects, which often lack implementation.

Furthermore, Ms. Sarah Ruel-Bergeron emphasized

the role of advocacy, communication and education strategies for successful implementation of urban health projects. The first step required would be sensitivity in understanding the context of a community. By using a similar example of floor upgrading in Bangladesh, she explained that the floor intervention means upgrading the community's social status. By creating an advocacy campaign around this issue, her organization managed to convince the community to engage in the project. But how to make sure that communities take care of maintaining the project? "We believe in education for the all community, trying to make sure that the local community learns, so that they can continue that intervention well beyond the life span of the project".

ARCHIVE Global is a non-profit organization that prioritizes housing design as a key strategy in combating disease around the world. ARCHIVE Global believes that health should not be negatively impacted by the state of housing. Their mission is to operate in the spaces of development, health, and architecture through research, awareness and construction.

The last question formulated by Prof. Blessing Mberu focused on how to build coalitions of stakeholders to improve planning for health.

Dr. Franz Gatzweiler stressed the difficulty of bringing people together to work collectively, by stating that "Individually we are incredibly clever, but as groups we still need to become more intelligent".

This would be reflected, among other things, in the different ideas about participation. His approach aims to engage all who have something at stake – "that's why they are called stakeholders". "Those who are affected are the ones that have more knowledge about the problem, and that's why they need to be involved", he noted.

In the words of the Governor of **Songyang**, the key would be to "motivate the local community as a collective entity". This led all panelists to agree on the importance of working with (and not for) local communities.



Figure 13 Architect Ms. Xu Tiantian (DnA_Design and Architecture) sharing her experience in working with communities in Songyang.

Ms. Sarah Ruel-Bergeron continued by explaining that partnerships are critical for all their projects because they [Archive Global] are not on the ground and thus require to work with community-based organizations. She then illustrated how each partner is contributing to a win-win situation: "Archive Global learns from them what the community can accept and how to engage them. In turn, Archive Global brings knowledge of how to do research on health".

Final comments were directed on the urgent need to create common tools, definitions and funding bodies that can facilitate and mainstream multidisciplinary approaches. In his closing remarks, **Dr. Remy Sietchiping** noted the need for all partners to work together to make and achieve change in planning for health.

Conclusions and way forward

The EGM and the Informal Dialogue on planning and health held on occasion of the First UN-Habitat Assembly provided an opportunity to present and

review some of the accomplishments of the first phase of the IG-UTP-Health Programme.

