Urbanization, Health and Sustainable Development

Quality of Life as an Enabling Framework

Research paper

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Urban Health 360, Inc. is a US-based nonprofit and NGO that envisions a world where urban health advocates at all levels will have the knowledge, information, and tools needed to facilitate their work on the ground and to influence policy decisions at the local community, municipal, national, and global levels. This is why UrbanHealth360 is the first global organization to catalyze Applied Urban Health.

Rutgers University, The State University of New Jersey, is among America's highest-ranked, most diverse public research universities. Rutgers Health harnesses its academic, health, research, and community assets to drive a healthier, more innovative future for people locally and globally. The Rutgers School of Public Health educates leaders, puts research into practice, and develops public health solutions rooted in health equity, social justice, and advocacy.

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ABSTRACT

Quality of life metrics are proposed as an enabling framework to accelerate meaningful progress towards sustainable development driven by the lived experience of individuals and communities. This is especially relevant in urban settings with health and wellbeing interventions targeted to sustain social protection throughout the life course. A world that leaves no one and no place behind is a world where everyone's quality of life provides for their needs and enables them to realize their potential and aspirations. Can quality of life be a global ambition, realized locally for all?

INTRODUCTION

The United Nations (UN) Secretary General's Report on Progress Towards the Sustainable Development Goals (SDGs) outlined a Rescue Plan for People and Planet (United Nations, 2023) and recognized the need to accelerate a people-

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»A response to the challenges of urbanization and health in the face of changing environments and climate change requires multidisciplinary collaboration.«

centered approach in pursuit of the SDGs, particularly in strengthening national and sub-national capacities. The inclusion of individuals' and communities' expressed needs for intergenerational and life course well-being and prosperity is fundamental to community integration and social cohesion and the efficacy of social protection mechanisms targeting them. Adopting a quality of life (QALY) framework with appropriate integration of measures to assess impact from the beneficiary and community perspective is proposed here. This people-centered approach can "serve to identify local priority actions and enabling conditions with higher acceptance and sustainability" (UN Habitat, n.d.) and thereby accelerate progress towards a world that leaves no one behind (United Nations, n.d.).

Assessing the outcomes and impacts of social protection programs using QALY metrics will allow improved targeting of interventions in rapidly urbanizing communities in secondary and tertiary cities in low- and middle-income countries. Along

with objective QALY indicators, there needs to be an integration of subjective measures that capture the lived experience of people individually and in community. An essential element of policies and the implementation of social protection programs should include the life course given life course factors can influence program efficacy and sustainability. The adoption of a more people-centered territorial approach to the intersection of SDG policies and social protection mechanisms at the subnational and community level can inform and shape outcomes. Accordingly, QALY is an important framework with metrics able to reveal the true impact of policies and programs and enable communities to contribute directly to design and delivery such that collective engagement becomes an essential element. For example, it is not just how much food is distributed or how many children are fed, it is the QALY impact of these individuals and their families and the resulting intergenerational implications.

URBANIZATION, QUALITY OF LIFE, AND HUMAN FLOURISHING
In urban settings promoting access to infrastructure, fostering human connections, and enhancing social belonging contribute significantly to elevating community QALY. In response to the cumulative effects of multiple and interlinked global crises, the effects of planetary crisis (e.g., biodiversity loss, pollution, climate change), and the exacerbation of social and economic inequalities, integration of QALY with social protection can help reduce inequalities and increase and social belonging. What happens to our cities over the next 30 years will de-

termine the health and well-being of the world's projected 11 billion people. As the urbanist Jacobs (1993) noted, "Cities have the capability of providing something for everybody, only because, and only when, they are created by everybody... A neighborhood is not only an association of buildings but also a network of social relationships, an environment where feelings and sympathy can flourish." As such, cities need to offer a QALY with urban settings operating as a system of systems, with the connections among services like transport, health, and education central to QALY metrics.

