



ANNUAL INTERNATIONAL HEALTH CONFERENCE: TAKING THE URBAN TURN

15-16 October 2019
Espace Jacquemotte, Brussels



WELCOME ADDRESS ON BEHALF OF BE-CAUSE HEALTH

Our world is 'urbanizing' rapidly: Two out of every three people are likely to be living in cities or other urban areas by 2050. Do we need to adapt our existing health systems thinking and current models and paradigms? Cities are often unhealthy places to live, but they also offer opportunities for social change, innovation and inter-sectoral solutions, including in health.

Our 2019 annual conference entitled "Taking the Urban Turn" aims to bring health provision in cities onto the health cooperation agenda. This conference links urban planners and health professionals, with a focus on international experiences from low- and middle-income countries.

Be-cause health - the Belgian platform for international health is a pluralistic open platform. Our annual conferences connect Belgian and international health professionals, researchers and policy influencers, to exchange latest research and field experiences and draw policy oriented lessons.

This year we take advantage of Brussels as our host city to showcase urban planning and health experiences of Brussels and seek exchanges between various international city experiences. We are grateful as platform to partner with Perspective Brussels to prepare this conference and for the participation of the lead of Brussels regional urban planning known as 'Bouwmeester' or 'Maître Architecte'.

B M A
BOUWMEESTERMAITREARCHITECTE

A scientific committee has supported the set-up of the program around various tracks, the review of abstracts and selection of speakers presenting at the conference. The platform diversity is well represented within this committee comprising researchers, implementers and policy influencers. As platform we express our gratitude to the following individual experts members of that committee, who on a voluntary bases have prepared tracks and organise the sessions of the conference: Aline Labat (ULB ESP), Bart Criel (ITM), Bruno Marchal (ITM), Elies Van Belle (ngo Memisa), Elisabeth Paul (ULB/ULiège), Daniela Chinnici (ULB Cooperation), Felipe Sere (ngo Memisa), Julie Steendam (ngo Viva Salud), Karel Gyselinck (Enabel), Lenka Benova (ITM), Marlies Casier (Sensoa), Sara Van Belle (ITM) Stefaan Van Bastelaere (Enabel), and Werner Soors (ITM).

The supporting partners of the conference are the Belgian Ministry of Foreign Affairs/ DG Development Cooperation, and the Institute of Tropical Medicine (ITM), Antwerp that hosts the platform Be-cause health. In addition ITM supports the event with travel grants for international participants. Enabel hosts the event at the Espace Jaquotte and in particular facilitates the participation of the delegation from Kigali, Rwanda.



PROGRAMME

15 - 16 OCTOBER

CONFERENCE THEMES: DESCRIPTION OF THE TRACKS

TRACK 1: URBAN HEALTH SERVICE DELIVERY

How can we leverage the urban potential for health service delivery? This question lies at the core of this track. We are interested in sharing innovative ways of organizing health services: how to acknowledge challenges of and effectively use the advantage of urban specificities (scale, proximity, anonymity, ...) in order to deliver better care; e.g. how to identify and harness innovation, training and rotation of health staff, providing services at scale. What can we learn from linkages operating within cities through referrals across health providers, and multi-sectoral action such as emergency response teams? This session has also an interest in research/ experiences in urban populations' increased use of (formal and informal) private health services, and the issue of how to engage with private providers who might not recognize public health stewardship.

TRACK 2: URBAN HEALTH SYSTEMS

Rapid urbanization calls for innovative ways of organizing health systems in cities. A structured effort in that respect is long overdue. Some of the most pressing questions are: does the traditional (WHO) concept of "health districts" hold in urban settings? If not, what is (are) the alternative(s)? If yes, how to adapt them to this specific environment? For instance, would every single urban "district" need its own referral hospital? How to delineate

"populations of responsibility" in a urban environment? How to manage the high density of health care providers and their diversity in terms of qualifications and organizational formats? Which are the specificities of care pathways and/ or the therapeutic itineraries in urban settings, and how to address them? This session seeks best practices, recent findings on how to capitalize on the range of urban advantages (amongst others in terms of scale, geographical access of services, possibility of choice of healthcare providers and other social services, etc.), and how to adapt to the urban environment with the aim of implementing Primary Health Care (with a focus on some of its key features: stewardship, basic healthcare delivery and multi-sectoral action).

