

# Healthy Urban Planning

Report of a Consultation Meeting

10–11 March 2011

Kobe, Japan



**© World Health Organization 2011**

All rights reserved. Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to the WHO Centre for Health Development, I.H.D. Centre Building, 9<sup>th</sup> Floor, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-ku, Kobe City, Hyogo Prefecture, 651-0073, Japan (fax: +81 78 230 3178; email: [wkc@wkc.who.int](mailto:wkc@wkc.who.int)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

## Table of Contents

1. Background.....	2
2. Meeting objectives and methodology.....	3
3. Presentations.....	3
4. General key issues .....	4
4.1 Theoretical framework: Healthy Urban Planning and Development.....	4
4.2 Diverse contexts and generalization of the interventions .....	4
4.3 Intersectoral action and community involvement.....	5
4.4 Urban metrics and Health Impact Assessment.....	5
4.5 Vulnerable groups .....	6
5. Proposed areas for a working agenda.....	7
5.1 Comprehensive urban planning strategy.....	7
5.2 Participatory and inclusive urban planning approaches.....	7
5.3 Physical activity/transportation policies/urban design.....	8
5.4 Additional recommendations .....	8
6. Potential partnerships .....	9
7. Conclusion.....	10
Annex 1: Programme .....	11
Annex 2: List of participants.....	16

## 1. Background

Urbanization is a major public health challenge in the 21<sup>st</sup> century. For the first time in human history, the majority of the world's population lives in cities. Virtually all population growth over the next 30 years will be in urban areas. By 2030, it is estimated that about 60% of the world's population will be urban dwellers, projected to rise to about 70% by 2050. Urbanization represents a great opportunity to improve people's health, but also a complex challenge, especially in places where urbanization is outpacing the development of infrastructure, services, and other resources required to sufficiently meet the needs of the residents. Urban planning can and should play a role in making the impact of urbanization on health beneficial for people. *Healthy urban planning* is about creating healthy, equitable and sustainable cities.

With fast growing cities, urban planning plays an increasingly important role in ensuring health equity. Urban planning and the field of public health share several concerns, including the claim of a common origin as scientific disciplines. Both aim to improve human well-being, emphasize needs assessment and service delivery, manage complex social systems, focus on the population level, and aspire to community-based participatory methods. They benefit from the interaction of several disciplines, becoming examples of intersectoral action on health. Both fields also have enormous potential to focus on the needs of vulnerable populations. Although public health and urban planning share several objectives, there is often little overlap between the fields in practice. The separation of the fields has contributed to uncoordinated efforts to address the health of urban populations and a general failure to recognize the links between, for example, the built environment and health disparities facing low-income populations.

Urban planning is a potentially powerful tool for policy-makers to improve the health of urban populations and ensure health equity. The term *healthy urban planning* refers to the idea that a city is more than its buildings, streets and open spaces. Instead it is a dynamic social entity whose health is closely linked to those who reside in it. Through, for example, the creation of safe walking and cycling routes and recreational spaces that encourage physical activity, it is widely agreed that urban planning can help improve the health of urban dwellers by contributing to the prevention of noncommunicable diseases like cancer, heart conditions and diabetes. However, only a few countries and cities have so far been successful in documenting their achievements in using urban planning to improve population health. The long gestation period from urban policies to tangible health outcomes contributes to the limited number of easily replicable models of healthy urban planning.

Several international organizations and institutions are involved in the work on healthy urban planning. Across cities and countries many urban planning initiatives with the aim to improve the health status of the urban population have been undertaken. The World Health Organization has emphasized the growing importance of urban health. The year 2010 was pivotal in raising the agenda – World Health Day was devoted to the issue, and a Global Report “Hidden Cities” and the Global Forum on Urbanization and Health conveyed to policy-makers and stakeholders the importance of promoting health equity in urban settings. The Kobe Call to Action was launched emphasizing the importance of promoting urban health. Healthy urban planning was a key concern of most deliberations during those events, and was highlighted in the Kobe Call to Action. Specific initiatives from WHO and other institutions to promote healthy urban planning

and take advantage of the existing political momentum on urban health are required to promote urban health equity. A consultation on Healthy Urban Planning was held in Kobe, 10–11 March 2011 to develop an agenda on urban planning and health that would guide WHO's future work in this area.

