

CITIES AS CATALYSTS

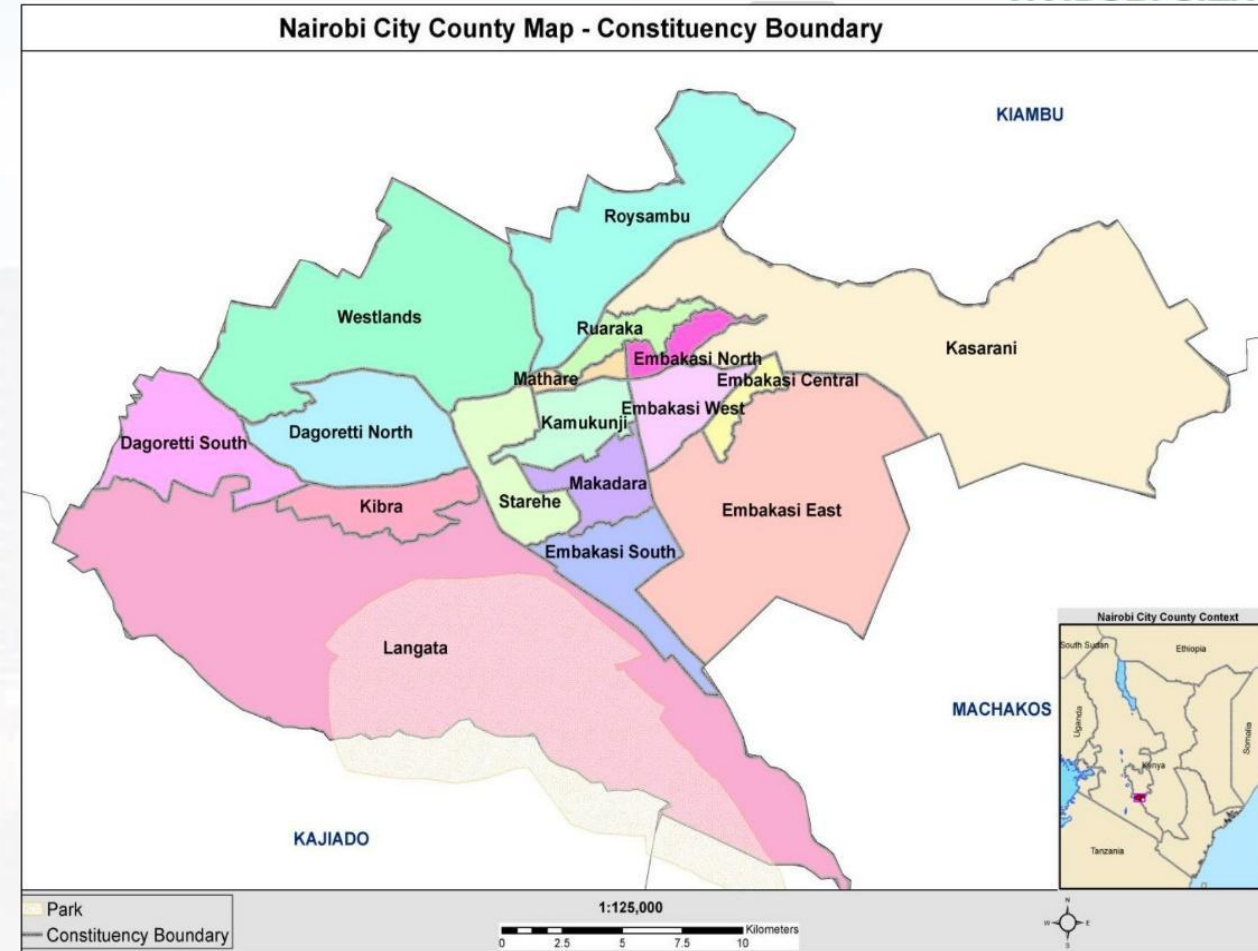
Creating Healthy Urban Ecosystems

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- Nairobi County serves as the capital city of the Republic of Kenya.
- It has an estimated population of 4,397,073 persons consisting of 49.9% male and 50.1% female according to the Kenya National Bureau of Statistics 2019 census.
- Nairobi has a population density of 6,300 per square kilometers.
- The county is divided into seventeen (17) sub counties as shown in the figure.
- It is further divided into eighty-five (85) wards.



The Question for Cities

“How do we move from a collection of health programmes to a healthy urban ecosystem that works for the whole person and the whole city?”



