

# Expanding promising practice for sustained urban and peri-urban wellbeing in east and southern Africa

## Regional workshop REPORT



Vibrant, healthy, school environment, Kibera, Nairobi presented by KDI, 2023

**March 15-17 2023  
Nairobi, Kenya**

**Regional Network for Equity in Health in East and  
Southern Africa (EQUINET)**

**through  
Training and Research Support Centre**



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## Summary: key messages and priorities for follow up

Delegates at the EQUINET Regional Meeting on urban health in east and southern Africa (photo below) noted that a rising urbanization, including around extractives, with increasing commercial and climate impacts calls for us to move from single issue interventions to comprehensive, integrated, area-based approaches; and to shift from project- to process-thinking, designing for sustainability from the onset.

Promising practices are taking place locally, but need to be scaled up. They engage and listen to affected communities from the onset; and use participatory methods to map and bring disaggregated evidence for area-based planning of multi-dimensional approaches. Their processes strengthen organized, cohesive communities for health. They strengthen mechanisms, processes and capacities for partnership, collaboration, and engagement of diverse communities and stakeholders, supported by trusted intermediaries to broker links, including with political actors.

Scale-up is enabled when practices link social and economic benefit, creating economic, social and ecological value; when they mobilise public and institutional resources, including collective savings and innovation funds, and facilitate local technology development. Such practices are implemented at a pace that enables local understanding, involvement and ownership, with local authorities convening, aligning and building synergies across actors and resources, including from external funders.

Inequity in the burdens of climate change makes these multi-actor, holistic approaches even more critical, for our eyes to shift from effects to root causes, from a focus on technocrats to communities, and from reactive emergency responses to climate to sustained, integrated long term approaches.

Promoting integrated approaches, and better managing commercial factors and climate calls more effective regional sharing of urban health methods, tools, evidence, capacities, technology innovations and approaches, to address evidence gaps, to assess and strengthen literacy and capacities, and to ensure enabling legal, policy, funding, contracting and purchasing frameworks for innovation.

There are many actions within countries to build on and develop. The meeting gathered delegates from diverse ESA countries, levels, institutions, disciplines, skills related to urban wellbeing, as ambitious catalysts for a regional community promoting change for improved urban health in ESA countries. As areas of feasible follow up work, to nourish local and work in-country, we now aim regionally, *with a shared focus on urban food systems, urban waste management and their connections with energy, green and public spaces, water and climate*, to: generate and share evidence on disaggregated health equity impacts and to document and share case studies of promising and integrated responses that stimulate and build community ownership, multi-actor partnership and collaboration. We will compile relevant legal standards and their implementation in our countries; advocate and share options for updating laws in-country; and promote regional harmonization of standards. We will build capacities for health impact assessment, widen urban health literacy and accessible forms of communication. We will use the evidence, capacities, analysis and learning to strengthen the regional lens in global engagement.



## 1. Background and objectives

Urban areas, including peri-urban areas that have grown up around cities and economic activities like mines, concentrate opportunity, innovation and resources, but also multiple dimensions of ill health, poverty and ecological damage. Urban wellbeing has been further impacted by pandemic and climate-related challenges; by commercial practices that fail to adequately protect health and by under-resourced public services. Promoting health and wellbeing in this context calls for co-ordinated intervention from many sectors and actors on laws, policies, resource flows, conditions, infrastructures, practices and services, together with meaningful engagement with and involvement of diverse communities and their organisations. Urban areas have potential to implement such approaches, and there are examples of promising and innovative practice in urban areas across East and Southern Africa (ESA). TARSC and EQUINET has worked for over a decade on urban health and on commercial practices affecting current and future wellbeing in ESA with diverse technical, local and central government, civil society, community and youth actors, in association with regional organisations (ECSA Health Community) and international organisations (International Society for Urban Health and World Health Organisation). The work points to the need and potential for overcoming siloes and converging learning on policy and practices promoting equity in health and wellbeing in area-based (urban), sector-based (extractive sectors/ on commercial determinants) and intergenerational (climate justice) work.

### Aims:

This EQUINET regional meeting, held in Nairobi, convened by TARSC for EQUINET, with support from Medico International and Open Society Policy Centre, gathered 27 people from a range of institutions and disciplines involved in various roles in relation to health and wellbeing in urban and peri-urban areas, commercial practices and climate justice on March 15 and 16 2023 to:

1. Share and review evidence from those directly involved in various areas of promising practice on urban and peri-urban health; to discuss options for, factors affecting and capacities needed for urban health, and for the scale up of promising practices within and across countries.
2. Explore the implications of findings on health promoting practice in urban and peri urban areas for engaging on commercial practices and responses to climate change.
3. Review measures for assessing and areas for strengthening capacities for urban health.
4. Identify and inform follow up research, practices, policy reforms and exchanges arising from the above for work and multi-actor communities of practice within countries; regionally in the ESA region and in international collaborations.

The meeting was participatory, with short delegate presentations, plenary and group discussions and some specific breakaway groups/ sessions to deepen focus on particular areas of interest and discussion. As an adjunct to the meeting, in parallel sessions on the 16th and a further half day on the 17<sup>th</sup>, cadres responsible for communication from selected organisations in the meeting were trained on photojournalism skills to strengthen accessible documentation and communication of promising practice. A half-day session was also held with selected participants to plan follow up work arising from the meeting. The programme for the full period is shown in *Appendix 1*.

Delegate bios were made available before the meeting to facilitate follow up networking. The delegate list is shown in *Appendix 2*.

## 2. Opening, introductions and overview

Delegates were welcomed to the meeting by *Dr Rene Loewenson, Director, Training and Research Support Centre*. She introduced *Professor Yoswa Dambisya, Director General, ECSA-Health Community*, appreciating his longstanding commitment to health equity and attention to urban health issues, and asked him to open the meeting and chair the introductory sessions.

## 2.1 Opening remarks

*Professor Dambisya* welcomed participants. Delegates self-introduced themselves noting their countries and areas of work. Prof Dambisya acknowledged that while more attention had in the past been given to rural health, more attention is now being given to urban and peri-urban health, given the high level of migration to urban areas and the challenges faced. He noted prior work on promoting urban health in the region and observed that the meeting agenda to share and learn from promising practices underway is relevant to enrich current efforts. He appreciated the range of disciplines, skills and institutional experience in the meeting, and looked forward to the discussions on how to address and sustain measures on promising approaches that are emerging and achieving progress on urban health in the region. He noted that ECSA-HC has partnered with EQUINET and TARSC in this and other areas of work relevant to health equity. ECSA HC provides a platform to bring relevant evidence and practice to policy dialogue, including in the annual Best Practice Forum. He concluded by encouraging delegates to use the meeting to network, exchange and draw energy to keep up the good work.

## 2.2 Overview of the key areas of focus for the meeting

*Rene Loewenson* thanked Professor Dambisya for his opening. Noting that the meeting is convened under the EQUINET umbrella, she explained EQUINET's background as a network formed in 1998 of professionals, civil society members, policy makers, state officials, parliamentarians in the 17 countries of east and southern Africa (ESA) that advances and supports health equity and social justice through research, analysis, networking and dialogue. EQUINET is organizing work within three strategic areas, 'Reclaiming the resources for health', 'Reclaiming the state' and 'Reclaiming collective agency and solidarity', all of which have some implication for the work on urban health. Delegates can find more information on the EQUINET website ([www.equinet africa.org](http://www.equinet africa.org)) on the different areas of work led by institutions in the different countries of the region, and EQUINET produces a quarterly newsletter sharing information from the region. EQUINET publications produced online are open access.

Rene briefly outlined EQUINET's prior work on urban health over a decade, given the rising inequalities in urban areas. The work has documented urban health equity in ESA countries; analyzed indicators of urban health and wellbeing; facilitated participatory dialogue with urban youth in Lusaka and Harare on current and future health challenges; and shared innovations on priority areas of urban wellbeing. (See for example the report at <https://tinyurl.com/5h3wvews>). She outlined EQUINET work with the International Society for Urban Health global ACE project sharing features of promising practices; and with the ECSA HC and Zimbabwe government on promoting healthy food systems in law. More recently TARSC has been working with World Health Organisation (WHO) on capacities for urban health. She appreciated the experience of delegates in the meeting in these areas and the opportunity to review the work. This also provided an opportunity to address gaps, such as the availability of within-urban area evidence on wellbeing and of documentation and exchange on promising practice. She particularly called for such exchange on initiatives that go beyond single issues to integrated approaches, that address the multiple issues that affect people's health in urban local authority areas.

