



**BE-CAUSE HEALTH MATTERS**

# **REPORT BE-CAUSE HEALTH ANNUAL CONFERENCE 2019 TAKING THE URBAN TURN**

15-16 October 2019 - Espace Jacquemotte, Brussels



# TABLE OF CONTENTS

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**03 \_ Introduction**

**04 \_ Take-aways of the sessions**

**16 \_ Final reflections**

**17 \_ Annexes**

**18 \_ References**

# INTRODUCTION

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The world is becoming increasingly urban. Nowadays, more than half of the world's population lives in cities, and one in three city dwellers lives in slums. By 2030, there will be 43 megacities with more than 10 million inhabitants, most of them in developing regions. While one in eight people currently live in 33 megacities worldwide, close to half of the world's urban dwellers reside in secondary cities with fewer than 500,000 inhabitants. These secondary cities, particularly in Africa and Asia, are also expected to grow very fast. Cities are often unhealthy places to live but they also offer opportunities for social change, innovation and inter-sectoral solutions, including health. To keep up with this growth, do we need to adapt our existing health systems and current models and paradigms?



***“We should not only discuss cities as problems. A city is a place of emancipation, a place of progress. City air makes you free.”***

— Kristiaan Borret, Chief Architect Brussels

The 2019 annual conference “Taking the Urban Turn” aimed to bring health provision in cities onto the health cooperation agenda. This conference linked urban planners and health professionals, with a focus on international experiences from low- and middle-income countries.

The conference showcased Brussels urban planning and health experiences among various international city experiences. We were grateful as a platform to partner with Perspective Brussels when preparing for this conference and for the participation of the Brussels regional urban planning chief known as ‘Bouwmeester’ or ‘Maître Architecte’.

A scientific committee worked on structuring the programme into various tracks, reviewing abstracts and selecting speakers to present at the conference. Platform diversity was well represented within this committee comprising researchers, implementers and policy influencers. As a platform we would like to express our gratitude to the following individual expert members of that committee, who voluntarily prepared and organised the various conference sessions: Aline Labat (ULB ESP), Bart Criel (ITM), Bruno Marchal (ITM), Elies Van Belle (Memisa), Elisabeth Paul (ULB/ULiège), Daniela Chinnici (ULB Coopération), Felipe Sere (Memisa), Julie Steendam (Viva Salud), Karel Gyselinck (Enabel), Lenka Benova (ITM), Marlies Casier (Sensoa), Sara Van Belle (ITM), Stefaan Van Bastelaere (Enabel), Tim Roosen (ITM) and Werner Soors (ITM).

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

## Annual conference in numbers:

- » More than 200 participants
- » 24 international speakers
- » 15 years of Be-cause health

# TAKE-AWAYS OF THE SESSIONS

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## THE CHALLENGES OF HEALTH SERVICE DELIVERY IN AFRICA'S MEGA-CITIES AND URBAN SLUMS

**How can we leverage the urban potential for health service delivery? Through case studies on adolescents' reproductive health, maternal and child health and non-communicable disease service provision, the panel raised questions about the challenges faced by residents of Lagos, Kampala, Nairobi and Kinshasa.**

The findings and experiences shared in the panels on health service delivery testify to the **urgency to rethink the way we deliver sexual and reproductive health services**. They demonstrate the need to engage local authorities, but equally the actual recipients of care, in the study, design, programming and implementation of service provision to make it work.

**Mobility challenges such as traffic congestion complicate** access to healthcare in cities. Transport poverty has a severe impact on diverse segments of society and often leads to inequitable access to employment, education and healthcare services.

**Responding to people's dependence on private healthcare providers** is a priority. For many people residing in slums, private healthcare providers are the only ones they can turn to, as public health facilities are often too far away and have extremely long waiting times. Yet, the quality of care is often poor and proper referrals are a challenge. Private healthcare providers should collaborate with each other and with the local health administration to improve the quality of care.

