



# PARIS

**FAST-TRACK CITIES 2024**

13-15 October 2024 | Maison de la Mutualité, Paris

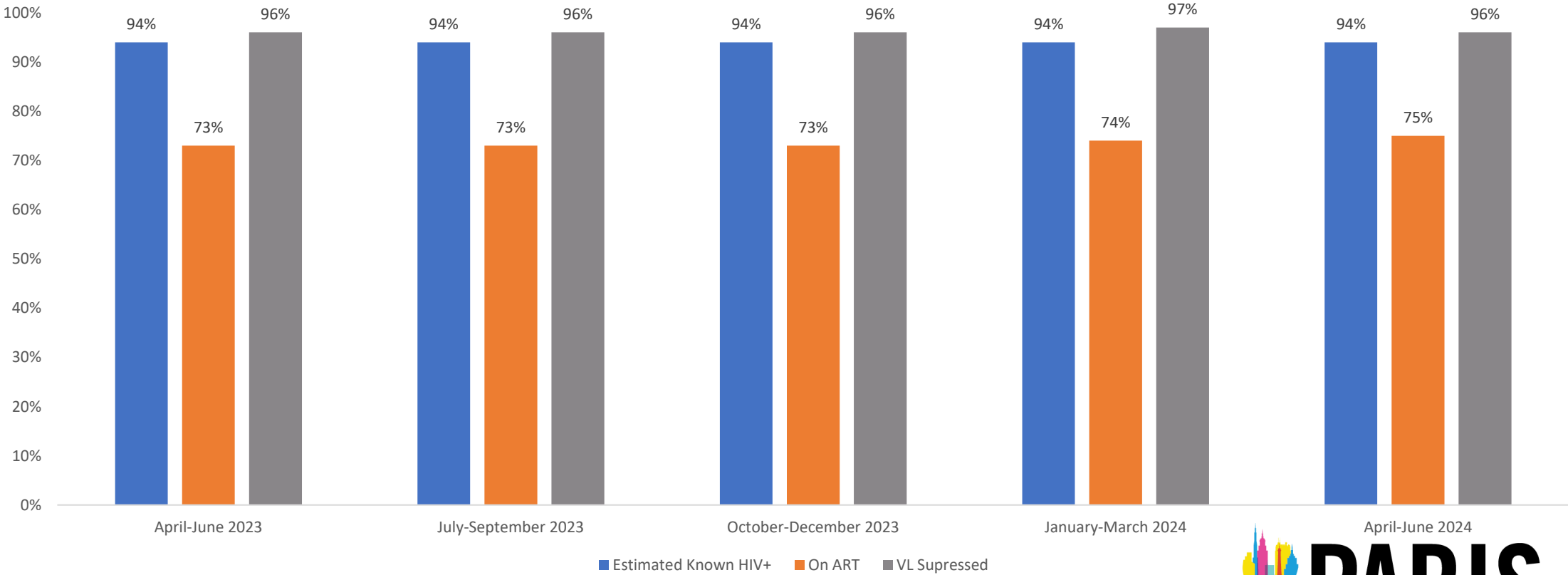
## Framework for Health Equity in Action

