

International Forum for Rural Transport and Development (IFRTD)

Mobility & Health

Messages from the edge: between the urban and RURAL.

During the last three decades the largest population growth has occurred in the far periphery of large cities. Buenos Aires (Argentina), one of the world's twenty largest metropolises, has experienced larger growth further away from the city centre (Ciudad Autónoma de Buenos Aires). An extensive periphery which is low in population density, a poor service provision and a sharp contrast between poor and rich people are characteristics of the periphery. Community centers are weak, poorly integrated by the railway lines and roads are not passable to walk along all year round.

Should we be in the Amazon jungle or on an island, or even in the middle of no-where to be isolated? This is not the case. If we take the Highway to go just 50 km further into Buenos Aires' outskirts, we arrive in the new Pilar downtown. This is the most important area in the metropolitan periphery and compared to twenty years ago, we will now find big shopping centers, entertainment, many stores, international hotels, and we cannot possibly doubt that we still are in the 'big city', situated on the same Buenos Aires' ground.

As soon as we move away from the highway or the Pilar downtown, the landscape changes abruptly. We are now in the countryside among orchards, poultry farms, or precarious slums with scattered little houses. There are no pharmacy shops to buy medicine, no public phones to call an ambulance, no asphalt whatsoever or sidewalks and no transport at all – despite five thousand people living there. Children, grown-ups and elderly people share small houses in the middle of the vast *Pampa*. The same happens in General Rodríguez, and we are just 50km far away from the main city (Ciudad Autónoma de Buenos Aires), having no doubt at all that we are still in urban ground. However, only 7km away from General Rodríguez in the neighborhood called 'Vista Linda', we are once and again in countryside. Town and country live, together, on the city edge. This 'closeness' to the suburbs makes them more vulnerable, because this very position is the factor which hides them. We wanted to find a way for these communities to express themselves by giving them a voice to describe in their own words their situation, and to let them ask for a more effective and integrated approach on existing public services, transports and other basic services such as health.

Buenos Aires is a metropolis well provided with hospitals and centers for Primary Health Care in the neighborhoods (called 'salitas' – coming from the Spanish for 'parlour', *sala*) that provide universal, free and basic medical care. The 'salitas' are the public service organizers, and we have to take notice that the health care system is linked to a network of services provided by the national, state and local government. This helps hold onto the movement of material and human resources (for instance, to vaccinate people) and

to work as a coordinated and well articulated system, public health requires an external mobile network (to population) and an internal one (to human and material resources). Here lays its importance. We propose the use of social networks to reach a wide audience in order to show some real-life stories to the global community. We know these are similar to many other major cities around the world, and because of it, is a really big challenge in terms of social and spatial equity. We also want to present this to the whole community and also those in charge to encourage them to carry out actions in this kind of issue. We think audiovisual material will help the community to visualize by their own eyes the access problems to maternal and child health care and to know how mobility affects them. They have given testimonies, for example from this mother from the neighborhood called Zelaya: 'to go there, I just walked up, because the bus only goes every one hour'. Another one told us: 'until the people's lining up was finished, you couldn't realize that there wasn't any more appointments (to see the physician)... then, you have to come back another day...'

The necessity to solve daily life problems, such as working and making a living, makes mobility problems (and how they trouble people's life) less important. Understanding people's views on this will help to identify how the situation could be improved. This can be done by little changes in the way of organizing and sharing transportation means to reach health attention -- without any investment or infrastructure changes required. Information is a key element to convert into actually access to health. Communication is also indispensable between health and community workers as well as transport and health policies. Warning people on the radio, children's schools or even by mobile phone any schedule changes in the appointment to medical attention or to communicate them of test results already taken in the primary health center, save them from unnecessary journeys. Or even coordinating schedules, transit and routes of buses to the way to the hospital. Improving health workers mobility, and the mobility of supplies and equipment to 'salitas' would also help. Encouraging participation, sharing experiences and looking for solutions through the Web 2.0 platforms -- like communitarian teleconference centers with access to the internet, to give people access to information. These are some ways to 'bring to them' the health service and improve the mobility to the edge of the rural and urban sphere.

All messages and testimonial are available at:
<http://www.youtube.com/user/movurbanaysalud>