



## RETHINKING URBAN RENEWAL PROGRAMMES FOR PANDEMIC CONTROL IN NIGERIA

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### ABSTRACT

Most urban renewal programmes in Africa are conceived as mere urban beautification projects. From Lagos to Dakar, move one or two kilometers away from the city centers and one is faced with filth and squalor that are summed up in two words –urban slums, in which a great majority of city populations reside. In Nigeria, population living in slums as percentage of urban population is put at 50.2 % in 2014, up from 41.0% in 2007. This highlights the rapid growth of urban slums in Africa with rapid urbanization largely fueled by rural-urban migration. Incidentally, lessons from COVID-19 indicate that if the trend in the growth of unplanned slum settlements are not checked, they will become the hotspots for pandemic transmission in Africa, as the slum populations are part and parcel of the entire urban population who indeed are key drivers of city activities in terms of labour supply, as well as their engagements in small scale informal business activities in the cities. In the light of existing knowledge on the potential threat of dense slum settlements to the spread of pandemic, this paper reviews the appropriateness of traditional approach to urban renewal programmes in Africa and makes recommendations for paradigm shift as historical evidences reveal that COVID-19 is neither the first nor the last pandemic.

**Keywords:** *Africa, COVID-19, Dwellers, Pandemic, Spread, Rethinking, Urban, Renewal, Urban, Slum*

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## INTRODUCTION

In most of Africa, particularly Sub-Saharan Africa, urban renewal is synonymous with beautification of city centers, which involve planting exotic trees and flowers along newly surfaced intra-city roads and roundabouts, creation of parks for recreation, etc. In almost all cases, slums residential areas, which due to their unplanned nature and in marginal environments, remain untouched, as no foreign visitors or tourists will get to see such places anyway.

But now, empirical evidences have established close relationship between the slum phenomena and the spread of COVID-19, indicating the reality of social constructs in the spread of pandemics from the flu of 1918 to COVID-19 (Brookings Institute, 2017). It is this relationship that calls attention to the need for shift from the traditional view of urban renewal to a strategy that takes the prevention of pandemic spread into consideration. It is the realization of this that calls to attention the need to focus on the renewal efforts to focus on urban slums and population living in the slums.

The United Nations Human Settlements Programme (UNHS) defines a slum as a wide range of low-income settlements and/or poor human living conditions, which include the vast informal settlements that are quickly becoming the most visual expression of urban poverty (Olaoluwa, 2018) This is also the case in cities in Nigeria, where the growth rate of the urban population is faster than economic growth and increasingly out-paces the ability of the country's health and social services to provide appropriate and necessary care (Olaoluwa, 2018)..

The rising levels of poverty in African countries have been aggravated further by unemployment, underemployment, decrease in wages due to persistent inflation and uncontrolled rural-urban migration. The results are poverty and poor health outcomes, especially among the urban poor who live below the poverty line with limited access to social and health care services. For many people in such circumstances, slum living is an unavoidable reality (Olaoluwa, 2018).

The United Nations Human Settlements Programme (UN-Habitat) in Nigeria stated that about 80 million Nigerians, representing 79 per cent of the population, are living in slums (UNDP, 2020). The growth of informal settlements around Abuja the Federal Capital Territory (FCT), for example, has largely been as a result of inadequate and non-affordable housing for all classes of the citizenry (UNDP, 2020). The challenge of securing land tenure for the teeming populace, the high cost of building materials, inaccessible mortgage mechanisms for the poor as well as the high rents of urban accommodation has been responsible for many of the city slum developments (UNDP, 2014).

According to Campbell (2019), in the decade between 2007 and 2017, Nigeria's urban dwellers increased from 41 percent of the population to about 50 percent. In 2019, there were 7 cities with a population of one million or more, 80 cities with a population ranging between one hundred thousand and one million, and 248 cities with a population between ten thousand and one hundred thousand. But much of this urbanization are unplanned and chaotic.

