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Mainstreaming HIV/AIDS in settlement development planning

Wamsler, Christine

Published in:
Open House International

2008

[Link to publication](#)

Citation for published version (APA):

Wamsler, C. (2008). Mainstreaming HIV/AIDS in settlement development planning. *Open House International*, 33(4), 6-7.

Total number of authors:

1

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LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

Editorial

MAINSTREAMING HIV/AIDS IN SETTLEMENT DEVELOPMENT PLANNING

HIV/AIDS has now become part of everyday life in urban settlements in the developing world, and presents the world with one of the most serious and disastrous urban challenges it has ever had to face. Since HIV first emerged in the early 1980s, more than 25 million people (adults and children) have lost their lives to AIDS worldwide. The UNAIDS 2007 figures estimate that 33.2 million people are currently living with the virus. Over 95 percent of these people live in developing countries, with Sub-Saharan Africa - particularly Eastern and Southern Africa - most affected. Slum conditions, in which up to 72% of the urban poor in Sub-Saharan Africa live, are marked by inadequate housing and settlements, which place their inhabitants in a position of heightened vulnerability to HIV infection.

Contrary to commonly held belief, HIV/AIDS and settlement development are closely interlinked at all levels. At national and municipal level, HIV/AIDS weakens the ability of urban institutions to provide adequate social housing, infrastructure and other services due to loss of staff, related lack of capacities, decreases in municipal revenues (e.g. from taxes and service charges) and increasing costs (e.g. for replacement, care and death benefits). The construction sector is also suffering from the reduction of the labour force, and is, as a sector, known to play a role in the transmission of HIV. At the local household level, inadequate housing and settlements place poor populations at increased risk of HIV infection. Reasons for this relate to their exclusion from basic health and education, lack of formal work, and insecure land tenure or property rights. Other factors that are critical in respect of contributing to the spread and impact of HIV/AIDS - and which relate to the built environment - are high population densities, overcrowding and frequency of interaction. The heavily congested environment exposes children to early sexual activity. To make matters worse, there is a lack of safe places and the stressful living conditions of slums have been correlated in studies with the issue of increased use of alcohol and higher levels of the incidence of domestic violence. These factors are compounded by the lack of social cohesion and safety networks. Inadequate housing and settlements further complicate access to health care for those people already living with HIV/AIDS, resulting in improper and infrequent access to adequate treatment, even when it is free at the point of delivery. The most active and productive members of society are most affected and, increasingly, orphans are being left behind. There are currently

estimated to be around 11.5 million orphans due to AIDS in Sub-Saharan Africa alone. More and more households are being headed by older siblings, who are little more than children themselves, or grandparents, since the entire generation between these aforementioned older and younger generations is rapidly disappearing.

The described situation at the national, municipal and local levels, shows that the dramatic social consequences of AIDS combine with a range of problems related to settlement development planning and confront urban institutions with new demands and challenges. However, whilst cities are, on the one hand, incubators of HIV/AIDS, on the other hand they offer great opportunities for combating the pandemic. Nevertheless, in practice little has been done to give consideration to specific urban HIV/AIDS matters, and - in respect of settlement development planning - hardly any projects or programmes have been put in place. This is alarming since, in fact, social housing, adequate living conditions, urban planning and governance can play a critical role in the fight against HIV/AIDS, by contributing to the success of:

- 1 *HIV prevention*: to reduce the vulnerability of urban residents to HIV infection through improved settlement development planning
- 2 *Impact reduction*: to reduce the impact of the pandemic on settlement development
- 3 *Special support*: to find and provide adequate housing solutions for family dependents who are left behind
- 4 *Health care*: to expand access to care and treatment for HIV/AIDS affected people both at a housing and settlement level.

The objective of this special issue on 'HIV/AIDS and human settlement development' lies in raising the awareness of the described situation and in disseminating existing and potential responses to HIV/AIDS from the perspective of human settlements. Agencies, whose mission is urban development, urgently need to recognise that achieving their objectives is difficult - or hardly possible - without addressing and mitigating the impact of the pandemic. Comprehensive policies and programming are thus required to mitigate both the spread and the effects of the pandemic.