Vera Scott  
City of Cape Town  
South Africa



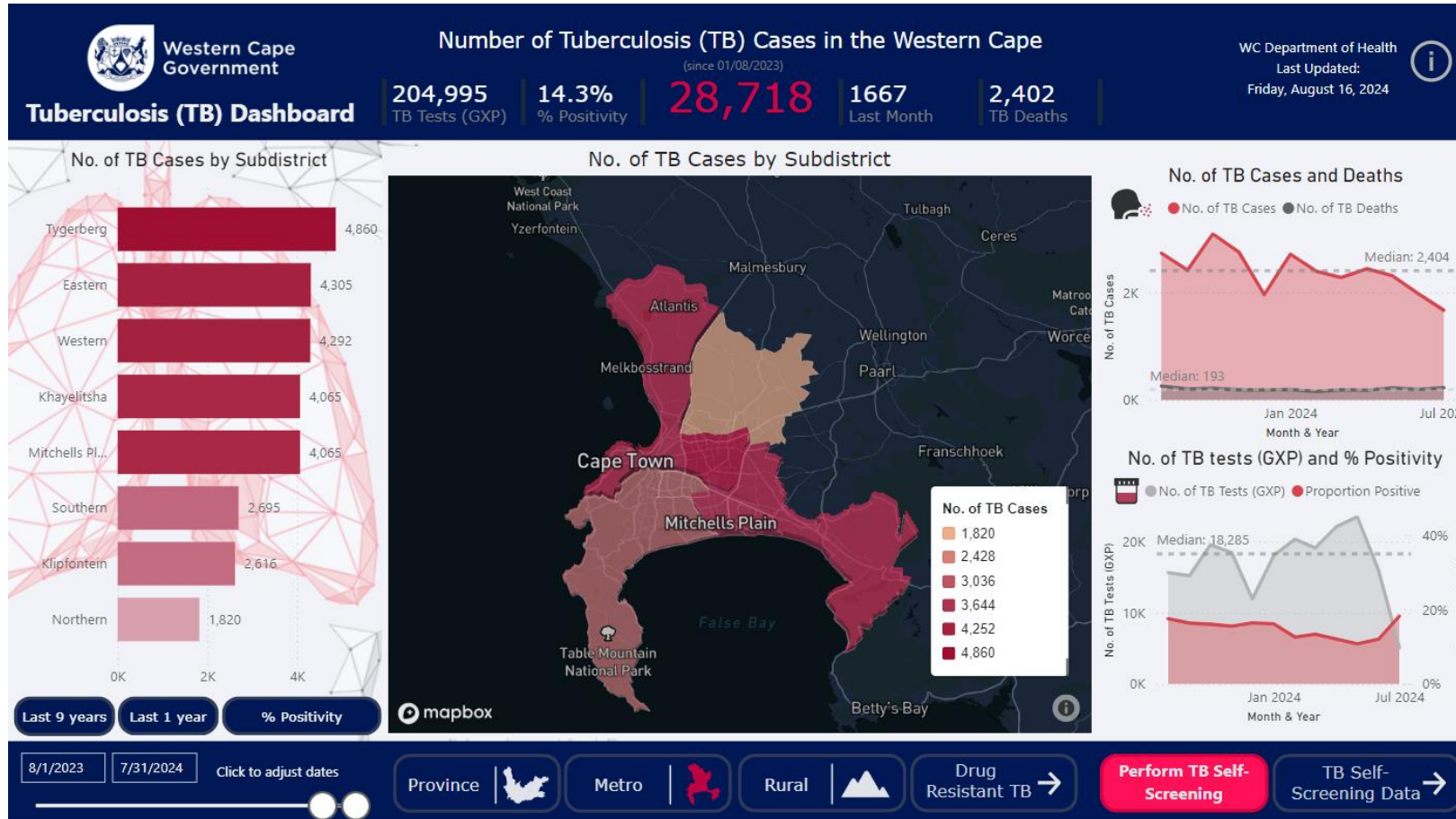
# Cape Town: 4.77 million people

## HIV Treatment Cascades, April 2023-June 2024



# Burden of TB Disease and TB Mortality: Cape Town

- Across the Metro, TB, including drug resistant forms remains a pressing public health challenge



- Monthly, there are a median of 193 TB deaths
  - Approximately 6 TB deaths daily
  - Potentially some decline– last Quarter it was 207 median monthly deaths

Data Source: [Provincial TB Dashboard](#) | [Western Cape Government](#)

