

# The Health of Urban Populations in Low- and Middle-Income Countries

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# Outline

- 1 Putting Health in Context
- 2 Urban Poverty and Health: The Evidence Base
- 3 Under-Appreciated Urban Health Issues
- 4 Conclusions

# Putting Health in Context:

## Millennium Development Goals

- Absolute poverty, in both rural and urban areas
- Target 11: Improving lives of slum-dwellers
- Unmet basic needs in water supply, sanitation, housing
- Child survival, maternal health, tuberculosis, HIV/AIDS

## Urban Demographic Transformation

Migration versus natural increase; Large versus small cities and towns

## Decentralization

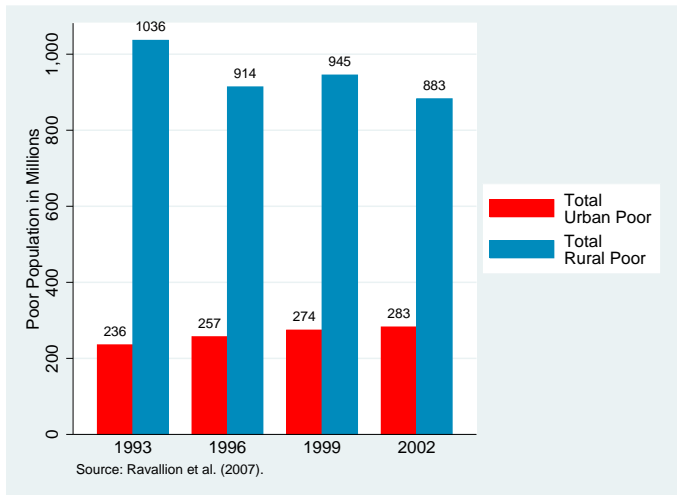
Municipal and other sub-national tiers of government

## Recognize the Diversity of City Populations

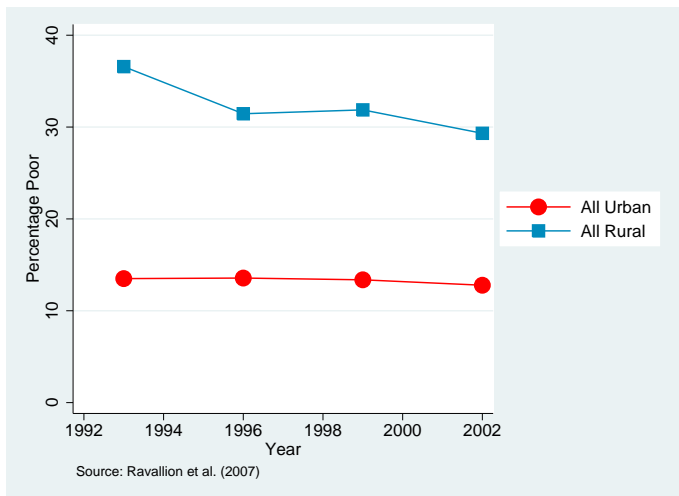
- **On average**, today's urban residents enjoy better health than rural villagers (apart from HIV/AIDS)
- But **urban averages mask enormous within-city inequality**
- **Urban poor** often face health risks like those of rural villagers.
- Among urban poor, **slum-dwellers** can face risks well in excess of rural risks

# Fewer Rural Poor, More Urban

\$1 a Day Measure



# Little Progress in Reducing Urban Percentage Poor



# The Urban Health System

## Distinctive Features

- Risks from **spatial concentration** of population.
- Urban system is much **more monetized** than rural—those who lack cash are excluded
- **Private sector** far more important
- **Do not assume** that urban health services (public or private) are of **minimally acceptable quality**.
- **Larger versus smaller cities**—differences in managerial, technical abilities; health personnel; revenue-raising.

# The Evidence Base

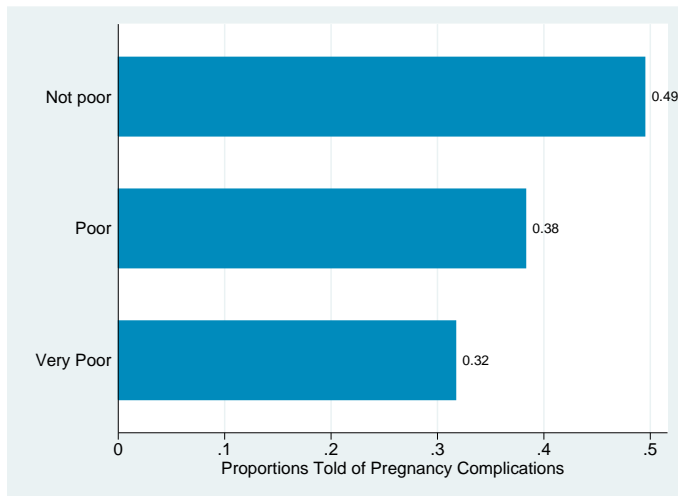
A small sample of results from the Demographic and Health Surveys program. Over 160 surveys now available. Only a selected few will be shown today.

