Health Justice: The Entanglement of Quality of Life and Neoliberalism

Rana Rana Hammam, Salma Anwar, Mennatullah Hendawy

Follow this and additional works at: https://digitalcommons.aaru.edu.jo/erjeng

Health Justice: The Entanglement of Quality of Life and Neoliberalism

Rana Hammam[1], Salma Anwar[2], Mennatullah Hendawy[3]

[1]*Department of Architectural Engineering and Environmental Design, College of Engineering, Arab Academy for Science,* Technology and Maritime
Transport – email: *rana.mostafa.hammam@gmail.com*
[2]*Department of Urban Design and Planning, Faculty of Engineering, Ain Shams University. –* email: *salma.anwar@eng.asu.edu.eg*
[3]*Department of Urban Design and Planning, Faculty of Engineering, Ain Shams University. –* email: *mennatuallah.hendawy@eng.asu.edu.eg*

Abstract: Covid 19 pandemic sheds light on the entanglement of urban planning and public health in neoliberal urban contexts with special attention to justice. "Good health and wellbeing" is one of the sustainable development goals. This article argues that neoliberal urban practices result in a good Quality of Life for privileged populations, but negatively affect the vulnerable and lead to health injustice from the perspective of urban planning. Hence, Quality of Life is negatively affected since health is a crucial aspect within the discipline of Quality of Life. The spatial determinants of health-related Quality of Life are essential to be considered when speaking about justice in cities. This article aims to promote health through raising awareness of these spatial determinants and suggesting some recommendations aiming for the prevalence of health justice.

Keywords: **Neoliberal Urban Practices, Health Justice, Quality of Life**

I. INTRODUCTION

Currently, several cities are going through rapid urbanization processes, including the establishment of new gated communities, theme parks, private open spaces, and new desert cities [21]. These current neo-liberal urban practices have resulted in dramatic socio-spatial changes, urban poverty, and increasing privatization of public spaces and services have affected the health of the residents in the Arab Cities [21]; particularly, the socially vulnerable population, such as the poor, the elderly, and women [3]. Indeed, underserved communities suffer explicit and implicit marginalization resulting from socio-demographic hierarchies as a result of the implementation of privatization strategies and market-driven policies.

There is currently a lot of increased interest in health and well-being in cities. The World Health Organization (WHO) and the United Nations (UN) are advocating for the concept of healthy urbanism, joining health and sustainability goals under the umbrella of urban development. This is being done through the activities of the WHO Healthy Cities and sustainable building movements. More importantly, one of the priorities of the Sustainable Development Goals is creating inclusive, resilient, safe, and sustainable cities (Goal 11) [64].

However, the widespread of the Covid-19 pandemic has raised important questions concerning the entanglement of public health in urban planning, and both in relation to issues of justice, especially in neo-liberal urban contexts [18], [21] & [60]. The pandemic was more intense in marginalized communities, including migrant workers, who usually fill low-wage but essential jobs and are residents in neighbourhoods long suffering from environmental injustices. These less privileged residents had a higher risk of getting the infection, due to inadequate and crowded living conditions, lack of sanitation, limited access to healthcare, and even inequalities in access to basic needs such as food, among others [16]. The pandemic exacerbates those neo-liberal urban practices, in developed and developing countries. It shows the underlying feelings of insecurity as well as social, spatial, and health injustices [37]. The pandemic has raised awareness of the importance of public spaces in cities, enhancing the livelihoods of people living in cities and improving their health and well-being (Short, 2020). The pandemic showed challenges and drew attention to the importance of having a clear agenda in the urban planning protocol to face future challenges if cities are to ensure inclusive and sustainable urban development [63]&[65] All of these observations are seen in several countries in the Arab region which implement neoliberal urban practices such as Cairo and Dubai.

We propose to look at the entanglement of public health and cities and to achieve urban Quality of Life by highlighting the significance of health justice in neoliberal urban contexts. Previous research shows that neoliberal urban projects (private housing projects) consider aspects of public health within their design and planning solutions, unlike public housing projects, leading to considerable differences in public health outcomes and opportunities across urban areas [59] &[63]. Also, the reference of [31] discussed the importance of including the aspect of public health within the urban planning discipline. Consequently, it is imperative to investigate the consequences of these neoliberal urban practices from social, cultural, and health perspectives. More research from sociologists, geographers, and public health professionals is needed to identify the types of specific habits and traditional changes.

In this article, we argue that neoliberal urban practices are linked with negative health outcomes only for vulnerable populations, while they are better for privileged populations. To do so, we focus on the fact that neoliberal urban practices led to high-income people living in well-planned and designed communities, taking into consideration the public health aspect, while public urban practices do not consider public health in their planning and design, leading to health injustice. Hence, Quality of Life is negatively affected since health is a crucial aspect of the better Quality of Life in cities.

Based on this short introduction, this article focuses on examining how public health is entangled with and affected

by neoliberal urban developments and how both intersect and reveal issues of justice in cities. To achieve this, we first discuss the interrelationship of urban planning, public health, and neoliberalism. We then discuss how neoliberal urban practices negatively affect health justice in cities, reflecting on Cairo and Dubai. After that, we suggest how spatial determinants of health-related Quality of Life could be considered to guarantee the presence of health justice in cities.

