Enabling Urban Planning Action in Africa: The Praxis and Oddity of COVID-19 Pandemic Response

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Abstract
The world is experiencing the impacts of COVID-19 pandemic – from lockdown restrictions to economic uncertainty. Though troubling, the COVID-19 crisis presents an opportunity to galvanize support to strengthen urban planning’s capacity in Africa. This paper draws on the global response to the pandemic to proffer three lessons that can bolster planning action to respond to health, spatial and socio-economic challenges confronting African cities: (i) recognition of urban planning as an urgent public health activity; (ii) emphasizing urban planning’s innate capacity to address health crises; and (iii) citizen engagement to accept planning measures. These lessons are likely to improve urban planning action.

Keywords
COVID-19, urban planning, Africa, health crises

Introduction
“If the purpose of planning is not for human and planetary health, then what is it for? … Planning decisions can create or exacerbate major health risks for populations, or they can foster healthier environments, lifestyles and create healthy and resilient cities and societies” (UN-Habitat and WHO, 2020, x-xi).

The COVID-19 pandemic has demonstrated that adequate capacity of governments worldwide to respond to emergencies and develop strategies in protecting their citizens is critical. Evidence globally suggests that governments are applying pressing, costly and sometimes radical actions to prevent the spread of the contagion (Cobion, Gorodnichenko, and Weber 2020; Shakespeare-Finch et al. 2020). Many of these measures are urban planning-oriented and focus on improving well-being, including improved housing, and availability and accessibility of basic services (e.g., water). While the worldwide effect of the health crisis on urban planning is hard to evaluate, there is one certainty: it is possible for governments to employ urgent and radical measures in the face of a looming danger, and for citizens to accept them. However, African cities, despite their diversity and different levels of socio-economic progress, have generally not been able, thus far, to initiate similar actions through urban planning to adequately address the many urban challenges they face (e.g., unplanned urbanization, slum proliferation, limited social services). This situation is occuring despite repeated calls for action from researchers (Cobbinah, Erdiaw-Kwasie, and Adams 2020), international agencies (e.g., UN-Habitat) and non-governmental organizations (e.g., Habitat for Humanity). Goal 11 of the United Nations (UN) Sustainable Development Goals emphasizes the creation of sustainable, resilient and inclusive cities through an equity-based approach that targets the needs of traditionally disadvantaged regions and groups (UN 2015). Similarly, the New Urban Agenda demonstrates that city planning, design, financing, management and governance are central to promoting public health and to alleviating poverty, achieving urban equity, promoting inclusiveness and fostering sustainable and resilient economic growth as well as safeguarding the environment (UN 2017). The criticality of urban planning thus lies in its multidimensional nature involving a wide spectrum of stakeholders with the intention of co-producing sustainable urban environment.

Global experiences of, and responses to pandemics and epidemics, highlight the centrality of urban planning for managing health crises. The industrial-era respiratory infections in Europe’s overcrowded slums triggered modern housing development guidelines to manage spread. The 19th century cholera epidemic in Europe, particularly in Britain, sparked improvements in urban sanitation systems. Similar reasons underlie the establishment of colonial urban planning in Africa (Njoh 2009; Home 2013; Cobbinah and DARKWAH 2017). In colonial Anglophone Africa, urban planning was considerably introduced to manage cholera and bubonic plague epidemics in cities including Nairobi (Kenya) and Lagos (Nigeria). In
colonial Francophone Africa, the institutionalization of urban planning extended beyond health and hygiene emergencies, encapsulating safety and security reasons. Considering this historical context, there is reason to hope that urban planning applied to tackle the spread of previous pandemics and epidemics would be replicated to improve urban liveability in Africa, especially during this period of COVID-19 crisis.

The COVID-19 experience has disproportionality affected the urban poor in Africa, especially those living in informal settlements and working in the informal sector (see Boza-Kiss, Pachauri, and Zimm 2021). However, despite numerous reforms post-colonization, urban planning in Africa has not effectively delivered on improved outcomes, including its capacity to manage major health crises such as Ebola, malaria and cholera. For example, South Africa introduced urban planning reforms to empower local institutions following post-apartheid regime with a focus on urban development to erase the development gap created from apartheid-segregated neighbourhoods. The Spatial Planning and Land Use Management Act (SPLUMA) 2013 remains the overarching framework for urban development empowering South African local governments to plan improvements in urban living (Nel 2016). Similar post-colonial urban planning reforms have occurred in Zimbabwe (Chirisa, Dumba, and Dube 2013), Zambia (Berrisford 2011), Ghana (Korah, Cobbinah, and Nunbogu 2017), Kenya (Bassett 2020), Cameroon (Njoh 2017), and Nigeria (Omar 2009). However, urban planning has not adequately delivered healthy urban environments in many African cities. Some scholars (Njoh 2016; De Satgé and Watson 2018) even consider that urban planning contributes to the urban development and health problems, especially in informal settlements, through neglect and segregation.

