Innovation for urban health

Policy brief
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Innovation for urban health: policy brief

This policy brief is part of a broad effort by the World Health Organization (WHO) to support strategic reflection among urban health decision-makers in Member States. The brief is one of four – each focusing on a cross-cutting theme: generating and working with evidence; governance and financing; innovation; and partnerships and participation. Collectively, these represent the essential “means of implementation” that set the stage for a strategic approach to urban health. The series aims to inform national and subnational decision-makers and relevant technical staff about actions that can foster such an approach.

Protecting and promoting people’s health in urban environments is a pressing challenge for national and subnational governments everywhere. In over two-thirds of countries, most people live in cities, and even countries that have yet to reach this threshold are rapidly urbanizing (1). Meanwhile, urban populations continue to increase in absolute and relative terms worldwide – including in slums (or other informal, unplanned, unregistered, or underserviced neighbourhoods), which today are home to more than a billion people (2). While cities typically offer health and economic benefits and a favourable environment for urban health action, they also pose unique risks and challenges. In fact, while they have become healthier places overall, many avoidable health risks, harms, and inequities persist in cities around the world. In part, this is because recent urban health practice has often focused on singular health outcomes, sectoral interventions, or vulnerable groups, without incorporating actions into an overarching, holistic approach. While focused initiatives can, and often do, secure real health gains, they risk missing important systemic effects arising from the complex nexus of diverse sectors, actors, and environments interacting in urban areas. This can give rise to inefficiencies, unanticipated effects, diminishing returns, and other adverse outcomes. Only through a strategic, multi-sectoral approach,
coordinated across national and local governments and rooted in the values of health equity and justice, can decision-makers realize the full potential of cities and secure urban health for all.

**Innovation for urban health**

In the complex, constantly evolving realm of cities, innovation is a cornerstone of a strategic approach to urban health. Innovative solutions are regularly needed to safeguard and promote health in the face of evolving, emerging, or unforeseen challenges associated with urban complexity. Moreover, innovation – technological, sociocultural, and institutional – is essential for continuous improvement in health and well-being for all.

WHO defines a health innovation as “a new or improved solution with the transformative ability to accelerate positive health impact”. More broadly, innovation, as addressed in this brief, is the process by which new ideas, methods, or technologies are generated, evaluated, and applied to existing and emerging problems in urban health.

Governments can strengthen innovation for urban health in many ways; for example, decision-makers can support the development of specific innovations, foster the process of innovation, and focus innovation on the most pressing urban health challenges and most vulnerable groups. In some cases, the public sector can itself be a critical innovator, but in many others, its role is to create the enabling conditions within which healthy urban innovation by communities, civil society, and the private sector can flourish. Although innovation often emerges during crises, it can also be proactive, anticipating and even averting imminent health challenges. It is also important for resilience and prosperity: an innovative city, nation, or society has the capacity to plan strategically, respond to shocks and take advantage of new conditions.

Innovation for urban health can take many forms, including public capacity expansion, changes in norms or institutions, new commercial ventures, scientific or technological advances, novel social groups or processes, or tinkering with existing urban features, among others. For example, mobile phone e-health apps, modal transport shifts, urban heat action plans, and participatory budgeting schemes can all

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2 See, e.g., WHO Regional Office for the Western Pacific (2024). Regional Health Innovation Strategy for the Western Pacific (3)
be important innovations in particular situations – whether because they introduce a tried-and-true technology or intervention where it hasn't been used before, take advantage of novel implementation processes or partners, or engage with or call attention to health in original ways. Innovation can also act at different scales (5), from micro-level change – e.g., the substitution of a more effective or healthier technology in particular situations (e.g., exchanging stoves that burn wood or coal for clean cookstoves) – to changes with macro-level societal implications (e.g., the adoption of a Health-in-all-Policies approach across national government). Innovations necessarily interact with the existing fabric of urban life. “Softer” management and policy interventions are often more immediately feasible and affordable than the development and introduction of new technologies, and much more so than significant infrastructural and design modifications—yet each of these can have significant benefits for health and other goals and should be part of a broader approach. Ultimately, strategic objectives and context determine both the range of possibilities for innovation and what is considered innovative.