- Urban households ranked relative to other urban households; rural households ranked relative to other rural.
- “Very poor” households are lowest 10 percent of households; “Poor” range from 11–25 percent; “Near-Poor” from 26–50 percent; and “Other” are the remaining households in the 51–100 percentile range.



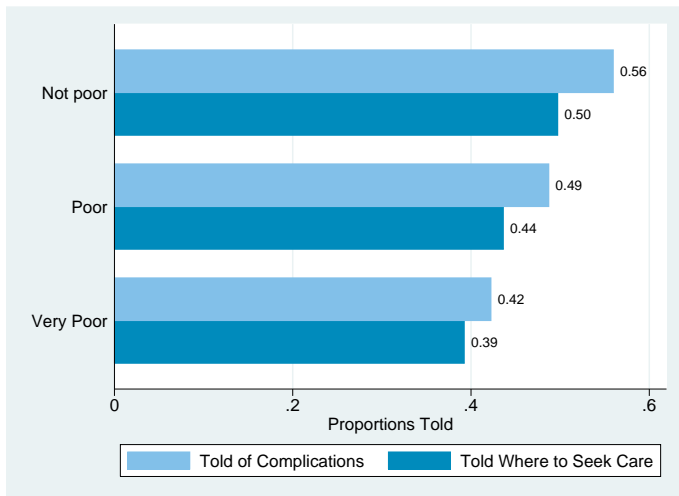
# Quality of Care: Prenatal Visits in Urban India

Told of Complications



# Prenatal Care in Urban Philippines

## Told of Complications and Where to Go



# Quality of Health Care in Delhi

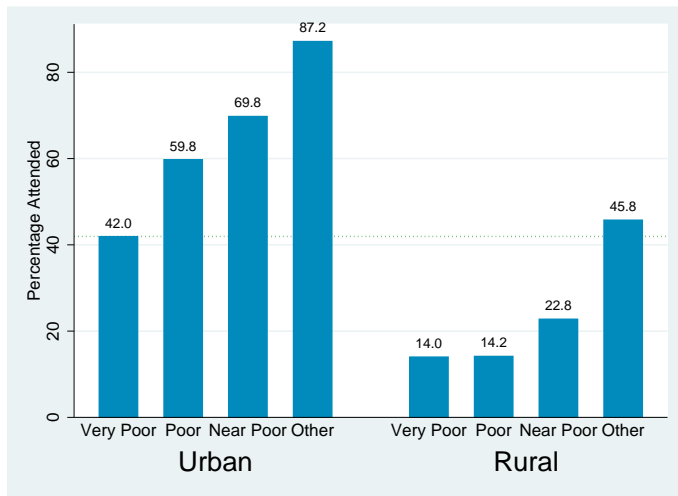
Studies by Das and Hammer in 2007

## “Money for Nothing”?

- Public and private providers plentiful, readily accessible
- But both score poorly on clinical knowledge (vignettes)
- When observed with patients, they score even lower.
- Private sector providers serving slums score badly—not surprisingly
- The public sector does not assign its better providers to poorer neighborhoods

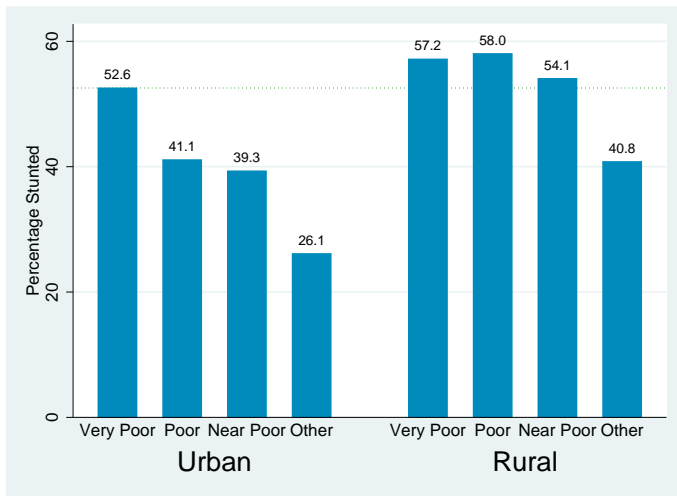
# Attendance at Childbirth: Urban and Rural India

