Global health and the urban poor: mobilising adolescents for sustainable cities and communities

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As we approach 2030, the field of global health must innovate and renew itself to accelerate progress towards the attainment of the Sustainable Development Goals (SDGs). Many researchers have raised concerns about the invisibility of adolescents in the SDGs and their under-representation in global health research and initiatives.1 Another shortcoming of global health is that rural health is often prioritised over urban health despite the significant rise of megacities in low-income and middle-income countries (LMICs).2 3 By meaningfully including adolescents in its urban health initiatives, the global health community can help address the lack of visibility of adolescents while also making progress towards SDG11 for sustainable cities and communities to ‘make cities and human settlements inclusive, safe, resilient and sustainable’.4 We believe that global health can play a central role in building more equitable and sustainable urban societies. This can be achieved by amplifying the voices of adolescents in urban settings and promoting their participation in their communities.

The majority of global health projects are implemented in rural settings in LMICs. There are several reasons for this, including a perceived ‘urban advantage’ over the more precarious living conditions in rural areas.5 However, megacities are increasingly developing in LMICs due to massive migratory movements to urban areas. With the world’s urban population exceeding 4 billion people, new global health issues are emerging from these overcrowded urban environments, such as those related to pollution and climate change, road accidents, urban food insecurity, lacking access to safe water and violence.2 5 A critical need for global health to pay more attention to the adolescents face in poor urban settings, where many live in very precarious conditions. These challenges often develop because of mass migration to urban areas, where adolescents seek opportunities for a better future. Current infrastructures of megacities are often unable to support large urban migratory movements, resulting in many adolescents being forced to reside in slums or informal settlements.6 Addressing health issues affecting adolescents in megacities can therefore contribute to SDG11 and confirm global health’s commitment to youth.

Among emerging health challenges in urban settings, issues related to adolescent sexual and reproductive health and rights (ASRHR) are central concerns in poor urban settings.7 These challenges include sexual harassment, teenage pregnancy and child marriage among others, and can limit the opportunities available for urban adolescents, especially girls. Yet, we know that adolescents

SUMMARY BOX

⇒ Global health initiatives, including research, should contribute more to urban health to achieve Sustainable Development Goal #11 for sustainable cities and communities.
⇒ Adolescents are often invisible in global health initiatives, yet they are central to the future of our societies.
⇒ The development of equitable and sustainable cities is intrinsically linked to good adolescent sexual and reproductive health and rights, and global health has a role to play in urban settings to support healthy adolescent development.
⇒ Global health must take action to encourage youth-led participatory projects in poor urban settings to amplify their voices to promote their sexual and reproductive health and rights, and to contribute to sustainable and equitable cities.
represent a development potential for cities, as they are the ones who will contribute to the society of tomorrow, become the parents of future generations, and eventually serve as policy-makers and leaders. With more than one-third of the world’s urban slum population being children or adolescents, it is essential to ensure optimal development conditions and opportunities for all. By addressing ASRHR issues in poor urban settings, global health can reduce intrasuburban inequalities and gender inequities, and contribute to developing sustainable cities and communities.

Experts have long recommended that global health initiatives adopt community-based principles that foster the involvement of adolescents to address the health issues that affect them. Participatory approaches with adolescents can be effective and promote equity in societies. Despite this, global health and ASRHR projects that promote active adolescent participation remain few, especially in poor urban settings. A shift must occur in the global health discipline to make it easier to implement youth-led participatory projects. However, beyond their participation, adolescents also need safe spaces in their communities for their voices to be heard, to mobilise and make changes. We believe it is our responsibility to amplify adolescents’ voices and create opportunities for their mobilisation so that policy-makers, local leaders and communities are willing to hear them and act to support them. By encouraging community dialogues and creating space for adolescents to speak up, it becomes possible for them to play an active role as societal change agents in urban settings.

Global health can and should contribute more to the promotion and achievement of SDG11. To truly promote sustainable cities and communities, and to ‘leave no one behind’, it is essential to promote ASRHR for all adolescents. If global health is serious about making a commitment to youth and achieving the SDGs by 2030, urgent actions are needed to amplify adolescents’ voices in urban settings to improve ASRHR and foster more equitable and sustainable cities.

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