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Re-envisioning Informal Settlements and HIV and AIDs Together

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A spatial confluence of urban informal settlement and HIV and Aids in sub-Saharan Africa provides a unique opportunity to challenge inadequate state responses to both phenomena. UN-Habitat (2011) estimates 62% of Africans in sub-Saharan Africa live in informal settlement. 28% of people living with HIV and AIDS live in just 14 cities in southern and eastern Africa equating to 15% of the global epidemic and 29.1% of the total estimated number of new HIV infections take place in informal settlements (van Renterghem and Jackson 2009).

Inadequate responses to either phenomenon are traced to a calculation that (neoliberal) macro-economic stability is more critical to maintaining national wealth than adequately resolving problems faced by poor women and men in informal settlements in epidemics. This paper explores how this confluence offers ways of developing alternatives to the current urban imaginaries of informal settlements and epidemics that inform such problematic policy calculations.

Keywords: Informal settlements, Sub-Saharan Africa, HIV/AIDS, Epidemics

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Introduction: Planning spontaneous urbanisation

How the interactions between urban informal settlement and HIV and AIDS epidemics in sub-Saharan Africa – as two specific social phenomena – are conceptualised has important political consequences. Whether expressed in terms of hegemonies or discourses, protagonists in different debates have long realised the importance for claims to 'truth', legitimacy, authority and hence, the scope for action depend on how socio-political processes are conceptualised and represented. Examples abound in relation to the politics of conceptualising both urban informal settlement and HIV and AIDS epidemics and what different claims to legitimated conceptualisations mean for the different stakeholders and interest groups – and particularly for the ability of marginalised and disadvantaged groups to make claims for redress or improvements. In short, the politics that seek to normalise conceptualisations of informal settlement and HIV and AIDS, and the resistance to this normalisation, matters for enabling and circumscribing social demands to be made.

When it comes to the interactions between informal settlement and HIV and AIDS epidemics, much of the struggle has been around getting acknowledgement (from the state) that informal settlement and HIV and AIDS do indeed interact – often synergistically reinforcing vulnerabilities of poor women and men. Work in this vein has been particularly important in highlighting how poverty and inequality are important co-factors in driving HIV and AIDS epidemics and identified disturbing parallels with informal settlement as an example of spatial and economic poverty and inequality. Although neither HIV and AIDS nor informal settlement are the same as poverty there are important interrelationships (Shisana, Zungu & Pezi, 2010; Farmer, 2005). Some of the most significant interactions relate to the physical and psychological conditions encountered in informal settlements by people living with HIV and AIDS. Insecurity of tenure, inadequate access to water, sanitation, privacy, health care – to name just a few aspects – dramatically sharpen the vulnerability of people living with HIV and AIDS. In turn, the consequences of HIV and AIDS undermines informal settlement upgrading processes, threatening their financial viability, the models of individual property ownership they tend to promote and stability. Such approaches have led to important calls for urban planning to integrate HIV and AIDS concerns with informal settlement responses (Joseph, 2010; Barten, Mitlin, Mulholland, et al., 2007) or, for example, for intersectoral approaches (Vlahov, Freudenberg, Proietti, et al., 2007) or comprehensive approaches (Merkel, Otai, Archer, et al., 2008).

However, there has been comparatively less focus on *how* the interactions of informal settlement and HIV and AIDS epidemics are conceptualised. And, perhaps justifiably so. There is a searing urgency for societal engagement with the existing visceral and material vulnerabilities of poor women and men living informally in HIV and AIDS epidemics. Other considerations have simply been overridden and there have been notable successes through agencies such as UNAIDS picking up the cause. But, the constant inadequacy of the level of resources attributed to informal settlement/HIV and AIDS epidemics suggests that perhaps a political limit has been reached in the social demands that can be made against the combination of phenomenon. It appears to be worthwhile to examine *how* the interaction is conceptualised – and in particular, to examine a tendency to represent the role of the state as being outside of processes of informal settlement and HIV and AIDS.

The next section sets out the background in order to identify existing work and draw out how the state, in particular, is appealed to as outside or above the debates and is therefore able to act as an arbitrator. I then address how HIV and AIDS demands an ethical response while studies of informal settlement reveal the constant involvement of the state – leaving no outside role for the state.



