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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The century of the cities

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.
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.

Ending the AIDS epidemic will rely on concerted efforts and actions taken by cities.
Definition of Health Equity

- 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

Total health inequality versus social inequality in health

- **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

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
Counting Shelter Deprivations

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

Identifying slum areas

- Moderate slums
- Severe slums

Social or economic response??

Northern Africa
GIS and Remote Sensing Tools for slum Estimation

Examples for Detection of slums / informal settlements

Slum area in Lagos / Nigeria growing into lagoon (very fast development as lake dwelling)

(Ikonos satellite imagery, 1m resolution)

Information to be extracted from images;

• Slum Location
• Slum Size
• Population estimates
• Densities
• Spatial-Temporal changes
Country level results: intra-urban and intra-rural gaps (wealth)
Under-five mortality rate by wealth quintile (from poorest Q1 to richest Q5) in urban areas for selected countries

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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: Gender

HIV Prevalence (Women)  HIV Prevalence (Men)
HIV burden-selected country intra-city analysis

Cote d’Ivoire
- Abidjan
- Population living in the city: 23%, 31 – 58% of them live with HIV

South Africa
- Cape Town
- Port Elizabeth
- Johannesburg
- Pretoria
- Pietermaritzburg
- Durban
- Population living in the city: 3%,
- 35% of PLHIV in SA live in seven cities; Cape Town, Durban, Johannesburg, Pietermaritzburg, Port Elizabeth, Pretoria and Vereeniging

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

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

Viet Nam
- Ho Chi Minh City
- Population living in the city: 12%,
- 19 - 67% of Ho Chi Minh City population live with HIV
Adults Without Health Insurance: Ages 18–64 Years, 2013*

Notes: = 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

HP2020 Target: 12.0%

Percent

Total
Male
Female

Both Sexes
Straight
Lesbian/Gay
Bisexual

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

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
Country level results: intra-urban and intra-rural gaps (wealth)
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.
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)
How can health inequality monitoring lead to implementing change?

- **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

• 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 Scherpber, Abdelmajid Tibouti and Davidson Gwatkin.
Cities roles to end HIV/AIDS using the equity lens

- 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

- 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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