Different domains of health and well-being call for a wide range of organisations, disciplines, communities and lenses. She welcomed delegates in the meeting working on commercial determinants of health, exploring the health impacts of the products, processes and policy influence of commercial for-profit actors and how to address these impacts or ensure health-promoting practice. Some meeting delegates are working on health in the urban areas growing around large extractive projects, or in urban food systems. While commercial actors working with communities had contributed to food and health products during the pandemic, the relatively unregulated expansion of ultra-processed foods in urban areas and their rising consumption in young people is impacting on rising, levels of obesity, diabetes, hypertension and other non-communicable diseases. Countries have a range of legal, tax, financial, institutional and other options to manage these health challenges, or to incentivize health promoting practice, and these may need to be more widely shared and applied. Finally she noted probably the biggest challenge of our time: climate justice. Climate change is driving and intersecting with other health challenges and inequalities, as was evident from the news during the meeting from Blantyre, Malawi on the impact of a cyclone, or on the flooding in Kampala. With the region and poorest communities experiencing a major burden of climate change, she hoped that the meeting would identify how we respond to this inequity, particularly in urban areas, and how this links with other features of urban practice that are necessary to promote health equity.

Having delegates in the meeting with experience in one or more of these key issues affecting health provided an opportunity to explore ways of integrating these new challenges within work on urban health. The meeting included presentations, participatory sessions and discussions to enable all to bring their perspective, evidence and experience on the issues raised, with a final session to identify follow up work that will inform EQUINET's regional program of work. Rene also welcomed the communications colleagues who will have parallel sessions on photojournalism to build skills to better communicate current and future work.

### 3. Promising practice in ESA cities

Professor Dambisya, ECSA HC, chaired a session with short presentations from four countries on case studies on promising practice in urban health, also presented in a synthesis report on work implemented under the EQUINET umbrella in the ACE project (See <https://tinyurl.com/2tw65sue>).

#### 3.1 Case studies from Kampala, Nairobi, Harare and Lusaka

*Dr Danny Gotto, Innovations for Development (I4D), Uganda* (photo adjacent) outlined three case studies in Kampala, viz: on waste management to address flooding in slum communities; sustainable micro-gardens to address food insecurity; and community-led water and sanitation response in informal settlements. For example, on the first he outlined how Tree Adoption Uganda (TAU) listened to and worked with affected low income communities in Bwaise, Kampala to develop sustainable measures to deal with waste blocking drains and leading to flooding through improved waste recycling, where communities were taught to sort waste and make briquettes as a cheaper alternative fuel for cooking. Turning waste into marketable energy products improved incomes and reduced domestic energy poverty among vulnerable households. The case studies showed common transferable features, including the central role of community participation and ownership of the initiatives, of multi-stakeholder collaborations; and of links made between social and economic benefit, such as by value addition to waste. He also highlighted measures that enable these features, such as community contracting where resources and authority to contract inputs are placed in the hands of local community structures.



*Ms Connie Walyaro, TalkAB[M]R, Kenya* (photo adjacent) outlined three case studies of promising urban practice in Nairobi, viz: the Kibera public space project providing multiple services on underused sites in an informal settlement; community-led mapping of food vendors in informal settlements and thirdly urban agriculture for income, food and ecological security in Nairobi. She focused on the community led mapping of food practices, noting that Kounkuey Design Initiative (KDI) colleagues in the meeting would also share their experience. The mapping, facilitated by Muungano wa Wanavijiji, an organization affiliated to Slum Dwellers International, used participatory methods to expose challenges and risks that were not well monitored in formal systems, including those faced by vendors. The mapping brought evidence to dialogue on priorities for improvement of the situation and triggered the creation of a Food Vendors Association. As in the Kampala case studies, Connie noted the community engagement, voice, including in planning and decision making, to be a key transferable feature, with community-led mapping tools enabling this and informing the dialogue with authorities.



*Dr Fastone Goma, Centre for Primary care Research (CPCR), Zambia* (photo adjacent) presented a case study on Participatory planning and action by communities and health workers in primary health care services in Lusaka. He noted an initially supportive policy context, and incremental steps over a decade by colleagues in the Lusaka District Health Office to use Participatory, Reflection and Action (PRA) approaches for community involvement in



assessing health needs and priorities and in building health literacy and action within communities. The work strengthened the capacities and negotiating power of health centre committees (HCCs) involving communities and local health workers in planning and budgeting processes at facility and district levels, bringing community evidence to HCCs, including through photography (photovoice). (See a video on the work at <http://vimeo.com/72914294>). The initiative reduced disease levels such as cholera in the areas implemented. He pointed to PRA, health literacy, photovoice and outcome mapping as transferable tools to generate evidence and analysis between groups with different levels of skills and power in urban health, particularly when supported by joint structures for planning and dialogue, like HCCs. The changes take do time. Having consistent facilitators, regional links, and community ownership helps to sustain work, while documenting the work and having political champions helps in scale-up.

In a final case study presentation, *Mr Sam Chaikosa, Civic Forum on Human Development (CFHD), Zimbabwe* (see photo adjacent) presented three case studies from low income areas of Harare, viz: sustainable access to safe clean water and sanitation services in Epworth; urban agriculture in off-plot farming for income and food security in Hatcliffe; and herbal and nutrition gardening for environmental management. Key transferable features across the three case studies were the community capacities to self-organise in collectives/groups, enabling local communities to engage and work with planning authorities, and to collectively fund self-determined developments such as solar power. In all three case studies there was a gain in 'learning by doing', with demonstration of local progress or of relevant technologies such as locally developed water-saving flush toilets building confidence in and support for initiatives from communities, authorities and funders.



In the plenary discussion that followed, delegates noted the need to move from pilot initiatives to scale-up of the sort of promising practice reported. Financial constraints meant that some initiatives were reliant on external funding. Communities were also contributing to initiatives through collective funding approaches if they were involved and felt ownership. However, central and local government was perceived to have a duty to provide urban services. While the case studies could act as proof-of-concept for promising approaches to tackle specific areas/challenges, local authorities play an essential role in wider scale-up.

A feature that was seen to be critical for scale-up is the link made between economic and social benefits, so that practices bring income and employment within communities. One example of this noted by meeting delegates was in the role of various forms of urban agriculture bringing combined benefits of healthy food promotion, incomes, potential for value-addition in local processing and also reducing the food-related carbon footprint. Scaling up such practice needs active engagement on commercial actors that influence urban food systems, and for policies and strategies that enable a growing role for urban and peri-urban agriculture in meeting urban food needs. Delegates also called for more attention to food waste, and to linking the bio-waste from food markets to local waste recycling and energy options.

Finally delegates appreciated the various tools and forms of community engagement in the case studies, including through community monitoring of risks and impacts and through tools such as photovoice to communicate local realities. Political actors were noted to be important actors and potential champions for scale-up. They need to be engaged early in the initiatives for this, including to avoid them later posing barriers to programme implementation.

### 3.2 Panel discussion on features of promising practice

Rene Loewenson, TARSC moderated a panel discussion to explore features and learning from those directly involved in promising practices. The panellists, shown in the photo below, were:

- *Kakaire Waiswa ACT Together, Uganda*
- *Pascal Mukanga, Konkuey Design Initiative, Nairobi*
- *Victor Kagoli, Lusaka City Council*
- *Shadreck Tondori, Cheziya Farmers Association, Harare*



The panellists responded to questions on the features that made these practices work well, what can be scaled up elsewhere, and how to overcome challenges. Finally panellists briefly commented on features that contribute to an effective response to climate. The panellists' responses are summarised below.

Many initiatives engage with the community history, context, challenges and explore how the work can support transformative pathways to change conditions over the longer term. This calls for a longer term perspective on initiatives, and an imperative to **move from 'project thinking' to 'process thinking'**. It implies grounding and setting up actions that can be sustainable beyond the initial steps of initiatives or the time frames of a project. For example, Shadreck Tondori shared how for members of Chieza (urban) Farmers Association, owning a house is a process that calls for people to organise collectively, and to create enabling structures to be able to address the material, institutional and other demands.

For this **community engagement, participation, literacy and ownership is essential**. Pascal Mukanga, KDI noted this is a key element of KDI work and tools for developing public spaces. Shadreck Tondori observed that communities and practitioners need to plan together rather than in top-down approaches, including to better engage the different capacities within communities. Waiswa Kakaira, ACTogether added that effective participation calls community literacy on bylaws, on innovative financing options and on modalities like community contracting, putting authority over suppliers into local hands.

