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Research Article

PERCEPTIONS, EXPERIENCES AND OBSTACLES FOR INTERSECTORAL ACTION FOR HEALTH: PERSPECTIVES OF POLICYMAKERS IN DOUALA-CAMEROON

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Abstract

Background: Recent decades have shown a paucity of information on intersectoral research partnerships in urban health, particularly in Africa. Furthermore, very little attention has been paid to capturing the practice of transdisciplinarity within partnerships. **Objectives** : In this paper, we present perceptions and highlight challenges faced by partners in urban territorial planning-health research partnerships in Douala, Cameroon. **Methods**: A qualitative inquiry was employed using in-depth interviews developed using the collaborative functioning approach, with 17 key informants in Douala purposively sampled from a wide range of urban-health research partnerships. **Results**: Douala city exhibits many health problems, most of which are due to urban territorial planning mismanagement. Most policymakers and decisionmakers perceive intersectoral partnership as an opportunity to effectively manage the city and improve the populations' health. According to them, partnershipproduces benefits, including improved service delivery, infrastructure development and designing interventions to improve well-being and health of populations. In fact, some have had a good experience because through partnerships, there is availability of financial resources to accomplish partnership goals. And others have had a mixed experience.Due to mistrust and weak collaboration, several urban projects have collapsed. **Conclusion**: For intersectoral collaboration to be achieved, there must be true effective communication, leadership, shared values and accountability. Trust interacts with different elements that create partnerships where there is co-ownership of study rewards. These findings presentrecommendations that partnerships need to consider to make the most of guidelines on intersectoral collaboration with policymakers and civil society in Douala.

Keywords: Intersectoral collaboration, Policymakers, housing, health, achievements, challenges, Douala.

INTRODUCTION

The health of any given population is influenced by many sectors, most of which are not directly linked to the provision of healthcare services. These sectors often sit outside of the health system and their drivers can cause inequalities which can only be addressed if all sectors involved work in close collaboration with one another. As an approach to this, Health in All Policies (HiAP) was developed as a mechanism to promote action on the social determinants of health (SDH) by facilitating action in sectors where health is not a primary consideration (Baum *et al.,* 2014). Health in all policies in the international context is known to be an approach for the maximization of health benefits of government policies and the reduction of health inequalities, by the promotion of collaboration between the government sectors and non-government stakeholders (WHO, 2015 : xiii). Health in all policies is not a new approach; it builds on a rich heritage of ideas, actions and evidence ever since the Alma and Alta declaration of primary healthcare in 1978 as well as the Ottawa charter for health promotion in 1986. According to Rudolph *et al* health in all policies should be founded on key principles like: the improvement of health for all, addressing social determinants of health, promoting health and equity, supporting intersectoral collaboration, creating co-benefits for multiple partners, engaging stakeholders, and creating structural or process change. HiAP, when successfully implemented impacts positively in promoting population health status and reducing health inequalities (Wismar *et al)*.

The urban health field represents a significant avenue for the application of HiAP due to its inherent intersectoral nature and need for partnership building across diverse stakeholder groups. There is a need for a more considered approach in order to effectively integrate health in planning and government policies.For example, through the strengthening of housing construction policies and the management of the natural environment. Rapid urbanizationin Africa has meant that the boundary between cities and countryside (urban and rural) is fast becoming nonexistent. This phenomenon according to demographers is increasingas they estimate the number of city dwellers in Africa by 2030 will rise to an alarming 592 million (Dubresson and Jaglin 2002). The situation in Douala has inevitably led to an urbanization crisis. Two of the most affected sectors are housing and health mainly because in such towns, the settlement is generally informal and characterized by unplanned urbanization where the population, mostly poor have resorted to living in unhealthy environments resulting in the persistence of infectious diseases, other health inequalities and a failure of any real urban policy. The health inequalities are worsened by the irrational territoriality of healthcare facilities and non-inclusive urban development policies. This article seeks to understand the perception, obstacles and opportunities of an intersectoral action for health with respect to the implementation of health in all policies in Douala as well as getting the perspectives of policymakers in the city. We intend doing this by; assessing the policy environment to understand the readiness, obstacles and facilitators to integrate health objectives into human settlement policies in Douala, identifying the priority areas for intersectoral intervention to integrate health and human settlement strategies and conducting an intersectoral knowledge analysis of the attitudes and practices of housing and health decision-makers with regard to addressing the interrelationships between health and housing.

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MATERIALS AND METHODS

Study site

This study was carried out carried out in Douala, the regional headquarters of Littoral. Douala is the economic capital of Cameroon, and therefore a draw for many people especially youths from all part of the country and neighboring countries in search for better opportunities. This has resulted in significant population growth, with the average annual rate of 5% over the past 30 years, versus 2.8% nationwide. Based on this rate, it is estimated that the population of Douala will triple by 2035. This population increase has not been matched by increased availability of affordable housing, and over 70% of the population live in informal settlements, with both urban poor and middle-class residents living under conditions of informality due to poor housing and tenure policies coupled with the scarcity of houses. Douala metropolis is made up of six municipalities, with each headed by a Mayor duly elected by the municipal councillors. These municipalities are under the authority of a Metropolitan mayor elected by the municipal mayors.