## **2. Meeting objectives and methodology**

The objective of the consultation was to identify priority areas of urban planning which WHO and WKC in particular, in collaboration with several partners, can develop and promote to make an impact on urban health.

The specific objectives of the consultation were:

- To identify and discuss the impact of urban planning on health equity in cities, especially in resource-poor settings;
- To share experiences of urban planning interventions aimed at improving health equity;
- To identify priority topics and mechanisms for WHO's future work on healthy urban planning research and guideline development.

A mix of international experts including academics, architects and policy-makers exchanged experiences, evidence, and ideas on the above.

The first part of the meeting consisted of presentations from the participants divided into three sessions: 1) challenges and opportunities in using urban planning to improve health; 2) city experiences on healthy urban planning; and 3) the UN and urban planning, covering ongoing initiatives by UN-HABITAT and WHO.

The second part consisted of two sessions discussing: a) key elements or interventions of urban planning to impact on health and health equity and b) opportunities for the way forward, potential partnerships, conclusions and recommendations.

## **3. Presentations**

Through presentations (see Annex 1) a broad spectrum of issues relating to urban planning and health was examined. These included the theoretical framework for healthy urban planning, as well as practical experiences across the globe, from Australia, Canada, Japan, Mozambique, the Philippines, Russia, and the United States.

Several presentations covered the challenges and opportunities in using urban planning to improve health. A "settlement health map" illustrated the effect of the built environment on health. It was highlighted that healthy urban planning covers several levels of urban planning and the provision of basic requirements like shelter, clean water, sanitation and access to food, and quality of life projects such as new parks and bicycle lanes. Another key element was the need in healthy urban planning to think and practice in an interdisciplinary fashion. This means using active community participation – not only involving different sectors, but also property owners, development entities, and urban residents. These contributions, together with those focusing on specific cities – and complemented by the information of several initiatives led by WHO and

UN-HABITAT – helped to identify key issues, promising areas for further development, and potential partners and opportunities.

#### **4. General key issues**

Several issues were identified as key for the understanding and development of a Healthy Urban Planning. The topics addressed are not an exhaustive list in this area of work. This consultation provided an useful start for further development of work in this area, indentifying potential areas for research related to general or specific interventions.

##### **4.1 Theoretical framework: Healthy Urban Planning and Development**

Addressing the relationship between urban planning and health requires acknowledging or developing a clear and comprehensive theoretical framework linking the two areas and tying them to the social determinants of health. Such a framework should also account for the role of politics in shaping public policies, and the participation of a wide range of stakeholders with diverse and even contradictory interests in the process of policy-making. In general, there was agreement that a holistic approach to urban planning was required to have an impact on health; and that a crucial element of it was the need to meet basic human needs like shelter, clean water and sanitation. A suggestion was put forward on distinguishing between “healthy urban planning” and “healthy urban planning and development”. Adding the development dimension expands the concept to include recognition of people’s fundamental needs and the social, political and economic environment of the public realm. Moreover, it implies a dynamic process by incorporating implementation as well – and therefore the procedural need to involve those public officials and private economic interests that are key to actually creating the built environment and related services and programmes. Urban planning without development suggests a more limited, even static approach that often focuses only on the built environment. Likewise, within such a broader concept, the importance of good governance was emphasized as crucial for the fair distribution of resources at the territorial level (e.g. land tenure).