Victor Kagoli, LDHO noted the need to **reduce conflict and competition between the formal local authority structures and the informal community structures**, to move from disruptive advocacy, and to break barriers and silos across these two groups, as both are equally important and need each other. Integrated urban health calls for a holistic lens and collaboration across different actors and communities, in **mechanisms for dialogue that can draw in new actors and co-plan over the longer term**. He observed, for example, how improving conditions at a Lusaka food market was an entry point for organising management of bio-waste from the market, generating energy for the market, drawing in new actors attracted by the process. Panellists noted that political actors also need to be engaged early in these processes so they understand, facilitate and even champion processes, rather than block them.

Such community-driven and collaborative transformative processes were noted by panellists to sometimes be slow. Stakeholders need to implement them in ways that are not rushed for communities to understand the process and participate fully. The benefit is that such processes are then empowering and long lasting. **Intermediaries from local technical or non-state organisations can play an important connecting role** in building the bridges between the communities and local authorities.



The panel discussion highlighted the benefit of **moving from single issue to integrated approaches**. Pascal Mukanga, noted that KDI always ask the 'but why' question when approaching issues. This allows them to identify the causes of problems and to have a comprehensive approach in designing productive public spaces, using innovative and cost effective designs. Other panellists noted that a holistic, multi-actor approach has levered technology and even pro-bono contributions from the private sector to contribute to the work.

Recognising that external funding is unpredictable, KDI ties economic benefits to social improvements at community level to capacitate communities to be able to contribute to sustainability, such as in the maintenance of infrastructure. **Tying social improvements to economic benefits is critical**. In KDI work, for example, initiatives create job opportunities and communities contribute 5% to costs for ownership. KDI, ACTogether and Chieza Farmers Association all shared how building a pool of community financial resources/savings has helped communities to sustain interventions that they own. This moves urban initiatives from "social welfare" to "social enterprise" approaches, engaging with local technology and agencies for scale-up and to achieve economic value from initiatives.

At the same time, panellists raised concern that initiatives are often filling a gap that the state should be responsible for. Local initiatives are addressing problems with local solutions, but **the state should more actively learn from local processes, adopt and scale them up, and not simply see them as projects**. Good initiatives thus need to be sustained, as government/state buy in takes time.

One of the challenges faced in this that panellists raised is a dependence on external funding, in both communities and public sectors. External funding is often catalytic in providing resources to initiate processes. However, external funds can also be unpredictable and narrow in focus, posing a barrier to sustainability. **Scale-up calls for sources of finance beyond such external catalytic funding**.

Various financing models were raised in the panel as enabling more sustainable practice and scale-up. As noted above, activities that link social to economic benefit for communities enable local contribution and ownership. This calls for **capacity building and transparency on the costing of initiatives** for those involved in communities and at all levels to see and discuss the financing gaps and who has a duty or role in filling them. While some resources can come from communities, the pooling of costs also needs funding from local authorities, government and other actors, such as through innovation funds or resources for community contracting. With **multiple sources of funding and resources** needed, there was a view that **local authorities need to actively align and build synergies across resources and locally owned development priorities**, observing that a laissez-faire approach leaves some local authorities behind, or operating in parallel.

Finally, panellists noted that **climate justice calls for our eyes to shift from effects to root causes, and from a focus on technocrats to communities**, working on joint responses that address drivers and provide solutions. This implies widening awareness of impacts, causes and approaches that can achieve this, integrating it from school curricula onwards, and linking across regions and globally on ideas and experiences that support effective responses. It was observed that we need to **understand the disaggregated distribution of impacts from climate change**, such as on women, youth, and others and to integrate the unique needs of particular communities such as refugees. It means **moving from reactive emergency responses to climate to a structured long term approach**, including in urban areas and in dealing with the climate factors that drive migration, to urban areas and beyond.

In the subsequent discussion, delegates confirmed many of the views raised in the panel, including the key roles of community and local government; the importance of participatory approaches for generating evidence on issues; and of building literacy on rights, duties, measures for urban wellbeing and climate justice from school age onwards. There was also note that we need more evidence on some processes that have promise, such as how to protect ownership of and access to technologies or natural resources like herbs that have nutritional value, to avoid these being patented by commercial actors.

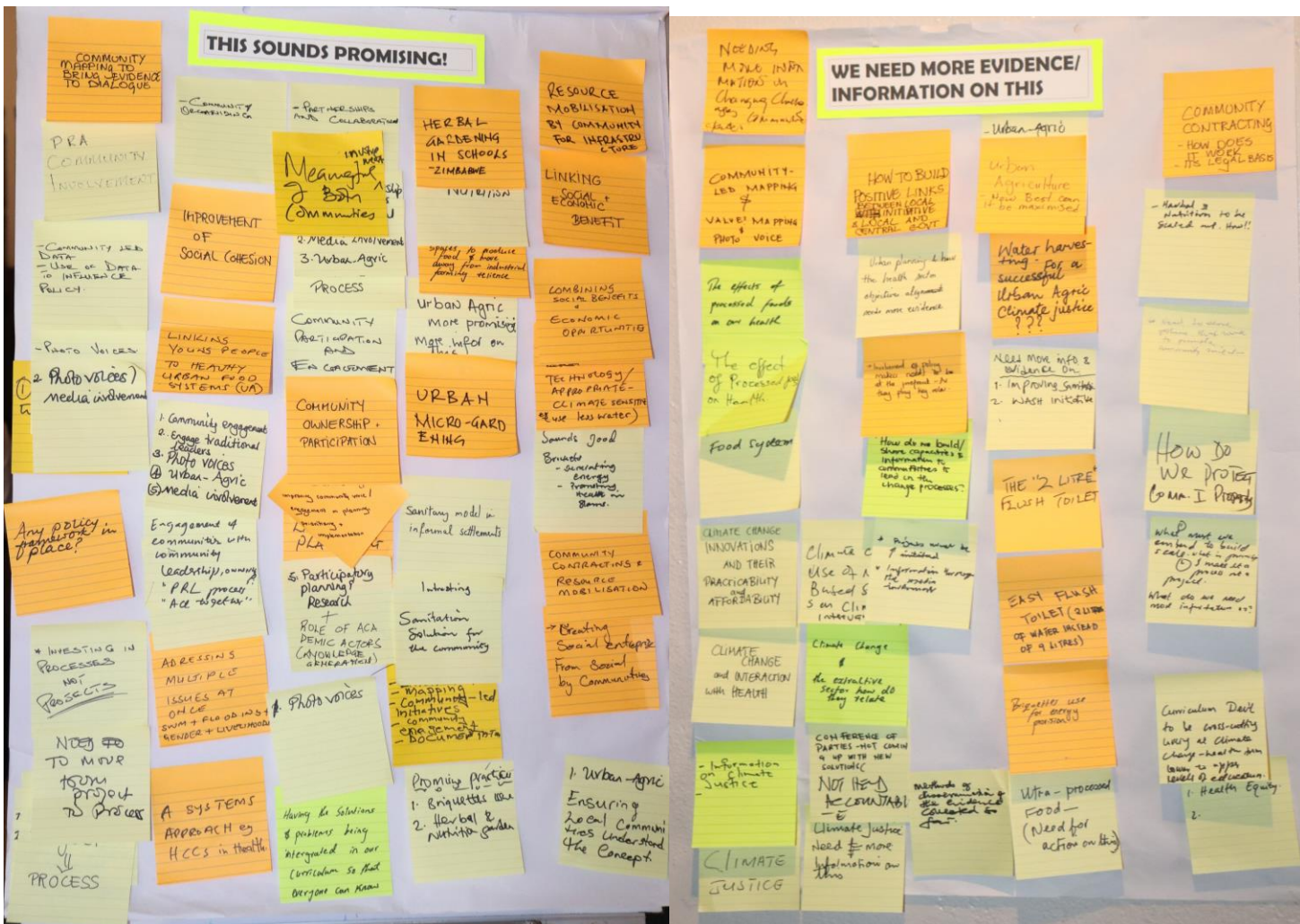
### 3.3 Participant exchanges on features of promising practice

During the morning case study presentations and the panel, delegates captured on post-its features or issues that they heard that were promising, or that they wanted more evidence on. (The picture adjacent shows delegates at one table capturing issues on post-its during a session). The post-its were put on separate flip charts (for 'promising practice' or 'needs more evidence') as the sessions progressed.



In a further participatory session facilitated by Rene Loewenson for reflection and exchange on the experiences shared, delegates had a series of one on one exchanges in rounds, in each round with different people. The first three rounds of exchanges responded to the question "What have you heard that you may use in your own work or that could be scaled up?" The second round responded to the question "What have you heard that we need to provide more evidence or information on to widen practice in the region?" Delegates captured on post-its key issues raised in these exchanges and added these to the two post-it charts.

