

HIV and AIDS in urban settings in sub-Saharan Africa

How can development cooperation for urban infrastructure and planning assist in the struggle against HIV & AIDS? The impact of the disease in urban areas in Africa, and informal settlements in particular, is vast. Improving living conditions and access to services in urban areas will contribute to prevention of HIV transmission, treatment and care of those infected, and the support of affected households.

Despite the shortage of data on HIV & AIDS in urban settings, ante-natal statistics in sub-Saharan Africa consistently show higher HIV prevalence in urban than in rural areas. This is due to a combination of higher levels of mobility and sexual networking than in rural communities. Poverty, combined with urban anonymity, increases risk behaviours such as transactional and age-disparate sex. Women and girls also experience greater risks of sexual harassment and sexual and gender-based violence in urban areas. Moreover, poor living conditions (especially lack of clean water), poor diet and disease weaken the immune system and contribute to HIV infection. They also hinder proper care and treatment of People Living with HIV & AIDS (PLWHA) and increase risks for opportunistic infections.

Urban development actors must therefore frame appropriate mainstreaming responses to the HIV epidemic in the sub-Saharan region. Furthermore, this should be achieved within the local government coordination on HIV & AIDS, including working with civil society organisations and representation of PLWHA. The challenge is in assessing how the 'core busi-



PHOTO: PEP BONET/SILVER

Luniko (right) talking to a friend. Both children are HIV positive and live in Khayelitsha township in Cape Town. Housing, sanitation, safety and education issues will affect their lives for years to come.

ness' of urban development can be utilised to support HIV prevention, care, treatment and support.

Key Issues

High densities and overcrowding

Informal settlements are often overcrowded. Households may only have one room. Overcrowding is linked to early sexual debut, a risk factor for contracting HIV, especially for girls.

In many slum areas substance and alcohol abuse abound, unemployment and crime are high. People are vulnerable in their own homes as well as in public spaces, especially poorly lit and waste areas, and public latrines. The unregulated design and layout of informal areas make policing a challenge. Sexual and gender-based violence are correlated to risks of being HIV-positive. Affordable housing and safe lighted areas with sup-

portive community police services and neighbourhood watch groups will thus indirectly contribute to HIV prevention.

Inequitable access to HIV prevention, care and treatment

The location of health services plays a critical role in the response to HIV & AIDS, and results in inequitable access to healthcare. Services may also be inadequate in relation to demand. Patients may not have the resources to afford transport to health centres for treatment, to collect medicines or to receive Prevention of Mother To Child Transmission services. Moreover, transport is often insufficient, unreliable, overcrowded and even dangerous. Safe modes of transport (accessible for the disabled and elderly) are crucial for access to health care and other services, which thus needs to be planned in growing urban settlements.

Access to safe water, sanitation and energy
Indicators of access to 'improved' infrastructures such as water and sanitation suggest that urban areas are better off than rural areas. This may be misleading as 'indicators' often measure the number of units implemented, not factors such as accessibility, affordability, reliability or water quality. Furthermore, the term 'improved' includes technologies unsupportive of environmental health and safety, such as ventilated pit-latrines. Reality may thus differ from the aggregated statistics.

Access to safe water is essential to support the health of PLWHAs and their care and treatment, including Prevention of Mother To Child Transmission. Informal settlements often lack drainage, leading to bodies of standing water collecting during the rainy season. Pit latrines are sunk without planning and may contaminate water boreholes. Parasites and pathogens are endemic in urban areas, causing malnutrition, increased disease burden and corresponding reduced immune system response.

Bilharzia, transmitted through infected water, affects women and girls disproportionately and causes lesions in the genital tract, putting individuals at a higher risk of STIs (sexually transmitted infections) and three times more likely to become HIV-infected.

Competition over affordable land and access to urban development resources

In urban areas, one wage earner often helps support a number of households. Thus the loss of one wage earner has an impact beyond the immediate family. The cost of funerals often puts the family in debt. Urban household financial viability is often a pre-condition for maintaining access to land, housing and urban services. Strategies to sustain this viability are often informal and include the disposal of assets including land, sub-letting and moving to backyard shacks as well as informal trading.

The extended family support system is increasingly unable to deal with the burden of HIV & AIDS, particularly in terms of taking in orphans. Many orphaned children end up living with elderly (often female relatives) who have no income. The number of orphans due to AIDS is



Young boy buying water from a local tap in Dar es Salaam. Access to safe water and sanitation is intimately related to public health.

PHOTO: STEFAN BLADH/SILVER

levels. Urban planning and services must strive to work within these coordinating structures. Many community services are provided by NGOs and there is a need to coordinate local government and civil society initiatives.

Strategic areas for support

When mainstreaming HIV & AIDS from an urban perspective, a number of areas can contribute to improvements:

- Support for affordable housing and regulation of informal settlements
- Energy provision, in particular street lighting to make urban spaces safer at night; electrification, including alternative sources, should at least be available for clinics and dispensaries
- Access to health facilities
- Affordable and safe transport for the disabled, sick and elderly
- Safe water and sanitation – for both HIV-positive and negative individuals
- Settlement layout and design need to improve solid waste management and stormwater drainage
- Flexible and affordable land management and tenure rights instruments need to be implemented and enforced
- Housing provision and tenure rights for orphans and their caregivers
- Management of the pressures of AIDS mortality on urban cemeteries
- Encourage local governments to proactively manage the impacts of HIV & AIDS in the workplace and on services
- Coordination with national and local bodies set up to combat the HIV epidemic.

increasing the number of street children, some with homes to go to at night, others sleeping rough. Thus affordable housing or cash transfers are needed for vulnerable households. There is also a need to provide housing and secure tenure for orphans and their care-givers.

Inadequate tenure and property rights in many countries put women and children in a precarious position when male head's of household pass away. New formations, such as 'grandma-headed' or child-headed households, create challenges for planning, social policy and property inheritance and legislation. Land registration, title deeds and civil law inheritance rights are thus major issues for support to widows and orphans. A safe shelter with secure tenure is also a pre-condition for proper home-based care of PLWHA.

Urban planning and management

HIV & AIDS affect urban planning staff, service providers and the demands on their work. Responses thus need to examine the effects of sickness and death of staff in relation to loss of competence and institutional memory and needs for recruitment and training. Workplace policies for staff are needed that include HIV prevention, working against stigma and discrimination, and support in seeking care and treatment.

Most countries in the region have set up National AIDS Commissions to formulate strategies and lead national operational plans. These have equivalents at the provincial and district or municipal

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