

Villes-Santé : la pratique d'un urbanisme fondé sur les données probantes

- Villes-Santé, aux origines de la « nouvelle santé publique », la Charte d'Ottawa
- Villes-Santé, la diversité des pratiques
- Villes-Santé, l'unité du corpus de données probantes pour y fonder un urbanisme d'aujourd'hui : l'exemple des espaces verts (et bleus)
- Quelles perspectives ? Villes-Santé et le développement durable (ODD et Agenda 2030, Déclaration de Shanghai et Consensus des Maires 2016, la Santé dans toutes les politiques)

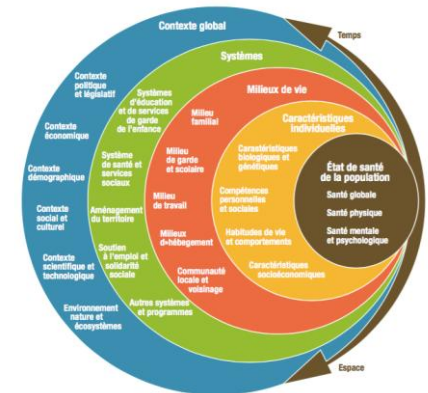
Jean Simos, ISG-UniGE

Ville-Santé : une approche socio-écologique de la santé

Améliorer la santé = agir en priorité sur les déterminants de la santé, notamment :

- ☑ Les conditions de vie (logement, nourriture, transport...)
- ☑ Les conditions de travail
- ☑ La qualité de l'environnement physique, social et culturel

Un processus d'amélioration continue
(parallèle avec normes ISO)



Les supports du concept Ville-Santé

La stratégie de « la Santé pour tous »
de l'OMS

Le programme
Agenda 21 pour
le dévelop-
pement durable



La Charte
d'Ottawa pour la
promotion de la
Santé

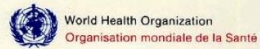
Promotion de la santé : précurseurs et fondateurs

- **Précurseurs (notamment chercheurs des sciences sociales)**
 - ❖ **Mechanic (1968), Laframboise (1973), Blum (1974), Waitzkin & Waterman (1974)**
 - ❖ **McKeown (1972)**
 - ❖ **Illich (1976): le secteur des soins peut être nuisible à la santé**
- **Rapport Lalonde (1974)**
- **Nancy Milio, « Promoting Health Through Public Policy » (1981)**
 - **influence sur la santé de secteurs t.q. agriculture, services sociaux, sécurité, etc.**
 - **exemples de liens de politiques intersectorielles : agriculture → nourriture → nutrition en Norvège**
- **Trevor Hancock, « Beyond health care: from public health policy to healthy public policy » (1985)**
 - **« La santé est l'affaire de tout un chacun », elle se fait principalement hors secteur des soins**
 - **Conférence Toronto « Beyond Health Care » (10ème anniversaire publication rapport Lalonde) → naissance du concept des *Villes-Santé***
- **Charte d'Ottawa et Ville-Santé (1986)**

Charte d'Ottawa et politiques publiques saines

ETABLIR UNE POLITIQUE PUBLIQUE SAINE

- la PS va au delà des soins
- inscrire la santé à l'OJ des responsables politiques des divers secteurs → les éclairer sur les conséquences de leurs décisions
- combiner: législation, mesures fiscales, taxation, changements organisationnels
- identifier: obstacles gênant adoption des PPS dans les secteurs non sanitaires → solutions
- but: rendre les choix sains les plus faciles



World Health Organization
Organisation mondiale de la Santé



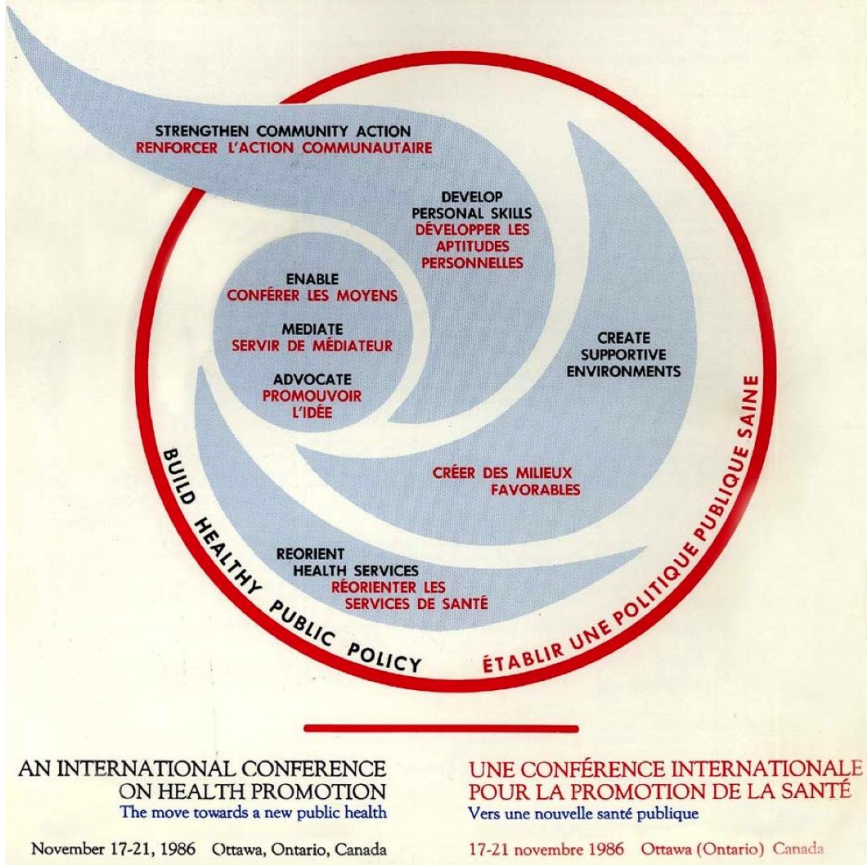
Health and Welfare
Canada
Santé et Bien-être social
Canada