##### **4.2 Diverse contexts and generalization of the interventions**

Acknowledging the vast differences among countries and cities in terms of development, culture, geography, climate and disease burden has implications on how we regard healthy urban planning. Cities are diverse ecological units whose contexts may be very different. The discussions revealed regional differences in approaches to healthy urban planning. The diversity in development needs, governmental structures and approaches to linking urban planning and health makes it a challenge to develop general definitions and guidelines on healthy urban planning. The difficulty of generalization and “transferability” of interventions while keeping a context-specific character was discussed. The possibility of transferring lessons learnt and approaches from one context to another was highlighted as an important consideration in WHO’s continued work on urban planning.

Indeed, policy recommendations/guidelines for urban planners should take into consideration different contexts and capabilities. During the meeting, the differences between the social and economical contexts were emphasized. For instance, the often-cited recommendation to adopt more compact urban forms due to potential advantages in terms of health, might be quite the

opposite in many slum areas in the South that are very dense already. Here, what may be needed is a “de-densification” process in order to promote healthier environments.

A proposal was made to work towards developing a range of healthy urban planning tools and guidelines adjusted to various contexts and capabilities and to allow for flexibility in recommendations and guidelines.

### **4.3 Intersectoral action and community involvement**

The discussions highlighted intersectoral action and the active involvement of the community in the urban planning process. In the city of Parañaque in the Philippines, it was illustrated that a comprehensive urban planning process with high-level support, political will and strong community participation have been key to better public health. The necessity of building networks for effective collaboration was also highlighted through the “Healthy Built Environment” initiative from British Columbia. From the Mitsuike project in Kobe, Japan the importance of active community involvement was described as one of the key components of a process to convert a former golf course into a residential community. The experience of Cheboksary, Russia provided an example of how a WHO Healthy Cities conceptual framework was instrumental in applying the Healthy Urban Planning principles. These helped in integrating health considerations into urban planning processes and programmes through a comprehensive approach with high-level commitment and the involvement of several sectors.

### **4.4 Urban metrics and Health Impact Assessment**

Both qualitative and quantitative data are necessary to assess, monitor, evaluate and ensure accountability in healthy urban planning initiatives. Good monitoring is instrumental in raising awareness and convincing policy-makers of the value of prioritizing health issues in urban planning.

The importance of urban metrics and monitoring systems were highlighted in several presentations. This was a key element in the implementation of the Liveable Neighbourhood Guidelines in Perth, Western Australia. “Natural experiments” of transport and planning policies and urban health data were used to measure and document the impact of the built environment on health. A place-based approach to urban planning in Toronto to improve health equity metrics was developed to assess socioeconomic status and community needs, and to determine the optimal mix of infrastructure investments. This proved essential in monitoring and in allowing for built-in flexibility to support changes in neighbourhoods over time. The use of data and monitoring systems was also a key component in the growth management project in Gyeonggi province, Korea. This example illustrated the benefits of well-functioning monitoring systems and the value of geographic information systems (GIS) to control rapid urbanization. An instrument developed by WHO, the Urban Health Equity Assessment and Response Tool (Urban HEART) is a useful framework for urban metrics related to health.