Data collection and analysis

Data collection : Data used here have been collected through aliterature review and field investigation.

- Literature review analysedboth peer-reviewed and grey literature documents related to planning, housing, and health in Douala. Analysis was done in order to better understand HiAP issues and examine the potential impact of health on housing interventions in informal settlements, as well as the impact of human settlements interventions on the health of vulnerable groups. Furthermore, we used the LIRA (REF?) workshop report which provide update information on town planning and health in the city.

- Field Investigation was qualitative in nature and consisted of interviews and direct observation:

    1- Individual and group interviews using interview guides designed according to the study objectives.In-depth interviews were conducted among local decision-makers, stakeholders, and civil society actors. Due to the complexity of having a representative sample in qualitative research, we employed the reasoned choice technique regarding the sampling technique and participant selection. This technique allows the selection of participants who are more likely to provide the relevant information. Thus, 17 actors were enrolled in the study (two development sociologists, an urban sociologist, a geographer, a lawyer, an NGO actor involved in urban environment, Representatives of public administrations (Town Planning Delegate, Public Health Delegate, Urban affairs Delegate, Water and energy Delegate, Social Housing Delegate), technical staff of the Douala Urban council, and Representatives of the 5 local municipalities). Interviews were conducted at different locations at the convenience of the informants. Most of the informants were met for individual interviews. However, dyad interviews were held at Douala V municipality and at the Douala Urban Council. Interviews items were related to the processes by which policies are developed and implemented, the extent to which they integrate health dimension in their daily activities, perceptions and barriers regrading integration of health issues in housing, intersectoral collaboration between human settlements and the health, knowledge of the effects of these policies on citydwellers' health, potential opportunities for integrating health in policy development and implementation processes. Etc.

    2. Direct observation was conducted in order to fully understand HiAP issues in the city of Douala, allowing the researcher to collect information directly himself, without addressing the subjects concerned. So, on the field, we had the opportunity to witness the social practices or behaviours of individuals.

Data management

Data quality control, ethics and confidentiality: We have established a quality control system to ensure data reliability. Data sources were regularly triangulated or cross-checked. We committed to respect and to guarantee ethical and confidentiality aspects according to international standards. In this sense, all participants were duly informed about the purpose of the study, and prior authorization was required orally to ensure voluntary participation, including and where necessary for registration authorization. The confidentiality of information provided by different sources, other than those of general and public accessibility, was ensured by the principle of anonymity of verbatim records.

Data analysis: Walt and Gilson's policy analysis framework was adapted and applied to better understand: i) the context of policies, including their objectives and motivations; ii) the processes by which policies are developed; and iii) the extent to which they incorporate a health dimension. Interview data were first transcribed and entered into word processing. Followed byan in-depth sociological and content analysis and an ethno-methodological approach that makes extensive use of the data provided by the field actors.

RESULTS

Major health problems in the city: The city of Douala is facing various health problems, such as infectious disease (vector/water-borne, zoonotic), mental health, injuries, major NCDs (cardio-vascular diseases, diaabets, hypertension), emergency healthcare access (challenge of insufficient ambulances in some municipalities). However, malaria and typhoid fever are the most recurrent diseases. Alongside, cholera is regularly cited as a re-emerging disease : "we are fighting with the urban community to be able to solve the first, prevent the first epidemic we have in the city of Douala in particular. The first epidemic that is recurrent, that comes back, is the cholera epidemic.... [1]». The Nylon, New-Bell and Bonassama neighbourhoods have been more frequently affected by cholera; even neighbourhoods like Deido, Cité des Palmiers, Bépanda, Logbaba have not remained immune.

Health risks factors : Several factors are likely to affect people's health in Douala. They can be grouped into two broad categories :

1. Socio-demographic factors : Investigated actors have pointed to several social factors that affect poulation health

[1] Dr. K. V., CERPLE/DRSPL Coordinator

in Douala. They are linked to : (i) low adoption of healthy behaviours by the population, (ii) high population density, (iii) injuries and domestic and road accidents, (iv) poor housing along with poor living conditions as depicted below :

«*Douala has a high concentration of people who are subject to higher risks in relation to the occurrence of diseases of all kinds. Douala can be considered as the area where people would be most at risk when factors related to precarious living conditions, poverty and sanitation are added to this. The risks to which the populations are most exposed would be those linked essentially to the living environment and conditions, especially those related to sanitation and what calls for waterborne diseases, direct or indirect, such as diseases like cholera which tend to disappear but which leave room for other diseases more present like typhoid and others and even malaria. So the natural site of Douala is subject to this because of the difficulty we have to clean up naturally. The slopes are not the same as in Yaoundé where there is natural drainage, there is water drainage, but in Douala, there is a higher risk and not only due to the large extent of wetlands and also the anthropic pressure that is exerted on these areas... We have at least 60% of inhabitants and some in precarious areas. When we consider that it is this population that would be the most vulnerable, even if the urban environment by nature is the one where people have the easiest access to health care, there for the moment we are talking about risk, that is to say the susceptibility to be affected...* [2]».

