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# GOVERNANCE AND FINANCIALIZATION OF SOCIAL HOUSING IN COLOMBIA: INTERSECTORAL DEVIATIONS AGAINST HEALTH AND WELL-BEING?

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## **Governance and Financialization of Social Housing in Colombia: Intersectoral Deviations against Health and Well-being?**

### **Gobernanza y financiarización de la vivienda social en Colombia: ¿Desviaciones intersectoriales contra la salud y el bienestar?**

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#### **Abstract**

According to international organizations, housing public policies are central to better living for the urban population. They should complement each other and respond to the population's expectations regarding well-being. This article explores if social housing policies in Colombia and Latin America include intersectorality to contribute to health and well-being. Also, it exposes the impact of governance and governability approaches on public housing. After a literature review of academic studies, scientific articles, and institutional documents addressing global, Latin-American, and Colombian levels, and genealogical analysis using a categorical matrix, this text describes 1) the origin of the concept of intersectorality, the nature and scope of intersectorality in public housing, and its relationship to governance and governability, 2) the relationship between well-being and housing, and 3) the intersectoral efforts of public housing policy to contribute to well-being in Colombia. The results show that the intersectorality approach has its origins in the health sector, but in Colombia there is little reference to it by public housing policies. In this sector, there is more reference to the idea of

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governance, as understood in the Latin-American context, which reveals the accelerated financialization of social housing as the effect of neoliberal policies all over the Global South.

**Keywords:** Intersectoral, Social housing, Governance, Colombia, Latin America, Financialization

## **Resumen**

De acuerdo con las organizaciones internacionales, las políticas públicas de vivienda son fundamentales para mejorar la calidad de vida de la población urbana. Estas deben complementarse entre sí y responder a las expectativas de bienestar de la población. Este artículo explora si las políticas de vivienda social en Colombia y América Latina incluyen la intersectorialidad para contribuir a la salud y el bienestar. Además, expone el impacto de los enfoques de gobernanza y gobernabilidad en la vivienda pública. Tras una revisión de la literatura de estudios académicos, artículos científicos y documentos institucionales que abordan niveles globales, latinoamericanos y colombianos, y un análisis genealógico utilizando una matriz categórica, este texto describe 1) el origen del concepto de intersectorialidad, la naturaleza y el alcance de la intersectorialidad en la vivienda pública, y su relación con la gobernanza y gobernabilidad, 2) la relación entre el bienestar y la vivienda, y 3) los esfuerzos intersectoriales de la política de vivienda pública para contribuir al bienestar en Colombia. Los resultados muestran que el enfoque de intersectorialidad tiene su origen en el sector de la salud, pero en Colombia hay pocas referencias a él por parte de las políticas de vivienda pública. En este sector, se hace más referencia a la idea de gobernanza, tal como se entiende en el contexto latinoamericano, lo que revela la acelerada financiarización de la vivienda social como efecto de las políticas neoliberales en todo el Sur Global.

**Palabras clave:** Intersectorial, Vivienda social, Gobernanza, Colombia, América Latina, Financiarización.

## Introduction

This article aims to identify the adoption of the concept of intersectorality by the Colombian urban social-housing policies. Tracing its original definition and development, notions such as governance and governability frequently appear, indicating managerial tendencies' influence on public policy. The latter integration into the private sector with financialization and commercialization as consequences undermine social housing's contribution to the population's health and well-being.

The health sector developed the concept of intersectorality, or intersectoral action, as a public policy articulation strategy. This strategy assumes that achieving the population's health and well-being exceeds the scope of a sole sector; it demands the presence of multiple sectors and actors. In 1978, the Alma-Ata Declaration stated that “the highest level of health requires the participation of various social and economic sectors as well as the health sector.” (Kang et al., 2011: 201). However, 50 years later, sectors such as education, agriculture, housing, and other public programs have not fully embraced the commitment to health and well-being (Kang et al., 2011).

The World Health Organization (WHO) has repeatedly acknowledged to national governments that providing medical services and policies for health promotion and disease prevention is not enough. They must reduce inequalities in all sectors of society, understand the effects of all policies, and address them. Municipal governments have a significant role (Fisher et al., 2017). Theoretical paradigms, such as social determinants of health, systemic or complex approaches, and the “whole-of-society” notion, influence the conception of intersectorality in public health. At the same time, the consolidation of democracy and political economy processes —the participation of civil society and the reinforcement of neoliberalism— favoured its emergence in socio-political terms. Mainly, through the privatization of social protection systems in countries such as Colombia, by delegating health care and other public services to private actors, they have gained more significant interference in the operation and the design of public policies. With all these actors involved and a more systemic perspective of the factors that intervene in the health conditions of populations, intersectorality is genuinely relevant. However, the notion of “governance” serves better to understand the greater participation of private actors (with economic interests) in the complete cycle of housing policies in Colombia and Latin America.

