

REGIONAL MEETING ON LOCAL HEALTH SYSTEMS
IN LARGE CITIES

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GLOBAL REVIEW ON DEMOGRAPHY AND HEALTH

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**GLOBAL REVIEW ON DEMOGRAPHY AND URBAN HEALTH
IN DEVELOPING COUNTRIES**

Mankind is witnessing an ever-growing urban population, particularly in developing countries. Forecasts predict that this will expand even more rapidly during the second half of this century and beyond. Factors responsible for this urban growth¹ are rural migration to urban areas and natural increases. Urban growth and the health consequences of urbanization² are increasing health problems which have become a major issue for many health and city authorities in recent years.

The total world population in 1990 will be 5.2 billion and for the year 2020 is projected to be 7.8 billion. In this period (1990 to 2020) the urban population will grow from 2.2 billion to 4.4 billion. (Graph 1)

The increased ratio of urban to rural population can be clearly visualized by comparing the years 1990 to those of 2000 and 2020. The urban population will cover 43% of the world population in 1990, 47% in the year 2000 and 67% in 2020. (Graph 2)

¹ Urban growth = percentage increase in the urban population.

² Urbanization = percentage of urban to total national population.

A comparison between the proportion of population living in the urban areas of developed and developing regions from 1970 to 2025 is shown in Graph 3. As can be seen, the increase of urban population is much higher in the less-developed countries than in the more developed world.

The percentage of people living in urban areas in various regions of the world would be different. For example, between the years 1990 and 2020 the number of people living in urban areas in the Regions of Latin America will grow from 73% to 81%, while Africa and South-East Asia will have a higher increase of from 32.6% to 52.2% and 30.2% to 51.4% respectively. (Graphs 4 and 5)

Urban and peri-urban population growth is due to two factors: migration and natural increase. Natural increase accounts for a higher percentage of the growth in urban areas, particularly in the low-income groups. The growth rates for the period 1960 to 1970 in 26 cities in developing countries were calculated as follows: average city growth, 4.3%, natural increase, 2.6%, and net migration and reclassification, 1.8%. Therefore, natural increase covers 54.4% and migration 36.6%. (Graph 6)

The growth rate predicted for city populations is far higher than that for non-urban areas. In the year 2000, the number of cities approaching 5 million and above will be 60, of which 45 will be in the developing countries and only 15 in the developed world.

With this growth and the urbanization process, it is estimated that the urban inhabitants of developing countries, especially the poor and low-income groups, will cover 20 to 79% of these urban populations.

The root cause of rural/urban migration and the urban slums is poverty. Poverty in rural areas drive people to the cities; urban poverty keeps them in the slums and squatters' settlements, with all the attendant risks to health.

It is interesting to compare the trends of various groups of low, middle and high income countries with total country growth and urban growth between the years 1985 and 2025. It is clear that with national socioeconomic development, and especially urban and rural development, this rapid urbanization will gradually slow down. (Graph 7)

The health consequences of urban growth, particularly in low-income populations, is becoming ever more critical.

Despite the fact that cities have received more than their fair share of national health resources, these have not been allocated in either a rational or equitable manner. Indeed, in some cases national and city authorities have hesitated to provide basic services to people in unauthorized peri-urban settlements for fear of encouraging greater rural-urban migration.

Critical issues relate to rationalization of existing services, making them more accessible and relevant to the needs of the most deprived, the creation of new types of social support based in communities and creating opportunities for people themselves to play a much greater role in contributing to their own health and well-being.

Issue (i): How to reorganize the existing urban health care services

In many countries, the urban health care services are neither accessible to large proportions of the most needy population nor are they appropriate to their needs. Available health services neglect health promotion activities, including those involving environmental issues. Health personnel often lack motivation and their attitude towards the poor is often harsh. Moreover, many health care workers are not oriented towards community-based care and thus do not encourage community participation. There is also considerable evidence to indicate considerable wastage of resources, for example through relative over-prescribing, over-staffing and inefficiency.

Options for action

There is a need for more country-specific information on current urban health care organization with an emphasis on orientation towards PHC as a means of generating good examples of the changes required. More focused experimentation into methods of strengthening urban health care planning and management is also required, within the context of equitable allocation of resources not only within urban areas themselves but also the country as a whole.

Issue (ii): How to support community organization and action aimed at improving health status

The struggle for survival on the part of the very poor in urban settlements is often characterized by individual effort on behalf of immediate family members rather than well thought-out activities undertaken by

communities on their own behalf. Even where elements of community organization exist, awareness about effective and feasible ways to deal with common diseases and improve health is often low.

