

Habitat for Humanity®

Housing and Health

A Global Literature Review

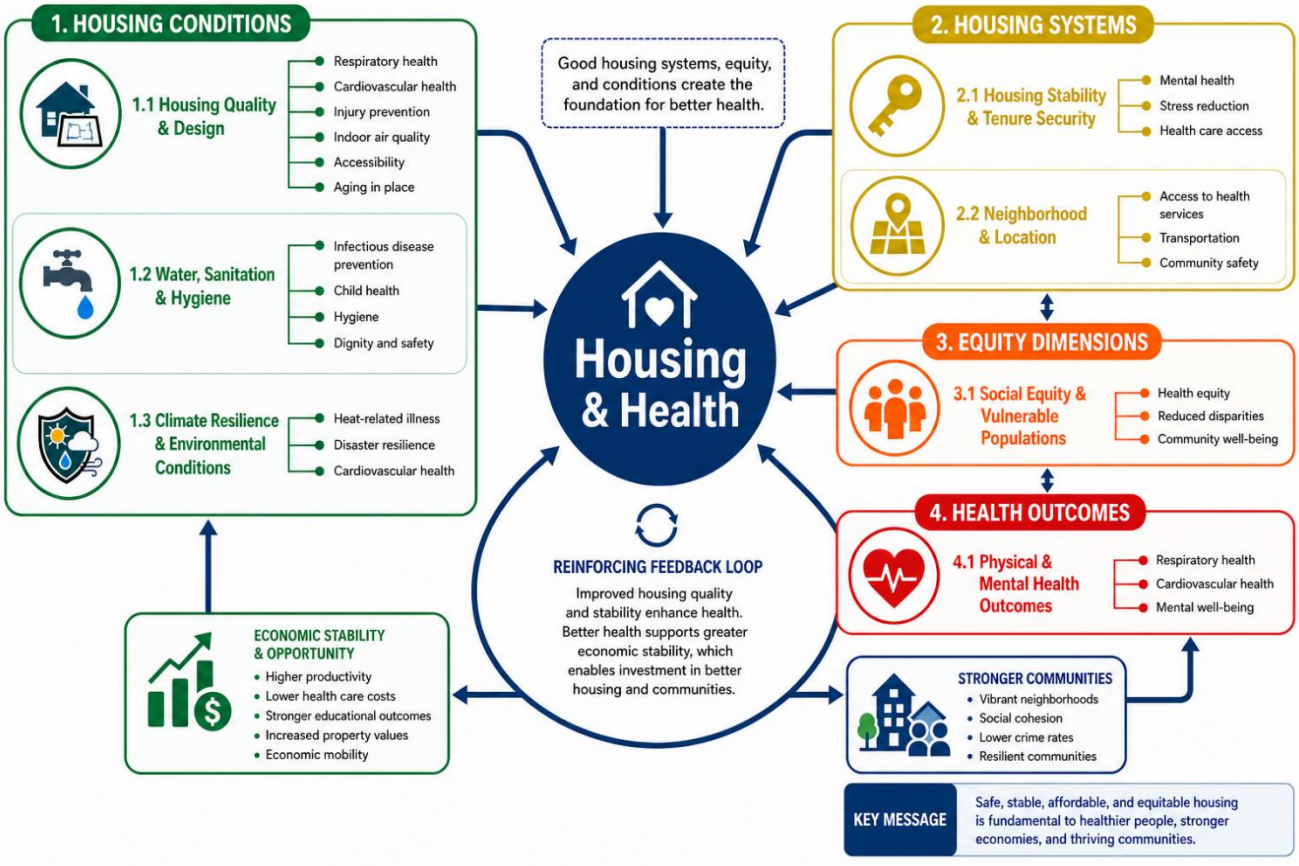
Abstract

Housing is a social determinant of health, shaping outcomes across the physical, mental, and social spectrum for everyone worldwide. This literature review synthesizes global research on ways inadequate housing contributes to physical illnesses, poor mental health and entrenched inequities among structurally disadvantaged populations. The review also highlights a range of Habitat for Humanity initiatives responding to these health challenges in Latin American and the Caribbean, the United States, Africa, Central and Eastern Europe, and Southeast Asia. The evidence and responses presented show that adequate housing is essential for public health, health equity and social resilience worldwide.

