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**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)