Applying a "Health Lens" to Urban Planning, Governance, and Finance to Promote Health Equity -- Tools to Improve Health, Reduce Social Inequalities, and Ensure Wider Access to HIV Services

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GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

The century of the cities

Urban

VS

Rural

Advantages of urban centred development

- The scale of cities and the apparent cost effectiveness of investing
- Global flows of capital, trade and information
- Dynamic concentrations of infrastructure, finances, skills and innovations

The 2030 Agenda for Sustainable Development reflects and responds to the increasing complexity and interconnectedness of health and development, including widening economic and social inequalities.

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- Poverty
- Exclusion
- Inequality
- Social status
- Housing conditions
- Environmental conditions
- Political conditions

HIV burden in Cities

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Ending the AIDS epidemic will rely on concerted efforts and actions taken by cities

A large and growing proportion of people living with HIV are in cities

People in informal settlements and deprived city areas are vulnerable to economic and social marginalization

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Definition of Health Equity

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- The attainment of the highest level of health for all people.

- Achieving health equity requires:
  - Elimination of health and health care disparities
  - Valuing everyone equally
  - Focused and ongoing societal efforts to address avoidable inequalities including injustices
    - Historical
    - Contemporary

SOURCE: http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities

Total health inequality versus social inequality in health

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- **Total inequality**: the overall distribution of health
  - Consider only health indicator variables (no equity stratifiers)
- **Social inequality**: health inequalities between social groups
  - Indicate situations of inequity, where differences between social groups are unjust or unfair
  - The emphasis of this lecture series

Social determinants of health
Conceptual Model and Priority Issues

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Neighborhood/Built Environment:

- Quality of housing
- Crime and violence
- Environmental conditions
- Access to healthy foods

Education:

- High school graduation rates
- Enrollment in higher education
- Early childhood education/development
- Language/literacy

Economic Stability:

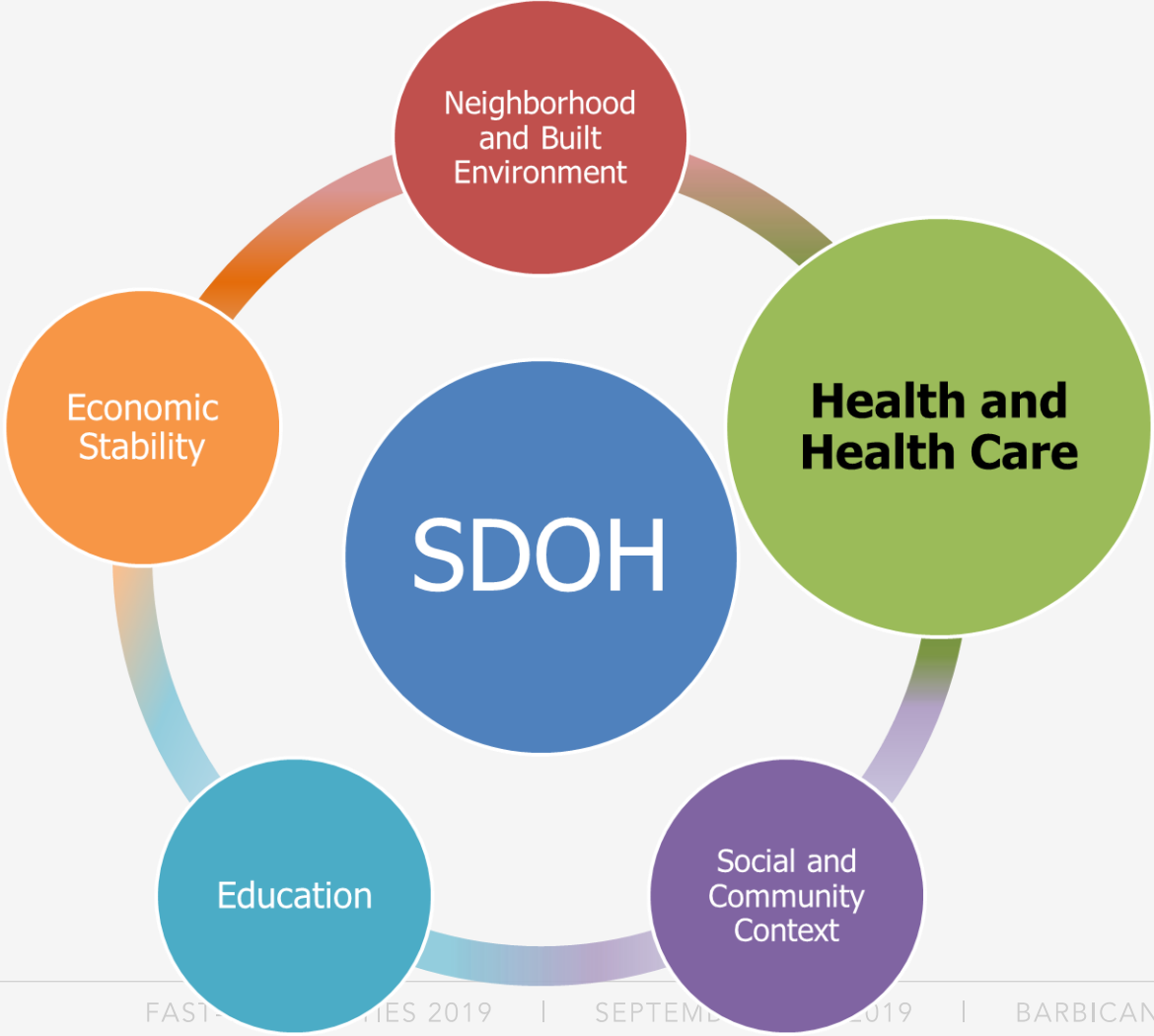
- Poverty
- Employment
- Housing stability
- Food insecurity

Health and Health Care:

- Access to health services
- Access to primary care
- Health literacy

Social and Community Context:

- Social cohesion
- Perceptions of discrimination and equity
- Civic participation
- Incarceration/institutionalization



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Counting Shelter Deprivations