The housing sector plays a central role in the intersectoral effort for the health of societies. With a rapid increase in city populations, the goal of building healthy cities is perhaps one of the most critical challenges of the 21st century. Health and safety should be the basis for housing regulations because the world population will double in 2050, and the population over 60 years tends to stay home. Urbanization has traditionally been linked to development, considering well-being as a general measure and health as an indicator of a prosperous society. On the contrary, urban growth that concentrates the population in marginalized neighbourhoods translates into poor health (Vlahov et al., 2007: i18) because there is not good quality of physical and social environment and the availability and access to social and health services.

Social housing inhabitants consider housing access and quality as social determinants of health and well-being (Urrea Arroyave, 2022), which are affected by other determinants, especially inequalities. The right to adequate housing implies, among other factors: “security of tenure; availability of services, materials, facilities, and infrastructure; affordability; habitability; accessibility; location; and cultural adequacy...” (World Health Organization, 2018: 7).

However, since the 1980s and the Political Constitution of Colombia (1991), public policy has navigated between the rights-and-social-participation approach, administrative decentralization, and the privatization of public policy. The review shows the financialization of the Colombian social housing policy, defined as a “broad and complex process of expansion and imposition of the logics of financial accumulation -both in the dynamics of production and in the dynamics of social and spatial reproduction” (Santana Rivas et al., 2021: 240). Some of the characteristics of this process in the case of housing are mortgage securitization, the participation of international investment funds, and the transformation of houses into tradable goods (exchange value) instead of being the space for the reproduction of life (use value). Access to housing for the lower-income population represents then a heavy burden that sums to the economic adjustment policies represented in the expansion of demand subsidies and mortgage loans (Carmona Rojas, 2022).

## Methodology

A literature review traced the incorporation of intersectorality in social-housing institutional approaches and policies and the relationship of social housing policies with health and well-being. Through source-specific filters in Redalyc, SciELO, and Google Scholar, we selected texts that had in their titles the following keywords or combinations of them: intersectorality, health, well-being, social housing, habitat, public policies, urban planning, governance, and governability. This corpus, mainly in English and Spanish and less in Portuguese, was selected by convenience to expose historical milestones and determine geopolitical differences in the conception of intersectorality and governance and trends in the Colombian social housing policy concerning intersectoral action for health.

Seventy-five (75) documents were collected, out of which sixty-five (65) were indexed and analysed. Through a categorical matrix we identified patterns and trends regarding the definition of the concepts of intersectorality and their incorporation into the housing and urban planning sectors. From this literature review analysis, the concepts of governance and governability emerged, dominating the intersectoral approach in the 21st century, especially in Latin America and Colombia.

Texts belong to the field of health policies and the framework of systems approaches, social determinants of health, and health in all policies. International organizations, national and municipal governments, and academic institutions produced these documents. Identifying the origin and genealogy of the intersectoral in the health and housing sector was necessary. Given that concepts such as governance and governability constantly appeared related to or replacing intersectorality, the search included these concepts and their appearance in public policies.

## **Results**

We present the results in three sections. The first section provides a genealogical perspective of intersectorality or intersectoral action, governance, and governability and how these concepts relate. The second describes the relationship between well-being and housing. The third section shows how the Latin American and Colombian social housing public policies incorporate intersectorality to contribute to health and well-being.

### **Origin and development of intersectorality for health**

Intersectorality in public health has been a significant issue for research and intervention in recent decades. It has gained importance because the complexity of determinants of health and health inequalities requires the participation of multiple institutions and actors to solve public-health problems (Fisher et al., 2017; Kang et al., 2011). Therefore, not only is urban health its primary objective, but its main corollary is the reduction of inequalities. In a complex socio-spatial context such as the city, intersectorality is mandatory: “Because intersectoral interventions can work across the many sectors that contribute to disparities, they may be better able to make disparity reduction a priority.” (Vlahov et al., 2007: i22—23)

Intersectorality is defined as a coordinated intervention or collaborative actions among government agencies or levels and institutions that represent more than one social sector that is focused entirely or partially on addressing problems related to health, well-being, and quality of life (Fisher et al., 2017; Organización Panamericana de la Salud, 2017). With the purpose of human health, strategically oriented actions are led by the health sector and supported by adequately agreed national or local policies towards the identified and prioritized problems (Castell-Florit Serrate, 2007: 2; Porta & Last, 2018).