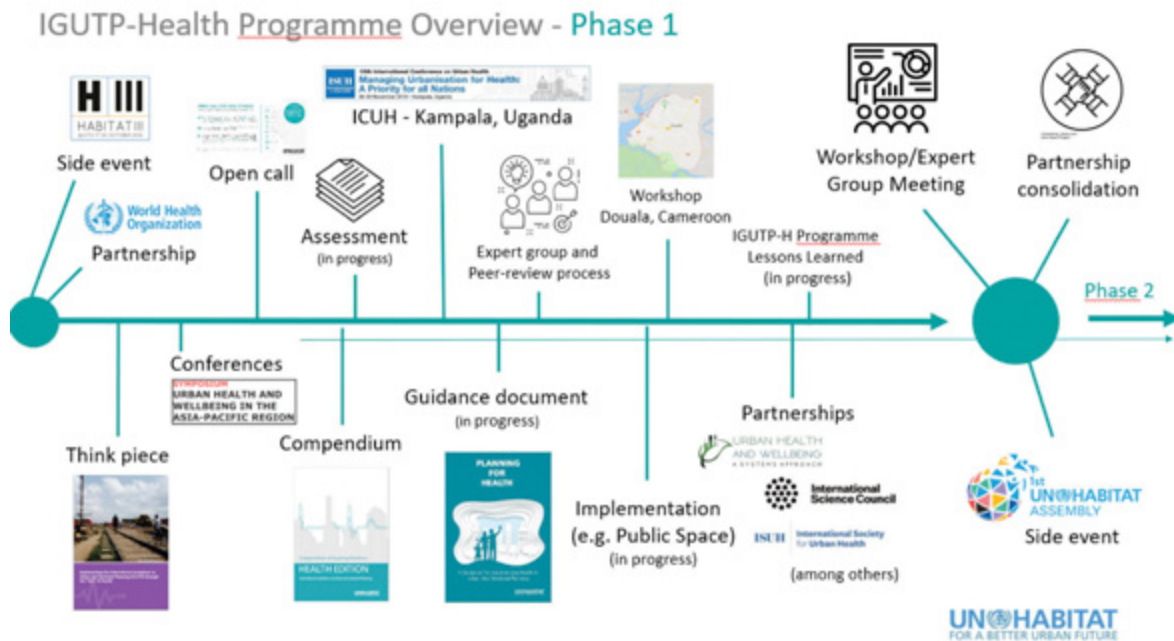


Figure 14 Overview of the IG-UTP Health Programme.

Furthermore, it offered valuable insights from urban health experts, civil society and local governments on best practices, innovative approaches and collaborations to foster the integration of health in urban and territorial planning. The lessons learned will be incorporated and promoted in the second phase of the IG-UTP and Health Programme. Comments from experts included:

- Urban health challenges, such as cardiovascular and respiratory diseases related to ambient (outdoor) air pollution, are merely the visible symptoms of underlying complex systems which are cross-sectoral, interconnected and uncertain of common concern. They happen at multiple levels and thus need to be addressed at the right scale, in time.
- Complex urban health & sustainability challenges require new perspectives, gained from:
 - “Collective intelligence”: **urban health**

communication and the engagement of stakeholders in the **co-production of knowledge**.

- Applying a **systems approach**, which can help planners and health professionals understand the complex relations between urban environments and health determinants better and promote evidence-based solutions.

The discussions from both events highlighted the following issues and opportunities of urban health organizations in **moving towards coordinated actions to include health considerations and actors in urban planning and development**:

- Academic organizations are best suited to develop methods and applications for applying systems approaches in urban health. In order to do so, science itself needs to overcome its „disciplinary siloes“ structure.

- More evidence on **urban health impacts** and benefits drawn from **successful examples is needed**: the importance of pilot projects (“proof of concept”) in validating urban health approaches, policies and tools and as an additional source for knowledge-gaining (“learning by doing”).
- Placing scientific evidence on health conditions at the center of urban health interventions.
- **Innovative institutional and funding mechanisms** for interdisciplinary projects are needed to promote systems approaches in urban health.
- In particular, innovative funding mechanisms, such as public-private partnership models, community-based financial models or private funding mechanisms that are affordable, for local scale and community-based urban health projects can represent an alternative to large scale, top-down urban health approaches.
- Building **new partnerships between urban health actors across sectors and levels** to tailor and scale-up local solutions to context-specific problems, including in the informal sector. As one of the participants noted, “the nature of the solution needs to match the nature of the problem.” Partnerships with local actors are key in this process.
- **Working with** (and not for) **local communities**: motivating the local community as a collective entity. Using **advocacy and education strategies** on urban health to ensure local buy-in by the community and maintenance of the results.
- The role of advocacy, communication and education strategies with local communities and governments for successful implementation and maintenance of urban health projects.
- Applying the lessons learned of **micro-scale and incremental approaches** of housing and health initiatives as affordable models for communities for improving their health conditions.
- Overcoming the challenge of duplicating efforts and achieving effective collaboration among urban health organizations by:
 - Clarifying and defining roles and responsibilities for cooperation between academia, civil society organizations, international organizations and local governments through joint programmes, projects and partnerships.
 - Promote more integration within existing UN-Habitat Urban Health initiatives on tools and projects.
 - Cooperation with local universities and research institutions across regional areas of operation to strengthen and pilot tools and training manuals.
 - Joint development of publications, trainings, events, fundraising & dissemination activities. In particular, raising awareness of existing tools at national/sub-national/local level to facilitate implementation.

The experts also provided input on the urban health tools under development at UN-Habitat:

ON THE HEALTH-FOCUSED PLANNING SYSTEM ASSESSMENT:

- The value of a rapid health-focused planning system assessment which acts as an **icebreaker to discuss** the perceived quality of the outcomes and processes of a planning system for different stakeholders, instead of as an in-depth analysis tool.
- More considerations about the **end-user and their use of the assessment** are needed while developing the assessment:
 - Highlight “incentives” of using the assessment for planning organizations in working with health sector and vice versa.
 - Creating the opportunity to add explanations and examples from the user in the assessment, allowing to fill out the assessment collectively and indicating the level of consensus.

