

Hidden cities: new report shows how poverty and ill-health are linked in urban areas

Novel analytical approach allows policy makers to provide services where they're most needed

17 NOVEMBER 2010 | KOBE | GENEVA -- A new report published today by WHO and the United Nations Human Settlements Programme (UN-HABITAT) shows for the first time how ill-health is linked to poverty in cities, and not just among the poorest urban populations. It calls for policymakers to take action targeting health inequities.

The report, *Hidden cities: unmasking and overcoming health inequities in urban settings*, will enable city leaders and urban planners to identify deprived populations and target measures to improve their health.

The report is based on a new analysis that looks beyond city averages or beyond the usual information from cities and towns to identify hidden pockets of ill-health and social deprivation. Past efforts have largely focused on data averages, and on differences between cities. The new approach combines available demographic data with novel analysis to unmask urban averages. These findings allow city leaders and policy makers to look at trends, even within neighbourhoods and understand differences within as well as between cities.

"Averages hide large pockets of disadvantage and poor health, concealing the reality of people's lives," said WHO Director-General Dr Margaret Chan. "This new analysis uncovers gaps in health and healthcare access across urban populations, and shows city leaders where their efforts should focus."

This new report reveals inequities by looking at subgroups of city dwellers according to their socioeconomic status, neighbourhood or other population characteristics.

"All too often policy makers and planners fail to understand that with the urbanization of poverty, many slum dwellers suffer from an additional urban penalty: they have a higher rate of child mortality, die younger and suffer from more diseases than their more affluent neighbours," said Joan Clos, Executive Director of UN-HABITAT. "To better understand the causes of poor health, the report focuses on several factors including population dynamics, urban governance, the natural and built environment, the social and economic environment, and access to services and health emergency management."

The report notes that unless urgent action is taken to address urban health inequities, countries will not achieve the health-related Millennium Development Goals (MDGs). Targets are set for countries as a whole but cities are crucial parts of the equation, as now half of the world's population lives in cities. Success in reaching MDG targets will depend in large part on achievements among urban populations.

Examples uncovered in the report include:

Under-five mortality rate

Although child survival rates in urban areas are mostly higher than in rural areas, these averages obscure substantial inequities between different population groups. The poorest urban children are twice as likely as the richest to die before the age of five. There are large inequities within cities, not only between the richest and the poorest but also across entire urban populations. The results indicate that efforts to reduce inequities need to address the entire population, rather than focusing only on the poorest groups.

Skilled birth attendance

Access to health services is a crucial factor influencing health conditions. Skilled birth attendants help reduce complications during childbirth that can lead to maternal disability and death. In urban areas of 44 low- and middle-income countries, coverage for skilled birth attendance varies from a low of 40% to a high of 100%. The results indicate that household wealth and also the education levels of mothers and partners have a strong impact on inequities in coverage.

Access to piped water

Inequities between the rich and poor exist not only for health outcomes but also for health determinants. Improvements in access to piped clean water have been the main driver of progress in most regions. Though access has improved globally over the last two decades, substantial inequities persist between the richest and the poorest urban residents in Africa, the Americas and Asia. The results show there are social gradients; that is, systematic increases in urban piped water access correspond to increases in urban wealth.

Tuberculosis (TB) incidence rate

Health inequity exists everywhere; not only in developing countries, but also in developed countries. Even in Japan, urban health inequities exist. TB is more common in Japan than in other developed countries, and the data revealed that bigger cities tend to have wider gaps. Within Osaka city, one area where many day labourers live has an incidence rate 9 times higher than the area with least TB. The report shows that TB rates reflect economic and social disadvantage.

Geographical relationship with health inequities

Data from New York City reveal that certain neighbourhoods that are the poorest in economic terms are the ones in which people are least likely to have access to essential health care and suffer the worst health outcomes, as reflected in life expectancy and death rates from AIDS. Data from Preston, United Kingdom show a similar picture. Life expectancy varies drastically between the largely deprived communities and the more affluent within Preston with a 14.7 year differential for men and 10 years for women.

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