Nevertheless, there is often a "neighbourhood awareness" generated by pressing common problems and shared poverty.

Option for action

Where community organizations exist, there is an obvious need to create awareness and interest about health and the possibilities for communities to tackle the health problems with which they are familiar. Much work needs to be done to develop effective training methods for health personnel so that communities are approached in appropriate ways and are supported throughout the process from problem identification to implementation of planned interventions. There is also need to identify appropriate mechanisms for community decision-making and action. Provision of information by municipal authorities about availability and allocation of resources is an important process in ensuring realistic expectations.

Issue (iii): Developing community-based social support services as an important contribution to health development

Poverty is the primary problem linked to inadequate health of urban poor inhabitants. The overcrowded urban environment lacks adequate public health care, potable water and sanitation. This urban environment also fosters unique urban health problems brought on by poor living conditions, unemployment, insecurity of land tenure, poor shelter, industrial pollution, crime and drug abuse. City services are inequitably distributed to urban residents.

Options for action

Wide recognition of the central importance of poverty alleviation needs to be pursued. Income-generating projects would considerably alleviate some of the health problems present in poor urban areas. Additional income for families would have a positive cyclical effect allowing proper nutrition, shelter, purchase of drugs and health care, and would reduce unemployment-related health problems.

However, broad-based community social support services are also required to complement and even facilitate poverty alleviation services such as community crèches can facilitate income-generation by women whilst, at the same time, improving the nutritional status of young children. Legal advice services may prevent financial exploitation of the poor through rent control whilst the granting of legal status to recently arrived families can ensure their access to services, including health care, which they might otherwise be denied.

Innovative approaches to improving living conditions, jointly with people's involvement on critical issues such as water, shelter and environmental health, would have a sound impact on their health status.

Issue (iv): Special issues related to urban poverty

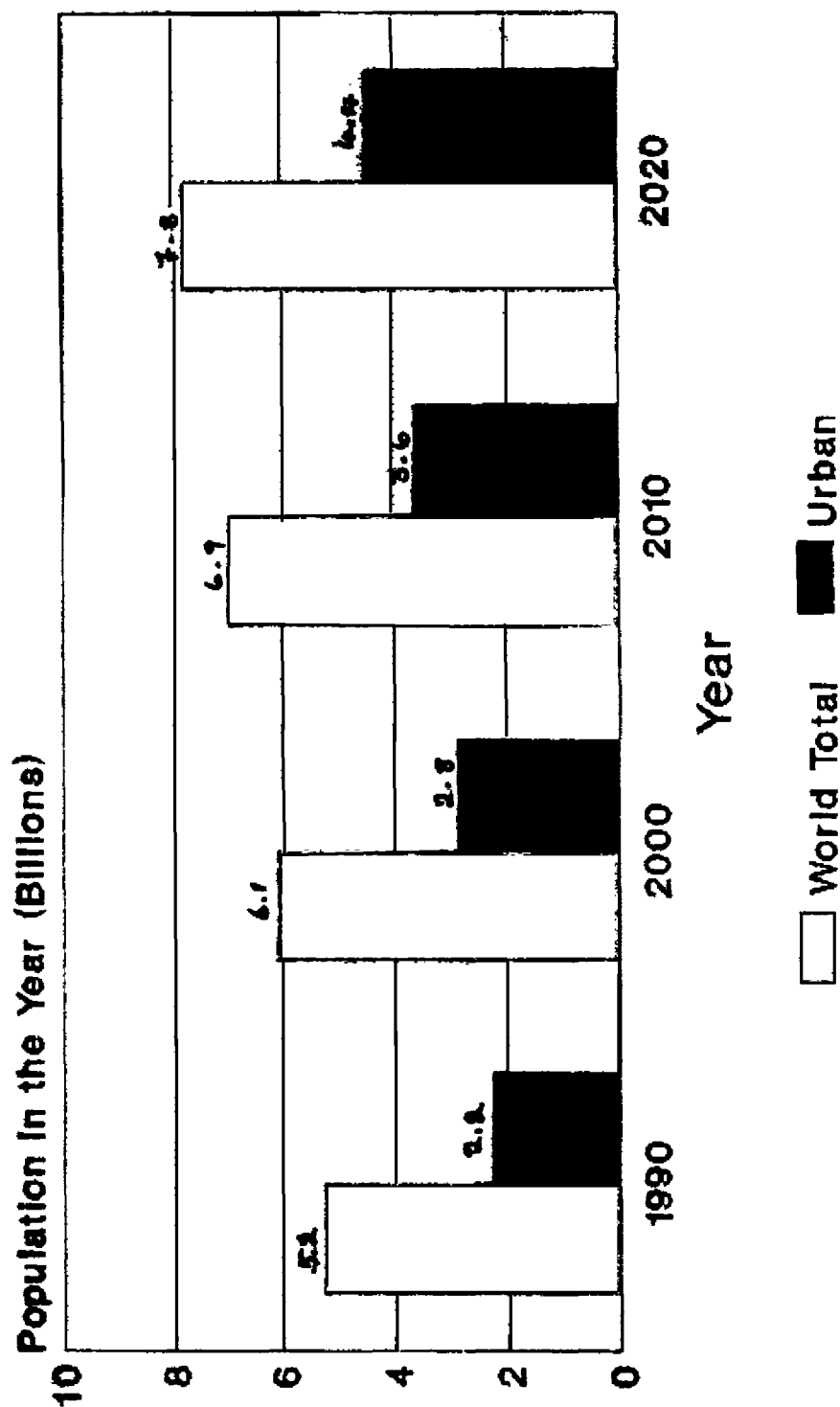
The health situation that arises from rapid urbanization truly reflects the problems of poverty. Accidents, crime, drug abuse, prostitution, abandoned and street children, and youth unemployment are among the special issues related to urban poverty, all with serious health consequences.