2. Environmental factors : These are related to floodings and pollution from all sources (ie indoor and outdoor air pollution, noise pollution, solid and liquid waste pollution).

«*If we consider that Douala is an industrial city, which emits a lot of emissions into the atmosphere, if we consider that traffic is increasing, and then characterized by vehicles that are certainly not very very new and also other human activities, so I do not think that the air quality has remained unchanged as well as the water quality, and if we go even further to speak in terms of nuisance, I think that. there have been no studies at this level but, many inhabitants, even us individually, sometimes complain about some noise nuisance related to our human activities in the city ...* [3]».

Most of the waste produced by households is dumped into gutters or rivers, which are used downstream by many other households. This waste stagnates, gives off nauseating odours and is a real breeding ground for mosquitoes, and other vectors of disease. Overall and as a result of direct observations, findings show that in various districts, not all wastewater from residential and industrial areas, whether treated or untreated, is systematically discharged into the drainage systems. As pointed out by a participant, "*almost all neighbourhoods require urgent action in terms of health and environment for the improvement of living conditions*". Especially during the rainy season, most of Douala's informal settlements are flooded or prone to flooding. When analyzing observed situations and factors described by some actors, the health situation in Douala is globally precarious as can testify statement from Mr. Y. Adrien, promoter of the environmental NGO WAPP, who underline factors that affect well-being of Douala citizens :

«The context of Douala is that we are already in a city that is home to about 42% of classified category 1 establishments, 60% of classified establishments of a very very intense commercial activity on the sly. And so the corollary is the production of waste. Then we are in a city with about 3,500,000 inhabitants. And every day in Douala we produce about 2100 tons of household waste. You have about 1500 tons that are removed by Hysacam. The rest is in nature. Either it is burnt, with all the smoke emissions that contain gases like dioxide. You have some of it that can go into the gutters and you have flooding. You also have a good amount that ends up in nature, which goes into decay, because when you characterize household waste, you have about 70% of that waste that is biodegradable. That means that in nature, when it decomposes, it gives off odours, plastics, and flies, all of which are vectors of disease. In Douala, the prevalence of diseases related to insalubrity is very, very high. You have cholera, you have typhoid, you have sewage. And then there is a study that was done very recently; almost 90% of boreholes, 90% of borehole water is captured in altered water tables. You understand! Since the water table is superficial, the water that we collect, the water that we drink comes out of the altered, polluted, contaminated water tables. This is why diseases related to dirty water are numerous. And then, the most affected are children, and adults afterwards. You have another type of disease in Douala, those related to pollution, air pollution. As Douala has industries, the air is polluted, the air is loaded with particles. It is rare to find in Douala someone who does not regularly suffer from cough. Now you have other types of pollution, coming from industrial activity. This is mercury, which comes from the recycling of industrial waste, scrap metal. These types of diseases are pernicious diseases. Heavy metals in the water, are evacuated in the mangroves. The quality of the fish itself is not assured. Overall, health in the city of Douala is really not guaranteed[4]»

The same informant provides further details on the major healthrisks factors in Douala :

«The question of health really does arise in the city of Douala. It is a very delicate issue. Douala is a city that has the misfortune of being very low, close to the sea. It happens that a good part of the city of Douala is regularly flooded because of the rising water, the tide. You go to a neighbourhood like Bonabéri, Bonabéri is practically a risk zone. What people do, they try to call up spaces or some kind of walls in the hope of fighting rising water, but you can't stop the water from flowing. You can make walls, but eventually the water will find its way through. This is ***the first factor*** *that creates epidemics, diseases in poor neighbourhoods, because when the water rises and circulates, it comes with things, that is to say waste, and it leaves with things. When you go to visit neighbourhoods in swampy areas, you know what people do, they build septic tanks that are like tires stacked on top of the flooded areas. When they put their feces in there, the water carries it away, and downstream one kilometre you know what people are doing? Washing clothes, dishes, etc. another 500 m downstream, people are washing vegetables that we will sometimes sell at the market. As a result, we will have a lot of diseases due to the flood waters that circulate and bring all kinds of contamination to vulnerable populations. You see the same water is used to empty pits, to wash things, in short, it is a difficult situation to deplore. For me, this is the first factor that explains the great resurgence of water-borne diseases in Douala.* ***The second cause*** *that I would like to point out is the fact that Douala is a very, very crowded city. It is a city that condenses a lot of* CO^2*. This* CO^2 *destroys the body, it destroys what we would have liked better, oxygen. People don't see this phenomenon but I see, to know that it exists, go to the Ndokotti area around 5:30 pm, go through the tunnel, you will feel the kind of air you will breathe, you will come out of there suffocated. This is a point that I took as an indication, imagine all the areas of Douala where there is regularly this kind of traffic jam, these are very, very critical areas in terms of destruction of the ecosystem.* ***The third factor*** *I want to mention is the condensation of industrial activities in Douala. Douala is an economic city and it cannot get rid of its industries. But how do we deal with the waste from these industries? There is smoke everywhere. As you get closer to the Cimencam area, there is dust everywhere. This dusty mixture of chemicals is very harmful to your health. You go to the industrial zone, we are melting iron. The*

[2]Mrs N.K.D. Architect - Urban Planner, in charge of Studies, Department of Studies, Investments and Economic Operations, at the Urban Community of Douala.