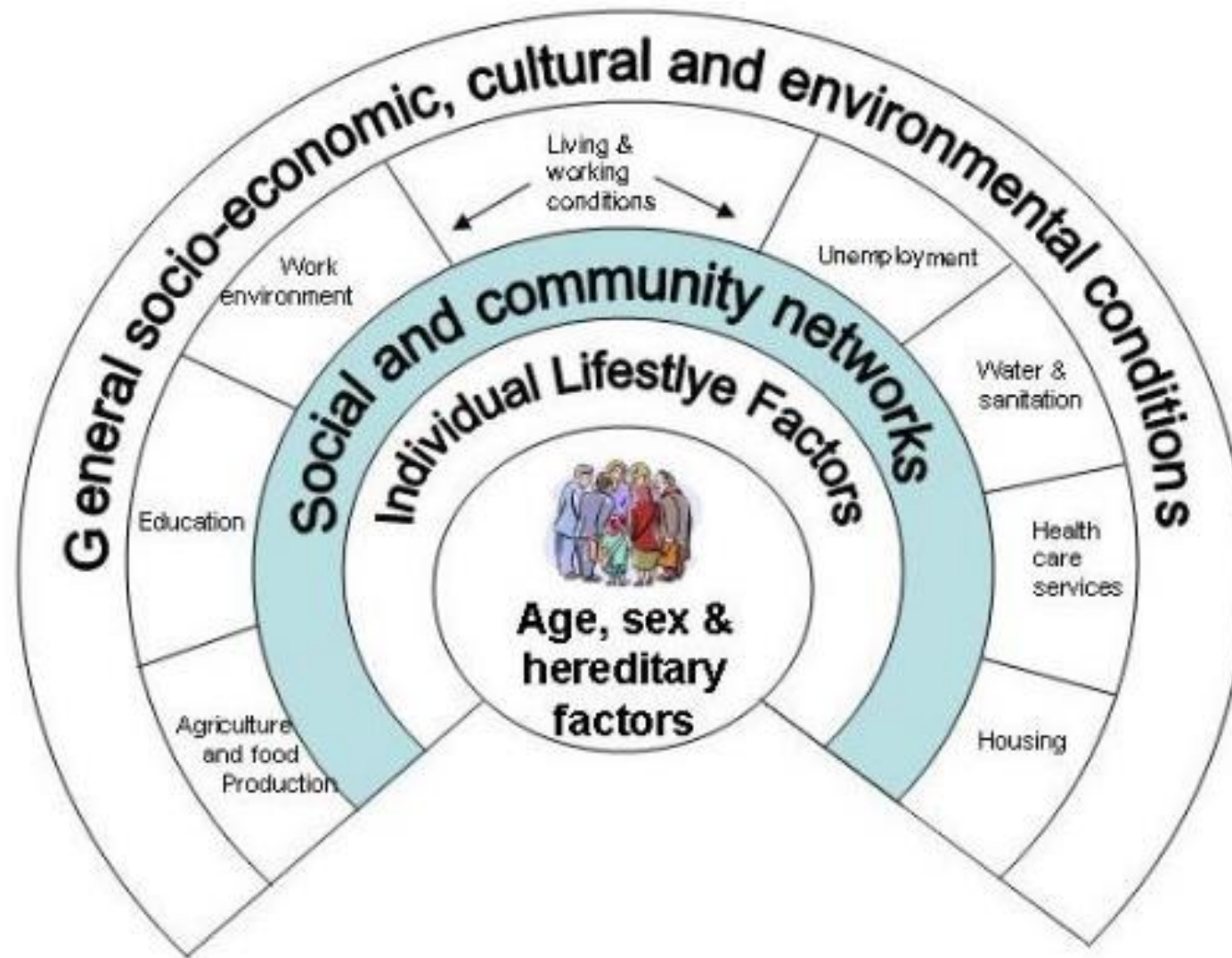


Fig. 1.1 A Social Model of Health (Dahlgren & Whitehead, 1991)

## Context

- In Cape Town we have large HIV and TB prevention and treatment programmes, run jointly by provincial and local government health services
- Health service delivery is not a local government mandate – what is the particular contribution that City of Cape Town can make?
- City of Cape Town is not **yet** a Fast Track Cities signatory

