

# Proceedings

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57th ISOCARP World Planning Congress

## PLANNING UNLOCKED

**NEW TIMES, BETTER PLACES, STRONGER COMMUNITIES**

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HOSTED BY:



**Proceedings of the  
57th ISOCARP World Planning Congress**

57th ISOCARP World Planning Congress  
Planning Unlocked: New Times, Better Places, Stronger Communities  
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# Contents

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<b>4</b>	Paper Index
<b>10</b>	About the Congress
<b>12</b>	About the Tracks
<b>14</b>	Track 1: Inclusiveness and empowerment Al-Majlis: planning with and for communities
<b>580</b>	Track 2: Well-being and health Al-Fereej: caring for living conditions
<b>1068</b>	Track 3: Smartness and development Al-Souq: innovating for performance and management
<b>1532</b>	Track 4: Resilience and adaptability Al-Waha: promoting local solutions
<b>2052</b>	Track 5: Uniqueness and connectivity Al-Baraha: unlocking urban futures
<b>2618</b>	Special Sessions



**Track 2: Well-being and health**  
*Al-Fereej: caring for living conditions*

**ABDEL FATTA Lamia, BONI Giulia, CARNEVALINI Giulia, CHOU BASSI Rawad, GORRINI Andrea, MESSA Federico, PRESICCE Dante**  
A user-centric approach to the 15-minute city: examining children's walkability in Bologna

**AHMED Azhari F. M, AI-KUWARI Lolwa, KHAZNDAR Aoubai, AI-MARRI Abdulhadi**  
Assessment of Road Transport Atmospheric Emission of GHGs & Criteria Pollutants in Qatar: BAU Versus Paris Agreement NDC Policy Scenarios

**AO Xiang, LI Qianwen**  
Examining gap between planned service levels and realistic demands of hospitals based on accessibility driven service area demarcation: an empirical study of Dalian, P.R. China and Berlin, Germany

**BEDI Prabh, MAHAVIR**  
Lessons COVID19 taught Urban Planners: Case of Chandigarh, India

**CHAI Ning, FAN Xin, LIU Jing**  
Research on the resilience regeneration and planning of the aging community in the post COVID-19 era

**CHEN Yile**  
Discussion on Urban Epidemic Prevention and Control in Chang'an City in Tang Dynasty

**CUNHA Jeanna De Campos, MORGADO Sofia, MARQUES Da Costa Eduarda**  
Towards Healthier Cities: Urban Green Spaces (UGS) in the Neighbourhood Benfica, Lisbon

**DING Yanzhu, YANG Li, CHEN Qianting, NA Li**  
Study on the quality evaluation of old block renewal from the perspective of healthy city

**DONG Fei, LI Qing, WU Kun**  
Creating Localized Resilient Places in Community-Thoughts on Renovation Practice of Wuhan Farmer's Market after the Covid-19 Pandemic

**DONG Yu, LI Fengjing, DONG Wei, ZENG Erli**  
Do parents' and children's perceptions of community environment affect children's physical activity levels?

**FU Bang, HE Hao**  
Localized Spatial Planning Practices of Child-Friendly Cities under the New Urban Agenda: A Case Study of the City of Wuhan

**GAD Mohamed Abdelmoneim**  
Towards Preventative Urban Health Resilience: A Case Study of Cairo's Heliopolis

**GENG Hong, YANG Long**  
Study on the supply of urban public service facilities and the path of cracking based on public health emergencies

**LI Jing, LIU Xinning**  
Research on the Renewal Design of the Neighborhood-scale Built Environment from the Perspective of Post Epidemic

**LI He**  
Evolution of Provincial Economic and Social Development Plan for Pandemic Prevention since SARS to COVID-19

**LI Fengyan, LU Qi**  
Enlightenment on Modern Urban Planning of the Traditional Construction Wisdom in Lingnan Region

**LIANG Shuai, LENG Hong**  
Research on feature recognition and optimization of public space in winter city based on the promotion of physical activity-A case study of Harbin

**LYU Xiaohe, XIA Qing**  
Evaluation on well-being and urban development: a case study on 33 cities of mainland China

**MA Yanhong, CHEN Xi**  
A Theoretical Framework for Constructing Biophilic Urban Nature

**MAREGGI Marco, LAZZARINI Luca**  
Health, an enduring theme for urban planning

**MATTOO Saisha**  
Envisioning Eco-scapes for Healthy Urban Environments: a future to indemnify the past through passive measures

**TILLNER Silja, PEVERINI Marco**  
The Circular Economy in Affordable Housing to Reach Carbon Neutrality - Refurbishment and Greening

**TSEKERI Elisavet, KOLOKOTSA Dionysia, LILLI Aikaterini, CALLEJA Kurt, QUACINELLA Daniela, MICALFEE Daniel, DUCA Edward, BISELLO Adriano**  
The "human community" in the eye of the future cities' vision. The VARCITIES Project approach

**VERVOORT Peter, PISMAN Ann**  
Health promoting urban green spaces: exploring pathways for mapping and analysis in Flanders (Belgium)

**WU Yucheng, XU Chenran**  
Spatio-temporal performance of urban planning in the face of Covid-19: A systematic review of Chinese methods

**XIA Huiyi, XIA Nankai**  
Study on the Planning of Medical Facilities in small towns under the policy of "medical community"

**XU Haotian, WU Chenling**  
Shaping Air Negative Ion Life Circles in the Coastal Space for Healthy Cities

**YAN Tianjiao, LENG Hong**  
Evidence-based design of perceived pathways in cold regional parks for elderly health behaviour

**YI Huimin, ZHANG Jie, LI Chi**  
Research on the age-friendly renewal of public space in historic blocks under the background of community life circle

**YIN Ruochen, FANG Jia, HSIEH Chun-ming**  
Infectious risk prevention and control methods of small open space in post-epidemic era: Risk analysis of airborne transmission of respiratory infectious diseases based on CFD wind environment simulation

**YU Weikai, YU Kejian**  
Value Unlocked: Strategies on Connection between Green Open Space and Healthy Activity in Conghua, Guangzhou

