

An aerial photograph of a city, likely Cairo, Egypt, featuring the Cairo Tower on the left. The foreground shows a large green park area with several swimming pools and a winding path. The city skyline is visible in the background under a clear blue sky.

## CHAPTER 6

# URBAN GOVERNANCE FOR REDUCING HEALTH INEQUITIES

Samantha Villagran/SXC.hu

This chapter describes ways in which different levels of government, nongovernmental organizations, the private sector and the community can work together for good urban governance. Coordination at all levels is essential to reduce health inequities.

At a practical level, good urban governance requires political commitment, vision, institutional change and networks that are working towards similar goals. This chapter describes each of these prerequisites based on the experiences of cities that have already taken action.

## The role of local governments

Local governments are diverse in their structure, power, and community representativeness. Yet, they share common roles and responsibilities in implementing pro-equity policy and planning. Motivations for local governments to tackle health inequities vary, too. If there is significant local interest and the political will to address health inequities, actions can be motivated internally. In other cases, national imperatives may influence local governments to translate health equity targets or goals into action at the local level.

Local actions present unique opportunities for partnering with private and non-profit sectors, with civil society or citizens' groups, or with other public agencies that prove more beneficial than an independent sectoral response. Supporting citizen participation in priority-setting, planning and implementation, and monitoring of health inequities have also been shown to be critical

both in terms of facilitating successful action on reducing health inequities and on strengthening social cohesion.

## Partnerships: the key to good urban governance

Urban governance is not the sole domain of government, but the combined effort of a multitude of actors, including different levels of government, nongovernmental organizations, the private sector and the community. In the best-managed cities, local governments take a leadership role in combining the talents and powers of all sectors.

To reduce health inequities in urban settings, multiple sectors act in a coordinated fashion on the complex web of health determinants. The specific sectors for involvement will depend on the nature of the health inequity and the organizational arrangement of the government, but typically would include representatives from municipal government departments, national-level ministries, civil society and the private sector.<sup>132</sup>

Vertical partnerships between national, regional and local governments must be complemented by horizontal partnerships of stakeholders within cities. Coherence between national policies and local implementation is crucial for effective urban governance.

Local authorities are often well-positioned to lead the process (see Box 6.1 for an example of local leadership in Kenya).<sup>133</sup> They frequently have influence over land use, building standards, water and sanitation systems, roads and transportation, environmental protection, enactment or enforcement of tobacco use bans, and oversight of occupational health and safety regulations. They may also play a significant role in the provision of a range of human services fundamental to health, such as education, social services, health services, libraries, parks and recreation services, and community development.

### BOX 6.1 SPOTLIGHT ON NAKURU, KENYA

In February 2007, Nakuru, Kenya, became the first city in Kenya and in East Africa to ban smoking in public places. The Nakuru Municipal Council enacted a law that prohibits smoking in all buildings frequented by the public, including shopping centres, food courts, retail and wholesale stores, places of public worship, hospitals, colleges, schools, theatres and office buildings. Leadership, political commitment and community participation were crucial for the successful implementation of this policy.

Stefanie Angele/Fotolia

## BOX 6.2

### SPOTLIGHT ON COMMUNITY PARTICIPATION IN URBAN AREAS OF CATALONIA, SPAIN

Community participation has been essential for the implementation of the Neighbourhood Health Plan in urban areas of Catalonia, Spain. The plan, enacted in 2004, emphasizes the development of community health programmes tailored to the needs of the neighbourhood and aims to reduce health inequities.

Barcelona, a city with 1.6 million inhabitants, has nine projects funded by this plan. The Public Health Agency of Barcelona is responsible for leading the interventions, but relies on the ongoing support from representatives of:

- the Health Consortium of Barcelona, which is responsible

for primary health care, specialized care and tertiary care;

- the Government of Catalonia's Department of Health;
- the Barcelona City Council;
- Barcelona administrative districts (of which there are 10);
- community workers, community groups, neighbours and other associations.