World Bank report about African cities indicates that "Africa's cities are crowded precisely because they lack adequate "formal housing as well as poor transport systems to connect people living farther away from cities thereby " forcing residents to "forgo services and amenities to live in cramped city quarters better referred to as slum areas" (Campbell, 2019). The realities of life in Nigerian cities are hard. In Lagos, about two of every three people live in a slum. Less than 10 percent of residents have access to piped borne water (for those that do, it is often riddled with sediment and unsafe to drink), forcing urban households to purchase water from vendors at up to three times the

normal price charged by Lagos state. Only six percent of urban households have a flushing toilet that is connected to a sewage system (Campbell, 2019).

According to the Conversation (2019), rapid rate of urban population growth in Nigeria, fueled by massive rural to urban migration, has overwhelmed public sector resources. It has also hampered the private sector's ability to provide either housing or jobs. As a result, urban dwellers build their own accommodation and make their own economic fortunes. Most live-in informal housing on the most marginal of lands. They survive in poor environmental conditions and have limited access to public services like water, sewerage, police security, and fire protection. Infant mortality is high and residents battle with poor physical and mental health. Lagos, for instance, has about nine slum areas harboring about 70 percent of its estimated 20 million residents (Business Day, May 5, 2020). During the lockdown, the highest level of defiance to the government's stay at home order was seen in these slum areas (Business Day, May 5, 2020).

## **THEORY AND EMPIRICAL REVIEW**

### **SOCIAL CONSTRUCTION OF HEALTH**

The literature on social determinants of health has developed in significant ways over the past 30 years. It arguably gained prominence with the publication of the United Kingdom's Black Report, which emphasized the large inequities in morbidity and mortality that exist between lower and upper classes – inequities that persisted despite universal access to health care services under the National Health Service (Davey et. al., 1990; Townsend and Davidson, 1982; Krieger, 2001, Loucks, 2012). Since that landmark UK Black report, the relationship between socioeconomic status and health (the 'social gradient') has become one of the most persistent and ubiquitous findings in health research. In the United States, the Healthy People initiative has spearheaded the national effort to reduce health inequities and broaden awareness of the importance of the social determinants of health. Social determinants of health refer to both features of and pathways by which societal conditions affect health. These include income, education, occupation, discrimination, and working/living conditions (WHO, 2010).

Viewed in this sense, therefore, there is a distinction between the medical notion of disease and the social constructionist concept of illness. For the medical profession, disease is a biological condition, universal and unchanging; social constructionists define illness as the social meaning of that condition. Good health begins in the places where we live, learn, work and play (Robert Wood Johnson Foundation, 2010). Social determinants of health reflect the understanding that health is shaped by individual factors and the physical, social, economic and political context in which people live. Specifically, social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (WHO, 2019).

The WHO Commission on Social Determinants of Health had this to say "Our children have dramatically different life chances depending on where they were born. In Japan or Sweden they can expect to live more than 80 years; in Brazil, 72 years; India, 63 years; and in one of several African countries, fewer than 50 years. And within countries, the differences in life chances are dramatic and are seen worldwide. The poorest of the poor have high levels

of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health” (WHO, 2008).

## **EMPIRICAL REVIEW**

### **LIVING CONDITIONS AND THE SPREAD OF PANDEMICS**

Studies abound on the relationships between pandemic and poverty. As far back as 2017, the Brookings Institute reported that “when epidemics or pandemics hit, they usually hit the poor first and worst”. Quoting the work of the 884 German Pathologist on typhus pandemic outbreak in Upper Silesia, it says “*for there can now no longer be any doubt that such an epidemic dissemination of typhus had only been possible under the wretched conditions of life that poverty and lack of culture had created in Upper Silesia*”. According to the report, “What we have not known, until recently, is how best to help the poor protect themselves from pandemics” (Brookings, 2017).