Many reasons have been proffered to account for urban planning’s inadequacy to produce the expected outcomes: rapid urbanization; political interference; corruption; limited stakeholder participation; resource constraints and bureaucracies (Mabogunje 1990; Njoh 2009; Silva 2015). Similarly, the dominance and influence of African urban planning practice by Western ideologies increasingly homogenizing cities in Africa, stifles endogenous approaches. The description of African cities as a ‘single city’ reflects homogenization and colonial legacy contributing to a mismatch between planning efforts and on-ground realities (Broto 2014). Of course, no single professional practice can shoulder all the complex and multidimensional problems in African cities. There should be strong partnerships and alliances between planning and infrastructural, regulatory, and financial systems, to ensure that planning practice is not reduced to technocratic activities with limited stakeholder engagement.

Although some planning reforms across the continent emphasized this need for cooperation, they are neglected during implementation. For example, Ghana’s planning reforms built upon the British Town and Country Planning system by the enactments of Land Use and Spatial Planning Act, 2016 (Act 925) and the Local Governance Act, 2016 (Act 936) and the establishment of the Land Use and Spatial Planning Authority. The reforms focus on ensuring multi-sectoral approach to planning involving stakeholders such as architects, engineers, funders (mostly government), land sector agencies, and others (Acheampong 2018). Yet, when it comes to implementation, there is little or no evidence of collaboration. Similar cases are reported in Zambia and Zimbabwe (Chigudu 2021), Cameroon (Njoh 2017), Uganda, South Africa and Nigeria (Agbola and Falola 2016). Recent planning efforts in Kigali (Rwanda) (Ilberg 2008) stand out among a few exceptions. Yet, the COVID-19 pandemic spells out possibilities for a multi-sectoral urban planning approach to deliver health and wellbeing outcomes.

By getting urban planning right via effective multi-sectoral process of engagement involving design, financing, management and governance stakeholders, urban areas are better positioned to address major health crises, create job opportunities, support economic development, improve social togetherness, reduce ecological reserve usage, protect ecosystems, reduce poverty, and address population explosion concerns. This approach to planning in African cities is necessary for promoting public health, alleviating poverty, achieving urban equity, promoting inclusiveness and fostering sustainable and resilient economic growth as well as safeguarding the environment (UN 2017). Yet, without an urban planning agenda that is anchored on strong alliances and effective multi-sectoral partnerships, and focuses on promoting inclusiveness, providing sustainable finance for basic infrastructure, and delivering equitable spatial justice particularly with access to land, African cities risk growth in slum neighbourhoods. They will subsequently fail to contain increasing populations, struggle to create jobs, and face worse poverty, inequalities, segregation and violence, in addition to destruction of essential ecosystem services.

The COVID-19 pandemic presents an opportunity to bolster urban planning action in African cities. This has vital outcomes for responses to future health crises, and for how communication about urban planning is advanced and accepted. Although this situation is still unfolding, I discuss some early lessons from the pandemic to improve urban planning action and communication for cities in Africa.

Three Lessons for Urban Planning Action and Communication

The first lesson is recognizing urban planning as a public health activity that requires urgent attention in African cities. The COVID-19 crisis has highlighted the limitations of urban planning for most of Africa’s urban poor in informal settlements and sectors. The lack of attention to urban planning in many African cities by national and local governments, coupled with the Western-based homogenization of African cities, has contributed to its failures to ensure conditions necessary for major public health response, such as open and green spaces for exercising and makeshift hospitals; quality housing for isolation and quarantine purposes; and employment options to support working-from-home arrangements. This predisposes over
80% of Africans who live and derive their livelihood from the informal sector to stress, joblessness and uncertain future (Charmes 2012; Cobbinah, Erdiaw-Kwasi, and Adams 2020). Within this context, if African governments appear to be more responsive to COVID-19 compared to urban planning, this is probably because of fear of the potential economic devastation and loss of lives.