Introduction

Housing is a fundamental social determinant of health. Adequate housing ensures tenure security, access to safe water, sanitation, energy, affordability, protection from environmental hazards, and connection to social and economic opportunities (Bentley et al., 2025). The global context is stark: The United Nations estimates that 1.6 billion to 3 billion people live in inadequate or unaffordable housing (Bentley et al., 2025). These trends are universal, from the rise in cardiovascular and respiratory disease to widespread anxiety and depression to diminished social well-being. Housing shapes not only physical and mental health but also self-confidence, social identity and stability (Rolfe et al., 2020). This review explores global evidence on the pathways linking housing and health, with a focus on structurally disadvantaged groups, and the economic and policy contexts that perpetuate inequity. It concludes by profiling innovative Habitat for Humanity projects meeting these challenges in diverse world regions.

Figure 1. Framework for housing and health



Housing quality and safety

This section describes the main physical pathways through which poor housing quality and indoor environmental conditions affect health. People spend approximately 90% of their time indoors, where they may be exposed to environmental hazards that significantly affect their health (Mannan and Al-Ghamdi, 2021). For example, indoor air pollutant concentrations can exceed outdoor levels, contributing to a range of health issues. A significant portion of indoor time is spent at home. According to an analysis of the American Time Use Survey, between 2003 and 2019, time spent at home increased by one hour and 39 minutes on a typical day (Sharkey, 2024). This trend raises concerns about how extended time at home may influence health outcomes. Inadequate housing conditions (such as overcrowding, poor water quality, chemical exposure and poor ventilation) can lead to physical illnesses, including asthma, cardiovascular disease, neurological impairments, gastrointestinal issues and certain cancers. Infectious diseases are also linked to overcrowding and limited access to clean water (Bungau et al., 2024; World Health Organization, 2018). This section explores how these conditions interact to undermine health and well-being.

Chemical exposure

Chemical exposure in the home can occur through unexpected sources such as foundations, pipes and contaminated soil. Lead exposure from paint and plumbing remains widespread, with an estimated 26 million people affected globally and 9 million disability-adjusted life years lost (Bungau et al., 2024; Karri et al., 2016). Chronic arsenic exposure through contaminated water and soil in Mexico and Bangladesh has been linked to cardiovascular conditions such as carotid intima-medial thickness (Bungau et al., 2024; Osorio-Yáñez et al., 2013). Radon, a naturally occurring gas found in soil, can enter homes through cracks in foundations (US EPA, 2018). In France, radon exposure was linked to 2.2% to 12.4% of lung cancer death in 1999 (Bungau et al., 2024; Catelinois et al., 2006). In Turkey, studies have shown that endocrine-disrupting chemicals present in indoor dust (arising from materials such as flooring, wall coverings, cleaning products, and remnants from recent repairs) pose significant health threats. These substances have been associated with increased risks of reproductive toxicity and hormonal disruption, along with impaired cognitive and behavioral development in children and higher rates of asthma (Babaei et al., 2024).

Biomass fuel used for cooking is another source of chemical exposure. In Peru, long-term exposure was associated with cardiovascular issues (Bungau et al., 2024; Painschab et al., 2013). And in Guatemala, upgraded cookstoves led to reduced myocardial ischemia among women (Bungau et al., 2024; McCracken et al., 2011). In Ethiopia, children exposed to biomass fuel were four times more likely to suffer from acute respiratory infections compared with those in homes using cleaner fuels (Addisu et al., 2021; Bungau et al., 2024). These findings underscore the urgent need for chemical and fuel remediation in housing, particularly as cumulative exposures intersect with air quality, overcrowding and poverty.