Canadian Public
Health Association
Association canadienne
de santé publique

OTTAWA CHARTER FOR HEALTH PROMOTION

CHARTRE D'OTTAWA POUR LA PROMOTION DE LA SANTÉ



« Rendre les choix sains les plus simples » : exemple de la *Fourchette verte*



S2D



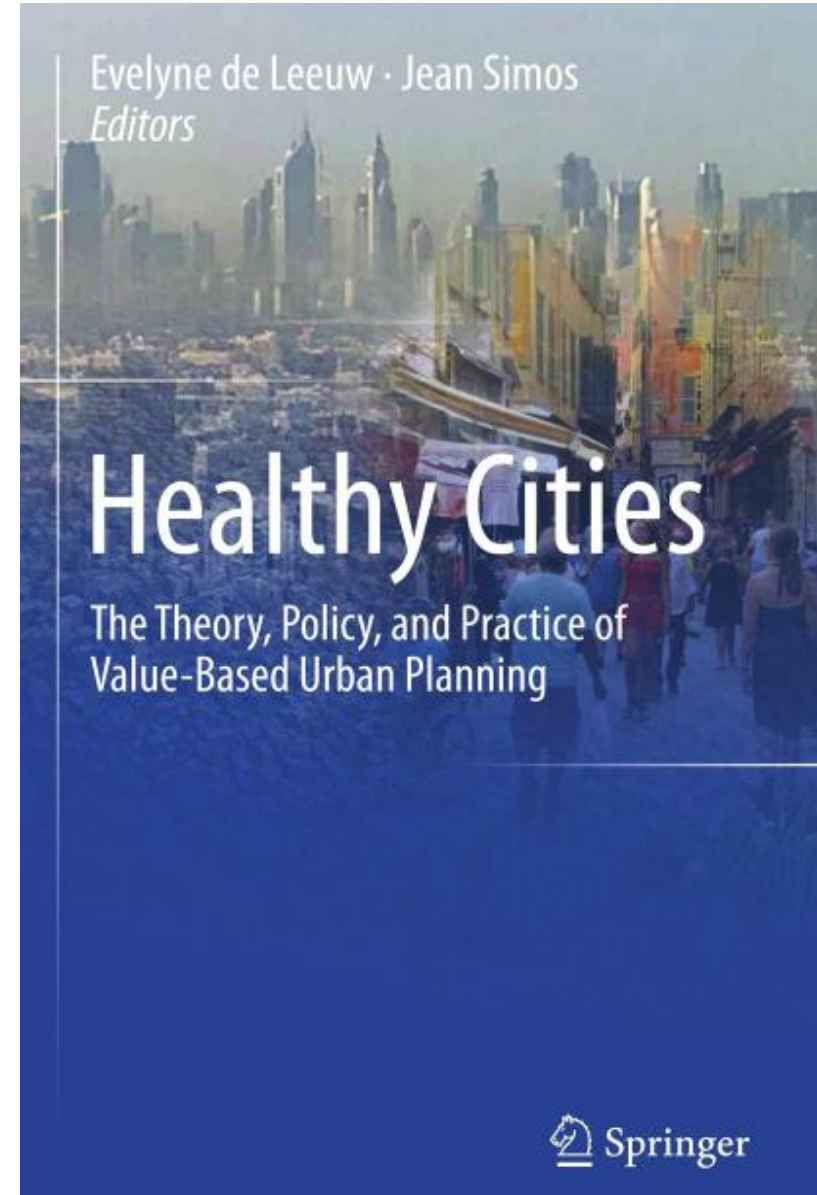
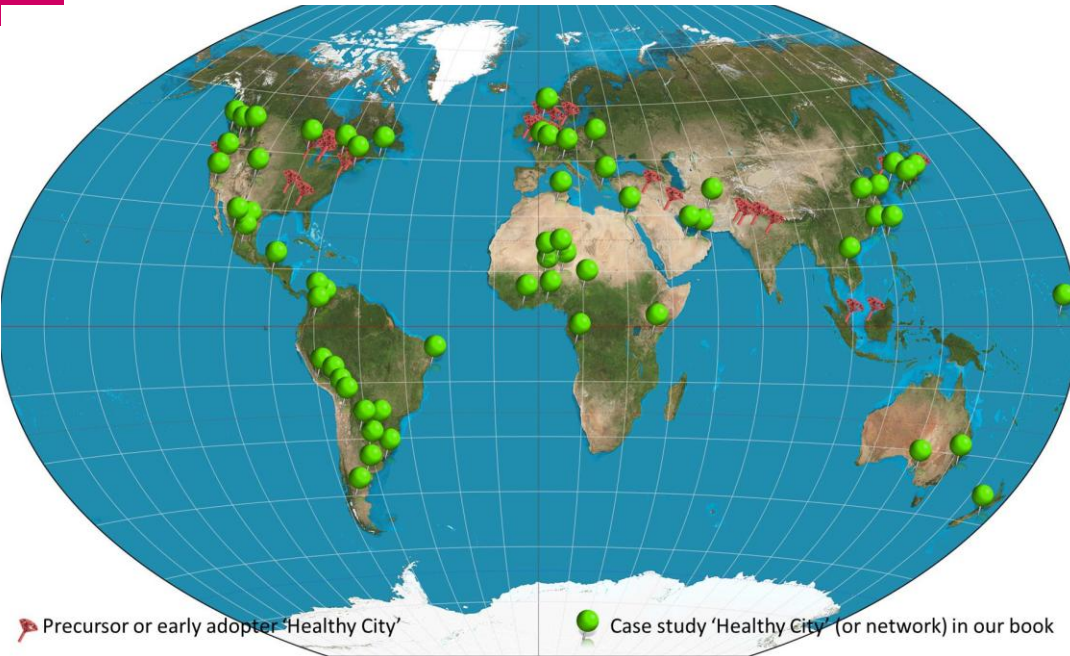
www.fourchetteverte.ch
Avec le soutien de Promotion Santé Suisse



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30 après, où en est-on avec les Villes-Santé ?