- More consideration is needed on how to make the assessment operational in multiple contexts (e.g. application in the informal sector) and for different stakeholder groups, including non-experts (e.g. citizens).
- Suggestion to rethink or further elaborate the assessment to be more user-friendly and more focused on the quality of the planning system (e.g. statements addressing multiple issues at a time; unclear relation of indicators to statements).

ON THE TRAINING MANUAL:

- Considerations on the **complementarity** of the manual (in particular, on the content) **with existing resources** within UN-Habitat and beyond (e.g. WHO Training Manuals, HiaP-Approach) are necessary to ensure its usefulness and implementation.
- More considerations on how the manual will enhance capacities of planners and health

professionals for collaboration and **how it will be used by its end-users** (e.g. in academia, local government, planning associations, etc.)

- Consider the specific target audience in elaborating training materials/normative products and invite them to partake in the development process. Involving more partners in the formulation of the guide so that those partners feel ownership for the cause and actively promote its implementation.
- Interest in a **multi-stakeholder development approach of the Training Manual** by the organizations present in the EGM.



Figure 15 Participants and organizers of the Informal Dialogue.

Annex 1 - Programme

Agenda of the EGM

Time	Sessions
8:30 – 9:00	Registration
9:00 – 9:10	Opening Remarks – Urban Planning and Design for the improvement of Health
9:10 – 10:00	Setting the stage: Objectives of the EGM and participants introduction <ul style="list-style-type: none">• Agenda, objectives and methodology of the EGM.• Introduction of participants and area of work.
10:00 – 10:30	UN-Habitat Health Expert Group: Addressing the health-urbanization nexus through integrated approaches. <ul style="list-style-type: none">• Global Frameworks and UN-Habitat’s approach towards urban health.• UN-Habitat’s initiatives on urban health:<ul style="list-style-type: none">» Climate Change Planning Unit» Housing Unit» The IG-UTP and Health programme» Public Space Programme» Waste Management Unit
10:30 – 10:45	Coffee break
10:45 - 11:15	A systems approach to urban health and well-being <ul style="list-style-type: none">• Dr. Franz Gatzweiler, Executive Director, Urban Health and Well-being programme, International Science Council
11:15 – 13:00	Planning System Assessment for Health <ul style="list-style-type: none">• Planning System Assessment introduction• Reviewing and feedback collection
13:00 - 14:00	Lunch
14:00 - 15:30	Training Manual for Planning and Health <ul style="list-style-type: none">• Introduction, methodology and examples• Brainstorming session: Innovative Training Manual• Defining the Training Manual:<ul style="list-style-type: none">» Use and Users» Structure and content
15:30 – 15:45	Coffee break
15:45 – 17:00	Defining a joint way forward <ul style="list-style-type: none">• Planning System Assessment and Training Manual way forward: Implementation and dissemination• Define a participatory and systematic approach to implement and disseminate current and future tools
17:00 -17:30	Wrap-up and conclusions

Schedule of the Informal Dialogue

Time	Item
13:00 – 13:15	Arrival of speakers and moderator
13:15 – 13:30	Arrival of audience
13:30 – 13:40 5-10 minutes	<p>Welcome and Opening Remarks by UN-Habitat and partner institutions</p> <p>Welcome: Dr. Remy Sietchiping, Regional and Metropolitan Planning Unit, UN-Habitat</p> <p>Moderator: Moderator: Blessing Mberu, APHRC</p> <p>Opening statement: Mr. Wang Jun, Songyang County (China)</p>
60 minutes	<p>Panel discussion. “Innovations in Urban and Territorial Planning for Healthier Cities”</p> <p>The Moderator will pose questions to the panelists in a total of 2-3 rounds of questions for the panel, depending on time.</p> <p>Moderator: Blessing Mberu, APHRC</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Dr. Remy Sietchiping, Unit Leader, Regional and Metropolitan Planning Unit, UN-Habitat • Sarah Ruel Bergeron, Director, ARCHIVE Global • Dr. Franz Gatzweiler, Executive Director, UWHB <p>Q&A</p> <ul style="list-style-type: none"> • Questions from audience
5 minutes – End time: 14:45 approx.	<p>Wrap-up and conclusions on behalf of UN-Habitat and partner institutions</p> <p>Moderator: Blessing Mberu, APHRC</p>

Annex 2 - Biographies

Biographies of speakers and moderator during the Informal Dialogue Side Event.