[3]Mrs T. Architect - Urban Planner, Executive at the Urban Community of Douala

[4]MR. Y. Adrien, promoter of the NGO WAPP

methane that is being released is harmful to the health of the people around...[5]*».*

Stakeholders' perceptions on intersectoral collaboration

Informants and field practitioners have recognized the necessity and importance of intersectoral collaboration. According to most of them, it is even compulsory or binding. They argue that there are even institutional arrangements that require intersectoral collaboration.

« *On the specific issue of intersectoral collaboration, eh, the authority if I may say the community is obliged to work with the representatives of the State. If ... we will speak of the simple case of planning documents, if the urban community undertakes, or borough municipality, to have a planning document for its territory, the law almost obliges it, the law does not even almost oblige it to involve local representatives who are concerned by these issues, especially primarily the Ministry of Housing, Urban Development ... From that moment on, everything that is done in the production, validation, building permit issues, the MINDUH is represented. Which means that it is... how can I say that... It is a natural collaborative relationship that is made. Now, trying to pass judgment on the nature of these relationships is something else. I don't know if we have the ability to do that... ».*Ms. M from DUC

These institutional or legal issues of intersectoral collaboration are more frequently raised by policymakers working with the ministry of housing and territorial planning. According to them, the stakes of intersectoral collaboration are numerous and it is even mandatory, given the common objectives that the various deconcentrated services must pursue on a daily basis. This perception is widely shared by the Head of the Department of Urban Operations and Urban Social Development who declares that: « *Inter-sectoral collaboration, it must be said, is not even something we do. The law obliges us to collaborate. The law on urban planning obliges us to work in synergy with other sectoral actors*[6].

Practical experiences supporting those perceptions

Several practical experiences of intersectoral collaboration have been mentioned by urban actors in Douala.

- *Intersectoral collaboration between Douala Urban Council (DUC) and Ministry of housing and urban development :* The DUC has regularly worked with the Ministry of housing and urban development, through its Land use planning and housing operational unit called MAETUR. They collaborate when it comes to zoning the city, identifying no-building areas, and determiningnew residential areas.Such an intersectoral collaboration is confirmed by a DUC staff who declares that :

«*Personally, I've always been satisfied, it's true that I've only been with the Douala Urban Community for four years, but I've always appreciated the mobilization of the different actors, whether it was for studies where we were the contracting authority, each time we invited them, we involved them, and they came, we even had very constructive opinions that made things even better, For example, in the framework of planning, a three-year emergency plan carried by MINDUH, when they come to do research, they involve the urban community of Douala, because we are the main actors when it comes to raising awareness, communication, and our social engineering is mobilised in the field to contact the populations. So in my opinion it's going well, so far I have no reproaches to make in relation to this collaboration....*[7]»

Althoughthisparticular DUC staff clearly evokes a good inter-sectoral collaboration between DUC and the MAETUR, she shows great hesitation to assess the quality or successfulness of the collaboration. This dual experience of partnership is underlined by the Regional Director of MAETUR :

« Yes, we cooperate extensively with the Ministry of Housing and urban development. So our unit has signed a MOU with the Ministry in the framework of urban restructuring. So we have been working very, very well together for a few years now. Yes, MAETUR and MINDUH (Ministry of Housing and urban development) are working together because the issue of housing is huge.... You don't build houses in the air, it's on the ground, but the land is no longer at the level of the Ministry of Housing and Urban Development. ..... Now, MAETUR is there to serve the citizens. »

In short, intersectoral collaboration between Douala Urban Council (DUC) and Ministry of housing and urban development seems to be friendly if we stick to this official from the Ministry of Housing and urban development:

«*MAETUR is a very important actor in the housing sector. With MAETUR, the ministry really has no problem. I have meetings with them at least once a month to reflect on issues of housing real estate and servicing. We also do the same work with MAGZI for the industrial zone...* [8]»

- *Intersectoral collaboration between Ministry of housing and urban development and Ministry of social affairs :* Ministry of housing and urban development has always collaborated with : (i)the ministry of public health to provide temporary dwellings to flood-affected citizens,and (ii) with the Social affairs Delegation to provide shelters to stree-children, and to build low-cost public housing for the urban poors. Such a practical experiences are acknowledged by the head of the Urban Operations and Urban Social Development Department:

«Inter-sectoral collaboration, the town planning law obliges us to work in synergy with other sectoral actors. Where I am, for example, I am the head of the urban operations and urban social development department, I work in collaboration with Ministry of social affairs because I have prerogatives that put me in a bind with those ... With the other sectoral actors. When the Ministry of public health plans to build an establishment or a building, we are the ones who are in principle responsible for checking the quality of the plans and their functionality. It is a public building, we have to guarantee its functionality. And this has to be done systematically. We have done this for several health establishments, the Ad Lucem health centre for example. We work with all sectors. The Ministry of lands and tenure security, in order to have a land title, we work together because we have to go and check if the land that is being given to an individual is accessible, if he can get to his home, if the fire service can get there, if the SAMU can get there. That's the way it is. And even in the housing estates, you can rest assured that there are spaces reserved for social services, i.e. the space reserved for the school, the health centre, even the public gardens, because depressed people may need them. Even if it is private land, you are obliged to leave a certain percentage for social services, so that if tomorrow the state envisages basic infrastructures, let it find the spaces that can accommodate them. It's

[5].Mr. T. S., Head of Urban Operations and Urban Social Development at the MINHDU Divisional Delegation for Wouri.