In this case, a dominant component of the response lies in the juxtaposition and instantaneousness of the hazard, although such perception might vary from one country to another. For example, in Ghana and Nigeria, attention was placed on public health via the introduction of strong and costly lockdowns. This suggests the need to dialogue through multi-sectoral engagement about the immediate outcomes of urban planning and the implementation of context-driven reforms for developing effective regulatory structures. Scientific evidence suggests that healthy urban planning regulations and policies can considerably minimize the spread of diseases and improve wellbeing when they are locally designed (WHO 2016). International organizations have emphasized the urgency to implement reforms that promote multi-sectoral partnerships and address the rigid colonial planning practice in African cities to respond to the needs and aspirations of residents and deal with future health crises. UN-Habitat (2020) notes that all levels of government in African countries should cooperate with relevant stakeholders in promoting participatory planning as a facilitating and flexible tool rather than a static blueprint. This is important as poor urban planning practice can generate impacts that are far-reaching and more threatening than the COVID-19 pandemic, such as flooding, traffic congestion and fatalities, ecosystem destruction, slum proliferation, and increased crime.

The second lesson highlights urban planning’s capacity to manage public health crises in African cities. Twenty-first century urban planning practice should play a pivotal role in public health crisis prevention. This should happen through locally developed, implementable policies that safeguard the environment and minimize pollution, provide quality urban spaces, protect water resources, support sustainable transport, and ensure adequate access to food (UN-Habitat and WHO, 2020). Urban planning, based on effective multi-sectoral engagement, remains fundamental in improving cities’ health by responsibly accommodating rising populations, addressing extreme deprivation and environmental degradation, and reversing deepening urban inequality. Yet, urban planning practice has barely changed in many African cities since its colonial emergence several decades ago. Time is indeed up, if not long overdue, for improved planning capacity via productive collaborations with other sectors of the economy in order to produce urban safety and address issues of public health crises, disaster management and urban delinquency.

The third lesson relates to the engagement of citizens to accept planning decisions and outcomes. The urban planning experience has not been positive across many African cities particularly for the informal sector and informal settlements. Many residents in the latter have developed negative attitudes towards planning interventions (Watson 2009). The reason COVID-19 restrictions are generally accepted – although not always effortlessly implemented – is because they target protecting human health and addressing an unfolding crisis, and more importantly the process of decision-making is relatively transparent with considerable multi-stakeholder participation, sometimes including residents. Experiences across the globe show that there is public acceptance despite the relatively new nature of this pandemic and limited community understanding of its intricacies. This is an indication that the public accepts measures that generate public health and economic outcomes for their wellbeing when they are aware, well involved, and the process is transparent. How can urban planning’s image in African cities be changed to provide positive experience for residents amidst major health crises? While research has shown that application of urban planning measures can promote public health, stimulate economic growth and canvas community support (Mabogunje, 1990; Njoh, 2016), planning process in many African cities is frequently characterized by restricted stakeholder engagement, limited public knowledge and lack of transparency (Simone 2001; Cobbinah 2017). This has led to limited public acceptance of planning measures across many African cities and negative experience (e.g., evictions and demolitions) of planning particularly on informality. Acknowledging urban planning practice as a health activity and engaging with urban residents across both formal and informal spaces on equitable, transparent and inclusive basis may support public acceptance of planning measures, and so enhance public knowledge on the capacity of planning. Indeed, costly are urban planning actions that are non-participatory, segregated and non-inclusive.

Conclusion

The COVID-19 pandemic provides important lessons for changing the face of urban planning in many African cities. The same urgency from governments to address the pandemic is also needed in urban planning practice. Creation of urban spaces that reduce disease transmission is, in the main, a function of urban planning. This requires making planning attractive, inclusive and accepted by people by shifting from ineffective colonial paradigms to an effective, transparent, equitable and inclusive system of providing a strong basis for addressing many urban problems. The solidarity demonstrated by governments and citizens via adherence to COVID-19 measures to protect the most vulnerable in the community must be extended to urban planning activities, but not confined to planning professionals.

Urban planning action requires strong government commitment, and local and multi-sectoral support. This does not mean that urban planning measures in African cities should be the same as the COVID-19 measures. The multidimensional benefits of effective urban planning via strong multi-sectoral partnerships coupled with distinct socio-economic and geographical differences across different cities in Africa call for tailored measures for each city. The COVID-19 pandemic
provides important entry-points for urban planning action: the urgency to address ineffective planning system and concentrate more on the local and immediate benefits of planning; to emphasize its bearings on urban health; and to reject the notion that planning is an elitist activity instead of an inclusive, transparent and equitable one.

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