The post-its were organised in common clusters on the charts. The final charts are captured in the photos below. They were discussed by delegates to examine the key features and issues emerging from across the presentations and discussions of the day.



The identified features of promising practice on urban health raised in the reported experiences shown in the flip chart '***This sounds promising***' are shown below, combining common features with their frequency in brackets:

- a. ***Generating and using evidence, including how it is generated***, using participatory methods that involve communities, eg PRA, community mapping, community-led data (3) and photography/photovoice (6) to bring evidence to dialogue forums, planning, to influence policy and to provide media outreach.
- b. ***Strengthening community organization, solidarity and participation*** in and for urban health, organizing cohesive communities -including young people- on urban food systems and urban agriculture, and involving and building community leadership for inclusive participation (3)
- c. ***Facilitating and supporting mechanisms for partnerships, collaboration, and community engagement***, from grassroots to national level, embedding capacity building, consultation and accessible processes for meaningful involvement/engagement between communities (including women, vendors, young people and others), technical and academic actors, and local authorities at all stages of processes, from assessment, research, prioritization, planning to implementation and review (3).
- d. ***Specific areas of urban health policy and practice***, including urban agriculture (6), micro-farming in small spaces (2), herb and nutrition gardens in communities and schools (3); community-led and appropriate technology water supply and sanitation improvements, especially in informal settlements and using water-efficient technologies (3); linking waste recycling to energy generation (2); and embedding climate justice in design (2)
- e. ***Mobilising and using resources and technologies***, including making links between social benefit and economic / social enterprise opportunities in communities (4); resources applied for community contracting; investing in locally appropriate, climate sensitive technologies (eg toilets that use less water) and community collective savings for infrastructure (solar energy, water etc) investments.
- f. ***Applying holistic, area-based and systems approaches***, investing in sustained processes not time limited projects (3), breaking siloes and addressing multiple issues at once (2) (eg solid waste management, gender and livelihoods); using approaches that embed in systems (2) (eg HCC planning and budgeting in health systems); and generating policy frameworks.

In plenary discussion on these areas delegates noted the critical contribution of evidence generated from the local level and its use in local planning; and the need for both structures and processes that build social cohesion and meaningful partnerships. Urban agriculture, urban health promoting food systems, water, sanitation and energy technologies and options (eg solar energy) were also seen to be key areas for wider scale up in urban areas. Digital technologies were also noted to play a role in these processes.

As general principles, it was noted that features of promising practice features that enable scale-up are those that move 'from project to process', addressing multiple prioritised issues in area-based and system approaches; and making links between economic and social benefits.

This poses a challenge when funding is single issue, and time-limited project focused. Delegates also noted as an area of follow up the risks of local technology and herbs being patented by commercial actors in the absence of effective systems to protect local intellectual property rights.

Waiswa Kakaire ACTogether and Joe Muturi  
Muungano Wa Wanavijiji  
at the 'promising practice' chart



More evidence was needed on a number of issues, noted on the “***We need more evidence /information on this***” chart (photo shown on page 9). The areas needing more information were:

- a. ***Tools for generating and sharing evidence***, particularly community-led mapping, value-mapping, photovoice; tools for using evidence for community-led change processes; and for media and other forms of dissemination of evidence gathered.
- b. ***Specific evidence gaps***, including the effects on health and options for action on ultra-processed foods in the region (3); the health promoting effects of herbs and methods for herbal gardening (2); the benefits of and options for urban agriculture (3); and in all areas the disaggregated distribution of health impacts and deficits for specific groups and in access to resources and services (health equity).
- c. ***Tools, capacities and processes for urban health***, including adapting and ensuring the legal basis for community contracting (2); aligning health with other sector objectives in urban planning; on water harvesting for urban agriculture; water efficient technologies (eg flush toilets) (2); waste recycling linked to energy options (2) and on measures to protect community intellectual property.
- d. ***Scaling-up promising practice***, linking local initiatives to local and national policy change; experiences of effectively engaging policy-maker needs; the measures that support scale-up and ‘process not project’ (2); legal frameworks, policies and funding options that enable community initiatives, innovation and their scale-up (2) and primary to tertiary education curricula that support healthy and climate-responsive options.
- e. ***Climate justice***, to better understand the field as a whole (3); how climate change is impacting on / interacting with health for different areas and groups; and the interaction with the extractive sector. Information on interventions that protect nature and innovations that are practical, affordable and accessible; on engaging political and government actors on the link between climate and urban health; and building accountability in national and global processes (eg. the Conference of Parties).

In the plenary discussion on the chart delegates noted that while tools are there for community mapping, leadership and organizing, or for partnership and collaboration, the processes are not simple, and that it would be useful to have a forum in the region to connect and exchange ideas, methods and experiences. Health literacy needs to be adapted for urban areas and populations. It would be important to not only share tools or options, but how they are introduced and institutionalized. It was also noted that there are new and cross border challenges like novel foods, ultra-processed or genetically modified foods and seeds that need this sort of regional exchange, to share information more rapidly in the region.

Climate change and justice and its integration in different areas of work was a major preoccupation in the discussion. This needs clearer information if the region is to integrate options that do not just cope with climate change, but that integrate climate issues within other areas of work that promote equity in health and wellbeing, and that transform conditions, to frame, make clear and hold global, regional and national actors accountable. It was appreciated that it is important to know options and priorities being applied in other regions, but perceived that we need an informed and self-determined agenda on this issue. The discussion was timely, as the next session focused on commercial practices and climate in urban health.

#### **4. Engaging with commercial practices and climate**

*Mwangi Waituru, VSO Africa* introduced and chaired a session with presentations on the intersect between urban health and commercial practices and climate, raising options on how to better integrate commercial practices and manage the balance between burdens in and responses to climate change within urban health.

*Tserayi Machinda, Urban Councils Association of Zimbabwe (UCAZ)* presented UCAZ work on sharing and engaging on commercial practices in urban food systems. He noted the legal context for food security, food standards and urban agriculture in Zimbabwe, and the role of local authorities in implementing these laws. Some local authorities had multi-stakeholder food and nutrition committees, and all routinely monitored and inspected food outlets to enforce laws, promoted and managed urban agriculture, carried out awareness activities and service level benchmarking and shared practice and issues in regular UCAZ forums nationally and in twinning arrangements internationally.

He outlined work through UCAZ to gather and share evidence across cities on health promoting food systems in seven cities/towns in Zimbabwe, sharing an example of innovative practices using aqua-culture and hydroponics in Kariba town, on the shores of the large Lake Kariba. Despite challenges, such as the expanded sale of ultra-processed foods and a competing demand for urban land, he also noted opportunities in devolution of governance and the expansion of initiatives involved in processing and marketing locally grown healthy foods in the cities, such as in the photo adjacent. He concluded by raising the choices we face on urban health, whether it is business as usual, tweaking current practice or taking a different approach, suggesting the need and opportunity to make choices that will enable healthy futures.

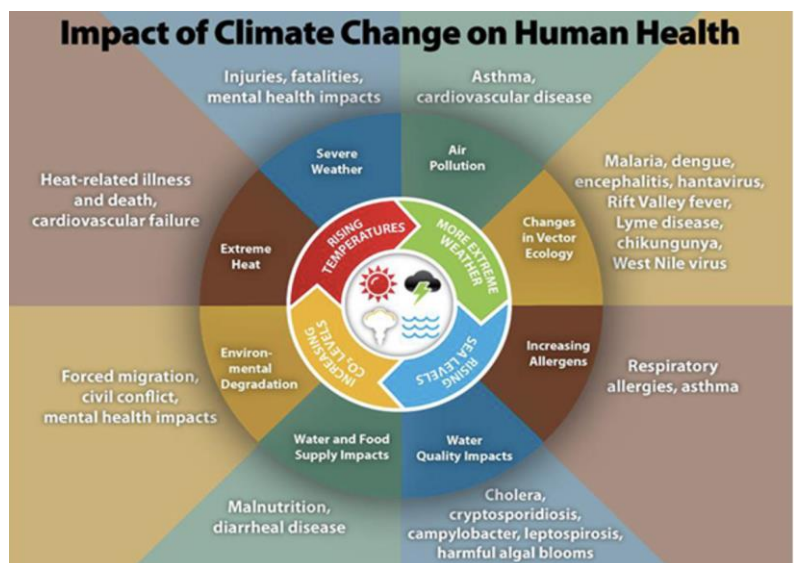


Artwell Kadungure, TARSC (photo adjacent) presented work on health in urban informal workers and residents and the response to climate challenges. He noted the demand for urban planners to consider climate change impacts, particularly given that existing urban inequalities imply disproportionate impacts on those already disadvantaged. Research in Masvingo and Harare explored the interaction of occupational health, public health and environmental wellbeing for urban informal workers and residents, and the implications for addressing the impacts of climate change. The full report of the findings he presented is at <https://tinyurl.com/2c3em997>.



