



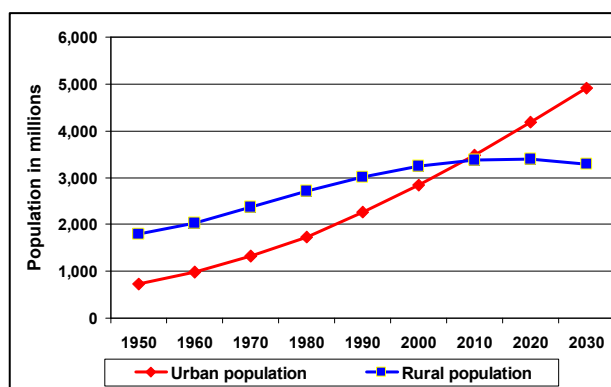
Urbanization and Chronic Diseases: Consequences and Possibilities

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World Urban and Rural Populations



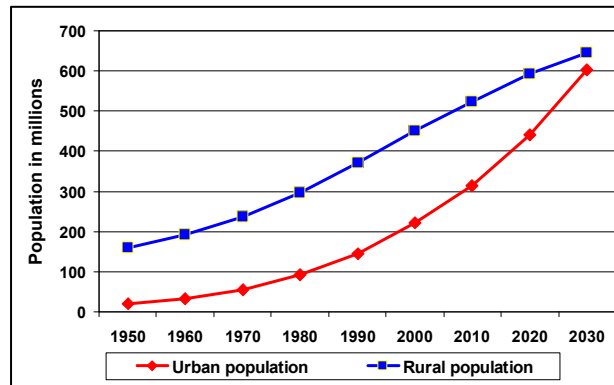
Source: United Nations (2006), The 2005 Revision



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Urbanization in Sub-Saharan Africa

From 1960 to 2010
%Urban: 14.8 to 37.5
% Annual growth
Urban: 4.6
Rural: 2.0
Total: 2.7
% Increase
Urban: 9.4
Rural: 2.7
Total: 3.7



Source: United Nations (2006), The 2005 Revision



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What is Already Established

- Urban explosion amidst poor economic performance. Between 1980 and 2000:
 - Urban growth of 4.7%
 - Per capita GDP drop of 0.8%.
- Increasing proportion of urban dwellers living in overcrowded slums and shantytowns; about 42% of the urban population in most countries are living in “life and health threatening” homes or neighborhoods
 - Poor access to water, food, health care, education
 - Poor environmental conditions (sanitation, sewage, garbage ..)
- Growing inequities between the poor and the non-poor
- From urban advantage to urban penalty?
- Vicious circle of poverty, education, health and nutrition



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What is Already Established (Ct'd)

- Child health and survival in SSA
 - Child malnutrition as one of the major public health concerns; both a cause and a manifestation of poverty
 - Poor improvements in child survival in SSA
 - About 90% of the 10 m+ deaths in under-5 children occur in 42 countries, 36 of which are in SSA
 - Most of these deaths result from preventable causes
- Maternal health: No sign of progress
 - About 500,000 maternal deaths per year (MMR: 400)
 - About half in SSA (MMR: 920)
- Malaria, HIV/AIDS: Continuous threat



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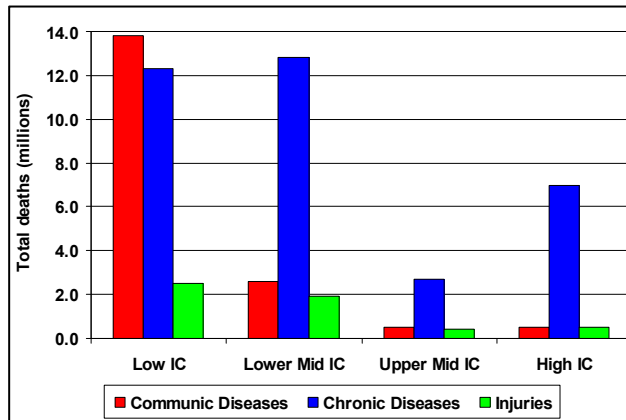
What is Now Emerging

- Of the 58m deaths in 2005, 35m result from CDs
- Overweight and obesity are on the rise
- Poorest countries, the worst affected (80% of deaths due to CDs)
- Growing threat:
 - Deaths from NCDs to drop by 3%
 - Deaths due to CDs to increase by 17%
 - By 2015: 41m CD deaths out of 64m (64%)
- Well-known, modifiable risk factors underlie CDs
 - Unhealthy diet
 - Smoking
 - Physical inactivity



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Deaths by Major Causes; All Ages

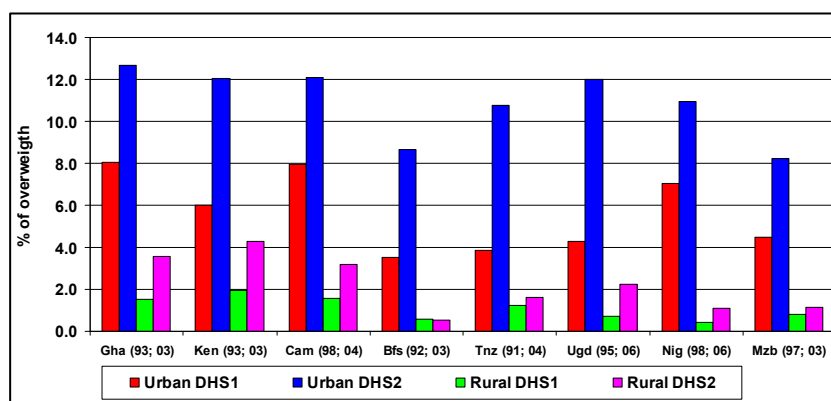


Source: WHO(2006), Preventing CDs: A vital investment



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Mostly in Urban Areas of SSA



Source: DHS data; BMI >= 30.0 among non-pregnant women



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Consequences in Developing Countries

- Double burden of diseases
- Pressure on the already strained health systems
- Adverse effects on the quality of life; deaths
- Economic burden on families, communities and nations (loss of productivity ...)
- Vicious circle of CDs and poverty
 - The poor are more vulnerable to CDs
 - CDs lead to increased expenditures and/or reduced income (death or severe illness)



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What Can we Do?

- We can't wait further
 - We can't afford to say "*we must tackle the other diseases first; we are poor nations, we cannot afford to deal with CDs*" (O Obasanjo, WHO, 2006).
- Deliberate policies and leadership are needed
 - It is enough to say "*we told them not to smoke, to eat fruit & vegetables, to take regular exercise*"; we must create environments that make these healthy choices possible (Op cit)
- CDs can be prevented and controlled using available knowledge
 - Comprehensive, intersectoral and integrated approach required



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What Can we Do? (Ct'd)

- Design and provide health-related information (IEC) on the risk factors of CDs
 - Healthy diet
 - Physical activity
 - Tobacco use
- Create enabling environments
- Design and enforce relevant laws and regulations
 - Tobacco use (e.g. France)
 - Physical activity: City councils, Employers
 - Healthy diet: Food industry ...



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Thank you



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