II. THE INTERRELATIONSHIP OF URBAN PLANNING, PUBLIC HEALTH, AND NEOLIBERALISM

More than half of the world's population (4.2 billion) lives in urban areas [65], and it is expected that two-thirds of all people worldwide will live in urban areas by 2050 [73]. In the middle of the 19th century, the disciplines of urban planning and public health arose simultaneously as a response to the increase in the urban population resulting from industrialization. With urbanization that is entangled with industrialization [1] &[33], the problems of shelter and sanitation have increased, affecting, in particular, the vulnerable groups [44]& [58]. All these aspects have direct impacts on an individual's Quality of Life while straining public health systems and resources [35]. Marginalized and underserved communities have it even worse with consequent health outcomes after urbanization [4]&[75]. Some of the major health problems resulting from urbanization include communicable diseases, poor nutrition, pollution-related health conditions, and poor housing and sanitation conditions. Urbanization is an irreversible phenomenon, researchers argued to tackle the root cause of the problem, which is the socio-economic situation of the urban poor [36]. Public health researchers acknowledge the importance of social and physical environments for better physical and mental health (Jimenez, et al., 2021).

Parallel to the rise of urbanization, particularly in the 1930s, neoliberalism emerged, aiming at strengthening a market-friendly constitution and encouraging individual freedom, thus creating a 'free market, strong state' [53]; & [61]. Later on, in the 1970s, critiques of neoliberalism started to emerge as a result of the negative impacts of neoliberalism, which, as explained by the references of [12], [22] & [24], the power and wealth became in the hands of multinational corporations and elite groups who became in control of the key elements of the economy. In urban planning, in the early 1990s, the theory of neoliberal urbanism started to describe "a form of urbanism subordinated to the dictates of capital, where urban powers attempt to position their cities in higher positions in the hierarchical global urban network in which competitiveness is the key" [69, p.2].

Neoliberal urban practices continue to grow all over the world. In Africa, there are projects such as the international commerce city "Eko-Atlantic" in Nigeria [14], and a private residential compound named "Dreamland" in Cairo [18]. In Europe, there are projects such as the "Palma Convention Center" in Spain [69], and the neighbourhood of "Kop Van Zuid" in the Netherlands [62]. In Asia, the "Convention Center at Incheon Free Economic Zone" in Korea [46], and the "Palm Islands, Dubai Land and Hydropolis" in Dubai [18]. In the USA, there are projects such as "Milwaukee's Downtown" in Wisconsin and "San Francisco's Waterfront" in California [17]. In Australia, there are projects such as "Warnervale Town Center" [54].

Although neoliberal urban practices result in better health outcomes for privileged populations, they negatively affect the public health of vulnerable populations [16]. One of the consequences of neoliberal urban agendas can be seen in the way governments drift their attention from service sectors such as healthcare, education, and social housing to becoming more involved in real estate development. This is achieved through regulating, facilitating, and providing subsidies for multinational corporations, which in turn leads to a wider gap between the rich and poor [18]& [56].

III. THE INTERRELATIONSHIP OF URBAN PLANNING, PUBLIC HEALTH, AND NEOLIBERALISM IN CAIRO AND DUBAI

In the Arab region, Cairo and Dubai are leading the neoliberal urban scene. The recent urban transformations in the Arab region have demonstrated the dramatic interplay between health, livelihoods, and politics, particularly the impact on vulnerable and marginalized groups of neoliberal urban practices [3] & [21]. While Dubai is in full-on mode into neoliberal urbanism, Cairo is just catching up and it is being compared to Dubai (see [27]). The reference of [23, p. 20] states that "The numerous urban transformations in Cairo, from gated communities in the city outskirts to the plethora of shopping malls, can be related to this quest—to become a modern and global city, rivalling neighbouring cities such as Dubai and Istanbul." Taking Cairo and Dubai as examples, looking into the history of these cities and the different steps of urbanization will help to better understand the circumstances of marginalized populations. Over time, several scholars have compared Cairo and Dubai [5], [8] & [60].

Cairo is an actively growing megacity, producing over 50% of the country's income [41]. Recently, Egypt has been launching several private urban projects to enhance the Quality of Life for some of its residents. Many of these projects are gated compounds, which have their own transportation systems and infrastructure, and their own facilities, including educational, medical, commercial, sports club, recreational, and maintenance facilities [18]. These neoliberal urban practices have been contracting/real estate gains by private companies. The main clients for these practices are young, small, and highly educated families looking for a comfortable house in the city next to their place of work [20]. Neoliberal urbanism in Cairo is defined as a process driving economic activities to benefit, on the one hand, the stakeholders, newcomers, policymakers, and investors, who purchase renewed properties to enjoy a better Quality of Life in a livable urban environment. This is causing a tremendous increase in living expenses, pushing vulnerable populations away from these areas and into their enclaves, where they can isolate themselves.