The findings confirmed that climate change disproportionately affects vulnerable informal workers and residents. It interacts with underlying risks at homes and workplaces, intensifying stresses relating to heat, water scarcity, flooding and pollution. Follow up activities are underway in response to the findings, including inclusive planning and delivery of climate-proofed infrastructure and markets; local enterprise development in informal solid waste value-chains; and risk monitoring and information flows between informal workers, residents and local authorities. At the same time he called for local/ national plans to shift from short term measures to integrated, equitable, forward-looking approaches that co-ordinate action at several levels and on multiple risks.

Erastus Ooko, Greenpeace Africa, discussed the health implications of the climate crisis and what this means for managing climate justice. Reflecting African wisdom, he noted that when we take care of nature, nature takes care of us. In the Sustainable Development Goals, he suggested that energy is a central “engine of development”. Yet, energy sources such as coal have negative health, social, economic and environmental impacts. He suggested that energy is thus a key area for integrated urban health strategies that address climate change. Responding to the range of health impacts of climate change (shown in the graphic) calls for a mix of knowledge sharing, pathways and tools for adaptation that mix science and social elements, decision support tools and links in regional networks that confront neo-colonial economic structures and mindsets.



*Nathan Banda, Southern African Trade Union Co-ordination Council (SATUCC)* shared learning from work engaging young people on future choices for wellbeing. ESA countries collectively have the resources for the wellbeing of their populations, but he noted that the resources have over decades been commodified, extracted and traded for profit, concentrating wealth and power, with unserved urban and peri-urban centres growing around large extractive projects, with precarious labour, resource depletion and social deficits intensifying emergencies and health inequalities. In 2021, a ‘Scenario Game’ was developed by TARSC and played with young people through unions in SATUCC to show how today’s policy choices in the region affect future wellbeing. He described some of the key lessons for healthy urban futures learned from game sessions with young people in Malawi, Botswana, Uganda and Zimbabwe. Young people identified that while the current economic policy focus on extracting natural resources may seem to bring immediate economic benefits, it also brings long-term social, environmental, economic costs. They called for more attention to regulation of commercial processes and products that harm health and environments and measures that incentivise practices that promote human and environmental wellbeing. He noted that this calls for funds for local and community innovations, technologies, processing, infrastructures and services that link health and climate issues. Young people need to be engaged and informed on these issues, using tools like the scenario game that appeal to this age group.



In the evening some delegates played the Scenario Game, facilitated by *Gaositwe Oabile, Botswana Mineworkers Union* and *Rene, TARSC*. They also reflected from the game that in the longer term, better futures were achieved through co-operation across countries on natural resources and responses, rather than through inward-looking shorter-term strategies.

## 5. Delegate discussions on strategies for urban health

Delegates discussed in three groups strategies for scaling-up promising practice, and integrating responses to climate and commercial factors. The groups gave a brief report back in a plenary chaired by *Paxina Phiri, CPRC*, and the reports were used to identify key issues for follow up on advancing integrated approaches later in the meeting.

### 5.1 Scaling up promising integrated urban health practice

*Alfred Ogwang, Urban Authorities Association of Uganda (UUAU)* facilitated discussion with a subgroup of delegates on actions to scale up promising practice at local, national and regional levels, with *Pascal Mukanga, KDI* as rapporteur (see adjacent photo). The group recommended consolidating existing evidence and addressing evidence gaps, including on climate change, through processes that involve the community, civil society, technical actors and local authorities. The group stressed points noted earlier in the day on breaking siloes, taking a multidimensional approach to problems and solutions, and building partnerships and collaborations across sectors, organizations and communities.



Scaling-up innovative practices called for demonstration and learning centers, and for local authorities, civil society and technical actors to share and encourage uptake, including in neighbouring communities, cities and countries. As a starting point the group said they would feed back to their constituents on the information and learning shared in the workshop.

## 5.2 Integrating the climate response in urban health

A second subgroup, facilitated by *Artwell Kadungure, TARSC*, with *Connie Walyaro, TalkAB[M]R* as rapporteur (photo adjacent) discussed actions or measures to integrate equitable responses to climate changes in urban health. The group identified a number of areas of policy and practice where this could be done within countries, including promoting recycling and a 'circular economy'; supporting green energy, and providing green spaces such as for herb gardens, tree planting, flood prevention, and delivering on water and sanitation as a right. Green spaces were also observed to improve air quality and could be sites of innovation, especially if connected digitally.



The local authorities can provide the spaces and the community can contribute directly to the initiatives within them. The group reported that this calls for system change, to engage communities and integrate informal and formal sectors for knowledge, skills, technology and capacity exchanges. Equally the group identified that communities can play an active role in local technology development, supported by innovative funding. They recommended that health and environmental impact assessment be included in law and local authority plans, and measures taken to inform communities on climate issues, such as the links with food practices, and to build private sector transparency and accountability on their legal duties. At regional level the group recommended harmonising legal standards on areas that have cross border impact, such as food, plastic waste, genetically modified seeds and food, and the duties of multinationals in these areas, and to integrate health and climate across all sectors. The regional level was noted to have a role in exchange of evidence, in aligning international funding to local priorities and in amplifying clear messages on regional positions in global processes affecting climate and health.

## 5.3 Addressing commercial determinants of urban health

*Emmanuel Katema, Malawi Congress of Trade Unions* facilitated a subgroup discussing actions to address commercial practices affecting urban health, rapportuered by *Frauke Heller, Medico Int* (photo adjacent). Within countries, the group identified accessible labelling, and improved monitoring and quality control of imported processed foods, involving communities in policies and monitoring. Local authorities, government agencies and affected communities should play a key role in health and environmental impact assessment and in ensuring the companies involved in extractive activities comply with local and international standards on health and environmental duties in the local authority area they operate in. As also noted by the earlier group, the regional level has a role in generating evidence to inform decisions; in implementing regional policies and treaties; harmonizing health and environmental standards for extractive and commercial sectors and in ensuring that key international treaties promoting health, such as the Framework Convention for Tobacco Control, and cross border measures are effectively implemented across countries.



## 6. Parallel groups on capacity strengthening and follow up work

### 6.1 On extractives, commercial sectors and climate justice

A subgroup of delegates discussed follow up work in the ESA region on health equity in extractives, climate justice and healthy futures, taking note also of action areas raised in the EQUINET 2022 Conference resolutions. The discussion was facilitated by *Nathan Banda, SATUCC*, with *Emmanuel Katema, MCTU*, rapporteur. The group noted the prior work in EQUINET on legal standards in the ESA region on extractives and health-related food standards, and proposed work to update the former as it was implemented in 2016. For both areas the group proposed work to address gaps at country level, to widen literacy on current laws and to strengthen implementation and accountability through engagement with states and investors. In particular the group noted the need to ensure that laws are known and implemented by engaging all stakeholders involved, engaging also policy and political champions.

A further area of action is gathering evidence on the intersection of extractives, commercial determinants and climate, including extreme heat and stress, flooding, environmental degradation and carbon emissions, with impacts on water-, vector- and food-borne and zoonotic disease, and respiratory, allergic and circulatory diseases, nutrition and mental health. The group proposed that evidence gathering be institutionalized through mapping and implementing health impact assessments (HIA) in addition to the current environment impact assessments, and HIA be done in sectors such as mining, agriculture, food, health services, involving government, companies/ investors, civil society and affected communities. This would need capacity development and legal review, and the evidence should be used to lever plans, programmes and technologies that prevent or mitigate impacts, and to share promising practice.

With the global influences in this area, the group proposed participatory measures to widen awareness and encourage dialogue for all stakeholders, through the Scenario Game and other games, and through focus group discussions, brainstorming and materials that present information in an accessible manner. Finally it was noted that all of this work should feed into ESA positions and advocacy materials for engagement in global platforms (WHA, UN, COP, PHA), with capacity support for this engagement. For this there is potential for the ESA region to benefit from south-south interactions, such as on Costa Rica's green economy, Bhutan's environmental policies, Colombia's tax policies and others.

