

CITIES, HEALTH AND WELL-BEING

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Well-Being in African Cities



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Well-Being – A Perspective From African Cities

“CITIES, HEALTH AND WELL-BEING”
Urban Age Conference, Hong Kong

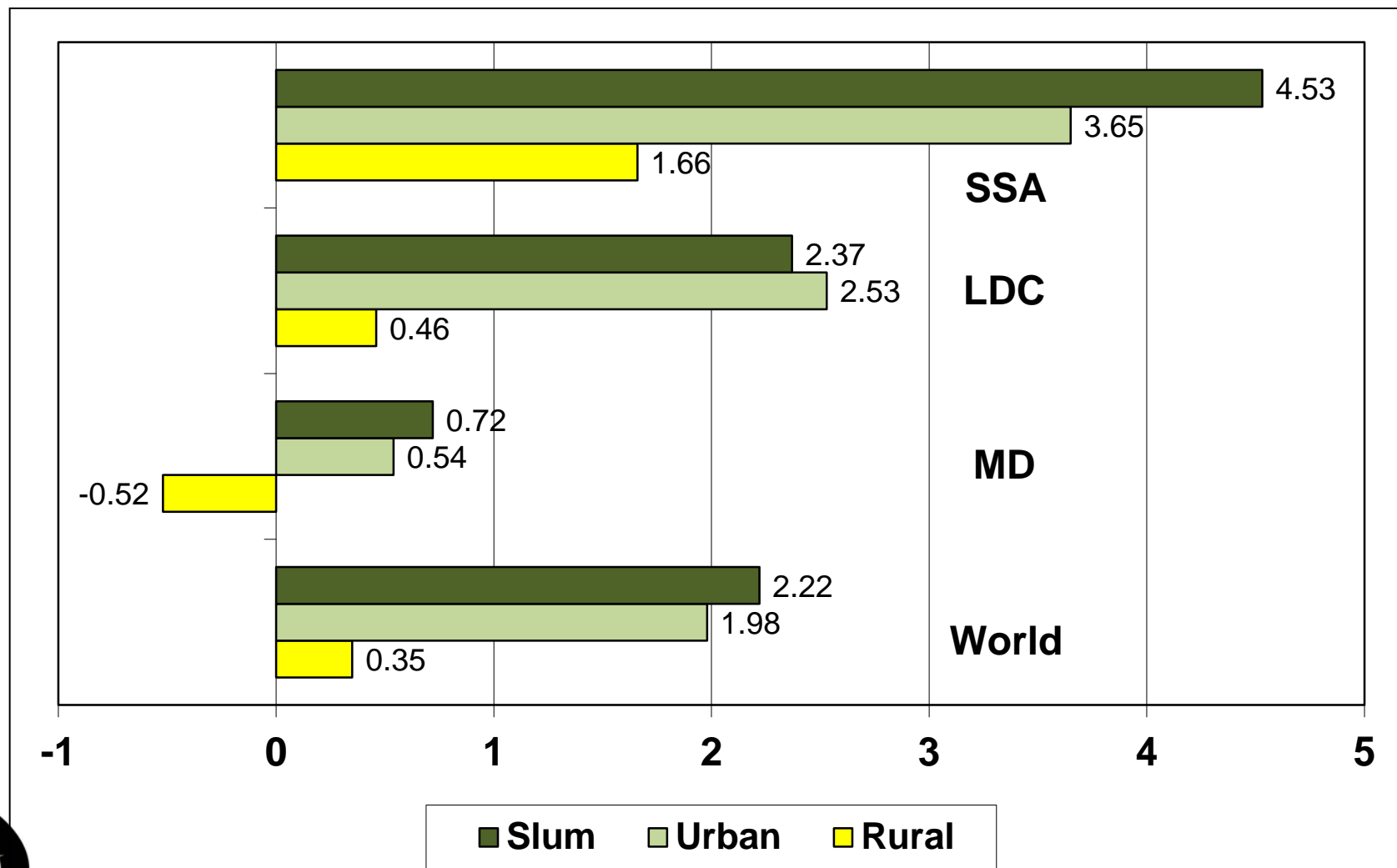
November 16 - 17, 2011