Trained Nurse-Midwife or Physician Present



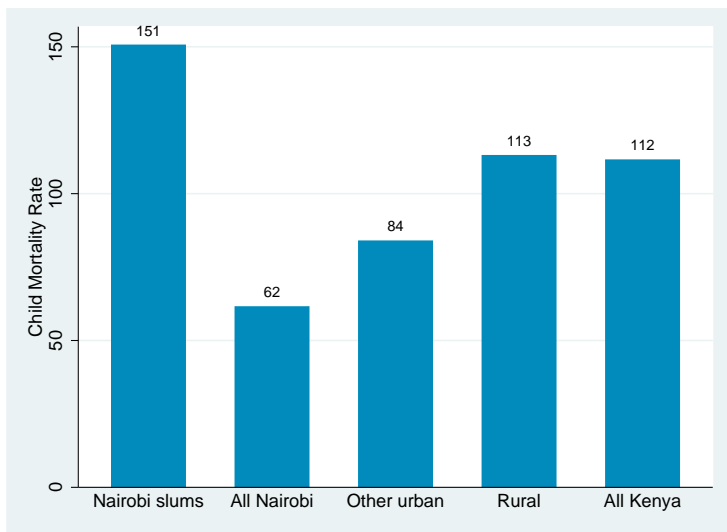
# Children's Malnutrition: Urban and Rural India

Percent Stunted—Much Too Short for Age



# Child Mortality in Nairobi's Slums

African Population and Health Research Center



# What Urban Health Issues Are Being Overlooked?

## Action Needed Across Sectors

- Mental health
- Intimate-partner violence and alcohol abuse; crime
- Traffic-related injuries and deaths
- Tuberculosis
- Health threats from outdoor and indoor air pollution
- Looming risks from climate change: Frequency of floods, heat waves, other extreme events

# Women's Mental Health

## What Aspects?

Focus on depression, anxiety, fearfulness—common mental illnesses

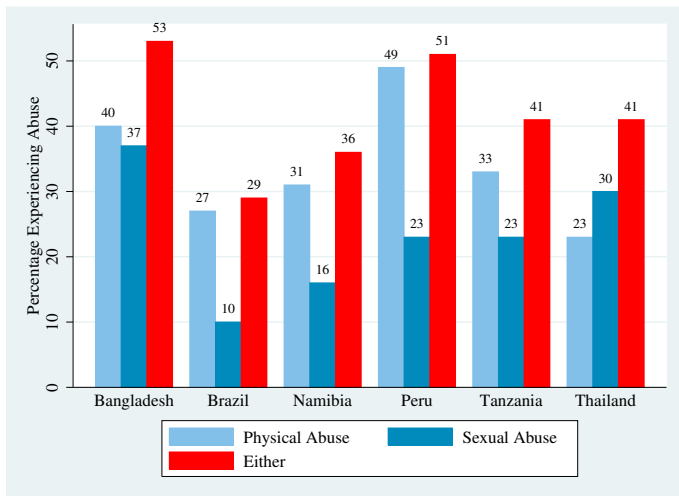
## Why?

- Women (in study after study) are more afflicted by anxieties, stress, and depression than men.
- Women bear the burden of safe-guarding the health of their families
- Women also sustain much community organizational life
- For poor women, mental ill-health saps sense of **self-confidence** needed to seek out health care for themselves and their families.

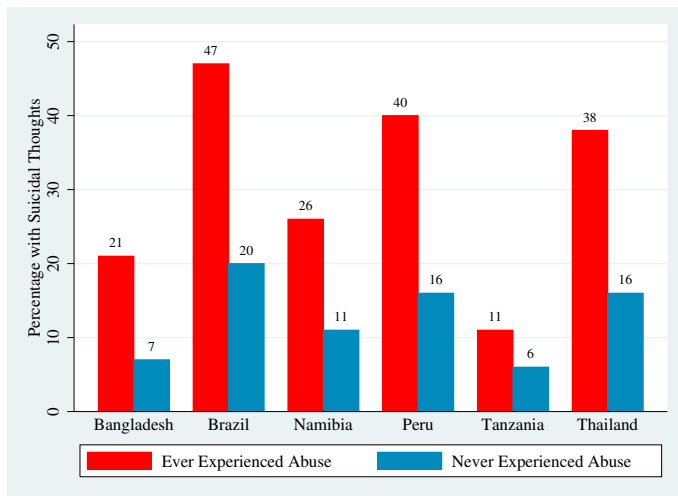


# Contributing Factor: Intimate-Partner Violence

WHO (2005)