Air quality and ventilation

Household air pollution from solid cooking fuels caused 3.8 million deaths globally in 2016 (Rana et al., 2020). Air pollution does not just come from cooking fuel, however. Poor housing conditions such as moisture, leaks, poor ventilation and dampness create environments conducive to biological pollutants such as mold and dust mites, which further degrade indoor air quality (Holden et al., 2023). These conditions also are significant triggers to lower respiratory function. For example, a U.K. study described how poor housing conditions yielded hazards such as mold and dust mites, increasing asthma and hospitalizations in children (Holden et al., 2023). The U.S. has seen similar findings. In Southeast Kentucky, cooking with wood or coal was linked to increased pediatric rates for asthma (Barry et al., 2010; Bungau et al., 2024). Another U.S. study found that wood exposure was independently associated with higher prevalence of airflow obstruction and chronic bronchitis (Bungau et al., 2024).

In severe cases, poor air quality can contribute to premature death. In 2021, household air pollution was linked to the deaths of approximately 237,000 children younger than 5 (World Health Organization and U.N. Environment Programme, 2025). Women and children in Africa bear a disproportionate burden, accounting for about 60% of early deaths related to smoke inhalation and household air pollution (International Energy Agency and African Development Bank

Group, 2023; World Health Organization and U.N. Environment Programme, 2025).

Poor ventilation also heightens the risk of airborne disease, as seen during outbreaks of influenza, tuberculosis, and more recently, COVID-19 (Bungau et al., 2024). Overcrowding and compromised air quality thus reinforce a feedback loop of respiratory and communicable disease risk.

Thermal comfort

Rising temperatures have intensified many of the health risks outlined above. Climate change is increasing the frequency and severity of temperature extremes, and inadequate housing often leaves residents unable to buffer against heat or cold. A recent study in Argentina, Bolivia, Brazil, the Dominican Republic and Paraguay found that 45 million people were highly vulnerable to heat exposure due to substandard housing, limited electricity and overall poverty (World Bank, 2025). Extreme heat has been associated with heat stress, heat stroke, acute and chronic injury, myocardial infarction (in adults), electrolyte imbalance, fever, respiratory disease, and renal problems in children (Neira et al., 2023). In the most severe cases, prolonged or intense heat exposure has been linked to increased morbidity and mortality. For example, a study in Cyprus reported higher relative mortality risk from cardiovascular causes on hotter days (Lubczyńska et al., 2015; Neira et al., 2023).

Heat risk is especially concerning given the rising frequency of heat waves in recent years. Heat waves drive heat accumulation inside buildings, and when indoor air temperatures exceed safe thresholds, overheating can occur (Caro & Sendra, 2024). During the 2023 heat wave in Rio de Janeiro, Brazil, temperatures reached 42°C (107.6°F), and investigators reported approximately 1,392 excess deaths over a short period, with a substantial share occurring in the home (Fernandez-Medina et al., 2025). These findings underscore how inadequate housing and limited access to cooling can turn homes into high-risk environments.

Cold temperatures and poor thermal performance of housing pose parallel risks. Homes with insufficient heating or insulation are prone to elevated indoor humidity and dampness, which have been associated with respiratory and other health problems. In a study from Sweden, residents living in dwellings with non-optimal indoor humidity reported symptoms of asthma, perceived dry air, eye irritation and discomfort, and static electricity (Psomas et al., 2021). These findings highlight how inadequate temperature and moisture control can undermine health and overall well-being in colder climates.

Overcrowding

Per the World Health Organization, overcrowding is a condition in which the number of occupants exceeds the capacity of the dwelling space available. Depending on the region, available space may be measured as rooms, bedrooms or floor areas, and overcrowding depends on the number of people sharing the dwelling, along with their age, relationship and sex (World Health Organization, 2018). Regional definitions may vary, but the health impacts are consistent. Overcrowding increases the risk of close-contact disease transmission, including gastroenteritis, pneumonia, lower respiratory tract infections and tuberculosis (Wilk et al., 2025). In New Zealand, overcrowding accounted for approximately 10% of hospital admissions for certain infectious diseases (Wilk et al., 2025).