- 
EURO
 - Designation of cities & networks
 - Phases
 - Rigorous evaluation
- 
PAHO
 - Very long tradition (SLOS)
 - Until recently: mostly Central/Latin
 - Now: strong, due to HiAP
- 
WPRO
 - Initial enthusiasm
 - Then guidance only; Asia-Pacific AFHC
 - Now: 'Healthy Urbanization'
- 
HQ/WKC
 - WKC Urban Health priority
 - Urban Heart (traffic lights)
 - Health 'equity' (?)



Profession de donnée (evidence base)

Twenty-seven years of the WHO European Healthy Cities movement: a sustainable movement for change and innovation at the local level

Agis D. Tsouros*

Healthy Cities in Europe was launched with the ambitious aim to build high social and political capital of cities. This ambition resonates well with the underlying values of the Sustainable Development Goals... The WHO European Healthy Cities Network (EHCN) was established in 1990...

Healthy Cities come to terms with health city governance

Leeuw^{1,*}, Ilona Kikibusch², Nicola Palmer¹, and Lucy Spanswick¹

governance in the WHO European network of Healthy Cities mirrors the WHO region's status. Its member states in the Health 2020 strategy espouse governance for health as an adopted governance as a key value and approach to delivering specific health policies. This article reviews the extent to which they actually introduce and align policies and approaches with their local government commitments...

ON Healthy Cities Network from its very inception. The network's primary focus is to support cities in their efforts to improve health and well-being through a range of interventions... The WHO Healthy Cities programme is a global initiative that aims to improve the health and well-being of citizens through a range of interventions...

Tackling the social determinants in health during Phase V of the Project in Europe

Anna Ritsakaki^{1,*}, Per-Olof Ostergren², and

Retired, 14 Tsangaris Street, Melissa 151 23, Greece, ²Osaka University, CRC Asian Street Hospital, Jan Waldenström, ³Nuffield Department of Population Health, Oxford University, UK

Summary The WHO European Healthy Cities Network has from its inception been carrying out an evaluation of Phase V of the programme. This paper reports on the findings of the evaluation... The WHO European Healthy Cities Network has from its inception been carrying out an evaluation of Phase V of the programme...

Policy-making in European healthy cities

Evelyn de Leeuw^{1,*}, Geoff Green², Lucy Spanswick¹, and Nicola Palmer¹

¹La Trobe University Melbourne, Melbourne, Australia, ²Sheffield Hallam University, Sheffield, UK

Summary This paper assesses policy development in the World Health Organisation. Materials for the review were collected through a series of interviews with representatives of the high response rates for the entire network... The WHO European Healthy Cities Network (EHCN) was established in 1990...

Healthy cities as catalysts for caring and supportive environments

Geoff Green^{1,*}, Josephine Jackisch², and Gianna Zamaro³

¹Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, UK, ²Public Health Consultant, Copenhagen, Denmark, and ³Truist Venetia Giulia Regional Health Trust for Purchasing and Shared Services, Italy

Summary 'Caring and Supportive Environments' are fundamental to a social model of health and were a theme of Phase V (2009–12) of the WHO European Healthy Cities Network. Deploying the methodology of realist evaluation, this article synthesises qualitative evidence from 112 highly structured case studies from 68 Network cities and 71 responses to a General Evaluation Questionnaire...

INTRODUCTION

The article evaluates 112 case studies (CS) submitted by the WHO European Healthy Cities Network (EHCN) in response to a request for evidence on the role of healthy cities as catalysts for caring and supportive environments... The WHO European Healthy Cities Network (EHCN) was established in 1990...

European Healthy City Network Phase V: patterns and emerging for healthy urban planning

Marcus Grant*

Department of Architecture and the Built Environment, University of the West of England, Bristol, UK

Summary There is a tradition of planning cities and their infrastructure to successfully tackle communicable disease arising from urban development. Non-communicable disease follows a different course. Development brings in its wake a basket of adverse health and health equity outcomes that are proving difficult to tackle... The WHO European Healthy Cities Network (EHCN) was established in 1990...

The role of health impact assessment of the Healthy Cities European Network

Jean Simos^{1,*}, Lucy Spanswick², Nicola Palmer³

¹IGES, Institute of Global Health, University of Geneva, Geneva, Switzerland, ²Public Health at La Trobe University, Melbourne, VIC, Australia, ³Corresponding author. E-mail: jean.simos@unige.ch

Summary Health Impact Assessment (HIA) is a prospective decision-making activity of policies, programmes or projects through recommending interventions through which pathways of impact can be identified... The WHO European Healthy Cities Network (EHCN) was established in 1990...

European Healthy Cities evaluation: conceptual framework and methodology

Evelyn de Leeuw^{1,*}, Geoff Green², Mariana Dykova³, Lucy Spanswick¹, and Nicola Palmer¹

¹La Trobe University Melbourne, Melbourne, Australia, ²Sheffield Hallam University, Sheffield, UK, ³Warwick University, Coventry, UK

Summary This paper presents the conceptual framework and methodology of the evaluation of the Fifth Phase (2009–2013) of the WHO European Healthy Cities Network. The evaluation was designed to assess the impact of the network on the health and well-being of citizens... The WHO European Healthy Cities Network (EHCN) was established in 1990...

Is a healthy city also an age-friendly city?

Josephine Jackisch^{1,*}, Gianna Zamaro², Geoff Green³, and Manfred Huber⁴

¹Healthy Aging, Disability and Long Term Care, Public Health Consultant, Copenhagen, Denmark, ²Healthy City Project, Municipality of Udine, Regional Health Trust for Purchasing and Shared Services, Italy, ³Centre for Health and Social Care Research, Sheffield Hallam University, Sheffield, UK, and ⁴World Health Organization Regional Office for Europe, UN City, Marmorvej 51, DK-2300 Copenhagen B, Denmark

Summary Healthy Aging is an important focus of the European Healthy Cities Network and has been supported by WHO since 2009 as a key strategic focus... The WHO European Healthy Cities Network (EHCN) was established in 1990...

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Healthy Aging is an important focus of the European Healthy Cities Network and has been supported by WHO since 2009 as a key strategic focus... The WHO European Healthy Cities Network (EHCN) was established in 1990...