### How to make it work?

Adura Banke-Thomas (London School of Economics) depicted the realities of pregnant mothers in Lagos (Nigeria), in need of emergency obstetric care. In some parts of the city, the maternal mortality rate is as high as 880 out of 100,000 live births. Every day women fail to make it to the hospital in time. They cannot make their way through the city's congested traffic. The mobility challenge is what has made Banke-Thomas and his colleagues set out on a mission to develop an e-platform to map the facilities in Lagos and the real-time travel of women trying to make it to the hospital. With Mothers at Risk, Rachel Hammonds and her colleagues are also trying to address the mobility needs of pregnant mothers, with a pilot for a 'maternal Uber' in Thiès (Senegal). It aims to train taxi drivers to assist women to reach hospitals for their antenatal, delivery and postnatal visits.

The conference also turned the spotlight on good practices in Belgium, including a site-visit and presentation of Brussels Saint-Pierre Hospital's Sexual Assault Referral Centre (centre for victims of sexual violence) that combines (mental) healthcare, prevention of HIV and STIs and medical and forensic examinations.



## URBAN HEALTH SYSTEMS UNPACKED

**Rapid urbanisation calls for innovative ways of organising health systems in cities. This session linked health and urban planning, and unpacked the challenges and opportunities presented to health systems.**

Chaotic patient trajectories demonstrate the need for **integrated teams in health centres** (doctor, physiotherapist, nurse, social worker, psychologist, ...) Bringing together several medical disciplines guarantees access, proximity and continuity of the patient-care provider relationship.

**Urban health systems should be linked to well-being in a broader sense.** This can be done in different ways. On the one hand by bringing the countryside into the cities: more nature, more free space, less concrete... so people can walk safely. On the other hand, governments can organise campaigns to raise awareness, to promote, prevent and detect risk factors of non-communicable diseases.

**Focusing on the mobility of chronic patients** can provide useful findings for organising healthcare services.

### Mobility of HIV-positive people

Since antiretroviral therapies for HIV/AIDS became available, people living with HIV have had to adjust their lives to a situation of medical dependence. Maguelone Vignes (UCL) conducted research on the mobility aspects of HIV-positive people in Brussels (Belgium) and Rouen (France). Accessing and transitioning between healthcare services, and coordinating multiple recourses between services as well as the patient's own activities, often require an invisible but considerable amount of work for the patient.

### How to make it work?

In Guinea, where mental health care is virtually non-existent, efforts have been made to provide integrated services based on a patient-centred care approach that fits into the health system and connects to other networks and providers, including traditional healers.



## URBAN HEALTH DETERMINANTS

### Inequity in urban settings: a priority challenge

Income inequality has increased globally and has had a negative impact on urban populations' access to quality health services. Discrimination and even criminalisation have prevented 'key populations' and minority groups from accessing essential health services and exercising their rights.

Real-life experiences of projects giving minorities access to healthcare in Belgium and DR Congo were presented.

**An integrated approach with community participation for lasting solutions.** Promoting equity in urban settings requires an integrated, multi-level approach that involves a variety of stakeholders. An effective strategy for achieving equity in urban settings requires sensitivity to and respect for the local context.

**Improve the patient-provider relationship for better care.** For many lower-income patients, trust and respect are a prime concern, sometimes even more than the quality of the healthcare they received.

**Local communities can make step-wise health improvements even with limited funding.** It is crucial to build on and support community grassroots efforts to develop healthy urban environments and infrastructure. Community involvement promotes empowerment, engenders the sustainability of interventions and ensures ownership.

### "Sortir de la rue... c'est possible"

In Brussels (Belgium), 'Infirmiers de la Rue' go out on the streets to meet and care for homeless people free of charge. Through care, support and advice, trust is gained and homeless people are encouraged to take care of their hygiene and health conditions.

### One health in cities – linking health and its determinants

Cities are often unhealthy places due to several factors such as air pollution, noise pollution, the existence of food deserts, poor quality housing and infrastructure, and lack of access to green spaces. How can urban planning and health be linked better to take advantage of urban scale and geography, to innovate through circular 'local' production/ economy, and other interventions supporting a healthier environment for urban populations? This session explored how interdisciplinary approaches can contribute to designing appropriate policies to make cities healthier.