Managing innovation risks

Because innovation, by definition, involves novel processes, actions, ideas, and/or technologies, it also entails uncertain outcomes and sometimes risks. A familiar example is the rollout of new, lifesaving medical treatments, which nevertheless requires processes to detect and manage potential adverse effects. In the same way, interventions to improve the urban built environment can modify citizens’ behaviour or residential dynamics in ways that promote or imperil health; new processes can lead to changes in labour markets, with some stakeholders gaining and others requiring support; institutional innovation can have unanticipated effects on how government functions; and groundbreaking policies can score political wins or losses – just a few of many potential impacts. In each of these cases, the benefits can be transformative, but governments should take action to anticipate and manage risks.

Fostering innovation generally requires novel government approaches, for example, allowing or encouraging risk-taking within prescribed boundaries; accelerated timeframes for institutional processes (e.g., expedited review procedures) and interventions; or exceptions or changes to existing policies, regulations, or norms. It is essential that innovation to improve the health and well-being of urban residents
does not create new harms. In particular, it should always account for vulnerable or excluded groups and avoid exacerbating existing inequalities, for example, by offsetting any adverse impacts. Indeed, general population improvements coupled with health equity and justice must be at the core of innovation for urban health. This means that not only should risks be outweighed by potential benefits, but safeguarding mechanisms must be robust and allow for swift recognition of potential harms and corrective responses. Moreover, anywhere public sector funds are involved, the value-for-money of a novel intervention must be compared with existing ways of working. National and subnational governments that navigate these risks effectively are well-positioned to reap the abundant rewards of innovation for urban health and a range of other societal goals.

The purpose of this brief

This policy brief reflects and offers guidance on how national and subnational governments\(^3\) can catalyse and capitalise on social, technological, and institutional innovation for urban health, including by maintaining a flexible, capable, and innovative public sector and supporting other sectors and communities. It draws on existing international guidelines, academic literature, and insights from a participatory workshop involving experts in research, policy, and practice. The brief is primarily intended for national and subnational decision-makers and their technical staff.

The recommendations and associated supporting actions highlighted below are intended to be complementary and iterative, in line with an integrated, constantly evolving vision for improving urban health. Given substantial variation in needs, capacities, opportunities, and arrangements for fostering innovation within and across countries, this guidance is not intended to be prescriptive, but rather to serve as a starting point for adaptation to local city and country contexts. Not all items will be immediately or fully implementable everywhere, and sequencing will vary with local conditions. Additional resources that readers may find useful for advancing some of these recommendations in their work are available in the WHO Urban Health Repository.\(^4\)

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3 In this brief, “subnational governments” is used to represent a variety of governance arrangements at various levels; it always includes local, municipal, and city governments, but the broader term is sometimes used to improve clarity and readability.

Recommendations

1. Cultivate an innovation ecosystem for urban health

Innovation benefits greatly from cross-fertilization of ideas and mutual learning among diverse stakeholders. Together, the complex system of actors, activities, resources, and relationships that allow novel ideas to come to fruition constitute the innovation ecosystem. National and subnational decision-makers can cultivate an innovation ecosystem for urban health by supporting and engaging many kinds of stakeholders in a culture of innovation, removing barriers and providing incentives, creating consistent and reasonable rules (e.g., standards, regulation), and ensuring that resources and opportunities are available.

To grow an innovation ecosystem:

- Adopt an urban innovation strategy consistent with broader urban health plans, allowing for effective policy integration. An urban innovation strategy should articulate short- (e.g., annual) and long-term goals, be explicitly linked to the institutional and logistical mechanisms that support urban health governance (e.g., legislation, funding), and be rooted in principles of human rights and health equity.