Background

The argument that I seek to develop draws on a wide set of scholarship – relating to demography urban planning, urban public health, and HIV and AIDS modelling and so on – that cannot be adequately represented here. My intention is therefore to signal some of the influences on the argument and, more humbly, to identify what directions the argument might have some validity. In traversing these vast and multi-disciplinary fields the key point that I wish to highlight in this section is that a view of the state emerges across this literature of the state being somehow 'outside' of daily processes producing informal settlement and HIV and AIDS – despite nuanced conceptualisations of the state being an arena of contestation itself.

The estimation of a remarkable spatial confluence of both informal settlement and HIV epidemics in eastern and southern Africa brings new urgency to the development of new conceptual frameworks. Based on 2007 figures, estimates are that, 28% of PLHA live in just 14 cities in eastern and southern Africa. These cities include: in South Africa (Johannesburg/Pretoria, Durban, Cape Town, Port Elizabeth, Pietermaritzburg, Bloemfontein, East London), in Zimbabwe (Harare and Bulawayo), in Mozambique (Maputo), in Tanzania (Dar Es Salaam), in Zambia (Lusaka), in Kenya (Nairobi), in Uganda (Kampala), Ethiopia (Addis Ababa) and in Angola (Luanda). This equates to about 15% of the global epidemic. The same set of calculations also suggest 29.1% of the total estimated number of new infections take place in informal settlements (van Renterghem & Jackson, 2009). They go on to predict that by 2015/20, 50% of PLHA will live in urban areas – making urban informal settlements important and also for HIV treatment and prevention. The data on which these calculations were based are now five years out of date and while the trend indicated that more PLHA would live in urban informal settlements, there is no data to confirm this. However, the point of this data is to point to a remarkable confluence rather than determine the precise figures.

Urban public health is rising as a policy priority. As Corburn (2004) notes, urban planning and public health have a common history, but for most of the 20th Century developed in separate directions. But it is increasingly acknowledged that the 'urban-ness' of cities has specific implications for health (consider the debate set of by the seminal work of Duhl, 1986). The health challenges in the coming century will be urban (Vlahov, Freudenberg, Proietti, et al., 2007). This is partly because the majority of people will be living in urban contexts and partly because urban areas throw up specific health issues that will need to be dealt with. As a result of broadly bringing the 'urban' together with health issues, the need for new thinking has been recognised and the space to engage in the interactions is reinvented.

In addition to this confluence, both responses to informal settlements and HIV appear to share a common feature. In relation to, HIV and Aids, Piot, Greener and Russell (2007) claim that national governments are required to be more (neoliberally) attuned to foreign exchange rates and trade regimes to protect national wealth than the wealth associated with the well-being of poor women and men.

There are two ways in which these calculations figure. In terms of the impact of HIV and AIDS on economic growth and the cost of treating and preventing HIV and AIDS. Barnett and Whiteside (2002: 311) summarising a range of attempts to model impact on economic growth note that – notwithstanding a series of acknowledged problems with the models – “one certainty of all the models is that AIDS causes economies to grow more slowly, the predicted order or magnitude has remained consistently in the range of 0.5%-1.0% lower per year than in the absence of the disease. In no case has it been predicted that economies will actually contract. The impact on per capita incomes is uncertain”. In terms of the cost of responding to the epidemic by the states, figures vary widely and wildly but the slow down in growth by donor countries is bringing the issues into sharper relief (Nosyk & Montaner, 2012). Sophisticated models



are being developed to respond to this situation (for example, Schwartländer, Stover, Hallett, et al., 2011; Lasry, Zaric & Carter, 2007).

There is little doubt that the epidemics impose financial costs on individuals and households living in informal settlements (Kim, Pronyk, Barnett, et al., 2008). Adapting Wratten (1995) it is possible to highlight some of the costs arising from living and working in informal settlements in HIV and AIDS epidemics. Urban environment and health costs emerge from a tendency for urban informal settlements to be in close proximity to industrial land uses because the land is least desirable because of pollution and toxicities or because people are locating close to work to minimise transport costs. Locational costs emerge from marginal, peripheral and/or dangerous land and the high densities required to minimise shelter costs. There are costs associated with living in more commercialised environments. People require money for water, food, rent and energy. The most vulnerable are the poorest strata in income poverty terms. This creates pressure for employment but jobs are typically insecure. People work longer hours or take additional jobs. Earnings are irregular and low and real incomes have been falling for the lowest income groups (UN Habitat, 2003: 97). With little social welfare provision illness induced loss of employment is higher. Unemployment introduces new dynamics of role and identity in society and within kinship and family networks. Evictions and fires are a constant danger that people have little insurance against. Rental reduces the opportunity to own an asset that appreciates over time. There are costs associated with accounting for the social diversity, fragmentation of social groups and crime which appear higher in urban areas and in slums in particular. There is a greater diversity of household types which create new tensions and survival strategies and violence (Pieterse, 2010) which threaten supportive social networks in the HIV and AIDS epidemics.