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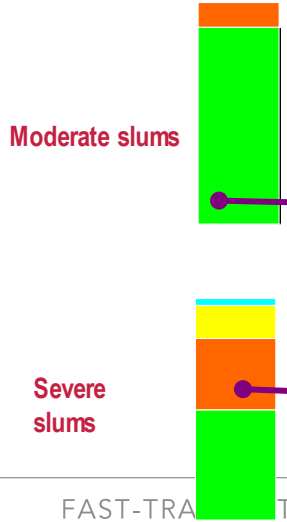
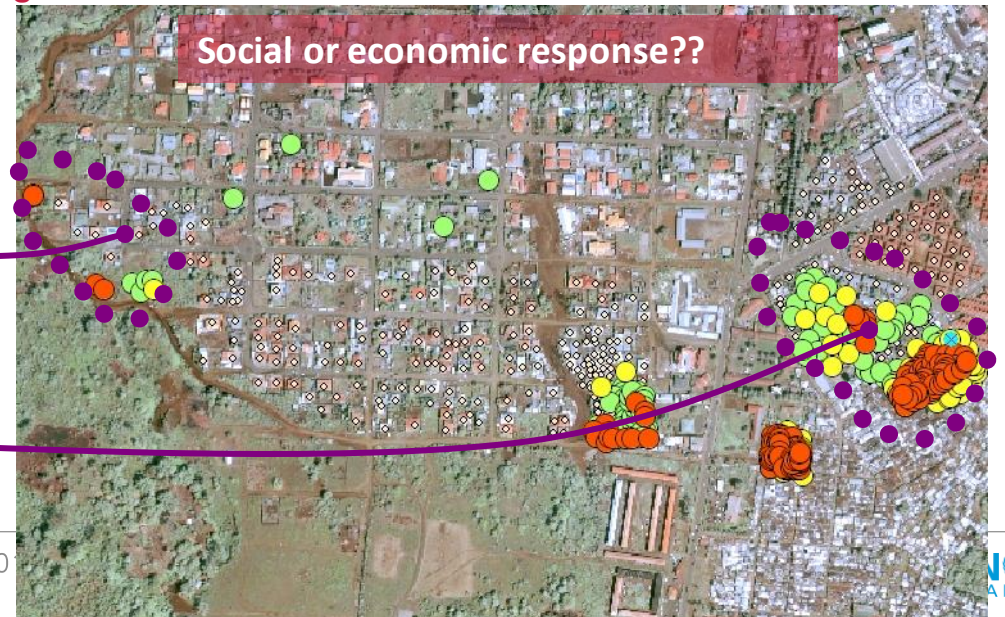
- Access to improved water
- Access to improved sanitation
- Sufficient living area
- Durability of housing

Identifying slum areas





GIS and Remote Sensing Tools for slum Estimation

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Examples for Detection of slums / informal settlements

Information to be extracted from images;

- Slum Location
- Slum Size
- Population estimates
- Densities
- Spatial-Temporal changes

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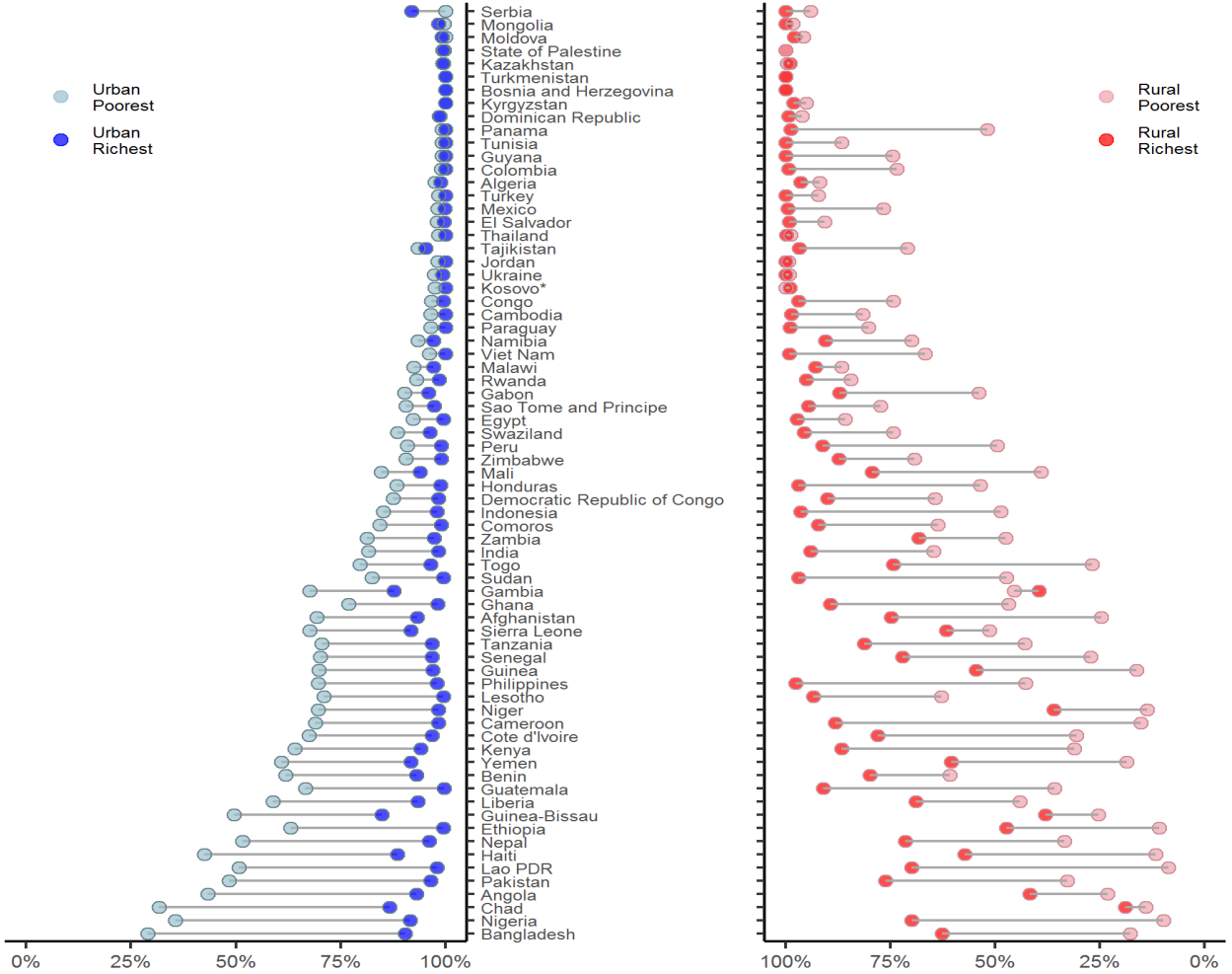
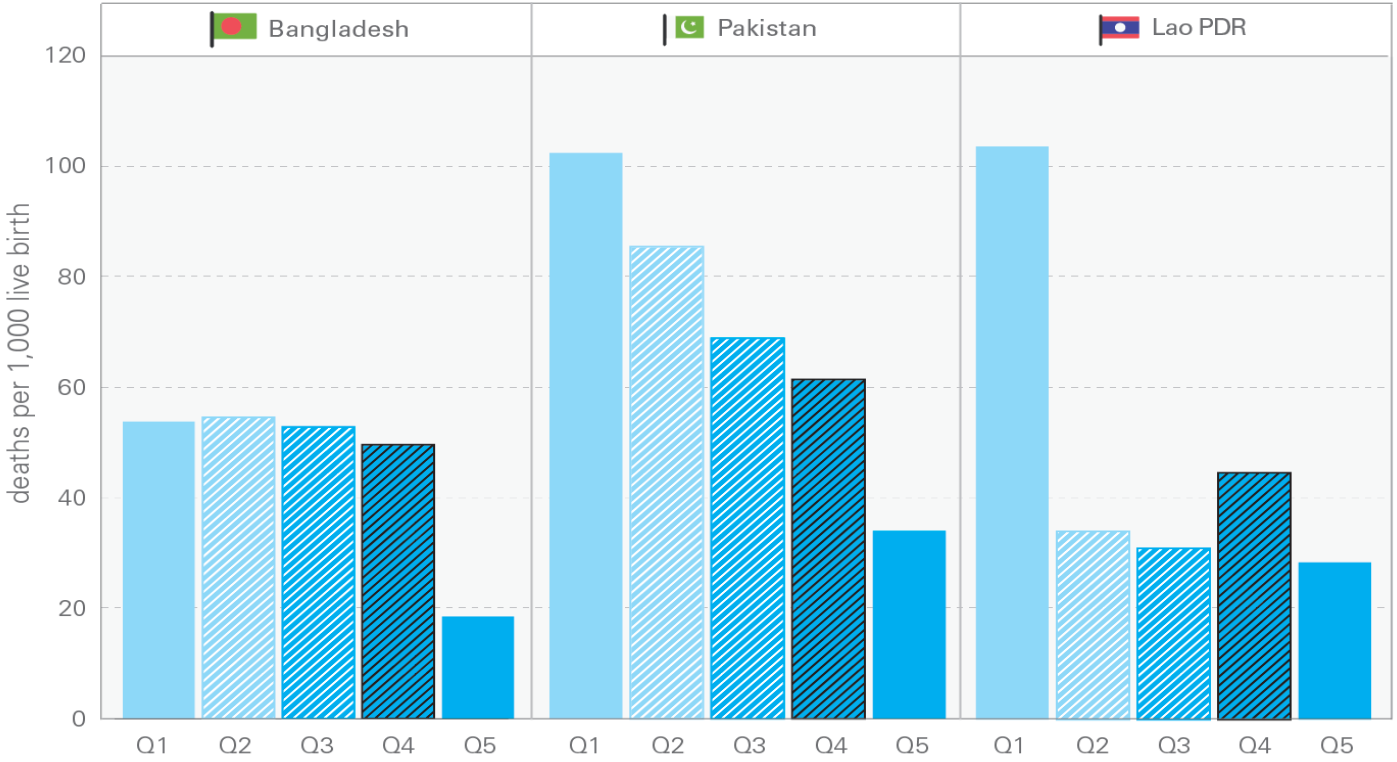
Country level results: intra-urban and intra-rural gaps (wealth)