With over half the world's population living in cities, set to rise to around 70% by 2050 with the 100-million-person city a near reality, urbanization is straining planetary systems and reducing the QALY for many. Individual areas within the city should be able to fulfill key social functions, namely living, working, supplying, caring, learning, and enjoying (Purcell, 2023). To get from where we are now to realizing this vision calls for radical collaboration and trustful co-creation in supporting a just transition with city planners, civic leaders, businesses, and other anchor institutions (such as universities and healthcare organizations), working with residents, communities, and visitors. However, a hyper-local focus can't just be about creating a few amenity-rich islands of privilege separated from areas of deprivation or projects that serve to reinforce spatial injustices related to racial identity or immigration status – this is a matter of social justice and equity (Purcell, 2023).

Human flourishing is central to QALY and at the core of the SDGs and their aim

to ensure that "all human beings can fulfill their potential in dignity, equality, and in a healthy environment" (United Nations, n.d.). Flourishing is about the opportunity to thrive - anyone can flourish, but not everyone is doing so – hence the pursuit of the global Agenda 2030. As with QALY, there are multiple dimensions to living a "good life" (Seligman, 2011) including positive emotions, engagement, relationships, meaning and accomplishments as well as self-esteem, spiritual health, and dignity (VanderWeele, 2017). The pursuit of flourishing offers genuine individual and societal benefits and evidence-based ways to measure flourishing and what works to promote it (The Human Flourishing Program, n.d). So too then, QALY metrics can be assembled and used to determine key intervention points and the effectiveness of solutions applied.

URBANIZATION, HEALTH, AND THE SUSTAINABLE DEVELOPMENT GOALS
The focus on the health dynamics involved in urbanization and health, namely "urban health", is a microcosm of global health and central to the achievement of the SDGs (Urban Health 360, n.d.). COVID-19 amplified the urgency of addressing issues of health equity in urban communities and the link between the health and economic viability of the people living in those communities. SDG 3 "Global Health and Wellbeing" is an enabler of the other SDGs (Figure 1) with 48 of the 169 targets of the 17 SDGs relevant to urban health (Figure 2).

While the SDGs serve as an organizing frame for a sustainable urban health agenda, they currently lack an explicit focus on QALY metrics. The broad approach has a

Figure 1

Figure 2

strong focus on equity and "leaving no one behind" (United Nations, n.d.) with Goal 3 – good health and wellbeing, Goal 5 – gender equity, Goal 8 – decent work and economic growth, Goal 10 – reduced inequalities, and Goal 11 – sustainable cities and communities. These serve as action points for addressing the health of the urban poor as an economic value for the robust development of communities, municipalities, and cities. While policy coherence and equitable policies provide mechanisms for measurable urban health outcomes, the "hot spots" of urbanization for targeted interventions such as housing, water and sanitation, urban planning, governance, and community cohesion need to be addressed with a systems approach (Gatzweiler & Zhu, 2017; Schroder et al., 2022). It is here that a focus on QALY and its underlying metrics can elevate key policy needs and focused interventions to accelerate much needed progress with the delivery of the SDGs.

The UN projections suggest that by 2030, the fastest-growing urban agglomerations will be those cities with fewer than 1 million inhabitants, so-called 'secondary cities', many of them located in Asia and Africa (UN Nations, n.d.). According to the World Bank, a secondary city is largely determined by population, size, function, and economic status (Cities Alliance, n.d.) with a population ranging between 10-50 percent of a country's largest city, although they may be smaller; there are around 2,400 secondary cities with populations of between 150,000 and 5 million described. Commonly, secondary cities are geographically defined urban jurisdictions and their role and functions may expand to a geographic region or the global realm. These secondary cities are possibly interpreted as "hot spots" of urbanization for targeted interventions for better health outcomes contributing to the SDG agenda (Urban Health, n.d.).

GLOBAL URBAN HEALTH SCENARIO

By 2050, two-thirds of the world's population will reside in urban communities with 90 percent of urban population growth taking place in low- and middle-income countries; mostly in Africa and Asia (Ebikeme, 2019; Vearey et al, 2019; World Population Review, 2024). This rapid urbanization is raising new social, economic, public health, environmental, and health systems challenges, particularly in cities, municipalities, and communities in the Global South. Specifically, nearly 60 percent of the population of the African continent is expected to be living in urban areas and 35-40 percent of children and adolescents globally are projected to be living in Africa. In Latin America and the Caribbean, over 80 percent of people live in urban areas, with 30 percent living in poverty and 24 percent in informal settlements. This region has 19 of 30 unequal cities in the world (UN Habitat, 2019; WHO, 2020; World Population Review, 2022).