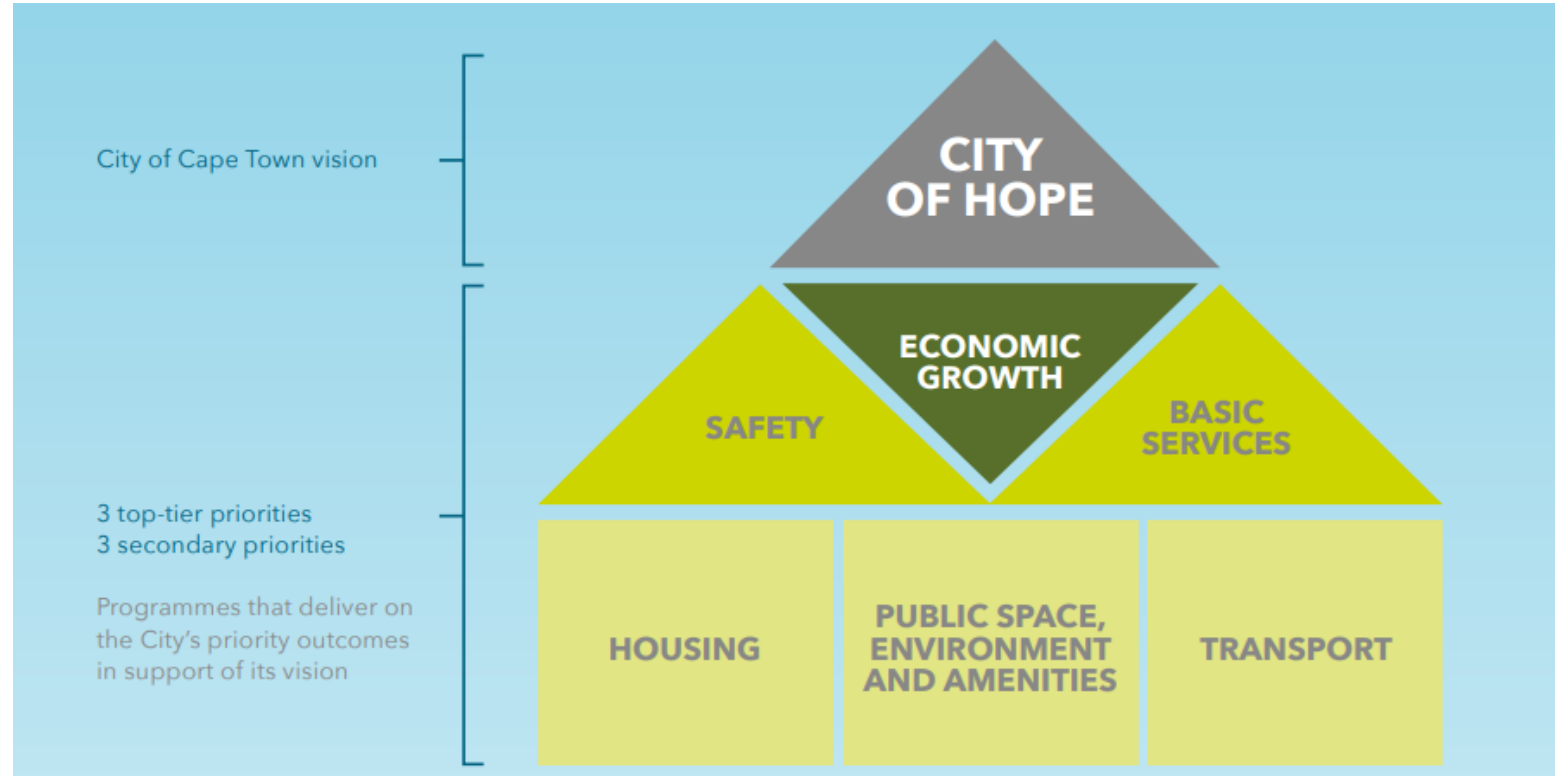
## Purpose

- To harness the particular contribution that a City can make
- To frame programmatic action, beyond the Health Department, to address the social determinants driving the HIV and TB health
- To work with communities to reduce HIV and TB incidence
- To demonstrate to political leadership the potential of becoming a signatory to Fast Track Cities

# City of Cape Town - Integrated Develop Plan

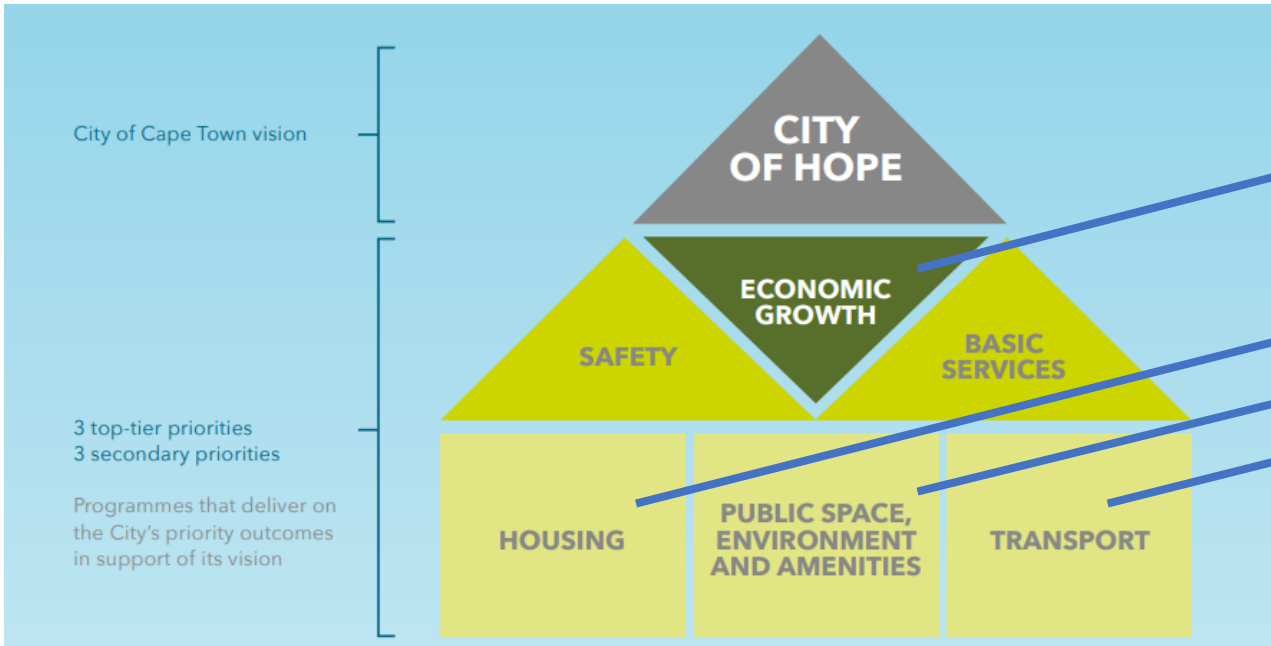
Five year plan giving expression to the commitments of the political term of office

The vision of the City of Cape Town is to be a City of Hope for All: a prosperous, inclusive and healthy city.