Simultaneously, Over the past 40 years, Dubai has experienced extensive development, being transformed from a fishing village and a small port into a massive urban agglomeration. Dubai's latest vision is to make the city the happiest on earth, using innovation and technology [45]. In the 1990s, There was a desire to develop Dubai to reach the rank of a global City [2] & [40]. Accordingly, public agencies and the real estate industry and public agencies were seeking sought to convert the urban space into a business hub [2] & [7]. After the 2008 economic crisis, the Dubai government replaced the old core building for the availability of infrastructure instead of making a new extension [2]. The city's planning was determined by a combination of uncontrolled construction, non-strict laws, an absence of environmental policies, and concentrated private investment. These factors contributed to the deterioration of ageing neighbourhoods. Nevertheless, the preservation of old buildings started recently, around 2010. Dubai's top-down approach to neoliberal urbanism has upset the lives of low-income residents. Additionally, it eliminated the diversity in the built landscape, interrupting residents' social bonds and attachment to the place and their ability to live in the city centre [2].

In the next section, we expand on the relationship between neoliberalism and health justice to show that although neoliberal urban projects can have better health outcomes for their targeted populations (usually upper segments of the society), it has negative consequences on the health of the marginalized populations and in doing so, altering health justice in cities.

IV. NEOLIBERALISM AND HEALTH JUSTICE

The critical urban theory emerged in opposition to neoliberal urban practices and market-oriented urban adaptation policies [13] & [70]. The critical urban theory aims at criticizing inequality, injustice, and power in cities and emphasizes the possibility of a sustainable and socially just form of urbanization [13] & [70]. In a similar vein, critical public health theory emerged as a result of the negative impacts of neoliberalism on health [10]. Initially, the field of public health focused on biological diseases and injuries. However, over time and in conjunction with neoliberalism and critical theory, public health drifted into being a socio-political field concerning issues such as poverty, violence, war, and racism. At this point, critical theories of public health emerged due to the turning attention of public health to broader health determinants that are beyond public health's exclusive proficiency [28]. In this vein, Williams (2013, p. 5) argues that "Spatial relationships produce social relationships, and hence justice relationships." For example, constructing a new highway not only reflects political decisions but also produces social inequities such as displacing urban neighbourhoods and spreading pollutants [71] (see also [38]).

With this understanding, health justice can be viewed as a reflection and product of spatial and social justice. Little research shows that neoliberal urban practices, especially housing projects, consider issues of public health aspects within their design and planning solutions, unlike public housing projects, where the governments can't afford the high initial costs needed to spend on creative solutions to care for the Quality of Life within these projects [59]. The importance of justice in planning was addressed by various planning scholars [30]; Healey, 2015). Justice in planning refers to the various spatial, social, and economic qualities that reflect fairness in cities [25]. [39] & [50]. The reference of [25] argued that planning is concerned with the "conscious creation of a just city" [25, p. 122].

Health injustice in this setting refers to health inequity that results from the difficulties faced by vulnerable groups to access healthy food, live in proper housing, use sustainable transportation, and more directly, be provided with basic health care [9] & [48]. Health justice has expanded to include not only health care but also hazard protection, safe housing, protection from pollutants (air, water, food,..), drug safety, childhood nutrition, disaster preparedness, public health, and several environmental factors that cause a difference in citizens' health and, consequently, enhance the Quality of Life since environmental discipline is one of the qualities of life disciplines [54].

Different international and regional research discussed the impact of neoliberalism in general on public health concerning cities. Reference of [57] analyzed the impacts of economic neoliberal reforms in Chile and Greece on the access of disabled people to healthcare. They found out that the extensive marketization of health care has a negative impact and structural violence on the most vulnerable groups of the population, especially the disabled, restricting their access to health care as their basic right. Moreover, the reference of [29] discussed that neoliberal practices in Latin America have led to the privatization of healthcare services, which leads to health inequalities. Additionally, the reference of [26] found out that the de-industrialization which was a neoliberal policy in Scotland has resulted in poor public health records. More recently, the reference of [34] has investigated the impact of different urbanism principles on public health in the United States and found out that connectivity, walkability, mixed-use development, multimodal transportation systems, sustainability, and good Quality of Life maximize public health benefits. Most of the research on public health takes a clinical health and health systems perspective (i.e., [29], [57], and others). More recently, there has been a project comparing neoliberal urban practices in multiple cities, two of them being Barcelona and Boston. The impact was divided into four levels, starting with institutional health determinants, neighbourhood health determinants, then interpersonal determinants, and then individual health outcomes [6]. The effect can be detrimental, and even unexpected; calling for urgent research and policy actions. Some examples stated in the research by the reference of [6] were physical and mental health outcomes, drug and alcohol dealing, traffic safety, access to public schools, and socio-cultural erasure.

Neoliberal urbanism negatively affects public health due to the inability of marginalized people to get good health care, leading to health injustice. This article argues and focuses on the fact that neoliberal urban practices led to high-income people living in well-planned and designed

communities, taking into consideration the public health aspect, while public urban practices do not consider public health in urban planning, leading to health injustice. Hence, Quality of Life is negatively affected since health is a crucial aspect within the discipline of Quality of Life.

V. QUALITY OF LIFE AS AN ENTRY POINT TO DISCUSS HEALTH JUSTICE IN NEOLIBERAL URBAN CONTEXTS

The Quality of Life (QoL) term has been rooted in urban planning studies since the nineteenth century. It refers to better living conditions, in different aspects and life dimensions. Throughout history, there has been a big shift from "Standard of Living" -which refers to tangible material conditions- to "QoL" - which refers to subjective indicators-. Quality of Life should be broadly defined to include the most important aspects of life [42].