**ZENG Erli, DONG Yu, LI Fengjing, CHE Lu**  
The impact of built environment characteristics on perceived general safety of city dwellers: A case study in Mianyang (China)

**ZHA Yilun**  
Measuring disparities in food access and its implications for nutrient-related diseases

**ZHAN Meixu, WANG Hao**  
A new approach towards modernized urban governance from the perspective of government-citizen collegiality

**ZHAN Ye, ZHU Ying, YU Yifan, LIU Yining**  
Is Neighborhood Green Space Associated With a Lower Risk of Type 2 Diabetes in elderly? Evidence From Shanghai, China

**ZHANG Qi, ZHENG Zhenghua, HUANG Jianzhong, ZHOU Ying**  
Toward liveable neighbourhoods: Prioritizing the improvement of neighbourhood amenities through people-oriented planning in Wuhan

**ZHANG Hao, LI Jing**  
Research on the Construction of "15-Minute" Cities under the Health Impact Assessment

**ZHUANG Haobin, YANG Xiaochun**  
The accessibility assessment of medical facilities based on the hierarchical medical system

# About the Congress

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## 57th World Planning Congress of the International Society of City and Regional Planners

*"Planning Unlocked: New Times, Better Places, Stronger Communities"*

### Planning Unlocked

How to unlock and build back better our cities and communities? Urban and territorial planning is the vaccine. It can only be effective when applied worldwide and accessible to all people. The new planning vaccine needs to enable innovative ideas and strategies to achieve more sustainable territories and implement urban green deals.

We live in exceptional times, of which the **"Covid shock of 2020"** is only the most recent symptom. Cities and nations worldwide have been grappling with appalling socio-economic inequalities, failing infrastructure, and the prospect of climate catastrophe for a long while. Against a future of more pandemics, ecosystem meltdown, and social unrest, there is only one remedy – planning better, safer, fairer cities. But is spatial planning up to the task? The traditional concepts, methods, tools, and agents of urban and territorial planning seem woefully inadequate. We need new solutions, out-of-the-box thinking, and innovative ideas and strategies.

The main idea associated with the **57th ISOCARP World Planning Congress** theme is to unlock our minds and provide planning advocates and practitioners a fresh, new start. The same relates to the congress format - we have to go out of the **"beaten track"** of the in-person, members-of-the-profession-only event and explore new conferencing and knowledge-sharing opportunities, go out with our message outside the walled congress rooms as well as partner with other disciplines and address governments, civic society, and the general public.

### New Challenges

#### New Times

Unprecedented events make us question the development paradigms and call for unlocking planning theories and practices for meeting the future needs and incoming challenges. Our practice was very much development-oriented: now we look for healthy and inclusive places and harmony with nature. The mantra of economic growth is still there, but in post-COVID times the new social and economic patterns emerge. Calls for 'de-growing' the economy are getting louder, including measuring progress with indicators of human well-being and conservation of the natural capital. At the same time, the planet-wide climate emergency is ever more evident. Whether officially declared or not, these changes have global, regional, and local dimensions and consequences. Also, these will influence not only the physical form of cities but entire urban environments, including social, economic, environmental, and infrastructural transformations.

#### Better Places

Meeting these challenges will require planning for better urban places: resilient, biodiverse, inclusive, socially-responsive, and ecologically benign. Some solutions will refer to the traditional urban forms, others will accept the relentless dispersion of population into the peri-urban and rural areas – recently accelerated by the pandemic. In both cases, they will be combined with fresh planning ideas and new technologies transport, telecommunications, energy generation and storage, and waste disposal. Self-sufficiency and community resilience will be the paramount criteria for responding to unexpected emergencies that the future will bring. Nature-employing and mimicking solutions will provide a healthy balance with high technologies. Enhancing biodiversity, while harnessing ecological services, will be a core objective of urban plans, not something that belongs to the protected nature reserves outside the city.

#### Stronger Communities

Our communities should be much more healthy, resilient, and inclusive. This means empowering vulnerable and deprived groups and minorities, and building social cohesion and harmony while also acknowledging cultural diversity and individual freedom. These communities will be assisted in self-planning, which itself will focus on the localisation of production, consumption, and services. Self-sufficiency, sharing, and collaboration, along with decentralised, autonomous infrastructure, will be the pillars of resilience. The new place-making will be much more people-oriented and people-responsive than before, focusing at the same time on climate adaptation and biodiversity protection.

## Our Responses

### New Planning Concepts

These changes will also result in new forms of cooperation (and competition) among institutions, stakeholders, government entities, regions, and other types of partners and interested individuals. The congress - organised at this unique moment - should become a venue for the creation of new planning concepts and the start of the process of reshaping the planning profession. We are not only interested in researching the past or analysing the present but, foremost, in charting the future. In this case, the future of our cities and regions and the future of the planning profession. This comes along with shifting from **"designing"** towards **"focusing on action and impact"**.

### New Planning Agenda

We aim to set the new planning agenda, provide a venue for the forward-thinking on the future of the profession and redefine the mission and tools of city and regional spatial planning. The goal is an overhaul of our current paradigms of the subject and process of planning. This shall include reconsideration of the scope of planning and the inclusion of numerous non-obvious aspects of it. Also, the **"planning perspective"** should be reconsidered and short-term as well as very much long-lasting solutions should be included in the planning debate.

### Knowledge Exchange and Education Improvement

We focus not only on **"better places"**, but we strongly believe in the need to support the development of **"stronger communities"** within these **"new times"**. This requires developing and sharing the best planning practices, exchanging thoughts on current advancements in planning, and pointing out the outstanding cases of successful urban and regional development and transformation efforts. We also understand the need for **"improved education"** and advancement of the **"knowledge sharing and exchange"** as the basic driver for this paradigm shift. This shall come along with an understanding that planning is becoming much more diverse in every sense of this word. All these shall contribute to un-locking our thinking on what planning is and should be and provide us with a fresh start to the future. This may also include the concept of un-planning of some areas and sites, which may become a relief to the communities.