The seven articles presented in this special issue discuss in detail the above-mentioned interlinkages between settlement development planning and the HIV/AIDS pandemic in Kenya, Swaziland, Tanzania, Cameroon, Zimbabwe, Uganda and South Africa. Thus, they illustrate how social housing, urban planning and governance are, on the one hand, affected by HIV/AIDS and how, on the other hand, they can impact either negatively or positively upon the pandemic. On this basis, the

articles aim to highlight concrete solutions that could help to prevent the spread of HIV/AIDS, reduce its impact, and/or support and care for those affected. In fact, they describe the need for urban development actors to ensure that efforts are made to mainstream HIV/AIDS in their work - be this at the national planning policy level, within the workplace of the local authorities, within construction projects, via housing associations, by ensuring the adequate design of shelter and healthcare facilities, or by reaching out to those particularly precarious and vulnerable spaces occupied by the homeless. The related engagement of international leading organisations, such as UN-HABITAT and Rooftops Canada International, are presented: **Gopalen and Pinsky** compile concrete programme experiences of Rooftops' partner organisations in Sub-Saharan Africa. **Njenga and Ndungu** present UN-HABITAT's work with city authorities in the Lake Victoria region of Kenya, and how the organisation has embarked upon an HIV/AIDS mainstreaming strategy in its Slum Upgrading and Poverty Reduction programme. Two national case studies follow, one from South Africa and one from Swaziland, both of which focus on the HIV/AIDS and settlement development nexus by reviewing the respective national instruments, policies and programmes for integrated settlement planning (**Joseph and Donk; Ndlela**). The paper by **Tomlinson** elaborates on the extent to which poor housing conditions exacerbate opportunistic infections in those living with HIV, deprives those affected of fundamental human dignity and makes the situation of those trying to provide care at home for those infected even more difficult. Nord then analyses how spatial conditions contribute to the issue of confidentiality in HIV healthcare facilities. In fact, ensuring client confidentiality through providing an appropriate space for the consultation to take place was found to be one of the key issues for consideration in respect of the architectural design of HIV healthcare facilities. Finally, **Olufemi** shows, on the one hand, how the stigmatisation of and the discrimination against people living with HIV/AIDS increases the risk of them becoming homeless, and how, on the other hand, homeless people are exceptionally vulnerable to becoming infected with HIV.

In relation to the papers in this special issue and the ongoing discussions in the field, some key aspects can be identified and are important to highlight:

Firstly, the lessons that emerge hark back to the origins of planning where concerns about public health and hygiene always played a major role. However, in the context of the HIV/AIDS pandemic, these concerns have gained increased significance, not only for planners, but for all urban development actors.

Secondly, mainstreaming HIV/AIDS goes far beyond the mere implementation of additional dedicated measures to combat HIV/AIDS (such as the distribution of condoms within the context of a housing project). The main aim is to identify and establish improved ways of tackling HIV/AIDS through the core work of the organisation in question. Generally, the term 'mainstreaming' signifies the modification of a specific type of core work carried out by an organisation in order to optimise the comparative advantage it can play in responding to the epidemic. The concept of 'mainstreaming', therefore, does not call upon urban development actors to change their core functions and responsibilities, but instead to view them from a different perspective and make any necessary modifications or amendments, as appropriate. Thus, the integration of completely new sector-strange programmes or programme components is not part of mainstreaming.

Thirdly, integrating HIV/AIDS involves changes not only at a local household level, but also at the institutional level of the related implementing, cooperating and funding organisations. This relates not only to (a) the programme implementing organisations, but also to (b) related donor organisations, (c) other implementing organisations that are not directly involved in the programme, and (d) universities and other training institutions working in the field of settlement development planning. This is an area where knowledge and related research is specifically lacking.

Fourthly, to achieve holistic, and thus sustainable, mainstreaming of HIV/AIDS in settlement development planning, four different measures require to be considered and combined, both at a programme and at an institutional level. These are: (a) HIV prevention, (b) Impact reduction, (c) Special support, and d) Health care.

With increasing urbanisation and escalating numbers of those who are HIV/AIDS affected, it is hoped that this issue will contribute to creating awareness amongst urban development actors and to the development of a body of knowledge related to the importance of addressing the issue of HIV/AIDS within the context of settlement development planning. Concrete actions on the ground are urgently needed to assist those in need, to sustainably reduce poverty, and to continue the global effort towards meeting the Millennium Development Goals (MDGs).

Dr Christine Wamsler,

Lecturer in Urban Development focusing on Climate Change Adaptation, Global Urban Research Centre (GURC) at the University of Manchester and Visiting Professor in Disaster Management and Risk Reduction at Lund University
christine.wamsler@googlemail.com