Since then, the more vulnerable a person is, the more they are affected by health inequities due to their devastating Quality of Life and diminished health and well-being [9] & [52]. Subsequently, the livelihood of everyone in the region is affected, but not equally. The availability of sufficient necessities for citizens to secure life, shelter, food, water, and clothes is affected as the market dynamics move towards privatization. The ability of vulnerable groups in society to acquire these necessities is reduced, whereas the poor are excluded from urban and economic opportunities [68]. This can be observed in neoliberal urban practices as explained above.

Quality of Life is an important notion in urban contexts with its various disciplines, including health. Hence, health should be viewed from a Quality of Life perspective. Reference [49] shows that this can be done through six

approaches, (a) health-related Quality of Life; (b) Quality of Life as a social diagnosis in health promotion; (c) Quality of Life among persons with developmental disabilities; (d) Quality of Life as social indicators; (e) the Centre for Health Promotion (University of Toronto) model, and (f) Lindstrom's Quality of Life model.

Determinants of health-related Quality of Life are essential to be considered when speaking about justice [32] & [74]. There are urban spatial components that influence determinants of public health. The reference of [11] discussed how land-use patterns, transportation infrastructure, green space, and local urban design are spatial urban components that influence five determinants of public health: physical activity, social and psychological impacts, air quality, noise exposure, and unintentional injuries. Also, it was discussed that the spatial factors: resources, land use, urban form and design, transport and movement networks, and green, blue, and open spaces; protect from harm, promote health, and provide services leading to public health, mental health, and health equity [63], see figure 1.

The argument tackled in this article is that neoliberal urban practices are linked with negative health outcomes for vulnerable populations, while they are better for privileged populations from an urban planning perspective. Hence, this article suggests how considering and including the spatial determinants of health in public urban projects would enhance the Quality of Life there, resembling neoliberal urban practice, and so promote health justice in cities. Hence, the implications of this article can be used in reforming policy and institutional frameworks concerning future urban development from the perspective of public health and justice. In the next section, we share recommendations for implementing the spatial determinants of health in public urban projects.
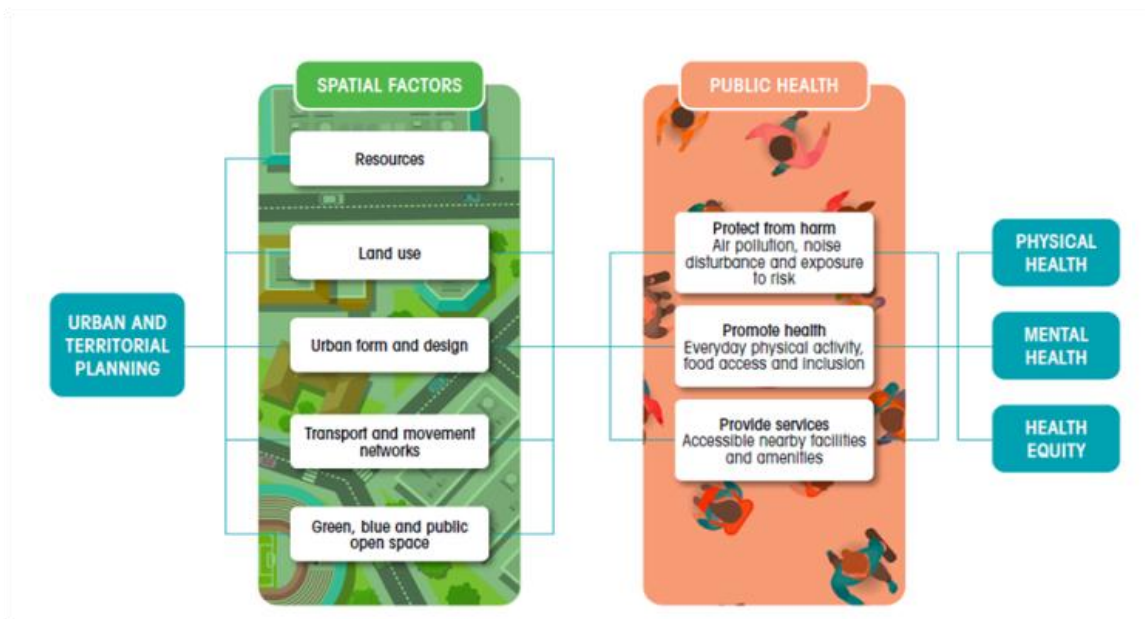

Figure 1: How spatial factors impact health and health equity. Source: [63]

138

Figure 2: Recommendations for Implementing Spatial Determinants of Health-Related Quality of Life. Source: adapted from [15]; [66]; [67]&[72]

