

## Stakeholder Engagement to Address Urban Health Systems Gaps for Migrants

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**Abstract :** Background: Lower and middle-income countries (LMICs) in Asia face rapid urbanization resulting in both economic opportunities (the urban advantage) and emerging health challenges. Urban health risks are magnified in informal settlements and include infectious disease outbreaks, inadequate access to health services, and poor air quality. Over the coming years, urban spaces in Asia will face accelerating public health risks related to migration, climate change, and environmental health. These challenges are complex and require multi-sectoral and multi-stakeholder solutions. The Building Health Cities (BHC) program is funded by the United States Agency for International Development (USAID) to work with smart city initiatives in the Asia region. BHC approaches urban health challenges by addressing policies, planning, and services through a health equity lens, with a particular focus on informal settlements and migrant communities. The program works to develop data-driven decision-making, build inclusivity through stakeholder engagement, and facilitate the uptake of appropriate technology. Methodology: The BHC program has partnered with the smart city initiatives of Indore in India, Makassar in Indonesia, and Da Nang in Vietnam. Implementing partners support municipalities to improve health delivery and equity using two key approaches: political economy analysis and participatory systems mapping. Political economy analyses evaluate barriers to collective action, including corruption, security, accountability, and incentives. Systems mapping evaluates community health challenges using a cross-sectoral approach, analyzing the impact of economic, environmental, transport, security, health system, and built environment factors. The mapping exercise draws on the experience and expertise of a diverse cohort of stakeholders, including government officials, municipal service providers, and civil society organizations. Results: Systems mapping and political economy analyses identified significant barriers for health care in migrant populations. In Makassar, migrants are unable to obtain the necessary card that entitles them to subsidized health services. This finding is being used to engage with municipal governments to mitigate the barriers that limit migrant enrollment in the public social health insurance scheme. In Indore, the project identified poor drainage of storm and wastewater in migrant settlements as a cause of poor health. Unsafe and inadequate infrastructure placed residents of these settlements at risk for both waterborne diseases and injuries. The program also evaluated the capacity of urban primary health centers serving migrant communities, identifying challenges related to their hours of service and shortages of health workers. In Da Nang, the systems mapping process has only recently begun, with the formal partnership launched in December 2019. Conclusion: This paper explores lessons learned from BHC's systems mapping, political economy analyses, and stakeholder engagement approaches. The paper shares progress related to the health of migrants in informal settlements. Case studies feature barriers identified and mitigating steps, including governance actions, taken by local stakeholders in partner cities. The paper includes an update on ongoing progress from Indore and Makassar and experience from the first six months of program implementation from Da Nang.

**Keywords :** informal settlements, migration, stakeholder engagement mapping, urban health

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