In every participating neighbourhood, a community group is formed to oversee action. With the support of a range of local partners, the group is responsible for all aspects of planning and implementation.

Steps include identifying neighbourhood health inequities; identifying potential responses; prioritizing objectives and actions; implementing interventions; and monitoring progress.



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In particular, municipal leaders such as mayors or their equivalents are crucial to leading the effort to reduce health inequities.<sup>134</sup> Their role is not only to address local issues but also broader concerns, including the global challenges of climate change, financial debt and population health. In the United States, for example, more than 1000 mayors have signed the U.S. Conference of Mayors' Climate Protection Agreement, representing a population of more than 86 million people.<sup>135</sup> In Europe, over 2500 local authorities are committed to the Aalborg Charter, which provides a framework for the delivery of local sustainable development and calls on local authorities to engage in Local Agenda 21 processes.<sup>136</sup> In 2007, European Union ministers adopted the Leipzig Charter, which promotes sustainable European cities and places special emphasis upon deprived urban neighbourhoods within the scope of an integrated urban development policy.<sup>137</sup>

The state/regional and central/national levels of government usually have a less direct impact on the local environment and the local economy. They concentrate on creating a strategic policy framework and facilitating stability, innovation or financial incentives, which are necessary for

change. Health service provision is often the responsibility of the regional or national level of government. However, the role of the health sector needs to be flexible. To what extent the health sector can (or should) take the lead role in planning and implementing multisectoral action depends in large part on the issue being addressed.

The private business sector can provide its financing capacity and business expertise to cities by working independently or in partnership with the public sector. Private capital can be attracted by the quality of life in a city and financial incentives.

Community participation in urban governance, from prioritizing issues to evaluating interventions and monitoring the outcomes, is also fundamental. Participation of city dwellers helps ensure that the right issues are being addressed, promotes local ownership and engenders the sustainability of interventions. It also supports the broader agenda of community development and empowerment. Box 6.2 describes how the community was engaged along with many other partners in Barcelona, Spain.<sup>138</sup>





**Ashley, 14**  
Elephant and Castle  
London, United Kingdom  
**FACING CHILDHOOD OBESITY**

Ashley lives in South London with his mother and attends school at Bacons College. Not long ago, Ashley was overweight. "I was really big before, I wasn't interested in sports and I ate lots of unhealthy food. I wasn't doing much at all – I stayed at home or went to school."

Three years ago, Ashley was encouraged to play basketball by his physical

education teacher who also works for a nongovernmental organization that helps children get involved with sports. "Basketball has helped me socialize and it has helped me improve my appearance in school," he says. "I am also much fitter now. I have more muscle, I am taller and slimmer. I feel much more confident."

Ashley believes that young people today are not healthy. He notes that there are many more obese people in his generation and that they are not involved in sport. "I'm not sure why that is happening."

He is glad to have been introduced to basketball and cites the opportunity his school and the local nongovernmental organization gave him by taking him to see games and to meet more people his age. Access to sporting facilities is also helpful. Besides the time he plays on the team at school, he enjoys shooting hoops in his neighborhood where there is a small court outside his apartment block.

"Before, I didn't use my time very well. Now I enjoy sports, and I eat more fruit and vegetables and less fast food."

WHO/Anna Kari

# Prerequisites for local action

Local governments are often responsible for addressing many local needs which may exacerbate or diminish health inequities. They can also affect intermediate pathways linking root social and environmental causes to health outcomes and inequities.

Despite variations in governance structure, scale of operation, provision of public spaces enabling debates with their citizenry, and relation to national authorities, local governments share an excellent opportunity to address health inequities. They also have commonalities regarding roles and responsibilities in general, and strategies and interventions in particular.

It is also important to acknowledge the effects of politics on health, as politics may affect population health via policies and interventions, but also via processes like social movements, strikes, and protests. As such, urban health inequities are shaped by mechanisms that go beyond health policies and interventions.