Intersectoral collaboration to improve the population’s health involves the participation of public and private sectors and voluntary and non-profit sectors. It can take various forms, depending on the social and political systems and the addressed issues. Even if the health sector is not necessarily involved, this sector is called upon to lead (Fisher et al., 2017). This strategy can configure cooperation models such as alliances, coalitions, or associations (Public Health Agency of Canada, 2016). Thus, intersectorality supposedly allows societies to integrally solve social problems, enabling the organization of coordinated and cross-cutting actions involving institutional and non-institutional sectors.



One central perspective refers to intersectorality in which various sectors, including the government and the private sector, come together under non-contractual agreements to solve complex social problems derived from multiple causes (Cunill-Grau, 2014). Intersectorality is more convenient than one sector working alone because it allows sharing of economic resources, knowledge, experiences, and methods coming from each of the sectors that work together (Kalegaonkar & Brown, 2000; Bryson et al., 2006; McQuaid, 2010; Cropper et al., 2008 in Cunill-Grau, 2014).

It is a widely accepted premise that intersectoral action is a strategy that allows countries and territories to comprehensively, and in a participatory manner, control factors that determine health and its differential characteristics (Sosa Lorenzo et al., 2013). The concept of intersectorality makes sense in a systems approach that recognizes the interaction of multiple health determinant factors. Intersectorality combined with the whole-of-society and the whole-of-government approaches implies: “including communities and populations in the design, implementation, and evaluation of policies and services impacting on health and well-being [...] not only improve the quality, relevance, and ownership of the policies and services but also empowers groups by strengthening their ability to influence and control decisions that affect them” (Kosinska & Ostlin, 2016: 127).

### **Governance and Governability**

While intersectorality is a coordinated intervention of actions from various sectors seeking to solve problems related to health and well-being, governance is the management model established to carry out such actions. Governance provides the structures and actions that bring actors together and previously established agreements (McQueen et al., 2015). Sectors committed to intersectoral projects can freely put their interests, conflicts, and difficulties for the project addressed on the table (Cunill-Grau, 2014).

Public health policies understand governance as “the process through which state and non-state groups interact to design and implement policies, working within a set of formal and informal rules that are shaped by power” (The World Bank, 2017, para. 3). It is also a system of guidelines characterized by setting up a network of institutions and individuals who collaborate, united by bonds of trust, to make decisions along with different sectors involved (Zurbriggen, 2011). Non-state actors may be private sector companies or institutions, civil society, and market actors.

Substantial literature shows how governance is an essential determinant of urban health and how, on the contrary, poor global, national, and municipal governance is a significant cause of the worldwide increase in marginalized neighbourhoods (Vlahov et al., 2007). Among the essential elements of effective governance is legitimizing power relations exercised by different sectors for formulating and implementing intersectoral public policies (McQueen et al., 2015).

Governance structures serve as a bridge to facilitate cooperation among different sectors working together to achieve a goal. If the forms are not visible, they must be tangible because entities and procedures designated for each purpose are known. Intersectoral governance differs from collaboration based on personal relationships, which sometimes result in patronage relations (Smolka & Amborski, 2003; Urán, 2009).

Nevertheless, in Latin America, the consolidation of democratic political regimes advances while functions of the State are privatized. The consequence is reducing the State's performance and greater participation of the private sector and other non-governmental organizations in public goods and services (Zurbriggen, 2011). In social housing, the orientation toward governance entails that the financial-real estate networks are articulated through different forms: holdings, joint ventures, and partnerships that can create various rules that regulate the housing capital-related market (Santana Rivas et al., 2021).

The notion of governability characterizes the appearance or sharpening of crises in the political systems, which can come from two causes: the incapacity of the government to legitimize itself and citizen demands. Governability is a set of favourable conditions that boost a good government. On the contrary, ungovernability is a set of situations that, in a dysfunctional way, inhibit the capacity to govern (Alcántara Sáez, 2009). In Latin America, the use of the term governability is more common than that of governance because more importance is given to the exercise of power by the government than to the ruling exercise that the government develops in responding to the necessities of societies (Mayorga, 2007).

