



HIDDEN CITIES

UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS



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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.

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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, injuries, 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

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