VI. RECOMMENDATIONS FOR IMPLEMENTING SPATIAL DETERMINANTS OF HEALTH-RELATED QUALITY OF LIFE

Due to the rapid growth in the population, Quality of Life is consequently affected, and in turn, the urbanization process is also affected. Several changes take place in the cities' morphology and physical character, adapting to the new situation and accommodating the new residents. [43]. Quality of Life enhancement is in turn now a critical issue and factor of assessment in urban planning. Quality of Life in neoliberal contexts as a development approach is based on adapting the newly shaped urban contexts to adapt to residents' satisfaction. Health inequities in urban planning are one of the aspects related to spatial determinants of health-related Quality of Life [47]. This section discusses some recommendations related to these spatial determinants that should be considered when planning and designing public urban projects, see figure (2). This would bring public urban projects to a closer level to neoliberal urban projects, aiming for the prevalence of health justice in cities; hence responding to our argument that neoliberal urban practices are linked with negative health outcomes for vulnerable populations, while they are better for privileged populations. Recommendations are based on the spatial factors mentioned in figure (1), [51]:

➢ *Land use:*

● Providing accessible shopping areas and services within a walking distance through appropriate zoning of land uses. This would help residents to walk and access their needs leading to better physical health.

Urban Design and Form:

● Providing bicycle lanes allows residents to do physical activity. This would lead to fewer cars, and thus to better air quality and fewer consumed resources

● Incorporating walkways and parks within building designs allow for walkable areas. This would lead to more residents walking and doing a physical activity which would improve physical and mental health.

➢ **Green, Blue and Public Open Space**:

● Implementing safe green open spaces for better air quality, intellectual development, and encouraging positive social interaction. This would lead to better mental health.

● Providing shared outdoor spaces for group physical exercise. This would lead to better physical and mental health

➢ **Transport and Movement Network :**

● Providing nearby public transit services to be used for commuting long distances would lead to less stress than using cars, hence better mental health·

VII.CONCLUSION

Nowadays, there is a rapid urbanization process including the establishment of new gated communities in several cities. This kind of neoliberal urban practices resulted in negative health outcomes for vulnerable populations, while they are better for privileged populations from an urban planning perspective. This affected the health justice within the city because the neoliberal urban practices represented by the private urban projects provide designs that include the aspect of public health, unlike the public urban projects. Nevertheless, the occurrence of Covid-19 Pandemic raised awareness towards the importance of the aspect of public health within the discipline of urban planning, and how this entanglement affects health justice in neoliberal urban contexts. This article discussed briefly the cases of Cairo and Dubai showing the negative effects of the neoliberal urban practices there. Hence, this article suggested that implementing spatial determinants of health-

related quality of life in public projects would raise their level to that of private projects leading to the prevalence of health justice in cities.

This research is aiming to reform the policies concerned with urban practices to ensure the existence of health justice throughout the whole city. This field is an emerging one in the 21st century where more research should be carried out to understand the changes in the lives of individuals within the neoliberal context, especially after the pandemic. Future research might include analyzing policies that have been implemented by governments in different countries that have affected people's well-being concerning public health within the urban context. Also, evaluating through a visualized model, using a geospatial program such as the GIS, the indicators of quality of life in public and private urban projects to investigate the associations between various socio-demographic factors and people's quality of life and public health.

ACKNOWLEDGEMENT

REFERENCES

[1]   A. Abdelhalim. (2013). *Spatial Resilience of Megacities based on Conceptual Model from Concept to Implementation*. Case Study: Greater Cairo, Egypt. https://www.researchgate.net/publication/278847440_Spatial_Resilience_of_Megacities_based_on_Conceptual_Model_from_Concept_to_Implementation_Case_Study_Greater_Cairo_Egypt

[2]   K. Alawadi. (2017). Place attachment as a motivation for community preservation: The demise of an old, bustling, Dubai community. *Urban Studies*, 54(13), 2973-2997.

[3]   M. AlFiki. (2018). The Challenge of Informal Housing Market The Case of Informal Housing in Greater Cairo Region, Egypt. 19th N-AERUS conference "Housing and Human Settlements in a World of Change", Universität Stuttgart

[4]   E. Alirol et al. (2011). Urbanisation and infectious diseases in a globalised world. The *Lancet infectious diseases*. 11(2), 131-41. https://pubmed.ncbi.nlm.nih.gov/21272793/

[5]   S. Al-Saad. (2017). Concept, opportunities and challenges of urban tourism in the Arab world: Case studies of Dubai, Cairo and Amman. TOURISM - An International Interdisciplinary Journal. 65. 361-375.

[6]   I. Anguelovski et al. (2019). Gentrification and health in two global cities: a call to identify impacts for socially-vulnerable residents. *Cities & health*, 4(1), 40-49. https://www.tandfonline.com/doi/abs/10.1080/23748834.2019.1636507.

[7]   O. Aoun. (2016). Urban Megaprojects-based Approach in Urban Planning: From Isolated Objects to Shaping the City, The Case of Dubai. (PhD Thesis) Université de Liège. Faculty of Applied Sciences.