**Vision: A city of Hope for All:  
a prosperous, inclusive and healthy city**

Top three causes of premature mortality in Cape Town are:  
homicide, HIV and TB  
HIV and TB are not only treatable, but **preventable**



### **Social determinant of health inequity**

Poverty (HIV and TB) – require inclusive economic growth  
Overcrowded and poorly ventilated (TB)

- housing
- public spaces
- Transport
- work places



# Harnessing the particular capabilities of the City

1. Departmental mandates
2. Inter-departmental relationships
3. Mandated public participation processes
4. Public-private partnerships

# City Directorates

- Community Services and Health – Environmental Health
- Economic Growth
- Energy
- Finance
- Future Planning and Resilience
- Human settlements
- Safety and Security
- Spatial Planning and Environment
- Urban Mobility
- Urban Waste Management
- Water and Sanitation

# City Directorates

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## Learning from crisis – COVID-19 and current state of health

The City and the rest of the world continue to experience both the **COVID-19 pandemic and the resultant socio-economic impacts**. This crisis was preceded by a **devastating drought in Cape Town** and given climate change more ecological and social shocks are likely in the foreseeable future. Valuable lessons include:

**Poverty and inequality increases vulnerability requires targeted interventions**

**'Wicked problems' require collaboration and coordination**

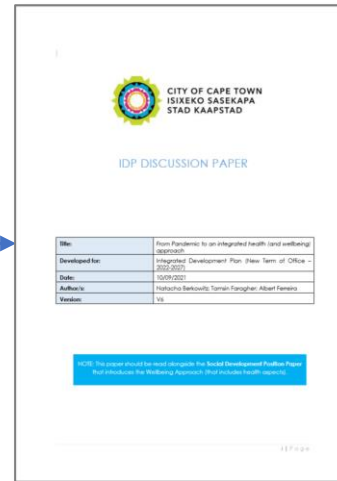
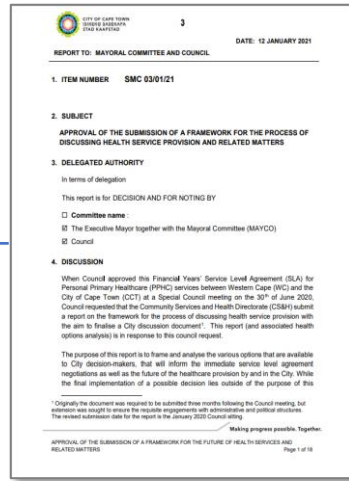
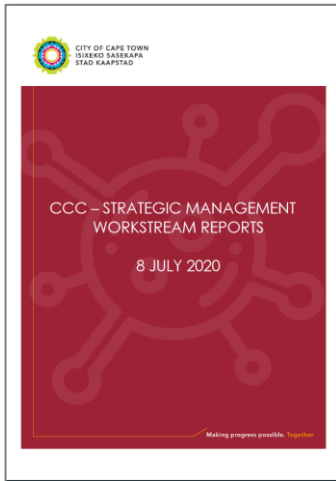
**Community bottom-up involvement required**

**Need to address the current chronic disease crisis/burden (poverty/inequality as major driver)**

**Innovative use of data to monitor and respond**

**Decentralised and community level healthcare and behavioural intervention improves health**

# Journey to mainstream urban health



2020 COVID-19 response

- Mobilisation of entire City & society to address health issue
- Underlying vulnerability driving crisis

2021 State of Health discussions

- Constrained financial resources and pressure
- Beyond need for sustainable gov. option need to look at other City functions to support healthy environment

2022 IDP discussion paper

- Intro to public/urban health thinking
- Mobilising City functions to support improved health (beyond PPHC) and to provide evidence for impact of EH efforts

2023 IDP implementation – Urban Health Programme & Initiative

- IDP programme and initiative introduced for the next 5 years to integrate urban health thinking
- Indicator approach pilot and implementation
- Integrate health in all policy and relevant processes

Continued EH and PPHC advocacy and services



## *IDP programmes contributing to integrated urban health*

### **IMPROVED ACCESS TO BASIC SERVICES:**

- Mainstreaming basic service delivery to informal settlements and backyard dwellings programme (2.1)
- Water and sanitation programmes (4.1, 4.3, 4.4)
- Solid waste programmes (4.1, 4.5, 4.6, 4.7)
- Energy programmes (4.1, 4.8)
- Micro-developer and additional dwelling improvement programme (8.1)
- Informal settlements upgrading programme (8.2)

### **IMPROVED HEALTH OF THE URBAN ENVIRONMENT**

- Water and sanitation programmes (4.1, 4.3, 4.4)
- Partnerships for community safety programme (6.1)
- Holistic Crime Prevention Programme (6.2)
- Micro-developer and additional dwelling improvement programme (8.1)
- Environmental management programme (9.1)
- City health programme (9.2)
- Healthy urban waterways programme (10.1)
- Coastal programme (10.2)
- Quality community facilities programme (11.1)
- Public transport programmes (12.1, 12.2, 12.3, 12.4)
- Road safety and maintenance programme (13.1)
- Climate change programme (14.1)
- Disaster risk reduction and response programme (14.2)
- Social inclusion and well-being programme (15.2)

## Integrated Urban Health Programme – Official Launch

The Urban Health Programme and Monitoring Initiative, announced during the Partnership for Healthy Cities Summit 2024.