Urban and rural disparity by wealth in skilled attendants at birth
ordered by urban skilled attendants at birth disparity gap



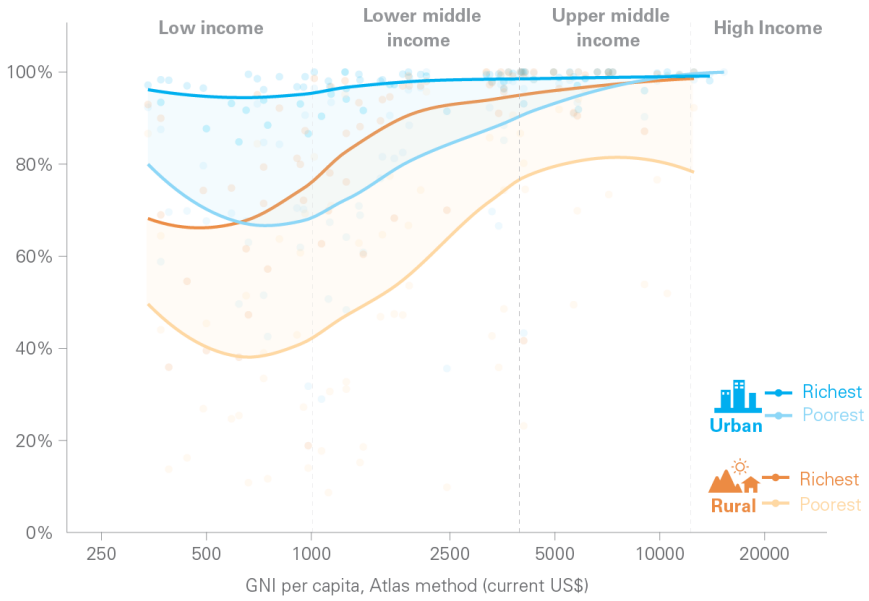
Inequality can take different shapes: from advantages for the richest only, a gradual relationship with wealth, to a situation where only the most vulnerable are left behind

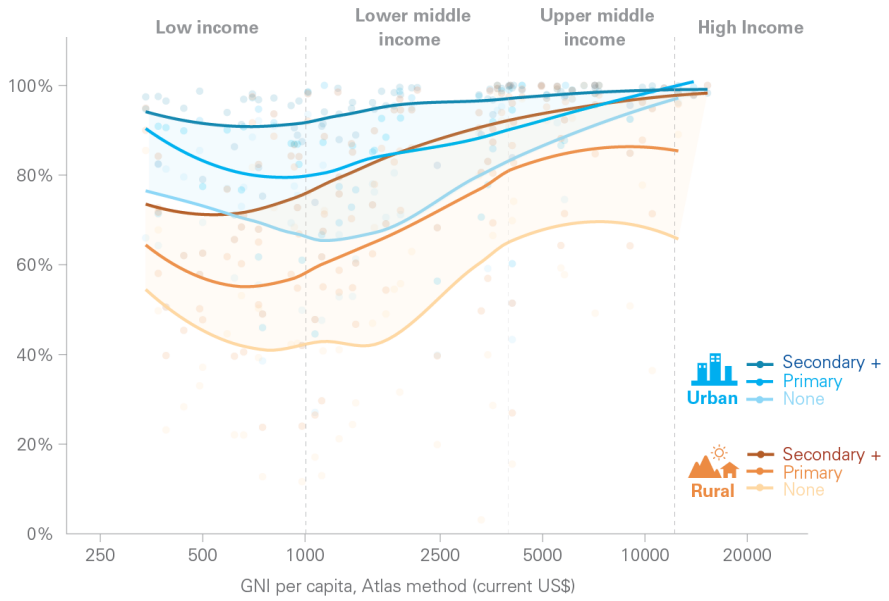
Under-five mortality rate by wealth quintile (from poorest Q1 to richest Q5) in urban areas for selected countries