### 6.2 On strengthening capacities for urban health

*Rene Loewenson, TARSC* facilitated a participatory session with a subgroup of delegates on capacities for urban health and a WHO capacity assessment tool, with rapporteur support from *Artwell Kadungure, TARSC*. The urban health capacities work aims to strengthen capacities for coordinated and holistic practice and policy-making to improve urban health. It uses a 'capacities for urban health self-assessment' tool and process, which the group reviewed, and there are plans to hold an online urban health training course to address capacity needs. The process aims to help institutions, including local authorities and others, to better identify and address cross-cutting capacities, assets, and gaps for integrated policy-making and practice that improves urban health within their areas of jurisdiction. In the session, delegates discussed and identified their own perceived key capacities needed for holistic multi-sectoral approaches in urban health, reviewed these in relation to the draft capacity assessment framework developed by WHO, and gave feedback on a proposed process for piloting the assessment and interest in participating in a pilot, with interest expressed in Uganda, Kenya, Zambia and Zimbabwe. The detail of this session is separately reported.



Rene, TARSC and Pascal, KDI discussing the follow up pilot



### 6.3 On Communication and photojournalism skills

*John Mwendwa Gitari, Kenya, Communication and Media consultant and photojournalist* facilitated a series of parallel sessions in the meeting on 16 March and on the half day on 17 March to build skills of communication personnel working in delegate's organisations to improve communication of promising practices in urban health equity taking place within the ESA region, particularly through photojournalism. The delegates involved were Mr Tafadzwa Ndlovu, CFHD, Zimbabwe; Frank Gramsen Kizza I4D, Uganda, Annelyn Barbra Oranga, KDI, Kenya, Paxina Phiri, CPCR, Zambia and Mwangi Waituru, VSO Africa. A pre-training assessment identified the needs and focus areas for the training, with only two participants having had some background in journalism and photography, and different methods used and target audiences reached. The skills sessions were participatory and practical, and prepared the delegates to prepare a photojournalism brief after the meeting on a key area of urban health work, with mentoring for this continuing after the meeting. The skills sessions covered story telling with a purpose; strategic communication; telling a story of change; photojournalism, photography and elements of great visuals and the structure and proposed topics for the photojournalism briefs. Delegates gave both verbal and written evaluations, with the course highly appreciated, and request for further or longer training input on other areas not covered, like layout. The post-course mentoring aims to address the time limitations and to link to practice.

## 7. Advancing integrated approaches in urban health

*Rene Loewenson* facilitated a participatory and concoldating session on integrated approaches and on next steps for the work. She introduced *Pascal Mukanga, KDI* to initiate the discussion on integration with information on how KDI is building these integrated approaches.

### 7.1 The approach and experience of KDI's integrated approach

KDI is a non-profit design and community development organization that has a 15 year experience of partnering with under-resourced communities to advance equity and activate the unrealized potential in neighbourhoods and cities. Pascal noted that KDI works in areas of Nairobi where there are dense populations, hazards and multiple health vulnerabilities and risks, including in Kibera and Mukuru. In these areas KDI implements multifaceted approaches that are area-based and integrate multiple areas of physical, social and economic response for wellbeing. The eleven Kibera Public Space Projects work in a series of public spaces to organise fundamental services and climate-resilient infrastructure, to bring small businesses to life, and strengthen community networks and wellbeing (see adjacent photo). The initiatives involve community assessment, listening and vision to ground plans and designs in communities. They bring in skills to support community visions, and use a range of appropriate technologies, including infiltration soakaways, rainwater harvesting, permeable paving, rain gardens, public wifi, play spaces and community halls and enterprise sites. The team work with community-based and gender-inclusive construction activities to implement changes. The projects are initiated, co-designed, built, and managed by local residents. While individual sites are small-scale, the networking between sites supports larger-scale transformation. A 'Realising Urban Nature Based Solutions' programme is now exploring physical and social interventions in and around the riverscapes of Nairobi in a 'Rivers and People Plan'.



2006 - before site 1

a dumping site at the edge of the nairobi dam

human, solid and liquid waste disposal  
frequent flooding  
crime  
disease

organised community, with a vision for the space - partnered with KDI to transform the site

a productive public space managed and maintained by the community group



site 1 - after

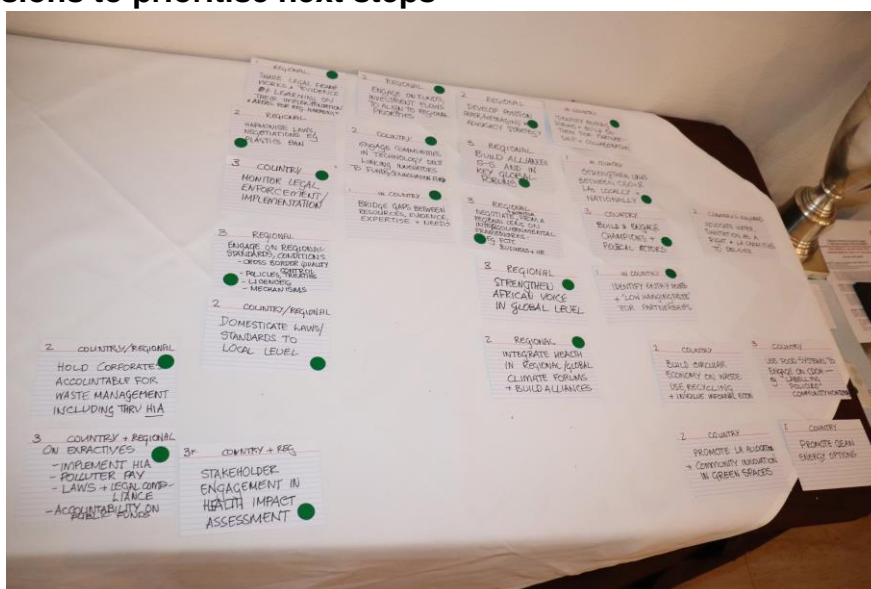
Pascal summarised the key steps in these integrated processes: They are demand-driven, planning in a way that is responsive to people's needs and ideas and inclusive of community knowledge and participation, using site specific evidence. They integrate and intersect social, economic, environmental and physical interventions; work at scale, testing, innovating locally and networking across sites and they integrate sustainability in process and design.

In response to delegate questions in the discussion, KDI explained the processes for leveraging existing networks, and meeting and training the community to use a KDI template to identify interest in intervention and to provide their proposals. KDI evaluate and score the proposals and provide feedback to the communities. They give 'losing' communities the option to join the 'winning' community. This and the subsequent co-design of the spaces, and a series of interactions to engage other stakeholders demands a lot of time. However the process helps to manage costs, address any contestation on land, and with strong community ownership, to avoid encroachment by urban developers after site improvements.

## 7.2 Consolidating discussions to prioritise next steps

Rene, TARSC facilitated a session that aimed to draw together the proposals for action on integrated urban health interventions from across the two days.

She initiated the session with a discussion of the proposed actions from the discussions to date, having located them on cards, to identify what is common across the groups, putting a green dot sticker on areas that are common across the different areas of discussion (see adjacent photo).



Delegates identified areas that were common across the separate group discussions and parallel sessions of the two days were, combining scaling up promising urban health practice and integrating extractive, commercial and climate factors, shown below. In doing this, they noted that both content areas of work and processes used were important, in evidence gathering and in facilitating integrated approaches that bring together different sectors and skills to generate collective and multi-dimensional inputs that are inclusive of the community.

### Common areas of action were:

- i. Within and across ESA countries, generate evidence on health impacts and case studies of promising responses in ways that involve communities and local authorities, generally and particularly on the intersect with climate.
- ii. In countries, identify from evidence, mapping and dialogue entry points and 'low hanging fruits' that will build/strengthen links, partnerships and champions for multi-dimensional (and area-based) approaches involving community, civil society, local authorities, political actors, technical and non-state actors
- iii. In countries, strengthen urban health literacy and awareness, particularly integrating climate and relevant to local experience and knowledge
- iv. In countries, engage communities and others on local technology development, linking innovators to innovation funds.
- v. Within and across ESA countries build capacities and laws for and implement health impact assessments on key areas affecting urban health (eg extractives, environmental and climate risks) and use the evidence for intervention and corporate contribution, legal compliance and accountability.
- vi. At regional level, and in south-south linkages, generate and share evidence on scale-up of promising practice and particularly on initiatives that address intersecting issues of climate, extractives, and urban health and wellbeing.
- vii. Compile evidence on legal standards and engage on and apply harmonized regional standards, including through cross border measures, policies, and treaties.

- viii. Develop and share positions /messaging, evidence and advocacy strategies and regional/south-south alliances for engaging from and ESA lens in global forums on intergovernmental, treaties, frameworks and negotiations.