[6]Mr. T.S., Head of Urban Operations and Urban Social Development, Regional Delegation of the Ministry of Housing and Territorial planning.

[7] Ms. T, urban planner-architect, executive at the DUC

[8]Mr. T.S., Head of Urban Operations and Urban Social Development, MINHDU Departmental Delegation for Wourri.

the law that asks us to do that. Even if it is private land, the owner is obliged. Otherwise, the people he installs will be able to do what, where and how will they treat themselves? How are they going to get home? That's why we're starting to charge a percentage. It's true that the law hasn't yet called for a strict percentage... ....»

In general, the Ministry of housing and urban development is at the center of all intersectoral collaborations in Douala, as it interacts with all the ministries whose activities contribute to the well-being of urban residents, such as Minsitry of urban environment, Ministry of water and energy, Ministry of land use and planning, Minsitry of public health, etc. With regard to this experience of multi-collaboration, the Regional Delegate of Ministry of housing and urban development declares:

« In all our studies to improve the living environment, we work with the Ministry of the Environment, which gives us information when there are building permit applications, when there are projects to build schools and health centres. When the construction files for these buildings or establishments reach us, we try to see if there is an environmental impact notice, to see if the project has taken into account the social and environmental aspects...Globally, in the order of priorities, we work together with the Ministry of land use & planning because we are also an investment ministry. We work with the Ministry of land affairs and tenure security because we've always been together in terms of our activities. Our consultative commission usually mobilizes officials from Ministry of housing and urban development, Ministry of land affairs, mayors, and chiefs...We work with the Douala urban community, the Ministry of territorial administration and home affairs, the Ministry of Water and Energy, the Ministry of the Environment, the Ministry of Wildlife and Forestry because we are still in a mangrove town, the Ministry of public procurement and contracts, and the Ministry of public health... »

- *Practical experience between the Ministry of public health and other public administrations :*In Cameroon, Public Health is considered a key domain as well as territorial planning. Therefore, public health ministry interacts with most of the local and national stakeholders. In Douala, for example, many cases of intersectoral collaborations have been reported. We can cite :

  i. Collaboration between the Regional Centre for the Prevention and Control of Epidemics - CERPLE (which is a field operational entity of the Ministry of Public Health) with the the Douala municipalities (which are under the Ministry of decentralisation and decentralized communities) to fight against diseases outbreak in the city. According to Dr K. (Emergency Doctor in charge of the CERPLE, this collaborative action consisted of co-design field interventions strategies and co-identification and distribution of materials (pharmaceuticla products) to populations.

  ii. Collaboration experience between the Regional Delegation of Public health and its counterpart of Housing and urban development occurred during the design of the Douala urban development plan, when officials and stakeholders from both ministries met to formulate and strategize how the plan should be drafted and implemented. According to the Head of the Department of Urban Operations at the Ministry of Housing and Urban Development:«*Things were done in such a way that during the elaboration of the plan, we collaborated with health professionals of the public health Ministry, who provided their thoughts and inputs. For example, there were areas that we classified as aedificandi (open to human settlement), but officials from the public health Ministry advised no, because those areas were either swampy lowlands prone to flooding, or close to airport premises and that can exposed citydwellers to noise pollution. Globally, health issues are addressed whenever any planning activity of the city is considered....*[9]*».* In the context of practical collaboration, this informant emphasizes that views and thoughts of health professionals are always with regard to some planning activities such as construction of buildings of public interest:«*It must be said that the public health issues are defined by the central authority. The regional representative's duty is to check with representaive of the housing and urban development ministry if projected facilities (hospitals, industries for example) comply with housing standards as well with health norms. Some standards we usually care are security exits, accessible for persons using a wheelchair, size of windows and rooms, existence of washrooms and toilets,...*[10]*»*

- *Experience of collaboration between local administrations and international organizations :* Public administrations in Douala and even local civil society claim to work with UN-Habitat and WHO on a regular basis. Officials from MAETUR (ie Housing and urban development ministry) attest that they have a signed MOU with UN-Habitat to assist in the implementation of the new urban agenda, namely targets 3 and 11.