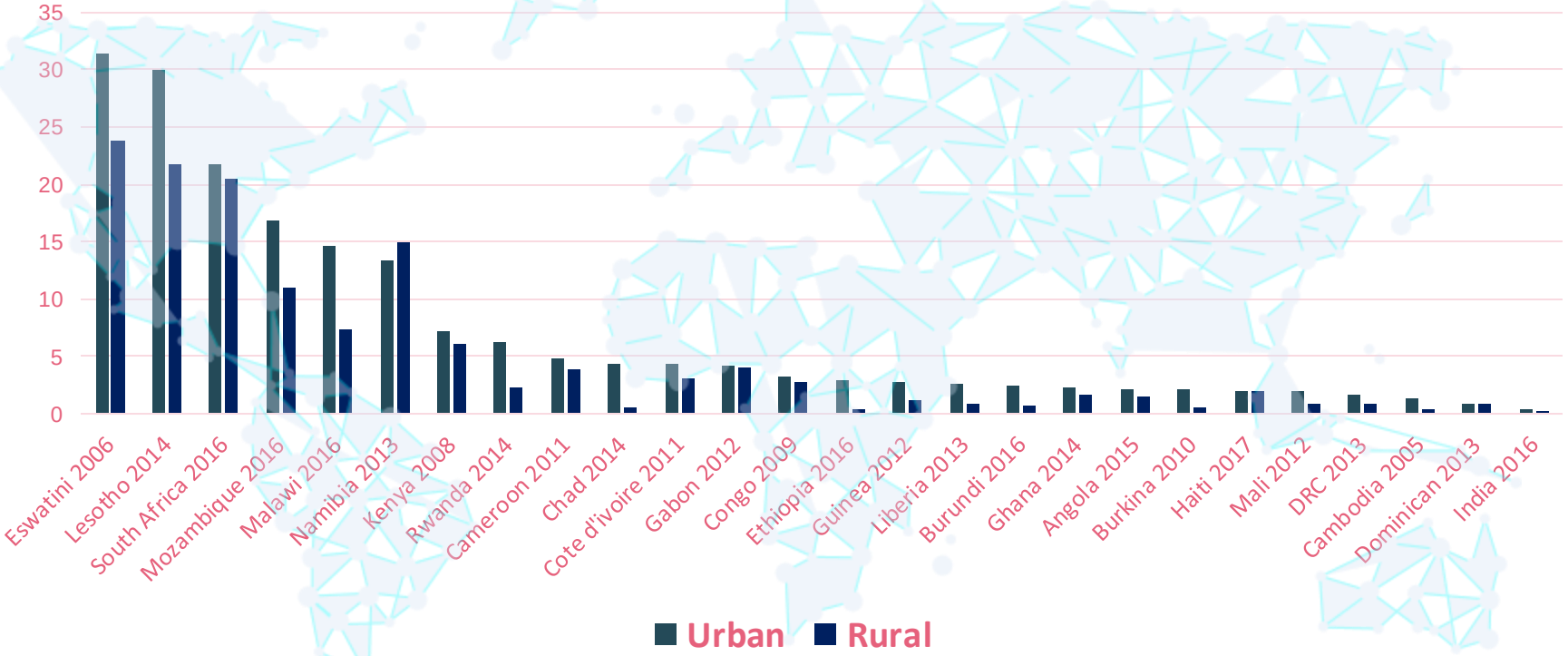
Besides household's wealth, maternal education is another important dimension of disparity

Comparing disparity by wealth (left) and disparity by mother's education for the indicator "Skilled birth attendants rate", by GNI per capita (with trendlines)

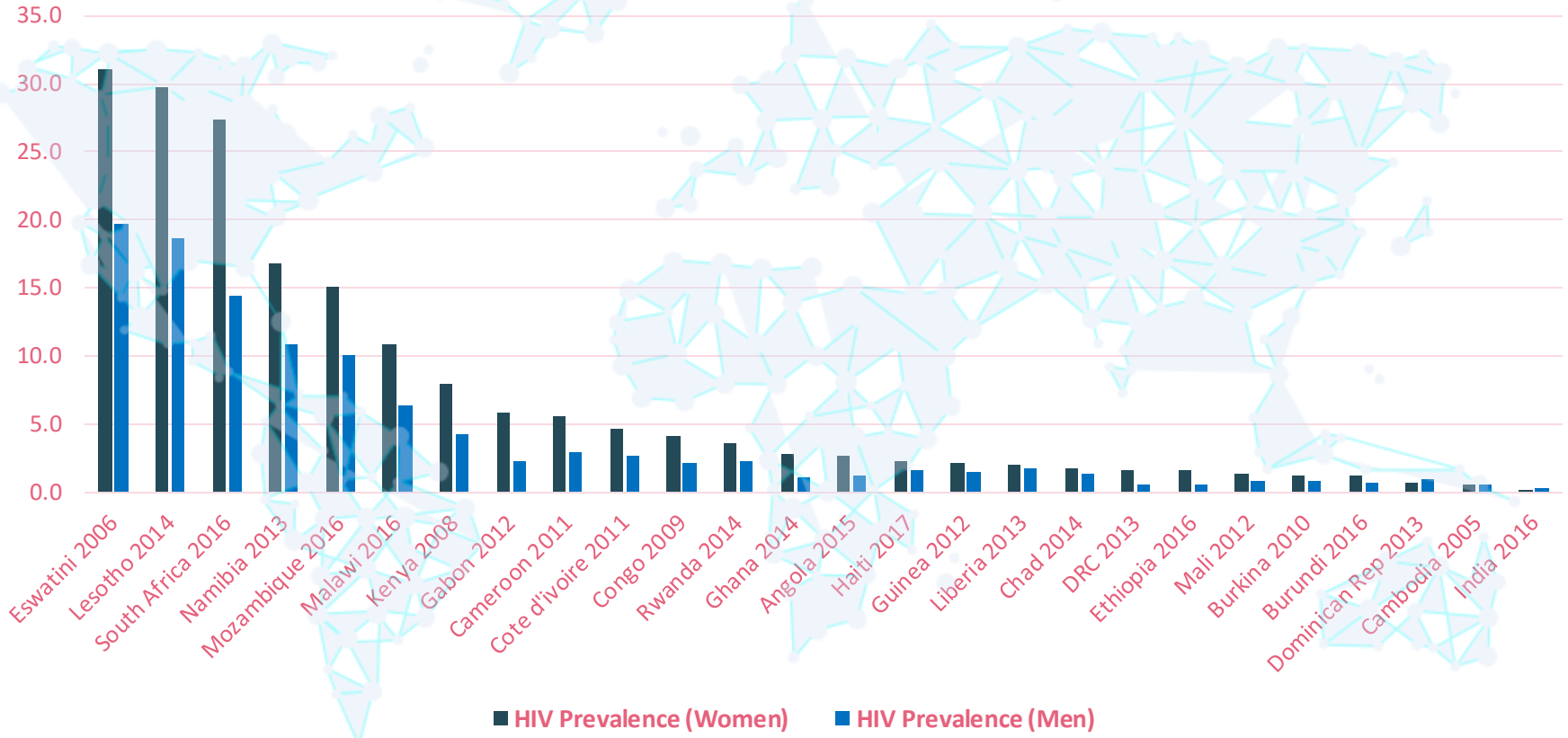




HIV burden: Urban/rural divide



HIV burden: Gender



HIV burden-selected country intra-city analysis

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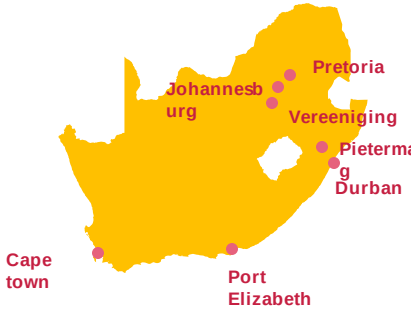
Cote d'Ivoire