In general, four prerequisites for action can be identified: political commitment, vision, institutional change and networks.<sup>139,140</sup> They are aimed at changing the ways in which individuals, communities, nongovernmental organizations, the private sector and governments understand and make decisions about health and health equity.

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## POLITICAL COMMITMENT

The first prerequisite for sustainable action is political commitment at the highest levels to the values, principles and strategies of health for all urban residents. Lack of political will has been shown to jeopardize multisectoral engagement; actions are sustainable only if there is high-level political interest and support at the outset.<sup>141</sup>

Health is the business of every sector and urban leaders have a convening power to orchestrate the contributions of many actors. The Alma-Ata Declaration on Primary Health Care,<sup>111</sup> the Global Strategy for Health for All,<sup>142</sup> the Ottawa Charter for Health Promotion,<sup>143</sup> and the Bangkok Charter for Health Promotion in a Globalized World<sup>144</sup> are important foundation documents that support this perspective.

To command support and secure needed resources, both the representative and executive arms of local government must be committed to action. One mechanism involves the mayor or equivalent city leader obtaining endorsement from the representative council of the municipality or analogous urban government. Endorsements by other levels of government – potentially including provincial, regional and central governments, depending on the system of governance – are analogously essential for success.

It is also necessary to obtain commitment from key stakeholders within the city. These include leaders of agencies, quasi-governmental organizations, nongovernmental organizations and businesses who have significant influence over the key determinants of health. If, for example, water and sanitation is supplied by a private company and regulated by local or provincial government, then all these stakeholders should be committed before action is taken. If transport infrastructure is supplied by the municipality, and local buses are run by a private company that is partly financed by a grant from the provincial government, then all three stakeholders should be engaged. Communities should also be committed to the process: Box 6.3 on the next page describes how communities were engaged in such a way in the urban slums of Nairobi, Kenya.<sup>145</sup>

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## VISION

A second prerequisite for sustainable action is a city vision with a strong health dimension. Responding to the global trend of decentralization, many city governments now have powers and responsibilities

### BOX 6.3

#### SPOTLIGHT ON COMMUNITY PARTICIPATION IN THE URBAN SLUMS OF NAIROBI, KENYA



Since 2005, Jhpiego, an affiliate of Johns Hopkins University, has worked in two Nairobi slums, Korogocho and Viwandani, to ensure increased community participation and improved quality of health services. To this end, Jhpiego uses a participatory approach to help communities and health workers assess their needs, identify problems and develop their own solutions. This approach builds the capacity of local leaders to solve problems, and energizes communities to assert their role in improving health.

Several activities were instrumental in the success of Jhpiego's work. Community members were engaged in identifying underlying determi-

nants of health by mapping local health dangers. Training was provided to community members on a variety of health issues, including infection prevention and hygiene, HIV, reproductive health and family planning, and maternal and child health. Mechanisms such as regular stakeholder forums were developed to facilitate regular community input into health issues.

Jhpiego's results<sup>146</sup> demonstrate that poor urban communities can be empowered successfully.

- Trust and respect have improved between health workers and community members, and use of health-care services has increased.

- Communities have been mobilized to address their self-identified health concerns. During one community mapping exercise, participants identified a small grassy area next to a clinic as a health hazard; medical waste discarded there was often scavenged by entrepreneurs or played with by children. Community members and clinic workers cleaned the area and planted a community vegetable garden to support people living with HIV.
- Community technical resources have been developed. A group of trained expert patient trainers (who are engaged to help train health workers in HIV case management) has since registered as a community-based organization called Expert Patients International, whose mission is to educate all people living with HIV on their health rights and to ensure quality HIV case management.

The impact of Jhpiego's approach has resonated far beyond its original programme objectives. In the immediate aftermath of the disputed 2007 presidential election, young slum dwellers, empowered by Jhpiego's programmes, served as mediators of peace. Believing in the power of communal resolution, these Jhpiego-trained individuals acted on their own accord to fulfil the tenets of trust and respect they had gained through Jhpiego's work.