Healthy Cities Phase V evaluation: further synthesizing realism

Evelyn de Leeuw^{1,*}, Geoff Green², Agis Tsouros³, Mariana Dykova⁴, Jill Farrington⁵, Johan Faskunger⁶, Marcus Grant⁷, Erica Ison⁸, Josephine Jackisch⁹, Leah Janus Lofgren¹⁰, Helen Lease¹¹, Karolina Mackiewicz¹², Per-Olof Ostergren¹³, Nicola Palmer¹⁴, Anna Ritsakaki¹⁵, Jean Simos¹⁶, Lucy Spanswick¹⁷, Premila Webster¹⁸, Gianna Zamaro¹⁹, June Crown²⁰, Ilona Kikibusch²¹, Niels Rasmussen²², Gabriel Scallan²³, Marian Biddle²⁴, Suzanne Earp²⁵, Connie Petersen²⁶, and Joan Dowling²⁷, on behalf of the World Health Organization European Healthy Cities Network

Evaluation of risk factor reduction in a European City Network

Jill L. Farrington^{1,*}, Johan Faskunger², and Karolina Mackiewicz³

¹Nuffield Centre for International Health and Development, University of Leeds, Leeds, UK, ²PHD Exercise and Health Science, ProActive AB, Sweden, and ³Baltic Region Health Cities Association—WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region, Turku, Finland

Summary There is a substantial and growing burden of premature mortality caused by non-communicable diseases (NCDs) globally. This paper evaluates the preventive efforts of the WHO European Healthy Cities Network during its fifth phase (2009–12), specifically for four behavioural risk factors: tobacco use, alcohol abuse, unhealthy diet and physical inactivity... The WHO European Healthy Cities Network (EHCN) was established in 1990...



OXFORD
Health Promotion International, 2015, Vol. 36, No. 5, 11-17
Evaluation of the Fifth Phase (2009–2013) of the WHO European Healthy Cities Network: further sophistication and challenges
OXFORD
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European Healthy Cities evaluation: conceptual framework and methodology
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OXFORD

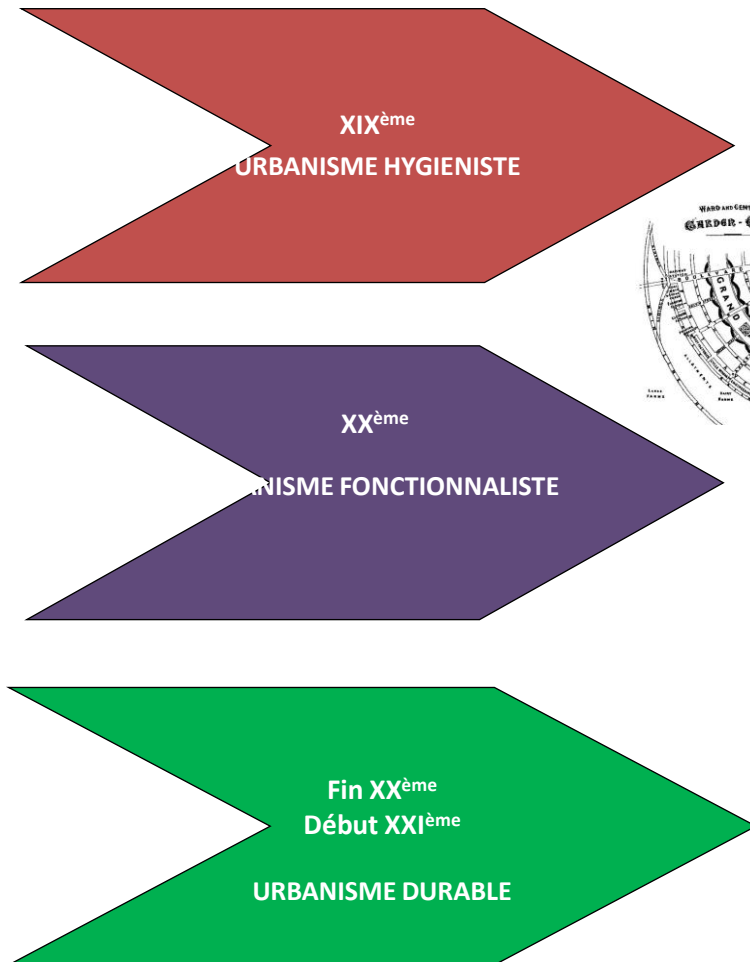
Thématiques des activités Villes-Santé (ex. du RQVVS)

- ✓ Activités physiques et loisirs
- ✓ Développement économique
- ✓ Aménagement et urbanisme
- ✓ Développement social
- ✓ Arts, culture et patrimoine
- ✓ Santé mentale
- ✓ Lutte à la pauvreté et aux inégalités
- ✓ Liens sociaux et solidarité
- ✓ Environnement
- ✓ Éducation et école
- ✓ Sécurité
- ✓ Emploi et insertion
- ✓ Tourisme
- ✓ Habitation
- ✓ Transport
- ✓ Alimentation

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Urbanisme et santé



- **HYGIENISME :** assainissement et aération du tissu urbain, travaux Haussmann (Paris), Parc de la Tête d'Or (Lyon)
- Importance des espaces verts urbains (Central Park, Cité-Jardin d'E. Howard, ...)
- **FONCTIONNALISME :** Charte d'Athènes, le « tout automobile », etc.
- **DURABILITE :** Charte d'Ottawa, Villes-Santé, Agenda 2030 et ODD, Déclaration de Shanghai et Consensus des Maires (2016)



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Inspiré de Roué Le Gall et al., 2014

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Deux exemples vertueux aux origines différentes

- **Fribourg-en-Brisgau (Bade-Wurtemberg, Allemagne)**
 - origine : environnement et qualité de vie
 - depuis la fin des années 1970 → politiques conformes à celles prônées par un urbanisme favorable à la santé
 - les priorités environnementales, sociales, de santé et économiques peuvent être conjointement menées à bien
 - pour réussir, les stratégies doivent être mises en place de façon constante sur le long terme (ici, pendant plus de 30 ans)
 - une approche collaborative et partenariale est indispensable, réunissant les autorités locales, les administrations, les entreprises et le monde universitaire, pour un travail où participent les habitants