Dr. Remy Sietchiping

Unit Leader, Regional and Metropolitan Planning Unit, UN-Habitat, Nairobi, Kenya

Remy leads the Regional and Metropolitan Planning Unit at UN-Habitat. He oversees the development of strategic programme of the UN-Habitat including National Urban Policy, urban-rural linkages, metropolitan development and the International Guidelines on Urban and Territorial Planning. He has over 20 years working experience in the UN systems, academia, private sector, public sector and non-governmental organizations in Australia, Cameroon, Ethiopia and Jamaica. Dr. Sietchiping has over 40 publications including books, peer-reviewed articles, papers in proceedings and reports. He holds a Ph.D in Geography from the University of Melbourne, Australia.



Sarah Ruel-Bergeron

Director of Projects and Development, ARCHIVE Global

Sarah is the Director of Projects and Development at ARCHIVE Global, a non-profit organisation working to combat preventable diseases through design interventions to the built environment. ARCHIVE's latest project uses a simple intervention to the home to prevent diarrheal diseases and respiratory infections. She has extensive experience in affordable housing, healthcare architecture, and construction, with a focus on sustainable design, resiliency, and hazard mitigation in vulnerable environments. She is a member of the Design for Risk and Reconstruction Committee at the American Institute of Architects NY, is a registered architect, and has a Master's in Architecture from Pratt Institute.



Prof. Dr. Franz W. Gatzweiler

Executive Director of the International Science Council (ISC) - InterAcademy Partnership (IAP) - United Nations University (UNU) global science programme on Urban Health and Wellbeing.

Franz studied Agricultural Economics at the University of Bonn and the Humboldt University of Berlin, earning a doctorate degree, followed by a habilitation for resource economics. His research interests lie at the edge of ecological, economic and social sciences and have covered problems of value in complex socio-ecological, living systems, institutional change in polycentric organization, marginality and technology innovations for productivity growth in rural development. Currently he is the Executive Director of the International Science Council (ISC) - InterAcademy Partnership (IAP) - United Nations University (UNU) sponsored global programme on "Urban Health and Wellbeing: a Systems Approach", based at the Institute of Urban Environment at the Chinese Academy of Science, Xiamen, China.



Prof. Dr. Blessing Uchenna Mberu,

Senior Research Scientist and Head of Urbanization & Wellbeing Research Program at the African Population and Health Research Center (APHRC), Nairobi, Kenya.

Blessing is an Honorary Professor of Demography and Population Studies at the University of Witwatersrand, Johannesburg, South Africa. He earned MA and PhD degrees in Sociology, with specialization in demography from Brown University. Prior to Brown, he trained in Sociology and obtained a Bachelor of Science degree in Sociology from then Imo State University Okigwe and a M.Sc. degree in Sociology from the University of Ibadan, Nigeria. Professor Mberu joined APHRC as a Post-Doctoral Fellow in the Population Dynamics and Reproductive Health Program. Prof. Mberu taught Sociology in the Department of Sociology, Abia State University Uturu, Nigeria as a Senior Lecturer. Prof. Mberu has authored and co-authored several peer-reviewed scholarly original papers in leading social science and public health journals, book chapters, university referred textbooks in Sociology, and technical reports across his areas of research interests, covering migration, urbanization, urban livelihood challenges and urban health in Sub-Saharan Africa. He was a member of the International Advisory Board of Sierra Leone Urban Research Centre in Freetown and in the Executive Board of the International Society for Urban Health.