- Identify and replace norms, standards, and regulations that are outdated, no longer fit for purpose, or that impose excessive bureaucratic or logistical burdens (e.g., red tape) with a balance of flexible rules to support experimentation and innovation and more rigid rules to provide clarity, protect health and other human rights, and guard against perverse incentives.

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5 Granstrand and Holgersson provide a more formal definition of innovation ecosystem as “the evolving set of actors, activities, and artifacts, and the institutions and relations, including complementary and substitute relations, that are important for the innovative performance of an actor or a population of actors.”

6 These may take different forms, particularly at national versus local scales; for example, urban health plans can be integrated in city-level master plans or national-level economic or development strategies, or in dedicated national strategies for urban health. See, e.g., WHO (2023). Governance and Financing for Urban Health.
Support innovation-generating domains (e.g., science, social entrepreneurship), providing, as needed, hard and soft infrastructure (e.g., ICT, venues for interaction), financial support, skills development, and technological and knowledge resources (10).

Promote a culture of innovation that engages all urban health stakeholders (including, among others, national and local governments, practitioners and professional associations, private enterprises, academics, communities, and civil society). Conduct targeted and collective outreach to stimulate innovation, mapping the priorities and capacities of distinct groups and recognizing the varied roles and creative potential of all stakeholders (11). Ensure that all segments of society (e.g., young and older people, women, excluded groups of all kinds) are linked to opportunities to contribute to innovation.

Engage urban health stakeholders in devising collective solutions for urban health challenges by: creating opportunities (e.g., meetings, networks, platforms) for dialogue and exchange of ideas and information between stakeholders within cities and between cities themselves; promoting reciprocal feedback across sectors and scales; providing opportunities for mutual learning; and encouraging collaboration (11). Involving those with lived experience of urban health challenges in such discourses can be especially valuable.

**HIGHLIGHT**

The city of Utrecht, The Kingdom of the Netherlands has adopted “healthy urban living for all” citizens as an overarching, long-term goal. Embodied in the Utrecht Spatial Strategy 2040,7 its vision encompasses a wide-range of urban health-promoting interventions on themes as varied as green and blue space, transport, housing, mixed-use development, sustainable energy, an inclusive social environment, and others. Innovation is deeply embedded in the city’s urban health planning – Utrecht has an explicit innovation strategy focused on engaging and building connections among urban stakeholders, building capacities, and developing resources to support innovation (e.g., urban data, funding) (12). Efforts like the Social Impact Factory, aimed at strengthening the innovation ecosystem by building cooperation among social entrepreneurs and increasing their visibility, the use of the city’s considerable procurement budget to leverage innovative solutions for sustainability, and the development of an open data platform to foster new ideas and approaches, are among many that speak to Utrecht’s commitment to innovation for urban health (13).

7 Gemeente Utrecht. Our vision for Utrecht in 2040 (https://healthyurbanliving.utrecht.nl/our-vision-for-utrecht-in-2040/)
2. Create or designate dedicated spaces for urban health experimentation

Experimentation is vital to innovation; it allows novel ideas and interventions to be tested and compared; supplies valuable information on the practical challenges of implementing new solutions in specific contexts and on their impacts; and supports the refinement of existing approaches. Experimentation can highlight actual or perceived risks and show how they can be mitigated, operating as a risk management tool and helping overcome resistance to change. Experiments can also be powerful drivers for generating hypotheses and original ideas. The accumulation of insights from experimentation, their implementation, and their testing in real world situations provide an important stimulus for ongoing innovation while improving outcomes and building capacities - and thus accelerating development.