## Unique Congress Location and Format

### Doha: An Ever-changing Place

The Congress takes place in Doha – a unique place for such a discussion. This place is constantly changing and adapting to the new times and realities, which results in the deep physical, social, and economic transformations of the city, not to forget about the environmental and infrastructural aspects of this unique location. Also, Doha sports not only the local but also regional and global importance, which again makes it a unique setting for reinventing planning.

### Embracing Local Culture

At the same time, Congress delegates will get the chance to experience Qatari culture, hospitality, and history-based yet modern urban atmosphere. Our aim is also to include the particular concepts and aspects of local culture in the congress programme and phrasing of the congress-related events. This shall become a good bridge between the delegates representing various cultures and lifestyles as well as local social and cultural environments.

### New Congress Format

The congress will include not only traditional paper sessions. We want to promote the presentation of case studies and projects as the basis for knowledge sharing and exchange and for learning from each other. Special sessions, forums, debates, and roundtables shall take a prominent role in the congress programme as these events may gain the attention of the larger audience. We encourage going beyond design - unlocking planning shall mean also reinventing what planning is actually about.

Let us meet in Msheireb within an innovative, inclusive, and welcoming public space in the historic heart of Doha. It offers splendid interaction opportunities while allowing and ensuring safe distancing. For those who still cannot travel, the hybrid model of participation will be organised, using modern technologies to provide the global audience with a chance to experience the ISOCARP congress ambience in this unique place.

# About the Tracks

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## TRACK 1

**Inclusiveness and empowerment.  
Al-Majlis: planning with and for  
communities**

- Bottom-up planning and participatory practices
- Community development and community-based leadership
- Inclusion and inclusive design
- Empowering specific social groups – incl. women, children, elderly, informal workers etc.
- Socio-economic accessibility of urban environments for disadvantaged groups
- The role of solidarity and generosity in urban planning
- Human (dis)abilities and urban planning
- Identity Minorities
- Housing issues
- Role of public space for empowerment and inclusive planning
- Forms of urban exclusion
- Policymaking and management for more inclusive cities

## TRACK 2

**Well-being and health.  
Al-Fereej: caring for living  
conditions**

- Public health, healthy cities and cities dealing with lifestyle diseases (controlling pollutions, access to healthy resources and managing health system responses);
- Pandemic resilient urbanism: protecting health and quality of living, promoting sport and leisure activities and green open spaces, tending to equitability, minimising risks and threats.
- Food justice and food security. Inequality of food supply chains, where one, aimed at affluent populations, respects the environment and the producers to yield high-quality food products from local and short supply chains; while the other, aimed at less affluent populations, yields poorer quality, often heavily processed products, coming from far away, produced in disastrous environmental conditions.
- Well-being, linked to cultural and environmental issues, exploring methods that can offer operational extensions. In the economic evaluation of amenities, well-being is placed as one of the fundamental criteria for the evaluation of the quality of life in the context of environmental changes.

## TRACK 3

**Smartness and development.  
Al-Souq: innovating for  
performance and management**

- Data and data analysis and IT applications for planning
- “Deformalisation” in planning routine, changes in planning documents and rules
- Plan implementation, metrics, and monitoring-tools
- Technical and market strategies for innovative planning
- Collaboration in planning
- Planning education for citizens, investors, and officials
- Global planning for local markets
- Economic programs and spatial planning for cities and community
- Planning and economics - financing planning
- Smart planning, smart implementation, smart governance
- Technology and computer platforms

## TRACK 4

**Resilience and adaptability.  
Al-Waha: promoting glocal  
solutions**

- Territorial approach to climate action
- Place-based policies to mitigate climate change
- Data driven policies for resilient urban design
- Digitalisation & big data-based models for resilient cities
- Assessment of urban vulnerability
- Strengthening urban adaptability
- Social engagement for shaping resilient cities

## TRACK 5

**Uniqueness and connectivity.  
Al-Baraha: unlocking urban  
futures**

- Practice: The role of designers and planners goes beyond large scale concepts and architectural morphologies.
- Unlocking multi-scale approach to spatial design - unlocking potential for urban resilience.
- Connecting holistic knowledge for unique places - transdisciplinary approach to placemaking integrating climate change awareness: Climate change is by no doubt one of the century's biggest challenges existing and new cities face as they grow.
- Tools - how new tools, and planning and design methodology (parametric design, digital twins, etc.) can help complex urban systems become resilient, sustainable, vibrant and liveable.



## TRACK 2: Well-being and health. Al-Fereej: caring for living conditions

Al-Fereej is the colloquial term used in the Gulf dialect to describe a neighbourhood. The term is highly flexible, and can refer to the street itself, the community you are a part of, or the district you are located in. Fereej can also describe the way in which families in the Gulf have typically oriented themselves in urban living, typically living in dense tribal clusters of courtyard houses. The term is iconic to Gulf living, and many neighbourhoods in Qatar and its surrounding states have Fereej in their name, such as: Fereej bin Abdulaziz, Fereej bin Omran, Fereej Kulaib, and more. Fereej style living still exists and thrives in Doha and its suburbs and helps elevate the quality of life experienced by urban residents in Qatar.

The call is guided by ideas on: the integration of well-being within urban habitats, with reference to innovative and emerging concepts that can contribute to the unlocking of planning. Problem-oriented and case study-oriented proposals will be desirable as a way to extend research activities to bridge gaps between theory and practice.

The ultimate goal is to help decision makers in making choices about economic, environmental, urban and demographic options.

In the long term, the suggestions proposed by the valuation of well-being and health should help to influence economic dynamics, to suggest spatial planning measures through urban planning documents, to enhance the performance of societies and their environment through improved governance and resilience.

Following the current pandemic, what will be the new urban concepts concerning health and well-being? What will we have learned from this pandemic? Will we face a new urban paradigm shift, comparable to the one that transformed our cities over a century ago, known as The Hygienist Movement?