Population living in the city: 23%, 31 – 58% of them live with HIV

South Africa



35% of PLHIV in SA live in seven cities; Cape Town, Durban, Johannesburg, Pietermaritzburg, Port Elizabeth, Pretoria and Vereeniging

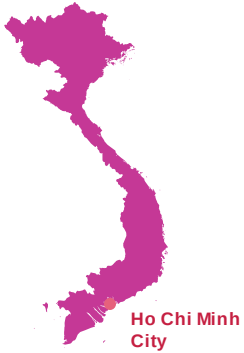
Pakistan

Population living in the city: 9%, 21 - 50% of them live with HIV

Philippines

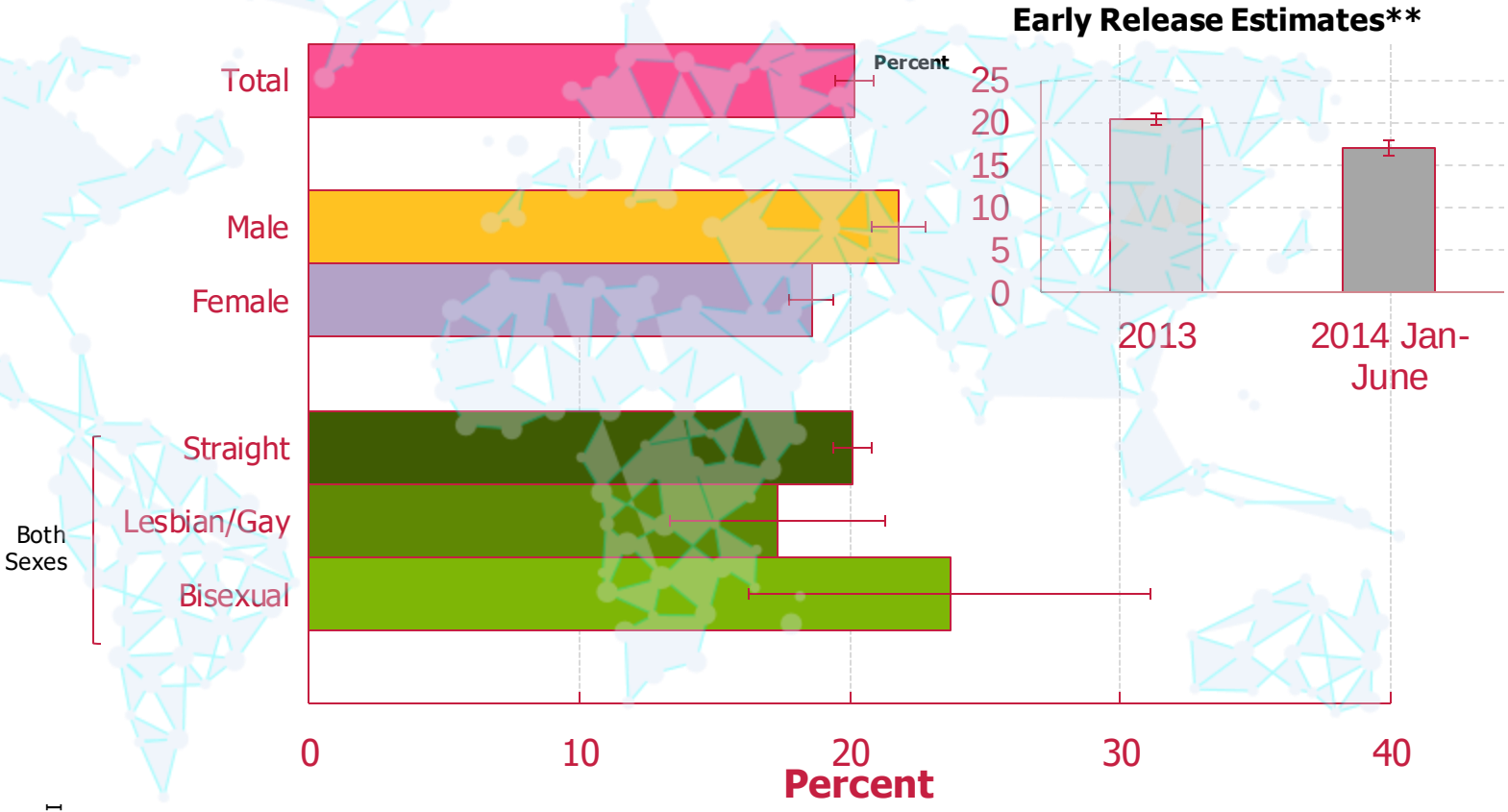
Population living in the city: 12%, About 50% of them live with HIV

Viet Nam



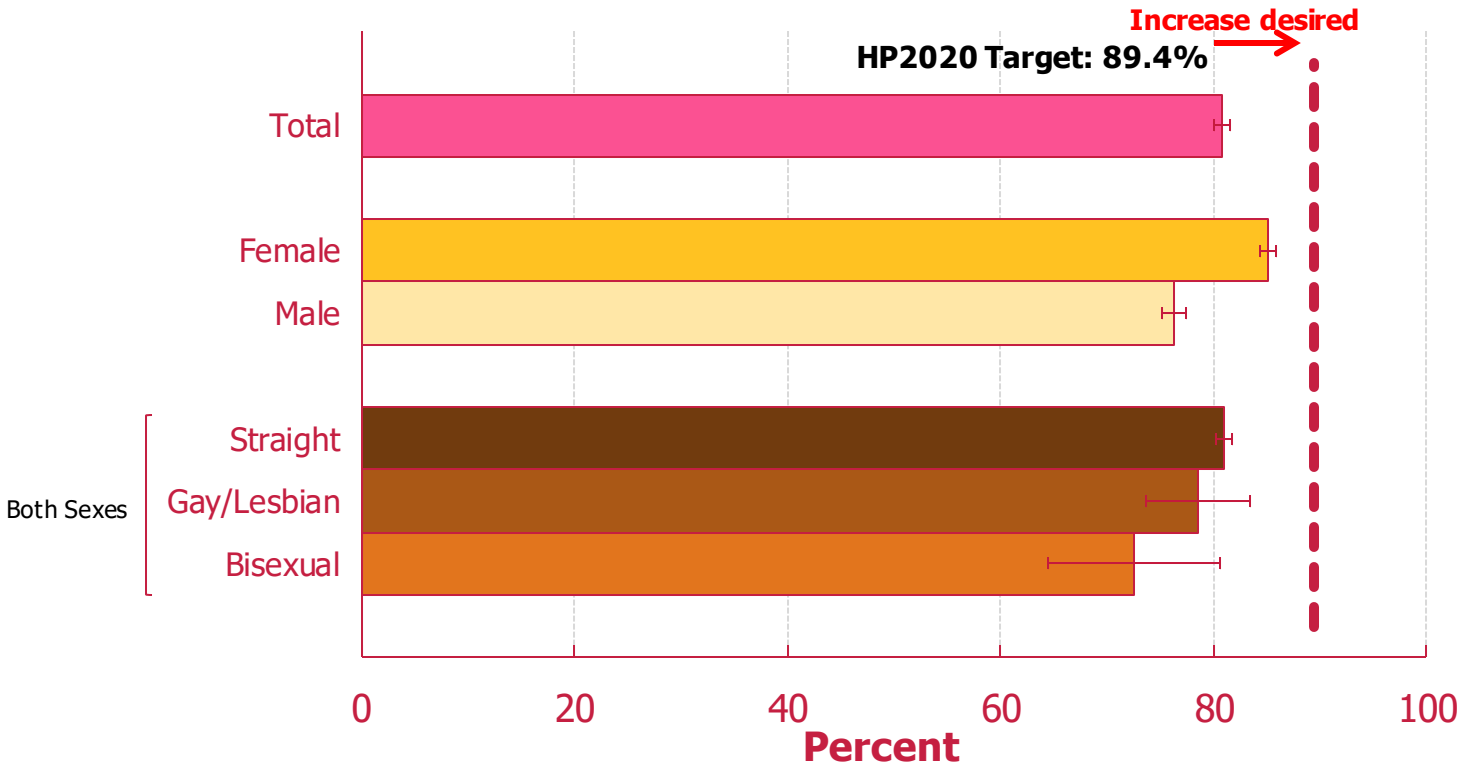
19 - 67% of Ho Chi Minh City population live with HIV