Dedicated spaces where experimentation is allowed, encouraged, and supported can advance both targeted (i.e., geared toward the development or advancement of a specific solution or the resolution of a specific problem) and ad hoc (i.e., supporting innovative processes more generally) innovation. An “experimentation space” in this context can be a physical space, such as an innovation hub that gathers innovators together under one roof, or a geographic domain, like a neighbourhood formally designated as an innovation district (or existing informally as a nexus for innovation, as in many slum communities). It may also involve short- or long-term “action spaces” relating to a specific sector or for a specific issue, such as a hackathon or innovation challenge to resolve an identified problem. Such spaces can support activity by a wide range of stakeholders, including communities, social value-oriented businesses, civil society organizations, and academia.
To foster experimentation for urban health:

- Assign relevant authorities\(^8\) the task of establishing and managing experimentation spaces for urban health. This includes identifying promising circumstances (e.g., physical or social contexts where innovation is already happening or where it could be productively encouraged, or challenges that are potentially responsive to experimentation); defining rules (e.g., specialized regulatory or monitoring processes for innovation challenges) and boundaries (e.g., the limits of innovation districts); catalysing cooperation among multisectoral actors; and monitoring and evaluating progress.

- Ensure that experimentation spaces respond to societal (or local, as relevant) needs, not merely market signals or commercial interests, and that they reflect local diversity and conditions to ensure that novel solutions are relevant (14). Authorities should clearly articulate the high-level goals that such spaces are intended to achieve and how this would address urban health priorities.

- Make it easy to participate in innovation, reducing regulatory, operational, and other barriers (e.g., rigid hierarchies, red tape) within experimentation spaces and adopting responsive management approaches (e.g., budgets that can be flexibly allocated to emerging needs). Resources should be allocated to minimize bottlenecks and administrative delays. This may be especially beneficial in contexts where barriers to participation are more prominent, as in many informal settlements and developing country contexts and for excluded or otherwise vulnerable groups.

- Ensure that experimentation spaces are subject to rigorous, timely monitoring and oversight and compliant with local and international ethical standards\(^9\) to avoid unintended health risks or harms.

- Design experimentation spaces to foster (and take advantage of) co-creation and cross-fertilization across sectors, domains, and scales, where feasible, enlisting existing collaborative networks and civil society structures (10), as well as a wide range of stakeholders with different experiences and viewpoints.

- Document and disseminate opportunities and experiences relating to experimentation spaces transparently to promote widespread, inclusive participation and broad acceptance.

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\(^8\) At subnational or national scales, such authorities may reside in the health or planning sectors or in other dedicated institutions in accordance with local governance and overarching urban health strategies. Regardless of the specific location, experimentation spaces should avoid siloed approaches, examining a wide range of problems and potential solutions through a health lens.

\(^9\) See, e.g., WHO (2024). Global Health Ethics (https://www.who.int/health-topics/ethics-and-health)
Over recent decades, the city of Monterrey, Mexico faced a set of paradigmatic urban challenges: car-centric development leading to urban sprawl, congestion, and air pollution, and growing drug and violence problems, as in many regional cities. Starting in 2013, a university-led revitalization effort resulted in the creation of DistritoTec, a globally recognized urban regeneration and innovation zone (15). Binding together 24 neighbourhoods into a cohesive district and recruiting stakeholders from a range of domains – including business, communities, arts, and science – DistritoTec has led to city-wide transformations that affect health, including “Increased access to public space and green space, walking and cycling, business activity, and social cohesion through cultural and community programming and participatory governance” (15). A key element in its success was its recognition by the municipality as a “special development zone under Mexican law”, opening the door to experimentation and innovative redesign of the urban fabric (15). As of 2023, the second phase of DistritoTec is underway, including the creation of a multidisciplinary innovation space which will bring together academia, industry, and society to “[generate] scientific and technology-based knowledge to provide solutions to the challenges facing humanity” (16); a physical and virtual platform for the promotion of innovation in water, sanitation and solid waste in Latin America and the Caribbean,” supported in part by the InterAmerican Development Bank 10; and a greater focus on the role of art in unleashing scientific creativity and discovery. (17)

