



The barriers and enablers to collaboration between health and urban government sectors for healthy cities

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The COVID-19 pandemic has foregrounded the significance of collaboration between health and urban-focused government sectors for understanding and addressing health inequities in cities. Using the context of urban informal settlements in the Western Cape Province of South Africa as an example, this brief highlights the need to improve partnerships between health and urban local government sectors for the development of sustainable and healthy cities. Specifically, this brief seeks to inform cities in low- and middle-income countries of potential barriers and enablers for the integration of urban health considerations into urban and built environment-relevant policies.



Policy insights

- To address health inequities, non-health public policies should shift the focus towards 'development for health', in which the health impacts of urban interventions are a top priority.
- There is a need to rethink how we view and speak about concepts such as "informal" settlements and "health" within policies.
- There is a need for more disaggregated interoperable intersectoral data across health and other sectors (e.g. local government urban-focused sectors, private sector) that influence health, in order to support urban health research and monitoring.
- Involving communities in the collection and analysis of community-level urban data results in a richer interpretation of data.

Research has long highlighted how living environments and the conditions of daily life (referred to as the social determinants of health (SDOH)) contribute to shaping health in cities. In sub-Saharan Africa, we are witnessing a growing number of urban dwellers living in informal settlements – environments that are characterised by poor quality housing constructed on illegally claimed land, poverty, overcrowding, and a lack of basic services, among other factors, which together contribute to urban health inequities (UN-Habitat, 2013; UN-Habitat, 2020). Informal settlements have been identified as areas where the urban poor are disproportionately impacted by disease and ill-health. For some, migrating into urban informal settlements is a temporary relocation strategy prior to obtaining formal housing. In reality, the demand for affordable formal housing far surpasses the supply and informal settlements are becoming a permanent feature of sub-Saharan African urban landscapes. One such country is South Africa.

In South Africa, there is generally a lack of interventions that aim to target the wider SDOH in urban poor environments for the explicit (and, therefore, measured) purpose of mitigating disease and ill health (except for interventions during the COVID-19 pandemic). Instead, South African interventions are usually designed to either directly improve health through treatment-related interventions, or utilise narrowly focused structural and behavioural interventions, for example through education and awareness campaigns for behaviour change. As the SDOH are linked to city design and urban development, they therefore do not fall under the governance of the health sector. Placing health considerations within urban policy is critical and must be supported by collaborative action between health and urban development sectors.

This brief draws on research exploring how global policies that promote intersectoral collaboration for health can be translated into action at national (South Africa) and sub-national (Western Cape) levels for addressing the burden of disease. This research was done, in part, by identifying factors that could hinder (barriers) or enhance (enablers) collaboration between health and human settlement government sectors in the Western Cape Government to address diseases in informal settlements through human settlement interventions. The findings presented in this brief encompass themes around policy considerations, policymaker perceptions, and the role of research and data in supporting collaborative efforts for developing healthy cities.



RESEARCH FINDINGS

1. Non-health sector policies tend to consider health through a "health for development" lens.

Despite extensive global literature highlighting the relationship between urban food and built environments and health, the policy analysis research suggested that non-health sector policies (from both the built and food environments) did not include a focus on addressing or monitoring health impacts of interventions, but generally considered any advancement of health as either a by-product of, or a stepping stone to, overall development. Considerations for health within non-health sector policy narratives are largely positioned as 'health for [the purpose of] development' (Weimann, 2021; Weimann et al., 2021). For example, African food environment policies and South African human settlement policy documents both acknowledged the reciprocal ways in which health and socioeconomic factors, as well as health and development, interact. Yet non-health sector policies largely expressed health as a means to an end for achieving economic and development goals, while the converse interaction of "development for health" was downplayed. While South Africa's human settlements policies did advocate for developing healthy and safe environments, the policy intent for human settlement interventions was to improve social and economic integration for the urban poor. The findings highlighted that health considerations are not at the core of urban planning or food environment policy. If non-health sectors continue to view health as merely a "stepping - stone" to development or, at most, it's treated as a by-product of development, this lack of alignment is likely to be a barrier for authentic collaboration between health and urban sectors.



Evidence was gathered in three complementary ways. First, through policy analyses of urban built environment and food environment policies to explore how health concepts are currently expressed. Second, through a review of literature on the health impact of built environment interventions within urban informal settlements in South Africa. Finally, through interviews with government officials, experts, and policy implementers at the sub-national level of the Western Cape Province.



2. Certain policymaker perceptions of health and informality concepts may hinder collaboration

The perceptions and attitudes of policymakers and policy implementers towards intersectoral approaches to improve health through urban environment interventions will be influential in either hindering or enhancing progress in this regard.

Perceptions of health

Interviews with government officials, experts, and policy implementers from various government departments in the Western Cape Government and the City of Cape Town revealed that the term 'health' is often associated with curative and clinical health aspects; to refer to the reactive treatment of illnesses; and in association with the concept of primary healthcare, including healthcare facilities (Weimann et al., 2020). In only a few situations did respondents suggest that health could be linked to aspects such as stress or anxiety because of living in inadequate living environments, or to the level of satisfaction with their living environment. One respondent suggested that a perception in which health is viewed biomedically and as the sole responsibility of the Department of Health, may hinder collaborative efforts.

