Shifting the agenda in urban health:

the role of strategic partnerships in lifestyle changes for effective NCD interventions

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Background

National governments in low- and middle-income countries (LMICs) face key development challenges including poverty, hunger, political insecurity, environment degradation and a range of health problems (Patel et. al., 2010; Travis et al., 2004). Access to appropriate housing, education and health-care services, which are basic social amenities, is plagued by systemic and infrastructural deficiencies that are a consequence of many factors including massive resource inequities and inadequate planning and implementation of policies (Coovadia and Bland, 2008; Puoane et al., 2008; Steyn et al., 2008). Perhaps the people experiencing the most changes in LMICs are those based in urban areas.

There is evidence that urban areas in Africa, as in developing countries elsewhere, are growing fast, amplifying urban poverty (Fay, 2005; Mercado et al., 2007; United Nations Population Fund, 2007). By 2030 it is estimated that more than 50 per cent of the populations in African countries will be living in urban areas. Urbanisation has been associated with high levels of non-communicable disease (NCD) risk factors including obesity, hypertension and sedentary lifestyles. The changing trends in lifestyles go beyond what people eat.

Increasingly researchers, civil society organisations (CSOs) and political leaders are connecting the exposure to NCD risk factors to the way cities are built and how people travel. Most urban settings in LMICs are prone to heavy traffic, narrow roads and few or no cycle lanes and park areas, and they are not conducive to physical activity over and above the health risks of accidents they pose (Mendis, 2010). The Active Living Resource Center (ALRC) notes that: 'the public-health field tells us, and offers evidence to support their claims, that we can do a lot to prevent health problems just by being more physically active. Regular daily activity – what the public-health professionals refer to as "active living" – is the key. The best way for most of us to stay active, they say, is to take a daily walk or bike ride' (ALRC, nd).

Urbanisation and NCDs

NCDs arise from unhealthy behaviours including tobacco use, poor diet, physical inactivity and harmful use of alcohol (World Health Assembly, 2008). These behaviours are influenced by economic growth, globalisation and unplanned urbanisation (World Health Assembly, 2000). Obesity is not the only consequence of transport systems and cities that are increasingly focused on cars rather than people. There has been an almost 50 per cent rise in overweight and obesity among poor women that is attributable to changing nutritional habits and urban lifestyles (Ziraba et al., 2009). The World Health Organization (WHO) calculates that every year 3 million people worldwide die prematurely due to air pollution while another 1.4 billion are forced to live with levels beyond recommended limits. The best way to reduce greenhouse gas (GHG) emissions is to restrict the growing use of motorised vehicles. This can be done by developing more balanced traffic and transport policies, offering more and better alternatives to private car use such as cycling, public transport and walking.

Evidence from Latin American cities illustrates that it is possible to re-plan cities to make them more accessible to pedestrians and cyclists, thereby increasing levels of physical activity and reducing exposure to air pollutants. With a population of 8.26 million (US Department of State, 2012), Bogota is ranked the 3rd most cycling-friendly city globally. Currently, there are over 300 km of cycle lanes in the city. In Santiago, through the efforts of Living City, the Municipal Council in partnership with other stakeholders, including strong involvement of community groups, has been able to transform the city to allow secure use by walkers and cyclists.

The key measures adopted in such cities include: (i) redesigning them to provide walkways and cycle lanes; (ii) training residents on security issues; (iii) providing skills to specific groups (e.g., teaching women how to cycle); (iv) blocking parts of the roads over weekends or during certain times of the day to encourage use by pedestrians, cyclists and skaters; and (v) integrating public health services (including health literacy, screening and waste management including e-waste management). For these activities to be implemented in a comprehensive and sustainable manner, it is imperative that partnerships are formed with multiple stakeholders.

Drawing from the UN Political Declaration

Partnership is a theme that runs through the 2011 United Nations Political Declaration on the prevention and control of NCDs (United Nations, 2011). The Declaration recognises the importance of strengthening local, provincial, national and regional capacities to address and effectively combat NCDs, particularly in developing countries, which may entail increased and sustained human, financial and technical resources (Article 41). Importantly, it also recognises that effective prevention and control of NCDs require leadership and multisectoral approaches for health at the government level including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport,

communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development.

