

Urban health – Catching up on the future for Ethiopia

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As noted by Arup: “Two key features are set to alter Africa’s future: a youthful population and urbanization” (1). Cities are now not only the major centers of livelihood opportunities but also have important impacts on social structures and health (2). Urban living is not new to Ethiopia (3,4) but, as reiterated in articles in this special issue, with urbanization currently at less than 20%¹ (see Figure 1) (5,6), it is one of the least urbanized countries, even by African standards (6,7). Globally, for the first time in history, more people (54% in 2011) live in urban areas (8); compared to only about 20%, mostly in the developed world, a century ago (9). The global urban population ratio is predicted to reach over two-thirds by 2050 (8), with cities destined to define the future of global health (10).

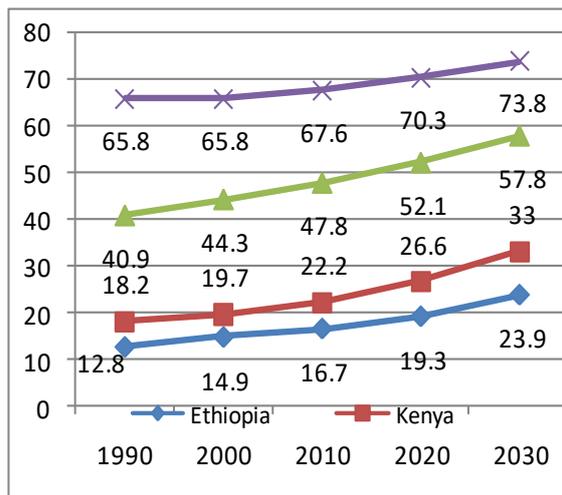


Figure 1: Level of urbanization (%) by country, 1990–2030⁵

The health benefits of urbanization – accelerated economic growth, concentration of financial and political power “which leads to unique possibilities for action and quick response if needed” (9); better health services, educational opportunities, transportation, political and gender rights, affordable housing and cultural, political and religious expression etc. (11,12) – are, if properly designed, planned, built and governed, legion(6,10). On the other hand, the challenges of rapid urbanization are staggering, with the urban population in Africa and Asia doubling in recent decades in half the time it took Europe in the 19th and early 20th centuries. Rapid urbanization is not only outpacing urban infrastructure development (9) but threatens to repeat history, with the urban setting as the most “disease-ridden and the shortest-lived populations in human history” (13). The widespread development of slums, characterized by an increase in non-communicable diseases, frequent outbreaks of infectious diseases and an increase in the risk of

violence and injuries, and associated health inequities, is not only a threat to human health but to broader environmental health (10,12-14). The challenge is, therefore, to reap the benefits of rapid urbanization and mitigate its downsides (2).

Ethiopia is struggling on the urbanization trajectory as “The urban–rural divide frames [continues to frame] many aspects of Ethiopian society and economy” (15). However, urbanization is accelerating (16), driven by major push and pull factors (17), including urban-to-urban migration (7), with Ethiopia registering one of the highest urbanization rates in the world (18-20). Its urban population is projected to grow from 21% in 2018 to 39%, i.e. close to 75 million, by 2050 (20). As noted above, the urban–rural divide will continue to frame many aspects of Ethiopian society and economy (15) but, as for Africa in general, its future, with a high demographic dividend to be tapped (6), will be determined by its youthful population and urbanization (1,22).

As for most low- and middle-income countries, urban growth has been unplanned/uncontrolled and slums have, in spite of notable efforts to reduce them (20), become major features (23), leading to high health risks related to poverty, intimately shared physical and social environments and drought, flood and landslide (7,24). However, as the World Bank notes: “... if managed well, urbanization presents a huge opportunity in bringing about structural transformation and in reducing poverty in Ethiopia by shifting the structure and location of economic activity from rural agriculture to larger and more diversified urban industrial and service sectors” (16). The innovative approach of the Urban Health Extension Program (UHEP), various aspects of which are explored in this special issue, represents one such initiative that could contribute to better management of urban health problems in the Ethiopian context.

Globally, there is growing commitment to make cities more inclusive, safe, resilient and sustainable; examples include: the Sustainable Development Goals (SDGs), the New Urban Agenda, the Healthy Cities movement, and the Paris Agreement (25,26). The same holds true in Ethiopia, including the National Social Protection Policy and the Urban Productive Safety Net Program (27,28). However, measures that address the challenges of the urban health agenda – competition with the dominant rural health development agenda; limited data and measurement tools; lack of evidence base for effective intervention; ineffective governance; limited grasp of the problem and solutions; and inadequate communications with the public (29) – are required.

¹Varied estimates are given depending on definitions and sources (9,12,21); note, for example, the variations of estimates quoted in papers in this special issue.

Ethiopia’s UHEP, an innovative government plan to ensure health equity, is planned to create demand for and increase access to essential health services through

education, referrals to health facilities and, ultimately, the creation of model households (19,30,31). The urban health challenges in Ethiopia – such as the high burden of infectious diseases, including HIV; increasing burden of NCD; limited provision of improved water supply; inadequate provision of improved toilet facilities; almost non-existent sanitation and waste management – are staggering (7,32,33), compounded by a lack of competencies at various levels, including the Federal Ministry of Health (FMOH) (34). The FMOH (32) recognizes these challenges, and calls for, among other things, “Strengthening advocacy to gain commitment from leaders at all level – Strengthening intersectoral collaborations – Conducting urban health conference – Strengthening urban primary health care reform implementations – Strengthening UHEPs performance and program evaluation system and roll-out community based health information system – Revisiting Health Development Army (HDA) implementation, monitoring and evaluation manuals”. A recent review (35) indicated that ensuring proper urban health care, in the challenging Ethiopian health care context (36,37), requires multi-faceted and multi-sectoral responses including defining strategies of enhancing the engagement of different sectors in achieving the objectives of the initiative, including “a Health in All Policies (HiAP) approach towards urban space” (2).

The urban health system is complex and it is important “to understand, value and integrate the complex characteristics of urban places... and focus as much on how the multiplicity of place-based factors interact to shape population health” (11, see also 2,7) by undertaking context-sensitive operational research (19,30,31,35); the articles in this special issue are steps forward in starting to address these complex issues.

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