Options for action

In many instances, city authorities need assistance in identifying special problems and problem groups and in developing effective intervention programmes. Support in developing and strengthening policies for action is needed. Of necessity these must include a wide range of sectors. Experimentation into new approaches involving target groups themselves, will be an important activity.

Graph 1

Urban Population Growth From 1990 to 2020

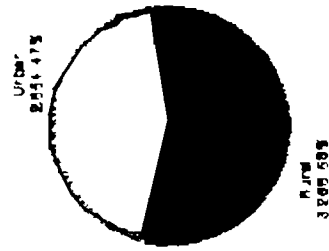


Source: United Nations, "The Prospects of World Urbanization" Revised

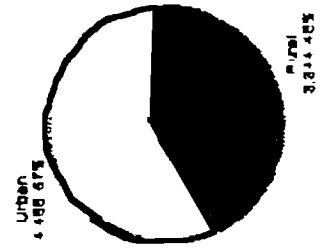
as of 1984-85, Population Studies, No. 101, St/E8A/SER/101, New York, 1987

Graph 2

World Urban and Rural Population 2000

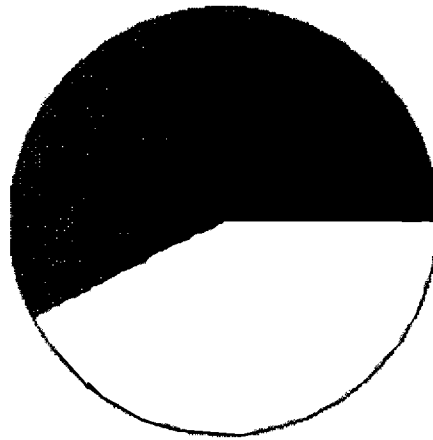


World Urban and Rural Population 2020



World Urban and Rural Population 1990

Urban
2,234.43%

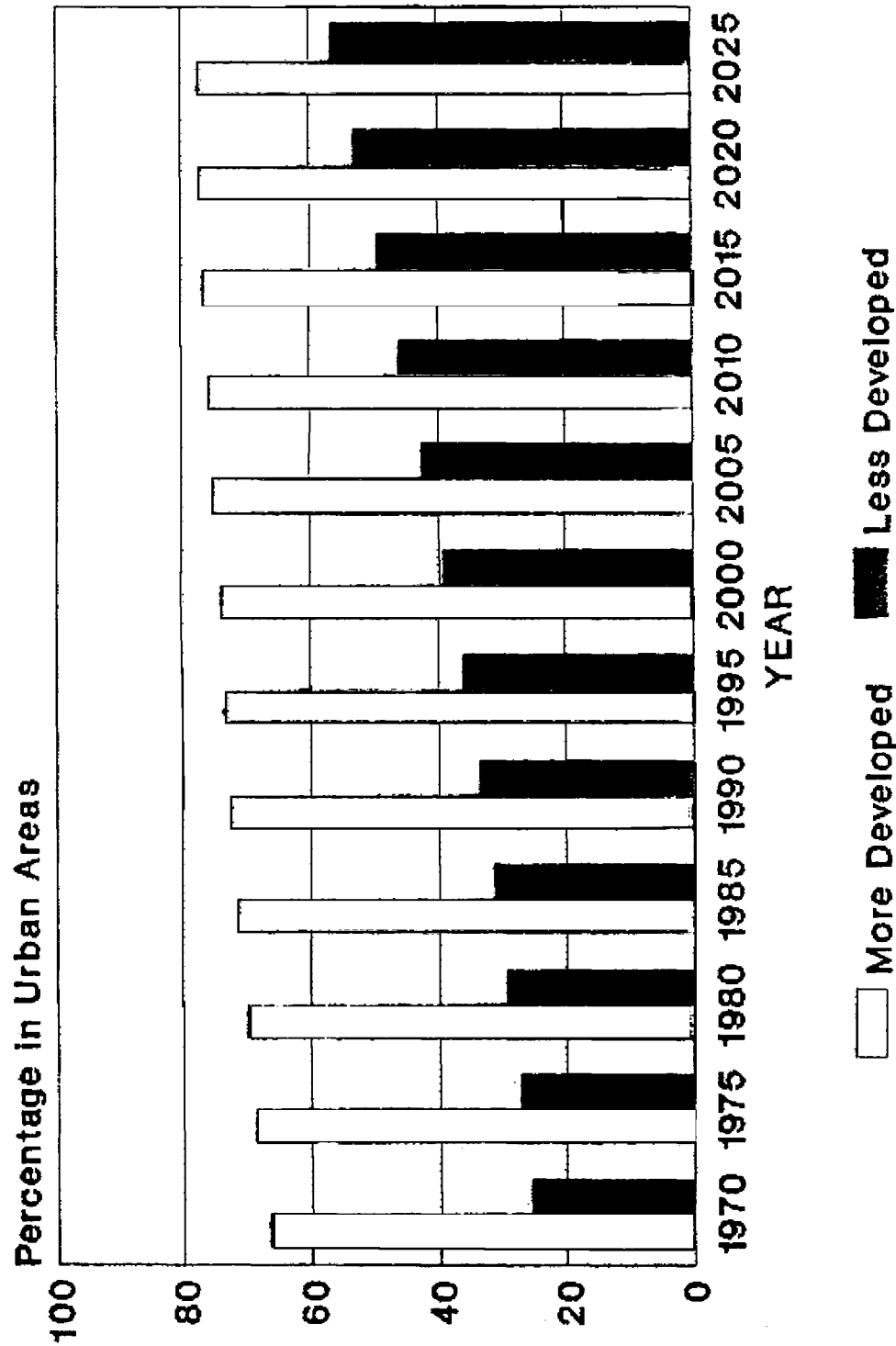


Rural
3,012.57%

Source:
United Nations. "The Prospects of World Urbanization"
Revised as of 1984-85, Population Studies No. 101
ST/ESA/SER/101. New York, 1987