Mr. Wang Jun

Secretary of Songyang County Party Committee, Songyang County, Zhejiang Province, China

Wang Jun is responsible for the conceptualization and implementation of strategies for regional revitalization and the sustainable development of traditional villages. Under his leadership, a group of traditional villages in Songyang County, suffering from socioeconomic decline have been revitalized. The Ministry of Housing and Urban-Rural Development of the P.R. China has named Songyang an exemplary county under the Conservation and Development Project of Traditional Villages in China. Songyang has also been chosen by the National Cultural Relics Administration as a pilot area for the National Traditional Village Protection and Utilization Project, and by the China Foundation for Culture Heritage Conservation as a pilot county of the “Save the Old Houses Initiative”. The concept and practice of village revitalization, as advocated by Wang Jun, initially explored the realization of the ecological potentials of villages and has since become a national model and pioneer, by raising awareness for value recognition and village protection with positive impacts not only in China but also abroad. In 2016, Wang Jun was named one of the top ten “outstanding figures of traditional village guardians” in China.



Annex 3 - List of participants

Participants of the EGM:

	Name	Organization/Agency
1	Franz Gatzweiler	Urban Health and Wellbeing Programme (UHWB), Institute of Urban Environment (IUE), Chinese Academy of Sciences (CAS)
2	Sarah Ruel Bergeron	ARCHIVE Global
3	Blessing Uchenna Mberu	African Population and Health Research Center
4	Graham Alabaster	UN-Habitat, Waste Management Unit
5	Geertrui Louwagie	Delegation of the European Union to Eritrea
6	José Chong	UN-Habitat, Public Space Programme
7	Sebastian Lange	UN-Habitat, Climate Change Planning Unit
8	Yali Wang	UN-Habitat, Climate Change Planning Unit
9	Dennis Mwamati	UN-Habitat, Regional and Metropolitan Planning Unit
10	Stephanie Gerretsen	UN-Habitat, Regional and Metropolitan Planning Unit
11	Frederic Happi Mangua	UN-Habitat, Regional and Metropolitan Planning Unit
12	John Omwamba	UN-Habitat, Regional and Metropolitan Planning Unit
13	Remy Sietchiping	UN-Habitat, Regional and Metropolitan Planning Unit
14	Pamela Carbajal	UN-Habitat, Regional and Metropolitan Planning Unit
15	Ramsés Grande Fraile	UN-Habitat, Regional and Metropolitan Planning Unit
16	Alberica Bozzi	UN-Habitat, Regional and Metropolitan Planning Unit

Participants of the Informal Dialogue Side Event:

	Name	Organization/Agency
1	Franz Gatzweiler	Urban Health and Wellbeing Programme (UHWB), Institute of Urban Environment (IUE), Chinese Academy of Sciences (CAS)
2	Sarah Ruel Bergeron	ARCHIVE Global
3	Blessing Uchenna Mberu	African Population and Health Research Center
4	Remy Sietchiping	UN-Habitat, Regional and Metropolitan Planning Unit
5	Ronald Njovoge	Xinhuci na
6	Gao Xiuxin	CBBB
7	Grace Githiri	UN-Habitat
8	Wang Jun	Secretary of Songyang County Committee of the Communist Party of China
9	Xu Tian Tian	DnA _Design and Architecture
10	Lu Dingfang	Songyang County
11	Liu Jinli	Songyang County
12	Wang Hongwei	Songyang County
13	Chen Jingjing	Songyang County
14	Wang Yongqiu	Songyang County
15	Xin Liu	UN-Habitat
16	Maurice Munga	Youth for Community Development
17	Huang Jishun	CCTV Africa
18	Esther Cherobon	Kenya Red Cross
19	Edithi Mutatiya	China Daui Ahica
20	Zhang Xiaolong	CSSD
21	Nick Ngatia	UN NIGCY
22	Eol Chae	UN-Habitat
23	Lesley Wanza	UN-Habitat
24	Kawinzi Muscu	UN-Habitat
25	Linda Irankunda	Interith/ Norway
26	Katarina Lundeley	In Prase of Shadow se
27	Morozoua Nadezhna	Nation Young Council Russia
28	Rita Aminova	Nation Young Council Russia
29	Samuel Uloo	Muiorauwe Wanyong Coperative
30	James Nyabola	Eden Stewards
31	Akin Muyiwa-Bisdi	SDI Youtti Media