Outline

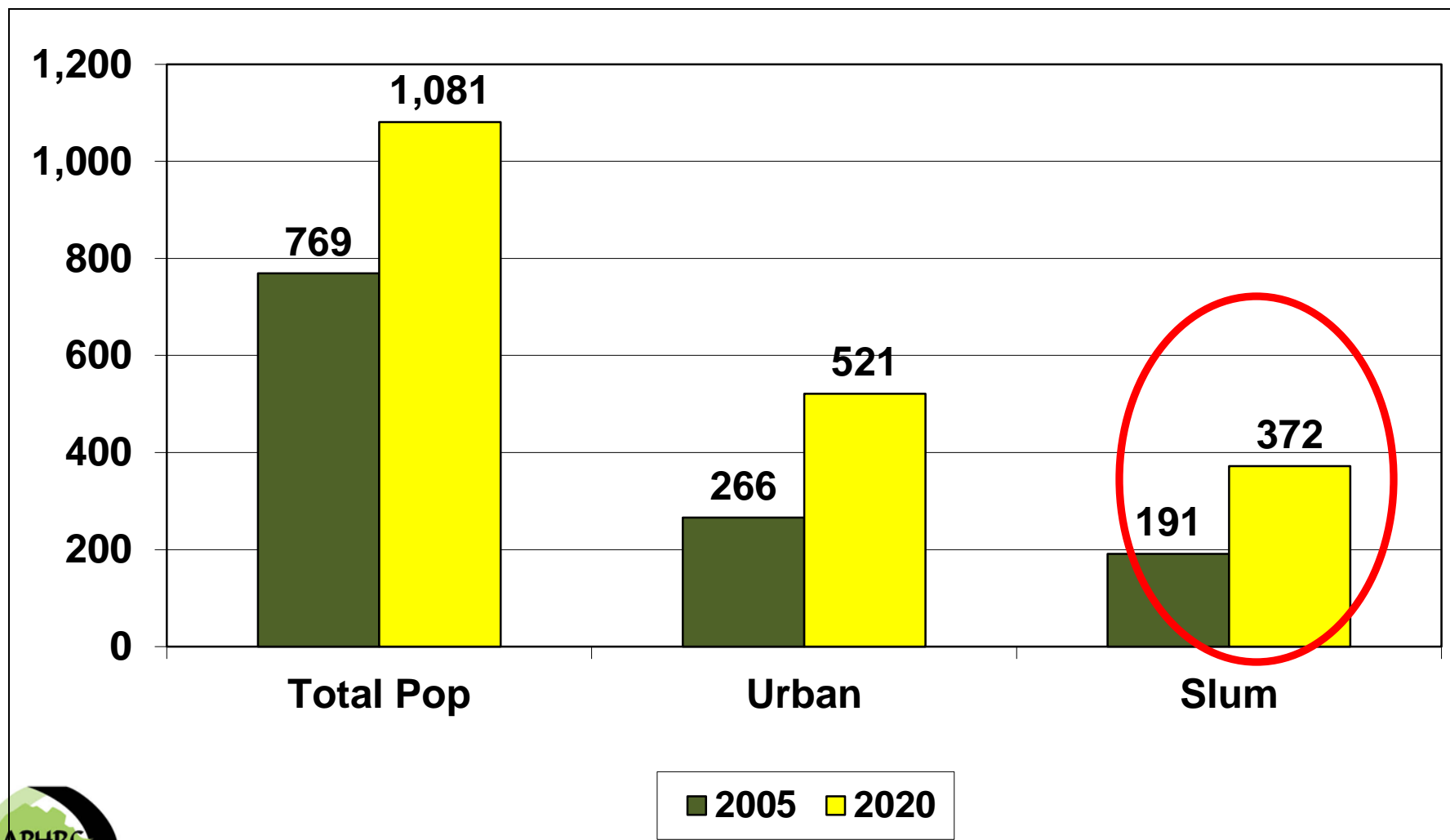
- Urbanization and poverty in African cities
 - Population trends: global, SSA, slum growth
- Health challenges in urban SSA - focus on Nairobi
 - Dominance of infectious diseases
 - The importance of NCDs
 - Intra-urban differences in health outcomes
- What this means for policy and practice