Yet, despite these issues being well known – even in the absence of HIV and AIDS epidemics – not enough is done to address informal settlement. The critique is even more damning considering that formal economic growth rates are outstripping population growth rates in many sub-Saharan countries. However, the number of people living in informal settlements continues to increase. Thus a similar calculation to that identified in relation to HIV and AIDS appears to be at play with respect to informal settlement. Despite significant investment in urban housing and land for poor women and men, we would be hard pressed to identify a country in eastern and southern Africa where the supply of adequately serviced land has outpaced demand. In my view, this suggests that the state's policy makers consider the lower productivity associated with poor women and men living in squalid conditions as problematic – unfortunate even – but ultimately less important to address than macro-economic stability and foreign exchange rates when maintaining national wealth. The net effect is that policy makers are able/required to make calculations about the allocation of national resources that do not appear to account for, or address the scale of, the problems that informal settlement and HIV and AIDS create for poor women and men.

There has been a strong and consistent call for integrating urban planning and HIV and AIDS – particularly in the context of extensive informality in cities in the global South. There are many calls demonstrating the need to integrate HIV and AIDS into urban planning responses to informality (Joseph, 2010; Isandla Institute, 2007). To my mind, such studies tend to go beyond those focused solely on informal settlement upgrading or improvements in their grasp of the complexity of the issues. Some studies draw explicit attention to the fact that physical and social environment improvements are not enough and that an integrated approach is needed that is informed by an analysis of immediate and underlying factors. For example, Barten, Mitlin, Mulholland, et al. (2007) identify the need for a “long-term multisectoral approach to address the social determinants of health in urban settings”. This requires “meaningful participation, empowerment, and participatory governance in enhancing the social



determinants of health” (Barten, Mitlin, Mulholland, et al., 2007: i65). While these studies move the debates decisively forward in terms of recognising the role of participation, in one respect they exhibit a curious feature. They are built on deeply nuanced analyses and insights – and yet when it comes to relating to state policy, the insights are shoe-horned into call for a *response* that is 'multi-sectoral', 'multi-layered' or 'comprehensive'.

Understandably, such calls recognise that there is no single solution to the problems presented by informal settlement/HIV and AIDS. But, what I am concerned with here is the effects on the representation of the state. It exists as external that can arbitrate, as something that can be called upon, as the sole agency with the scope to address a phenomenon as pervasive as informal settlement/ HIV and AIDS. Thus, by being charged with responding or coordinating the response can not simultaneously be part of producing the problems. Thus, one reason why governments can make calculations that privilege foreign exchange rates, terms of trade and macro-economic stability in relation to national well-being is because the state is perceived as being outside of normal, everyday processes. The state – or, at least this type of policy decision-making – is, typically, represented as above and beyond the biases and messy interest politics. Indeed the very appeal or claim on the state to co-ordinate societal responses to informal settlement and HIV and AIDS places it in this position.

The notion of *responding* to informal settlement and HIV and AIDS has been normalised. Informal settlement demands a response. HIV and AIDS demands a response. In one sense, this is an entirely valid call. Quite viscerally and materially, some people live in terrible conditions in the midst of HIV and AIDS epidemics and this must surely be alleviated. However, in another way the discourse of response has the effect of positioning those who are called on to respond, as outside of, or external to the phenomena. Thus, one reason why policy makers can make callous calculations is because they are represented as being 'outside'. The way that we learn about HIV and AIDS allows this to continue because it hides the loss that requires a different interaction based on the subjectification of the respondents.

The interactions between HIV and AIDS and informal settlement

In this section, I deal with considering how we conceptualise informal settlement and HIV and AIDS interacting is important for making a different set of claims for addressing both phenomena combined. The suggestion I outline here is that a HIV and AIDS-perspective brings a greater ethical urgency for engaging with poor women and men living in informal settlement while an informal settlement-perspective sheds greater light on how the state is always already entangled in producing specific urban environments.