[8]   H. Awatta. (2015). Whose Downtown is it Anyway? The Urban Transformation of Downtown Cairo between State and Non-State Stakeholders. The American University in Cairo (Master's Thesis). Retrieved from: http://dar.aucegypt.edu/bitstream/handle/10526/4439/Hajer%20Awatta%20Thesis_Final_31.05.2015.pdf?sequence=3

[9]   E. Benfer. (2015). Health Justice: A Framework (and Call to Action) for the Elimination of Health Inequity and Social Injustice. American University Law Review, 65(2). https://pubmed.ncbi.nlm.nih.gov/28221739/

[10] K. Bell & J. Green. (2016). On the perils of invoking neoliberalism in public health critique. Critical Public Health, 26(3), p. 239–24. https://www.tandfonline.com/doi/full/10.1080/09581596.2016.1144872

[11] M. Braubach & M. Grant (2010). *Evidence review on the spatial determinants of health in urban settings IN Urban Planning, Environment and Health, from Evidence to Policy Action*. WHO Regional Office for Europe. https://uwe-repository.worktribe.com/output/985050/evidence-review-on-the-spatial-determinants-of-health-in-urban-settings

[12] N. Brenner & N. Theodore. (2005). Neoliberalism and the urban condition. City, 9(1), 101 -107. https://doi.org/10.1080/13604810500092106

[13] N. Brenner. (2009). What is critical urban theory? City, 13(2-3), p. 198-207. https://www.researchgate.net/publication/233358199_What_is_critical_urban_theory

[14] P. Carmody & F. Owusu. (2016). *Neoliberalism, Urbanization and Change in Africa: the Political Economy of Heterotopias. Iowa State University Digital Repository, Community and Regional Planning at Iowa State University Digital Repository.* https://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=1030&context=communityplanning_pubs

[15] CoMoUk. (2021). *Mobility Hub Delivery Models*. Accessed 18 September 2022. 10:00 EGY. https://uploads-ssl.webflow.com/6102564995f71c83fba14d54/618d298e5bbdb615db2f25da_CoMoUK%20Mobility%20hub%20delivery%20models_Oct%202021.pdf

[16] H. Cole et al. (2019). Determining the health benefits of green Does gentrification matter? *Health & Place*. Vol.57, 1-11.https://pubmed.ncbi.nlm.nih.gov/30844594/

[17] R. Cooksey. (2017). *The Treasure Island Development Project: A Case Study In Neoliberal Urban Development* (Master's Thesis). The faculty of San Francisco State University. https://geog.sfsu.edu/sites/default/files/thesis/Cooksey%20thesis_final.pdf.

[18] R. Daher. (2013). Neoliberal urban transformations in the Arab city Meta-narratives, urban disparities and the emergence of consumerist utopias and geographies of inequalities in Amman. *Environnement Urbain / Urban Environment*. Vol.7, .99-115. https://journals.openedition.org/eue/411

[19] H-S. Eldeen. (2014. A Smart "Cairo" in the Making: A Strategic Approach towards a Better Quality of Life, *REAL CORP*, 8(May 2014), 1063–1070.

[20] M. Eldaidamony. et al. (2019). Adapting Geographies of Gentrification in Egypt: Lesson Learned from Fatimid Cairo and Heliopolis. In Conservation of Architectural Heritage (pp. 49-63).

[21] M. El-Husseinya. & K. Kesseiba. (2012). Challenges of Social Sustainability in Neo-liberal Cairo: Requestioning the role of public space. *Procedia - Social and Behavioral Sciences.* Vol. 68, .790-803. https://scholar.cu.edu.eg/sites/default/files/mennathusseiny/files/1-s2.0-s1877042812057503-main.pdf

[22] A. El-meligy. (2018). *The Effects of Neoliberalism on Poverty in Egypt* (Master's Thesis). The American University in Cairo, Department of Political Science. http://dar.aucegypt.edu/bitstream/handle/10526/5347/Adham%20MA%20Thesis-%20The%20Effects%20of%20Neoliberalism%20on%20Poverty%20in%20Egypt.pdf?sequence=1.

[23] M. Elshahed. (2007). *Facades of modernity: Image, performance, and transformation in the egyptian metropolis* (Master of science in architecture studies). Massachusetts Institute of Technology.

[24] P. Evans & W. Sewell (2015). *The Neoliberal Era: Ideology, Policy, and Social Effects.* Accessed 10 July 2022. 17:30 EGY. https://sociology.berkeley.edu/sites/default/files/faculty/evans/Evans%20Sewell%20Neoliberalism%20DRAFT%205-17-11.pdf

[25] S. Fainstein. (2005). Planning Theory and the City. Journal of Planning Education and Research - *J PLAN EDUC RES*. Vol.25. 121-130. 10.1177/0739456X05279275.

[26] L. Garnham. (2017). Public health implications of 4 decades of neoliberal policy: a qualitative case study from post-industrial west central Scotland. Journal of Public Health, 39(4), Issue 4, p.668–677. https://pubmed.ncbi.nlm.nih.gov/28334980/

[27] General Organization for Physical Planning (GOPP). (2012). Urban Development Strategy for Greater Cairo, Part One: Future Vision and Strategic Directions.Cairo.

[28] L. Gostin & M. Powers. (2006). What Does Social Justice Require For The Public's Health? Public Health Ethics and Policy Imperatives. *Health affairs* (Project Hope). 25. 1053-60. 10.1377/hlthaff.25.4.1053

[29] C. Hartmann. (2016). Postneoliberal Public Health Care Reforms: Neoliberalism, Social Medicine, and Persistent Health Inequalities in Latin America. *American Journal of Public Health*. 106(12), p. 2145–2151. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5105009/

[30] J. H. Harvey & S. Johnston. (1973). Determinants of the perception of choice. *Journal of Experimental Social Psychology, 9*(2), 164–179. https://doi.org/10.1016/0022-1031(73)90008-5.