**The sub-themes include but are not limited to the topics of:**

**Public health, healthy cities and cities dealing with lifestyle diseases** (controlling pollutions, access to healthy resources and managing health system responses);

**Pandemic resilient urbanism:** protecting health and quality of living, promoting sport and leisure activities and green open spaces, tending to equitability, minimising risks and threats. According to the World Health Organisation (WHO), 8.2 million out of the 12.6 million annual deaths caused by poor quality environment and habitat are due to non-communicable diseases, primarily linked to air pollution. Stroke, heart disease, unintentional injuries, cancers and chronic respiratory infections are the top 5 causes of environmental-related deaths;



**Laura Verdelli**  
Italy



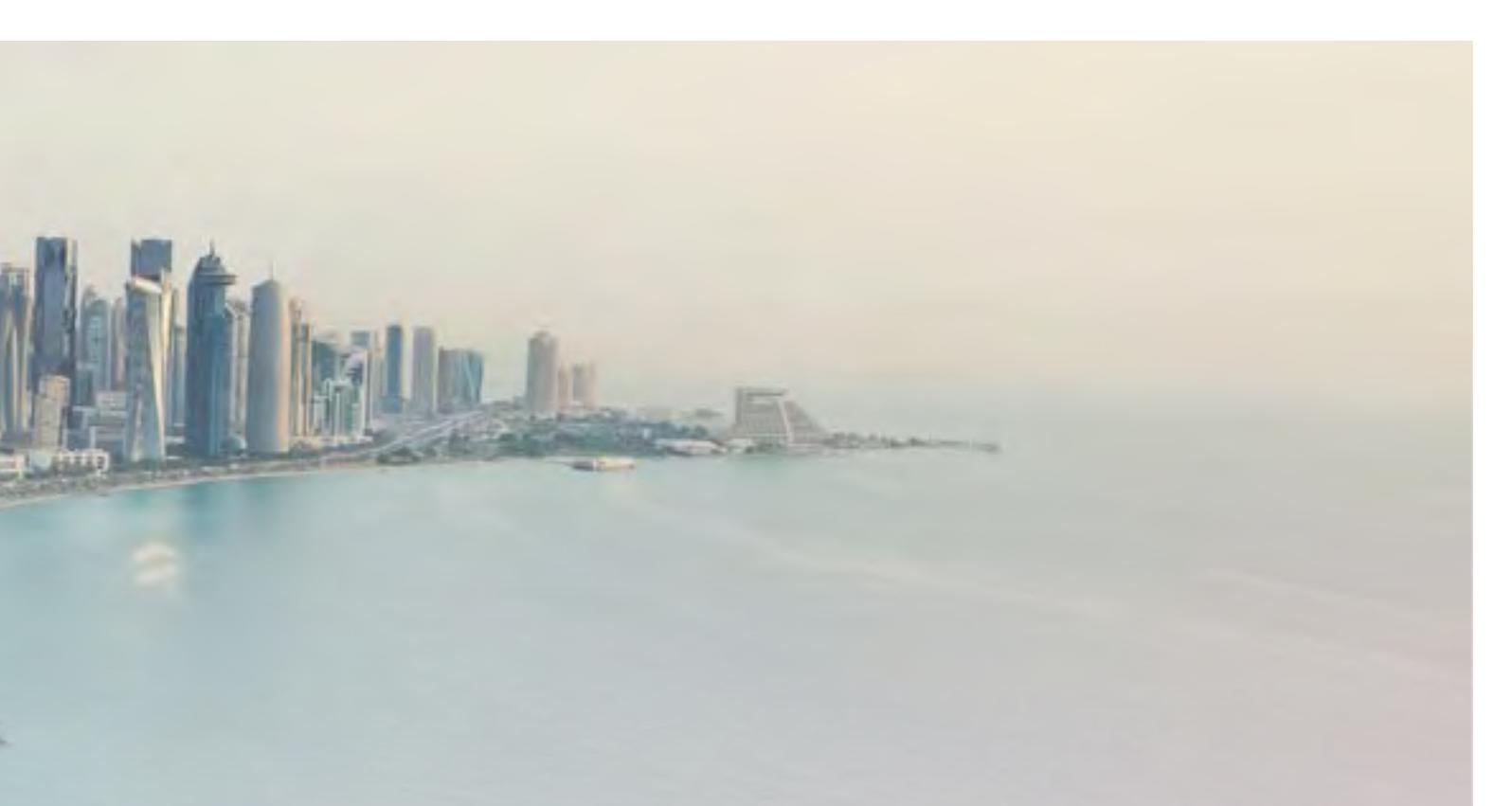
**Serin Geambazu**  
Romania



**Mohuiddin Jamaledin**  
Qatar  
Local Rapporteur

**Food justice and food security.** Inequality of food supply chains, where one, aimed at affluent populations, respects the environment and the producers to yield high-quality food products from local and short supply chains; while the other, aimed at less affluent populations, yields poorer quality, often heavily processed products, coming from far away, produced in disastrous environmental conditions. Health and sustainability issues include accessibility to good food; local and environmentally friendly agricultural production; urban agriculture - including in its social role, etc.;

**Well-being, linked to cultural and environmental issues, exploring methods that can offer operational extensions.** In the economic evaluation of amenities, well-being is placed as one of the fundamental criteria for the evaluation of the quality of life in the context of environmental changes.



**Session 2.1 (Virtual Only)**  
**Spatial planning facing pandemic**

Exploiting the opportunity provided by the ongoing Covid-19 pandemic, this session looks into the possibility to rethink the link between planning and health. How residential patterns could be re-examined as to reorganise neighbourhoods in terms of 'services' at district level, thereby essentially rethinking notions like zoning and the separation of functions. Spatial planning solutions should combine quality offer and relevant response to social demand. If planning was to place greater attention to all spatial levels, residents would be able to enjoy more quality **'living together'**.

**Session 2.2 (Virtual Only)**  
**Urban planning for public health**

Some close links between town planning and public health always existed, to varying degrees, depending on time and place, but rather around measures, still useful today, intended to limit the spread of infectious diseases. More recently, in European and North American countries, facing the epidemic of chronic diseases linked to changes in lifestyles and the aging of the population, the area of intersection between urban development and public health has widened. The following presentations will present how cities can be more favorable to health, in its physical, mental and social aspects.