- **Kuopio (Finlande)**
 - origine : participation au réseau Villes-Santé
 - au départ : ville étalée, développement axé au 20ème siècle sur l'automobile → manque d'activité physique, isolement ressenti par les personnes âgées, nécessité voiture (y c. foyers défavorisés)
 - nouvel urbanisme au 21^{ème} siècle : zones « ville-piétons » (□ avec meilleures connexions piétonnes reliant les équipements urbains), « ville-transports » (□ avec la création de nouvelles lignes de bus desservant le centre-ville) et « ville-voitures »

Référentiel pour un urbanisme favorable à la santé

Déterminants de santé	Objectifs visés (pour un Urbanisme favorable à la santé) et quelques éléments d'appréciation
Famille I : modes de vie, structures sociales et économiques	
1- Comportements de vie sains	<ul style="list-style-type: none"> Favoriser les déplacements et modes de vie actifs Inciter aux pratiques de sport et de détente Inciter à une alimentation saine
2- Cohésion sociale et équité	<ul style="list-style-type: none"> Favoriser la mixité sociale, générationnelle, fonctionnelle Construire des espaces de rencontre, d'accueil et d'aide aux personnes vulnérables
3- Démocratie locale/citoyenneté	<ul style="list-style-type: none"> Favoriser la participation au processus démocratique
4- Accessibilité aux équipements, aux services publics et activités économiques	<ul style="list-style-type: none"> Favoriser l'accessibilité aux services et équipements
5- Développement économique et emploi	<ul style="list-style-type: none"> Assurer les conditions d'attractivité du territoire
Famille II : cadre de vie, construction et aménagement	
6- Habitat	<ul style="list-style-type: none"> Construire ou réhabiliter du bâti de qualité (<i>luminosité, isolation thermique et acoustique, matériaux sains...</i>)
7- Aménagement urbain	<ul style="list-style-type: none"> Aménager des espaces urbains de qualité (<i>meubler urbain, formes urbaines, ambiances urbaines, offre en espaces verts...</i>)
8- Sécurité-tranquillité	<ul style="list-style-type: none"> Assurer la sécurité des habitants
Famille III : milieux et ressources	
9- Environnement naturel	<ul style="list-style-type: none"> Préserver la biodiversité et le paysage existant
10- Adaptation aux changements climatiques	<ul style="list-style-type: none"> Favoriser l'adaptation aux événements climatiques extrêmes Lutter contre la prolifération des maladies vectorielles
11- Air extérieur	<ul style="list-style-type: none"> Améliorer la qualité de l'air extérieur
12- Eaux	<ul style="list-style-type: none"> Améliorer la qualité et la gestion des eaux
13- Déchets	<ul style="list-style-type: none"> Inciter à une gestion de qualité des déchets (<i>municipaux, ménagers, industriels, de soins, de chantiers...</i>)
14- Sols	<ul style="list-style-type: none"> Améliorer la qualité et la gestion des sols
15- Environnement sonore et gestion des champs électromagnétiques	<ul style="list-style-type: none"> Améliorer la qualité sonore de l'environnement et gérer les risques liés aux champs électromagnétiques

Source: Roué Le Gall A. et al., 2014, d'après Barton et Tsourou, 2000

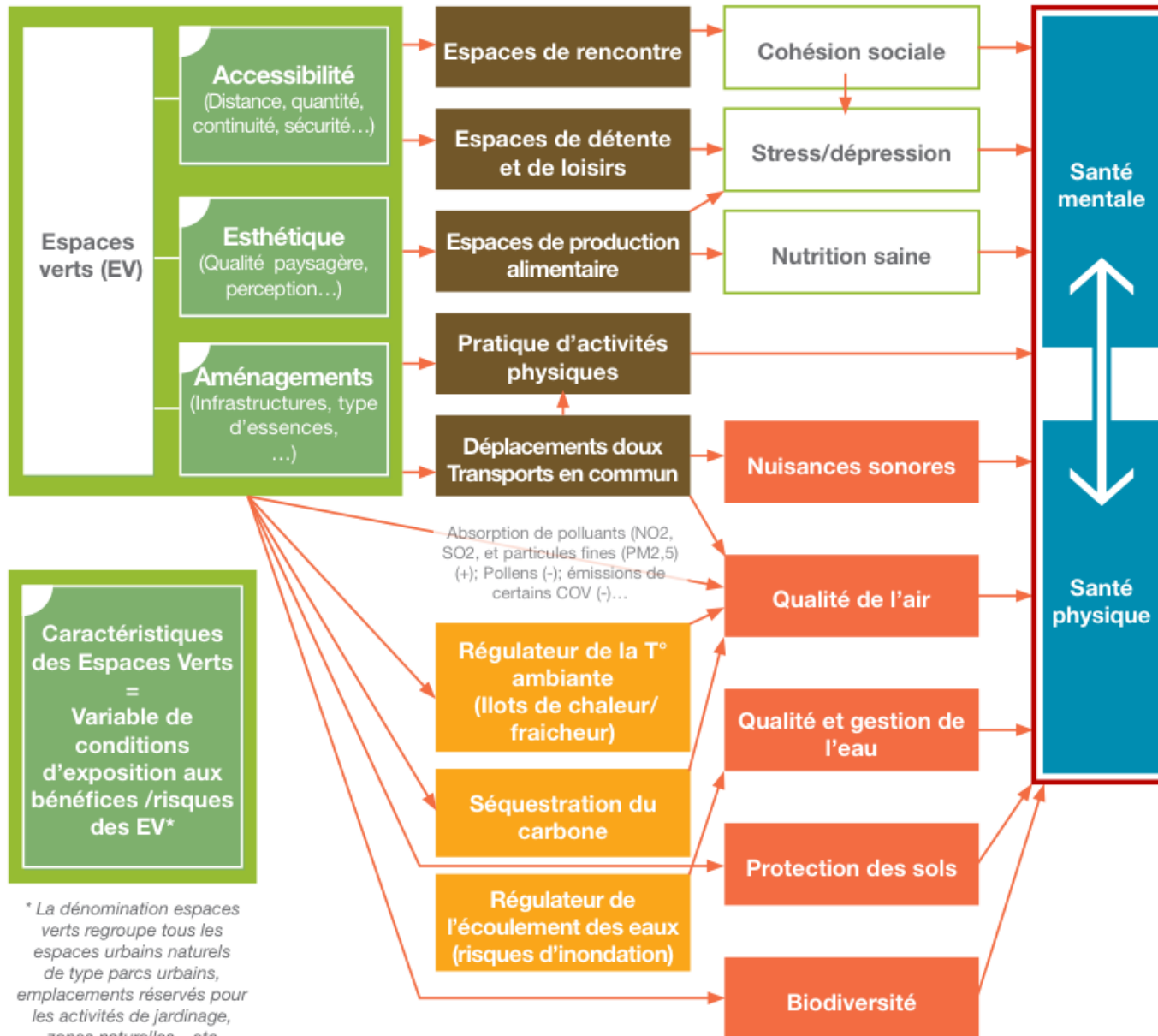
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Représentation des liens de causalité entre les espaces verts et la santé



