



known reasons: they make it impossible to provide low-cost, high-frequency public transport as it is not economically viable to provide public transport to suburban centres; people without cars, such as the poor, youth, children and the elderly are stranded in such neighbourhoods as they become dependent on others for their mobility; moreover, suburban streets are lonely and boring.

The consequences of unrestricted car use are suburban sprawl, traffic jams and pressure to build more infrastructure. But trying to solve traffic jams with more road infrastructure is like trying to put out a fire with gasoline. Bigger roads stimulate development around them, which leads to more suburban sprawl and even worse traffic jams. In the United States, for instance, time lost in traffic jams increases every year and the problem is worse in cities with the most highways, such as Los Angeles.

Once there is consensus on the principle that the public good must prevail, and that priority must be given to public transport and pedestrian and bicycle spaces, it is relatively simple to structure a city that moves efficiently and in a sustainable manner. Bus rapid transit systems on exclusive lanes with very similar speeds and capacities to those of rail systems but at very low costs can be created. The challenges again are political, rather than technical or economic, and have to do with issues such as getting old buses or minibuses out of trunk routes and private cars out of the lanes exclusively devoted to the system.

The benefits of improving public transport and creating pedestrian and bicycle infrastructure, while restricting private automobile use are enormous: families would spend more time at home and less time on the road in traffic jams; there would be less noise and cleaner air; roads would be safer for adults and children who cycle or walk to work or school; the demand for oil would be reduced; large arterial roads that act as fences separating neighbourhoods and dehumanizing habitats would disappear; public investment would become more progressive, as funds usually absorbed by road infrastructure for the primary benefit of the higher income automobile-owning groups, would be devoted to attending to the more important and urgent needs of the poor majority; and people of all income levels would meet as equals in public spaces, leading to a more democratic and inclusive societies.

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## HIV/AIDS IN URBAN AREAS

### HIV / AIDS: An Urban Challenge

**A**cquired Immune Deficiency Syndrome (AIDS) is a human tragedy. Since the pandemic began in the early 1980s, AIDS has killed a total of about 22 million people and orphaned over 13 million children worldwide. In 2000 alone, about five million people around the world became infected, 600,000 of them children, and AIDS claimed three million lives. With no cure in sight, the AIDS virus, the Human Immunodeficiency Virus (HIV), continues to spread, causing over 15,000 new infections each day, or 10 new infections every minute, six of which occur in young people. UNAIDS and the World Health Organization (WHO) estimate that there were 40 million people infected with HIV by the end of 2001, including 15.7 million women and 1.3 million children less than 15 years old. Over 95 per cent of HIV cases occurred in the developing countries of Sub-Saharan Africa and South East Asia. Sub-Saharan Africa is by far the region most affected by HIV in the world.

With the information currently available, it is impossible to know the difference in incidence of HIV/AIDS between rural and urban areas. Generally, statistics on HIV infection and AIDS are still quite incomplete given definitional and methodological inconsistencies and data gathering inadequacies in many countries. Intuitively, one might expect the incidence and prevalence of HIV/AIDS to be lower in rural areas since adherence to cultural and traditional norms and taboos together with strong cultural and community bonds can be expected to slow the spread of the disease. Unfortunately, rural to urban migration, civil strife, natural disasters and the collapse of livelihoods have all immensely disrupted the relative stability and security that rural communities enjoyed in the past. In urban areas, the growth of poor and informal communities, which are generally excluded from basic services, high densities and disintegration of social cohesion contribute to the rapid spread of the HIV/AIDS pandemic. In Africa, rural and urban areas seem to be equally vulnerable to the incidence and spread of HIV/AIDS and deserve equal attention. But notwithstanding this, it is clear that there are differences in the manner in which the disease is manifested in urban and

rural areas. This poses unique problems for policy makers at the national and local levels.

Many countries have now accepted the need for bold measures at the national level aimed at addressing the HIV/AIDS pandemic. But the pandemic's manifestation in urban areas has specific features and poses unique problems that national policy makers have not addressed. Urban areas are by definition high concentrations of population. Close proximity and frequency of interaction among diverse groups of people lead to relatively higher and speedier rates of infection and transmission. The high mobility of the urban population poses challenges for adequate treatment for persons infected with HIV/AIDS. A vast majority of the poor have inadequate shelter, and in the absence of security of tenure, public authorities frequently evict them. This results in discontinuity in the treatment of HIV/AIDS patients and increases the chances both of spreading HIV/AIDS as well as of persons developing resistant strains of the virus.

**Good urban governance is positively related to the management and prevention of HIV/AIDS**

In Southern Africa, the legacy of labour migration, which was the corner stone of the colonial mode of production based on the exploitation of primary products in agriculture and mining, has fostered the spread of HIV/AIDS. In Western Africa, the evolution of cross-border informal trade and migration may be providing a similar impetus to the spread of HIV/AIDS. In both regions, urban nodes are a key area for interaction between migrants (usually migrant males) and non-migrants (mostly females) and the spread of the disease.

