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UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS





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UNCHABITAT

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NOTE: Examples from specific cities are used to illustrate different points within this report. These examples should not be interpreted as assessments of cities' overall level of health equity, nor should they be taken to mean that any city is more or less advanced than other cities in terms of its action to tackle the root causes of urban health inequities.



The World Health Organization (WHO) and United Nations Human Settlements Programme (UN-HABITAT) joint global report, *Hidden cities: unmasking and overcoming health inequities in urban settings*, exposes the extent to which certain city dwellers suffer disproportionately from a wide range of diseases and health problems.

This report provides information and tools to help governments and local leaders reduce health inequities in their cities. The objective of the report is not to compare rural and urban health inequities. Urban health inequities need to be addressed specifically for they are different in their magnitude and in their distribution. This executive summary synthesizes key points from the report. Detailed information, data and case examples can be accessed in the full report.

FOREWORDS





It is well known by now that half of humanity lives in urban areas – and the proportion is growing. Cities, with their concentration of culture, infrastructure, and institutions have long driven the progress of civilization and have been the focus of opportunity and prosperity. For both rich and poor, in developed and developing countries, cities offer unique opportunities for residents to increase income, to mobilize for political action, and to benefit from education as well as health and social services. These positive aspects of city life remain magnets for people to come to and stay in urban areas.

While urban living continues to offer many opportunities, these advantages can be extremely uneven in their distribution. Looking beyond the bustling marketplaces, skyscrapers and big city lights, today's cities across the world contain hidden cities,

masking the true lives and living conditions of many city dwellers. Certain city dwellers suffer disproportionately from poor health and these inequities can be traced back to differences in their social and living conditions. No city is immune to this problem.

The list of potential urban hazards and associated health risks is long: substandard housing and crowded living conditions, problems with food and water safety, inadequate sanitation and solid waste disposal services, air pollution, and congested traffic, to name a few. Many cities face a triple threat: infectious diseases thrive when people are crowded together under paltry living conditions. Chronic, noncommunicable diseases are on the rise with the globalization of unhealthy lifestyles, which are facilitated by urban life – tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol. And urban health is further burdened by accidents, rigures, road accidents, violence, and crime.

Local and national governments alike are grappling with the challenges of urbanization. In many cases, the rapid population growth has outpaced the municipal capacity to build essential infrastructures that make life in cities safe and healthy. Urbanization, both in the developing and developed world, has been accompanied by a concentration of poverty which is becoming a severe, pervasive, and largely unacknowledged feature of urban life. Nearly one billion people – one third of the urban population – are living in urban slums and shantytowns. For the urban poor, the advantages of city life are lacking or nonexistent. For example, availability of and access to health care does not ensure affordability and utilization of health services. Unfortunately, some city dwellers experience inequalities, various forms of exclusion and marginalization.

The health sector cannot act alone to tackle those inequities and the various urban health challenges. Cities directly influence the living conditions, socioeconomic opportunities and health outcomes of all city dwellers. As such, real and lasting changes on health of urban residents involve a large number of stakeholders. Urban health goes beyond the roles and responsibilities of government to include the contributions that civil society, community groups, and businesses can make. Communities – and especially the urban poor – need to be brought into the decisions that affect their lives. Opportunities to put health at the heart of the urban policy agenda exist, and it is time for all sectors to work together toward innovative and effective solutions that mitigate health risks and increase health benefits.

Cities are the future of our world. We must act now to ensure that they become healthy places for all people.

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MARGARET CHAN Director-General of the World Health Organization (WHO)

By far the greatest share of health problems in rapidly urbanizing contexts is attributable to living and working conditions. These conditions include social determinants such as poor and overcrowded housing; unhealthy and unsafe working conditions; lack of access to clean water and decent sanitation; and social exclusion. Currently, an estimated one billion people live in informal settlements and slums. Yet health policies in most rapidly urbanizing countries remain dominated by disease-focused solutions that ignore the social and physical environment. As a result, health problems persist, health inequities have increased, and health interventions have produced less than optimal results.



Yet urbanization presents many advantages for more effective health policies and practices. There is little evidence, however, that public policies are being informed and shaped by these opportunities, as evidenced by the prevailing modes of chaotic and poorly planned urbanization. This urbanization of poverty and social exclusion increases health inequities and vulnerabilities.

Of the many risks to health that are linked to rapid urbanization, none is more compelling than urban poverty, manifested most clearly by the growth of informal settlements. While rising urban poverty is also evident in the developed world, this trend is more pronounced in developing countries and results almost invariably in housing deprivations.

Throughout the world, slum dwellers have less access to health resources, have more illness and die earlier than people in any other segment of the population. These unfair health gaps are growing in spite of unprecedented global wealth, knowledge and health awareness. Despite the relatively good health services in urban areas, the urban poor seem to have lower health status than their rural counterparts. This calls for a better understanding of intra-urban inequities and their implications for health.

Beyond epidemiology and improvements in health systems, the ultimate "cause of causes" of human well-being, at this particular stage of human development, can mainly be addressed through interventions directed at the urban setting.

This calls for paying more attention to the manner in which measures are taken to transform urban living and working conditions as well as the social processes and knowledge that can lead to a sustainable improvement of urban health. This joint report by UN-HABITAT and WHO makes a clarion call for taking concrete action in addressing health inequity in our urban settings. It is my sincere hope that the recommendations made in this report will advance this urgent cause.

1-DAB-KNEN

INGA BJÖRK-KLEVBY

Officer in Charge, United Nations Human Settlement Programme (UN-HABITAT), Assistant Secretary-General United Nations, and Deputy Executive Director, UN-HABITAT

KEY MESSAGES Of the report

- For the first time in human history, the majority of the world's population is living in urban areas, and this proportion continues to grow.
- Cities concentrate opportunities, jobs and services, but they also concentrate risks and hazards for health.
- The rapid increase of people living in cities will be among the most important global health issues of the 21st century.
- Urban growth has outpaced the ability of governments to build essential infrastructures, and one in three urban dwellers lives in slums or informal settlements.



- In all countries, certain city dwellers suffer disproportionately from poor health, and these inequities can be traced back to differences in their social and living conditions.
- To unmask the full extent of urban health inequities, it is important to disaggregate health and health determinants data *within* cities.
- Unless urgent action is taken to address urban health inequities, countries will not achieve the health-related Millennium Development Goal targets.
- Acting on urban health inequities requires the involvement of organized communities and all levels of government – local, provincial and national.
- Solutions often lie beyond the health sector, and require the engagement of many different sectors of government and society.
 - Local leaders and governments can and should play a key role in

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