Beyond infectious disease transmission, crowded homes intensify other risks. Poor ventilation is more difficult to maintain, heat accumulation during heat waves is amplified, and interaction with chemical exposures and air pollution becomes more severe (World Health Organization, 2018). Overcrowding thus represents a physical health stressor that intersects with and amplifies other housing-related hazards.

Overcrowding also affects mental well-being. A qualitative study in South Korea explored the lived experiences of families with children residing in poor and overcrowded conditions. The study found that when multiple family members shared bedrooms, sleep disruptions were common, leading to insufficient rest and negatively affecting daily functioning, particularly children's performance in school (Lim & Kim, 2020). In Chile, researchers found that increases in overcrowding were significantly associated with heightened depressive symptoms, especially when individuals experienced a sudden decline in housing conditions (Ruiz-Tagle and Urria, 2022). This is likely due to the lack of personal space, privacy, and control over the home environment, which can manifest as

stress, cognitive and physical fatigue, and frustrations (Ruiz-Tagle and Urria, 2022).

Housing stability and mental health

Beyond the physical hazards of poor housing quality, the instability and psychological stressors associated with inadequate housing significantly affect mental health and well-being (Ruiz-Tagle and Urria, 2022). This section examines how housing-related stressors (including environmental hazards, insecurity and disruptions during crises) shape mental health across populations and contexts.

Environmental stressors and safety

Urban environments compound mental health risks. Residents of Bangalore, India, cited social isolation, constant noise, insecurity, and poor access to transportation as chronic stressors contributing to symptoms of anxiety, depression and irritability (Poddar et al., 2025). These findings echo global data from the Global Burden of Disease reports, which show that urbanization and inadequate housing are closely correlated with increased common mental health disorders (Poddar et al., 2025; Van Der Wal et al., 2021).

Threats to safety and privacy are also significant environmental stressors. In one study from rural India, 40% of women who practiced open defecation reported experiencing trauma when searching for a suitable location and expressed feelings of indignity when forced to delay defecation or urination (Saleem et al., 2019; Steinmann et al., 2015). Similarly, a study in Odisha, India, found that nearly all female participants (including girls) feared being watched or harassed by men because of the absence of toilets in their homes (Sahoo et al., 2015; Saleem et al., 2019). In Kenya, the risk of non-partner sexual violence increased by 40% among women who practiced open defecation compared with those who had access to a toilet facility (Saleem et al., 2019; Winter and Barchi, 2016). These examples highlight how inadequate housing infrastructure — particularly lack of safe, private sanitation — undermines both physical and psychological well-being for women and girls.

Public health emergencies and crisis vulnerability

Public health emergencies, such as the COVID-19 lockdown, have brought these challenges into sharper focus. In Chile, survey data indicated that almost 30% of women and 19% of men reported poorer self-perceived health during lockdown, with the worst outcomes among those in the smallest or most inadequate homes (López-Contreras et al., 2022). The sudden repurposing of the home as the workplace, school and site of quarantine intensified psychological distress and exposed the critical roles of adequate, flexible living space during crises.

Pandemic-related stressors such as household isolation and income loss, combined with contextual factors such as household crowding, also increased the risk of intimate partner violence, or IPV (Lawson et al., 2024). Two international studies found that 63-73% of women with a history of IPV before the pandemic reported recurring IPV during lockdowns, while 2-12% of women experienced IPV for the first time (Lawson et al., 2024; Morgan and Boxall, 2020; Sediri et al., 2020). These findings highlight how housing conditions and social stressors can compound vulnerability during public health emergencies.

Conflict-affected and resource-constrained settings further illustrate how public health emergencies can magnify the impact of inadequate housing. For instance, evidence from refugee camps in the West Bank and Gaza consistently links overcrowding, poor ventilation and substandard materials to increased rates of respiratory and gastrointestinal illness, along with heightened mental health challenges (Jabali et al., 2025). Living in cramped spaces with limited privacy and insecure tenure exacerbates feelings of depression and anxiety. These conditions are compounded by trauma, the loss of cultural connections and reduced access to adequate health care, all of which intensify vulnerability and highlight the urgent need for housing and public health interventions (Jabali et al., 2025; Persad and Xu, 2023).