TRACK 3: HEALTH DETERMINANTS

3.1: Health equity

Income inequality has increased globally and had an impact on the access of urban populations to quality health services. Discrimination and even criminalization prevent 'key populations' and minority groups to access essential health services and rights. This track seeks short stories and recent findings engaging with some of the following questions: Which (health) policies can improve access to health in settings marked by vast inequality and inequities? What does community health promotion (or its failure) mean in an (informal) urban setting? Which policies of non-discrimination and access to essential

services such as mobility, housing, water and sanitation, etc. determine the health of the city's diverse populations?

3.2: Eco-health: linking health and environment

Cities are often unhealthy places to live due to the impact of several factors, such as air-pollution, noise pollution, existence of food deserts, poor quality housing and infrastructure in slum areas, and lack of access to green spaces. This track seeks short stories and recent findings on: How to better link urban planning/ and take advantage of urban scale and geography, innovate upon circular 'local' production/economy, and other interventions supporting a healthier environment for urban populations.

3.3: Ensuring safety in the city

Cities innovate and invest to become "child proof", accessible, bicycle-friendly, aim to upgrade 'no-go' areas with weak (public) service delivery, and city residents campaign against crime and sexual and gender-based violence. This track aims to address various topics related to safety including ways to reduce road traffic mortality, to address high levels of (sexual) violence in urban areas, to manage health hazards of waste management, and overall ways for city governments to plan and coordinate multiple (health and other) stakeholders to improve safety. Can the rising use of surveillance, 'smart' cities and artificial intelligence contribute to this goal?

TRACK 4: URBAN (HEALTH) GOVERNANCE

(Progressive) City governance requires a multi-disciplinary approach to improve urban health embracing the complexity of decision-making and implementing co-governance (collaborative governance) with a multitude of stakeholders and hitherto ignored communities. This track aims to share best-practices and facilitate a debate on how to coordinate health districts under ministry of health and local governments' public services purview such as water and sanitation, public transportation and housing. What does it take to include health assessments in urban planning and decision-making and to move toward to more coordinated (HealthinAll) policies and better accountability?

PROGRAMME

TIME	TUESDAY 15 OCTOBER
13:00 - 16:00	Field visits Brussels <ul style="list-style-type: none"> » Guided walk on Urban planning or Urban health services » Care center for victims of sexual violence » Street nurses
	Welcome and registration
17:00	Plenary session Welcome Key note address International panel debate
19:00	Reception and walking dinner

TIME	WEDNESDAY 16 OCTOBER		
8:30	Registration		
09:00	Plenary session Welcome – Opening by Be-cause Health Track Health Systems City experiences on urban health systems unpacked		
11:00	Coffee break		
11:30	Parallel sessions part I		
	Track Health Services The challenges of health service delivery in Africa's mega-cities and urban slums	Track Health systems Management of urban health systems, a neglected and underexplored reality	Track Health determinants Inequity in urban settings: priority challenge and strategies for better health
13:00	Lunch break		
14:00	Parallel sessions part II		
	Track Health Services How to make it work? Innovations and solutions in health service delivery in mega-cities and urban slums	Track Governance Embracing complexity of urban governance for health	Track Health determinants One health in cities – linking health and its determinants in urban environments
16:00	Plenary session Closing remarks		
17:00	Reception		



Brukselbinnenstebuiten is an association that helps you to look at this city, and to understand it better, by walks, bus tours or tours with public transportation.

We tell you the stories from yesterday and from today, dealing with urban growth and with community work, with innovative architecture and open space planning, with population, migration and traffic control. We believe that this city has an extraordinary potential, and want to share this conviction with you, by studying its form, its development, its multiple problems and its constant renewal. We show you how to view architecture and to interpret it.

Contact: onthaal@brukselbinnenstebuiten.be

» **Guided walk city centre:** highlighting the evolution of urban health service delivery throughout the history of the city:

» **Guided walk on Urban planning:** highlighting Brussels recent urban planning projects



The Saint-Pierre Hospital in Brussels hosts a Care center for victims of sexual violence. This is a pilot program with services in a few hospitals in Belgium : (UZ)Gent, (UMC Sint Pieters) Brussel and Liège (UMC). Victims of sexual violence can enter those centers at any time or day, and are provided medical care, psychological care, social and judiciary assistance. The staff of Saint Pierre is very committed, and the local police has taken ownership, including on the assistance of undocumented migrants.