[31] Hendawy, M. (2017). *Relationship Between Built Environment and Public Health.* Accessed 5 August 2022, 13:00 EGY. https://www.slideshare.net/mhendawy/urban-planning-and-public-health.

[32] M. Herten et al. (2015). Determinants of Health-Related Quality of Life in School-Aged Children: A General Population Study in the Netherlands. *PLOS ONE*, 10(5). https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0125083

[33] Hu, R., et al. (2017). A Case Study On Regenerating Informal Settlements In Cairo Using Affordable And Adaptable Building System. *Procedia Engineering*, Vol.196, 113-120. https://www.researchgate.net/publication/320225477_A_case_study_on_regenerating_informal_settlements_in_Cairo_using_Affordable_and_Adaptable_Building_System

[34] H. Iravani & V. Rao. (2019). The effects of New Urbanism on public health. *Journal of Urban Design*. 25(2), 218-235. https://www.tandfonline.com/doi/full/10.1080/13574809.2018.1554997[34] Jimenez M, DeVille N, Elliott E, Schiff J, Wilt G, Hart J & James P. (2021). Associations between Nature Exposure and Health: A Review of the Evidence. *Int J Environ Res Public Health*, 18(9):4790.

[35] G. Kennedy. (2003). *Food security in the context of urban sub-Saharan Africa.* Internet paper for food security, food Africa, internet forum 31 March–11 April 2003.

[36] M. A. Kuddus, E. Tynan, & E. McBryde. (2020). Urbanization: a problem for the rich and the poor?. Public Health Reviews, 41(1). https://doi.org/10.1186/s40985-019-0116-01.

[37] M. Laxman. (2020). *COVID-19 Pandemic Impact on Marginalised Groups in India.* Lecture Delivered on Online Faculty Development Programme-Workshop on Applied Economics 14 th. 10.13140/RG.2.2.14030.89920.

[38] H. Lefebvre. (1992). The Production of Space. Ed. Donald Nicholson-Smith. Malden, MA: Blackwell. https://monoskop.org/images/7/75/Lefebvre_Henri_The_Production_of_Space.pdf

[39] H. Lefebvre (1968). *Writing on Cities*. London, Blackwell.

[40] C. Looch. (2020). *How Dubai Became One of the Fastest-Growing Cities in the World.* Retrieved from: https://theculturetrip.com/middle-east/united-arab-emirates/articles/how-dubai-became-one-of-fastest-growing-cities-in-the-world/

[41] O. Makinde. (2012). Urbanization, housing and environment: Megacities of Africa. *International Journal of Development and Sustainability*, 1(3), p.976-993.

[42] I. Martins & T. Marques. (2009). *Evaluating Quality of Life in cities: towards new tools to support urban planning. City Futures.* Accessed 15 July 2022. 12:00 EGY.http://www.cityfutures2009.com/PDF/55_I_Martins_T_S_Marques.pdf

[43] M. Brown-Luthango & M. Hardman. (2020). Neo-liberalism (s), socio-spatial transformation and violence reduction in Cape Town – lessons from Medellin, Cogent Social Sciences, 6:1, DOI: 10.1080/23311886.2020.1827524

[44] M. Northridge & E. Sclar, E. (2003). A Joint Urban Planning and Public Health Framework: Contributions to Health Impact Assessment. *American Journal of Public Health*, 93(1), pp.:118-121. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447705/

[45] N. Noori, T. Hoppe & M. Jong. (2020). Classifying Pathways for Smart City Development: Comparing Design, Governance and Implementation in Amsterdam, Barcelona, Dubai, and Abu Dhabi. *Sustainability,* 12(10): 1-24.

[46] B. Park. (2014). Developmental and Post-developmental Urbanism in Japan and Korea. International *Journal of Urban and Regional Research*. Accessed 20 July 2022, 20:00 EGY

[47] P. Peters. (2020). Spatial Determinants of health Lab. Department of Health Sciences. Carleton University Accesed 30 August 2022, 10:00 EGY https://carleton.ca/determinants/about-the-lab/

[48] L. Ramirez, E. Baker & M. Metzler. (2008). *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*. Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta: U.S. Accessed 1 August 2022, 18:00 EGY. https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf

[49] D. Raphael, R. Renwick, I. Brown & I. Rootman. (1996). Quality of Life Indicators and Health: Current Status and Emerging Conceptions. *Social Indicators Research*. Vol. 39, 65-88. 10.1007/BF00300833.

[50] J. Rawls. (1971). *A Theory of Justice*. Cambridge: Harvard University Press.

[51] Resite. (2020). Six Way To Create Healthier Cities. Accesed 20 August 2022, 11:00 EGY. https://www.resite.org/stories/six-ways-to-create-healthier-cities

[52] D. Resnik, D. & G. Roman (2007). Health, justice, and the environment. *Bioethics*, 21(4), 230–241.

[53] N. Rose. (2001). The politics of life itself. *Theory, culture and society,* Vol. 18, 1-30.