Climate, housing and health

Climate change is reshaping housing-related health risks by intensifying temperature extremes and increasing the frequency of climate disasters. This section integrates evidence on how climate

interactions with inadequate housing widen existing health inequities.

Beyond thermal stress, climate disasters, including extreme heat, floods and wildfires, have left those with insecure housing at greater risk for trauma, displacement and ongoing psychological hardships (Li et al., 2025). For example, a U.S. study found that rates of post-traumatic stress disorder, or PTSD, and depression were significantly higher among pregnant women with high exposure to Hurricane Katrina compared with those who had lower exposure (Harville, PhD et al., 2010; Muñoz-Nieves et al., 2025). Heat waves have also been associated with increased rates of mental and behavioral issues, including sleep disturbances and cognitive difficulties (Neira et al., 2023).

Together, this evidence shows that climate interacts closely with housing quality, further widening existing health inequities.

Structurally disadvantaged groups

Access to housing resources has been shaped by historical and systemic forces. As Bently et al. note, "recent work has highlighted how both colonialism and global capitalism have, historically and currently, shaped the availability of and quality of housing in ways that affect health," (Bentley et al., 2025, p. 3). While this section covers some structurally disadvantaged groups, it is important to note that additional dynamics, depending on context (e.g., caste, religion, language, disability, legal status), also shape housing-related health risks. When individuals belong to multiple marginalized groups, they experience intersectional discrimination, which compounds vulnerability and increases the likelihood of housing-related health issues (Lopez and Gadsden, 2016). This section examines how specific populations face increased risks.

Children

Research shows that housing instability and poor conditions disrupt children's physical and mental development globally (Singh, 2024). In Southern Africa, unsafe water, poor sanitation and overcrowding underlie increased risk for acute respiratory infection, diarrhea, malaria and tuberculosis (Tusting et al., 2020). In New Zealand, overcrowding has been tied to the burden of meningococcal disease and rheumatic fever in Māori children (Simpson et al., 2016). A South Korean study linked unclean or polluted home environments to higher rates of atopy, rhinitis and skin disease in children (Lim and Kim, 2020). While global studies continue to affirm a strong relationship between damp or mold and childhood asthma, with up to 14% of asthma cases (in the U.K.) attributed to such exposures (Holden et al., 2023).

Access to safe water and sanitation is another essential element of childhood health. For instance, a study conducted in Peru found that children at 24 months of age living in households with the poorest conditions for water, water storage and sanitation were on average 1 centimeter shorter and experienced 54% more episodes of diarrhea than children in homes with better conditions (Checkley et al., 2004). Similarly, among Roma children in Europe, those aged 25-29 months living in households without toilets were more likely to be stunted and significantly shorter than their counterparts (Anthonj et al., 2025). Children residing in informal settlements of Nairobi, Kenya, have also exhibited higher rates of stunting, wasting, underweight, malnutrition, diarrhea and respiratory infections — largely attributable to unsafe water, inadequate sanitation and poor hygiene conditions (De Vita et al., 2019).

Sleep-related infant deaths, even with proper equipment, have been connected to unreliable heating and vermin infestation in U.S. cities (Reece, 2021). These findings illustrate how deprivations and instability present risks from infancy through adolescence, reinforcing cycles of health inequity.

Gender

Housing instability is consistently linked to depression and anxiety among caregivers and mothers, independent of other social stressors (Reece, 2021). Women and gender minorities[1] frequently face multiple layers of discrimination and deprivations. For example, redlining, exclusionary zoning and rental discrimination have left women of color and

[1] Gender minorities refer to individuals whose gender identity (man, woman, nonbinary, and additional identities) or expression (masculine, feminine, nonbinary, and additional) is different from their sex (male, female) assigned at birth.