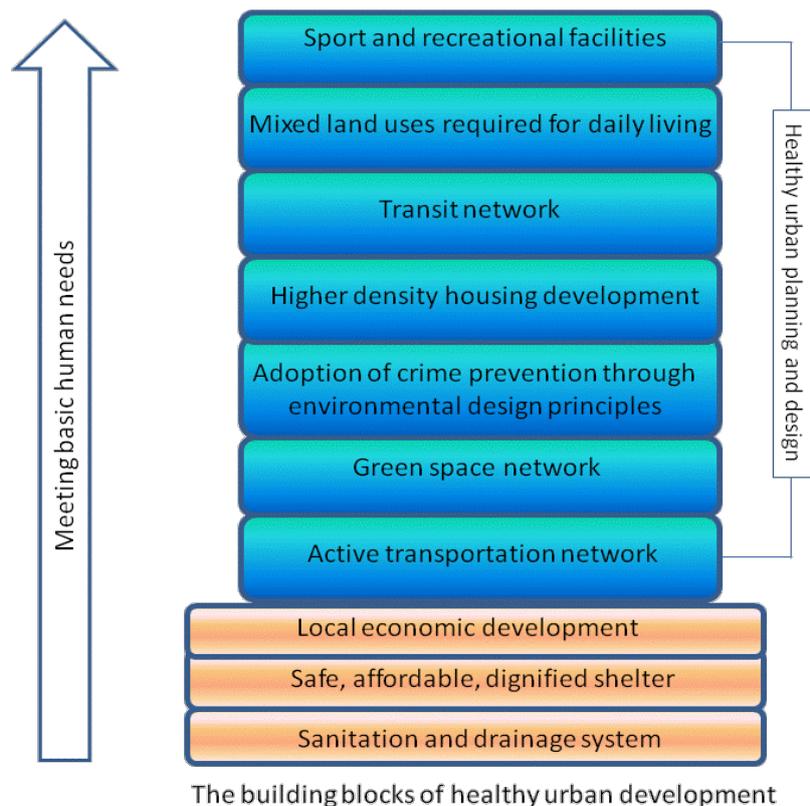
A common understanding of the benefits of using health impact assessment (HIA) to promote healthy urban planning was reached. HIA facilitates identification of potential or current impacts on health from a wide array of public policies, regardless of the inclusion of health objectives in the policy or intervention. Incorporating Health Impact Assessment as a component of urban planning could be a powerful way to disentangle the health impact of urban planning-led

interventions. Moreover, HIA could facilitate the modification of urban planning projects before their implementation, if necessary, in order to obtain a positive impact on health.

The ongoing initiatives in the area of urban health metrics at WKC were shared, particularly the process of scaling-up Urban HEART (a tool for assessment and response to health inequities); and the future plans to incorporate a component of health impact assessment into it. Given those plans, leveraging the healthy urban planning proposal on those other initiatives was advised.

#### 4.5 Vulnerable groups

Some presentations focused on the needs of specific population groups in healthy urban planning. Populations in transition due to age, economic or geographic (i.e. climate) factors may be at greatest risk. It is well established, for example, that the built environment profoundly shapes the development of young people. Examples of how urban planning links to WHO activities on youth health were presented. It was noted that the role of the built environment and consideration of its impact on young people cannot be overlooked. Urban planning may have a significant impact on health-related issues for the elderly too. This was illustrated with examples from Japan of the negative health impacts of zoning and the need to integrate places for social interaction into all urban planning projects to ensure mental health for the elderly. A third vulnerable group is rural-urban migrants. These people often occupy the less regulated, more hazardous zones on the edge of urban areas. Many factors will contribute to increase in rural-urban migration in the near future. Examples of anticipatory planning from Africa illustrated how to prepare for these eventualities.



**Fig. 1 Healthy Urban Planning and Development (courtesy of Billie Giles-Corti)**

## **5. Proposed areas for a working agenda**

The following areas of work were proposed as potential opportunities for WHO to explore further.

### **5.1 Comprehensive urban planning strategy**

Taking into consideration the broader issue of urban development (see 4.1), an integrative model of healthy urban planning and development was proposed (Figure 1). It was suggested that WHO promote the integration of urban design principles for the public realm and regional planning as healthy and sustainable development that aims to:

- provide compact form and mixed use to facilitate the promotion of healthy lifestyles (e.g. walkability); in contrast to urban sprawl that increases risk of pollution, physical inactivity, and alienation, and even increases social costs;
- ensure any higher density housing is well designed, providing a safe and healthy living environment, instead of focusing on quantity over quality in public housing;
- save energy and use resources efficiently;
- increase active transportation (walking, cycling and public transport use) and recreational physical activity (e.g. networks of parks and pedestrian infrastructure);
- use integrated urban and transport planning to create healthy urban development.