### **From Intersectorality to Governance**

The global intersectorality orientation of health has been translated in Colombia into a governance approach of public policies, understood as the greater participation of the private sector in all areas of public-social-housing policy. Notably, the State has strengthened ties with foreign investment entities and multilateral banks, among others, and the integration of public

and private agents (banking entities, business groups, builders, and real estate developers) at national, metropolitan, and municipal scales of intervention (Santana Rivas et al., 2021). This process of financialization of the sector limits the capacity of the State to guarantee the right to decent housing. It even leads to the abandonment of social housing production (Santana Rivas et al., 2021).

Governability and governance in Latin America have reached other nuances thanks to reform processes carried out in the 80s, promoting privatization, decentralization, and delegation of responsibilities of public management to private entities. The academic-practical analysis of these concepts has been scarce. The dominant definitions have been those provided by international cooperation organizations, such as the World Bank and the Inter-American Development Bank (IDB). The neoliberal perspective argues that the State is not sufficiently capable of managing infrastructure maintenance and building or operation of social services, among other matters (Zurbriggen, 2011).

Public policies have different characteristics in the region, considering governance as the best tool to improve infrastructure and health services, as well as other public services; but this generates privatization and delegation of operations to private actors (Donato Göttems & Rollemberg Mollo, 2020), which in turn accelerates the process of financialization. In Brazil, the operation program of social housing was 97% in the hands of private promoters (housing construction companies), a measure justified to speed up the process, avoiding the endless procedures adopted by government institutions (Valença & Bonates, 2010). This is the case in Bolivia and Argentina with sanitation and water services, in which the government and citizens have found severe difficulties in managing contracts with private companies, with a lack of prior studies about the sustainability of delivery mechanisms, poorly designed bidding processes, among other problems (Zurbriggen, 2011).

### **The relationship between social housing to health and well-being**

Many initiatives focused on health and broader concepts such as well-being or happiness. The policies designed for achieving the Sustainable Development Goals are inspired by the creation of enabling environments that improve people's well-being. The UN director declared that it is time to stop measuring economic output and start measuring people's well-being (Petermans & Cain, 2020: 16). Well-being has been understood based on objective and subjective components.

However, well-being is a polysemic concept; multiple interpretations are found in the literature (Petermans & Cain, 2020: 23). There is more progress in listing its dimensions, components, or characteristics. There are various trends concerning the relationship between objective and subjective well-being and housing. The first considers housing a satisfying factor necessary to obtain objective well-being; it is “a cornerstone” to achieve it as a fundamental right of citizens (Malpass, 2008). The second discusses that housing, although a necessary condition to achieve well-being, is insufficient, as other subjective factors intervene, related to the living place, the surrounding conditions, and the ones granted by its settlers while living there. Housing is an “unstable pillar” for achieving well-being. A third tendency states that housing of having a living place is a fundamental right, and it should be addressed as an element to be outside the market (calling for a “decommercialization” of housing). Thus, housing becomes an objective satisfying factor in the population's well-being (Malpass, 2008).

The habitat concept considers the elements that compose life, elements around the house, and more remote ones. It conceives the house as a constructed and inhabitable element that would be able to enhance well-being by itself. “Habitat is support and condition, as well as a space that is re-signified and reconstructed by the culture” (Leff, 1998: 243 own translation). According to Agudelo Rodríguez et al. (2013), the “social production of habitat and housing” could offer alternatives with better well-being conditions for low-income families compared to the ones offered by the market.

### **Intersectorality for health in Colombian social housing**

The 1991 Political Constitution of Colombia establishes the right to a living place: “The State shall establish the necessary conditions to guarantee this right and shall promote social-housing schemes, appropriate long-term financing systems and associative forms for implementing of such housing programs” (República de Colombia, 1991, sec. 51).

Law 3 of 1991 structured the policy of granting subsidies to purchase new housing. It created the National System of Social Interest Housing, but this law does not mention health or welfare. Neither reference to health or well-being criteria is found in the Conpes (National Council for Economic and Social Policy), stating housing policy guidelines and consolidation of the instruments for land clearance and generation of housing supply (CONPES 3269 of 2004). Later, Law 1469 of 2011 amends Law 3. It only mentions well-being concerning public space. Specifically, Law 1537 of 2012 refers to well-being concerning housing just once in its

third article. This same article mentions intersectorality: the “coordination between the Nation and the Territorial Entities,” mentioning, among others, the following aspects:

(a) The articulation and consistency of national housing policies and programs with those of departments and municipalities; [...]

g) To prioritize the construction, endowment, and operation of services complementary to the house: education, health, security, social welfare, information and communication technologies, and the installation of public utilities, among others, following guidelines defined by the respective Ministries, for the Social Interest Housing and High-priority Interest Housing projects and macro-projects of national social interest. (Law 1537, 2012, art. 3 —own translation)

In turn, Law 1751 of 2015 of Colombia, which deals with public-health policy, calls on the government to “implement a State-social policy that allows intersectoral articulation with the purpose of guaranteeing the essential components of the law, affecting positively the social determinants of health” (The Republic of Colombia, 2015 —own translation).