More info: www.violencessexuelles.be



Infirmiers de la rue or 'Street nurses' is an association that works in the streets with homeless people. They go out to meet people where they are, directly and offer care for free. While offering medical care, trust is built and motivation is given for people to take care themselves of their health and hygiene. Guidance and support is provided to vulnerable people, introducing them to relevant health and social care structures. These services are currently limited to Brussels.

More info: www.infirmiersderue.org

17:00 - 19:00

Espace Jaquotte main room

Welcome and Introduction to the programme

17:00 - 17:10

Elies Van Belle

Chair of Be-cause health

Jean Van Wetter

Director of Enabel – Belgian Development Agency

17:10 - 17:55

Key note address

Dr. Inés Sánchez de Madaragia

Professor of Urban Planning,
Universidad Politécnica de Madrid, Spain

Panel Discussion

Linking Health and Urban planning, the panel takes advantage of Brussels as host city to showcase urban planning and health experiences and exchange with two other international city experiences.

Moderator:

Annabelle Van Nieuwenhuyse

17:55 - 19:00

Panel members:

Kristiaan Borret

Brussels Regional Master Architect (Bouwmeester/Maître architecte), Belgium

Nadine Umutoni Gatsinzi

Vice Major in charge of Socio-Economic Affairs, City of Kigali, Rwanda

Guillermo Hegel

Municipal Health Director, Villa Nueva, Guatemala City



Elies van Belle is the Chair of Be-cause health, the Belgian platform for international health. She is a public health doctor and Manager Development & Funding with the Belgian ngo Memisa. She has an extensive experience in health cooperation in Africa and Asia.



Jean van Wetter is the managing director of Enabel, the Belgian Development Agency. He has more than 15 years of experience managing development projects in various countries in Africa, Europe and Asia, with a focus on education, health and private sector development.



Inés Sánchez de Madariaga, is an internationally recognized expert on gender in research, architecture, planning and development. Inés is Professor of Urban Planning and Rector's Delegate for Gender Equality at the Technical University of Madrid. She has been Visiting Scholar at Columbia University, NY, the London School of Economics, and the School of Architecture Bauhaus -Weimar. In addition to her academic appointments she has held public office as Director for the Women and Science Unit at the Cabinet of the Spanish Secretary of State for RTD; Deputy General Director for Architecture; Executive Advisor to the Minister of Housing; member of the Board of Directors of the Spanish Public Society for Rental Housing; member of the Cabinet of the Minister of Research and Innovation. She has been a member of many high level expert groups nationally and internationally, including at the United Nations, the European Commission, UN-Habitat, UNESCO, the European Institute for Gender Equality, URBACT, and UN-Women.



Kristiaan Borret, is bouwmeester – maître architecte of Brussels Capital Region (Belgium). The bouwmeester is an independent government official who stimulates and supervises the design quality of urban development projects. From 2006 to 2014 Kristiaan Borret was bouwmeester of Antwerp (Belgium). He is professor urban design at Ghent University since 2005. In his professional career, he has been alternating between theory and practice, between design and policy, between architecture and urbanism. He participated in interdisciplinary research on contemporary transformations of the city and public space, and contributed to various urban design projects in Belgium, Netherlands and France. Kristiaan Borret was awarded the Flemish Culture Award for Architecture 2012-2013.

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Nadine Umutohi Gatsinzi is the Vice Mayor of the City of Kigali in Charge of Socio-Economic Affairs since August 2019. As Vice Mayor, she ensures the coordination and monitoring of economic affairs and social development including investment health promotion strategies. Nadine hold a Master's Degree in Public Law and Good Governance (Utrecht University), and a Bachelor Degree in Law (University of Rwanda). Before joining the City of Kigali, Nadine worked 3 years as the Permanent Secretary of the Ministry of Gender and Family Promotion (MIGEPROF). Prior to this, Nadine worked with the Rwanda Governance Board (RGB) as Ag DG of Research. She also served as Lecturer in the Faculty of Law, and as the Coordinator of the Master's program in Business Law. For more than 3 years, Nadine served as Board member of the Rwanda Utilities Regulatory Authority (RURA). She is also the Chairperson of the National Early Childhood Development Program (NECDP) Steering Committee.