### **5.2 Participatory and inclusive urban planning approaches**

Involving the population in urban planning and responding to their needs is essential to accomplish a positive health impact. Community leaders should participate in the decision-making process of projects. There are a number of tools to promote such involvement including community mapping, presentation/ownership of projects by community representatives, and using diverse entry points for the issues, such as water, sanitation and housing rather than framing the projects within the health sector only (although often framing interventions in terms of resolving health concerns can be an effective way to gain community – and official – support). Other alternatives include the use of existing participatory processes and mechanisms to address urban planning concerns, institutionalizing participation through the use of laws, regulations, and existing policies; and the creation of ad-hoc task forces by municipal authorities to address specific issues. Inclusiveness and participatory planning are necessary but there is a need for more guidance on “how to”.

Participants noted that inclusivity may also be a challenge to achieving rational solutions. Key considerations for the success of participatory planning include the need for some match between the planning time and short-term political interests and developmental schedules, and the requirement for a long-term vision of the city that can inspire and engage participants. Information sharing with stakeholders, covering expected benefits and challenges to all involved, was highlighted. Preparing community-based stakeholders for effective participation can help shape their input for more effective health advocacy. National-local relations were identified as a challenge for participatory planning given that the interest of the two spheres of power might not be aligned, and could even be contradictory. Finally, developing and collecting case studies on good examples of participatory healthy urban planning approaches – as a policy diffusion instrument rather than just as a support for guidelines, stressing the “how” and lessons learnt –

was brought forward as a critical area of work for WHO that could be useful for highly contrasting settings.

### **5.3 Physical activity/transportation policies/urban design**

It was recommended that physical activity, transportation policies, and urban design be promoted within healthy urban planning, either as an area of its own, or as a part of other approaches, such as the promotion of a comprehensive approach to healthy urban planning and development (see 4.1; 5.1, and Figure 1). Indeed, there is enormous potential for a positive impact on health and health equity through urban planning interventions that promote physical activity, air quality, safety, and even facilitate access to employment. Such is the case for effective public transportation and non-motorized transport.

Transportation is one of the social determinants of health. The need for affordable access to transportation, including public transport, walking and cycling infrastructure is common across urban contexts. Transportation planners need to bring a health lens to their work that accounts for the needs of people across their life course, for instance children walking to school, parents with young children and the elderly. Moreover, transportation is a determinant of economic and social participation that in turn also impacts on health. Finally, land use planning and transportation planning need to be undertaken together when planning new communities or retrofitting existing settings.

Several of the presentations provided examples of the close links between urban planning and the promotion of physical activity. An example given was the development and implementation of the New York City's Active Design Guidelines. They are based on a careful combination of established or emerging evidence-based interventions with "best practices" that can set the stage for future scientific testing and conclusions; it illustrates how healthy urban planning can effectively target architects and urban planners to make health part of their area of work and how it is possible through designing and planning initiatives to increase levels of physical activity. WHO's Global Action Plan on Noncommunicable diseases 2008–2013 includes specific objectives strongly related to ensuring that physical environments support safe active commuting and supply space for recreational activity. Future activities may include advocating for appropriate interventions, systematizing available evidence to support such interventions, and preparing guidelines for the promotion of physical activity for different urban contexts. Finally, the promotion of research in this area should consider the effectiveness and value of transport and urban design interventions to promote physical activity.

### **5.4 Additional recommendations to consider**

WHO could frame key issues for national planning, such as advocating local policies, developing regulatory and legislative options and incentives for implementation. One example is the impact of the urban form on health. Compact urban form, in some contexts, and mixed use of city areas could promote healthy lifestyles, through better walkability.

Another priority is enlightened communication with key stakeholder groups. For instance, raising awareness among builders and financiers of the built environment will increase their understanding on dignified shelter, water and sanitation, affordable transport, food, labour as rights, and promote their ethical commitment.

It was suggested that multidisciplinary training on healthy urban development be conducted for health and planning professionals, transport planners, urban designers, developers, students, educators, policy-makers and practitioners. Training on healthy urban planning across sectors could overcome the lack of consideration for health issues among urban planners; and at the same time, it would help the health sector take better advantage of the opportunities provided by urban planning.

