African Cities – place of health opportunities and challenges

Healthy African Cities

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Content

- Urbanization trends
- Mortality trends
- Cities - place of health opportunities
- Cities - place of health challenges
- Global Responses
Data and findings

Data in over 40 African countries from

- Demographic and Health Surveys (DHS)
- and Urban Inequities Surveys (UIS)
  ON
- Housing and basic services
- Health, nutrition
- Family Planning - HIV/AIDS
- Infant and child mortality
Urbanization in the World: from a rural century to a urban century

19th Century: the Rural Century with 98% living in villages at the beginning and 90% at the end of the century

20th Century: the Urban Transition Century with only 10% living in cities and towns at the beginning and 47% at the end of the century

21st Century: the Urban Century with half of the world living in cities at the beginning and 70% by 2050
Generalization of the urban world in the 21th century

Africa

Asia

East Africa

West Africa

Northern Africa

Southern Africa

LAC

1950
1960
1970
1980
1990
2000
2010
2020
2030
2040

UN-Habitat
FOR A BETTER URBAN FUTURE
Well-managed cities

- generate jobs
- provide opportunities for investment
- offer more facilities
- are the drivers of national economies
Substantial progress in health in the past 50 years along urbanization

Most people today are healthier and live longer in Africa than 50 years ago, except countries affected by the HIV/AIDS epidemic, and conflicts.

In 1950, life expectancy in Africa was below 40 years. It’s now over 50 years, due to significant decrease in infant and child mortality.

In 1950s, the under-five mortality in Sub-Saharan Africa was more than 200 deaths per 1000 births, now it is about 100.
Decline of under-5 mortality 1990-2010
Drivers of mortality decline

• Decrease in communicable diseases as smallpox, diphtheria whooping cough, and respiratory diseases such as tuberculosis and influenza

• Significant increase in child immunization coverage

• Increase awareness about health risks, particularly among urban residents
Cities – place of opportunities

• Being sick less frequently
• Dying later
• Being better educated
• More opportunities for employment
Within the same cities, both scenarios coexist – some citizens are able to succeed and prosper while others don’t have access to basic services and sink into poverty. Poor urban families must choose between funding their children’s education and paying for basic services, including food, health services, water and housing which are not affordable for many of them.
In 2010, six out ten people in Sub-Saharan Africa live in slums

- Lack of improved water
- Lack of adequate sanitation
- Poor housing conditions
- Overcrowding

All put together these are characteristics of slums that expose children to high morbidity.

When rapid urban growth does not come with basic urban infrastructure in an adequate urban planning setting, slums expand.
Multiple shelter deprivations are common in many cities of Africa.
In absence of adequate urban planning and housing policy, African cities expand with large inequalities of access to basic services.

Addis Ababa, UIS 2004
Unplanned urban growth leading to sprawl

- Endless growth of cities in the periphery
- Growing inequalities between rich and poor
- Serious distortions in the form and functionality of cities
- Grave damage to the environment
Lack of basic services such as improved water, improved sanitation, durable housing and sufficient living area expose children to high morbidity.
Percentage of children <5 yrs underweight (SSA)
Prevalence of diarrhea in last among children 5 yrs (SSA)
Percentage of urban households using solid fuel for cooking

Indoor air pollution fuels Acute Respiratory Infections in African cities
Percentage of urban households with solid waste collected (public or private system of collection), Africa

Poor management of solid waste exposes urban population to multiple environmental diseases
Poor Urban Planning exposes population to high risk morbidity

- Limited street space in cities (less than 10% in most African cities)
- No space for pedestrian
- Heavy traffic through residential areas
- Limited public space (including green space)

Consequences:
- Road traffic accidents
- Poor air quality
- Air/noise pollution
- Negative externalities on social health and wellbeing
- Mental and physical health
- Chronic stress
- Social isolation
- Barrier of access to services
- Violence
NEED FOR A FRESH NOTION OF Healthy African cities

TRANSFORMATIVE CHANGE

Holistic

People-centred

Sustainable

Inclusive
Healthy African cities call for Collective global response

- Health services
- Environmental setting
- Living conditions
- Morbidity
- Mortality

Programs
Health as part of a wheel of urban Prosperity
Healthy African cities require