3. Develop processes to identify and scale up promising, novel solutions

Providing a clear pathway for scaling up promising solutions for urban health (i.e., solutions that have demonstrated positive health impacts and the potential for significant health and economic value at scale) promotes stakeholder investment and cooperation, reduces wasted effort and resources, and speeds implementation. “Solutions” in this context may refer to specific, replicable policies, interventions, or technologies or to the processes that gave rise to their conceptualization, implementation, and adoption, from which others can learn. Effective, sustainable scaling requires mechanisms to:

- Evaluate the impacts – intended and unintended, positive and negative – of innovative solutions and their potential value at scale;
- Tailor solutions to new situations (e.g., different-sized cities, novel sets of stakeholders, or new cultural or environmental contexts);
- Expand the coverage or utilization of solutions efficiently (including by taking advantage of economies of scale);
- Mitigate or overcome implementation challenges, including logistical/technical barriers and stakeholder resistance (14);
- Monitor impacts transparently, ensure accountability, and make adjustments as needed;
- Navigate policy, political, and bureaucratic environments (e.g., rules and regulations, lobbies for existing practices or competing solutions, red tape);

Governments may play a significant role in scaling up urban health solutions, yet the private sector, civil society, and communities themselves are usually also involved, at times through multistakeholder partnerships. In some contexts, and given appropriate incentives, commercialization can be an effective, efficient way to scale up health-promoting innovations; nevertheless, where commercial interests are involved, due diligence is essential to identify conflicts of interest and safeguard the health and well-being of end users and to ensure the appropriate use of public funds.

Decisions around what innovations to scale should be evidence-based, drawing on health impact assessment, cost analysis, and other tools as needed. They should also consider equity, weighing absolute numbers versus high need among specific groups, where relevant.
This is particularly important in resource-limited contexts, where trade-offs among different interventions must be considered, or where innovations are likely to have differential impacts. Parameters for decision-making in such contexts are critical.

To facilitate scaling of promising innovations:

- Define formal processes to access resources (e.g., funding, technical, logistical, or social support) for scaling up urban health solutions. Ideally, support should be made available for different types of innovation, whether primarily social, technological, or institutional in nature. Likewise, the public and private sectors, civil society, and communities each have unique needs and capacities, and thus require different resources and often distinct mechanisms to foster scaling.

- Base criteria for accessing public resources for scaling on the potential value of solutions for urban health (relying on verified impacts), the demonstrated capabilities of implementers, cost-effectiveness, and feasibility (18). Assessment of feasibility should consider local context (e.g., population health, policy and political environments, socioeconomic and cultural factors, etc.).

- Require proposals for accessing resources for scaling to assess the costs, risks, impacts, and implications of scaled-up solutions. A clear, realistic understanding of the degree and nature of change required to support new solutions is important for setting expectations, allocating resources, and ensuring that scaling is sensible and sustainable.

- Emphasize the importance of considering the potential for scaling in demonstration and pilot projects. Such projects can provide evidence of small-scale impacts or unintended effects, identify essential features for success, and raise awareness and social buy-in. Involving urban health authorities in oversight can facilitate the integration of scaled-up solutions into governance structures and budgets.

- Learn from successes and failures by documenting efforts to scale up solutions. Ideally, monitoring and evaluation of scaling efforts should assess not only the details of interventions and implementation processes but also the form and efficacy of governmental support or incentives (e.g., innovation grants). Insights about implementation and how best to support it should be synthesized and widely shared.

