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Actors and alliances to transform health and wellbeing in cities

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Key challenges to progress urban health – knowns and unknowns

Policy	System	Organisation	People
lack of comprehensive urban health policy	Complex systems – plurality of providers and multiple systems	Lack/poor use of SoPs, guidelines and frameworks	Diverse health needs, limited access to care and disparity in health outcomes
Poor use of evidence in policy decisions	Weak governance and leadership, low capacity	Limited capacity – HR, infrastructure and technology	urban poor are masked so their health needs
Multiple sectors but policy silos	Lack of systemwide approach/thinking	Weak team motivation	High risk factors NCDs, infectious diseases
		Lack of organization business plan	Intersection of urban poor and with social stratifiers creates multiple vulnerabilities
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CONTEXT: poverty, inequality, migration, unplanned urbanization, weak coordination among stakeholders, lack of WASH services and unemployment among others magnified amongst the urban poor

Complex Urban Health Systems – a reality that needs solutions

Community of practice

Our focus

- Strengthening public health capacity of municipal health system
- Promoting use of evidence in decision making
- Identification of urban poor and other vulnerable populations living in listed and unlisted slums
- Community engagement to identify their health needs and locally tailored solutions
- Engaging private health care providers through public private partnership initiatives

Methods

Co-creation: participatory practices

Embedded approach

Actions

- Context analysis – gaps and strengths
- Priority setting
- Intervention design
- Implementation in collaboration
- Evaluation – process documentation and outcome assessment
- Scale up – proved interventions
- Support to system strengthening

Lessons: action and supporting research, information and policy

- **Evidence**: little knowns, many unknowns but building on available (knowns) at local level while aiming to know unknowns
- **Methods**: urban complexities challenges co-creation, building on existing foundation lead to innovation to complex solutions
- **Embeddedness:** requires investment (time and efforts) in building relationship and trust, lead to acceptance, ownership and long-term goal
- **Change process:** its often politically driven but we largely focus only technical solutions, this can derail the change process – learn to be politically correct while taking technical approach forward.

Gains from joining, expanding or linking communities of practice

- Gains are high when lessons are shared timely but sharing lessons is not always straight forward
- Need to create appropriate networks and platforms – national, subnational and international level
- Need more focus on implementation research on urban health issues – know who is doing what and how
- Short span of research projects help but fail to gain a comprehensive and long term solutions – more resources is needed
- Research uptake is always crucial, needs more capacity among researchers on how to engage to uptake research to policy and scale

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