Population Growth Rate by Region and Residence, 2005-2010



Projected Growth of Total, Urban and Slum Populations in SSA (In Millions)



Focus on Nairobi



← Nairobi CBD



A slum, less than 10 km from the CBD



Health Care Services



- Few Public Health Facilities serving slum settlements
- Number and capacity of public facilities has not kept pace with urban growth. Public PHC facilities only open 8-5 on weekdays
→ *Overcrowded and overwhelmed public health facilities;*
- Dominant Private-for-Profit sector (in numeric terms)
- Limited support and poor regulatory framework for the private sector
- Variable size and quality of care in private sector facilities

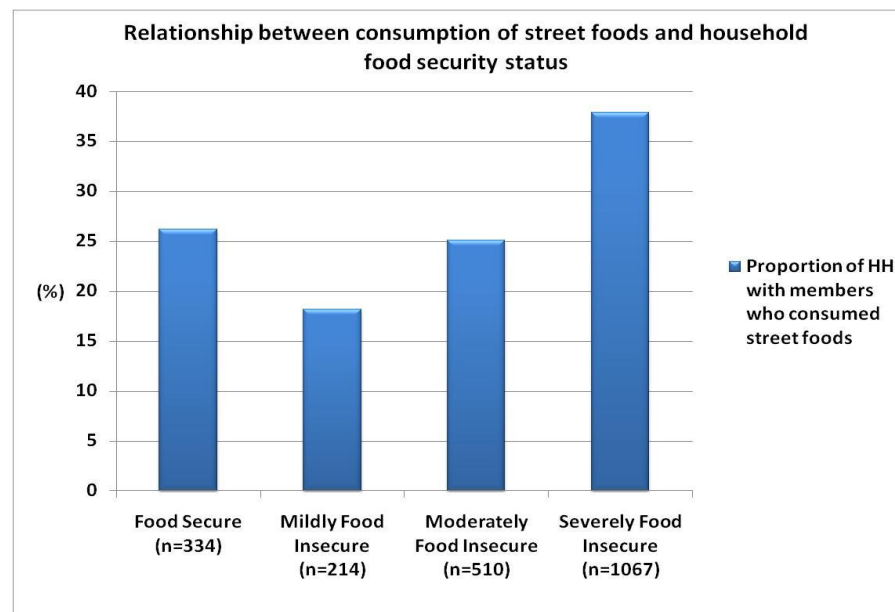
Health Challenges in Urban SSA

- Communicable diseases account for the greatest disease burden in SSA. Similar pattern observed in urban areas
 - Environmental factors (water, sanitation, indoor air pollution)
 - Overcrowding
 - Food insecurity
 - High risk behavior (alcohol, drugs, and sex)
 - **Limited access to preventive health services**



Health Challenges in Urban SSA

- Non-communicable diseases (NCD) will outstrip CD in next few decades
 - Increases in behavioural risk factors (diet, alcohol, tobacco use)
 - Diet: lack of dietary diversity and **high use of street and fast foods**; high salt consumption
 - High stress levels
 - Environmental factors (air, water and soil pollution)
 - Limited access to screening and other preventive services



- In Kenya, prevalence of overweight & obesity among women of reproductive age almost doubled over a 15-year period (13% to 25%)¹
- Increase more marked in urban than rural areas
 - In 2008: obesity & overweight in urban women was 40% c.f. 20% of rural women in Kenya ¹ ; 35% and 16% in Ghana²