A consensus emerged on the fact that the government and more generally the **public sector has a critical role to play in meeting the challenges of urban health**. Unfortunately, politicians are not always concerned by many of the issues raised today, both in the South and in the North.



Many social and environmental determinants have an impact on the health status of city dwellers. These determinants interact through complex processes. Hence the importance of adopting a **multidisciplinary approach** to study how to design appropriate health-related policies in urban contexts, and to have good planning processes to translate the results from research into appropriate and coherent interventions.

However, there is a huge risk of facing “**policy implementation gaps**”. Involving citizens or beneficiaries (including women!) through genuinely participative processes is crucial in designing better policies, reducing the risk of inequities, facilitating policy implementation and finally increasing the chances of producing positive results.

**Context matters:** It is important to analyse the situation of each city in its context – including the historical, socio-economic and environmental context. In practice, policies may not be adapted to local contexts.



***“We cannot ignore the importance of the informal sector in African cities. Discriminatory laws and codes which discriminate against the poor and the informal sector and tend to inhibit the access of the poor to affordable healthcare, should be reviewed.”***

— Prof Geoffrey I. Nwaka,  
Abia State University, Nigeria







**The role of the government:** A consensus seems to have emerged on the fact that the government and more generally the public sector has a critical role to play in meeting the challenges of urban health. Unfortunately, politicians are insufficiently concerned by many of the issues raised today – both in the South and in the North.

**Multidisciplinarity and complexity:** Many social and environmental determinants have an impact on populations' health in cities. These determinants interact through complex processes. Hence the importance of adopting a multidisciplinary approach to study how to design appropriate health-related policies in urban contexts, and effective planning to translate the results from research into appropriate and coherent interventions.

**From policy to implementation:** However, there is a huge risk of facing "policy implementation gaps", hence the need to bridge these gaps. Involving citizens or beneficiaries (including women of course) through genuinely participative processes is crucial in designing better policies, reducing the risk of inequity, facilitating policy implementation and finally increasing the chances of producing positive results.

To conclude, a big challenge for improving urban health on the ground is **switching from traditional, top-down, technocratic or even "archaic" urban planning to what is known as "deliverology" (résultologie)**, or the science of delivering results, acknowledging the importance of involving citizens and taking account of complexity throughout the process.



## EMBRACING THE COMPLEXITY OF URBAN GOVERNANCE FOR HEALTH GOVERNANCE

**During this session, the governance challenges of four cities were presented: Ouagadougou (Burkina Faso), New Delhi (India), Villa Nueva (Guatemala) and Lubumbashi (RDC). What does it take to include health assessments in urban planning and decision-making and to move towards more coordinated (Health in All) policies and better accountability?**

In all four cities, rapid population growth, unplanned urban development and unclear decentralisation of roles and responsibilities combined with an epidemiological and ecological transition, had led to a mix of challenges. Instead of denying the complexity of these interlocking issues, the following recommendations were mentioned:

**Bottom-up approaches** that involve people and communities in health problem analysis, prioritisation and implementation of interventions. Building on and supporting community grass-roots efforts to develop healthy urban environments and infrastructure.

A lack of primary health infrastructure pushes people towards hospitals for their most basic health problems, **overburdening the public hospitals**. Primary healthcare systems must be comprehensive, continuous and family- and community-centred by providing access to health services for the most vulnerable populations.

Shift from traditional technocratic urban planning to what is known as “deliverology” (résultologie), or the **science of delivering results**, acknowledging the importance of involving citizens.