Adults Without Health Insurance: Ages 18–64 Years, 2013*



NOTES: I = 95% confidence interval. *Final data. **Early release estimates are not final and are for the population age 18-64. Final 2013 and early release 2014 estimates are not directly comparable.

Usual Source of Care, Adults :Ages 18–64 Years, 2013

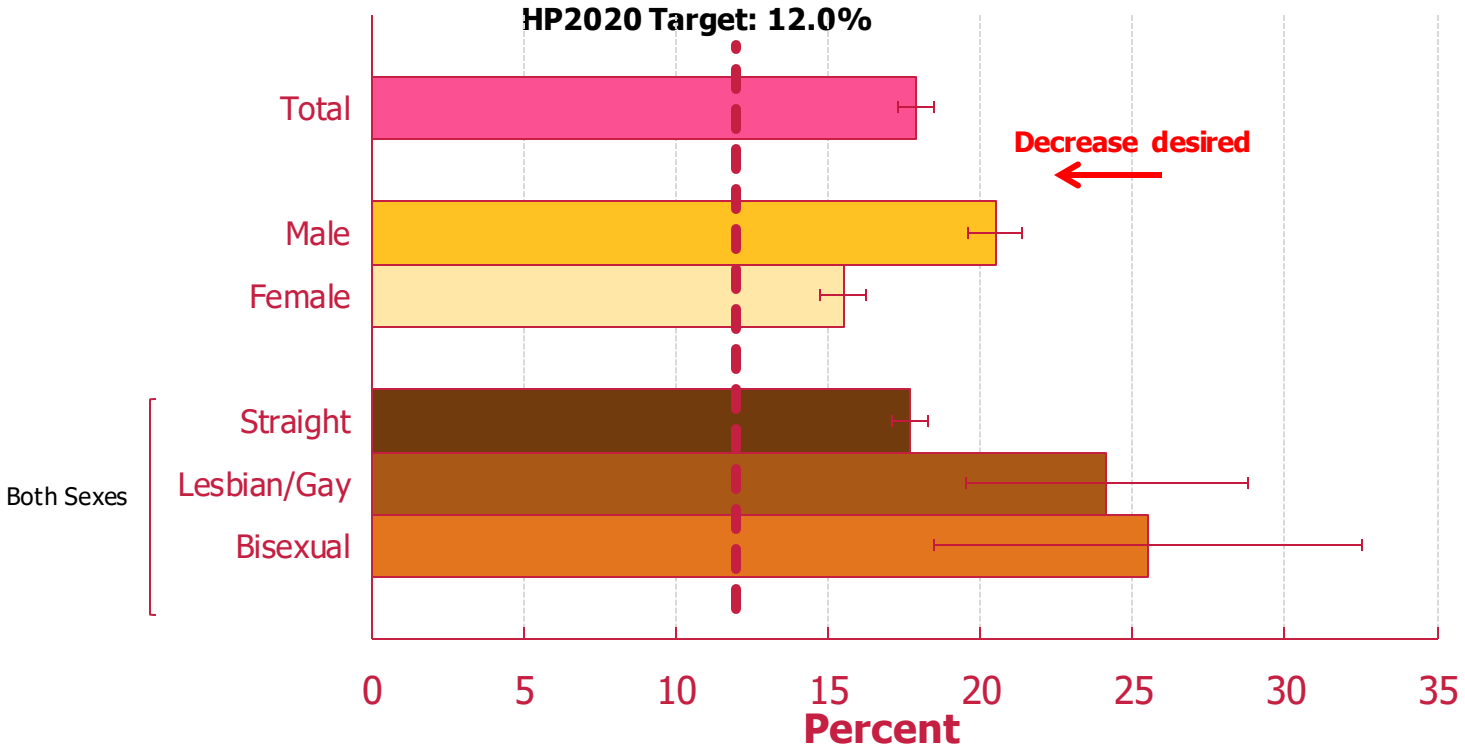


NOTES: ⊢⊣ = 95% confidence interval. Usual source of care is defined as a health care provider, clinic, or health center, not including the emergency room, where a person goes for health care.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. AHS-5.3

Current Cigarette Smoking, Adults Ages 18 Years and Over, 2013



NOTES: ⊢ = 95% confidence interval. Data are for persons who have smoked at least 100 cigarettes in their lifetimes and currently report smoking every day or some days. Data are age adjusted to the 2000 standard population.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