Health Challenges in Urban SSA

- Deaths from injuries (both intentional and unintentional) particularly high in poor urban areas
 - **Road safety (lack thereof) with increasing traffic volumes**
 - **Limited access to emergency services**
 - Lack of social cohesion – high interpersonal violence
 - Crime and insecurity
 - Limited access to law enforcement and judicial services



Health Outcomes: The Urban Poor Disadvantage

Indicators	Nairobi Slums ¹	Nairobi as a whole ²	Rural Kenya ²	Kenya ²
Children fully vaccinated (%) (Years: all 2008)	51*	73	76	77
Malnutrition (stunting 18-24 months) (%)	50	23	31	30
HIV prevalence (males and females)	12	10	6	7
Contraceptive prevalence rate (%)	53	55	43	46
Unmet need for contraception (%)	31.4	15.0	27	26.0
Mistimed and Unwanted pregnancies (%)	50.4	34.4	-	42.6
Attended at least 4 ANC visits	54	71		65
First ANC visit after 6 months	55	42		44

** Includes those with no vaccination card . If only those with card are considered – coverage is only 31%*

Sources: KDHS 2008, NUHDSS & Other APHRC data



Mortality in Urban SSA

Top causes of death 15-49/55 years (NUHDSS)

	Female	Male	Overall
HIV/AIDS related deaths	41.7	23.6	31.2
Injuries/accidents	4.4	31.5	20.2
NCDs	11.9	10.2	10.9
Pulmonary Tuberculosis	7.3	9	8.3
Maternal deaths	5.7	-	5.7
Other infectious diseases	8.4	8.7	8.4
Other causes	0	0	0
Total	545	758	1,303

Sources: NUHDSS 2006-9



Mortality in Urban SSA

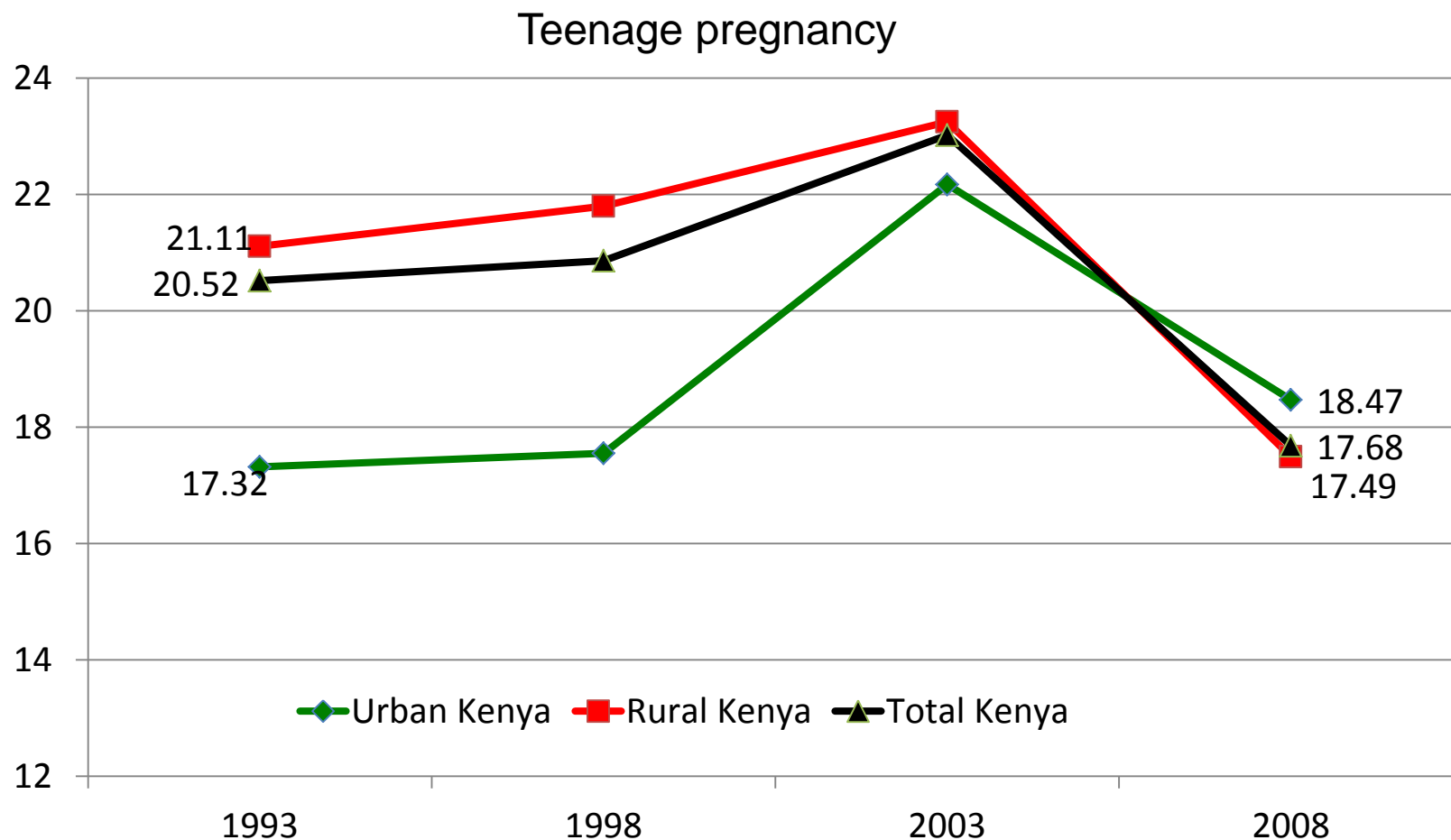
Mortality indicators in slums, urban, rural and whole of Kenya