There is an urgent need to improve the governance of healthcare and health systems in the Global South and this requires interdisciplinary collaboration among a variety of stakeholders. The issues range from environmental inequities and flood

vulnerability to demographic transitions such as youth bulges and aging populations. Access to healthcare is incomplete and inequitable with variable quality of healthcare service and provision. Persistent communicable diseases such as Tuberculosis, HIV, and malaria exist alongside chronic illnesses and co-morbidities as well as mental health, external causes of death and injury, and forced and reverse migration. Innovative partnerships based on a radical approach to collaboration at both the national and sub-national levels are needed to create – essentially a systems approach to enable monitoring of the health status of rapidly expanding urban communities in the Global South.

KEY ISSUES ACROSS THE REGIONS

The African Context:
The rapid growth of midsize cities and peri-urban settlements poses a significant test for municipal and public health officials (Vearey et al., 2019; Aberjirinde, et al, 2022). Lack of access to water and sanitation in certain urban and peri-urban environments means that 80 percent of the poorest will defecate in open areas (UN Habitat, n.d.). This is compounded by the lack of physical, economic, and social infrastructure such as potable water, public transportation, and public health mechanisms. Environmental inequities and flood vulnerability persist. For example, in Gambia, 25 percent of people in urban communities live below elevation in flood zones. Rapidly expanding urban areas – the total urban footprint of 1 million sq. km in 2010 will become 3 million by 2030 (UN Habitat, n.d.). Weak urban governance systems and functions with eroded human skills, poor

sanitation, inadequate housing, unemployment, uneven health services, and links to the formal urban economy are often either restricted or compromised. Communicable diseases persist while chronic illness and morbidities are such. In addition, mental health and wellbeing issues alongside external causes of death and injury such as forced and unplanned migration due to conflict and violence are compounded by demographic shifts in the youth and elderly populations – each requiring significant health and social welfare investments. These are all overlayed by climate change – increased ambient temperatures, flooding, intense storms, and wildfires that serve to exacerbate inequities.

The Latin America Context
Nineteen of the 30 most unequal cities in the world are in Latin America. Over 80 percent of people live in urban areas, 30 percent live in poverty, and 24 percent in informal settlements (UN Habitat, 2019). Sanitation, education, employment, health services, and links to the formal urban economy are often restricted and/or compromised. A high degree of malnutrition exists among children because of poor diet, repeated morbidity, and unhygienic living conditions; in Brazil, for example, that number is 19 percent. There is a rapid growth of midsize cities and peri-urban settlements, resulting in a strain on the provision of clean water, sanitation, adequate housing, and accessible health care to existing residents as well as new residents, creating stressors for municipal and public health officials. There is incomplete and inequitable access and variable quality in the provision of health care services. As a result, infectious diseases

persist alongside an increase in chronic diseases – compounded by obesity, forced migration, and mental health conditions resulting from violence-related trauma.

QUALITY OF LIFE AS A FRAMEWORK TO RESPOND TO THE CHALLENGES
A response to the challenges of urbanization and health in the face of changing environments and climate change requires multidisciplinary collaboration among a variety of stakeholders with metrics focused on the lived experience of individuals and communities. A framework based on QALY offers stakeholders a rich suite of metrics to use to determine actions and their impact on progressing the SDGs. Four categories of stakeholders are relevant here: (1) researchers and practitioners – e.g., epidemiologists, geographers, environmentalists, engineers, town planners, mental health and quality of life responders, and healthcare professionals;

(2) municipal and community leaders; (3) members of communities; and (4) policymakers at the national and sub-national levels. Communities and municipalities are integral to achieving urban health and development goals by 2030 and thereafter. Leadership in urban health planning and implementation is needed to improve the health of urban populations and to address the broad social determinants of health if the SDGs and the New Urban Agenda (UN Habitat, 2022) are to be met in this decade. Collaboration on advancing the urban health agenda and advocating for the importance of health to social and economic development relies on a shared framework and QALY offers this. Leadership from all sectors must recognize that their decisions affect the health of people living in both urban and peri-urban environments such that co-development of projects is necessary. Public-private partnerships must be supported and are