Political support garnered from Mayor and Mayco CS&H

City Leadership engaged at the EMT level and supported – particularly through CS&H and FPR



# Whole of Government Approach

- Spheres of government: national, provincial and local
- Structures of engagement
- Relational



# Harnessing mandated public participation processes

## Municipal Structures Act 117 of 1998

19. (1) A municipal council must strive within its capacity to achieve the objectives set out in section 152 of the Constitution.

(2) A municipal council **must annually review**—

(a) the needs of the community;

(b) its priorities to meet those needs;

(c) its processes for involving the community;

(d) its organisational and delivery mechanisms for meeting the needs of the community;  
and

(e) its overall performance in achieving the objectives referred to in subsection (1)

(3) A municipal council **must develop mechanisms to consult the community and community organisations** in performing its functions and exercising its powers.

(4) **A ward committee consists of**—

(a) **the councillor representing that ward in the council. who must also be the chairperson of the committee:** and (b) not more than 10 other persons.

# City of Cape Town

## Council

Public participation unit

21 sub  
councils

Sub council chair - politician  
Sub council manager – official

116 wards

116 Ward committees  
(up to 10 people)

Strong communication systems exist at this level between ward and residents (through whatapp, facebook and street committees)

# Public Participation Unit and Community Organisations Database

## 6.6 Public Participation Unit

- 6.6.1 Convene and provide administrative support to the Public Participation Community of Practice.
- 6.6.2 Create and maintain the Public Participation Tracking Tool, and provide access thereof to relevant stakeholders.
- 6.6.3 Perform of those functions and execute those responsibilities as outlined in clauses 5.1 to 5.3 above.

## 6.7 Sub-councils

- 6.7.1 To provide the critical interface for public engagement via Ward Committees and the Community Organisations Database of which Subcouncils are the custodians.
- 6.7.2 Provide support in the implementation of public participation plans.

## Engage community through their organised forms

- Health Act gives us Clinic committees and health boards
- Organised civil society; NPO (funded or unfunded), CBO etc

## BEST PRACTICE:

- Our approach is to respect the clinic committee, and negotiate their permission for meetings to be open to all community groups while they retain the chair
- Clinic managers keep a list of all interested community groups and includes them when sending out information or requesting input
- Sub districts have a quarterly meeting with all stakeholders, with civil society as chair
- Engage across levels
- Use the structures of the City: public participation units and SCs

## Whole of Government Approach

- Within the WoGA approach, acknowledge that Health is not the only department engaged in community participation.

### BEST PRACTICE

- We are beginning to work with other departments in accessing their community participation structures and processes (e.g. work with Rec and Sports to engage Sporting bodies around youth work)

# The Playing Field is tilted



## Differential impact of social determinants

- Increased risk to exposure
- Increased vulnerability
- Poorer access to quality care
- Poorer health outcomes
- Greater disability