HIV and AIDS

Protevi (2001: 108), drawing on Nietzsche, advises us to “beware the nihilistic impulses behind the attempt to render suffering meaningful, to turn a profit of intelligibility from pain”. He argues that it is the notion of 'learning from HIV and AIDS' that is the gravest injustice because it means that the suffering and death of others become a heuristic device – suffering and death are engaged with only to understand HIV and AIDS rather than the tragedy that they are. For Protevi, the answer lies in opening up the meaning of HIV and AIDS to multiple possibilities of continual resignification. In this way, it is possible to resist the attempts to normalise particular conceptualisations of the interactions between informal settlement and HIV and AIDS. However, it is less clear what is lost in creating the possibilities for continual resignification. And, what do we gain from “acknowledging a loss from which no gain can be made?” (Protevi, 2001: 109).



Somehow we need to find a way not to interpret the suffering and death of HIV and AIDS in terms of a totalising system of thought in which the meaning is predetermined. Instead, the meaning of suffering and death needs to be significant in its occurrence and in the response it evokes, a response that evokes an ethical dimension. In order to do this we need to acknowledge that the normalisation of HIV and AIDS discourses and the resistance to this normalisation (learned in opening up the discourse to wider resignification) both need to learn that “it is the very structure of learning about AIDS that hides that unlearning, that loss, which motivates the struggle against AIDS” (Protevi, 2001: 109).

Learning through suffering and death as a heuristic device places the learner at one step removed. The loss that motivates the struggle against AIDS is hidden by way we objectify HIV and AIDS by placing this loss in a totality where the objects meaning is predetermined. Instead he advises us to engage in interaction that subjectifies suffering and death – this is a non-learning - where there is no longer an outside. In his view, we need to keep a focus on loss by interacting to create subjectification of respondents as we both learn and unlearn about HIV and AIDS.

Informal settlement

Despite repeated representations of urban informality as anomalous, temporary features of cities, other approaches consider informality to be a fundamental feature of contemporary cities. This is because informality is expanding in many cities and because there are strong interrelationships between what is considered to be formal and informal. For Roy (2009a: 8) informal settlement is a “mode of production of space defined by the territorial logic of deregulation”. From this perspective the definition of compliance with state law is always open to interpretation making informal settlements states of exception where it is difficult to determine who can legitimately own or use land. While Roy's (2009b) work on the periphery of Calcutta highlights the ability of authorities to 'unmap' cities, in cities in eastern and southern Africa the deregulation of well-located and peri-urban land within cities is more likely entangled in complex overlapping arrangements with customary land tenures and their associated institutions and authorities (Rakodi & Leduka, 2004). The end result is similar however. Such areas of states of exception afford the state “considerable territorialised flexibility to alter land use, deploy eminent domain, and to acquire land ... [where] the state itself is a deeply informalised entity, one that actively utilises informality as an instrument of both accumulation and authority” (Roy, 2009b: 81). The key point, then, is that studies of informal settlement reveal the state can no longer be considered to be outside of their daily production and reproduction.

In sum, both learning and unlearning from HIV and AIDS evokes a different ethical engagement with the epidemic and informal settlements are always already part of state processes suggesting that claims to an objective outside where demands on the state can be made commensurable is no longer tenable. The combination of informal settlement and HIV and AIDS demands the prioritisation of a different register within which to calculate national wealth and its sustenance.

Conclusion

Certainly, the allocation of more of a national budget to addressing both informal settlement and HIV and AIDS is only part of the solution – but it is an important part. A greater budget allocation is no single magic bullet for informal settlement/HIV and AIDS but making resources available at a national level is both an important statement of intent and a means to addressing a multi-faceted issue. While thinking about what ways in which HIV and AIDS and informal settlement interact we should also be paying attention to *how* such interactions are conceptualised. In the context of multi-faceted, complex social



phenomena, this paper has highlighted the representations of the role of the state as requiring further examination. This paper has argued that one of the reasons why informal settlement and HIV and AIDS have not been ameliorated more effectively by societies in eastern and southern Africa is because the claims for responses to the individual phenomena and combined on the state have relatively less traction when compared to neoliberal notions of macro-economic stability. This is because of the nature of the claims (are made commensurable with competing claims calculation) and how the claims simultaneously position the state as outside the phenomena (enable to objectively view the claim) despite recognising that the state is itself an arena of contestation. However, attending to how the role of the state is conceptualised in studies of informal settlement and what it means to learn about HIV and AIDS in the context of informal settlement offers insights into a different urban imaginary where the state is entangled in both phenomena and there is no objective outside from which to operate. The struggle to establish a different urban imaginary and entangle the state demand a different interaction between social actors/institutions in engaging with the combined phenomenon in a more supportive ways.

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