Indicators	Nairobi Slums ¹	Nairobi as a whole ²	Rural Kenya ²	Kenya ²
Infant mortality rate (per 1000 live births)	96	60	58	52
Under-five mortality rate (per 1000 live births)	121	64	86	74
Maternal Mortality Ratio (per 100000 live births)	706	-	-	488

Sources: KDHS 2008, & NUHDSS 2006-7



Rural-Urban Differences



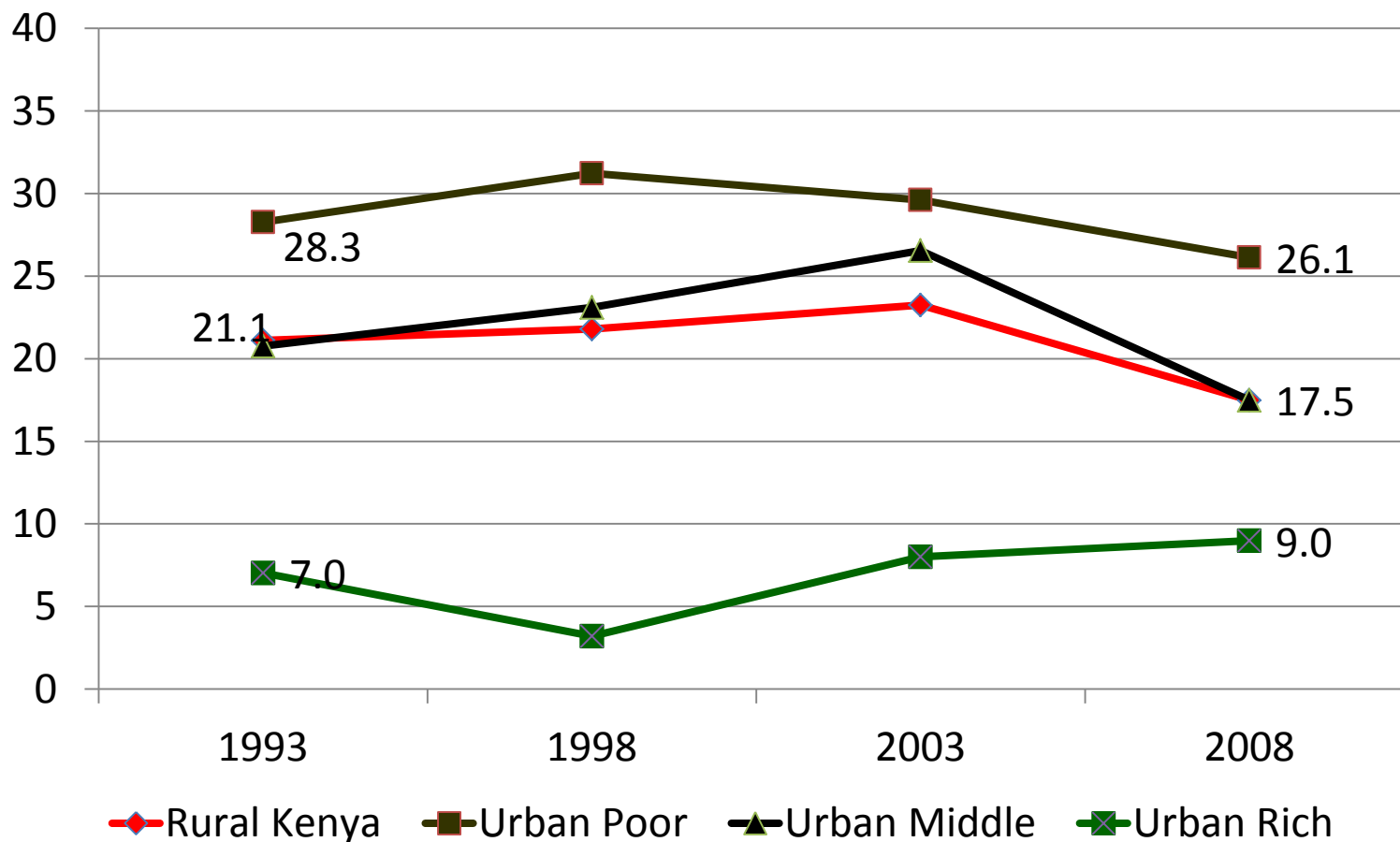
One of a few indicators where urban average is worse than rural one

Sources: KDHS various



Intra-Urban Differences

Teenage pregnancy



Sources: KDHS various



Current risk and future CVD burden

Diabetes prevalence, awareness, treatment and control – Adults 18+

	Has diabetes (a) n=298	Aware (b) n=101	Treated (c) n=72	On treatment (d) n=52	Controlled n=23	Well Controlled n=3
As a % of N (5190)	4.3%	0.9%	NA	NA	NA	NA
As a % of (a)	NA	19.9%	13.4%	10.3%	4.5%	0.7%
As a % of (b)	NA	NA	67.5%	51.8%	22.5%	3.5%
As a % of (c)	NA	NA	NA	70.4%	26.9%	5.2%
As a % of (d)	NA	NA	NA	NA	43.3%	6.7%

Findings on High Blood Pressure not any different

Undetected , untreated and uncontrolled risk factors point to a future huge burden of CVD



Wellbeing in African Cities

Implications for Policy and Practice

- Wellbeing (or lack thereof) in urban SSA is closely linked with the slumization of urban centers
- Urban health issues in SSA cannot be addressed without addressing the plight of the urban poor in slum settlements
- A triple burden of disease is evident in urban poor areas
- Health and other social indicators for the urban poor will increasingly drive national indicators
- Slum settlements are highly resourced (entrepreneurs, volunteers, humanitarians, civil society and resilient communities)
- Policy and programs should harness these resources



Thank You

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