The health service itself can be understood as a determinant of health



# Differentiated exposure to Covid-19

Constraints to implement public health prevention, even during lockdown



Photo credit: MUCHAVE/SOWETAN



Photo credit: unknown Khayelitsha resident

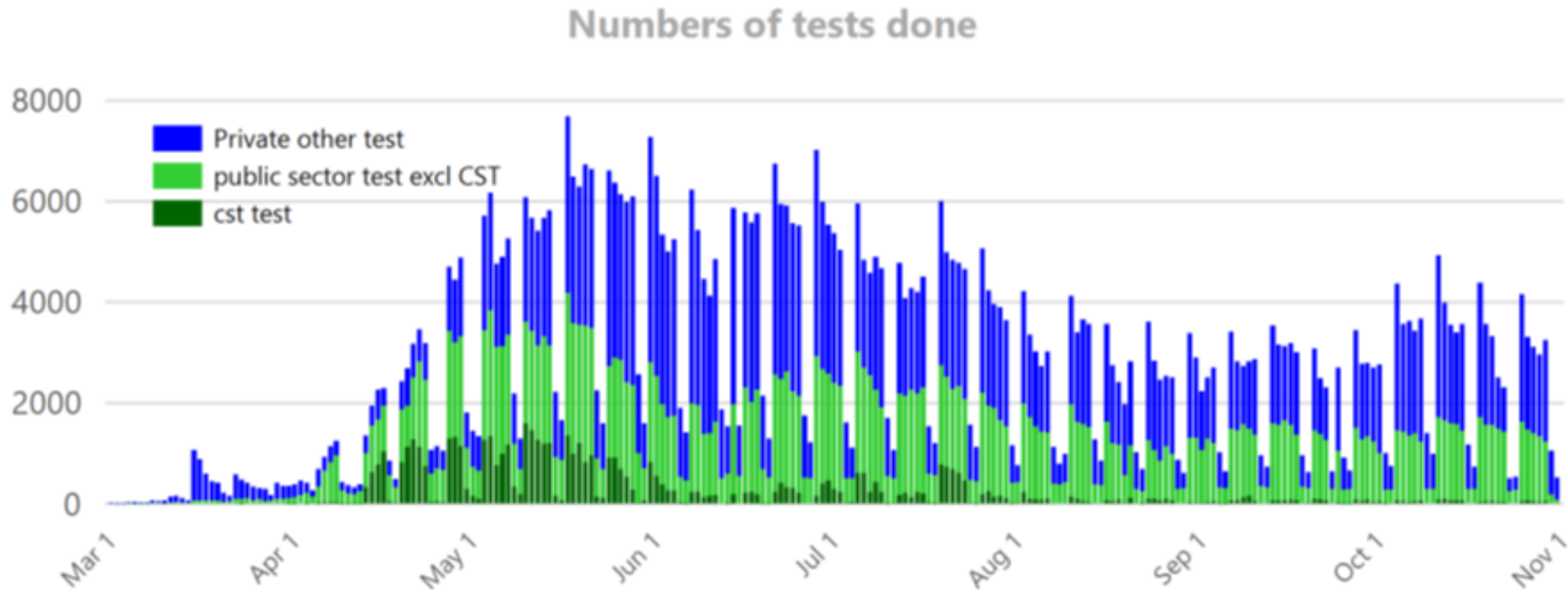
# Differentiated **vulnerability** to severe Covid-19

Age

Co-morbidities

- Diabetes (uncontrolled > controlled)
- Hypertension (uncontrolled > controlled)
- HIV
- Tuberculosis

# Differentiated access to care

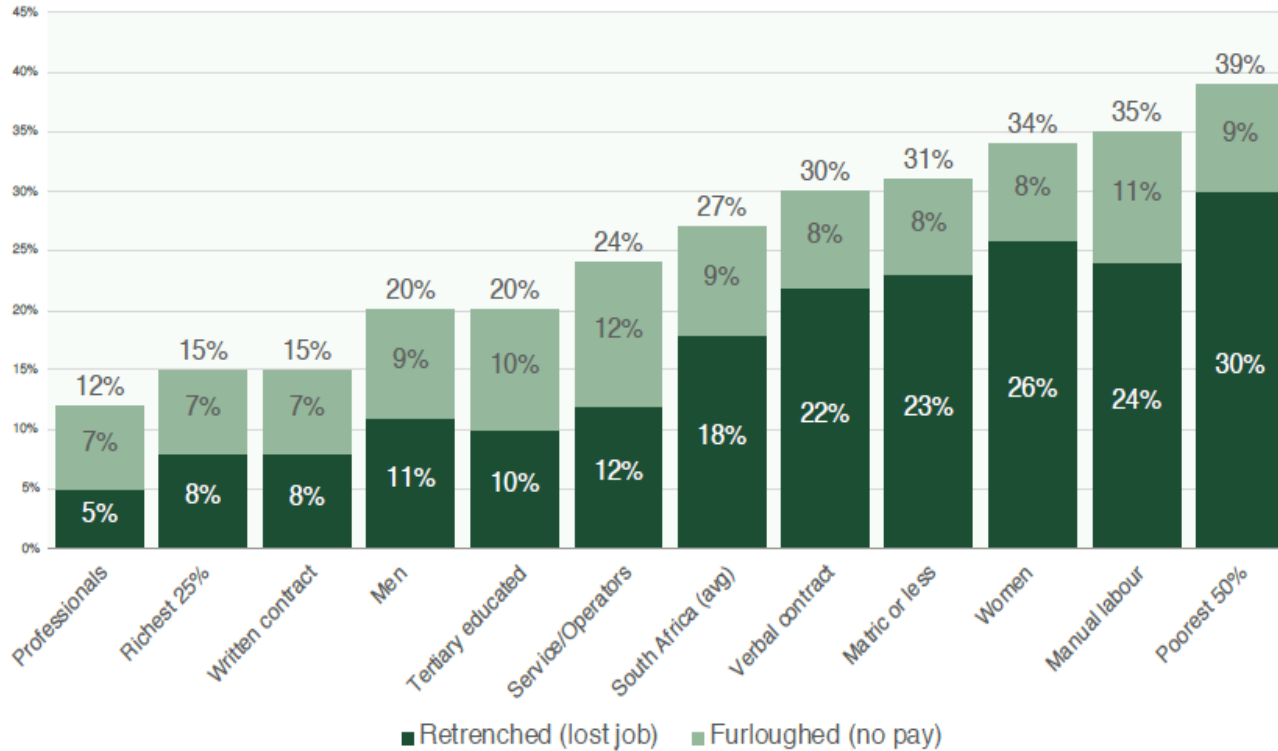


<https://coronavirus.westerncape.gov.za/covid-19-dashboard>  
Accessed: 2 Nov 2020