Graph 3

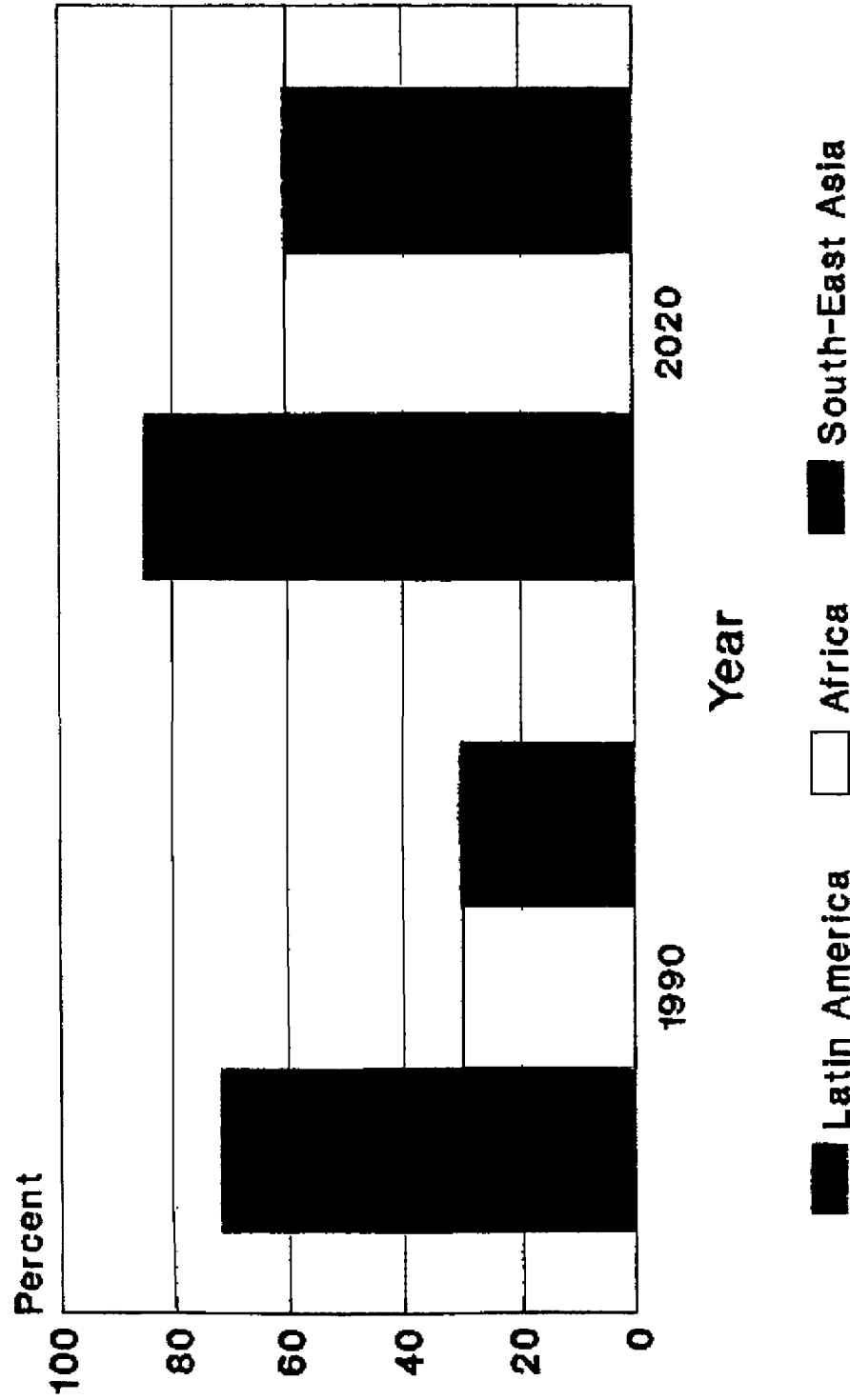
PROPORTION OF POPULATION IN URBAN AREAS Developed/Developing Region, 1970-2025



Source: United Nations, "The Prospect of World Urbanization" Revised as of 1984-85, Population Studies No. 101, ST/ESA/SER/101, New York, 1987.

Graph 4

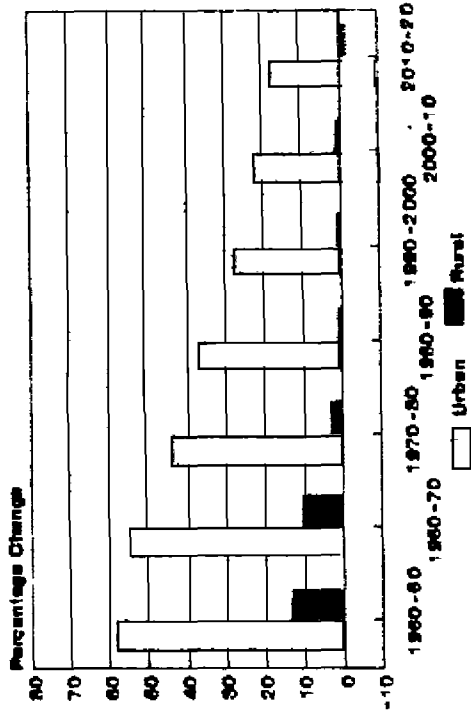
Percentage of People Living in Urban Areas, 1990 and 2020