Figure 3
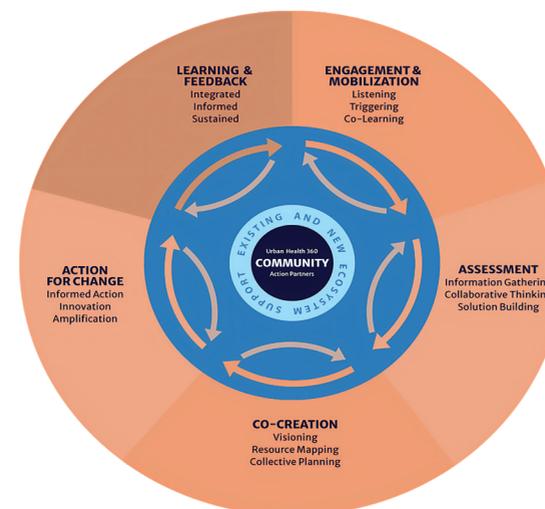
essential to maximize impact in mobilizing resources for capacity building and sustainable growth and development. To achieve sustainable, inclusive, and equitable development, communities must be at the forefront and QALY a driver of decision-making, governance, and actions.

THE QUALITY-OF-LIFE INITIATIVE

A QALY framework recognizes the interconnectedness and dependencies of planetary and human health in a manner akin to the SDGs (Figure 1). However, it goes further than Agenda 2030 and encompasses human flourishing – especially important in urban settings, with climate change a threat multiplier, particularly for overburdened and under-resourced communities. Here, QALY goes beyond surviving and is about thriving and so it extends from the individual into the community and reflects robust social networks and systems. While QALY is temporal and can change across time it can be advanced at different scales – from the local to the global. Importantly, it can be designed in – and the context of the urban setting matters.

As a suite of metrics, QALY is an outcome of antifragility and resilience in systems, enabling people and communities to withstand, adapt to, and mitigate stressors. A QALY framework offers the potential for well-being and human flourishing to be measured as outcomes of the lived experience of people and communities. This human-level objective and subjective data will enable the identification of and investment in interventions that work to make the urgent progress needed to meet the SDGs efficiently and effectively. By reconceptualizing QALY metrics in this way, adaptation to the polycrisis environment

of a rapidly transforming world is enabled. As such, QALY is framed as an enabler of individual and collective agency relevant to urban settings where local actions are connected to global goals.

COMMUNITIES AT THE FOREFRONT: A NEW PARTNERSHIPS PARADIGM

It could not be clearer that communities must be at the forefront of tackling critical urbanization and health and development issues. At both the national and subnational levels there needs to be a mobilization and engagement of a cadre of cross-sectoral, multidisciplinary urbanization and health-focused leaders in research, policy, and practice. The evidence base regarding the determinants, programs, and policies critical for achieving healthy and sustainable urban environments must be catalyzed and advanced. Urgent improvement and enhancement of cross-sectoral collaborations to solve urban health challenges locally both at the subnational and national levels with equal effort and focus. Communities must be empowered and supported in advocating for and implementing evidence-based policies, programs, and governance that develop healthy, relevant, and sustainable urban environments that eliminate health and environmental disparities.

There needs to be a new partnership paradigm at the subnational and national levels. Action must begin at the community level to engage municipalities in the response and regeneration process. Municipal and community leaders must be key actions in creating solutions, along with public-private collaborative engagement. The health and well-being of people in urban communities must be envisioned

as an economic value since healthy populations are more economically viable. To achieve cross-sectoral actions, community implementers, municipal and national leaders, and the private sector must work alongside each other on an equal footing, connected through a shared purpose and focused on adaptive transformational change that leads to prioritized, localized operational change.

RECOMMENDATION

It is recommended that QALY is adopted as a framework to prioritize actions in pursuit of the SDGs with QALY metrics reflecting human flourishing suitable for use in urban settings with actions driven by the lived experience of individuals and communities.

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