Obstacles/Bottlenecks for an effective intersectoral collaboration

The aboveexperiences of intersectoral collaboration highlight the fact that instances of intersectoral collaboration do exist in Douala. However, the Douala urban council along with other local public administrations encounters some pitfalls in their efforts to integrate health issues into urban management policy in Douala, and consequently prevent complete achievements of targets 3 and 11 of the SDGs. Those obstacles are:

- Incivility of Douala residents: refers to unruly behaviours of Douala citizen who lack the respect of public rules and legislation. According to an official we met at the Douala 5 municipality, it is hard to discipline dwellers who « *do things their way, as they want* ». He cites example of urban disorder which, according to him, are intimately linked to the incivility of the population. In the community markets, insalubrity sometimes reaches worrying proportions, with the batch of diseases that this can induce., as this municipal official points out:
  « *Well, we're fighting against urban disorder, such as fresh food vendors on roadsides, overflowing motorcycle taxis at crossroads, street vendors and insalubrity in markets areas. But, they (city dwellers) are very recalcitrant you know. You hunt someone today and the next day he's there. So they are quite stubborn, and we really don't have the means to effectively regulate. So that's it. Because when you target a neighborhood, a week later, it's like you haven't done anything. As soon as people will fail to follow the rules, those informal activities will still be the sources of pollutions, that is diseases risks factors »*[11].

[9] M. S., The Head of Urban Operations and Urban Social Development Department

[10] Mr. S. Head of the Urban Operations and Urban Social Development Department at the MINHDU Departmental Delegation for Wouri

[11] IDI, Douala Common Framework 5, Douala, 10 June 2019.

- Insufficient financial resources: Douala municipalities are significantly under-resourced to meet their activities (mostly to carry out large-scale projects integrating health and housing). An example is that of Douala 5 municipality which is still in search of funding to build a maternity ward at the Douala 5th district:
  « *... there is a large population in our municipality (...). It was then decided to build a maternity ward. But, it's still under construction. Due to lack of resources, construction is done according to resources availability. Last year, we succeeded in building the first storey. Next year, if we receive some funds, we will build the second storey. And, then we can to move on to the equipment. You see such a small project, we have to do it over three years, (laughs) because we don't have financial resources needed »*[12].

- Lack of anticipation from the Ministry of Housing and Urban Development in the implementation of urban building construction projects: This significant element hampers efforts to integrate health issues into housing policy in Douala. With reference to building of schools in the city, it appears that, usually, the selected developer designs the structure alone without public consultation. It is almost at the end of the project that he seeks for advices to ensure if users health have been met.:
  « *It's when the school is already up and ready to open that we realize there was project like that…. When we are called to approve, it happens that many aspects related to health and even to town planning are lacking. So what are we going to do? Do we have to demolish the school and build another one? Too Late*. And when the inspector says '*'Let's manage as we can manage, what do you think we can do else?. If we were consulted at the beginning, this nasty situation won't happen*». A careful listening of this informant underlinespossible corruption in the process of handling and managing projects in the city.

- Technical incapacity of territorial collectivities (municipalities) to undertake large-scale projects: Low investment budgets of local territorial collectivities means that they cannot undertake large-scale projects such as sustainable and healthy housing with integrated water system, drainage system, recreational parks and gardens, walkable streets, etc.Because such infrastructure requires large financial and technical capacities, territorial collectivitiesrather entrust them to the urban community of the central government.
  « *... Coming to the implementation of large-scale projects such as roads, sustainable and social buildings, ..., we rely on the urban council and sometimes to public work administration, because they are more equipped than us*[13]».

- Lack of qualified human resources exist atalmost all Douala municipalities and even at the Douala urban council, many staff in charge of operations and projects do not have the required job profile.
  « *Most of the officials in those municipalities are not qualified for the positions they hold.You may see that, some have a background education in chemistry or in humanities, but they head the planning unit, which normally is suitable for an urban environmental engineering specialist. At the Douala urban council, I met a biologist at the cartography unit… What are they doing there? They're only there to sign documents. When I try to ask technical questions regarding city building requirements, they cannot provide adequate answers»*[14].

- Urban sprawl : referring to the unrestricted growth in many urban areas of housing, commercial development, and roads over large expanses of land, with little concern for urban planning. In Douala, urban sprawl is associated with single-use developments, often with spatial mismatch, retail trade developments, and housing subdivisions. A subsequent result of urban sprawl is increased infrastructure costs, due to the fact that living in such a more spread out space makes public services more expensive. Provision of services such as water, sewers, and electricity is also more expensive per household, given that sprawl increases lengths of power lines and pipes, necessitating higher maintenance costs.

DISCUSSION

In order to understand the ambiguous situation of integration of health issues in housing policy in Douala, we need to look at New Urban Agenda (NUA) and the Strategic Development Plan of Douala (SDP). While the NUA is limited in its devotion to health issues (improving the living environment in towns and cities in terms of strengthening prevention and control of nuisances and unhealthy conditions), SDP which appears to be the White Book of the city, emphasizes on urban planning actions which they believe to contrbute to the well being of citizen. That is why, so far, planners in Douala are faced with multiple constraints that prevent them from fully adopting UN-Habitat's recommendations. The issue of the galloping demography of the city remains permanent and is not conducive to a real mastery of habitat planning issues. Challenges related to HiAP are not the main concern of officials in Douala, especially those in charge of the housing sector. They do not really mind of integrating health issues in housing policies in the city.

The issue of intersectoral collaboration was the subject of extensive discussions with key informants. The findings were:
A positive perception on intersectoral collaboration: Most actors on the ground have recognized its challenge, its necessity and its importance. According to them, it is even compulsory or binding.

Existence of mixed practical experiences in terms of intersectoral collaboration: Most actors have had practical experiences of intersectoral collaboration. But successfulness of those collaborations is relative, because some acknowledge its usefulness, while others are showing some doubts on its efficiency.