Recent report from the United States indicates that most of the victims, including deaths from COVID-19 are among African-Americans from relatively poor backgrounds. In the state of Louisiana, for example, African Americans make up 32% of the population, but 70% of all deaths in the state is African-Americans living in poor socio-economic conditions (Brookings, 2020). These are pointers to vulnerability of the poor to pandemics. It is in the light of this that the Brookings Institute remarked that “to understand why the poor are more vulnerable to epidemics and pandemics and what protections are required, we need to consider how outbreaks first start, how they spread, and how they affect individuals and societies” (Brookings, 2017). Furthermore, according to the report, despite growing international attention, disease surveillance remains weakest in impoverished countries at greatest risk. Such countries are short on labs, infrastructure, and trained epidemiologists. Underinvestment in preparedness reflects the painful choice facing poor countries with high disease burdens due to poor living conditions. These weaknesses mean that in poor countries, outbreaks are likely to go undetected longer and, thus smolder and spread.

Concerns have also been raised about the possible Impact of COVID-19 on informal settlements such as urban slums. The key message is the need to consider how COVID-19 could impact people living in densely populated and unsanitary environments, and what could mitigate the worst of these impacts. This is challenging as the health and social needs of these populations are often invisible (Annie, 2020).

Describing the vulnerability of the poor/slum dwellers, the UNDP (2003) points out the negative aspects of slums that makes them potential hotspots for the transmission of pandemics. The report says slums have the most intolerable of urban housing conditions, which frequently include: insecurity of tenure; lack of basic services, especially water and sanitation; inadequate and sometimes unsafe building structures; overcrowding; and location on hazardous land. In addition, slum areas have high concentrations of poverty and of social and economic deprivation, which may include broken families, unemployment and economic, physical and social exclusion (UNDP, 2003).

Report by the *Lancet Public Health* on advancing the reasons why poor living conditions such as poverty and inequality could spread COVID-19 indicates pandemics rarely affect all people in a uniform way. The Black Death in the 14th century reduced the global population by a third, with the highest number of deaths observed among the poorest populations. Densely populated with malnourished and overworked peasants, medieval Europe was a

fertile breeding ground for the bubonic plague. Poorest populations are more likely to have chronic conditions, which puts them at higher risk of COVID-19-associated mortality (Lancet Public Health, 2020).

### **RISKS FACTORS AND VULNERABILITY OF SLUMS DWELLERS**

Slums are neighbourhoods, either in the traditional city core or at the edge of the city, which are often highly populated, have poor access to basic amenities such as water and sanitation, all of which are basic amenities necessary for the control of the spread of pandemics. The health of slum dwellers is a source of concern because they are often marginalised in terms of access to health facilities and the allocation of resources (UNDP, 2003).

The dense and compact nature of the settlements make them poignantly exposed to pandemics as social and physical distancing, and also personal hygiene of regular hand washing with soap and running water becomes almost impossible. In most cases, as empirical evidences indicate, slum population suffer disproportionately from underlying health conditions that complicate COVID-19 infections leading to high probability of mortality (International Federation of Diabetes, 2020).

With people tightly packed together, the resulting crowding increases exposure to communicable diseases (WHO, 2020). There are several overcrowd-related factors that put the urban poor, especially those living in slums at high risk for contracting infectious or pandemic diseases such as COVID-19 (World Bank, 2020). These include:

- ✓ Overcrowded living conditions (both within slums and within households);
- ✓ Limited access to basic services for best hygiene practices
- ✓ Poor and overcrowded transport services;
- ✓ Overcrowded businesses/informal work activities (markets, shops, water points, etc.).