Guillermo Hegel is health director of the municipality of Villa Nueva, Guatemala. Between 2009-2013, he worked at WHO Guatemala, as an advisor for social determinants of health. Through the 'Healthy Cities' initiative he lead and contributed to programmes in Guatemala and Latin America. He holds a master's degree in public health from the Institute of Tropical Medicine (ITM) in Antwerp, in addition to a previous master's degree in development (2007) and a BA in environmental science (2003), both from Universidad del Valle in Guatemala. He is also a member of the young researchers network "Emerging Voices for Global Health".

CITY EXPERIENCES ON URBAN HEALTH SYSTEMS UNPACKED (TRACK 2 – HEALTH SYSTEMS)

Organisers | Bart Criel - ITM, Daniela Chinnici ULB-Cooperation, Karel Gyselinck - Enabel
Language | Translation English – French
Moderator | Karel Gyselinck, Enabel – Belgian Development Agency

This session builds on the key note linking health and urban planning, and unpacks for a broad audience the challenges and opportunities presented to health systems. The panel will present successes and challenges of policy makers and health providers of the city of Kigali (Rwanda), of the city of Conakry (Guinea), and of Ecuador.

Three dimensions of this panel will 'unpack' how the traditional (WHO) concept of "health districts" hold in urban settings:

- » How to adapt them to this specific environment? For instance, would every single urban "district" need its own referral hospital? How to delineate "populations of responsibility" in a urban environment?
- » How to manage the high density of health care providers and their diversity in terms of qualifications and organizational formats?

Which are the specificities of care pathways and/or the therapeutic itineraries in urban settings, and how to address them?

- » **Zuberi Muvunyi**, Director General Clinical and Public Health Services, Ministry of Health, Rwanda
- » **Gilbert Biraro**, Operations Program Manager & Coordinator at Rwanda Biomedical Center/Single Project Implementation Unit
- » **Abdoulaye Sow**, director of Fraternité Médicale Guinée (FMG), Conakry, Guinea
- » **Itamar Rodriguez**, Ministerio de Salud Pública - Ecuador
- » **Patricia Granja**, former Vice-Minister of Health of Ecuador - Consultant Professor of Clinical Epidemiology, Universidad Mayor de San Simon, Bolivia

SESSION A: THE CHALLENGES OF HEALTH SERVICE DELIVERY IN AFRICA'S MEGA-CITIES AND URBAN SLUMS (TRACK 1 – HEALTH SERVICES)

Organisers | Lenka Benova, ITM; Marlies Casier, Sensoa
Language | Translation English – French provided
Moderator | Sander Spanoghe, Flanders Department of Foreign Affairs, Thérèse Delvaux, ITM

This session opens a window on to the complex realities in mega-cities and urban slums when it comes to access to good quality health care services. Through the case studies of adolescents' reproductive health, maternal and child health and non-communicable disease service delivery, this panel will be interrogating the challenges faced by residents of Lagos, Kampala, Nairobi and Kinshasa.

Three intersecting dimensions of this panel are of particular interest to a broad audience:

- » What does it take to understand the service provision environment of rapidly growing mega-cities and slums?
- » How can informal settlements/slums be included in the planning for health service delivery?
- » What is the role of the private sector in delivering care in cities, and how can public authorities engage with this heterogeneous and dynamic group of providers?

Outline of the session:

- » **Aduragbemi Banke -Thomas**, Department of Health Policy, London School of Economics and Political Science, United Kingdom: *Geographical access to emergency obstetric care for women living in the megacity called Lagos.*
- » **Elsie N'Zale Sang**, Save the Children, Kenya, Health and Nutrition Department: *Engaging Private Health Care Providers to improve Child Health Services in Kibra informal settlement, Nairobi-Kenya.*
- » **Doreen Tuhebwe**, Makerere University School of Public Health, Uganda: *How to improve the design of Reproductive Health (RH) interventions to meet the health access needs of adolescents (15-19 years) living in urban poor settings of Kampala, Uganda.*
- » **Félix Vanderstricht** & Serge Ngaima, ULB-Coopération, Belgium and and University of Kinshasa, DRC: *Urban health and the challenge of the health system organization at district level in the cities of DR Congo: what innovative approach to progressively integrate the private health centers in the system? The example of the District of Kintambo in Kinshasa.*