Various bottlenecks found to a truly successful intersectoral collaboration strategy in Douala: While the quality, sustainability or strength of the various intersectoral collaborations must be objectively assessed, it should be said that they have many limitations. These limitations and obstacles have been strongly criticized by some actors. Overall, with all intersectoral actors, there is no permanent collaboration; it is irregular or very often ad hoc. Among the multiple obstacles or bottlenecks that influence and limit the success of an intersectoral collaboration strategy to take into account the social determinants of health in public policies (housing) in Douala, the actors highlight:

- *The selfishness of the actors and the leadership issues*. In Douala, institutional actors recognize that intersectoral collaboration is not always a priority for interventions. A

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cited example is the gutters' construction executed Douala Urban Council alone without seeking collaborations neither from the district municipalities, nor from the Ministry of Housing and urban Devevolpment and the Ministry of urban environment.

- The ineffectiveness of the decentralization process : Since 1997, Camerron government has decided to empower municipalities. However, this is far to be effective because most financial, technical and human resources of the municipalities are still in hands of either the Douala Urban council or the ministeries. According to all the mayors, this is the most important bottleneck limiting the success of an intersectoral collaboration strategy in the city.
- *The leadership conflict between the Ministry of Housing ad urban development (MINDUH) and the Ministry of public health (MINSANTE):* For the MINDUH, management of Douala city as well as all of Cameroonian cities falls within its perogative because its duties are to ensure urban territorial planning. This self over-leading role of the MINDUH is challenged by the MINSANTE which argues that well-being and health of citizen as well as of rural residents is its responsibility, and therefore its collaboration in all urban projects is essential and even mandatory.
- *The chronic financial weakness of municipalities*: For the intersectoral collaboration and real integration of health issues in housing policy in Douala, all the actors are in agreement that an end should be put to their precarious financial resource.

Compared to other situations, the context described above is not solely particular to Douala. For example, findings from Kilonzo (1994) on intersectoral cooordination in the control of communicable diseases in Tanzania showed there were high levels of synergy accrued during partnership formation, but that a significant decrease in synergy occurred during the implementation phase because of loss of consensus on mission and strategy among partners. On their side, Omokhoa and Ngozi (2010) found that failure to strengthen intersectoral collaboration for primary health care in Nigeria was caused by weaknesses to mobilize all stakeholders for intersectoral collaboration through advocacy, sharing of real information, leadership conflict between state actors and between state actors and civil society, and programming. In the same vein, Bolay (2011) found that intersectoral action in Africa and Latin America is challenged by many factors: multi-actors' definition of strategies, policies and priorities in the implementation of concerted actions, a conception of urban planning, and translation of the expected balance into decision-making processes (institutional and political framework) and covering the economic, environmental and social costs to society (mainly the economic and financial dimensions). However, intersectoral collaboration has been reported successful in other studies, such as that of Matenga et al (2019) who reported that through multipartner collaboration, there is availability of financial resources to accomplish development goals. Taking the case of Zambia, they reported that integration of health issues in national policies was achieved thanks to effective communication and leadership, values and accountability that go into the process of partnership functioning. Trust did interact with different elements that create partnerships where there was co-ownership of the projects. This co-design and co-implementation of projects did produce benefits for populations, including evidence generation to influence policy, improved service delivery, infrastructure development and designing interventions to improve the healthcare of populations in greatest need.As well, Corbin et al (2018) report key factors that contributed to "a rebound in synergy scores" during implementation of health promotion through intersectoral collaboration are: building a common understanding, authentic integration of partners' perspectives, skills and values, shared leadership.

Intersectoral collaboration or multisectoral partnerships representing an approach that brings partners together to work collectively on a common issue, strengths of this study are manifold:

- Related to integration of health issues in housing policy in Douala, the approach recognizes that solutions go beyond the pooling of factors and often lie outside of housing and health sectors. Highlighting the populations interest is needed to address the dynamic and inter-dependent nature of the housing, urban settlement and health.
- Using above examples of practical experiences in the city, this study reveals that intersectoral collaboration is a process. According to Godoy-Ruiz et al (2015), intersectoral collaboration is a four actions point process: Think purposefully, Consider enablers and barriers, Build trust partnerships with key stakeholders, and Contribute to the evidence base. Of Dean et al's opinion, (2015), this curated list is not meant to represent a step-by-step process. Rather, it offers resources to support critical steps in the process of working with multiple partners to advance project equity.
- Findings on opportunities and perspectives that can facilitate success of an intersectoral collaborative strategy in Douala. All investigated state and civil society actors agree for a transversal urban territorial strategy, which may contribute to strengthening the types of collaboration necessary for the implementation of an intersectoral strategy between the different actors involved in dealing with the social determinants of health and public policies (housing) in Douala. They also stand for a unified and collaborative management that would make possible a common understanding of priorities and restrictions, a single set of incident objectives, internal and external improvement of the flow of information, less duplication of effort, better use of resources.