Manoocher Deghati/IRIN

to define a future characterized by a prosperous local economy, sustainable environment and cohesive social life. Alongside economic prosperity, health should be an integral element of a city's vision and a core value guiding development. Health is integral to many qualities cities desire, such as good quality of life and a welcoming and liveable environment. It also is related reciprocally to the economy: healthy children are better educated and a healthy workforce is more productive.<sup>147</sup> Finally, health is integral to sustainable development. The city of London in the United Kingdom has recently released its strategy for addressing health inequities; details are described in Box 6.4.<sup>148</sup>

Although an aspirational document is essential, in itself it is insufficient for change. Integrated planning is required to maximize synergies, and health and health equity are required in all local policies.

## INSTITUTIONAL CHANGE

In the process of preparing for action, many cities discover that their organizational structures and management processes do not serve their present needs (see Box 6.5 for an example from Vancouver, Canada).<sup>149</sup> In these cases, institutional structures, mechanisms and capacities must be developed to

support both near-term change and enduring healthy public policy over the long term.

The traditional departmental silos operating in many local governments are inappropriate because health is everyone's business. Many potential partners with specific terms of reference – for example, bus operators for transport, schools for education, retailers for the provision of food – do not appreciate their wider impact on health. Intersectoral processes and structures are required to

engage all these talents, sustain their commitment and maximize their contribution.

Although there is a lack of evidence on what works and what does not work in implementing intersectoral action on health, there is little doubt about its potential for reducing health inequities in urban settings. After analysing experience from 20 countries, a group of experts prepared a set of practical recommendations for policy-makers on how to trigger intersectoral action (Box 6.6).<sup>150</sup>



WHO/Anna Kari

#### **BOX 6.4 SPOTLIGHT ON THE LONDON HEALTH INEQUALITIES STRATEGY**

In 2010, the city of London in the United Kingdom released its Health Inequalities Strategy, which is aimed at reducing significant inequalities within the city in health determinants, health status and life expectancy. The strategy has five core objectives: to empower individuals and communities to improve health and well-being; to improve access to high-quality health and social care services, particularly for Londoners who have poor health outcomes; to reduce income inequality and the negative consequences of relative poverty; to increase the opportunities for people to access the potential benefits of good work and other meaningful activity; and to develop and promote London as a healthy place for all. To ensure the strategy delivers on its aims, the city is producing a series of delivery plans. The First Steps to Delivery plan lists priority actions to 2012 against the strategy's 30 high-level commitments. These actions are a mixture of long-term campaigns and initiatives to tackle the determinants of the city's health inequities, alongside specific initiatives on key health challenges, such as obesity and mental disorders.



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#### **BOX 6.5 SPOTLIGHT ON SUPPORTIVE GOVERNANCE STRUCTURES IN VANCOUVER, CANADA**

To support an intersectoral initiative designed to promote sustainable development in a deprived neighbourhood of Vancouver, partners developed a new governance structure. A policy committee, a management committee, a coordination team and a coordination unit were formed. The policy committee had ultimate responsibility for the initiative, including decision-making and accountability. The management committee was responsible for inter-governmental relations, external communication, monitoring and evaluation, investment decisions and oversight of operational activities. The coordination team was the primary operational committee responsible for implementing the strategic plan. The coordination unit oversaw the day-to-day work of the initiative.

The partnership included federal, provincial and municipal levels of government, as well as the private sector, nongovernmental organizations and community activists. Their initial aim was to establish positive solutions to economic, social and public safety challenges through community development projects in Vancouver's Downtown Eastside. The area had become Canada's poorest district, with drug dealing on the main street, crime, street prostitution and homelessness.