SESSION B: MANAGEMENT OF URBAN HEALTH SYSTEMS, A NEGLECTED AND UNDEREXPLORED REALITY (TRACK 2 – HEALTH SYSTEMS)

Organisers | Bart Criel - ITM, Daniela Chinnici ULB-Cooperation, Karel Gyselinck - Enabel
 Language | Session in French
 Moderator | Bart Criel, ITM

This panel discusses on urban health system challenges in Democratic Republic of Congo – DRC as well as on experiences in Europe (Belgium/France) and Latin-America (Ecuador).

- » **Jean-Marie Ipay**, Memisa, DRC Office: *Health service delivery reorganisation within the city of Gemena, following rapid urbanisation.*
- » **Daniela Chinnici & Jean-Bosco Kahindo**, ULB-Coopération: *Urbanization and Health Services: developing a New Model of Primary Health Care in Goma (DRC).*
- » **Maguelone Vignes**, Université Catholique de Louvain, Metrolab, Belgium: *Urban health-care pathways for HIV in Brussels (Belgium) and Rouen (France)*

SESSION C: INEQUITY IN URBAN SETTINGS: PRIORITY CHALLENGE AND STRATEGIES FOR BETTER HEALTH (TRACK 3 - HEALTH DETERMINANTS)

Organisers | Felipe Sere - Memisa, Stefaan Van Bastelaere - Enabel
 Language | Session in French
 Moderators | F. Sere, S. Van Bastelaere

This session looks at the impact of Income on the access of urban populations to quality health services. Discrimination and even criminalization prevent 'key populations' and minority groups to access essential health services and rights.

This session presents experiences and research findings of Nigeria, DRC and Belgium (Brussels and Charleroi). This panel will engage with the following questions:

- » Which (health) policies can improve access to health in settings marked by vast inequality and inequities?
- » What does community health promotion (or its failure) mean in an (informal) urban setting?
- » Which policies of non-discrimination and access to essential services such as mobility, housing, water and sanitation, etc. determine the health of the city's diverse populations?

Outline of the session:

- » **Billy Mwangaza**, ngo Étoile du Sud, DRC: *Le peuple s'approprie la lutte contre les inégalités liées à la santé dans la zone de santé.*
- » **Pilar Martinez**, General Coordinator Médecins du Monde Belgium, DRC: *Communes sans viol et le pouvoir au peuple : projet pilote de MdM à Bukavu (RDC).*
- » **Pierre Ryckmans**, association 'Infirmiers de la rue', Brussels, Belgium: *Travail de rue et réinsertion en logement: présentation du travail de l'association Infirmiers de rue.*
- » **Nathalie Annez de Taboada**, Health Department, Médecins du Monde, Belgium: *Le Medibus – une stratégie de réponse à la criminalisation de la précarité.*

SESSION D: ONE HEALTH IN CITIES – LINKING HEALTH AND ITS DETERMINANTS IN URBAN ENVIRONMENTS (TRACK 3 – HEALTH DETERMINANTS)

Organisers | Elisabeth Paul, Université de Liège, Julie Steendam, Viva Salud
 Language | Session in English – Translation English – French provided
 Moderators | Elisabeth Paul, Université de Liège, Julie Steendam, Viva Salud

This session explores how interdisciplinary approaches can contribute to designing appropriate policies to make cities healthier.

Outline of the session:

The first two interventions will deal with two important social determinants of health: gender and poverty/informality. The speakers will first present the particular needs of these vulnerable categories of populations, and then propose innovative ways to address them. The two following presentations will deal with environmental determinants of health in different contexts (Brussels and Western Africa). After presenting the contextual characteristics, the two speakers will also present research and policy approaches to improve policy responses.

Then discussants reflect on how citizen initiatives can boost urban health by pushing government actors for action.