- "The only engagement that I'm aware of with health, and even that is only very recent is around infrastructure. [...] But yeah so it's about like if we're building a new development and there's gonna be a new clinic required – there might be engagement on that level ..." – Interviewee 14063
- "Because if you going to go down the policy of "Health in All [Policies]", you will immediately alienate social development, you alienate health in housing, you alienate the Department of Transport, you alienate Urban Agriculture, you just do ... because this is health. That's the reality, because there's no Department of Wellness but if you say its Wellness in All Policy, Wellness in Housing Development - that's different." – Interviewee 14735

Perceptions of informality

The interviews drew attention to the differences in language and perceptions relating to 'formal' and 'informal' aspects of urban living environments (Weimann et al., 2020). For example, the terms 'informal housing' or 'informal settlements' were usually described using negative language and the terms had negative connotations. The research brought forward an argument made by government respondents, in that informal settlements are too often perceived as "temporary" or "transitory" settlements in which people settle to wait for formal housing opportunities (Weimann et al., 2020). In reality, informal settlements have been around for decades, and it is unlikely that the government will be able to provide formal housing for all informal settlement residents. Respondents identified this perception of "temporary spaces" to be unhelpful, particularly for collaboration to improve urban health, as this may lead to the adoption of provisional or unsustainable intervention approaches that do not necessarily contribute to long term health impacts.

- "Basically, [government] needs to stop seeing Informal Settlements as kind of transitory. Yah, because they are not [...] There are informal settlements that have been around for 20 years ... so stop pretending that they are temporary" – Interviewee 14063



3. Access to disaggregated data could support the effective measuring and monitoring of urban intervention's health impacts

The World Health Organization (2011) suggests four broad dimensions of housing through which the living environment influences health:

Our literature review (Weimann & Oni, 2019) used these four dimensions of housing to explore available literature and research to better understand the state of health in South African informal settlement living environments. Literature confirms that many factors across these dimensions influence physical, mental, and social health within the context of South African informal settlements. Despite government attempts to improve living conditions within human settlements, the health impact of these interventions is not tracked or monitored over time. Research can play an important role in supporting government with the development of methodologies and tools for measuring and monitoring health outcomes over time. However, this will be limited by the availability of data that can be disaggregated or broken down by area and other key variables, and that can be used together with health data. Our findings highlight the need for more disaggregated intersectoral data which will be important for informing the development and prioritisation of informal settlement upgrading strategies to improve health. These data will also be important for academics who wish to measure and evaluate the impact of informal settlement interventions on local and wider health trends.

HOUSE

The physical housing structure

HOME

The psychosocial and cultural home environment

NEIGHBOURHOOD

The physical characteristics of the neighbourhood environment

HOUSE

The social environment and services within the community



4. There is a need to consider wider dimensions of access and the underlying factors contributing to "non-use" of urban environment features

Safe and adequate water and sanitation are just two examples of built environment services that can help reduce exposure to pathogens and the risk of infectious disease transmission. There is value in local government departments reporting on the quantity and physical availability of these services within urban living environments. However, urban sectors should also look to collect and explore additional forms of data to examine and monitor the extent to which households can access and use these services, and explore and understand situations in which households do not, or choose not, to use these services. Improving "access" to services is more than just about increasing the number of services within an area (physical availability). It is also important to consider the affordability (financial access) and acceptability (cultural access) of services or infrastructure (McIntyre, Thiede & Birch, 2009; Weimann, 2021). Understanding the access challenges experienced on the ground can be very valuable in identifying context specific inequities which may be contributing to wider health inequities (Weimann, 2021). To do this, local government departments can work with communities in collecting and interpreting data and information relevant to the community context and make this data available for integration with health data.

An example of access challenges to basic services in an informal settlement in Cape Town

In an online news article, a resident of Kosovo informal settlement in Cape Town, South Africa reported that 15 community toilets were destroyed during protests in 2010 (Obeso, 2010). Some community members locked the remaining communal toilets and charged fees for people to use them, even though they were supposed to be free to use. This highlights that even though some households had toilets physically present within the vicinity, there were financial and social barriers to accessing them.





POLICY INSIGHTS

1. Non-health public policies should shift the focus towards 'development for health'.

There is a complex relationship between health and socioeconomic and development processes. These interactions should be considered as far as possible within agendas for intersectoral action to improve health through urban interventions. Collaborative policy solutions that take the pressure off the health sector and are driven by non-health sectors are particularly important not only for addressing the burden of disease in cities but also for development and economic wellbeing in cities. Furthermore, to support intersectoral collaboration for healthy cities, non-health sectors should acknowledge the need for considerations of the health impacts of urban interventions.

2. A need to rethink how we view and speak about concepts such as "informal" settlements and "health" within policies.

There is a need to recognise that terminology and language for health and informality can influence and inform sectors' attitudes towards health, SDOH and informal settlements, and therefore operate as either barriers or enablers of collaborative action to address the urban environment factors that shape health. For example, erroneously viewing and speaking about informal settlements as "temporary" reinforces development and planning agendas that are largely reactive and based on short-term solutions. This perception may act as a barrier to intersectoral collaboration for health.