[54] K. Ruming & N. Cook (2007). *Persistent states: the planning and development of Sydney's fringe.* Accessed 15 August 2022 17:00 EGY https://research-management.mq.edu.au/ws/portalfiles/portal/17140256/mq-11876-Publisher+version+%28open+access%29.pdf.

[56] M. Sahoo. (2018). *The Effects of Neoliberal Practices on Public Health*. Accessed 22 August 2022, 20:00 EGY https://pha.berkeley.edu/2018/12/06/the-effects-of-neoliberal-practices-on-public-health/

[57] D. Sakellariou & E. Rotarou (2017). The effects of neoliberal policies on access to healthcare for people with disabilities. *International Journal of Equity in Health*, 16(199).

[58] E. Sclar & M. Northridge. (2001). Property, politics, and public health. *American Journal of Public Health*. Vol. 91, 1013–1015. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446698/

[59] D. Shehayeb. (2009). Advantages of Living in Informal Areas. In Regina Kipper, R. & Fischer, M (Eds.) *Cairo's Informal Areas: Between Urban Challenges and Hidden Potentials.* Accessed 1 August 2022, 9:00 EGY http://cairoclimatetalks.net/sites/default/files/Cairos-Informal-Areas-Between-Urban-Challenges-and-Hidden-Potential-2009_EN.pdf

[60] D. Singerman & P. Amar. (2011). *Cairo Cosmopolitan: Politics, Culture and Urban Space In The New Globalized Middle East.* Accesed 5 August 2022, 15:00 EGY. https://cairo.universitypressscholarship.com/view/10.5743/cairo/9789774162893.001.0001/upso-9789774162893

[61] S. Springer, S, K. Birtch, J. & MacLeavy, J. (2016). An Introduction to Neoliberalism. *In The Handbook of Neoliberalism*. Routledge.

[62] T. Ta¸san-Kok & G. Baeten (2012). Contradictions of Neoliberal Planning Cities, Policies, and Politics. Springer.

[63] United Nations -Habitat and World Health Organization. (2020). United Nations. *Integrating health in urban and territorial planning: A sourcebook.* Accessed 16 July 2022. 10:00 EGY. https://unhabitat.org/sites/default/files/2020/05/1-final_highres_20002_integrating_health_in_urban_and_territorial_planning_a_sourcebook.pdf.

[64] United Nations. (2015). *Transforming our world: the 2030 Agenda for Sustainable Development.* Accessed 13 July 2022. 18:00 EGY. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

[65] United Nations. (2019). World urbanization prospects. New York. Accessed 15 July 2022. 13:00 EGY. https://population.un.org/wpp/

[66] Urban Institute. (2019). *Zoning Matters: How Land-Use Policies Shape Our Lives.* Accessed 18 September 2022. 09:30 EGY. https://www.youtube.com/watch?v=aLMsI92crZw

[67] Urban Redevelopment Authority (URA). (2018). *Walking and Cycling Design Guide.* Accessed 18 September 2022. 10:30 EGY. https://www.ura.gov.sg/Corporate/Guidelines/-/media/BD725DB201DB496A93569C8072DD9FD0.ashx

Arch Space International Academic Group

[68] Velibeyoğlu, H. (2014). *Assessing Subjective Quality of Urban Life at Neighbourhood scale* (Doctoral Thesis).The Graduate School of Engineering and Sciences of İzmir Institute of Technology. Accessed 5 August 2022, 10:00 EGY
https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.871.6334&rep=rep1&type=pdf.

[69] S. Vives Miró (2011). Producing a "Successful City": Neoliberal Urbanism and Gentrification in the Tourist City—The Case of Palma (Majorca). *Urban Studies Research*.

[70] M. Whitehead. (2013). Neoliberal Urban Environmentalism and the Adaptive City. *Urban Studies*, 50(7), 1348-1367.
https://journals.sagepub.com/doi/abs/10.1177/0042098013480965

[71] J. Williams. (2013). *Toward a Theory of Spatial Justice.* Paper presented at the Annual Meeting of the Western Political Science Association Los Angeles, CA. Accessed 17 August, 13:00 EGY.
http://www.wpsanet.org/papers/docs/Williams,%20Spatial%20Justice,%20WPSA%202013.pdf

[72] Williets, B. (2022). *West Parley major homes plan: Public invited to exhibiton.* Accessed 18 September 2022. 10:30 EGY.
https://www.bournemouthecho.co.uk/news/20594653.west-parley-major-homes-plan-public-invited-exhibiton/

[73] World Health Organisation. (2021). Urban health. United Nations. Accessed 1 August 2022, 16:00 EGY. https://www.who.int/health-topics/urban-health

[74] World Health Organization, Europe. (2012). United Nations. *Addressing the social determinants of health: the urban dimension and the role of local government.* Accessed 2 July 2022. 17:00 EGY.
https://www.euro.who.int/__data/assets/pdf_file/0005/166136/UrbanDimensions.pdf

[75] World Health Organization & United Nations Habitat. (2010). United Nations. *Hidden cities: unmasking and overcoming health inequities in urban settings.* Accessed 8 July 2022. 13:30 EGY.
https://www.who.int/publications-detail-redirect/9789241548038

142