EXECUTIVE
SUMMARY

HIDDEN

UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS

CITIES

World Health
Organization

UN HABITAT
FOR A BETTER URBAN FUTURE

World Health Organization

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HIDDEN CITIES

UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS

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ACKNOWLEDGEMENTS

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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.

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 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.

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.

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 promoting urban health equity.

HIDDEN CITIES

UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS
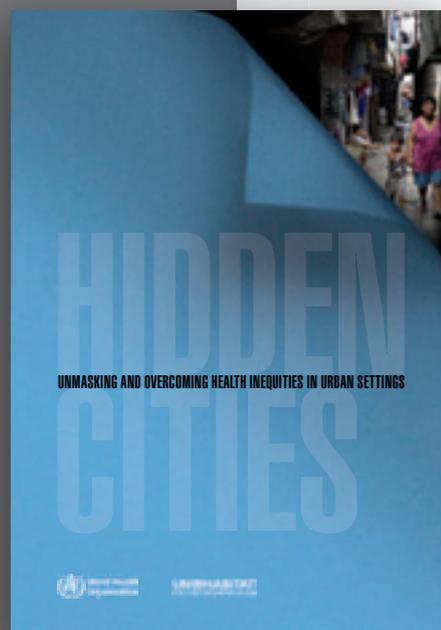
VIRTUALLY ALL URBAN POPULATION GROWTH IN THE NEXT 30 YEARS WILL OCCUR IN CITIES OF DEVELOPING COUNTRIES

The dawn of an urban world

The joint WHO and UN-HABITAT report, *Hidden cities: unmasking and overcoming health inequities in urban settings*, is being released at a turning point in human history. For the first time ever, the majority of the world's population is living in cities, and this proportion continues to grow. Putting this into numbers, in 1990 fewer than 4 in 10 people lived in urban areas. In 2010, more than half live in cities, and by 2050 this proportion will grow to 7 out of every 10 people. The number of urban residents is growing by nearly 60 million every year.[1]

This demographic transition from rural to urban, or **urbanization**, has far-reaching consequences. Urbanization has been associated with overall shifts in the economy, away from agriculture-based activities and towards mass industry, technology and service. High urban densities have reduced transaction costs, made public spending on infrastructure and services more economically viable, and facilitated generation and diffusion of knowledge, all of which have fuelled economic growth.

Urbanization became more rapid as globalization spread industry and technology to all corners of the world. For example, whereas London took

roughly 130 years to grow from 1 to 8 million people, Bangkok took 45 years, and Seoul took only 25 years.[2] Globally, urban growth was at its peak during the 1950s, with a population expansion of more than 3% per year.[3]

As the world becomes more urban, people will continue to live in cities of all sizes, with a pattern of city size distribution similar to that which is evident now.[4] Currently, around half of all urban dwellers live in cities with between 100 000 and 500 000 people, whereas fewer than 10% of urban dwellers live in mega-cities (defined by UN-HABITAT as a city with a population of more than 10 million).[5]

Almost all urban population growth in the next 30 years will occur in cities of developing countries. Cities such as Phnom Penh, Cambodia; Tijuana, Mexico; Marrakesh, Morocco; and Lagos, Nigeria, are expected to grow at annual rates of around 4%, effectively doubling their populations within the next 17 years. Some cities in China, such as Shenzhen and Xiamen, will experience annual growth rates of more than 10%, doubling their populations roughly every seven years. In high-income countries, immigration – both legal and illegal – will account for more than two thirds of urban growth. Without immigration, the urban population in these countries would probably decline or remain the same in the coming decades.

A NEW URBAN LANDSCAPE

In many places, cities will merge together to create urban settlements on a scale never seen before. These new configurations will take the form of mega-regions, urban corridors and city-regions, creating a new urban hierarchy and landscape. For example, it is estimated that Japan's Tokyo Nagoya-Osaka-Kyoto-Kobe mega-region will have a population of 60 million by 2015.[6] The city-region of Bangkok in Thailand will expand another 200 kilometres from its current centre by 2020, growing far beyond its current population of more than 17 million.[7] Similar trends are occurring in other parts of the world.

Typical urbanites have more choice and opportunity than their ancestors ever had before. Compared with their rural counterparts, urban residents have unique opportunities to increase income, to benefit from good quality housing and living conditions, and to access services such as education and health care. It is perhaps then not surprising that urban residents, on average, are better off than rural residents. They tend to have greater access to social and health services, literacy rates are higher and life expectancy is longer.[8]

At the same time, cities concentrate certain risks and health hazards. The impact of adverse events such as contamination of the water supply, air or noise pollution, or natural disasters is amplified in densely populated urban settings. Climate change-related health impacts create additional hazards for cities. The projected rise in sea level of between 18 and 59 centimetres by the end of this century[9] will strain some of the largest and fastest-growing cities, located on coastlines of developing countries. Around the world, cities will feel the effects of climate change through increasing frequency of heat waves, air pollution, severe storms and infectious diseases.