LGBTQIA+ people overrepresented in substandard housing in the U.S. (Grossman et al., 2024). In Eastern Europe, women face heightened risks from energy poverty, leaving them disproportionately affected by inadequate heating and cooling in the home (Canestrini, 2025).

Globally, housing quality shapes women's health and safety. Women and girls spend more time in the home and are responsible for most unpaid domestic work and care, increasing their exposure to housing-related hazards such as lead, mold, poor ventilation, pests, and plumbing failures. These conditions drive higher rates of hypertension, respiratory illness, adverse birth outcomes and persistent psychosomatic symptoms (Vásquez-Vera et al., 2022). A U.S. report noted that, on average, women spend 2.2 hours more per week cooking, cleaning and performing other housework than men, and twice as much time caring for children, meaning these health risks are disproportionately borne by women because of their domestic roles (Vega Varela and Moridi, 2024).

Lack of safe sanitation and hygiene also poses direct threats to the safety and dignity of women and girls. Women and girls are more likely to report feeling unsafe when using toilets outside the home, and they disproportionately suffer from a lack of hygiene facilities (World Health Organization and United Nations Children's Fund, 2023). When household sanitation is absent or distant, women and girls must leave to find private places, increasing exposure to harassment, assault and fear of violence. Studies in informal settlements have documented how inadequate sanitation infrastructure not only undermines menstrual hygiene and dignity but also heightens anxiety; restricts mobility; and shapes daily choices about work, school and caregiving (Anthonj et al., 2025; Chaudhuri, 2017).

Structural gender inequality amplifies these risks, with women and minority households facing higher eviction rates, housing insecurity and resultant health complications (Grossman et al., 2024). At the same time, targeted interventions can significantly improve health and well-being for women and gender minorities.

Aging population[2]

Age amplifies vulnerability, especially when homes lack modifications for safety. A qualitative study found that rural Thailand's aging population suffers from preventable falls and injuries caused by poor lighting, inaccessible fixtures (including furniture and toilets), and hazardous flooring (Somrongthong et al., 2014). In the U.S., 1 in 4 adults over 65 falls at home annually, with over a third reporting an injury requiring medical attention (CDC, 2024). Postmenopausal women have a higher incidence of fractures compared with older men, while older men tend to experience worse outcomes after fractures and receive lower treatment rates (Cawthon, 2011). Older adults are also more prone to heat-related health conditions. A study in Iran reported increased rates of acute myocardial infarction due to elevated environmental temperatures, particularly in older adults (Mohammadi et al., 2018; Neira et al., 2023), signifying that without retrofitting and support, housing becomes a barrier to independence and well-being for older adults worldwide.

Additionally, older women may continue to shoulder unpaid domestic responsibilities, such as caregiving. In Zimbabwe, for example, grandmothers often care for orphaned grandchildren whose parents died from AIDS/HIV. Full-time caregivers reported lower life satisfaction than those providing care part-time, partly due to the inability to grieve their deceased children and the simultaneous burden of age-related illness (Meursing, 1997; Mudavanhu, 2008; Orb and Davey, 2005). In Eastern Europe, older women are more likely than men to experience energy poverty due to structural inequalities such as the gender pay gap, lower lifetime earnings, and a greater likelihood of living alone in older age, which collectively heighten their vulnerability to inadequate heating and cooling (Canestrini, 2025).

Displaced, migrant and refugee populations

Migrants and refugees in high-income countries are overrepresented in unsafe, crowded or insecure housing. For example, in the U.S., migrant farmworker families have higher rates of asthma, chronic cough and gastrointestinal illness caused by mold, pesticides and poor water quality (Rana et al., 2025). Similarly, immigrant children in Sweden are more exposed to damp, moldy environments. In Canada, migrant women face increased hypertension and reproductive

[2] Aging population refers a demographic structure characterized by a larger proportion of individuals aged 65 and over.

health issues tied directly to housing insecurity. Prolonged stays in asylum housing further erode mental health for displaced populations, as seen in Australia and Europe, where the lack of stability, privacy and basic amenities exacerbates physical and psychological health risks (Rana et al., 2025).

