Health-Focused Public-Private Partnerships (PPPs) in the Urban Context: A Workshop
Forum on Public-Private Partnerships for Global Health and Safety

National Academies, 2101 Constitution Avenue NW, Washington, DC 20418

June 13-14, 2018

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THE CONTEMPORARY URBAN MOMENT AND ITS IMPLICATIONS FOR GLOBAL HEALTH
The confluence on the **primacy of cities** in an age of globalisation & planetary constraint demands a shift in global health ideas, practices and partnerships.

* Demographic shift (urban age) where the > in urbanization is driven by URBAN population growth

- Spatial dynamics of development (concentration) change the burden of disease and disease mitigation entry points
- Material and design lock-in of the built form and regulation affect health in multiple ways – this is a very complex system
- Challenges to Westphalian system of governance (devolution) means a range of urban health actors – not just biomedical, but all parts of government & private sector (formal & informal)
#SDG 11&3 underpin the call for a new, commensurate, & integrated global urban science and global health: a radical (re)framing of the urban determinants of health

2030 is a new normative agenda that could put health at the core of Sustainable Development in a predominantly urban world: health as THE global urban research priority & cities as THE lenz on health

- Shaping how capacity & resources are targeted at urban SD & health related activities implies operational change – translational research is imperative
- SDG 11+ enhancing urban health interventions demand political legibility & administrative accountability – the politics and design of urban health systems suggests mixed methods not just more open-system ‘urban epidemiology’
- Comparing, linking & aggregating improved urban health outcomes in human settlements across scales – summative and strategic trends based on new types of global urban health data and data science innovation
- We cannot analyze or prioritize responses to what we don’t know about SD and urban health - the geographical reorientation of urban enquiry is at the frontier of knowledge innovation about complex systems, SD & healthy cities
- We cannot change outcomes if we don’t include all the stakeholders who determine urban health - the role of the private sector, all parts of government and traditional and modern service providers underpins a complex urban health system
The SDG aspirations for the cities and global health must be integrated – analytically and operationally through multi scale & multi actor governance

BARRIERS/OPPORTUNITIES FROM THE URBAN END

- Multiple follow up and review processes for 2030
- Diffused responsibility with no strong UN champion & divided key agencies
- Urban (health) depends on multiple actors and organizational scales – especially @ the local level, that has no formal global representation
- Weak urban health science/evidence, with major analytical & geographical gaps makes evidence based change hard to achieve
- Inadequate visible & credible urban health leadership in the health and in the urban sectors (no IPCC/IPBES for cities or health)
2030 Agenda

GLOBAL
- Annual SDG Progress Report
- Global Sustainable Development Report
- ECOSOC forum on FFD
- Reports by major groups and other relevant stakeholders

High-Level Political Forum
- National reviews
- Partnership platform
- Thematic reviews

REGIONAL & SUBREGIONAL
- Follow-up and review at the regional and subregional levels

NATIONAL & SUBNATIONAL
- Inclusive reviews of progress at the national and subnational levels

Linkages to other conferences and processes
- Negotiated ministerial declaration
- Factual summary
Paris Agreement

Enhanced Transparency Framework

Technical expert review
Multilateral consideration

Mechanism to facilitate implementation and compliance

Global Stocktake

Inform Parties in updating and enhancing actions and support

Regional

National inventory report
Information to track progress made in implementing NDCs
Information on support provided
Information on support needed
Information related to climate change impacts and adaptation

Invitation to non-Party stakeholders to demonstrate efforts via NAZCA

Global

NATIONAL SUBNATIONAL & LOCAL
New Urban Agenda

Quadrennial Implementation Report

GLOBAL
- Inputs from international/multilateral organizations
- Inputs from civil society, the private sector, and academia
- Build on existing platforms and processes such as the WUF
- Linkages to the 2030 Agenda

Submitted to the General Assembly via ECOSOC
Feeds into the HLPF under auspices of the General Assembly
Follow-up and review at the World Assembly of Local and Regional Governments

REGIONAL
- Inputs from regional organizations

NATIONAL & SUBNATIONAL
- Activities of national and subnational governments as inputs for the report

LOCAL
- Local follow-up and review mechanisms
- Activities of local governments as inputs for the report
To have any special issues (e.g. reproductive health) in the competing and complex aspirations of the 2030 Urban Agenda, the ability to navigate the complex institutional architectures of policy influence means the urban health caucus has to organise to have impact.
Organising means institutional heft and agreed priorities: there is not yet an urban health equivalent of the mitigation / adaptation strategy pushed by climate science via the IPCC.

HEALTH ADAPTATIONS TO INCREASED URBANISATION

- Family planning & reproductive health
- Air pollution reduction
- Walkability
- Road traffic safety
- Basic service access (water & sanitation, power, waste)
- Food security
- Better urban health services

Average annual rate of change in the urban population by region in sub-Saharan Africa, 2000-2050 (UNDESA, 2015)
Dominant professional, technological and organisational forms, driven by ‘how they know’, create the palimpsest of healthy cities.

- Public Health – late C19th
- Banking – late C19th
- Engineering – esp car/cement
- Spatial Planning WW2
- Late C19th – new professions of finance, management & environment/climate

- Law – formation of the powers & functions of the state & the rights of citizens... but not everything is coded or legal
- Professions codify and self regulate their practices

2000s – computerization/big data/indicators are both unregulated and unprofessionalised but new information invigorates new practices.
Working (on health) at the urban scale demands new data practices – beyond conventional epidemiology

• The aspiration that SDG indictors reflect the cross sector data interventions required to achieve synthetic SD interventions that work locally, nationally and globally & highlight the imperative of working at the urban scale.

• The urban is a contentious new domain of collective action – there are competing rationalities and vested interests - so it is imperative to align and mediate whose needs investing in indicators will serve : Corporates, Professions, National Depts, political & performance management, residents, groups – the SDG process.

• Imperative of being mindful the urban sector that is in a formative phase with varied expectations of it – and from it – not least from the data/indicator sector ... OECD and UN habitat pioneers and the private sector
Recommendation: **strengthen research capacity on urban health to link to the 2030 Urban Agenda and ASSOCIATED NATIONAL AND NATIONAL COMMITMENTS**

- Harness/enrol the private sector to build a credible and powerful consortium to drive urban health, but ensure public / open access to urban and health data
- Focus big research funding on links between health & urbanisation.
- Focus on areas where rapid urbanisation and health problems will be greatest & where research capacity is least developed... Africa and Asia
- Build scientific leadership that can synthesize existing urban knowledge & define gaps
  - Locally (in partnership with local government and local service providers)
  - Nationally (use specialists for National Urban Policies)
  - Globally (composite and comparative research - big lessons)