Source: Roué Le Gall et al., 2014

Autres modèles :
 Hartig et al. (2014), Lachowycz & Jones (2013), Villanueva et al. (2015), Kuo (2015)

* La dénomination espaces verts regroupe tous les espaces urbains naturels de type parcs urbains, emplacements réservés pour les activités de jardinage, zones naturelles...etc

Pathways linking urban green space to improved health and well-being (1)

- **Improved relaxation and restoration** - psycho-evolutionary theories (*Psycho-physiological stress reduction theory* ; *Attention Restoration Theory*) ; Support for these theories has been provided by studies that demonstrate restorative physiological responses associated with viewing or being in green space
- **Improved social capital** - protective effect of social relationships on H & WB / social isolation is a known predictor of morbidity and mortality ; fostering social interactions and promoting a sense of community ; Neuroscience has provided evidence that place constitutes a distinct dimension in neuronal processing and so “sense of place” and “place identity” are important dimensions for H
- **Improved functioning of the immune system** - associations between visiting forests and beneficial immune responses, including expression of anti-cancer proteins

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Source: *Urban green spaces and health.*
WHO-Europe, 2016

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Pathways linking urban green space to improved health and well-being (2)

Source: Urban green spaces and health. WHO-Europe, 2016

- **Enhanced physical activity and reduced obesity** - green space is associated with reduced obesity; the relationships could be modified by age and socioeconomic status ; very important for older people ; providing attractive urban green space encourage people to spend more time outdoors and facilitate physical activity ; time spent in green space contributed over a third of all outdoor MVPA occurring during weekday evenings, over 40% on Saturdays and almost 60% on Sundays ; using green space for growing food may influence physical activity, social well-being and encourage a healthy diet, thereby reducing obesity
- **Anthropogenic noise buffering and production of natural sounds** - a combination of land form and vegetation were most effective in attenuating traffic noise ; a psychological mechanism at work in perceived noise reduction ; effect of green space in relation to noise perception : the effect of other natural noises in masking noise pollution such as from traffic
- **Reduced exposure to air pollution** - Vegetation can dampen the impacts of road traffic and industries and improve air quality ; role of green space in improving perception of air quality ; Trees and other vegetation can decrease levels of air pollutants and reduce atmospheric carbon dioxide through carbon storage and sequestration

Pathways linking urban green space to improved health and well-being (3)

- **Reduction of the urban heat island effect** - an average cooling effect of approximately 1° C, an effect up to 1 km from the park boundary, the inclusion of water bodies within the green space may offer greater cooling effects ; urban greenery in general (parks, street trees and green roofs) mitigate UHI effects ; trees can provide shade and shelter from wind
- **Enhanced pro-environmental behaviour** - as with many social behaviours, pro-environmental behaviour can be induced by external stimuli, particularly by experiencing natural environments ; exposure to nature may increase cooperation and, when considering environmental problems as social dilemmas, sustainable intentions and behaviour ; childhood experiences in nature appear to enhance adult environmentalism
- **Optimized exposure to sunlight and improved sleep** - vitamin D levels were significantly higher in those who engaged in outdoor activities ; Light exposure, particularly to blue light, is also recognized as way to stimulate alertness and cognition, and to promote healthy sleep ; UV-induced release of nitric oxide from skin may have unexpected health benefits ; those living in a greener neighbourhood had lower risk of insufficient sleep



Source: *Urban green spaces and health.*
WHO-Europe, 2016



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Evidence of health benefits of green spaces

- **Improved mental health and cognitive function**
before 2010 : 2, 2010 : 1, 2011 : 2, 2012 : -, 2013 : 1, 2014 : 5, 2015 : 6, 2016 : 1
- **Reduced cardiovascular morbidity**
- **Reduced prevalence of type 2 diabetes**
- **Improved pregnancy outcomes**
- **Reduced mortality**

Mechanisms of potential pathogenic effects of green spaces

- Increased exposure to air pollutants
- Risk of allergies and asthma
- Exposure to pesticides and herbicides
- Exposure to disease vectors and zoonotic infections
- Accidental injuries
- Excessive exposure to UV radiation
- Vulnerability to crime

Differential health benefits of green spaces in specific population groups (1)

- **Women** - effects of green space exposure on patterns and levels of cortisol were different in men and women (□); more fearful in urban green spaces than men ; but, the park afforded a traffic-free environment where women felt freer to dress comfortably and less susceptible to unwelcome remarks ; beneficial effects for the health of pregnant women
- **Children and adolescents** - exposure to green space can influence cognitive development in children in primary schoolchildren ; important role in children's and young people's social networks, including friendships across cultures, promoting social inclusion ; opportunities to teenagers and young people to develop skills in risk management and coping with uncertainty, important attributes for adulthood
- **Older adults** - beneficial effect of green space is stronger in senior citizens and in housewives than in the general population ; sleep deficiency : stronger protective effect for people aged 65 and older ; ditto physical activity ; ditto to promote social ties and a sense of community

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Centre Collaborateur de l'OMS

Source: *Urban green spaces and health.*
WHO-Europe, 2016

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Differential health benefits of green spaces in specific population groups (2)