### **URBAN RENEWAL CHALLENGES IN AFRICA**

Urban renewal can be said to be the process where urban neighbourhoods or areas are improved, rehabilitated or redeveloped (McGill, 2020). The renewal process involves a wide range of activities which may include demolishing or tearing down old or run-down buildings, constructing new, up-to-date housing, or adding new urban amenities like stadium, dual carriage way, overhead bridges, etc. As a philosophy, urban renewal programmes are attempts to:

- ✓ Eliminate sub-standard and other inadequate housing through clearance of slums and blighted areas;
- ✓ Stimulate sufficient housing and establish decent homes and suitable living environment to remedy housing shortages;
- ✓ Eliminate or reduce crimes and other social ills, etc.

These are lofty goals, but historical experiences have shown it must be undertaken with caution and with beneficiary participation. Historically, the public housing slum clearance exercise under urban redevelopment in the American 1949 Housing Act served as a reference point/case study in the provision of better housing through the spot removal of residential slums. The initial exercise attracted huge criticisms which led to the amendments in the Provisions of the Housing Act in 1954 replacing the concept of urban development with renewal (Glazer, 1965). US Urban renewal from the 1954 Act onward emphasized revitalization of existing physical plan as against total clearance or eviction of slum dwellers. The concept of urban renewal expects the relevant local agencies to develop an action

plan for renewal which will be in the overall interest of the affected communities. Unfortunately, most urban renewals in Africa have been seen as attempts at land-grabbing by political office holders, elites and the rich. This was the case with the Maroko slum clearance exercise in Lagos in 1990, which indeed led to further impoverishment of the urban poor who were forcefully evicted from the area without any form of compensation or alternative accommodations (Agbola & Jinadu, 1997). The result was that the residents merely moved to establish new slum settlements or moved to worsen existing ones elsewhere in the city, and there were many of them. It must be noted that as far back as 1981, World Bank in collaboration with Lagos state Urban Renewal Board identified 42 “blighted areas” in Lagos (Agbola & Jinadu, 1997).

Indeed, as Agbola & Jinadu (1997) clearly stated, the early experiences of urban “slum demolition in Nigeria date back to the 1920s when they were carried out in Lagos by the Lagos Executive Development Board in response to the bubonic plague that broke out at that time. This was followed by the pre-independence demolition which resulted in the celebrated Isale-Eko clearance to give the visiting Queen of England a pleasing view of the area. The pre-independence and immediate post-independence clearances in Nigeria were marked by a series of eviction cases in the 1980s and this culminated in the large-scale Maroko eviction of 1990 where some 300,000 people were forcibly ejected (Agbola & Jinadu, 1997).

The demolition of Maroko in 1990 has been considered as an example of government’s unsuccessful efforts to address the housing problems of low-income groups in Nigeria. Not only have their past efforts been limited by ineffective programmes of action and the ineptitude of the appropriate institutions, but most of the programmes undertaken have not met their target of decent and affordable accommodation for the urban poor. Meanwhile, governments who persist with the policy of wholesale clearance of what were judged to be blighted areas worsened the housing problems of the poor. For example, in most cases where evacuees were given government assistance, its scale was inadequate and often misdirected. As a result, evacuees’ usually move to another area which the government also considered as slum, thus reinforcing the cycle of slum development, government inaction and eventual clearance of same (Agbola & Jinadu, 1997).

Today, the fear of political backlash and electoral priorities have largely restrained many governments from embarking on previous military style of forced evictions of slum dwellers. This has resulted in ever-growing and expansion of slum settlements with very poor living conditions. For example, Tinubu, a former Lagos State Governor, was very careful in carrying out reforms motivated by the ‘Lagos Megacity Vision’ because it conflicted with electoral priorities, and so could not carry it out fully (Dianne, 2015). Moreover, any contemplation of resettlement programme is quickly put aside by the thought of levels of funds required which can hardly be mustered by subnational governments. At best, such dreams can only be accomplished through long-term planning, but this also requires sustainability of development plans over a long period of time. Unfortunately, changes in government and political party affiliations hardly allows such long terms perspective plans to be achieved in Africa, particularly in Nigeria.