Qualitative research involves the collection, analysis, and interpretation of data that are not easily reduced to numbers. Even though this research has provided a better understanding of the perceptions and practical experiences about intersectoral collaborations in Douala, this study has some limitations:

- Lack of a mix of voices among the informants: The type of qualitative data that was used (semi-structured interviews and structured interview questionnaires containing substantial open comments including a substantial number of responses to open comment items) allowed only officials' views. Use of press clippings and of focus group discussion including residents might have permitted us to apprehend residents' thoughts and consequently have an indepth knwledge of the situation.
- No supporting metrics :Since qualitative research is a perspective-based method of research, responses given by informants could not be measured. It would have been important to cross-reference the data obtained with the quantitative data.

- The questions were designed to gain insight into stakeholder and Decision-makers in particular. Still, these tensions between the different roles among the different informants must be considered when considering the validity of the study.

Conclusion

In the health literature, the term "intersectoral collaboration" frequently refers to the collective actions involving more than one specialized organization, performing different roles for a common purpose. However, according to some our findings, it must be noted that multisectoral actions are necessary but not sufficient to constitute intersectoral collaboration. One knowledge gap this study has addressed is that vertical but related multisectoral actions do not constitute intersectoral collaboration. Rather, it must be a horizontal related multisectoral partnership. In fact, intersectoral cooperation is based on the premise that state actors, private stakeholders,and civil society sectors each possess distinctive assets that can be combined in a productive manner to solve complex problems. Intersectoral collaboration in Douala regarding integration of health issues in housing policy has involved two main categories of policymakers: the state and the civil society. The state is generally understood to encompass institutions and activities concerned with maintaining order and producing public goods (Bradley, 2007). It mobilizes resources and enforces authority through a legitimate action. This authority to create and enforce laws and regulations is unique to the state and can contribute to establishing an enabling environment for society to carry out its functions, such as supervising or coordinating urban activities. That is what has been noticed in Douala with prominent intervention of the ministry of public health and that of housing and urban development. However, the administrative bureaucracy that is spawned by the state's obligations can result in rigidity, which in turn can slow down true partnership. We also noticed that in Douala, some large-scale urban projects are delayed because of administrative slowness along with potential corruption. Civil society is distinguished from the state and market by its concern with common goods or common interests as defined by social groups (Gonzales *et al.,* 1999). The strengths of civil society as a sector include its capacity to be responsive to various issues through the diversity of organizations that comprise it and the values-driven energy of individuals and organizations (Frazen *et al.,* 2017). In the context of territorial urban planning and health promotion in Douala, the involvement of many civil society organizations in grassroots activities and their closeness to marginalized groups has allowed them not only access to primary stakeholders, but also the ability to gain the information and sensitivity necessary for responding to health-related issues effectively. At the same time, however, the sector (civil society) has suffered from fragmentation as local and international NGOs compete with each other, duplicate efforts, and miss opportunities for both sharing knowledge and coordinating related activities. That is what happened between the local NGO ''Work Action Phyto Protection (WAPP)'' and the international NGO ''Enviro-Protect'' when it came to the issue of handling the urban waste in the city. In addition, the ability of the civil society to address issues requiring sophisticated knowledge is further limited by the mismatch between volunteers and technical expertise, a problem that is exacerbated by a scarcity of resources (Brown & Kalegaonkar, 1998; Bratton, 1990). Overall, the different strengths possessed by each sector can compensate for weaknesses found in the others. By organizing diverse actors to engage in joint action, intersectoral collaboration attempts to harness these varied strengths in solving key urban development issues. Based on this reciprocal contribution between state policymakers and civil society, we are able to make the following recommendations, as long as integrating health questions in housing policy is a shared and common issue in Douala:

- *A cross-cutting territorial strategy :* This may well contribute to implementintersectoral partnership between policymakers involved in addressing the social determinants of health in Douala, admit housing policy.
- *Adoption of the Incident Management System (IMS) :* Consistent with internationally recommended practices, adoption of an Incident Management System will provide standardized organizational structures, functions, processes and terminology for use at all levels (neighborhoods, districts, urban) by all involved actors and policymakers. According to the Regional Delegate of Public Health who is in strong favour of this IMS, if applied, it will «*allow a coordinated response between various administrations, and therefore establish common processes for planning and resource management*».
- *An unified and collaborative management* : Talking about types of collaboration needed for the implementation of a true intersectoral strategy in order toefficientlyaddresssocial determinants of health in Douala, most informants have suggested recourse to an unified management which will contribute to a« *common understanding of priorities and objectives, to collaborative strategies, to improved internal and external information flow, and to a better use of human and financial resources*».
- *Necessity of a concerted multi-stakeholder approach* : Among elements considered as bottlenecks in integrating health issues in housing policy in Douala, Policymakers note the fact that so far there has been no real concerted approach where dialogue and collective dynamics have prevailed over selfish interests. As an official from the Douala Urban Council points out,«*All these actors up to now have not yet found a way to really meet housing needs, i.e. they provide a supply, but it is far from being sufficient in relation to the real needs, the proof is that housing, informal housing is developing. I think that there is reason to think about production methods other than those known today and supervised by the different actors that are the MINDUH, the SIC, the MAETUR, and to a certain extent the State. There is a need for a concerted multi-actor approach…* ».

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