- **Deprived subpopulations and minority groups** - populations exposed to the greenest environments had the lowest level of health inequality related to income deprivation ; association between green space access and reduced cardiovascular mortality, in particular amongst the most socioeconomically deprived groups ; significant associations between reported access to, and better quality of, green space and reduced psychological distress ; urban green space in deprived areas may reduce health disparities by mitigating air pollution ; the role of vegetation in cooling urban areas may be especially important for the urban poor ; being an ethnic minority and living in low income neighbourhoods affects feelings of security in urban green spaces ; in areas most densely populated by minority deprived groups, the available green space is of poorer quality ; provision and maintenance of appropriate green space in urban areas may make an important contribution to reducing health inequalities
- **Populations of various countries and geographic regions** - research is essential for assessing health benefits of urban green spaces in middle and low income countries and in cities with different urban design characteristics

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Source: *Urban green spaces and health.*
WHO-Europe, 2016

Projet de recherche GREENH_City

BUT

Identifier, au niveau municipal, les interventions les plus prometteuses pour mettre en œuvre des démarches de **santé dans toutes les politiques** au niveau local et agir sur les **inégalités sociales de santé** en milieu urbain grâce aux **espaces verts**

Analyser les politiques HiAP/ISS et EV

Caractériser les espaces verts

Analyser les usages

Objectif 1

Comprendre de quelle manière les Villes du RFVS mettent en œuvre les démarches de santé dans toutes les politiques, afin de prendre en compte les inégalités sociales de santé par l'étude des décisions relatives aux espaces verts en milieu urbain

Objectif 2

Décrire et analyser les interventions produites et mises en œuvre au sein des Villes du RFVS sur les espaces verts d'un point de vue géographique, en fonction des caractéristiques socio-économiques des villes

Objectif 3

Analyser les usages et la contribution des espaces verts à la santé et au bien-être des habitants

- ✓ EHESP
- ✓ RFVS
- ✓ Université de Paris-Ouest Nanterre
- ✓ Université de Genève

Financement : INCA (2017-19)

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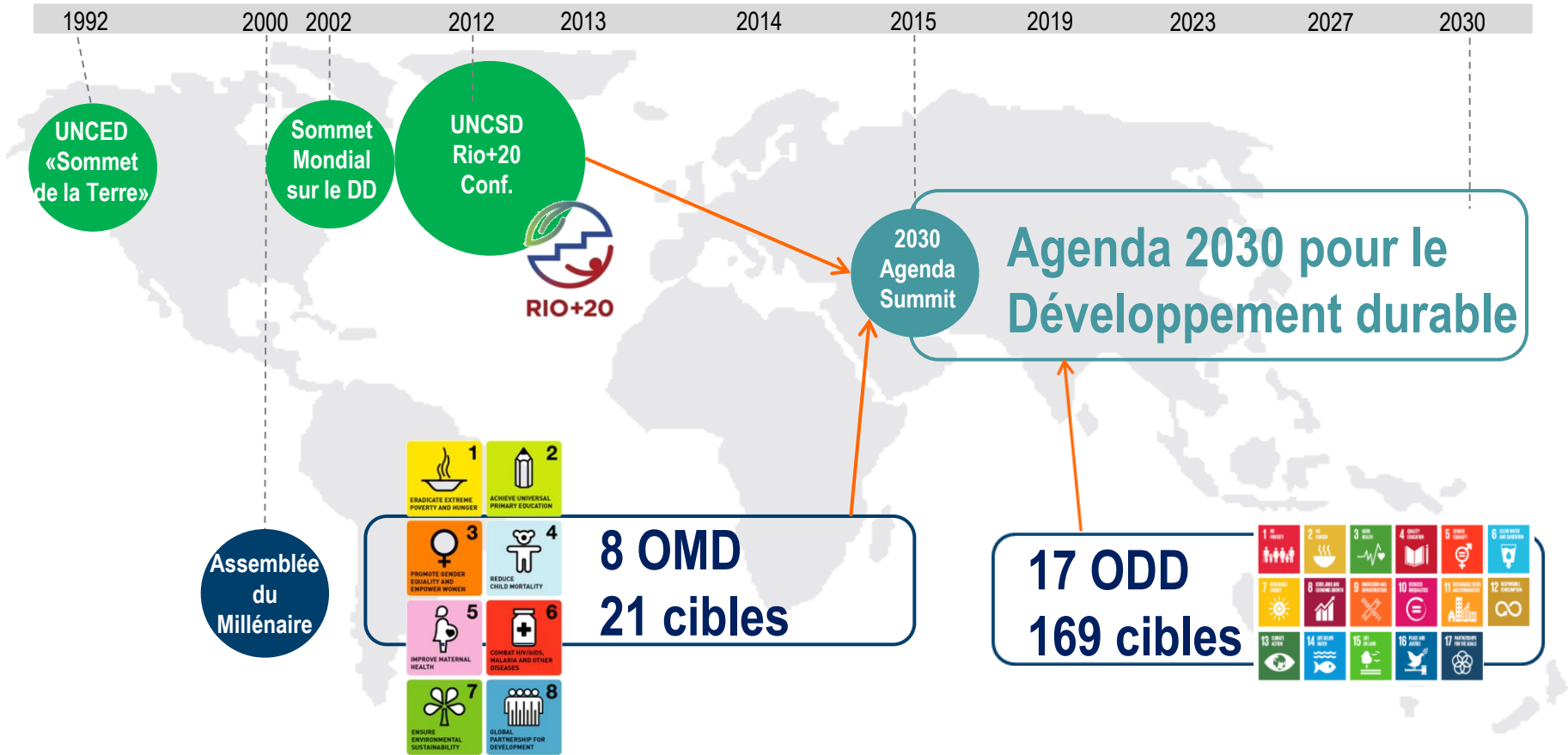


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Des OMD aux ODD



Source: Office Fédéral des Affaires étrangères, Berne

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 **OBJECTIFS**  **DE DÉVELOPPEMENT DURABLE**

