The Importance of "Urban" in Urban Health: A Report from the Global Urban Summit[*]

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Background

From July 15 to July 20, 2007, the Rockefeller Foundation and the Center for Sustainable Urban Development (CSUD) at Columbia University's Earth Institute convened an expert panel on global health issues at the Foundation's study and conference center in Bellagio, Italy. The focus of that week of discussion was the specific challenges posed by urban population health. The urban population health conference was one of four that our two organizations convened over the month of July as part of a larger urban summit.[3] The impetus for the urban summit was the *realization* that *for the first time in history we are living on an urban planet*--a world in which the majority of the population lives in urban places--and the *recognition that the complex challenges which accompany rapid urbanization can stymie the opportunities cities offer*.

Most of world population growth between 2005 and 2030 is expected to take place in the less developed regions of the less developed low and middle-income countries commonly referred to as the Global South (UN Population Division, 2006). The majority of this growth will occur in that region's urban areas and much of this increase will manifest itself in the form of slums (UN-HABITAT, 2003). As such, the focus of CSUD's involvement in the urban summit was dedicated to the address of the vulnerabilities of the urban poor in the Global South. In this paper, the authors will convey the key points that emerged from the summit's urban population health week and raise some issues about future directions for urban population health, particularly as they relate to sustainable and equitable urban development in the Global South.

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[3] The three other summit weeks were focused on: financing shelter, water and sanitation; building climate resilience and reorienting urban planning and design pedagogy and practice for the 21st century. The summit background papers are available at: http://www.earth.columbia.edu/csud/projects/global_urban_summit.html.

1. The Meaning of "Urban"

Interestingly, a fundamental question at the outset of the urban population health discussion was whether there is in fact a *need* for "urban" population health systems *per se* or whether it was merely a matter of retooling the population health and medical care delivery systems we already have. That is to say a question asked by some of the experts concerned whether "urban" is a crucial independent variable in either population health or medical service delivery systems. If "urban" is crucial (which all agreed it was by week's end), then how might population health and medical service delivery systems differ from and interact with systems designed when the world was predominantly rural and much less interconnected?

Certainly a greater focus on "urban" is necessary to account for a rapidly urbanizing world, but it should also be noted that the classic debate about "urban" versus "rural" has become somewhat misplaced. The fluid migration population patterns of the modern, globalized world are such that urban population health systems must cater not only to the needs of urban residents, but to rural dwellers seeking advanced medical care as well. Increasingly, population migrations are occurring in relationship to the differential ease of availability and access to medicines and health care in various places. It is also quite common for rural dwellers to work in urban areas on either a daily or sporadic basis. The result of these patterns of back-and-forth population movement is that we need to seriously rethink the spatial nature of population health in general, the links between problems upstream that manifest themselves in higher morbidity and mortality downstream, as well as the adequacy of the ways in which we plan for primary, secondary and tertiary systems of medical care.

There is also a perception that urban populations are better off than their rural counterparts – a general idea that things are somehow better in urban areas in terms of access to affordable health care services, to decent transport systems, to good education, etc. Development indicators, such as life expectancy and education, do tend to be better in urban areas, but in many cities, particularly in the Global South, these urban averages obscure the realities of the urban poor. The lack of disaggregated data are certainly problematic but perhaps even worse is that the urban poor, often living in informal settlements, are not often counted in formal government surveys. In these cases, there is no data to disaggregate because it simply does not exist. Community mapping and surveys conducted by, or in partnership with, community groups are essential in filling this gap and, as later discussed, this process of data gathering has far-reaching impacts.

2. Urban Development and Population Health

The challenge of addressing the fluid nature of contemporary population migrations and natural population growth takes on added complexity when we consider where much of this population movement and increase is taking place. As mentioned earlier, the most rapidly urbanizing parts of the world are the urban centers located in the Global South. In other words, the most rapid rates of urban

population growth are taking place in the poorest cities in the poorest countries. Hence the challenge of effective population health systems and the challenge of sustainable urban (and by extension regional, national and international) development cannot be separated.

The urbanization story in the Global South can be summed up simply as the reality of massive urban population inflows and natural population increases running well ahead of urban infrastructure and urban public services. These include safe drinking water, effective sanitation systems, adequate shelter, effective and affordable health care, decent transport, education and other crucial urban systems.

