



Image: World Bank

## Urban poverty and maternal, neonatal and child health service delivery The need for a focus on smaller cities

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### Key Messages

- Urbanisation and growth of urban poverty will be key challenges in the 21st Century.
- For many countries, the greatest future population growth is expected in cities of less than 1 million people. The extent to which city governments can respond effectively will determine whether past health, social and economic gains can be maintained and accelerated.
- Small city governments are already experiencing the challenges posed by urbanisation and population growth, and how best to provide MNCH services to their population, including the poor.
- Inclusion of smaller city governments in the urbanisation and development agenda has the potential to support proactive development efforts before the scale of the challenge escalates.

### Background

The world's urban population now exceeds that of its rural residents<sup>1</sup> and the least urbanised regions of Asia and Africa are expected to reflect this global reality by the middle of the current century.<sup>2</sup> In the absence of sustainable planning and development, such growth has the potential to severely compromise health and other socioeconomic gains, and compound the disadvantages faced by poor and vulnerable groups. Women and children are at particular risk, with poorer health outcomes,<sup>3</sup> and access to health care services despite their availability in urban centres.<sup>4,5</sup>

Much of the global urbanisation and development agenda has focused on large urban agglomerations, 'mega-cities', yet the greatest population growth, particularly in Asia, is expected in regional and metropolitan centres of under 1 million people.<sup>1,2</sup> The devolution of responsibility for services in many countries provides opportunities for greater local participation in planning, and should allow greater flexibility.<sup>6</sup> However, many small city governments are not yet able to take advantage of this autonomy. Local governments may not have the capacity, nor be equipped with the necessary information and resources to adequately respond.<sup>6,7</sup>

To date, little attention has been paid to health systems in smaller cities, the extent to which city administrations are experiencing the impact of urbanisation, and where key challenges lie. The objective of this study was to identify and describe current challenges to reaching the urban poor with maternal, neonatal and child health (MNCH) services.

## Approach

Our research focused on the Philippines, a country with rapid urban growth and a decentralised health system. In two rapidly urbanising small cities (<500,000 population), semi-structured interviews (32) and focus group discussions (2) were undertaken with city administrators, health planners and program managers, representatives from other city departments (planning, city social welfare), community organizations, and frontline health workers, as part of broader city case studies.

## Research findings

City stakeholders reported that geographic, financial and sociocultural barriers to health service access exist for poor and vulnerable groups. Access barriers are compounded by existing health system weaknesses, including insufficient medical supplies, human resource issues (insufficient trained personnel working in government health services and high staff turnover), inadequate health budgets and financial protection mechanisms. Requests for financial assistance to cover medical expenses are increasing.

Local officials described the following key challenges to planning and delivering health services to vulnerable populations:

- population growth means a greater demand for health and other social services. Increasing population places pressure on local economies with lack of jobs, livelihoods and growing poverty.
- increasing population diversity through migrants with different cultures, background and health knowledge and practices. This influences program success. Targeted approaches to respond to diversity require additional effort and resources.
- emergence of new health and social problems, such as drug misuse, mental health problems and homeless children.
- the city population is spread across both densely populated urban areas, and distant rural areas, presenting diverse challenges for service delivery.
- an active private sector increases urban health system complexity, but also enhances health care access (for example, facility-based obstetric services). Public-private sector coordination remains largely informal, with missed opportunities to improve coverage and quality.
- there are limited reliable data available at the level of disaggregation required by cities to plan and deliver health services, to identify poor populations and monitor progress. High levels of mobility make it difficult to track the population and their health and social status. Cities largely rely on outreach health workers to fill information gaps.

## Conclusions and implications

- Smaller cities in the Philippines are experiencing the pressures posed by increasing population growth and urbanisation, and governments are grappling with the challenges this presents. This has the potential to compromise efforts to improve health outcomes, and economic and social development.
- Investment in smaller cities and their planning presents opportunities to positively influence city development, to support implementation of effective, coordinated strategies to improve MNCH among the urban poor, and to develop strong, responsive and sustainable urban health systems.
- National governments, donors and development partners have a key role to play in supporting these smaller cities and, importantly, in responding before the scale of the challenge escalates.

## References

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