**Session 2.3 (Virtual Only)**  
**Conceiving spaces for all**

The fight of disabled minorities in the name of equal human rights has made possible to question the design of collective spaces to make them accessible to all. These struggles for accessible spaces have inspired broader reflections on the need to support the development of inclusive societies. This line of thought can be applied to different disciplines and in particular to spatial planning, which can subtly promote a wide range of practices, from social justice to food security. The presentations that follow present reflections on the design of living spaces that increase the level of well-being of everyone, from childhood to old age, whatever the physical abilities or the living standards of people.

**Session 2.4 (in-person session, to be prepared by the workshop coordinators)**  
**Workshop-related**

How to create ActiCity? A city that is built for physical activities? This session will present the best strategies, guidelines and case studies that allow and encourage the citizens to stay physically active and follow a healthy lifestyle. By providing the strategies, structure, design, amenities and features promoting physical activities – people are in the centre and encouraged to move around. It means creating neighbourhoods that are healthy, active and promote well-being.

**Session 2.5 (in-person / hybrid session)**  
**Healthy living/housing**

The two crises combined: covid-19 pandemic and rapid urbanisation raise again fundamental questions about urban living conditions and housing. The following presentations focus on the concepts of healthy living and healthy blocks and provide solutions of renewal and refurbishment of the existing building-stock, in order to achieve urban ecological progress and high-quality development. With a people-centered approach, they explore residential satisfaction with infrastructure or behavior of particular age-groups like the elderly.

**Session 2.6 (in-person / hybrid session)**  
**Healthy living through systemic approach – regional/city level**

A new urban planning logic beyond covid-19 pandemic has to incorporate systemic approach to an urban management perspective taking into account: infrastructure of health, transport, energy supply, water supply, food security, etc. The following presentations explore comprehensive analysis methods and recommendations in terms of design and policy.



# Health, an enduring theme for urban planning

Marco MAREGGI, DASTU/Politecnico di Milano, Italy

Luca LAZZARINI, DASTU/Politecnico di Milano, Italy

## Abstract

*The contribution investigates the relationship between health and planning and describes the impact of the pandemic on the resurgence of health as a topic able to orient urban planning. The first section describes some significant episodes in the planning history of two European countries, England and Italy, to demonstrate that issues of sanitation and health have guided the transformation of cities and have shaped modern town planning since its origins, dated back in late XIX century. In the second section, we highlight a resurgence in the last 30-40 years of an interest in well-being and quality of life by planning policies in Europe thanks to some international movements, the Time of the City and the Healthy Cities. In the section 3 we examine the contribution of cities in reacting to the Covid-19 pandemic by presenting a number of planning strategies, policies and actions implemented by local governments, that have been experimenting with new forms of urban proximity. The final section discusses the extent to which the global pandemic has brought innovations to the debate regarding the relationship between health and planning.*

## Keywords

*Health, Wellbeing, Pandemic, Proximity*

## 1. Introduction

The contribution investigates the relationship between health and planning and describes the impact of the pandemic on the resurgence of health as a topic able to orient planning policies and strategies. Since 2020, due to the Covid-19 pandemic, there has been a growing academic and policy interest to health in the field of planning (Forsyth 2020; Sennet 2020; Pasqui, Vitillo 2020; Moccia, Sepe 2021; Martinez, Short 2021), though little aware of past disciplinary tradition. At the same time, cities from all over the world have been confronting with several transformations and have put in place actions to limit the difficulties encountered in everyone's daily life, which concern a range of aspects, from the individual and family organization, to the health organization, and the use and organization of cities, both in terms of spaces and facilities.

The authors discuss whether the recent debate and the actions implemented have placed health at the center of the planning discourse in an innovative way or rather have underlined a return to the origins, taking up from planning history, especially from the modern town-planning era, traditional topics and approaches.

This tradition concerns the role that health has played in orienting modern town-planning since its origins, as also pointed out by some urban historians (Ashworth, 1954; Benevolo, 1963) who argued that the statutory town-planning is an evolution and development of the sanitary rules and regulations.

The contribution is a theoretical survey conducted through a literature review alongside the inter-

disciplinary research project *Coltivare\_salute.com*, funded by Politecnico di Milano, alongside the program “Polisocial Award 2020” which has the objective to investigate the community health services in Italy and their implications in both sanitary organization and urban planning and design (Ugolini, *forthcoming*). It is structured in three sections. The first section describes significant episodes in the planning history focusing on two national contexts, Italy and England, for demonstrating that health and sanitary objectives have oriented town planning since its origins, dated back in late XIX century. Moreover, after the II World War, the issue of health faded into the background, though it entered in a marginal way in some studies and municipal planning policies. In the section 2, we highlight a resurgence in the last 30-40 years of an interest in well-being and quality of life by planning policies in Europe and, more recently, by studies which redevelop the hygienist approaches. In the section 3, we examine the contribution of cities in reacting to the Covid-19 pandemic by presenting a number of planning strategies, policies and actions implemented by local governments, that have been experimenting with new forms of urban proximity. The final section discusses the extent to which the global pandemic has brought innovations to the debate regarding the relationship between health and planning.

## 2. Planning cities for answering to health problems

According to Benevolo (1963), modern town-planning is the outcome of a fertile combination between techniques and ethics for correcting and repairing the imbalances of the industrial city. In itself problems of hygienic shortage, water supply, absence of sewers, accumulation of waste, excessive building density, lack of ventilation, absence of open spaces, overcrowding and high mortality are concentrated. From the mid-1800s, this sanitation deficit was no longer accepted as inevitable. A “confidence in a better future” begun to spread in Europe (Benevolo, 1963: 53) and a range of laws and devices were put in place to find a remedy for what Calabi (1979) named the “evil-city”.

In England, before the rest of Europe (Geddes, 1915), the urbanization processes generated by the development of industry led to a rapid demographic increase and a reduction of the average expectation of life at birth. Since 1831 numerous cholera epidemics took place in the country and they pushed the governmental intervention on three fronts which, according to the authors, characterize the English context.

Firstly, *commissions of inquiry* were set up to survey and measure the conditions of the working class and their dwellings. In fact, the epidemiological study of 1854 identified the sources of cholera and led to the construction of the main London sewer system, completed in 1865 (Benevolo 1963; Johnson 2006). In England, this attention to produce surveys and give recommendations to decision-makers will be a constant over time.