With regard to technical support, a resource bank of experts/institutions who can assist with healthy built environment projects could be developed. Because of the wide range of contexts and situations, WHO could analyse existing guidelines and case studies, and facilitate knowledge exchange and dissemination.

## **6. Potential partnerships**

Several institutions and sectors were identified as potential partners for WHO/WKC in promoting research on Healthy Urban Planning. First of all, continuous contact with the institutions of the meeting participants was agreed as an important step to move this agenda forward. There was also consensus on expanding the scope of academic institutions involved in future partnerships. Second, participants recommended strengthening relationships with the other UN and international agencies that are related to the topic, including UN-HABITAT, World Bank, and regional development banks. The expertise of UN-HABITAT in the area was stressed specifically in relation to urban areas in poor settings lacking government assistance, control or guidance for their development.

Several sectors were identified as relevant to pursue an agenda on Healthy Urban Planning, mainly to foster health considerations in urban planning:

- National, state and regional governments
- Elected officials/politicians/public servants
- Agency heads (public health, planning, transportation, environment, housing, etc.)
- International and national professional groups (e.g. architecture; land use, economic and social planners; urban design, engineers, transportation planners, landscape architects, public health, physical activity)
- Non-governmental organisations and advocacy groups
- Private sector (e.g. property developers, financiers, land owners, real estate, business)
- Consumer groups and community organisations
- Media and public relations
- Social media (e.g. Twitter, Facebook)

## **7. Conclusion**

Urban planning is crucial to address health equity. An approach to urban planning that heeds health and its determinants will lead toward sustainable development. “Healthy Urban Planning” should recognize the existence of very diverse contexts, and avoid prescribing generalized interventions. A comprehensive strategy for healthy urban planning should be based on intersectoral action and community involvement with participatory and inclusive approaches. Urban metrics and health impact assessment tools provide opportunities for synergy with urban planning. WHO could support the creation of guidelines and training initiatives on specific areas of interventions such as the promotion of physical activity, “healthy” transportation policies, and active urban design. Finally, working in partnership with various sectors and stakeholders would promote healthy urban planning.

## Annex 1: Programme

### Consultation Meeting on Healthy Urban Planning

UHG/2011/MTG H-UP

10–11 March 2011  
Kobe, Japan

Language: English

#### Day 1 - Thursday 10 March 2011

08:45–09:00 Registration

#### Opening

09:00–09:15 Welcome remarks

Dr Jacob Kumaresan  
Director  
WHO Kobe Centre (WKC)

09:15–09:25 Short round of introductions

09:25–09:35 Overview of meeting, agenda and objectives

Ms Nina Andersen  
Technical Officer  
Urban Health Governance, WKC

#### Session 1: Challenges and opportunities in using urban planning to improve health

09:35–09:50 The major challenges and opportunities for using urban planning to improve health and health equity in cities

Professor Hugh Barton  
Professor of Planning  
Health and Sustainability  
Department of Planning and Architecture  
University of the West of England  
United Kingdom

09:50–10:05 Integrating health into urban planning seen from a built environment professional's perspective and the LSE Cities

Professor Ricky Burdett  
Professor of Urban Studies  
Director, LSE Cities  
London School of Economics and Political  
Science (LSE)  
United Kingdom

10:05–10:20 The use of natural experiments to study the impact of built environments on health outcomes

Professor Billie Giles-Corti  
Director  
Centre for the Built Environment and Health  
School of Population Health  
The University of Western Australia  
Australia

