We can’t understand cities without understanding fertility, and we can’t understand fertility without understanding cities.

If family planning is excluded from discussions of what it means to have an urban sustainability and health agenda, then that agenda can’t be realized.
Objectives and methods

• Researchers’ and policy makers’ challenges in tackling multi-sector nature of urban health. How to begin to link FP and urban devt in SSA?

• 2019-21 stakeholder mapping, comparative policy doc analysis, 100 key informant interviews, across FP and urban devt sectors across 8 countries (BF, GH, KEN, MAL, NIGER, NIG, TANZ, UG). What links are there? Cross-references?
Results

• 2 (MAL, GH) urban development included FP (both good demog research and strong national urban policies)

• 5 FP included urban devt (not UG, TAN, BF)

• Uganda case study: urbanisation perceived as automatically leading to lower fertility = urbanisation viewed as contraception (ignores intra-urban differentials). Urban planners aimed at accommodating pop growth while FP aimed at containing pop growth. ‘Sectoral coordination is an unimplemented mandate’.
Conclusions

1. Inter-sectoral collaboration is challenging across professional and bureaucratic silos due to: lack of cross-references in policies, different understanding of the same issues, lack of budget or human resources to forge linkages, and different timing for review periods of work plans

2. Easier to make progress at local rather than national levels, especially with decentralization policies in place

3. Need for champions, perhaps from donors or UN agencies, to achieve sustainability and scale-up of cross-sector successes

4. Need internal consensus (what’s the entry point to urban devt?) and external advocacy (concerted messaging) - capitalise on urban complexity

5. Lessons relevant to any urban health issue which is culturally sensitive, needs beh/societal change, has multiple determinants (eg mental health)