Secondly, a number of *philanthropic and entrepreneurial initiatives* intervened both in degraded and unhealthy urban neighbourhoods and *via* new expansions, to improve the housing conditions of workers. These limited interventions were geographically circumscribed in urban and rural areas and they paid attention to preserve public budgets as well as the private property, ensuring a commercial return for developers (Ashworth 1954).

Thirdly, the creation of a *hygienic legislation* led to the construction of the housing areas just mentioned and the provision of the needed infrastructural services: water networks, sewers, solid waste disposal, road paving and, successively, collective facilities such as schools, hospitals and open spaces for recreation. These were sanitary engineering works which responded to the hygienic deficiencies of cities. The transition from the sanitary legislation to the town-planning one, the latter endowed with a comprehensive and systematic character, happened without discontinuity when coordinated action schemes will be needed to intervene on existing urban fabric or to create new settlements.

The 1<sup>st</sup> *Public Health Act* (1847) aimed to improve sanitary conditions in the most densely-inhabited neighbourhoods and placed under a single management body the water network, sewers, drainage, sanitation, new pavement and road maintenance, public gardens and the regulation of slaughterhouses and rental houses. With the 2<sup>nd</sup> *Public Health Act* (1875), prescribing building heights and distances and defining the urban and rural health districts, and the *Housing of the working-class Act* (1890), instead focusing on healthcare and subsidized construction, the boundary between health regulations and urban planning rules became more and more nuanced.

Thanks to these interventions, in the late 19<sup>th</sup> century English cities had adequate essential services (water supply and sewers) and a good provision of public parks. These conditions favoured a shift from the action on distinct services towards the radical transformation of the city. The “sanitary movement” reforms gave its way to a “movement for town improvement” (Ashworth 1954: 77) which, on the one hand, regenerated the central districts and, on the other, led people to move in the suburbs, areas characterised by a healthier and low-congestion living environment. The *Garden City movement* became the promoter and supporter of this decentralization proposal, which gave rise in the United Kingdom and abroad to the creation of suburbs and *new towns*.

Also in Italy the definition of modern town-planning regulations started from a health crisis. In fact, the law for city rehabilitation was approved to address the dramatic cholera epidemic that hit Italy in 1884-1885.

Although the infections had a ten-year recurrence, on this occasion some proposals elaborated in past years came to maturity. Quarantines and sanitary cordons were considered obsolete and they were supplanted by vaccinations and “the establishment of a capillary network of controls and prevention tools [..., and] a network of local landmarks” (Zucconi, 1989: 31). The intervention on the health system was accompanied by town-planning and sanitation measures.

The *Law for the rehabilitation of Naples*, later extended to the whole peninsula, established the creation of new sewers (built in 1892) and the water network, the demolition and reconstruction of buildings, the rectification of roads and the construction of new settlements in the suburbs. It also identified the local plan as the administrative device to be elaborated where “the health conditions of dwellings make its need manifest” (art. 18, quoted in Zucconi, 1989: 49).

The *Code of Hygiene and Public Health* (1888) among its measures established that the mayor had the right to declare uninhabitable an unhealthy or unsafe dwelling, and to declare new buildings habitable, based on hygiene requirements.

In 1893, a financial crisis and serious irregularities interrupted the work. This started again only few years after and in reduced forms, bringing to conclusion the facades of the Rettifilo (Corso Umberto I), which however hide the decay of the so-called “bassi” neighborhoods of Porto, Pendino, Mercato and Vicaria (Russo, 1960).

It is relevant to highlight that the failure of the Naples rehabilitation plan had consequences for the evolution of Italian town-planning (Zucconi, 1989). In fact, the positivist investigations of hygienists on sanitary conditions, on the one hand, supported the interventions, and on the other justified the demolition of the historic centre. Similar arguments supported the evictions in Genoa, Milan and Turin. Furthermore, the restoration or sanitation techniques (road alignments, demolitions/reconstructions, network services), as well as expropriation and building configurations aimed at public hygiene became undisputed tools and parameters, established on objective bases, and became part of the building regulations. Hence, the measures of the three-year period 1885-1888 marked a strict relationship between health and intervention on the physical city, indicating that the transformation of the urban space appears as “a *technically treatable question*” (Zucconi, 1989: 20).

Thanks to the fertile link between health and urban planning, the transition from the monument-city to the service-city took place at the end of the 19<sup>th</sup> century (Gravagnuolo, 1991). The English and Italian cases show that the first town-planning regulations and devices were oriented to solve endemic hygienic problems, and the town-planning discipline was born from the need to alleviate the unhealthiness generated by urbanization processes. Furthermore, it should be recognized that these health-related legislative measures, together with other instances, made it possible to carry out major transformations also in other European and North American cities. For example, in Paris, Hausmann's interventions were allowed precisely by the law for the rehabilitation of unhealthy houses of 1850, which extended the expropriation from public works to the rehabilitation of unhealthy neighbourhoods.

Lastly, it is useful to mention an Italian episode that highlights a loss of interest of the topic of health in urban planning.

After the II World War, in Italy there were still unhealthy urban pockets, of backwardness and misery, in the smaller towns and marginal areas. These contexts become the field of activity for territorial planning, together with statistical, economic, social and anthropological studies (Camera dei Deputati, 1951-1954). In this phase, the relationship between health and urban planning turned towards the social sciences. In Grassano in 1954, Quaroni investigated the different living conditions in relation to the physical forms in which they occur (Lanzani, 1996). In the local plan of Assisi of 1955-1958, the survey on the conditions of homes and families took into consideration hygiene and health parameters with respect to the environmental conditions, basic services, dwellings and family composition. These parameters are able to identify the extent, spatial distribution and priority of the redevelopment interventions (Astengo, 1958). These are relevant experiments of morphological, urban and social analysis with a focus on the health of families, communities and the built environment, though little replicated in future planning.

### **3. From health to wellbeing**

With the rise of living standards in Western countries, the topic of health has waned in urban planning. During the last 30/40 years in Europe, the interest in well-being and quality of life has increased.

