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– Warren SMIT, African Center for Cities, Cape Town, South Africa

Image Source: Divided urbanism still remains common in South Africa, even for newer planned communities (here, the Cosmo project in Johannesburg). Image by Nicolas J.A. Buchoud, all rights reserved ©.



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A second apartheid: On South African cities and the pandemic consequences on informal settlements

Epidemics deepen and expose existing social inequities. Informal settlements, which are settlements in which residents do not have legal security of tenure or adequate infrastructure, are an important part of African cities, accommodating more than 60% of the urban population of sub-Saharan Africa.

How will, and how should, COVID-19 shape our cities into the future? The danger is that it will shape our cities in the same way that previous epidemics have shaped our cities.

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There are multiple possible future urban trajectories:
we will see the demolition of slums?
new urban strategies on urban sprawl?
a greater concern for more effective social safety nets?
will communities be included in the decision-making process?

In order to be able to evaluate the impact of interventions in informal settlements and monitor progress, it is essential that disaggregated data on health and socio-economic indicators in informal settlements are regularly collected with the help of residents themselves. Through participatory upgrading processes we can help create cities that are safer, more resilient and more equitable.

Epidemics deepen and expose existing social inequities. The global pandemic has occasioned an impulse to think in monumental terms – totality, catastrophe, portal. This essay commits to a different reading that stops the rush of planning and forecasting, projecting and forecasting. It offers collective life as an analytic that keeps the focus on the ways in which the urban majority is trying to survive and cope within structures of inequality that now bear both the new imprint of COVID-19 while equally holding the continuities of older forms of distancing and exclusion.

The COVID-19 pandemic has certainly done this in African cities, with informal settlements, where the poorest residents of cities live, generally being the areas of African

cities with the highest incidence of COVID-19. Informal settlements, which are settlements in which residents do not have legal security of tenure or adequate infrastructure, are an important part of African cities, accommodating more than 60% of the urban population of sub-Saharan Africa.

For example, in Cape Town, which has had about 74,000 cases of COVID so far, the highest levels of COVID-19 is found in the two districts with the highest concentrations of informal settlements: Khayelitsha (8,247 cases in an area with a population of about 400,000 people) and Klipfontein (9,063 cases in an area with a population of about 380,000 people). These two districts have incidence rates of over 2,300 cases per 100,000 people, compared with an average rate of 1,693 cases per 100,000 people for the rest of Cape Town. That's more than 35% higher.

The reasons for the higher incidence of COVID-19 in informal settlements is that residents of informal settlements are particularly at risk of infectious diseases as it is impossible to practice social distancing in overcrowded conditions, and the lack of adequate water supply and sanitation means that practicing good hygiene practices is extremely difficult. Informal settlements have limited access to economic opportunities, limited opportunities for safe physical activity and healthy food options, and high levels of depression and stress. The net result is that the environment of these areas is not conducive to good health or healthy lifestyles.

How will, and how should, COVID-19 shape our cities into the future? The danger is that it will shape our cities in the same way that previous epidemics have shaped our cities.

History teaches us that the usual response to epidemics has been the demolition of slums and relocation of residents to the urban periphery, combined with the establishment of new gated enclaves for the middle and upper classes, thus increasing social polarization. For example, in Cape Town, the influenza pandemic of 1918-1919, led to a new South African Public Health Act and Housing Act “to ameliorate the wretched housing conditions of the poorer classes” (Central Housing Board, 1920). These new policies essentially encouraged the demolition of slums and relocation of people to new housing areas, for example, it directly led to the establishment of Langa, segregated township for black Africans beyond the edge of Cape Town. On the flip side of the coin, the influenza epidemic also led to the development of Pinelands on the outskirts of Cape Town, a segregated “garden suburb” for middle-class people, based on the ideas of Ebenezer Howard (in his 1898 book, “The Garden Cities of Tomorrow”) about healthy residential areas. Pinelands had (and still has) broad tree-lined streets and detached villas, and, as per Howard’s philosophy, was meant to have “Pure air and water. Good drainage. Bright homes & gardens. No smoke. No slums”. Similar processes to these in Cape Town occurred in numerous other cities in Africa during the course of the twentieth century.

We need to make sure that this does not happen again. On the one hand there need to be strategies to prevent urban sprawl and urban fragmentation. On the other hand there needs to be upgrading of informal settlements. The COVID-19 pandemic highlights the urgency of upgrading informal settlements so as to reduce the risk of infectious disease in these high-risk areas and reduce social inequities. Processes to upgrade informal settlements and provide residents with sufficient amounts of sufficient living space and adequate services need to be participatory, with a range of accompanying social and economic development programs to improve people's lives and reduce their vulnerability to risks (for example, through the establishment of social safety nets and mechanisms such as basic income grants).

It is important to reduce overcrowding through these upgrading processes, but this could be done through the provision of multi-storey housing, there do not necessarily need to be large-scale relocations of residents.

A key precondition for informal settlement upgrading is that informal residents and other marginalized groups are included in decision-making processes, as it is essential that the residents of informal settlements themselves are involved in decision making about the upgrading of the areas where they live and work.

In order to be able to evaluate the impact of interventions in informal settlements and monitor progress, it is essential

that disaggregated data on health and socio-economic indicators in informal settlements are regularly collected with the help of residents themselves. Through participatory upgrading processes we can help create cities that are safer, more resilient and more equitable.