## BOX 6.6 RECOMMENDATIONS FOR NATIONAL POLICY-MAKERS ON INTERSECTORAL ACTION ON HEALTH

1. A shared policy framework between all participating sectors will facilitate the integration of strategies and actions towards a common end. The framework should consider prevailing political, cultural and socioeconomic circumstances, and be supported by strong political commitment.
2. A supportive governance structure for implementing intersectoral action should be established to sustain efforts, utilizing existing organizations where possible. Legislation, institutions, and mandatory reporting are among the tools to strengthen governance for intersectoral action.
3. A capable and accountable health sector is vital to promote and support intersectoral action. The health sector should facilitate the process as appropriate, and be flexible to adapt its role at various stages in the implementation of intersectoral action.
4. Community participation and empowerment in the process of policy-making, from the initial stage of assessment to evaluation of the intervention and monitoring of outcomes, are critical to focus attention on the needs of the people.
5. The concurrence of multiple levels of government on a prioritized and focused set of intersectoral actions is important to success and will help to obtain sufficient funding and human resources.
6. Effective intersectoral action can lead to better public policies. The policies selected for implementation through intersectoral mechanisms have to be robust, feasible, based on the evidence, oriented towards outcomes, applied systematically, sustainable, and appropriately resourced.
7. Assessment, monitoring, evaluation and reporting are required through the whole process. Proper assessment of the problem, its determinants and social, political and cultural context are crucial to frame the issue and benefits to several sectors. Evaluation of the activities should identify the strengths and weaknesses of interventions. Regular monitoring of the health impacts is required to maintain focus on outcomes.

The need for high-level political commitment and adaptation of the policies to the local political, economic, cultural and social contexts was recognized as crucial to success.

### NETWORKS

Networks are entities that bring people together and enable collective learning. Through sharing experiences, networks support innovation while helping cities avoid risk and repeating the mistakes of others. As such, networks increase the efficiency of cities and provide the basis for capacity building, change and innovation.

Informal networks often complement formal partnerships, and can operate both within and beyond particular cities. Within a city, informal networks might shadow formal committee structures, sourcing

and disseminating new ideas and practical solutions to new challenges and perennial problems. They provide support and encouragement, and help sustain key professionals and community representatives through adversity.<sup>151</sup>

National and international networks facilitate the import and export of evidence and know-how between cities, and they build the legitimacy of cities to address health inequities when health services are the responsibility of national governments.

An example of such networks is Healthy Cities, established in several cities, towns and regions in countries around the world. Some networks are country specific, whereas others are regional. Healthy Cities networks provide an opportunity for WHO to promote the health-for-all policy, provide up-to-date information and tools, and work as a catalyst for action, all at a local level of governance.<sup>19,152</sup> In this way, the networks



complement WHO's traditional interactions with national governments.

Local government associations are another example of networks enabling knowledge sharing, lobbying for policy change and working towards the development of inclusive policies to respond

to the challenges of urban development. They work in partnership with all levels of government within countries, between regions and globally to encourage multisectoral and intersectoral action. Their outreach potential is particularly strong as they are reliant on peer-to-peer learning and like-minded exchanges.

## CHAPTER SUMMARY

This chapter has explained that effective urban governance is not the sole domain of government, but the combined effort of a multitude of actors, including different levels of government, nongovernmental organizations, the private sector and the community. Vertical partnerships between national, regional and local governments must be complemented by horizontal partnerships within cities. ■ Local governments are often well positioned to take the leadership role in combining the talents and powers of all sectors to reduce urban health inequities. Coordination at all levels is essential to reduce health inequities. ■ Prerequisites for action include securing political commitment across a wide range of local leaders, developing a common vision for health and health equity, creating supportive institutional arrangements and connecting with others who can support the work. Political commitment to the values, principles and strategies of health for all urban residents is required at the highest level. A vision of the future with a strong health dimension provides a common basis for multisectoral action. Institutional structures, mechanisms and capacities must support both near-term change and enduring healthy public policy over the long term. Networks at local, national and international levels promote shared learning and innovation. ■ The next step is to conduct an assessment of the urban health inequities that exist in the city in order to build an evidence base for action. This is discussed in the following chapter.