One *billion* people, or one of every three urban residents, live in slums. By 2030, if trends continue, the number of slum dwellers will double, increasing the proportion of slum dwellers to two of every five urban residents (UN-HABITAT, 2006). Urban slums are characterized by high incidences of communicable and non-communicable disease and injuries. These lead to unacceptably high morbidity and mortality rates in urban slums (Sclar, Garau and Carolini, 2005). Diarrhea and respiratory illness are major killers, particularly among children under five. Urban violence and mental illness also have a significant affect on health and productivity in slums. Additionally, although motor vehicles are not a common transport mode for urban slum dwellers themselves, high traffic congestion, lack of pedestrian walkways and a lack of concern for pedestrian safety among vehicle drivers in the crowded areas in and around slums result in the severe injury or death of large numbers of the urban poor as they go about the activities of daily living. One injured or sick individual can push an entire family further into the depths of chronic poverty.

Cities are often the engines of national economic growth yet typically the urban health agenda is viewed separately from the national development agenda (Garau, Sclar and Carolini, 2004). However, it is clear that urban population health is integral to the success or failure of national economic development strategies and these strategies in turn are highly dependent on the success or failure of urban development efforts. Making matters even more complex, the pressing reality of global climate change and the need to quickly address the implications of drought, flooding and extreme heat make the interconnections even more imperative and obvious. It would seem that by using the framework of a social-determinants approach to health, which includes ensuring access to clean water and sanitation, transport, health services, and so forth, we can make a strong case for the long-term economic benefits of urban improvements. Bellagio participants agreed that the overall urban agenda (which must include urban population health) needs to be elevated and incorporated into broader national (and international) development and security agendas.

3. Linking Urban Health to Other Sectors

From the previous point it follows that one challenge we face is demonstrating the far-reaching impacts of a well-performing urban health system. Urban health is integral to the ability of educational programs to increase individual opportunities and labor productivity. Good urban health systems help to protect

savings and permit their use in moving ahead rather than merely mitigating social costs. Together realities such as these go a long way towards the stimulation of sorely needed urban-based economic growth.

It is essential that heads of government, legislators and ministers of finance recognize and address the health dimension of poverty in order to achieve national (and international) development goals. Health is a more equitable indicator of human well-being than economic output. As such, well-performing health systems, which are by definition inclusive, are vital for development per se but are particularly crucial to the equitable development and success of rapidly growing cities (especially those of small and medium size) in the Global South. Similar to the issue of climate change, health is not a "new" problem, but, as Julio Frenk, former Minister of Health of Mexico, highlighted in his summit plenary address, in an age of increasing globalization, the problems are compounded as they add on to existing ones and interact with them.

The need for multi-sectoral collaboration was highlighted across all four summit weeks. It is important to consider the "upstream" causes of the population health problems that become manifest "downstream" and to work across sectors to solve them. "Downstream" urban population health challenges, such as diarrheal diseases, mental illness, violence, respiratory illness, pedestrian deaths, etc., cannot be adequately addressed without dealing with their "upstream" links/causes. These include the existence and quality of, as well as access to, affordable water and sanitation services, hygiene, shelter, and transportation. Clearly, the matter of infrastructure (or lack there of) is a population health issue and needs to be addressed as such. Local (and national) governments, researchers, health professionals and planners will need to understand these upstream/downstream (cause/effect) relationships and collaborate with partners across sectors to improve the overall quality of life of urban dwellers. Importantly, even when interventions are multi-sectoral, disaggregated, quantitative data on health outcomes is necessary to demonstrate a program's effectiveness as well as its potential for scalability.

4. Data Collection, Analysis and Documentation

Data can be extremely misleading, as governments are often poorly equipped to address groups that do not fit within formal sectors and of course because they also have the power to decide who and what should be counted where, according to their beliefs and priorities. For the most part, slum dwellers are unrecognized and therefore uncounted. Going back to an earlier point, even when they are counted, the data (often flawed) is largely hidden by the distortion of urban averages, which give the impression that urban dwellers are better off than their rural counterparts. A large part of making the invisible visible and highlighting the need for action will require that data on slums is collected locally, through the process of community mapping. Making the invisible visible will not only help give slum dwellers a voice in the political process, but will also allow governments to better prepare and respond to the complexities, as well as to take advantage of the opportunities, that increasing urbanization will bring.

Collecting and organizing more and better data on slums will also help make it possible to make better intra- and inter-city comparisons, which are important in determining which interventions are appropriate where, allowing for replication and scalability. If official government data does include information on slum populations, this should be disaggregated and compared to local-level data for verification and meaningful use. Disaggregated and local-level data that does exist should be made available and easily accessible. The data collected should be oriented towards policy change and action.

The idea of creating a typology of cities which would allow for the intra- and inter- city comparisons noted above, was widely discussed throughout the summit. City profiles and comparisons could be used as a tool to leverage the health agenda locally, nationally and internationally.