10:20–10:35	Challenges in linking urban planning and health in Africa seen from an architect’s perspective	Professor Jørgen Eskemose Andersen Head, Department of Human Settlement School of Architecture Royal Danish Academy of Fine Arts Denmark
10:35–11:00	Discussion	
11:00–11:15	Coffee/tea	
<b>Session 2: City experiences on healthy urban planning</b>		
11:15–11:30	Lessons learnt on urban planning and participatory planning in Kobe City	Dr Hiroyuki Sasaki Associate Professor Department of Environmental Design School of Design Kobe Design University Japan
11:30–11:45	Experiences on applying healthy urban planning in Cheboksary, Russia	Ms Alla Salaeva Head of Culture Department City Administration City of Cheboksary Russian Federation
11:45–12:00	Urban growth management project in Gyeonggi Provincial, Korea	Dr Jeon Yusin Team Manager Urban Planning Advisory Group Gyeonggi Provincial Government Republic of Korea
12:00–12:15	The experiences of the healthy built environment in British Columbia and key lessons learned on bringing health to the planning table	Professor Alex Berland Adjunct Faculty School of Population and Public Health University of British Columbia Canada
12:15–12:45	Discussion	
12:45–14:15	Lunch	
14:15–14:30	The development of the Active City Guidelines and the experience of New York City on promoting physical activity and health in design	Mr Ernest W. Hutton Jr. President, Hutton Associates, Inc. / Planning Interaction Advisory Board, Center for Active Design, New York City United States of America

14:30–14:45	Health and urban planning in Parañaque	Dr Olga Virtusio City Department Head II & City Health Officer City Health Office City Government of Parañaque Philippines
14:45–15:00	Toronto urban planning experience and potential links with health	Mr Chris Brillinger Executive Director Social Development, Finance and Administration City of Toronto Canada
15:00–15:15	Urban planning and health - examples from Japan on ageing	Dr Kazuhiko Okamoto Assistant Professor Department of Architecture Faculty of Engineering The University of Tokyo Japan
15:15–15:45	Discussion	
15:45-16:00	Coffee/tea	

### **Session 3: UN and urban planning**

16:00–16:15	UN-HABITAT and healthy urban planning	Dr Jossy S. Materu Chief Urban Design and Planning Services Unit Global Division United Nations Human Settlements Programme (UN-HABITAT)
16:15–16:30	WHO: Adolescent health and urban planning	Mr Paulus Bloem Technical Officer Country Implementation Support Child and Adolescent Health and Development Family and Community Health WHO/HQ
16:30–16:40	Stretch legs break	

16:40–17:00	WHO: Physical activity and urban planning (VC with WHO/HQ, Geneva)	Dr Timothy Armstrong Coordinator Surveillance and Population-based Prevention Chronic Diseases and Health Promotion Noncommunicable Diseases and Mental Health WHO/HQ
17:00–18:00	Discussion	

### **Day 2 - Friday, 11 March 2011**

09:00–09:20	- Recap of Day 1 - WHO health promotion challenge and urban planning	Dr Francisco Armada Technical Officer Urban Health Governance, WKC
09:20–09:30	Introduction to group discussions	Ms Nina Andersen, WKC

### **Session 4: Key elements/interventions of urban planning to impact on health and health equity**

09:30–10:45	Group discussions <i>Topics:</i> - <i>Characteristics of cities more likely taking up healthy urban planning</i> - <i>Specific issues (e.g. Physical activity, Nutrition, Active transportation, Physical access to health care, Built environment etc.)</i> - <i>Potential target group: Elderly, youth, disabled, children, workforce, poor etc.</i> - <i>Opportunities and barriers for healthy urban planning and how to overcome them</i> - <i>Issue approaches to specific policies</i>  <i>Expected output:</i> - <i>List of recommended priority areas in urban planning most likely to impact positively on health and health equity in urban settings</i>	
10:45–11:00	Coffee/tea	
11:00–12:00	Report and discussion	

### **Session 5: Alternatives for the way forward and partnerships**

12:00–12:45	Group discussions <i>Topics:</i> - <i>Partnerships in Healthy Urban Planning</i> - <i>Opportunities in existing initiatives (LSE cities, Healthy Cities, etc.)</i>  <i>Expected output:</i> - <i>Recommendations on priority areas within urban planning, for WHO/WKC to develop guidelines or recommendations for local governments</i>	
-------------	--	--