Why cities are the decisive level for health

- Cities bring public services, communities, businesses, universities, civil society and technology partners into the same place.
- The same neighbourhood can experience infectious disease risk, NCDs, poor air quality, flooding, food insecurity and barriers to care at the same time.
- Many determinants of health sit outside the health department: housing, transport, planning, water, sanitation, environment, education and social protection.
- Cities can convene these actors faster and translate national and global priorities into locally targeted action.
- Yet fragmented governance, disease-specific funding and unequal access can leave residents to navigate the gaps themselves.

The city is where different determinants of health meet the same person.

The problem: People are integrated; Systems are not

- A mother may need maternal care, mental health support, nutrition, social protection and child services — but encounter different programmes and institutions.
- A person with HIV may also need NCD care, mental health support, TB screening, social support and protection from stigma.
- An outbreak may require surveillance, laboratories, clinicians, IPC, transport, water, waste management, communications and community leadership.
- Climate shocks expose the same weaknesses: service disruption, displaced populations, damaged infrastructure and increased disease risk.

If the system is fragmented, the resident carries the burden of navigating it.

What is a healthy urban ecosystem?

INTERCONNECTED

Actors exchange information, coordinate services and act on shared priorities.

PERSON-CENTRED

Residents experience a joined-up pathway across prevention, care and social support.

PLACE-RESPONSIVE

Decisions reflect neighbourhood needs, environmental risks and unequal access.

MULTI-SECTORAL

Health, planning, environment, transport, education, finance and communities work together.

ACCOUNTABLE & EVIDENCE BASED

Institutions explain decisions, track results and respond to community feedback.

SUSTAINABLE

Successful innovations are embedded in policy, workforce, budgets and routine delivery.

An ecosystem is not a list of institutions; it is the quality of the connections between them.

The ecosystem in one picture



The city becomes the platform that connects otherwise separate actors around shared outcomes.

Nairobi: The Reality

- Nairobi is a large, mobile urban population with more than six million people during the day time and substantial informal-settlement populations.
- The County operates across 17 sub-counties and a large public and partner-supported health network.
- Health needs vary sharply by neighbourhood, so citywide averages can hide who is being left behind.
- The response therefore requires both city-level coordination and neighbourhood-level precision.

Nairobi's opportunity is to connect scale with local intelligence.

Nairobi's Journey: Six Key Focus Areas

1. COMMUNITY

CHPs and community structures create the front door to prevention and early action.

2. PRIMARY HEALTH CARE NETWORKS

Facilities connect prevention, primary care, referral and continuity of care.

3. DATA SYSTEMS

eCHIS, EMR, surveillance, GIS and dashboards create local intelligence.

4. LEADERSHIP & GOVERNANCE

County leadership convenes partners and relevant stakeholders for health response functions.

5. FINANCE

County budgets, SHA pathways, partner resources and G2G mechanisms align investment.

6. INTEGRATED APPROACH

Climate Change leading to floods, climate risks and air pollution are treated as health-system risks and sector integration done

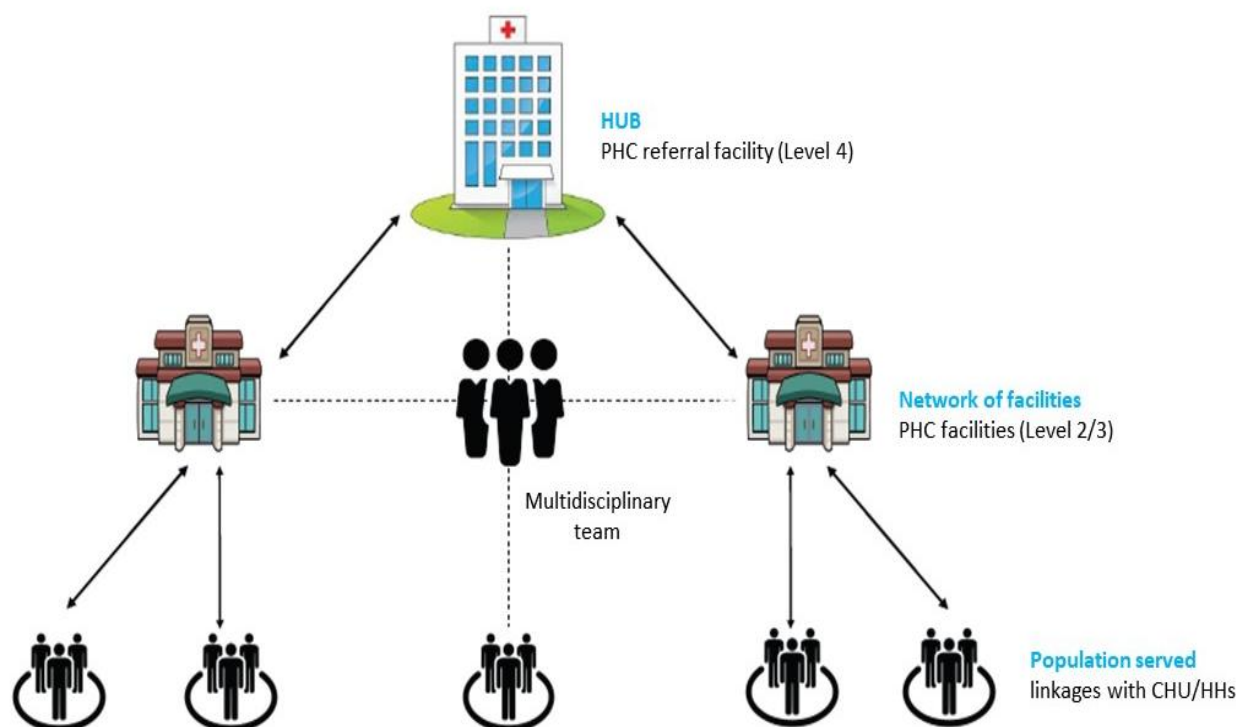
1 | Community Approach: The city starts at household level