Finally, the Law 2079 of 2021 deals with the provisions on housing and habitat and mentions intersectorality. However, it only refers to the well-being of teachers and women victims of violence. Regarding health, the law appeals for “healthy housing.” This public policy generally outlines long-term guidelines to satisfy the right to decent and quality housing through intersectoral work. It states the importance of the participation of the national and territorial governments, civil society, and national and international organizations; it assumes that the provision of essential public services and collective urban equipment constitutes a mechanism of articulation between housing and habitat. It highlights the planning of land use in the search for a harmonious balance between respect for the environment and land occupation and the prevalence of the general interest over the individual's interest. Finally, this law implies the formulation and implementation of projects and measures that contribute to the consolidation of healthy, resilient, and sustainable territories, cities, communities, and housing, aimed at increasing the quality of life of Colombians.

New laws and regulatory decrees after Law 3 of 1991 aimed to boost housing subsidy policies and increase the transfer of public resources to the real estate and mortgage sector. One step in this direction was the issuance of Decree 2620 of 2000 (Carmona Rojas, 2022). The new housing Law 2079, enacted in January 2021 after the debate during the rawest moments

of the Covid-19 pandemic, decisively incorporates the orientation of “financial inclusion” in the form of facilities for access to housing through the market (Carmona Rojas, 2022).

## Discussion

We found that the governance approach in the social housing sector has moved Colombian public policy away from the global orientation towards intersectorality for health and well-being. A search for that orientation shows very fragile results. Instead, it is evident that the incorporation of social housing into the market and the delegation of public-policies operation to the private sector.

The challenge for healthy cities or urban health is a critical international and global issue, principally because “slums will become home to a higher proportion of the world’s poor” and growing cities have “dramatic effects on the environment and human health.” (Vlahov et al., 2007: i16) Urban life conditions that affect the population’s health are influenced by municipal, national, and international trends, such as government, markets, and civil society (Vlahov et al., 2007: i20). Changes must occur in the social and physical environment to achieve health, not only in incorporating healthy behaviours (Kang et al., 2011). Welcomed by other multilateral organisms and national and local governments, intersectorality is the strategy promoted by the WHO.

This organization focuses on access and quality of housing through the term “Healthy Housing,” which is part of its global policy about “health-promoting environments” (World Health Organization, 2018: 6). Nevertheless, one of the most critical problems concerns people that live in slum conditions; not only are they migrants, refugees, or displaced populations, but they live in at-risk areas (World Health Organization, 2018: 3–4). Large-scale social housing projects are promoted on peripheral lands and farmland in the suburbs because central city areas are expensive. Consequently, the new neighbourhoods cope with the lack of public facilities and job opportunities (Lin, 2018). Efforts to expand housing coverage and quality are needed: “durable housing (housing which fails to provide shelter from the elements); sufficient living space; security of tenure; sanitation and infrastructure; and access to improved (uncontaminated) water sources.” (World Health Organization, 2018: 4)

Although in the last 20 years, there has been a transition toward intersectoral public policies involving more actors, orienting multisectoral governance concerning housing, this

does not necessarily benefit the population's health. Global calls and guidelines have been made for the transfer of policies away from direct government housing provision actions to a set of "regulatory, taxation and mortgage securitization measures intended to increase homeownership and cut the 'red tape' that allegedly harms private sector responses." (Raynor & Whitzman, 2020: 2) Nevertheless, this shift in policies led to more inequalities. Countries such as the United States, Canada, and Australia show "decreased rates of home ownership amongst younger households, increased proportions of low-income renters paying over 30% of their income on housing, and greatly increased rates of homelessness." (Raynor & Whitzman, 2020: 2). There is evidence that oligopolistic players benefit from "grants, subsidies and tax incentives [...] reinforcing combinations of land price escalation, higher profit margins and lower quality of increasingly standardized units." (Klink & Denaldi, 2014: 225)