1. **Productivity:**
   - Contributes to economic growth, generates income, provide decent jobs and equal opportunities…

2. **Infrastructure development**
   - Provides adequate infrastructure in order to enhance mobility, productivity, mobility and connectivity…

3. **Quality of Life**
   - Enhances of the use of public space in order to increase community cohesion, civic identity…

4. **Equity and Social inclusion**
   - Ensures the equitable distribution and redistribution of the benefits of a prosperous city, reduces incidence of poverty and slums…

5. **Environmental sustainability**
   - Values the protection of the urban environment while ensuring growth…
Inclusive urban planning for urban growth as preconditions for full urban advantage

- Adequate urban planning: socially integrated, connected and compacted cities
- Land and housing shall be factored as associated variables
- Accessibility to basic services (water, sanitation, health services) taken into account

This determines the extent to which a city takes advantage of being centre of concentrated production and population, and avoids the negative externalities.
Healthy Urban Planning

- More compact form
- Balance lower energy costs
- Greater heterogeneity and functionality
- Safeguards against new risks
- Higher provision of public goods
- More ‘human scale’
Healthy urban planning means planning for people in cities. It promotes the idea that the city is much more than buildings, streets, and open spaces; it is a dynamic social space, the health of which is closely linked to that of its residents. (Urban Planning and Health Equity, 2010)
## Example of a joint public health and urban planning framework

### The case of the Riuru slum of Nairobi, Kenya

**Fundamental (Society) Level**
- **Natural Environment**
  - Air quality
  - Climate
  - Water supply
- **Macrosocial Factors**
  - Historical conditions
  - Ideologies (sexism, social justice, democracy)
  - Legal codes
  - Economic orders
  - Human rights doctrines
- **Inequalities**
  - Distribution of material wealth
  - Distribution of employment opportunities
  - Distribution of educational opportunities
  - Distribution of political influence

**Intermediate (Community) Level**
- **Built Environment**
  - Pro-public space (safe play areas)
  - Pro-pedestrian
  - Pro-informal space (hawkers selling merchandise)
  - Pro-mixed land use (benefits women microentrepreneurs)
  - Anti-eviction (adequate and affordable housing)
  - Accessible services (healthcare, sanitation, emergency childbirth)
  - Safe schools (girls and boys)
  - Road investments/rehabilitation (bus lanes, bicycle lanes, sidewalks)
  - Bus rapid transit systems

**Proximal (Interpersonal) Level**
- **Stressors and Buffers**
  - Housing conditions (overcrowding)
  - Inadequate drainage
  - Crime and safety
  - Financial security

**Social Context**
- Bylaws and zoning regulations to upgrade slums
- Pro-poor regulations and policies
- Civic participation of slum dwellers
- Subsidize bicycle ownership
- Congestion charges
- Reasonable labor practices (decent wages, safe working conditions)

**Health Behaviors/Activities**
- Immunization
- Safe sex practices
- Adequate nutrition

**Social Ties**
- Social participation and integration
- Shape of social networks
- Resources available within networks
- Social support

**Health Outcomes**
- Premature mortality (infant, > age 5, maternal, pedestrian)
- Mental health (depression, anxiety)
- Injuries
- Domestic violence
- Homicide
- Diarrheal diseases
- Parasitic infections
- Vaccine-preventable diseases (measles, diphtheria, pertussis)
- Mosquito-borne diseases (malaria, dengue, yellow fever)
- Respiratory diseases (acute infections, tuberculosis)
- Sexually transmitted diseases (HIV/AIDS)

**Well-Being**
- Hope/despair
- Psychosocial stress
- Happiness
- Disability
- Family/play time

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Extracted for a study commissioned by WHO to Columbia University, Urban Planning and Health equity, 2010
Healthy African cities in the international agenda

UN-Habitat, 2006: Where we live matters

UNFPA, SWOP 2007

WHO, 2010: Urban planning and Health Equity
WHO and UN-Habitat, 2010: Hidden cities

UN-Habitat, 2010: Bridging the Urban divide
UN-Habitat and WHO 2012 MOU
UNICEF, 2012 – Children in the urban world

MDG post 2015 – Equity
Thank you