Health threats in slums, the example of New Delhi

***“Policies are aggravating inequities. We should go from slum clearance and eviction to slum upgrading. Policymakers should recognise slums as vibrant places, corollary to the formal economy.”***

— Deepika Saluja, Health expert, India



# FINAL REFLECTIONS

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**At the outset, the conference started with a set of critical questions: do we need to adapt our existing health system thinking and current models and paradigms? How can we achieve universal access to health in cities? What is the best way of organising health services and the health system in urban settings? How does addressing the impact of urban life impact the health of urban populations?**

**What's in a name?** The conference took cities as the starting point, but did not define the concept of "city" from the start. A city is more than just the number, density and concentration of people. It can inhibit causes of ill-health as well as becoming a leverage for innovation in better health for its population.

To find the beginnings of an answer the conference committee called for **short stories** or scientific **abstracts** on the diverse health needs of urban populations, including emerging urban epidemics such as the co-existence of malnutrition and overnutrition/obesity, diabetes and sedentary lifestyles. The conference aimed to extend far beyond the medical approach to health, and certainly beyond diseases. Among the six conference themes, topics included safety, environment and urban governance. More outreach, critical input and participation from actors from these sectors, including urban developers, could have strengthened the outcome of the conference.

Road traffic injuries are among the leading causes of death and lifelong disability globally. How can we make our cities safer? While in some cities much has been done to improve the safety of vehicles and develop infrastructure for cyclists and pedestrians, people are still being seriously injured and killed in traffic accidents. Urban areas need to evolve to enable everyone to travel to their destination safely.

The environmental perspective needs to be stronger when discussing urban development and urban health. Climate change is a major threat to the health of the poor in both rural and urban areas. Cities are particularly vulnerable to floods, heat waves and other extreme weather events. Climate change aggravates urban determinants of ill health. Yet, at the same time, cities have a unique

role to play in meeting these challenges. Urban policymakers can take decisions and plan measures at their own level. Integrating interventions with strong community development approaches, a focus on building social capital at multiple levels and clear links to urban health systems development can help in mitigating the effects of climate change. There are still major knowledge gaps and more emphasis is needed on exploring and understanding the interface between cities and climate change.

Policymakers, urban planners, health system managers and last but not least community members must be involved in all decisions interventions and evaluations. Participative governance is the key to making improvements in unhealthy social and environmental conditions.



— Bily Mwangaza, Etoile du Sud/ RDC

# ANNEXE I: 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 organising health services: how to acknowledge the 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 recognise public health stewardship.

## Track 2: Urban health systems

Rapid urbanisation calls for innovative ways of organising 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 up in urban settings? If not, what is (are) the alternative(s)? If yes, how can they be adapted for this specific environment? For instance, would every single urban "district" need its own referral hospital? How to delineate "populations of responsibility" in an urban environment? How to manage the high density of healthcare providers and their diversity in terms of qualifications and organisational formats? What are the specificities of care pathways and/or the therapeutic itineraries in urban settings, and how can they be addressed? This session seeks out best practices, recent findings on how to capitalise 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 can the urban environment be adapted in line 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).



— Vincent Tihon, Enabel Rwanda



— Zuberi Muvunyi, DG Clinical and Public Health Services, Ministry of Health Rwanda



### Track 3: Health Determinants

#### Health equity

Income inequality has increased globally and has had an impact on urban populations' access to quality health services. Discrimination and even criminalisation prevent 'key populations' and minority groups from accessing essential health services and rights. This session seeks out short stories and recent findings, engaging with some of the following questions: what (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? What policies of non-discrimination and access to essential services such as mobility, housing, water and sanitation, etc. determine the health of a city's diverse populations?

#### Eco-health: linking health and environment

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

#### 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 session aims to address various topics related to safety including ways of reducing road traffic mortality, addressing high levels of (sexual) violence in urban areas, managing health hazards of waste management, and overall seeking 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 improving urban health, embracing the complexity of decision-making and implementing co-governance (collaborative governance) with a multitude of stakeholders and hitherto ignored communities. This session aims to share best practices and facilitate a debate on how to coordinate health districts under the ministry of health and local governments' public services 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 towards more coordinated (HealthinAll) policies and better accountability?



— Nonvignon Marius Kedote, Institut Régional de Santé Publique (IRSP), Benin

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