- Use communications campaigns and engagement processes (e.g., events, networks) to increase awareness of promising innovations and resources available for scaling among social and policy entrepreneurs, private enterprises, and urban health champions. Special effort should be made to communicate opportunities to stakeholders in marginalized and informal communities and engage their voices in innovation for urban health.
HIGHLIGHT

Grand Challenges Canada is an innovation-focused not-for-profit funding organization created and funded by the Canadian government with other partners. It seeks to support innovative ideas that integrate science and technology, social, and business innovation, with a significant focus on global health. Its Transition to Scale program supports innovators in low- and middle-income countries, offering direct investment while brokering “smart partnerships that mobilize private capital and domestic public resources to generate scalable and sustainable solutions that deliver measurable social impact.” Urban health figures prominently among the thematic areas supported, which include urban sanitation and hygiene, community health worker models, and digital health, among others. The program's integrative approach to markets and partnerships has led to significant successes: $189 million CAD invested in 237 projects in 55 countries has leveraged over $399 million CAD in additional funding, and Grand Challenges Canada estimates that these projects will save up to 1.78 million lives and improve up to 64 million by 2030.11

11 Grand Challenges Canada. Transitions to Scale (https://www.grandchallenges.ca/programs/transition-to-scale/)
4. Build a flexible, innovative public sector capable of meeting present and future needs

Innovation cannot thrive without a flexible, innovative public sector capable of both internal rebalancing and effective partnership with other sectors. Indeed, the complex, cross-sectoral nature of urban health demands agile responsiveness across government, while accelerating global challenges such as climate change, resource depletion, globalization, and others increase the need for resilience and innovation from public actors in general.

Yet, many factors reduce government capacity to promote innovation across society at large, and to recognize, scale, and sustain promising solutions – e.g., excessive bureaucracy, sectoral siloes, communication deficits, competing interests, poor quality partnerships, limited opportunities for multistakeholder engagement, and others. In many contexts, regular change in political administrations – although it serves an important role in public accountability – can also constrain public sector innovation and lead to risk aversion, short-termism, and a lack of policy learning.

An innovative public sector should recognize and address medium- and long-term needs and initiate action that future administrations can learn from, build on, and evolve to meet changing conditions. Likewise, urban health innovation itself should be anchored in legal and policy frameworks that ensure it continues to grow beyond a given administration. This creates an opportunity for embedded, ongoing systemic transformation and reform that can meet the needs of the present and the future.

To build a flexible, forward-looking public sector:

- Promote engagement, mutual learning, reciprocal feedback (including upward feedback), and joint action across levels of government and among ministries, departments, or agencies in different sectors, both by removing barriers (e.g., siloed organizational structures) and by developing and enforcing rules and mechanisms (e.g., consultation and reporting requirements, cost-sharing opportunities, multisectoral coordination frameworks) to support
communication and collaboration (9).

- Encourage collaborative partnerships between public sector staff and external specialists in diverse urban health-related fields to improve public management of innovation. Where relevant, this may include consultation with international nongovernmental organizations, city networks, and other global actors and purpose-driven engagement with the private and civic sectors. Care should be taken that such partnerships serve to build internal capacities and not only to outsource project work (8).

- Promote a culture of creativity and considered risk-taking by ensuring that rules (e.g., performance indicators) and managerial strategies empower civil servants (8). Involve public sector staff in innovation processes (e.g., experimentation spaces and scaling of novel solutions, as highlighted above) and disseminate case studies to promote familiarity with implementing new ideas. Avoid unnecessarily stringent budget and accountability processes that lead to risk-averse, reactive decision making rather than proactive, innovative choices (8).

- Where needed, create new governance units, processes, or positions to address specific challenges that require cross-sectoral innovation (e.g., for coordinated action on the multiple impacts of extreme temperatures). Care must be taken to ensure that such staff are given appropriate resources and authority, and that relationships with existing structures are clear. Where feasible, incorporating stakeholders from longstanding innovation communities with experiences and practices transcending political regimes can help foster and sustain innovation.

- Design to transcend political turnover, responding to medium- and long-term needs and reducing constraints arising from short-term political pressures. These may include broad, flexible terms of reference for urban health authorities, binding policy commitments (e.g., MOUs, contracts, treaties), mechanisms for adaptive policy (e.g., automatic policy adjustment) and institutional reform, multistakeholder or participatory processes that decentralize decision-making (e.g., participatory budgeting), or others (19).

