

The Poor and their Health and Well-being in Nigerian Cities

Geoffrey I. Nwaka

Abia State University, Uturu, Nigeria

Ideally, well managed cities should promote good health and positive development; but most African cities face severe health challenges arising mainly from widespread poverty and bad governance. UN-Habitat estimates that sub-Saharan African cities have over 166 million slum dwellers most of who work in the informal sector where they simply do not earn enough to afford decent shelter and services. Many analysts have observed in post-colonial Africa

a new process of urbanization unleashed by the masses of relatively low income migrants who have flocked into the cities since independence, and are seeking to solve their problems of accommodation and employment informally, and on their own terms.... The urban poor are dominant, and are in most cases transforming the city to meet their own needs, often in conflict with official laws and plans

The urban situation in Nigeria is a cause for great concern. Although Nigeria is one of the world's largest oil producing countries, and potentially the richest country in Africa, most of the country's 150 million people, especially those in the rapidly expanding urban informal sector and slums, are extremely poor by all accounts. The rate of urban growth is put at 5.8 per cent, and the urban population is expected to exceed 100 million by 2020. More than seven cities have populations that exceed one million; and over 5000 towns and cities have populations of between twenty and five hundred thousand. Lagos, the former national capital has grown from 1.4 million in 1963 to about 10 million, and is projected to reach 24 million by 2020. Almost everywhere in these cities, environmental amenities lag behind population growth. Some elite neighborhoods enjoy relatively high quality housing and residential environment, but the bulk of the urban poor live in squalid and health-threatening conditions. The supply of water for personal and domestic hygiene is grossly inadequate, as is the coverage of sanitation facilities. The state of waste management and drainage is rudimentary; nutritional standards are low, and food contamination is common, especially in the extensive street foods industry. Indoor pollution from open fires and stoves in poorly ventilated homes is known to be responsible for a wide variety of respiratory ailments among women and children who are exposed constantly to toxic fumes in cooking areas.

Environmental and health problems overlap. As poverty increases the risk of ill health, the poor suffer disproportionately from the effects of these environmental problems. The poor are also more vulnerable to increasing crime and violence in the cities, as well as to the adverse health effects of climate change. This appalling state of affairs has adverse implications for public health as seen in the high incidence of water-borne and other communicable disease. Unfortunately, the current pattern of government spending on the health sector tends to favor the better off in society who are the main users of available curative health

services. The situation was worsened by the Structural Adjustment Programmes of the 1980s and 90s which increased the level of unemployment, and drastically reduced government spending on the health sector and other social services.

The main policy challenge appears to be how best to reach the poor, and decrease the inequalities in access to health care; how to forestall the growth and spread of slums, and ensure that the existing ones are upgraded; how poverty which leads to slum conditions can be alleviated and reversed; how to ensure that the legitimate campaign against urban poverty does not result in a campaign against the urban poor themselves. For many African governments and planners, the real dilemma is how to uphold the rule of law, and contain the adverse health and environmental effects of slums and informal enterprises without disrupting the livelihood of the poor; how the vulnerable groups that work in the informal sector, especially women, children and apprentices can be protected from harm and exploitation.

My paper draws from several years of research, government service and interaction with townspeople of various social groups in Nigeria and other African countries. It also draws insights from Agenda 21 (and Rio +20) which emphasize that sustainable development has to be socially just and environmentally stable, and that the creation of sustainable human settlements is integral to the achievement of sustainable development. As well, the Habitat Agenda, and WHO's Healthy Cities Programme underscore the importance for greater coordination and collaboration among various government agencies and other stakeholders in support of health care and environmental health in the cities. ILO's Decent Work Agenda, UN-Habitats programmes for good urban governance, secure tenure, safe cities, the World Bank's Cities Alliance for Cities Without Slums, the NEPAD Cities Programme, and other recent global and regional initiatives provide guidance on how to make cities everywhere more inclusive, healthy and socially sustainable. These and other reports from current research suggest that the path to urban peace, health and sustainability in Africa lies in building more inclusive and socially equitable cities "where everyone, regardless of their economic means, gender, age, ethnic origin or religion are enabled and empowered to participate productively in the social, economic and political opportunities that cities offer".

In particular my paper considers ways to review discriminatory laws and codes which discriminate against the poor and the informal sector, and tend to inhibit the access of the poor to affordable health care and housing security. It emphasizes that it is mistaken to assume that all city dwellers are better off than their rural counterparts because that assumption obscures the wide and growing gap in health status and amenity levels between the wealthy few and the urban poor majority who are presumed to be illegal squatters, and therefore excluded from due recognition and access to health and other services. The mere presence of health facilities in the cities should not be confused with these facilities being accessible to, and affordable by the poor. There is therefore an

urgent need for well targeted urban health and other interventions by state and local authorities, the international development community, private sector and civil society organizations, and the urban poor themselves in a collaborative effort to build safer, healthier and more equitable cities. More pro-poor and poverty alleviation policies and programmes are needed to unlock and harness the full potential of the urban poor and the informal sector. The 1995 World Summit on Social Development in Copenhagen stressed that social security lays the foundation for sustainable development, and is an essential prerequisite for eradicating poverty and inequality. In most Nigerian cities the poor have little or no social protection, and rely largely on their own means, and on traditional, kin-based arrangement and other informal social security networks. We need to strengthen the institutions that provide small credits and other forms of financial and business services to the poor; programmes that promote skills training for self-employment; and policies that strengthen social security to ensure that the safety, health, welfare and development concerns of the poor are taken fully into account. The central argument here is that human development and welfare ought to be at the centre of the concern for sustainable urbanization in Africa, and that greater priority should be given to programmes for poverty alleviation, improved health care and social protection.

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