Rene then explored with delegates issues that could be entry points for integrated, multi-dimensional responses in urban areas, that intersect with climate, commercial actors and extractives, and that could be thematic foci for working regionally across countries to share information and practice, even while country-specific work is also underway.

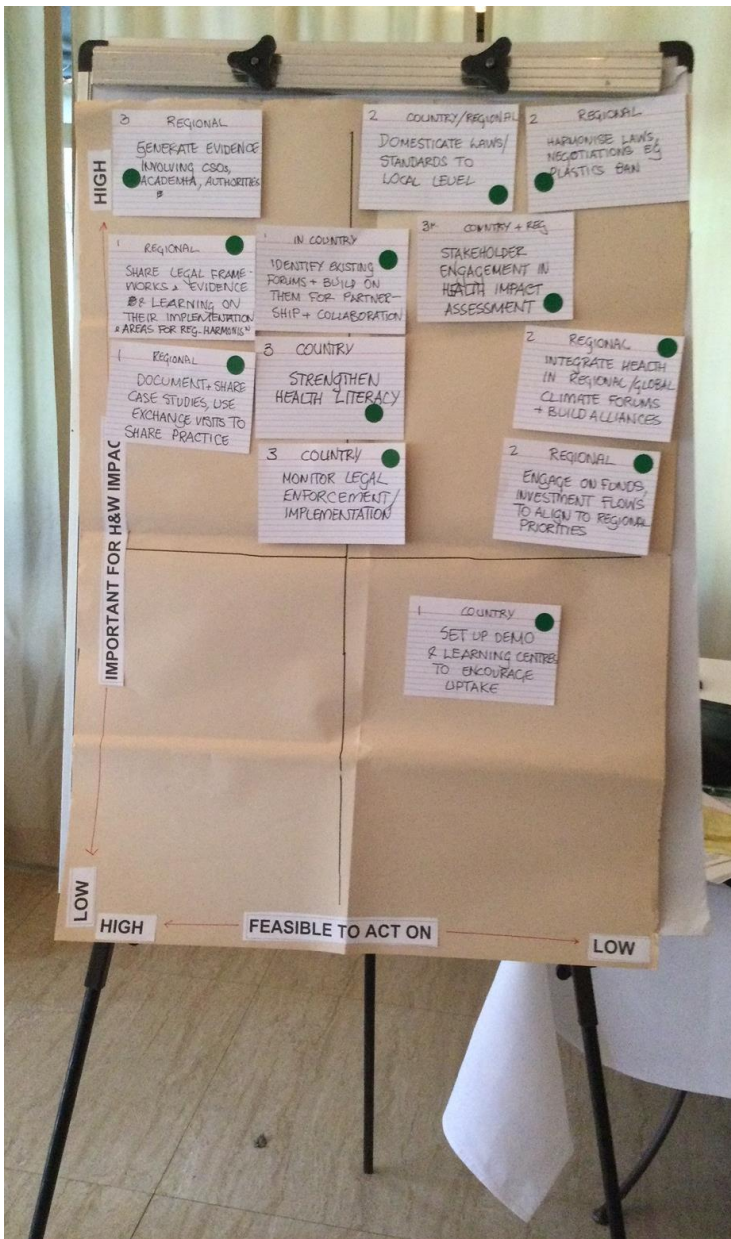
Delegates identified those that were common and relevant for all ESA countries, with high health equity and socio-economic impact, but that were also 'low hanging fruits' for linking local, national and regional levels. The thematic entry points identified were:

- a. **Waste management**, as a growing urban issue, affecting environment, social conditions and health, with potential for links to climate, urban green spaces, flood reclamation, and new energy sources through recycling and use. There is a demand locally, nationally and across the region to recycle and transform waste into a resource for economic and social returns. It was also noted that there are global dimensions on waste, both in region-to-region exchanges on technology and recycling options, but also in global instruments for prevention of waste 'dumping,' including of e-waste and environmental contamination by transnationals, as well as in aligning global resources to regional technology priorities.
- b. **Food systems** were identified to be a common, relevant priority, particularly from a health point of view. It has many components, and links to action from local level, to national, regional and global level. Extractive activities and large mono-cropping activities for biofuels are affecting land and displacing food producers. This is raising urban in-migration and dependency on food imports, including of ultra-processed foods. In contrast, urban agriculture and local food processing offers opportunities for wellbeing. Food systems link to green spaces, agro-forestry, biodiversity, water, energy (eg in bio-waste and energy for food storage and processing) and water, and intersect with climate.
- c. For both food systems and waste as entry points, delegates agreed that exploring multi-dimensional approaches to these issues needed to explore the connections with **energy, green and public spaces and water**. For example green spaces provide sites for and are improved by community vegetable gardens, powered by solar energy, and schools can be green spaces for micro-gardening, hydroponics and other innovations.

As a second step, Rene provided a quadrant chart to prioritise for these themes what areas of action may be most feasible and important to take forward at regional level from those eight noted on page 17. The quadrant chart showed a matrix with high to low feasibility on one axis and high to low impact on health and wellbeing on the other. Delegates discussed and placed the cards for the key areas of action identified in (i) to (viii) (see photo adjacent). Those that were agreed to be in the quadrant of high impact *and* high feasibility were identified to be the priorities for the first steps of follow up work and exchange at regional level.



The photograph below shows the result of the discussion on the quadrant analysis. Areas that were seen to be most feasible for more immediate follow up regionally to build on, communicate and support work at country level were



1. Generating in multi-actor teams, documenting and sharing evidence on health impacts related to food systems and waste and the intersect with climate.
2. Documenting and sharing case studies of promising and integrated responses on food systems, waste management, linked to energy, green spaces and water and climate, in ways that involve communities and local authorities, and that build community ownership and multi-actor partnership and collaboration.
3. Compiling, sharing information on and monitoring legal standards on food and waste in ESA countries, including in relation to international and African continental standards, and engaging on and applying harmonized regional standards, and the measures for and learning on their application.
4. Using the areas above for widening urban health literacy on impacts and responses.

It was also noted that EQUINET with partners has already developed plans to implement an online capacity building on health impact assessment in 2023-2024 for teams from ESA countries. This will provide further evidence and options for intervention and raise issues for legal standards and their enforcement.

It was noted that some areas of action that delegates perceived to have high impact, but lower feasibility (such as formalizing harmonised regional standards, mapping and engaging on financial flows) may build on and become more feasible as the more immediate areas of action identified are implemented and further capacities drawn into the work. The work above would also generate evidence and messaging for alliances and advocacy in global forums. Rene noted that the planning meeting on 17 March would discuss how these areas recommended by delegates may be integrated within EQUINET plans and partnership, for feedback to delegates (separately documented)

### 7.3 Advancing a community of practice in ESA on urban health

Danny Gotto, I4D facilitated an open discussion on options for a multi-actor community of practice in ESA on urban health and wellbeing. Delegates agreed to continue such a collaboration in the region, with EQUINET as convener providing an initial 'umbrella' for this, with a mailing list to continue the discussions, where people can engage as institutions, or as individuals depending on their constraints. Delegates suggested EQUINET convene online quarterly review forums for the emergent community of practice.

Rene briefly explained the nature of EQUINET as a consortium of different institutions from the region where participation is based on common interest and health equity values, that enables such collaboration.

While it was agreed that many other organisations have experiences and capacities to share, and need to join this work, delegates agreed to act as a catalytic group. Delegates agreed to give feedback to their organisations, to 'champion' the ideas and share information, and to collaborate to turn areas raised into plans and joint work, and jointly fundraise for it as needed. For this it was agreed that delegates/ organisations may connect with specific areas of follow up work that they have more interest and experience in. Danny noted, for example, that they were discussing forming a 'community of practice' on urban health at local and national level in Uganda and would share experience on this.

Delegates agreed to share their email contacts for a mailing list and to send Rene pdfs of presentations from the meeting and other documents they wish to share so they can be sent to all. Rene indicated that she would send delegates separately in April the outcome of the planning meeting on 17 March, with the work, time frames and institutional links, for delegates to identify areas they wish to engage in.

Rene noted the ECSA HC Best Practices Forum as a key platform for sharing evidence and practice with policy levels regionally. Yoswa Dambisya informed delegates that 2024 marks ECSA Health Community's 50<sup>th</sup> anniversary and that the organization plans to have a robust reflection on work with partners to shape the next 50 years. He invited participation from this group. He also urged delegates to be ambitious around the change we can and should achieve in urban health.

## **8. Closing of the two day meeting**

*Rene Loewenson, TARSC*, chaired the closing. She noted that a report of the meeting would be shared in the forthcoming fortnight for delegates to review and that the outcome of the meeting will be shared with the EQUINET steering committee. She expressed her gratitude for the active and creative contribution from all delegates. Rene introduced *Frauke Heller, Medico Int* to give some closing remarks, thanking her also for their contribution to the meeting.