During the 1990s, in various European countries, a range of public policies were introduced to reorganize the times of cities for promoting individual and social wellbeing (Mareggi, 2002). Started in the 1980s, urban time policies were centred on the coordination of urban timetables, particularly those of public and private services, in order to make citizens' daily life easier. In Italy, hundreds of municipalities, few metropolitan cities and networks of small and medium towns have been involved to promote these kinds of policies. The time-space approach has been disseminated also in other European countries: large cities and companies in France, few medium cities and landers in Germany, Barcelona and some other cities in Spain, more than one hundred projects in the Netherlands. In 2010 the Congress of Local and Regional Authorities of the Council of Europe has adopted a recommendation (Rec 295/2010) and a resolution (Res 313/2010) in order to foster local time policies (Mückenberger, 2011).

The policies produced have different relevance regarding services such as: synchronization/desynchronization of school timetables, coordination of the shops' opening hours, cooperation with the District Social Plans and the plans which define the system of services, smart working, harmonization of the events' calendar, coordination of the tourist services, sustainable mobility for the reduction of pollution generated by transports, accessibility and temporal usability – also online – of services. They also have different spatial scales (a neighbourhood, an urban area or the entire city) and different impacts on citizens and on the organization of services.

These policies started from individual problems of work-life balance but looked for urban-scale solutions for the services offered to citizens. In fact, they acted on the urban and social environment and on the timetable of public and private services to enhance the opportunity of choice of citizens. Indeed, these

policies referred to a collective action as local governments treated individual and everyday problems with joint responses attentive to different citizens' target, trying to favour individual wellbeing.

In the same years, solicited by the Ottawa Charter (1986) of the World Health Organization (WHO), the *Healthy cities movement* was established. This European network was launched in 1987-88 and in 2015 it counted 1400 European cities and over 30 national networks (Tsouros, 2015). This movement focuses on the influence of the urban environment on health, which cannot be guaranteed just by health services. According to the model by Whitehead and Dahlgren (1991), the "determinants of health" are a complex system that concerns the predetermined individual components (age, sex and hereditary factors) and other four levels: individual behaviour and lifestyle factors, social and community influences, living and working conditions, and general socio-economical, cultural and environmental factors. These levers of people's health have allowed to promote the emergence of the so-called *healthy urban planning* (Barton and Tsourou, 2000), which pushes cities to develop and strengthen the integration between different policies and sectors of the public administration to improve health and quality of life in the urban environment.

The interventions emerged so far range on many fronts: the regeneration of existing settlements; the "compact growth" promoting proximity; the "focused decentralization" implementing self-sufficient poles in terms of job and services; the "linear concentration" along the main public transport corridors; the transportation reducing car use and promoting walking, cycling and transit; the mixed-use neighbourhoods; the open spaces favouring ecology, sociability and individual motility (D'Onofrio and Trusiani, 2018). By summarizing a vast literature, the authors point out the strengths and the limitations of this movement, including the weak capacity – if not in a few cases, such as in UK – to influence urban plans, and the partiality, fragmentation and contradiction of urban redevelopment interventions (such as in Scotland). However, the collective work of the movement has indicated the need to move from small-scale and demonstration projects to long-term, integrated and cross-sectoral policies, as well as the strategies of the Health Impact Assessment (such as in Finland from 1994).

The two movements, *Time of the city* and *Healthy city*, marked a shift of interest in urban planning towards the treatment of well-being in cities (Duhl, Sanchez, 1999; Mückenberger, 2011). They have in common the fact that they were both real-world wellbeing laboratories for developing and incubating innovative initiatives and exploring the role of urban environment in determining the conditions of well-being, assuming it as at the top of a pyramid of health gradient (Barton, Tsourou, 2000). Finally, they recognized the local level as a privileged space for experimentation and the local governments having a key-role in creating supportive environments for healthy living.

If the two movements shown above focused on health as wellbeing and quality of life, a line of studies with a scientific perspective and roots in medical studies has recently emerged: the *urban health studies*. These start from the sanitary sector and relate health problems to the impact of the physical and social environment on individuals. Thus, urban environment is observed through "health prism or lens" which requires researchers to use a range of diagnostic assessments as well as intervention approaches. Also, it includes adequate indicators and scales and uses quantitative modeling that helps to estimate risks and benefits (Fehr, Capolongo, 2016).

#### **4. Cities reacting to the health emergency**

In 2020, the pandemic has brought the issue of health back to the center of the debate on the future of cities. Although in the last 20 years several pandemics spread around the world (e.g., the SARS in 2002 or the Ebola in 2014), the global reach and the degree of infectivity and mortality of the Covid-19 pandemic have deeply impacted the development of cities. The interventions implemented respond to the objective of adapting cities to the new health risk, promoting new forms of proximity in the daily life of citizens, and involve various operational areas, ranging from the redesign and re-functionalization of urban spaces,

especially public ones, to the adaptation – and in some cases the profound transformation – of the forms of management and organization of public services and facilities, with particular attention to sanitary services.

A model that gained a wide success and diffusion in the city strategies put in place by local authorities to react to the pandemic is the 15-minute city model, a concept developed by C. Moreno and introduced in the campaign “Paris en commun” for the re-election of the mayor of Paris, A. Hidalgo. According to this model, citizens’ basic needs such as work, shopping, health and recreation should be available within few minutes from their home (Weng et al., 2019; Pisano, 2020; Moreno et al., 2021). Though the model is not fully novel, as some of its assumptions were already present in 1920s’ town planning (Howard, 1922; Perry, 1929) and some of its features were previously applied in some recent city strategies and plans (e.g., Melbourne, Portland and Singapore), it has surely found a comprehensive application in Paris. The objective is to encourage citizens to reduce long-distance displacements and to use functions and services present in their neighbourhood, and to access them by foot or bicycle. Moreover, emphasis is placed on establishing in public and semi-public spaces different functions, making sure that they are used throughout the day, and on encouraging and supporting small stores to settle down in neighbourhood streets such as food groceries, bookshops and cafes (O’Sullivan, 2020).