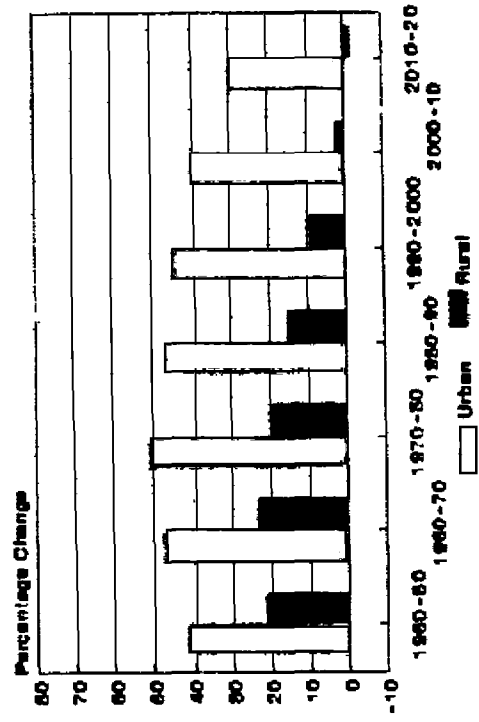
Source: United Nations. "The Prospects of World Urbanization" Revised as of 1984-86, Pop. Studies No. 101, ST/ESA/SER/101, New York 1987

Graph 5

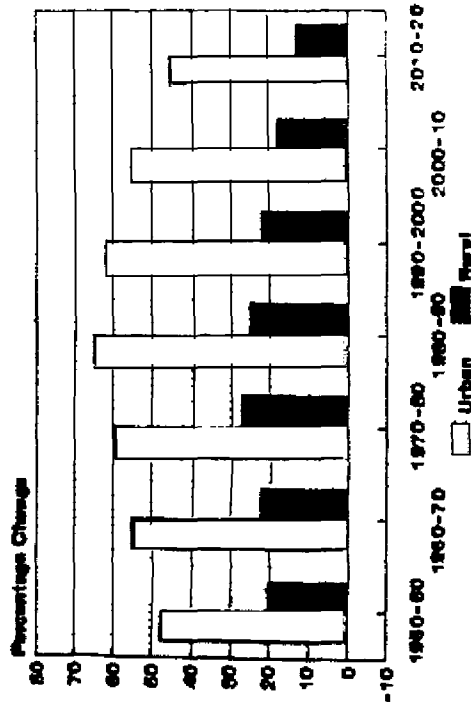
Latin America



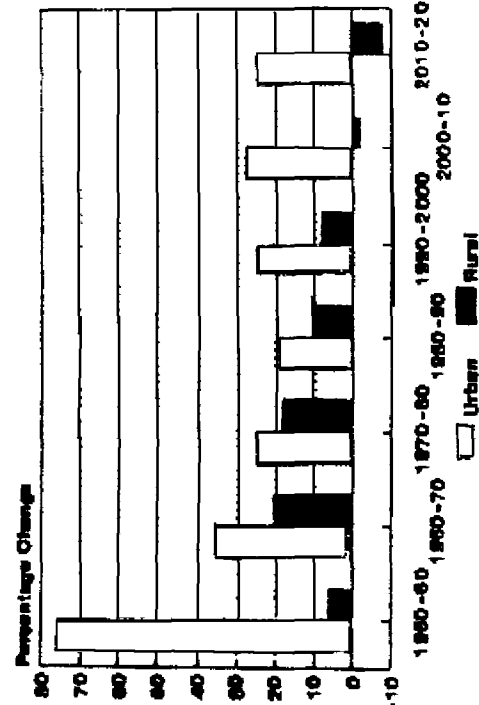
South Asia



Africa



East Asia



Source:
U.N. 'The Prospects of World Urbanization' Rev. as of 1984-86, Pop. Studies #101, ST/ESA/SER/101, NY 1987

NUMBER OF CITIES APPROACHING 5 MILLION
POPULATION OR ABOVE IN THE YEAR 2000

<u>TYPE OF COUNTRY</u>	<u>NUMBER OF CITIES</u>
DEVELOPING	45
DEVELOPED	15

ESTIMATE OF URBAN INHABITANTS
IN DEVELOPING COUNTRIES THAT ARE POOR:

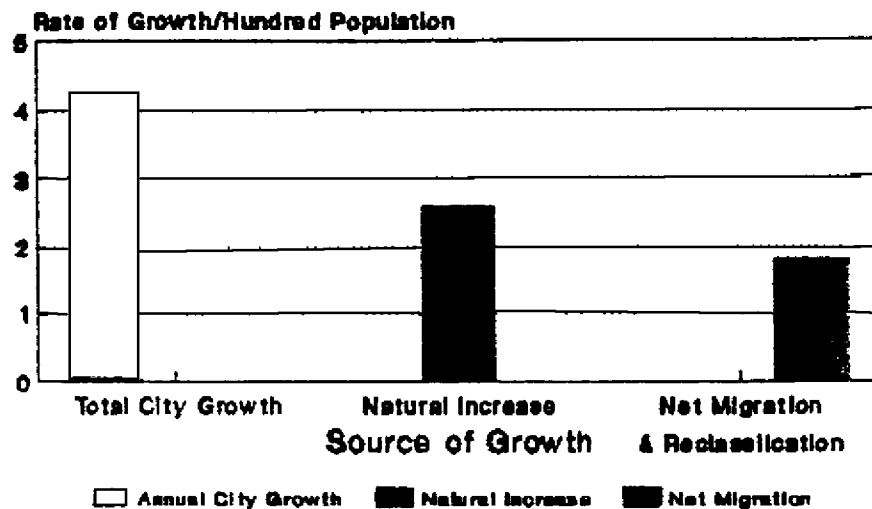
20 to 79 PERCENT
OF TOTAL URBAN POPULATION