### **THE EXAMPLE AHMEDABAD (INDIA): THE SLUM NETWORKING PROJECT (SNP)**

The Slum Networking Project (SNP) in Ahmedabad, India represents an option worth emulating to avoid slum settlements becoming hotspots for the spread of COVID-19 and other infectious diseases. The project ran between

1995 and 2009 and involved a partnership of urban stakeholders that included the Ahmedabad Municipal Corporation, NGOs/CSOs, the private sector and slum residents. The project sought to provide basic services for improving living conditions in the slums. What contributed to the success of the project was that residents were guaranteed non-eviction which indeed secured their cooperation (William, 2016). The project objectives included:

- ✓ improve basic infrastructure within slums and homes;
- ✓ enhance community development through community participation/contribution and provision of basic services;
- ✓ maintain infrastructure improvements through NGOs and residents' associations;
- ✓ promote environmental upgrading in the city.

Around 60 slums were upgraded, benefiting 13,000 households. The project integrated informal settlements into the broader urban environment in infrastructure development, service delivery and the provision of *de facto* land tenure. Participating households also recorded improvements across a number of economic and social dimensions. Since many worked in home-based manufacturing and retail establishments, their livelihoods were closely related to housing and access to public utilities. An evaluation found that women reported an extra one to two hours a day in paid labour as a result of availability of basic services in the home. Upgrading also generated improvements in health and hygiene. Reported incidence of illness across participating households fell from around 19% to 7%, with reductions in the incidences of water-borne and respiratory diseases, and that school attendance among children aged six to ten years increased. Strengths of the project include the following:

- ✓ Granting land tenure encouraged slum dwellers to invest in the upgrading the informal settlements.
- ✓ Slum dwellers benefiting from the services were more willing to pay property tax.
- ✓ Investment in infrastructure encouraged households to invest in their communities.

## CONCLUSION

Pieces of empirical evidence suggest that, in view of poor living conditions and the lack of basic facilities that guarantee best practices in personal and community hygiene, dense urban slums settlements could pose the greatest risk for the spread of pandemics across entire urban populations in Nigeria and in Africa in general. Unfortunately, due to fear of political backlash and electoral calculations, as well as lack of funds, political office holders find it difficult to embark on the military style urban renewal that involved forced evictions of slum dwellers.

Moreover, experiences from forced evictions indicate that such exercises only succeed in reinforcing and multiplying urban slum developments. Also, in the face of dwindling revenue available to subnational governments over the years, resettlement of slum settlers is hardly contemplated. Even when resettlements are conceived as long-term projects, frequent changes in governments and political party affiliations pose great threats to sustainability of long-term projects. These challenges have made urban renewal in Africa and Nigeria in particular to focus on aesthetics and beautification exercises around city centers and government reserved areas, road expansions, city bridge and flyover construction, and a few others. Consequently, urban slums are allowed to exist and grow without infrastructure and basic services that make them potential hotspots for transmission of pandemics.

## **RECOMMENDATIONS**

In order to prevent urban slum settlements from becoming hotspots for pandemic spread in Africa, Government should partner with urban stakeholders (private sector, NGOs, community organisations, etc.) for upgrading slum areas through infrastructure provision and basic service delivery towards improvising living conditions that allow for the practice of pandemic prevention methods. Such partnerships would require sound legal frameworks for dealing with tendering, contracts, oversight, etc.

State and local agencies should cooperate with slum dwellers in the fulfilment of their obligations by leveraging the strength of urban slum dwellers who are in position to design and implement cheaper, effective and sustainable responses to challenges faced in their areas. Non-eviction guarantees would secure slum dwellers cooperation and participation.

Decentralised community-based and participatory approaches and processes for the design, development, implementation and sustainability of upgrading programmes and projects in slum settlements would increase the potentials for accountability and transparency, as well as promoting community involvement and oversight thus ensuring sustainability of infrastructure and services.



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