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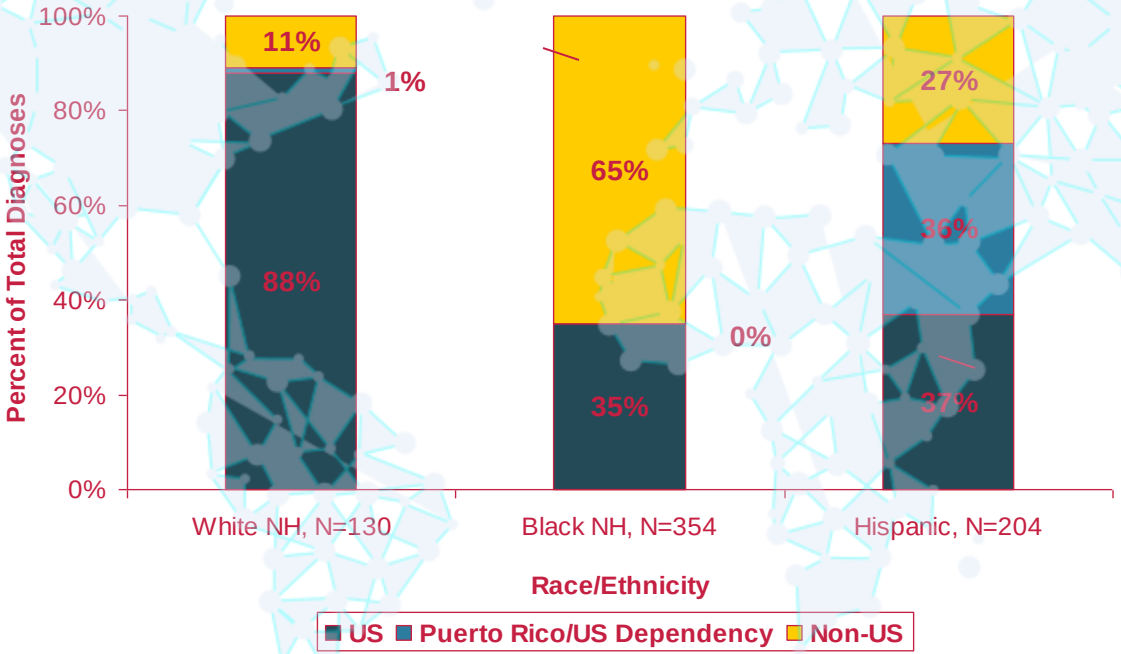
Females Diagnosed with HIV Infection by Race/Ethnicity and Place of Birth: Massachusetts,2004-2006



[1]

[1] 97% of people diagnosed with HIV infection from 2004-2006 that were born in a US Dependency were born in Puerto Rico; NH=Non-Hispanic; Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 11/1/07

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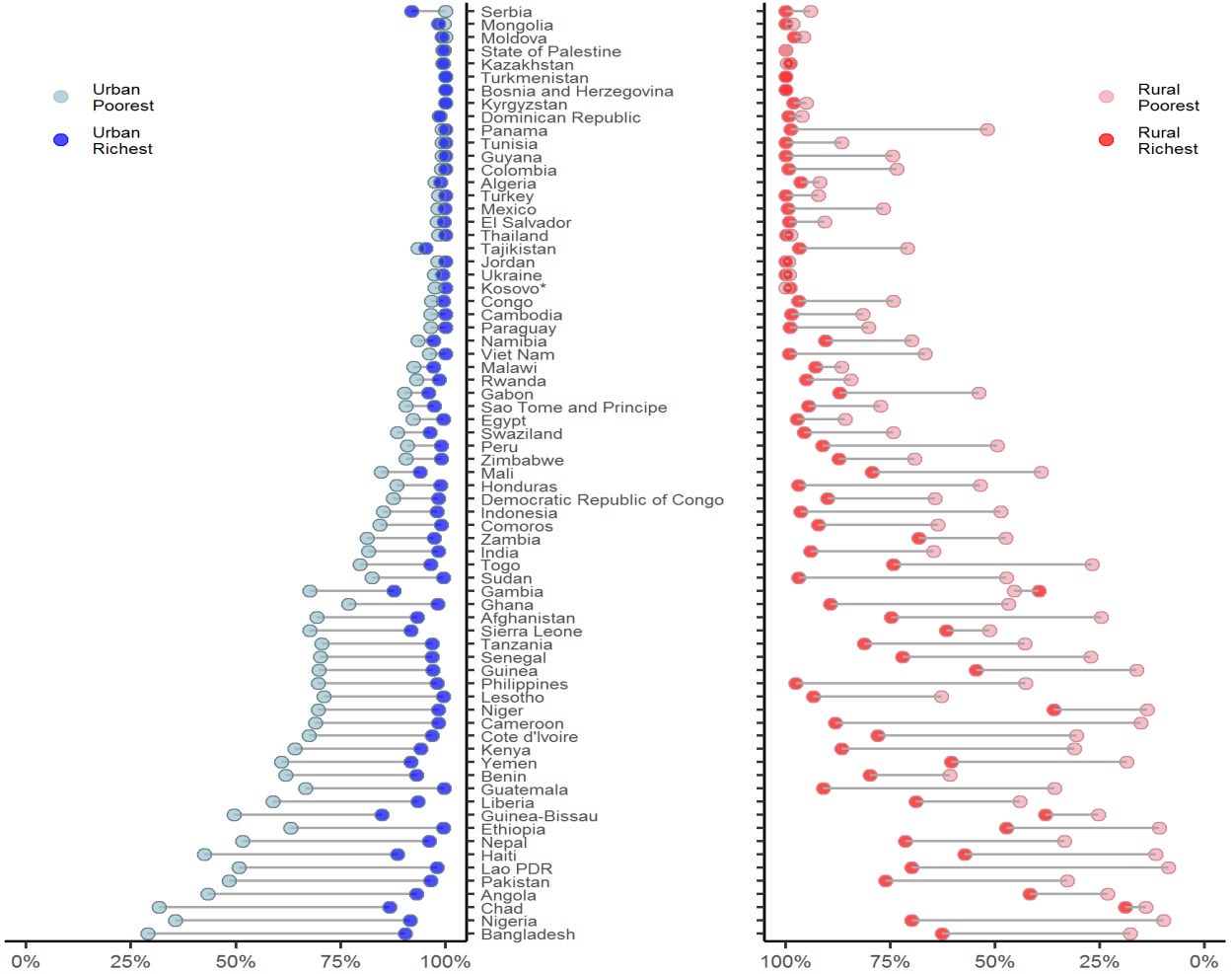