Residents of informal settlements and refugee camps also routinely face the absence of basic amenities such as clean water, proper hygiene facilities and electricity (Richards-Melamdir et al., 2025). Overcrowding makes it difficult for women (and all caregivers) to isolate from sick household members, increasing the risk of infectious disease transmission. In Greece, research on Syrian refugees found that those living in camps, as opposed to apartments, faced heightened risk of infectious disease due to poor hygiene conditions. Additionally, older people in camps suffered worse health and greater difficulty adapting (Beza et al., 2022). In the West Bank and Gaza, links have been documented between crowded, substandard housing in refugee camps and increased rates of respiratory ailments such as tonsillitis, coughing, ear infections and common cold and of gastrointestinal disorders, including diarrhea and intestinal parasites (Jabali et al., 2025).

Racial and ethnic minorities

Globally, Indigenous populations continue to struggle against disproportionate exposure to housing deprivation, systemic exclusion and environmental hazards (European Union Agency for Fundamental Rights., 2023; Simpson et al., 2016). In the European Union, 52% of Roma experience housing deprivation. Nearly a fifth of the Roma population live in poorly lit homes, a quarter in homes with leaks or dampness, and over 80% in crowded places (European Union Agency for Fundamental Rights., 2023). In New Zealand, in 2013, 24.8% of Māori children lived in crowded households, and 17% of all children lived in material hardship (Simpson et al., 2016). In Australia, Aboriginal and Torres Strait Islander communities report higher numbers of overcrowding, poor housing infrastructure (such as inadequate water supply and sewage systems), and difficulty in housing tenure. These conditions drive higher rates of respiratory, infectious and stress-related illnesses (Bailie and Wayte, 2006). In the Circumpolar North, Indigenous communities face the compounding risks from inadequate housing infrastructure and new hazards that are intensified by climate change, including damaged homes from extreme weather and thawing permafrost (Lebel et al., 2022). These conditions contribute to the persistence of health inequities.

Economic and policy dimensions

This section examines how economic mechanisms and housing markets shape health, how historical and current policy failures entrench housing-related inequities, and how interventions have been shown to improve health outcomes.

Economic mechanisms and housing markets

Across geographic settings, housing wealth and affordability are linked to health. In China, research found that people with more housing wealth reported higher rates of diagnosed chronic disease. Likely reflecting both greater health care access and the social complexity of interpreting health data (Fan and Zhou, 2025). In the U.S., unaffordable housing consistently contributes to skipped health care and worsening health status, with financial stress, indebtedness and insecurity elevating long-term risks for depression and suicide (Grewal et al., 2024; Grossman et al., 2024).

Policy failures and structural injustice

Economic mechanisms do not operate in a vacuum; they are shaped by policy choices and long-standing systems of inequality. Rising costs and weak policy responses perpetuate cycles of health inequity. The legacy of redlining, segregated neighborhoods and policy inaction have left millions struggling in unsafe or unaffordable homes. Indigenous communities continue to feel the lasting effects of dispossession and forced resettlement, which manifest in poorer housing standards and persistent disparities in health and well-being (Lebel et al., 2022). Similarly, inadequately planned and resourced refugee settlements often expose residents to significantly higher risks of illness and instability (Rana et al., 2025). Taken together, these examples illustrate how housing systems, discrimination and policy failures embed health inequities across generations.

Evidence of effective policy and program responses

Despite these challenges, global research also highlights the effectiveness of targeted, health-promoting upgrades. In Africa, programs providing insecticide-treated bed nets and finished flooring have reduced childhood malaria by up to 17% (Tusting et al., 2020). In Mexico, the Piso Firme program demonstrated striking results: Replacing dirt floors with concrete led to a 78% decrease in parasitic infections, an 81% drop in anemia, and a 49% reduction in childhood diarrhea (Cattaneo et al., 2009). Infrastructure improvements can also be gender-sensitive and community-empowering. For example, Roma women in informal settlements in Paris, France, experienced meaningful increases in comfort, privacy, security and menstrual hygiene management after improved toilets were constructed in their community (Anthonj et al., 2025; Chaudhuri, 2017).