# Differentiated impact of Covid-19

**Figure 1:** The percentage of respondents experiencing net job loss or furlough (an employment relationship but no income) in the working age population: February to April 2020



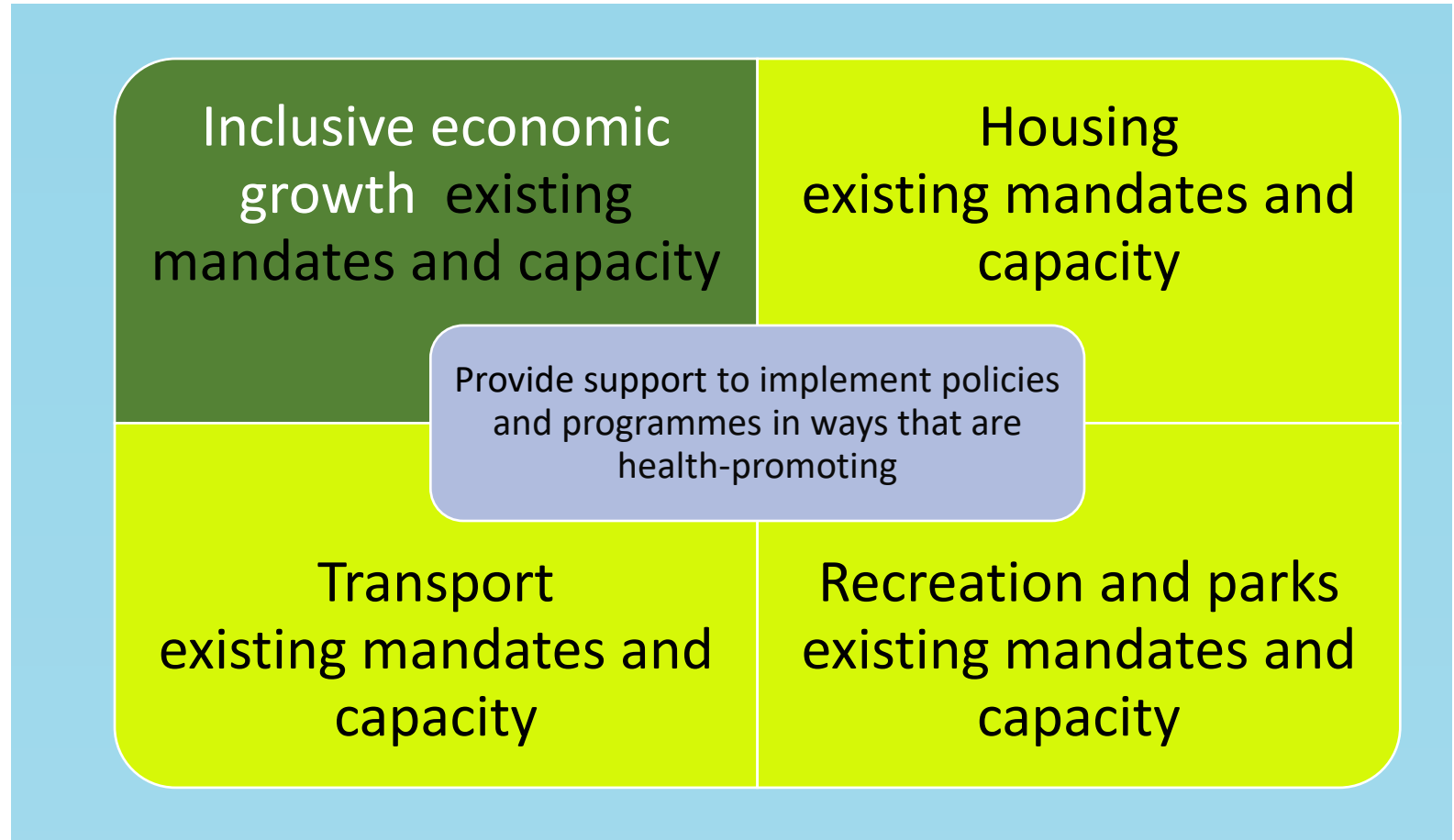
Source: NIDS-CRAM WAVE 1 SYNTHESIS REPORT: OVERVIEW AND FINDINGS

Source: Jain, R., Budlender, J., Zizzamia, R., and Bassier, I. (2020) using NIDS-CRAM W1 data.

## Framework for health equity in action: TB and HIV

Draw on institutional capabilities within the City of Cape Town

1. Department Mandates
2. Interdepartmental relationships
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## Where next?

Public-private partnerships for development

National Health Insurance Act signed this year

Become a signatory to Fast Track Cities?