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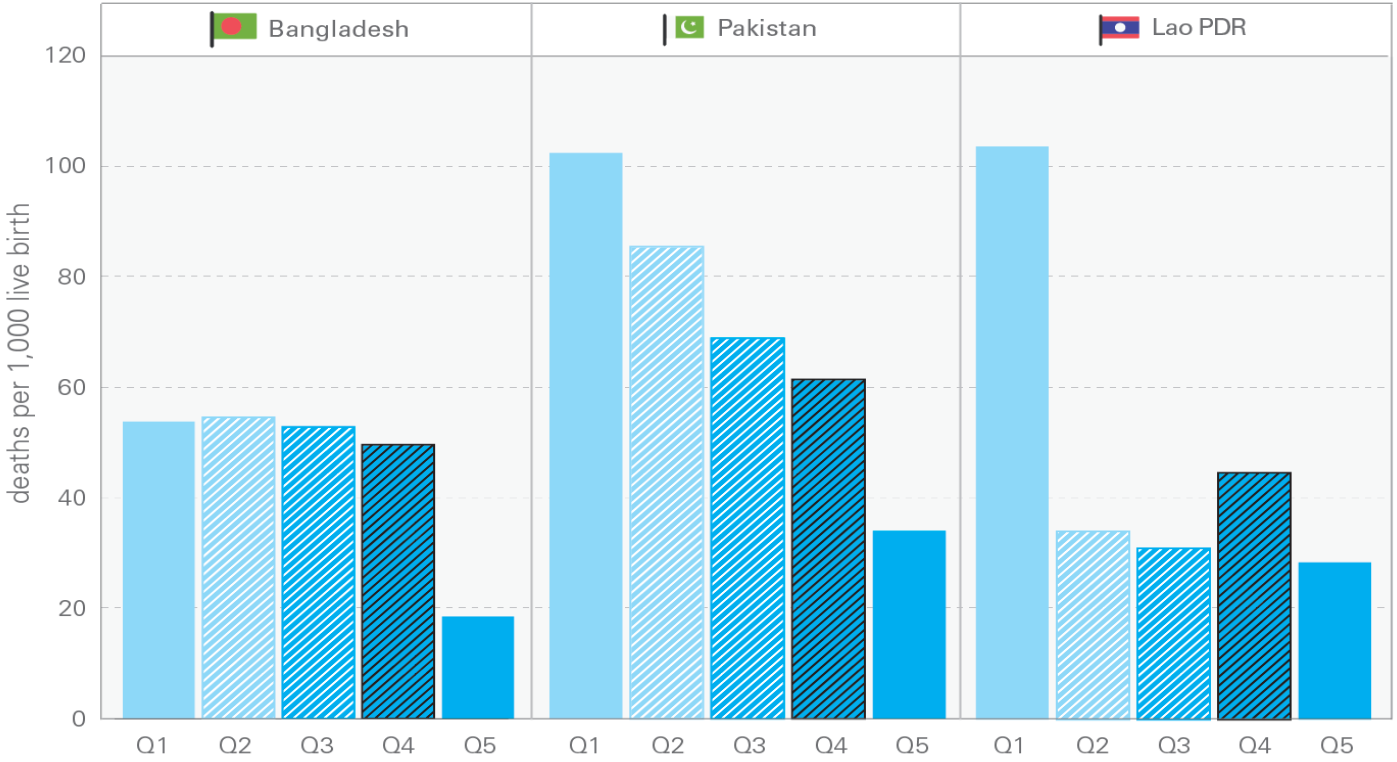

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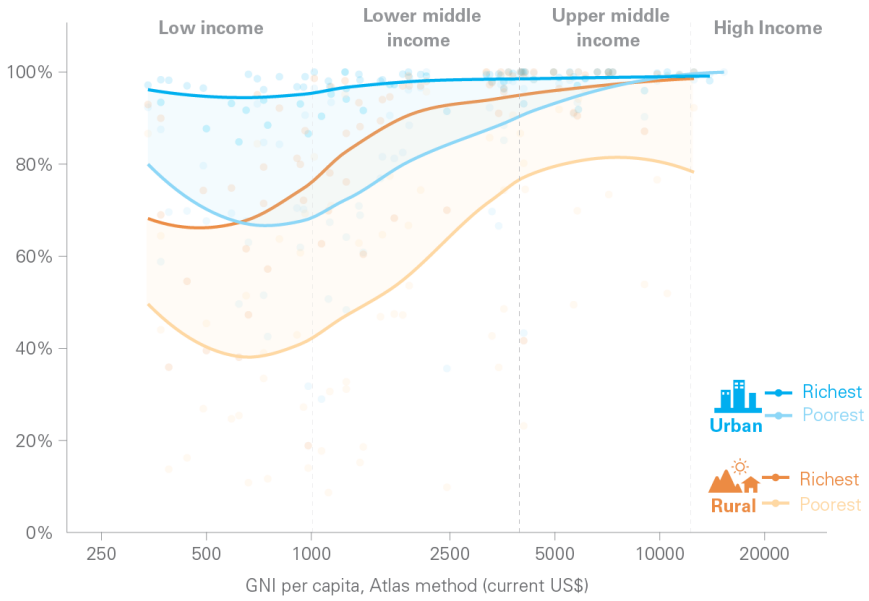

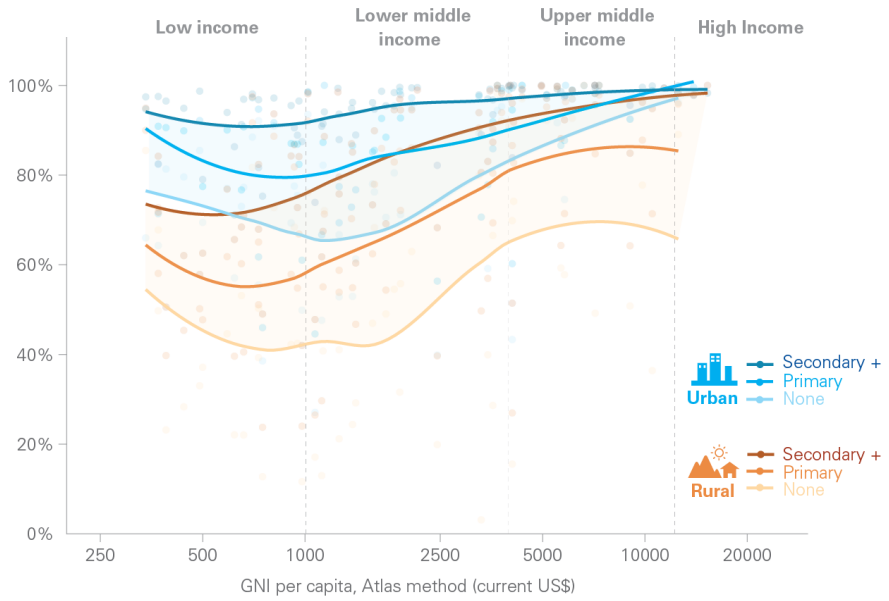

How can health inequality monitoring lead to implementing change?

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- Involving key stakeholders
  - The process of implementing change should involve a diverse group of stakeholders, as appropriate for the health topic
  - Key stakeholders may include representatives from government, civil society, professional bodies, donor organizations, communities and any other interested group
    - For example, the World Health Organization's Commission on Social Determinants of Health is a multisectoral effort to tackle the "causes of causes"
- Health inequality issues should be framed as broad problems
  - Intersectoral approaches help to drive multifaceted solutions and a wide base of support

Recommendations for promoting equity within the HIV response

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- Recognize that the health sector is part of the problem
- Prioritize diseases of the poor
- Deploy or improve services where the poor live
- Employ appropriate delivery channels
- Reduce financial barriers to health care
- Set goals and monitor progress through an equity lens

Source: Based on unpublished work by Cesar G Victora, Fernando C Barros, Robert W Scherpbier, Abdelmajid Tibouti and Davidson Gwatkin.

Cities roles to end HIV/AIDS using the equity lens

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Accounting for structural and social determinants

Linking global north and south for a common undertaking

Empowering communities with people centered approaches

Leveraging cities comparative advantage

Leadership roles for the AIDS response

Cities roles continued

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COMMITTING TO THE HUMAN RIGHTS OF ALL AFFECTED PEOPLE

INNOVATING FOR THE URBAN FUTURE

USING THE SMART PARTNERSHIPS TO END AIDS EPIDEMIC

Thank You

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