1 PAS DE PAUVRETÉ



2 FAIM «ZÉRO»



3 BONNE SANTÉ ET BIEN-ÊTRE



4 ÉDUCATION DE QUALITÉ



5 ÉGALITÉ ENTRE LES SEXES



6 EAU PROPRE ET ASSAINISSEMENT



7 ÉNERGIE PROPRE ET D'UN COÛT ABORDABLE



8 TRAVAIL DÉCENT ET CROISSANCE ÉCONOMIQUE



9 INDUSTRIE, INNOVATION ET INFRASTRUCTURE



10 INÉGALITÉS RÉDUITES



11 VILLES ET COMMUNAUTÉS DURABLES



12 CONSOMMATION ET PRODUCTION RESPONSABLES



13 MESURES RELATIVES À LA LUTTE CONTRE LES CHANGEMENTS CLIMATIQUES



14 VIE AQUATIQUE



15 VIE TERRESTRE



16 PAIX, JUSTICE ET INSTITUTIONS EFFICACES



17 PARTENARIATS POUR LA RÉALISATION DES OBJECTIFS



 **OBJECTIFS DE DÉVELOPPEMENT DURABLE**

Healthy Cities *are* SDGs



A clean, safe, high quality physical environment (including housing quality).

An ecosystem which is stable now and sustainable in the long term.

A strong, mutually supportive and non-exploitive community.

A high degree of public participation in and control over the decisions affecting one's life, health and well-being.

The meeting of basic needs (food, water, shelter, income, safety, work) for all the city's people.

Source: Evelyne de Leeuw (2016)



High health status (both high positive health status and low disease status).

Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.

A diverse, vital and innovative city economy.

Encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals.

A city form that is compatible with, and enhances the above parameters and behaviours.

An optimum level of appropriate public health and sick care services accessible to all.

Healthy Cities *are* SDGs

6 CLEAN WATER AND SANITATION (including housing quality).
13 CLIMATE ACTION h quality
 physical environment

7 AFFORDABLE AND CLEAN ENERGY ecos
11 SUSTAINABLE CITIES AND COMMUNITIES which
12 RESPONSIBLE CONSUMPTION AND PRODUCTION ista
13 CLIMATE ACTION no
14 LIFE BELOW WATER on th
15 LIFE ON LAND erm

5 GENDER EQUALITY stro
10 REDUCED INEQUALITIES oppo
11 SUSTAINABLE CITIES AND COMMUNITIES d no
 exploitive community.

4 QUALITY EDUCATION gh d
5 GENDER EQUALITY f p
16 PEACE, JUSTICE AND STRONG INSTITUTIONS nd d
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1 NO POVERTY meet
2 ZERO HUNGER basic
6 CLEAN WATER AND SANITATION help
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 the city's people.

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11 SUSTAINABLE CITIES AND COMMUNITIES vari
16 PEACE, JUSTICE AND STRONG INSTITUTIONS reso
 with the possibility
 multiple contacts, inter-
 action and communication.

8 DECENT WORK AND ECONOMIC GROWTH dive
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE al and
 innovative city economy.

4 QUALITY EDUCATION ncou
11 SUSTAINABLE CITIES AND COMMUNITIES t of
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 biological heritage and with
 other groups and individuals.

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE city
11 SUSTAINABLE CITIES AND COMMUNITIES hat is
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 h, and
 enhances the above
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An optimum level of
 appropriate health
 and social services
 accessible to all.



Source: Evelyn de Leeuw (2016)



High health (both high
 positive h status and
 low dis status).
3 GOOD HEALTH AND WELL-BEING

Déclaration de Shanghai - 9^{ème} Conférence



Neuvième Conférence mondiale
sur la promotion de la santé
Shanghai · 21-24 novembre 2016

Déclaration de Shanghai sur la promotion de la santé dans le Programme de développement durable à l'horizon 2030

OMS, 2017

... et Consensus des Maires sur les Villes-Santé

Consensus de Shanghai sur les villes-santé

Nous – plus de 100 maires venus du monde entier – nous sommes réunis le 21 novembre 2016 à Shanghai (Chine), conscients que la santé et le développement urbain durable sont inextricablement liés, et résolument déterminés à favoriser les progrès sur ces deux plans. Nous reconnaissons également que la santé et le bien-être sont au cœur du Programme de développement durable à l'horizon 2030 des Nations Unies et des objectifs de développement durable qui lui sont liés.



9th Global Conference
on Health Promotion
SHANGHAI 2016



S2D



Centre Collaborateur de l'OMS

Healthy Cities Phase VI WHO Collaborating Institute



UNIVERSITÉ DE GENÈVE

Division Environmental Health and Health Promotion
Institut de santé globale (ISG) - Faculté de médecine

9^{ème} Conférence mondiale promotion de la santé

- Shanghai, novembre 2016 (OMS + Chine) → Déclaration de Shanghai
- Choix de 4 sujets principaux comme points d'articulation pour discuter de l'avenir de la promotion de la santé :
 - action multi-sectorielle ;
 - mobilisation sociale ;
 - littératie en santé ;
 - villes-santé
- Mobilisation de plus de 100 Maires → Consensus des Maires

Déclaration de Shanghai

- Nous allons promouvoir la santé en agissant sur l'ensemble des ODD
- Nous allons faire des choix politiques audacieux pour la santé
- Les villes et les communautés sont des contextes déterminants pour la santé (...)

Nous nous engageons à :

- donner la *priorité aux politiques engendrant des avantages conjoints* pour la santé et le bien-être, notamment aux politiques urbaines dans d'autres domaines, en exploitant pleinement l'innovation sociale et les technologies interactives ;
- aider les villes à *promouvoir l'équité et l'inclusion sociale*, en tirant parti des connaissances, des compétences et des priorités des différentes populations au moyen d'une forte mobilisation communautaire ;

Consensus des Maires

- L'action des villes en faveur de la santé et du bien-être est au cœur du développement durable, DD et santé sont inextricablement liés
- Engagement à respecter 5 principes de gouvernance en ce qui concerne les villes-santé
- 10 domaines d'action prioritaires pour les villes-santé

Not an urban health model ...

Increasing socioeconomic inequalities : the world's 62 wealthiest people have as much money as the 3.5 billion poorest people on the planet – half the Earth's population

Source: Oxfam, 2016



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