The Declaration further calls for advanced implementation of the WHO Global Strategy on Diet, Physical Activity and Health including, where appropriate, through the introduction of policies and actions aimed at promoting healthy diets and increasing physical activity in the entire population, including in all aspects of daily living, such as giving priority to regular and intense physical education classes in schools; urban planning and re-engineering for active transport; the provision of incentives for work-site healthy-lifestyle programmes; increased availability of safe environments in public parks and recreational spaces to encourage physical activity; and engaging non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce NCD risk factors, including through building community capacity in promoting healthy diets and lifestyles.

The need for strategic partnerships

A multi-approach involving strategic partnerships has thus been identified as key to addressing NCDs comprehensively both in the LMICs and globally (Amuyunzu-Nyamongo, 2010). Enhancing people's engagement in physical activity requires working closely with: the municipal/city councils to designate specific areas for physical activity; the transport ministry to make provisions for walking/ workout spaces; the ministry of internal security to ensure that walkways are secure for the users; the education ministry to make provision for physical activity in the school curriculum; and the private sector to implement healthy workplace policies, among other sectors. Bauman (2004) cites a case study of Project Agita in Brazil, which used multiple approaches with multiple players starting at the community level to achieve substantial changes in physical activity.

Piloting a healthy cities initiative: partnerships in Mombasa City, Kenya

The key partner in implementing healthy cities approaches is the council (or its equivalent), which is mandated with the responsibility of running the urban area. In the case of Kenya, this would be either the city or municipal council. Ongoing efforts by the African Institute for Health & Development (AIHD) to pilot the concept in Kenya have entailed seeking and establishing a partnership with the Municipal Council of Mombasa. The initiative, initiated in October 2011, has entailed sensitising the leadership regarding the burden of NCDs, the role of lifestyle changes and the urgent need for action. The buy-in from the Council is seen as key because some of the issues to be addressed – including the provision of non-motorised access to town centres and availability of green spaces – tend to be political issues that have to be negotiated with the key stakeholders, most importantly the business groups.

The buy-in by the Council has led to the formation of a multi-stakeholder group to spearhead the initiative. This has entailed the participation of the key departments including planning, engineering, environment and health. The private sector, through business associations, has also been brought on board. AIHD has

mobilised the health sector (including government and private health facilities and health NGOs) to be part of the process. Neighbourhood associations, a key component of most urban areas, are key yet they are often not well coordinated (especially those representing people in poor neighbourhoods). A process of strengthening the capacities of these associations to articulate the issues affecting them so as to achieve bargaining power is ongoing. They act as umbrellas representing the various socio-economic strata of the urban populace. The provincial administration has also been brought on board to provide legitimacy in reaching out to the people, creating awareness and soliciting ownership.

The initial three months have clearly illustrated the need to address the 'less expensive and political' actions as an entry point to long-term changes in the way cities are structured and managed. For instance, it has become clear that increasing access to non-motorised transport may require making changes to the location of certain facilities or relocating people and activities. These issues can be sensitive, which underlines the need to phase in the activities.

Conclusion

The success and sustainability of interventions on NCDs require active participation and commitment of partners with a stake in the settings where they are being implemented. This is critically important in urban areas, especially those that have emerged without appropriate planning and where any changes, however well meaning, could have implications for people's livelihoods. The initiative by AIHD in Mombasa has highlighted the need to take cognizance of the sensitive issues involved in building these partnerships. Most importantly such initiatives require an understanding of the context, engendering the ownership of the key stakeholder (in this case the Municipal Council) and performing a facilitating role. The sustainability of NCD interventions in urban areas has to be viewed in the long term, and only public institutions have the mandate and ability to see these through. Building and managing local partnerships with NGOs, the private sector and associations is also important and the only way to meaningfully engage local people in determining and engaging in activities to improve their health and well-being, including ameliorating the risks and consequences of NCDs.

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