- Communities are co-designers, not simply recipients of services. Nairobi has built a large Community Health Promoter platform; approximately 7,820 CHPs receiving stipends. They connect households to prevention, early detection, referrals and follow-up
- CHPs are digitized on eCHIS and support health education, immunization mobilization, defaulter tracing, maternal-child health, nutrition and NCD prevention.
- The strategic shift is from seeing CHPs as outreach workers to seeing them as part of the city's prevention, surveillance and referral infrastructure.
- Community organizations, civil society and people with lived experience help identify barriers that routine facility data may miss.
- Participation must include feedback loops: communities help set priorities, monitor services and see how institutions respond.

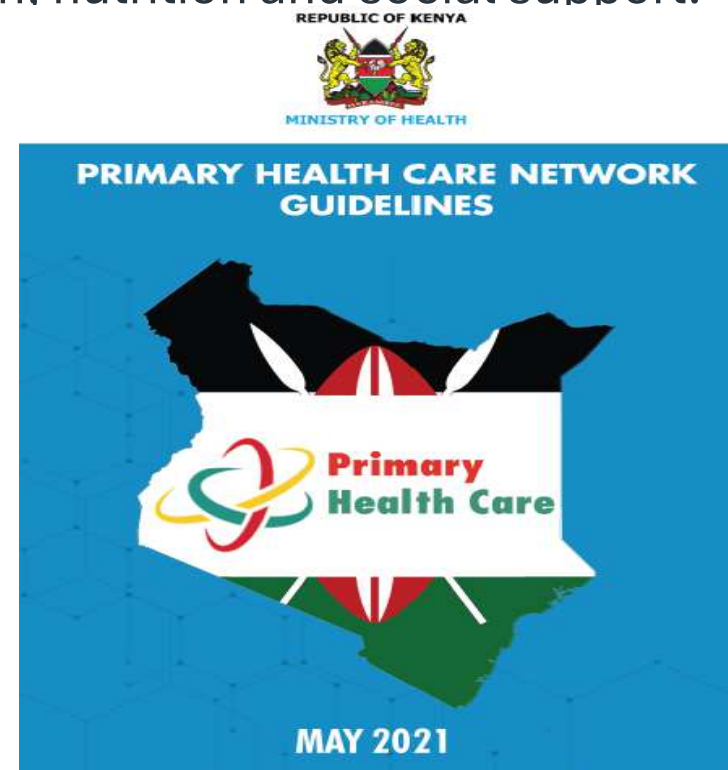
The community becomes an intelligence and action layer — not an afterthought.

2 | Primary Health Care Networks: Integrated health systems

- A **PCN** is an administrative health region established to efficiently improve access to coordinated primary health care (PHC) services. It ensures timely, quality services and continuity of care.
- Through PCNs, there is integration of services right from the household level to primary care facilities to the diagnostic laboratories and radiology machines to specialists in referral hospitals. Services offered across board including mental health, nutrition and social support.



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3 | Data Systems: Turns separate records into a connected system

- Nairobi has deployed the TaifaCare EMR across public facilities, with 112 facilities having the system deployed and a target of all 125 public facilities.
- eCHIS extends the digital health pathway into households and communities, All 7,820 CHPs onboarded.
- GIS is in use by our Community and Surveillance Personnel and will connect health emergency events to population, infrastructure, environmental and service-access patterns for both early detection and response for diseases.
- ECD Dashboard in development, capture information on the child from Health, Education and Social Services(In line with the Governor's transformative goal of ensuring that **all children under six years are developmentally on track** in health, learning and social-emotional well-being by 2030



The opportunity is interoperability: one resident, one journey, multiple services — without creating multiple disconnected data worlds.