32	Ester Muirori	UN MACT
33	Stephanie Gerretsen	UN-Habitat
34	Annabel Monto	Novety ventures
35	Fountain Muttlhia	Moi Renirererusti
36	Alkin Muiyiwa-Biseu	SDI Youth Medu
37	Dr. Julien Kimemial	CEC-Kiambu County
38	Roland Mwaniki	African Union
39	Ramses A. Grande Fraile	UN-Habitat
40	Pamela Carbajal	UN-Habitat
41	Alberica Domitilla Bozzi	UN-Habitat

Annex 4 - Evaluation survey

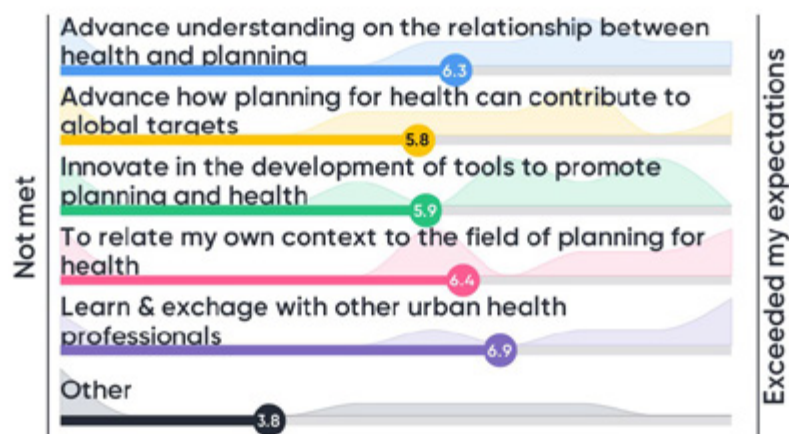
A post-evaluation survey was conducted after the Expert Group Meeting, in order to allow participants to share their feedback and suggestions on the organizational matters of the event.

The first question assessed the extent to which the expectations for attending the EGM had been met. Five defined categories were presented in the survey. Participant's expectations were partly met with an average grade of 6.3 out of 10 points. The lowest score was obtained in the expectations category "to advance how planning for health can contribute to global targets" (5.8/10). This might indicate the need

to focus more on the implementation of the *planning for health* tools under development, and how they will contribute to global targets.

On the other side, the highest score was "to learn and exchange with other urban health professionals" (6.8/10). This could emphasize the usefulness of workshop formats in promoting per-to-peer knowledge exchange. As indicated by one participant, "urban health workshops and initiatives are important to advance work between multiple stakeholders and provide opportunities for effective learning in small groups."

Where your expectations for attending this EGM met?



8

Figure 16 Mentimeter evaluation of the Expert Group Meeting.

The second question focused on concrete improvements for future events. Participants were asked to provide answers based on an open question. Most emphasized the importance of inviting participants from all target groups (national and local authorities, health professionals, planning professionals, private sector and informal sector) to the "discussion table". In particular, two main stakeholders were requested: Public health sector professionals and participants from WHO.

With regards to the "process" of the event, more background explanations and more diverse materials (apart from Mentimeter) were suggested by participants, as well as more time to brainstorm. This might suggest the need to expand future Expert Group Meetings to a two-day format, in order to accommodate for more time to explain and discuss, using different techniques.



The Expert Group Meeting **“Implementing the International Guidelines on Urban and Territorial Planning for improved environment and well-being”** and the Informal Dialogue Side Event **“Innovative Approaches to Planning for Health for All”** took place on May 24 and 27, 2019 in Nairobi, Kenya, during the **inaugural UN-Habitat Assembly**. The events were **co-organized by UN-Habitat, the Urban Health and Wellbeing Programme and the International Society for Urban Health** and counted with participats from ARCHIVE Global, the African Population Health Research Center, the Delegation of the European Union to Eritrea and Songyang County, China among others. The events counted with financial support from the Government of Norway.

More information on the International Guidelines on Urban and Territorial Planning (IG-UTP) and Health Programme can be found at: <http://urbanpolicyplatform.org/international-guidelines/>



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