- » **Geoffrey I. Nwaka**, Department History and International Relations, Abia State University, Uturu, Nigeria: *Protecting and Promoting the Health and Well-being of the Poor and Informal Sector Workers in Nigerian Cities.*
- » **Laura Lauwers**, Dep. Primary and Interdisciplinary Care, University of Antwerp, Belgium: *Urban environment and mental health: the NAMED (Nature Impact on Mental Health Distribution) project, interdisciplinary approach for environmental health research on environment, air and noise pollution in Brussels.*
- » **Nonvignon Marius Kedote**, Health and Environment Department, Regional Institute of Public Health Comlan Alfred Quenum / Ecohealth Chair / University of Abomey-Calavi, Benin: *Linking health and environment – Citizen participation and social equity in a risk reduction intervention linked to air pollution in Abidjan, Cotonou, Dakar and Ouagadougou.*

Panel:

- » **Inés Sánchez de Madariaga**, Professor on Urban Planning, Universidad Politécnica de Madrid: *The concept of 'mobility of care' – sharing insights on how women navigate cities.*
- » **Koen Wynants**, Commons Lab Antwerpen vzw

SESSION E: EMBRACING COMPLEXITY OF URBAN GOVERNANCE FOR HEALTH – (TRACK 4 – URBAN GOVERNANCE)

Organisers | Bruno Marchal, ITM, Sara Van Belle, ITM
 Language | English
 Moderators | Upendra Bhojani, Institute of Public Health, Bengaluru, India and Bruno Marchal, ITM

We spontaneously picture cities as places with lots of roads and buildings where many people live together and where economic opportunities are good. Cities are also political arenas and dynamic ecosystems. Above all, cities are about people navigating between all of the above elements. Cities are indeed complex systems and for governance of health, this presents many challenges. In this session, we adopt a systems perspective to urban health governance and zoom in on Ouagadougou (Burkina Faso), Villa Nueva (Guatemala), New Delhi (India), Lubumbashi (RD Congo) and Brussels.

Outline of the session:

- » **Didier Chuy Kalombola**, Ecole de Santé Publique de l'Université de Lubumbashi, DRC: *Strengthening stewardship of district health care services in Lubumbashi, lessons learned from a pilot project.*
- » **Deepika Saluja**, Health expert, India: *Urban governance – Mapping the implementation of urban health policies in New Delhi's slums.*
- » **Noel Nacoulma**, Ministry of Health, Burkina Faso: *The quickly changing landscape of the urban district of Boulmiougou (Ouagadougou).*
- » **Guillermo Hegel**, Municipal Health Director, Villa Nueva, Guatemala City.

SESSION F: HOW TO MAKE IT WORK?: INNOVATIONS AND SOLUTIONS IN HEALTH SERVICE DELIVERY IN MEGA-CITIES AND URBAN SLUMS (TRACK 1)

Organisers | Lenka Benova, ITM; Marlies Casier, Sensoa
Language | English
Moderator | Marlies Casier, Sensoa, Belgium

This panel discusses ways to overcome the exclusion of the (extreme) urban poor from health services. It will inquire about the possible roles of public authorities, (local) NGO collaboration, and local private sector engagement, looking at cases in Dhaka (Bangladesh), Thiès (Senegal), and Antwerp (Belgium). Particular attention will be devoted to the means to include slum dwellers in primary health care services and improving access to maternal health care for young and/or undocumented women.

- » **Rachel Hammonds**, University of Antwerp, Law and Development Research Group, Belgium; London School of Hygiene and Tropical Medicine, UK: *Innovative solutions needed – the challenges of delivering antenatal care in low-income urban settings.*
- » **Saskia Van Besauw**, Centre of Perinatal Expertise De Kraamvogel, Belgium: *Optimal postpartum care for undocumented women in Antwerp through cooperation.*
- » **Musharrat Jahan**, Concern Worldwide – Integrated Urban Program, Bangladesh: *Improving Health and Nutrition status of Urban extreme poor.*
- » **Jantine Jacobi**, UNAIDS Representative to the European Union. Former Country Director of the Joint UNAIDS Program in Kenya: *Nairobi's tailored HIV response to young people and key populations in informal settlements.*

NOTES

CONTACT

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Be-cause health is a pluralistic open platform that connects Belgian development actors engaged in global health, facilitates exchange of latest research and field experiences, and provides policy advice on international health cooperation.

The platform connects individuals and 50 Belgian member organizations through an annual general assembly, an annual conference, through thematic events and exchange meetings including Sexual and Reproductive Health and Rights, Access to Quality Medicines, Social Determinants of Health, Digitalization and many more.

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