

Thinking Across Sectors: An Institutionalist Discourse on Energy- Health Interactions in Cities

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ABSTRACT

Cities are intersections of energy and health through climate change, air pollution, and resource flows. Most studies, however, build on either institutionalist or non-institutionalist approaches to energy-health interactions. Institutionalist discern the advantages of public-private partnerships, whereas the non-institutionalists analyze actor networks beyond the purview of the state. Little research has so far transcended institutionalist dimensions, to illuminate the congruence of formal and informal ways of organizing community actors using civic capacity as a resource in co-creating energy solutions for better health. The paper grounds energy-health interactions in cities in an institutional discourse, by building on the nuances of a case study in Kampala where a transient network of neighborhood groups take to scale energy-briquette making from organic waste as an incremental pathway to a cleaner city. The case study demonstrates the potential of energy-health initiatives at micro-scale in driving transitions to sustainability at city scale.

KEYWORDS

Cities, Energy, Health, Institutionalist, Sustainability

INTRODUCTION

Energy-health interactions are important to discern because sustainability at global scale is tightly linked to how cities resolve development challenges like climate change and resource efficiency, which cut across sectors in nature (Simon et al., 2016; Parnell, 2016; Holmstedt et al., 2017; Patel et al., 2017; Rybski et al., 2017). This is partly the implication of the 17 Sustainable Development Goals (SDGs), which underscore the importance of making cities inclusive, safe, resilient and sustainable (SDG 11); while ensuring accessibility to affordable and clean energy (SDG 7) as well as healthy lives for all (SDG 3). Simultaneous implementation of the SDGs presupposes integrative and cross-sectoral governance approaches, which build on the negative and positive interactions between energy and health. The positive interactions are those that create enabling conditions for minimizing the risks and shocks associated with for example pollution-intensive energy sources. Conversely, the negative interactions are characterized by elements that constrain the city's ability to harness the co-benefits of energy efficiency. For instance, inadequate housing condition may not permit fuel switching from inefficient traditional fuels to efficient modern fuels amongst the urban poor, thus burring their ability to incrementally develop sustainable urban environments. Nonetheless, the unpacking of the energy-

DOI: 10.4018/IJPPHCE.2019010101

health nexus is largely dualistic in nature, viewing institutionalist and non-institutionalist approaches as mutually exclusive or conflicting pathways, thus contradicting with consensus amongst scholars and practitioners that the interwoven nature of global and urban development challenges requires non-compartmentalized lenses in both theory-building and practice (Ramaswami et al., 2017; Swilling & Hajer, 2017; Kleibert, 2017; Wang et al., 2017; Schlör et al., 2018).

Non-institutionalist literature usually focuses on social actors in the shadows of policy-making and formal institutions, but influential in leapfrogging communities towards sustainability due to the reflexive way in which they form and function. For example, in Kibera-Kenya, youth-based associations empowered citizens to use GPS technology to collect data and plot housing and urban health challenges, then used the collected information to influence policy and development by advocating for their needs (Graesholm, 2012). In Kampala city, Buyana and Lwasa (2011) found that low-income neighborhood groups took the initiative to extract and add value to waste materials for alternative energy, thereby illustrating the gradual shift to neighborhood interdependencies in addressing energy shortfalls and environmental quality provision. By bridging theoretical perspectives on social mixing, innovation, urban governance and community action; non-institutionalist studies provide insights on the trade-offs of confronting urban development challenges beyond the preview of the state.

The institutionalist modes on the other hand, emphasize regulatory mechanisms, the formation of leadership coalitions and reforming policies. For instance, smart urban governance, which reflects the aspirations of the global technology companies that have built on and extended the strategic vision of the ‘green buildings’ movement, has yielded policy and planning frameworks that seek configurations in the technology and infrastructure of energy systems (Mosannenzadeh et al., 2017; Meijer & Bolívar, 2016; Papa & Fistola, 2016; El Barmelgy & Aly, 2017). Institutional research has also provided for a ‘corporatist-clientist mode’, where politicians work closely with innovation-oriented entrepreneurs from the private sector to mount urban experiments on renewable energy at community level (Evans et al., 2016), often with civil society as ‘intermediaries’ playing a key role of advocacy and social mobilization (Davies & Swilling 2015). Although the dualistic understanding of institutionalist and non-institutionalist arrangements may be necessary for discerning actor-based and contextual features of organizing for sustainability at city to global scale, the positive and negative interactions that characterize the energy-health nexus require a patchwork of perspectives. There is need broader analysis on what underpins, in scientific and societal terms, the elements that define how intricately interrelated health and energy are, especially in places of deep uncertainty and ambiguity like Africa, where the health-energy nexus is likely to take both systematic and disruptive. The systematic forms of the nexus are likely to be understood using an institutionalist lens, whereas the disruptive forms of the nexus many require complimentary between institutionalist and non-institutionalist perspectives.

THE INSTITUTIONAL LANDSCAPE OF ENERGY AND HEALTH IN KAMPALA CITY UGANDA

Although urban health and energy systems are intertwined and so should the attendant policies and institutions in cities, the situation in Kampala is such that the state, through the Ministry of Energy and Mineral Development (MEMD), sets the modalities on how different departments in the city administration come into the provision of either energy or health services. The overarching policies include the Local Governments Act (1997), the Physical Planning Act (2010), and Kampala Capital City Authority Act (KCCA Act, 2010), which stipulate how city authorities engage with central government agencies in planning and delivery of energy and public health services. The general approach to energy governance is uni-sectoral (provision of services through a line ministry and designated city department) devoid of protocols for cross-ministerial collaboration for integrating urban planning and service delivery functions to effectively harness the health co-benefits of energy efficiency. Although Kampala is at a critical juncture of unplanned urban expansion and increasing economic activity that can lead to locked-in resource dependency, inefficient technological choices

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