In Colombia, as in other countries, since the 1980s, the incorporation of social housing into the market is evident. It goes from having a social function to a financial and productive function (Magri Díaz, 2013). That is how "the public sector becomes a promoter of the public-private production chain. The private sector becomes the main receiver of public resources and private savings, allowing it to participate increasingly as an intermediary in this productive chain." (Acebedo Restrepo & Peláez Gaviria, 2021: 24). The State eliminated public financing institutions to give way to banking entities (Acebedo Restrepo & Peláez Gaviria, 2021). Rolnik (2017) states that three dynamics are playing over the access to private ownership of housing: the expansion of the demand subsidy model, the role of indebtedness and mortgage loans, and, finally, the field of neoliberal urban policies.

Such is the increase in housing inequalities that researchers call for the "decommercialization" of housing through

regulating rent increases, security of tenure, and quality of private rental dwellings; halting conversions of affordable rental to private ownership; preserving and greatly expanding public and not-for-profit community housing through mechanisms ranging from construction and renovation subsidies to inclusionary zoning; and promoting homeownership options that limit re-sale price increases. (Raynor & Whitzman, 2020: 2)

Integrating other actors into public housing policy has neither promoted its democratization nor a joint work including different public and private sectors of cities towards populations' well-being. It has increased inequalities in housing access. The trend goes towards speculation with market dynamics (Raynor & Whitzman, 2020). It seems that the participation

of other actors is proportional to “The hollowing out of government capacity and competencies presents challenges for the continuing delivery of public services” (Raynor & Whitzman, 2020: 18).

On the other hand, collaboration is not promoted by laws and institutional arrangements in Colombia. As in other countries, there is not an orientation towards multisectoral approach to well-being and articulation structures that support the communication and organization of the actions of each Ministry or governmental agency.

The paradox of not contributing to well-being matches the perceptions and evaluations of dwellers of social housing in Colombia. In some cases, social housing has become housing for the middle class, a sector of the population that can finance a percentage of housing (Arbeláez et al., 2011; Gilbert, 2014). People who receive primarily government-subsidized housing struggle to maintain housing tenure or ownership (they do not have a fixed income to pay fixed housing costs: utilities, taxes, others) (Herrán Cuartas, 2019; Urrea Arroyave, 2022). Housing is no longer the space to realize personal and family life (Carmona Rojas, 2022).

## **Conclusions**

Intersectorality is based on the aspiration that achieving health is only possible with the collaboration of all public-policy sectors and society. However, the relationship with the private sector does not become a collaboration but a negotiation. The normative discourse reinforces the fiction about efficiency and innovation by assigning housing development and financing to private partners and banks. Nonetheless, scholars and global agencies agree that a “coherent housing and government financing policy” is necessary (Raynor & Whitzman, 2020: 17).

The literature review showed that social housing policies in Colombia only mention intersectorality regarding the coordination of national and local social policy levels. This represents an essential gap in public policy as the State fails to meet the population's needs, not offering a social housing policy to solve the quantity and quality deficit of housing. Additionally, comprehensive mentions of well-being were not identified in the housing policy. That, together with the decreasing incidence of the State in its regulation and supply, represents severe problems for a neoliberal society, which fails to provide housing opportunities to its inhabitants in vulnerable situations. Raynor and Whitzman (2020) insist that it would be



possible to offer a modest number of houses for these audiences with the application of intersectorality on these policies and the extraction of these houses from the speculative market. Governance and governability are more used concepts in urban planning in Latin America. Social housing policies in Colombia do not include a networking or intersectoral strategy for health and well-being.

This article shows the theoretical implications of the contribution of the concept of intersectorality to health and housing. Similarly occurs with concepts such as governance and governability. These two concepts are analysed and compared with intersectorality in relationship to public-housing policies and how housing contributes to health and well-being.

As practical implications, this article provides new elements to design a public-housing policy, promoting interaction, through intersectorality, of multiple sectors, always looking to provide health and well-being for inhabitants. In Colombia, the normative set on housing since 1990 reproduces the rationality in which houses are market goods. Housing financialization is part of the liberalization of the national banking system after policies implemented since the 1991 Constitution. It also expresses the configuration of demand subsidies anchored in the expansion of the construction of affordable housing in this same decade (Carmona Rojas, 2022). In other words, the new cycle of accumulation reinforces the expanded role of new financial tools and institutions. In contrast, global financial actors' investment strategies increasingly influence urban populations' living conditions (Santana Rivas et al., 2021).

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