Instead, policies should consider that informal settlements are urban spaces that contain pockets of resilience and opportunity, which could be enhanced through innovative solutions for the development of healthy and sustainable human settlements. However, it is critical that this reconceptualisation process is not done by policymakers or academics in isolation, but that it is done in participation with informal settlement communities themselves (Weimann, 2021).

3. There is a need for more disaggregated interoperable intersectoral data across health and other sectors that influence health, to support urban health research and monitoring.

Within government contexts, health data and urban planning and development data are often stored separately within individual sectors. Government sectors can integrate existing data from health and non-health sectors to create new possibilities for urban health knowledge generation and analysis, and particularly for investigating health profiles and urban health exposures within local contexts before and after built environment interventions. However, the sharing, merging and integration of data must be done cautiously and following appropriate data protocols relevant to the local context to protect privacy and sensitive data, such as identifying information or patient-level health data. The development of a data-sharing platform or portal could greatly facilitate data sharing between government sectors yet should follow important data governance processes.



4. Involve communities in the collection and interpretation of community-level urban data.

Integrating existing health and urban data can produce new possibilities for urban health knowledge and analysis, particularly for profiling urban health within key environments such as informal settlements. There is a need for careful interpretation of quantitative data, especially at a smaller geographical scale. While quantitative data provides important evidence, standardised quantitative data does not provide adequate insight into lived realities. Involving communities in the collection and interpretation of data can reveal valuable insights into patterns and trends specific to the relevant community context, resulting in a richer interpretation of data. A good example of community-driven data collection on informal settlements is the Slum Dwellers International's Know Your City campaign.

Additional resources:

Duminy, J. and Parnell, S. 2021. The shifting interface of public health and urban policy in South Africa. *Journal of Planning History*, 20(4).

Hong, A., Martínez, L., Patiño, J.E., Duque, J.C., Rahimi, K. 2021. Neighbourhood green space and health disparities in the global South: Evidence from Cali, Colombia. *Health & Place*, 72, 102690.

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Weimann, A. & Oni, T. 2019. A systematised review of the health impact of urban informal settlements and implications for upgrading interventions in South Africa, a rapidly urbanising middle-income country. *International Journal of Environmental Research and Public Health*. 16(3608):1-17. DOI: 10.3390/ijerph16193608.

Weimann, A., Kabane, N., Jooste, T., Hawkridge, A., Smit, W. & Oni, T. 2020. Health through human settlements: investigating policymakers' perceptions of human settlement action for population health improvement in urban South Africa. *Habitat International*. 103:102203. DOI: 10.1016/j.habitatint.2020.102203.

Weimann, A., Shung-King, M., McCreedy, N., Tatah, L., Mapa-Tassou, C., Muzenda, T., Govia, I., Were, V., et al. 2021. Intersectoral action for addressing NCDs through the food environment: an analysis of NCD framing in global policies and its relevance for the African context. *International Journal of Environmental Research and Public Health*. 18(21). DOI: 10.3390/ijerph182111246.

World Health Organization. 2011. *Health in the green economy: health co-benefits of climate change mitigation - housing sector*. Geneva, Switzerland: World Health Organization. Available: <http://www.paho.org/salud-en-las-americas-2017?p=4292> [2018, May 18].

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Weimann, A. 2021. Intersectoral policy approaches to healthy cities with a focus on built and food environments. PhD Thesis. University of Cape Town.

Weimann, A. & Oni, T. 2019. A systematised review of the health impact of urban informal settlements and implications for upgrading interventions in South Africa, a rapidly urbanising middle-income country. *International Journal of Environmental Research and Public Health*. 16(3608):1-17. DOI: 10.3390/ijerph16193608.

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1. Generating new research grounded in the logic of urban complexity;
2. Fostering the next generation of leaders that draw on different perspectives and backgrounds to address the greatest urban challenges of the 21st century;
3. Growing the capacity of cities to understand and plan their own futures.

In PEAK Urban, cities are recognised as complex, evolving systems that are characterised by their propensity for innovation and change. Big data and mathematical models will be combined with insights from the social sciences and humanities to analyse three key arenas of metropolitan intervention: city morphologies (built forms and infrastructures) and resilience; city flux (mobility and dynamics) and technological change; as well as health and wellbeing.

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The PEAK Urban programme uses a framework with four inter-related components to guide its work.

First, the sciences of **Prediction** are employed to understand how cities evolve using data from often unconventional sources.

Second, **Emergence** captures the essence of the outcome from the confluence of dynamics, peoples, interests and tools that characterise cities, which lead to change.

Third, **Adoption** signals to the choices made by states, citizens and companies, given the specificities of their places, their resources and the interplay of urban dynamics, resulting in changing local power and influencing dynamics.

Finally, the **Knowledge** component accounts for the way in which knowledge is exchanged or shared and how it shapes the future of the city.

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