5. Recognizing the Roles of Local Governments and Local Partners

One of the major problems with international efforts to address challenges such as urban health is that they are by definition based at the level of the nation, which is reflected in financing flows. Yet the problems manifest themselves at the local level and strategies to address them are implemented and managed at the local level. The participants in the urban health week, along with those of the other three weeks, expressed a strong concern that local governments need to be central to the effort of addressing the vulnerabilities of the urban poor. Such centrality in turn implies a need to develop local capacity to act in terms of technical ability as well as through fiscal resources. Local governments cannot act alone. The participants stressed the need to recognize the important roles that NGOs and community-based organizations play in improving the lives of the urban poor. Local government leaders and local champions, in collaboration with local partners, can play a strong role in advocating/elevating the urban agenda to the national level, particularly as local actors are often the best placed to understand conditions on the ground.

6. Capacity Building

Given the centrality of the roles of local governments and local partners, a running theme throughout the entire summit month was building capacity at the local level. Members of local governments, researchers, community groups, and professionals such as health workers and planners also need training to better understand and respond to the changing and increasingly complex urban population health challenges that will continue to mount with increasing urbanization and globalization. The interactions of health with other sectors/issues (e.g., transportation, water, sanitation, and climate change) need to be better understood and articulated by those responsible for designing, managing and implementing plans targeted towards improving, among other things, urban population health.

The urban poor are active agents of their own development, and their ability to organize themselves is ultimately a key to improving their lives for the long term (Garau, Sclar and Carolini, 2005). For example, mapping exercises can help build/strengthen community organization/cohesion. Communities that are not yet

organized may need assistance in spurring cohesion. It was agreed throughout the month that training communities and community leaders is best done by other communities and community leaders that have faced similar problems and successfully organized. This is an adaptation of the model that is successfully employed by Shack/Slum Dwellers International, which is made up of federations of community organizations in places like Kenya, India and South Africa.

7. Financing

Financing issues are typically related to national priorities, which are reflected in national budget allocations. International funding, such as development aid, flows directly to national governments and often does not adequately filter down to the local levels of administration, where it is needed to tackle the multifaceted challenges that accompany (unplanned) rapid urban growth. On an international level, these funds may be set up to flow differently to ensure that they reach the local level through the processes of poverty reduction strategies, regional development bank planning, as well as the strengthening of international, national, regional and municipal networks (e.g., United Cities and Local Governments, Shack/Slum Dwellers International, etc.). One topic highlighted at the summit, was the creation of incentives to foster cooperation between local governments and NGOs and CBOs in capacity building and service delivery. Incentives could take the form of international funds that would be dispensed to locales that demonstrated capacity and effective partnerships.

Among the opportunities identified at the summit to address financing issues at the national level were: helping to change the national budgeting processes (including capital budgets); developing national health accounts; and forming MDG-themed groups at national levels. At the local level, some opportunities to address financing issues were identified as the creation of municipal bonds; designing appropriate taxation schemes; strengthening city councils; altering city budget processes (to make them more inclusive, etc.); and using (and strengthening) community accountability processes.

Moving Forward

All at the summit agreed that improving urban population health systems must be central to any effort to improve the lives of the urban poor. Hundreds of millions suffer from illnesses and premature deaths resulting from inadequate living conditions, coupled with lack of access to affordable and decent health care. Improving urban health also goes hand in hand with improving economic development; cities are most often the engines of regional and national economic growth and a healthy workforce is a more productive one.

Summit participants also agreed that in order to make significant improvements in urban health on a large scale, policy-makers at multiple levels (local, national and international) will need to first recognize the importance of the "urban" in urban health. In other words, a strong case must be made for why urbanization (and an urban health agenda) is important. These priorities should be

folded into the larger social and economic development agenda and be reflected by international and national funding flows. Local government leaders and urban champions can be advocates for elevating urbanization onto the national agenda; Ministers can be advocates for putting urbanization and investment in human capital on the global development agenda. Local and national leaders can also highlight the importance of governance and think about appropriate pathways for promoting government reform (e.g., linking appropriate organizations that are engaged in improving governance).

Effective advocacy of the urban health agenda must be solutions-oriented. Simply put, while the scale of the urban health challenge is enormous, it is not hopeless. It should be stressed that there are key things that can be done to ameliorate the situation of failing urban population health systems, using a social-determinants approach to get at the "upstream" problems that lead to poor health outcomes "downstream". Supporting the role of community groups in development in general and urban health in particular will be vital in improving urban population health systems, as will be fostering city-to-city learning (e.g., South-South, South North, etc.). Researchers can help support the improvement of urban population health systems by ensuring that their work addresses key issues raised by practitioners. Building capacity at the local level to equip municipal governments, urban planners and health professionals is vital.

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