Recognizing and closing these gaps is essential for health justice everywhere. Continued investment in both physical housing upgrades and equitable policy solutions remains a critical pathway to improving population health and reducing entrenched disparities.



How Habitat responds

The evidence presented above — spanning housing quality, stability, climate and equity — demonstrates that inadequate housing is a major driver of health inequities worldwide. Habitat for Humanity partners with families, local organizations and governments worldwide to advance evidence-based housing solutions. The following examples illustrate how targeted interventions address core housing pathways to health.

100,000 Floors to Play on

Latin America and the Caribbean

Replacing dirt floors with concrete in homes across the Dominican Republic, Guatemala and Nicaragua has yielded measurable reductions in illnesses and improved childhood safety. As of 2023, 4,393 dirt floors have been replaced with concrete, giving more than 21,900 Latin Americans a healthier living environment. Families report that their children can now “play and grow up healthily,” linking material improvements directly to well-being.

Aging in Place

USA

Through home repairs and personalized modifications (co-designed with health care professionals and contractors), Habitat ensures seniors can age safely at home. In 2021, more than 8,000 U.S. homeowners, including those over age 65, received critical home repairs or upgrades, which participants described as “game changers” for daily life.

Malaria Prevention Design Challenge

Africa

Habitat’s collaboration with innovators in Kenya produced home design modifications that reduced mosquito entry by nearly 90%. These affordable, sustainable approaches strengthen Africa’s fight against malaria and other vector-borne threats, complementing bed net use and other public health measures.

Addressing Roma housing deprivation

Central and Eastern Europe

Major research and stakeholder engagement projects are improving homes, access to utilities, and tenure security for Roma families, aiming to end segregation and eliminate deprivation for one of Europe’s most

marginalized groups. A recent research report analyzed existing information from multiple governmental and nongovernmental sources across nine European countries to identify the most successful practices.

Better sanitation, better health in Vietnam

Asia

Current projects focus on eliminating open defecation and increasing sanitation access for vulnerable households in Thua Thien Hue Province. Through technical guidance, community education and infrastructure support, target families are learning the importance of practicing sanitation. These ongoing projects are expected to improve the living conditions of around 500 individuals.

Conclusion

Overall, the evidence reviewed affirms that housing is a core driver of physical and mental health, operating through environmental conditions, stability, safety and broader social structures. Poor housing quality consistently elevates risks for respiratory and cardiovascular disease, infectious morbidity, injury and psychological stress, while climate-related shocks further intensify these harms. These patterns mirror contemporary frameworks positioning housing as a foundational social determinant of health and equity.

Importantly, the burden of housing-related health risks is unevenly distributed. Long-standing inequities (shaped by housing markets, wealth disparities, exclusionary zoning, redlining, and chronic underinvestment in informal settlements) compound vulnerability, especially as climate impacts grow. This underscores that meaningful progress requires approaches that acknowledge and address intersecting forms of disadvantage.

At the same time, the literature identifies a range of effective interventions. Improvements in materials, ventilation, cleaner cooking, and safe water and sanitation yield measurable reductions in infectious and cardiorespiratory outcomes, support child growth and safety, and improve well-being. Targeted modifications for older adults and design changes that limit vector entry demonstrate the value of context-responsive solutions. Yet these measures are most powerful when paired with policies that strengthen affordability, tenure security and spatial equity.

Given the strength of this evidence, the path forward is clear: Policymakers, researchers and practitioners must treat healthy housing as a public health imperative. This requires scaling proven interventions; embedding them within structural reforms; and investing in equitable, climate-resilient housing systems.



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A Habitat for Humanity Global Research and Learning Team literature review

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