Many countries have suffered from political conflict. Internally unstable social and political conditions have forced once-normal households to flee from their homes.

Conflicts continue for years, while displaced persons are housed in overcrowded and often inadequate refugee camps. In this situation, many face a sense of despair and hopelessness. As conditions in these camps dehumanize people, the camps become an ideal place for the spread of HIV/AIDS.

As a result of decentralization policies in many countries, municipalities and local authorities are gaining more responsibility for the economic and social well-being of people. It is important to recognize that local government is the level of government closest to the people and, therefore, best placed to safeguard their political, civil, economic, social and cultural rights. Many local authorities have developed ad hoc responses to the HIV/AIDS pandemic, but these responses are not usually integrated into their strategic planning and are often seen as short-term actions. There is also a weak capacity within local authorities to address the pandemic due to a scarcity of human and financial resources.

Cities are not only the incubators of HIV/AIDS, they can also provide opportunities for better education, information and prevention of its risks. Beyond prevention, housing and adequate living conditions have been established as critical in the success of care and treatment regimes for HIV/AIDS. Pro-poor urban governance is an integral part of the UN-HABITAT's campaign on good urban governance and, as the United Nations focal point for cities and local authorities, UN-HABITAT will encourage mayors and associations of cities to strengthen their efforts in combating HIV/AIDS.

A review of some best practices suggests that good urban governance is positively related to enhanced outcomes in the management of HIV/AIDS in both prevention (decreased transmission) and care of those infected by HIV/AIDS. Where governance structures have been mobilized for building community capacity and participation and have worked collaboratively with local government agencies, innovative and strengthened responses to health issues emerge. Research in the area of health and governance suggests that the absence of the basic elements of good governance compromise community involvement in health, which is a fundamental component of a multi-sectoral response to the pandemic.

**Source: "Management of the HIV/AIDS Pandemic at the local level", UN-HABITAT, March 2002**

## The Manzini Experience 'Hlanganani'

Swaziland has one of the highest rates of HIV/AIDS in the world. Current data estimate a prevalence rate of 24% among the sexually active population. In the capital, Manzini, the rate is even higher at 28%.

HIV/AIDS is the most critical development challenge facing the Southern African region. In response, His Majesty King Mswati III in February 1999 declared the epidemic a national disaster. An HIV/AIDS Crisis Management and Technical Committee was established in order to develop strategies for addressing the crisis.

Manzini, with a population of 70,000 is the largest urban centre in the Kingdom of Swaziland and is located in the heart of the country. It is the commercial and retail "hub" of the nation, serving a significant proportion of the Swazi population for whom the city is a business centre and 'dormitory' for the nearby Matsapha Industrial Area. The dynamics of the city are changing and the Council is responsible for factoring these into the urban management agenda. Major social problems include unemployment, homelessness, poverty and children working and living on the streets.

In light of the magnitude of the epidemic and the profound impact it would have upon cities and towns in the country, the local authorities in Swaziland, under the auspices of the Swaziland National Association of Local Authorities (SNALA) joined with other Councils in Africa and launched the Swaziland Chapter of the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, on 28 January 2000.

Demonstrating a commitment within their municipal management agenda to address the impact of the epidemic upon cities and towns, all local authorities endorsed the SNALA Declaration on HIV/AIDS. The Declaration commits all Councils to the implementation of strategies appropriate to the specific nature of the epidemic and its consequences within their communities.

The Swaziland Chapter of the Alliance has adopted the "African Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL)" as the mechanism through which the principles of the Declaration can be implemented.

**The AMICAALL process involves inclusive, participatory planning, coordination, capacity building and locally driven action at municipal level, together with sharing and dissemination of lessons learned. AMICAALL builds upon decentralisation of key municipal management functions, and strengthens local capacity to develop appropriate and effective responses to HIV/AIDS-related issues.**

Institutionally, the Manzini City Council has internalized HIV/AIDS as an integral component of its urban governance responsibilities. The constituent communities of Manzini have acknowledged that the epidemic is far more than a health issue – it is a fundamental development issue. If prompt effective action is not taken, development gains of recent decades are at risk of being lost.

In recognition of the multi-sectoral nature of the challenge of HIV/AIDS, the Manzini City Council has formed a Trust, which constitutes the lead policy, coordinating and legal body for the management of the City's HIV/AIDS programme and the Hlanganani Help Centre. The Manzini AMICAALL Trust comprises representatives of the Council, Law Society, Institute of Accountants, Medical and Dental Council, Council of Churches, Federation of Employers, Association of Swazi Business Community, Coordinating Assembly of Non Governmental Organisations, Ministry of Housing and Urban Development, and People Living with HIV/AIDS. The implementation mechanism developed by service providers in the City of Manzini is the *Hlanganani Help Centre* - *Hlanganani* is a SiSwati word meaning "coming together" – through which programmes are coordinated and services delivered.

**Further details: AMICAAL Programme at [www.amicaal.org](http://www.amicaal.org)**