Sources:

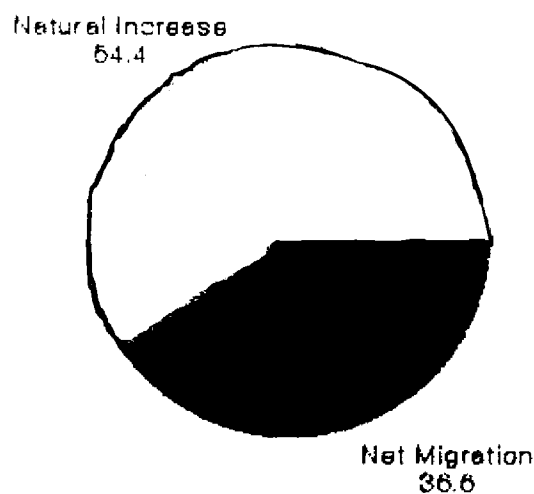
United Nations. "Prospects for World Urbanization" Revised as of 1984-85
Population Studies No. 101. ST/ESA/SER/101, New York, 1987

Graph 6

Average Annual Growth Rate Per Hundred Population, 1960-70



Percentage of Growth From Natural Increase and Net Migration

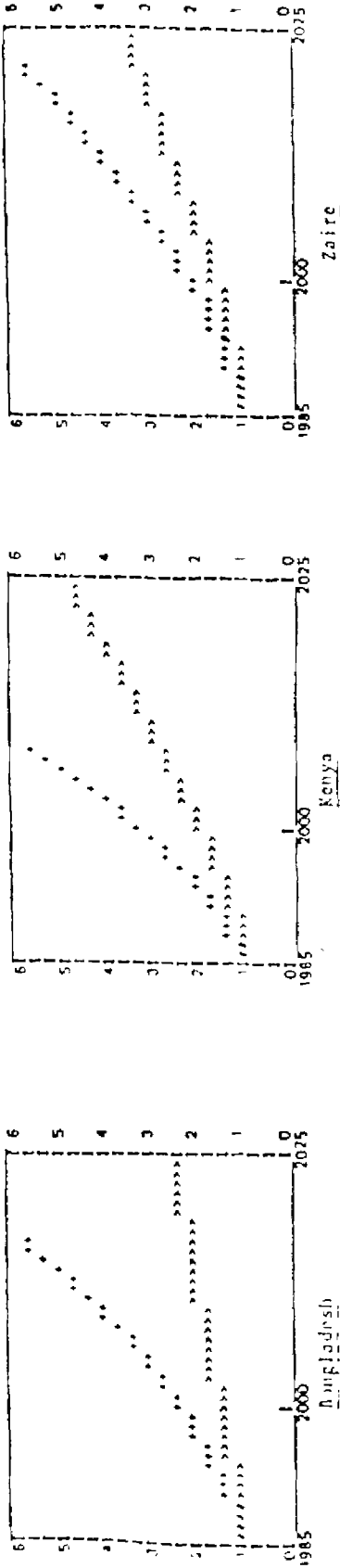


Source:

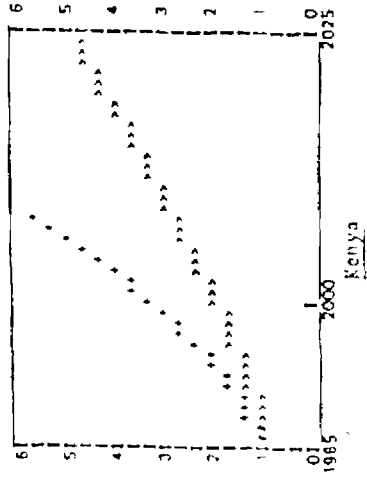
United Nations "Migration, Pop. Growth and Employment in
Metropolitan Areas of Selected Developing Countries"
UN Pub. ST/ESA/SER.R/67, New York, 1985