The success of this model is witnessed by its extensive world-wide application, even though with significant variation. One example is the case of London, where the mayor has launched in May 2020 the “Streetspace Plan” which gave space to new cycle lanes and wider pedestrian pavements to enable social distancing and reduce the pressure on metro and buses (London Assembly, 2020). A more strategic-oriented case is found in cities like Milan and Birmingham. In the first case, the Municipality released in April 2020 the “Milan 2020 Adaptation Strategy”, a detailed document which draws the recovery phase of the city after the pandemic by directly referring to the 15-minute city model, both in terms of balancing the inter-neighbourhood differences related to number of services, applying a notion of territorial cohesion already part of local policy discourses (Lazzarini, Pacchi, 2021), and of differentiating the temporal organisation of public services, with the desynchronization of entry and exit times (Comune di Milano, 2020). In the case of Birmingham, the City Council launched in January 2021 the “Our Future City Plan. Central Birmingham 2040” which directly refers to the model by proposing a vision for the city made of a network of 15-minute neighbourhoods. It uses the image called “City of Centres” to underline the need to promote a network of centres and neighbourhoods, each with its own specialism and character, offering a range of amenities for local living and working (Birmingham City Council, 2021). Another interesting case is found in Oakland, where the city administration has elaborated the “Oakland Slow Streets”, a program to support safe physical activity and alleviate overcrowding in parks and public spaces by closing to traffic certain local streets. The program is made of two design devices, the “Slow Street Corridors”, soft street closures to give local streets more space for physically-distant walking, biking, and other physical activities and to alleviate crowding on sidewalks, and the “Slow Street Essential Places”, temporary traffic safety improvements at pedestrian crossings to enable a safe access to essential services (City of Oakland, 2020). A more radical approach is taken by the “2024 Urban Mobility Plan” of Barcelona which explicitly takes the commitment to reduce by 2024 the use of private vehicles from 26 to 18%, favouring a mobility based on walking and public transport (Ajuntament de Barcelona, 2020). One of the solutions adopted to achieve the plan’s objective is the Superblock model, an innovative land-use intervention applied to the Cerdà’s ensanche made of an orthogonal grid pattern of approximately 400sqms cells, which allows to provide the city with a network of local roads accessible primarily to active transport (walking and cycling) and secondarily to residential traffic with a maximum speed of 20km/h (Rueda, 2018). As reported by Mueller et al. (2020), there are currently 3 Superblocks implemented in the city, while other 6 are planned by the City Council and the extensive application of model foresees the creation of public green open spaces in the areas reclaimed by cars.

As far as the new forms of organization of health services are considered, a significant case is the new Strategic Plan of the Metropolitan City of Turin, “Turin, Augmented Metropolis” (2021-2023), which directly refers to the contents of the Italian Recovery and Resilience Plan (NRRP), approved by Parliament in early 2021 to manage the EU funding of the “NextGenerationEU” recovery program (Presidenza del Consiglio dei Ministri, 2021). The interest of the Plan lies in the strengthening of the territorial dimension of health services, ensuring a suitable access throughout the metropolitan area (Metropolitan City of Turin, 2021). The plan puts in place two devices, the “health centres” (Brambilla, Maciocco, 2016) and the “community nurses”, working synergically in the territory, in order to guarantee, on the one hand, to local communities a health facility serving as an easily accessible reference point for patients with minor pathologies and, on the other hand, continuous and quality home care for fragile subjects with chronic diseases and for people forced to stay at home, thus preventing the risks of isolation. The widespread and adaptive (also during emergency phases) localization of operators and community health facilities in the territory, rather than in major poles (specialized hospitals) envisaged by the Turin Plan responds to the need to shape a stronger relationship between medicine and the community. This relationship, indicated for the development of health organizations, can also become a guideline for the planning of public services.

Therefore, those mentioned are planning proposals that intervene mainly through actions focusing on the management of services and open spaces, rather than through land-use policies and plans. Only in a marginal way, they re-draw the city as a whole and the healthy city principles and tools become mainstream in statutory planning strategies and plans.



Figure 1. From top left to bottom right. A view of Rue de Rivoli in Paris after the creation of a multi-lane biking highway. One of the entrances to Les Corts Superblock in Barcelona. The “Ney Ave Slow Street” in Oakland (California). One of health centres (“Case della Salute”) in Turin (Italy). Source: Google Earth.

## 5. Conclusion

The evolutionary framework outlined regarding the relationship between health and urban planning shows the transition from an initial phase in which the first has a propulsive role for the latter (1850-1900) to a second phase in which health problems subside (post-1945). This was followed by a period of innovations in which urban planning has interpreted the environment as a determining factor for health (post-1990). Precisely this phase gives concreteness in the process of city transformation to the new public health paradigm proposed by the WHO (Constitution, art. 1, New York, 1946), in which “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Today the pandemic has re-proposed the centrality of the city-health relationship, which brings into play in urban planning health-related components, environmental aspects and aspects of construction of a cohesive and aware community. Do these recent proposals, and the related debate triggered by the pandemic, bring innovations or revive and enhance the acquisitions of urban planning of the modern origins and of the last 30/40 years?

The measures for managing the pandemic (sanitary cordons, vaccinations, etc.), as well as the launch of ambitious urban projects that question consolidated frameworks, show parallels with some attitudes and interventions of the second half of the 19<sup>th</sup> century. Similarly, the planning of health facilities organized in a territorially balanced way, envisaged in the Italian NRRP, presents similarities with the proposal to establish a capillary network of local sanitary control and prevention facilities, suggested by the Italian health and urban renewal legislation of 1885-1888. Here, the innovation concerns a greater link with the local community and the integration between different services.

Moreover, the importance of the local scale of intervention and of the local governments managing it, is relevant today as it was in the past strategies, actions and planning tools discussed in previous sections.

Finally, the health crisis has reopened the debate on the compact city model, already object of discussion in its contribution to the environmental sustainability (Kjærås, 2021), re-proposing for the post-pandemic the spatial model of self-sufficient decentralization and the 15-minute city. Also in this case historical elements are present, as many are the relationships with the XX century's *Garden City movement* or the decentralized centralization of the *Healthy City* movement. Nevertheless, the reflections concerning the critical relaunch of these models seem to be scarce, while the proposals appear to be driven more by necessity than by a thoughtful recovery of past experiences.

## Credits

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