4 | Leadership and Governance

- Nairobi county government has convened health and non-health sectors around shared outcomes through multisectoral committees across different areas e.g mental wellness, HIV/AIDS and ECD programmes.
- Clear governance defines who leads, who funds, who implements, who shares data and who is accountable.
- Partnerships should complement public systems, not create parallel reporting and service structures.
- Routine joint reviews and accountability turns coordination into action.



Nairobi's new blueprint.....

City Hall mobilizes all sectors to safeguard every child

Nairobi, 9th October, 2026 - In a major step toward transforming early childhood welfare in the capital, key Nairobi City County Government departments and civil society partners have concluded a three day strategic workshop aimed at embedding early childhood development (ECD) directly into everyday family and community life.

Collaboration needs decision rights, routines and accountability — not just goodwill.

5 | Financing

- Budgets, financing rules and regulations determine whether integration is possible and sustainable.
- Aligning county allocations, national financing, SHA pathways, partner grants and catalytic funding around shared priorities has led to a strategic focus to eliminate duplication and focus every shilling.
- For Nairobi City County, the transition to sustainable health financing requires moving from reliance on donor-funded projects towards a blended financing model anchored in the Social Health Authority (SHA), county government allocations, Facility Improvement Financing (FIF), and strategic private-sector partnerships.
- The central opportunity is to use SHA as a purchaser of eligible health services, while Nairobi County strengthens its capacity to deliver those services, retain eligible facility revenues, and finance essential public health functions that insurance does not automatically cover
- Linking funds to outputs and outcomes is also critical to reduce resource wastage.

The goal is not simply more money — it is better-aligned investment.

6 | Integrated Approach

- Health is shaped by housing, transport, water, sanitation, food environments, air quality, green space and safety.
- Climate hazards and outbreaks test the resilience of facilities, supply chains, community networks and governance.
- GIS and environmental monitoring can show where risks overlap with vulnerable populations and service gaps.
- Health considerations must be integrated into urban planning, climate adaptation through environment sector and emergency management.

The built and natural environment are not background conditions; they are health determinants.

The Emergency Operations Centre: Governance and Integration in Action

DETECT

Receive and verify signals from surveillance, facilities, laboratories and communities.

ASSESS

Determine risk, severity, affected populations and resource requirements.

CONVENE

Bring together county multiple sectors, national government and partners.

COORDINATE

Assign actions, track gaps, manage information and align logistics.

COMMUNICATE

Produce situation updates and support trusted public communication.

LEARN

Run after-action reviews and turn lessons into preparedness improvements.

Fast-Track Cities: The opportunity beyond HIV for Nairobi

DÉCLARATION DE PARIS / LUNDI 1^{ER} DÉCEMBRE 2014
PARIS DECLARATION / 1 DECEMBER 2014

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**METTRE FIN
À L'ÉPIDÉMIE DE SIDA :
ENDING THE
LES VILLES S'ENGAGENT
AIDS EPIDEMIC**

POUR ATTEINDRE LES OBJECTIFS 90-90-90 D'ICI À 2020
CITIES ACHIEVING 90-90-90 TARGETS BY 2020

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- The HIV response has demonstrated the power of community leadership, data, differentiated services, partnerships and accountability through the Fast Track Cities Program from 2014
- To connect HIV with TB, NCDs, mental health, sexual and reproductive health, ageing, climate and social determinants & keep the principles that made HIV responses effective: equity, community leadership, human rights, evidence and accountability.
- Nairobi can use these capabilities as an entry point to wider urban health challenges



Not replacing the HIV platform — Instead using its strengths to build a broader healthy-city platform

Eight actions cities can take now

1. DEFINE

Agree a shared healthy-city outcome.

2. MAP

Build a neighbourhood-level equity and risk profile.

3. CONVENE

Create a cross-sector urban health platform.

4. CONNECT

Agree priority data flows and dashboards.

5. ALIGN

Map financing and partner investments.

6. CO-DESIGN

Give communities decision-making power.

7. INSTITUTIONALIZE

Move pilots into policy, budgets and systems.

8. MEASURE

Report health, equity, resilience and value.

An urban ecosystem is healthy when it works for communities experiencing the greatest barriers.

The invitation to cities

“Stop asking only: “Which programme should we strengthen?””

Start asking: “What does a healthy city require — and how do we make the system work together?”

A HEALTHY CITY IS A CONNECTED CITY



THANK YOU

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