

»» Cities: pest and cholera? The challenges of urban healthcare

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Urbanisation and growth are often associated with greater prosperity and better health. However, data shows that average mortality rates are similar for poor people in both urban and rural areas. Disparity between the urban rich and the urban poor is also on the rise again, with direct consequences for health. According to the WHO, poor city dwellers in particular are exposed to a triple threat: (a) infectious diseases such as diarrhoea, respiratory infections, HIV/AIDS and tuberculosis, (b) non-communicable diseases such as cardiovascular conditions, cancer, diabetes and asthma, and (c) violence and injury, including road accidents. This triple threat is the product of a number of different factors:

- **A lack of sanitation facilities:** A third of city dwellers in low-income countries have no access to appropriate sanitation facilities i.e. flushing latrines or toilets connected to a sewer system, waste water tanks or covered pits. Of these people, 20% (170 million) do not even have access to the most basic latrines. This creates the ideal conditions for diseases transmitted via the faecal-oral route.

- **Inadequate housing:** A billion people live in informal settlements that are often located precariously, e.g. on landslide-prone slopes, in areas liable to flooding or directly adjacent to waste disposal sites, or unsecured railway tracks, with no protection against the elements or pests such as rats or insects. In combination with disastrous sanitation facilities, this creates an ideal breeding ground for infectious diseases.

- **Climate change:** Cities in coastal regions are at risk as a result of the urban heat island (UHI) effect, which can lead to differences in temperature of between 5° and 11°C in comparison to the surrounding rural areas, due to higher heat capacity and a low level of cooling through evaporation. Research has shown that the

urban mortality rate rises exponentially during heat waves, particularly among the poorest sections of society who have no access to air conditioning facilities.

- **Outdoor and indoor air pollution:** According to WHO estimates, 1.5 billion inhabitants of cities are exposed to outdoor air pollution that is above the recommended threshold. Chronic respiratory conditions are often the result. Moreover, 70% of the urban population in the Least Developed Countries (LDCs) continue to use solid fuels for heating and cooking at home, often without an appropriate smoke extraction system. An estimated 2 million people die each year from the health consequences of indoor air pollution.

- **Urban traffic:** While some countries (including in Latin America) use regulatory measures to reduce the number of privately owned vehicles in cities, there are other countries in which numbers are rising sharply. Poor people in particular are exposed to a higher risk as pedestrians and cyclists than the more well-off who travel in cars and on motorbikes. In LDCs the number of deaths per vehicle is roughly 75 times higher than in countries where incomes are high.

- **Limited access to healthcare services:** In LDCs and emerging countries, the urban poor frequently have only limited access to basic preventive and curative healthcare services. The quality of these services is also often deficient or there are financial barriers to access.

Priority measures to improve the health of the poor in cities

The current trend towards urbanisation will continue to accelerate, significantly increasing the burden of ill health and therefore also the challenges of urban healthcare. As things stand, more than half of the world's population already lives in cities.

By 2050, that figure will have risen to over 70%. However, most of this growth is not attributable to megacities, i.e. cities with more than 10 million inhabitants, but to small and medium-sized ones. While the large cities are responsible for about 20% of the world's population growth, small and medium-sized cities have to cope with about 40% of population growth. There are indications that investing in urban health can significantly improve economic output. However, sufficient consideration is often not given to the urban poor in particular when planning urban healthcare systems. The WHO sees challenges for the future in the following areas in particular:

(1) Giving **the urban poor better access to healthcare services**. This can be achieved for example by setting up slum clinics with adapted opening hours, quota systems for poor people in specialist clinics and innovative technologies such as m-health applications that run on smart phones and normal mobile phones, as well as tailored forms of health insurance and voucher systems.

(2) Promoting **investment with positive effects on both the environment and health (co-benefits)**. Installing building insulation and effective heating reduces emissions of carbon dioxide while also lowering the hospital admission rate and winter mortality. Pedestrian and cyclist-friendly cities have a lower risk of accidents and also less air pollution, while at the same time increasing their inhabitants' levels of physical activity.

Proactive urban planning in all areas of policy, combined with sufficient investment, can significantly facilitate a healthy urbanisation process. ■