Frauke thanked all for their insights and experiences shared and indicated that she had learned from delegates. She explained Medico International's role as a partner in and funder of EQUINET work, and the shared values Medico has with EQUINET and others in its mission to promote a just distribution of resources and wealth globally. She observed that this calls for collaboration across all regions and levels. She explained, for example, that she played for the first time in the meeting the Scenario game, that Medico co-funded with TARSC and Open Society. Playing it led to insights and decisions that apply to all regions and peoples, in thinking carefully about the future scenarios that arise from current decisions. Her take-home message was the importance shared responsibility and of collaboration at all levels, especially in dealing with issues like climate justice.

Rene thanked Frauke for her warm words and asked *Alfred Ogwang, UAAU*, to close the workshop.

He expressed his appreciation to the organisers, and the wealth of knowledge and information gained in the meeting to act on the urban health challenges that we face in ESA countries. He noted that these challenges affect the physical, social environment and access to services. He shared learning from the meeting that governments cannot 'go it alone' and need to build links with and capacities of communities and others to scale-up promising practice. The meeting made clear that this needs a change from project-oriented to process thinking, especially to sustain initiatives, and that interventions need to generate social enterprise and to link social benefit to economic benefit. The meeting had clearly indicated that initiatives start with communities and that those affected have a role in shaping policies and laws that affect their wellbeing. He called on development partners to support these principles and the work planned in the region. Finally he observed that after making strong bonds after a great two days in the meeting it was hard to say goodbye, but thanked Kenyans for their hospitality, and all who played a role in making the meeting a success, and in closing the meeting wished all safe journeys home.

## Appendix 1: Programme

### Wednesday March 15th

Time	Item	Facilitation
	<b>Opening and introductions</b>	
0900-0945	Welcome, opening remarks and introductions  Aims, outcomes and process Overview of the links- urban health equity, commercial practices and climate justice	Prof Yoswa Dambisya, ECSA Health Community  Dr Rene Loewenson, TARSC
	<b>Promising practice on equity in urban health and wellbeing</b>	
0945-1100	Presentations: Promising practice in urban sites <ul style="list-style-type: none"> <li>• In Kampala</li> <li>• In Nairobi</li> <li>• In Harare</li> <li>• In Lusaka</li> </ul>	Chair: Prof Y Dambisya, ECSA HC Dr Danny Gotto, I4D, Uganda Ms Connie Walyaro, TalkAB[M]R, Kenya Mr Sam Chaikosa, CFHD, Zimbabwe Dr Fastone Goma, CPCR, Zambia
1100-1120	Tea/coffee Find out where teas served. Setup table for panel	
1120-1200	Panel discussion on features of promising practice Panellists: <ul style="list-style-type: none"> <li>• Mr Kakaire Waiswa Senior programmes manager, ACT Together, Uganda</li> <li>• Mr Pascal Mukanga, Planning Associate, Konkuey Design Initiative, Nairobi</li> <li>• Mr Victor Kagoli, Director of Public Health, Lusaka city Council</li> <li>• Mr Shadreck Tondori, chair, Cheziya farmers association, Harare</li> </ul>	Moderator: Dr Rene Loewenson
1200-1300	Participatory session on applying and scaling up promising practice	All delegates
1300-1400	Lunch	
	<b>Engaging with commercial practices and climate equity</b>	
1400-1500	Introduction <ul style="list-style-type: none"> <li>• Sharing and engaging on commercial practices in urban food systems</li> <li>• Health in urban informal workers and residents and the response to climate challenges</li> <li>• Learning from engaging young people on future choices for wellbeing</li> <li>• Implications for managing climate justice</li> </ul>	Chair: Mr Mwangi Waituru, VSO Africa Mr Tserayi Machinda, UCAZ, Zimbabwe Mr Artwell Kadungure, TARSC  Mr Nathan Banda, SATUCC  Mr Erastus Ooko, Greenpeace Africa
1500-1600	Group discussions 1: Scaling up promising urban health practice 2: Integrating the climate response in urban health 3: Addressing commercial determinants of urban health	Facilitators: Mr Alfred Ogwang, UAAU Mr Artwell Kadungure, TARSC Mr Emmanuel Katema,
1600-1615	Tea/coffee	
1615-1700	Plenary presentation of Group work feedback	Chair: Ms Paxina Phiri CPCR
1700	Closing of the day	
1830	The Scenario Game	Facilitators: Mr Gaositwe Oabile and Dr Rene Loewenson

### Thursday March 16<sup>th</sup>

Time	Item	Facilitation
	<b>Review and skills sessions</b>	
0900-1100	Parallel sessions 1: Follow up work in the ESA region on health equity in extractives, climate justice and healthy futures	Facilitators: Mr Nathan Banda, SATUCC

Time	Item	Facilitation
	2: Strengthening capacities for urban health 3: Photojournalism skills session	Dr Rene Loewenson, TARSC Mr John Mwendwa
1100-1130	Tea/coffee	
<b>Advancing integrated approaches</b>		
1130-1300	<i>Communication and photojournalism skills group continue in parallel</i> Introduction to the session  Kounkuey Design Initiative's integrated approach in Kenya  Participatory exercise on prioritised areas for development and practice of integrated approaches to urban health equity	Facilitator: J Mwenda  Facilitator: Dr R Loewenson, TARSC  Mr Pascal Mukanga, KDI
1300-1415	Lunch and group photo	
<b>Next steps and closing of the 2 day meeting</b>		
1415-1530	Consolidating discussions and proposals for follow up work and options for a multiactor community of practice in ESA on urban health and wellbeing	Chair: Dr Danny Gotto, I4D
1530-1550	Summary, Next steps Closing remarks	Dr Rene Loewenson TARSC Ms Frauke Heller, Medico Int Mr Alfred Ogwang UAAU, Uganda
1550	Tea/ coffee and end of day. <b>Closing of the 2 day session</b>	

### Friday March 17<sup>th</sup> 2023

Time	Parallel session 1	Parallel session 2
	<b>1. Photojournalism/communication skills training 2. Planning follow up work</b>	
0900-1115	PARALLEL 1: Photojournalism skills group	PARALLEL 2: Planning follow up work
	Working Tea/coffee break	
<b>Plenary on follow up and closing</b>		
1115-1200	Overview of plans and time frames for case study briefs Summary of next steps Closing	
1200	Lunch and departures	

## Appendix 2: Delegate list

	<b>Name</b>	<b>Institution and country</b>
1	Rene Loewenson	Training and Research Support Centre /EQUINET, Zimbabwe
2	Artwell Kadungure	Training and Research Support Centre, Zimbabwe
3	Tserayi Machinda	Urban Council Association of Zimbabwe
4.	Sam Chaikosa	Civic Forum on Human Development, Zimbabwe
5.	Tafadzwa Ndlovu:	Civic Forum on Human Development, Zimbabwe
6	Shadreck Tondori	Cheziya Farmers Association, Hatcliffe, Zimbabwe
7	Danny Gotto	Innovations for Development, Uganda
8	Frank Gramsen Kizza	Innovations for Development, Uganda
9	Kakaire Waiswa	ACTogether Uganda
10	Alfred Ogwang	Urban Authorities Association of Uganda (UAAU)
11	Constance Georgina Walyaro	TalkAB[M]R, Kenya
12	Pascal Mukanga	Kounkuey Design Initiative, Kenya
13	Annelyn Barbara Oranga	Kounkuey Design Initiative, Kenya
14	Joseph Muturi	Muongano Wa Wanavijiji, Slum Dwellers International, Kenya
15	Fastone M. Goma	Centre for Primary Care Research, Zambia
16	Victor Kagoli,	Lusaka City Council, Zambia
17	Paxina Phiri	Centre for Primary Care Research, Lusaka, Zambia
18	Charles Mwangi Waituru	VSO Rep to the African Union, Kenya
19	Erastus Ooko	Greenpeace Africa, Kenya
20	John Mwendwa Gitari	Consultant photojournalist, Kenya
21	Yoswa Dambisya	East Central and Southern Africa Health Community, Tanzania
22	Emmanuel Katema	Malawi Congress of Trade Unions, Malawi
23	Nathan Banda	Southern African Trade Union Co-ordination Council, Zimbabwe
25	Gaositwe Oabile	Botswana Mineworkers Union, Botswana
26	Serawit Bruck-Landais	French embassy, Eastern Africa and Somalia
27	Frauke Heller	Medico International, Germany

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