Graph 7

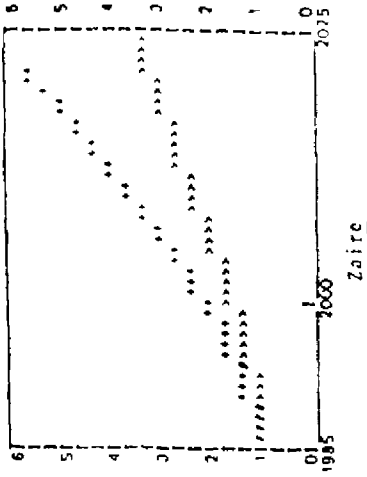
TREND OF URBANIZATION IN VARIOUS GROUPS OF LOW-, MIDDLE- AND HIGH-INCOME COUNTRIES



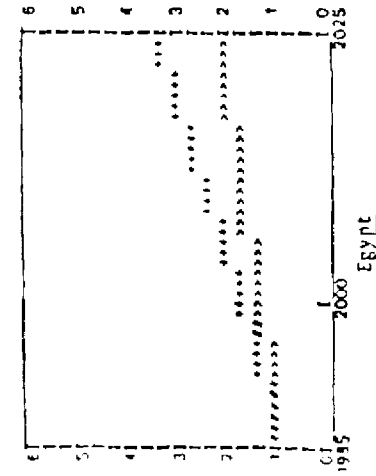
Bangladesh



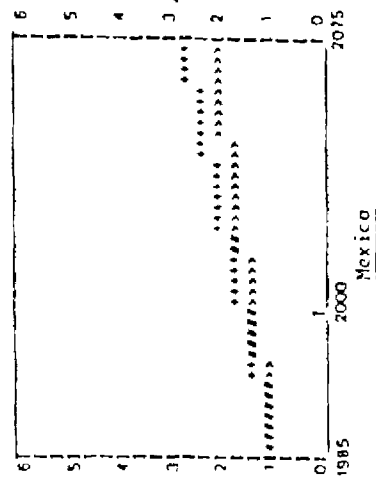
Kenya



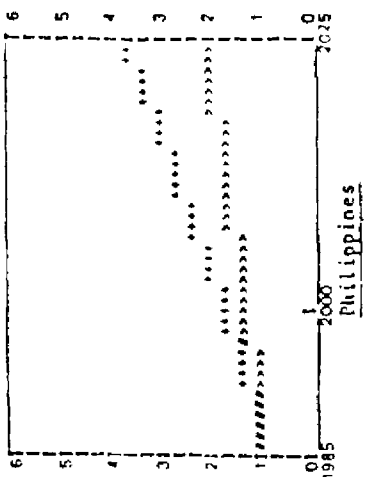
Zaire



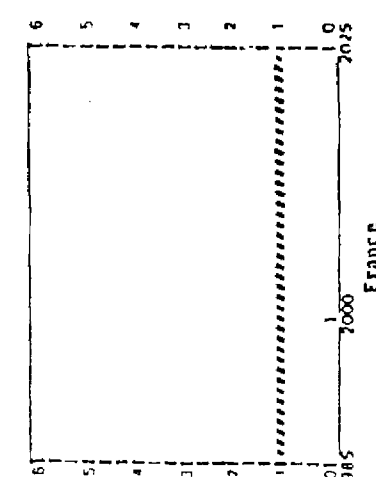
Egypt



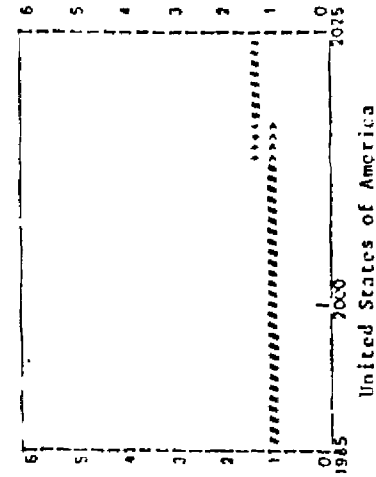
Mexico



Philippines



France



United States of America

KEY
INDEX OF CHANGE OF
POPULATION SIZE (1985-1)
• TOTAL
- URBAN
/ OVERLAPPING CURVES

Source: United Nations. The Prospects of World Urbanization, Revised as of 1984-85, Population Studies, No. 101, ST/ESA/SER/101, New York, 1987.