- Illustrate the value of innovation and innovation support to public sector staff, e.g., by instituting robust, highly visible processes of monitoring and evaluation. Measure and communicate across government the likely impacts and cost-benefit of support for innovation in relation to alternative scenarios, including do-nothing scenarios.
As of 2014, the city of Bologna, Italy, faced a concerning lack of civic engagement. Faced with excessive bureaucratic and regulatory constraints and restrictions on participation, citizens were opting out civic life, and even simple improvements to the urban fabric were challenging to implement. To remedy the situation, “the city council passed the “regulation on public collaboration between citizens and the city for the care and regeneration of urban commons,” which allowed citizens and private organizations to sign collaboration pacts with the city in order to improve public space, green areas, and abandoned buildings” (20) – thus reducing red tape and simplifying the process of public engagement. It also established, in coordination with the University of Bologna, an Office of Civic Imagination, which manages six innovation laboratories across the city, where city hall staff work directly with residents on local initiatives – including health-promoting projects like community gardens (21), public and green spaces, childcare centres, and others. Since 2017, the district labs also manage a participatory budgeting process which is widely accessible to citizens, including from groups like youth whose voices are often excluded (20). This combination of efforts has transformed the city's relationship with citizens, improving information flows, making the public sector much more flexible and responsive to needs, and fostering a spirit of co-creation and innovation. Bologna's example has inspired over 100 other Italian cities to adopt similar regulations (20).

A strategic approach to urban health

The recommendations given here for fostering innovation are intended to be consistent with a strategic approach to urban health, which should be:

01 **Integrative**
encompassing, involving, and empowering all stakeholders whose actions contribute to urban health; raising collective awareness of risks and opportunities; creating a shared vision prioritizing collaboration toward unified goals; supporting intersectoral connections and joint work; fostering coherence in action, diversity in ideas, and grass roots ownership.

02 **Contextualized**
tailoring solutions to local conditions, culture, and values; recognizing that social, environmental, economic, and commercial determinants of health vary widely, as do stakeholders and their needs, priorities, capabilities, norms, and resources; using place-based mechanisms to involve local actors in urban health planning, policy, and practice.

03 **Complexity-informed**
acknowledging the dynamic complexity of cities and their relationships to broader interdependent systems (e.g., climate, global trade); recognizing feedbacks among social, environmental, economic, and commercial determinants of health and health outcomes; avoiding unintended consequences, managing systemic conflicts, and capitalizing on synergies.
04 **Equity-oriented**
recognizing that populations in situations of vulnerability face heightened health risks, that exclusion exacerbates health inequities, and that these are intersectional and compounding; devoting the effort and resources to rectify injustice and counter the self-perpetuating nature of inequities; leveraging urban health decision-making to prevent and reduce inequities among cities, citizens, neighbourhoods, and population subgroups.

05 **Continuously improving**
regularly updating situational awareness through formal and informal mapping, assessment, monitoring, and evaluation; always seeking a higher level of health based on best information about present conditions and likely futures; swiftly reacting to changing circumstances; constantly learning from local experience, accumulated evidence, and engagement with peers and other stakeholders.

06 **Efficient**
taking advantage of cross-sector and cross-scale synergies and avoiding incoherence; pursuing integrated decision-making where appropriate; repurposing existing assets, resources, and mechanisms to mitigate the administrative and financial costs of new policies or structures; improving return-on-investment where feasible.

07 **Sufficient**
developing and assigning the financial and human resources needed to effectively anticipate, plan for, respond to, and overcome urban health challenges; allocating resources according to needs; investing in capacity building to meet current and future requirements.

08 **Forward-looking**
ensuring that short- and medium-term actions address immediate needs, yield tangible results, and demonstrate progress, while emphasizing long-term planning to lay strong foundations and sustainable mechanisms for healthy futures; recognizing the impact of current actions on future options (e.g., via path dependency and lock-in).
References


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