# Thoughts of Suicide, by Experience of Violence



# But What Can Be Done?

Research by Patel, Harpham, others

## Effective Local and Low-Cost Interventions Exist:

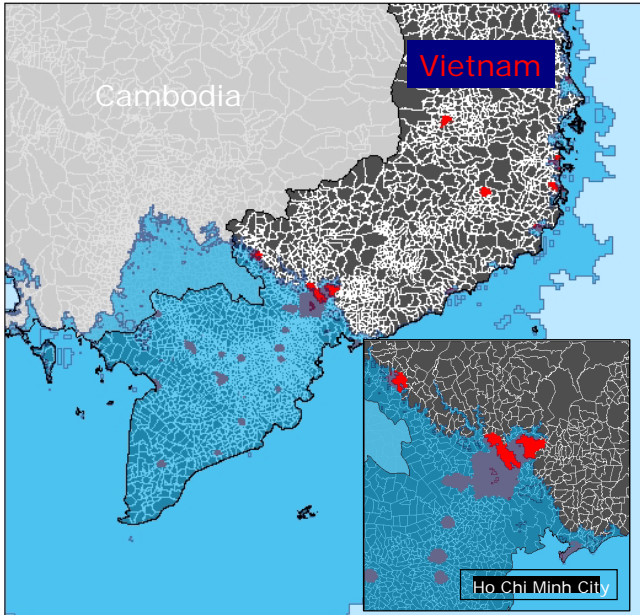
- Individual and group discussions with empathetic counselors, from the community, with training
- Treatment with inexpensive, well-known drug therapies

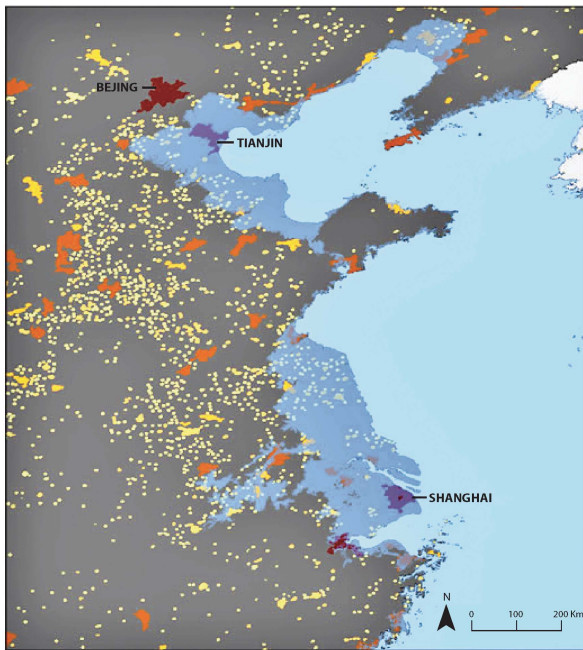
# Upcoming Risks from Climate Change

Research by Satterthwaite, Huq, McGranahan, others

## Which Risks?

- More frequent extreme-weather events (e.g., hurricanes)
- Storm surges, flooding
- Heat waves
- Eventually, sea-level rise





# The Urban Adaptation Agenda

## Good Policies are Consistent with Development

- Urgent need to invest in better drainage, sanitation— already priorities for poor city neighborhoods, emphasized in MDGs
- Work in concert with multiple levels of government and NGOs on emergency preparedness, emergency response
- Build and safeguard “lifeline” infrastructure—communication, transport
- Use census data and city-level surveys to pinpoint neighborhoods at greatest risk

# Conclusions: Putting Urban Health on the Agenda

## “Joined-Up” Government

- Urban health cannot be left to the public health sector alone—concerted action across agencies
- Urban private sector will be an enduring presence
- Must not assume that health services are of adequate quality, in the private or the public sectors

## Information Needs

- What percentage of urban poor live in slums? What percentage live elsewhere? What percent in the urban periphery, outside scope of municipal governments?
- Examine smaller cities and towns—these are where the majority of urban residents live