- *Recommendations on alternative approaches (way forward) for WHO/WKC to contribute to international work on healthy urban planning*
- *Recommendations on partnerships and future partners for WHO on Healthy Urban planning*

12:45–14:15 Lunch

14:15–15:30 Report and discussion

**Session 6: Conclusions and recommendations**

15:30–16:45 Recommendations - discussions

*Expected output:*

- *Recommendations for WKC/WHO work plan on Healthy Urban Planning up to 2015*

16:45–17:00 Closing remarks

\* \* \*

## Annex 2: List of participants

**Consultation Meeting on Healthy Urban Planning**

**UHG/2011/MTG H-UP**

**10–11 March 2011**

**Language: English**

**Kobe, Japan**

Professor Jørgen Eskemose Andersen, Head, Department of Human Settlement, School of Architecture, Royal Danish Academy of Fine Arts, Copenhagen, Denmark

Professor Hugh Barton, Professor of Planning, Health and Sustainability, Department of Planning and Architecture, University of the West of England, Bristol, United Kingdom

Professor Alex Berland, Adjunct Faculty, School of Population and Public Health, University of British Columbia, Vancouver, Canada

Mr Chris Brillinger, Executive Director, Social Development, Finance and Administration, City of Toronto, Canada

Professor Ricky Burdett, Professor of Urban Studies and Director, LSE Cities, London School of Economics and Political Science, London, United Kingdom

Professor Billie Giles-Corti, Director, Centre for the Built Environment and Health, School of Population Health, The University of Western Australia, Nedlands, Australia

Mr Ernest W. Hutton Jr., President, Hutton Associates, Inc. / Planning Interaction; Advisory Board, Center for Active Design, New York City, United States of America

Dr Jeon Yusin, Team Manager, Regional Planning Advisory Team, Urban Planning Advisory Group, Gyeonggi Provincial Government, Suwon, Republic of Korea

Dr Jossy S. Materu, Chief, Urban Design and Planning Services Unit, Global Division, United Nations Human Settlements Programme (UN-HABITAT)

Dr Kazuhiko Okamoto, Assistant Professor, Department of Architecture, Faculty of Engineering, The University of Tokyo, Tokyo, Japan

Ms Teresita Quinto, Project Evaluation Officer IV and Chief-Research, Evaluation and Statistics Division, City Planning Office, City Government of Parañaque, Parañaque, Philippines

Ms Alla Salaeva, Head of Culture Department, City Administration, City of Cheboksary, Cheboksary, Russian Federation

Dr Hiroyuki Sasaki, Associate Professor, Department of Environmental Design, School of Design, Kobe Design University, Kobe, Japan

Ms Myfanwy Taylor, Research Officer, LSE Cities, London School of Economics and Political Science, London, United Kingdom

Dr Olga Virtusio, City Department Head II and City Health Officer, City Health Office, City Government of Parañaque, Parañaque, Philippines

#### **WHO/HQ**

Dr Timothy Peter Armstrong, Coordinator, Surveillance and Population-based Prevention (SPP), Chronic Diseases and Health Promotion (CHP), Noncommunicable Diseases and Mental Health (NMH) – *via VC on Day 1*

Mr Paulus Bloem, Technical Officer, Country Implementation Support (CIS), Child and Adolescent Health and Development (CAH), Family and Community Health (FCH)

#### **WHO Centre for Health Development (WHO Kobe Centre – WKC)**

Dr Jacob Kumaresan, Director

Ms Nina Bjerglund Andersen, Technical Officer, Urban Health Governance (UHG)

Dr Francisco Armada, Technical Officer, UHG

Ms Megumi Kano, Technical Officer, Urban Health Metrics (UHM)

Dr Jostacio M. Lapitan, Technical Officer, Urban Health Emergency Management (UHEM)

Mr Gerardo Sanchez Martinez, Technical Officer, UHEM

\* \* \*