In many cases, rapid urban population growth has stretched governments' capacity to provide essential infrastructure and services. Absent or poorly designed water, sanitation and transport systems are common problems in many cities. Unsuitable housing conditions, ranging from high-rise tenements to shacks to plastic sheet tents on sidewalks, are other hazards for many urban residents, and tend to be unregulated and overcrowded. Dwellings of this type are often located in undesirable parts of the city, such as steep hillsides, riverbanks subject to flooding or industrial areas.

As population-dense centres of both opportunity and risk, cities – and the global phenomenon of urbanization more generally – are of central importance to 21st-century global health. The sheer number and increasing proportion of people living in cities means that urban health issues directly affect more than half of the world's population. Indirectly, cities affect the health of broader populations through spreading disease pandemics via densely populated bus and train stations, large international airports and seaports. The SARS outbreak in 2003 is a case in point.

MEGA-REGIONS, CITY-REGIONS
AND URBAN CORRIDORS
CREATE NEW CHALLENGES AND
OPPORTUNITIES FOR HEALTH

WHERE WE LIVE AFFECTS OUR HEALTH

Broad physical, social and economic determinants influence the health of city dwellers (Figure 1). The **natural and built environment** influences the health of urban residents through geography and climate, housing quality, water and sanitation systems, air quality, and transportation systems and infra-structure. The **social and economic environment**, including access to economic and educational opportunities, safety and security, social support and cohesion, and gender equality, has a major impact on the health of city dwellers. **Food security and quality** affect urban health through food scarcity, such as that caused by drought, and through a shift towards calorie-dense diets, characterized by high levels of fat, sugar and salt. A range of **services and health emergency management**

FIGURE 1
FACTORS INFLUENCING THE HEALTH OF CITIES

URBAN GOVERNANCE

Natural and built environment

Social and economic environment

Food security and quality

Services and health emergency management

POPULATION CHARACTERISTICS

factors influence urban health; key aspects include access to good-quality primary care services, universal coverage and health emergency management. Finally, **urban governance** is inextricably linked to the health and well-being of city dwellers through its ability to provide city dwellers with the platform that will allow them to use their talents to improve their social and economic conditions. Each of these factors can greatly support or undermine the health of city dwellers.

FACING A TRIPLE THREAT TO HEALTH IN CITIES

In many cities around the world, health determinants have combined to create a triple threat of urban diseases and health conditions. This triple threat consists of (a) infectious diseases such as HIV, tuberculosis, pneumonia and diarrhoeal infections; (b) noncommunicable diseases and conditions such as heart disease, cancers and diabetes; and (c) injuries (including road traffic accidents) and violence. Infectious diseases are a major threat in many cities due to population density, overcrowding, lack of safe water and sanitation systems, international travel and commerce, lack of

provision of health care services, and poor health-care access, particularly in slums. Noncommunicable diseases and conditions are exacerbated in urban areas by changes in diet and physical activity, exposure to air pollutants (including tobacco smoke) and harmful use of alcohol. In many developing countries, urbanization and the increased number of motorized vehicles have not been accompanied by adequate transport infrastructure, enforcement of traffic regulations or implementation of measures to ensure improved road safety. Major contributors to urban violence include social exclusion, poverty, unemployment and poor housing conditions.

So while cities offer unique opportunities for residents to benefit from education, health and social services and to optimize their health and quality of life, at the same time health hazards such as poor housing conditions and lack of access to safe water and sanitation are fuelling a range of health problems. Overwhelmed by the speed of growth, many governments are not keeping pace with ever-expanding needs for infrastructure and services. The result is that many urban areas contain – at the same time and within the same cities – the best and the worst for health and well-being.

DISAGGREGATED DATA REVEAL WHERE OVERLOOKED POPULATIONS REQUIRE THE MOST ATTENTION

WHO/Anna Kari

Unmasking hidden cities

While it is generally understood that city dwellers, on average, enjoy better health than their rural counterparts, very little is known about health differences that exist within cities. Often, growth occurs so quickly municipal planners do not know even basic information such as how many people are residing in their cities or where they are living. Available health information is usually aggregated to provide an average of all urban residents – rich and poor, young and old, men and women, migrants and long-term residents – rather than disaggregated by income, neighbourhood or other population characteristics. As a result, the different worlds of city dwellers remain in the shadows, and the substantial health challenges of the disadvantaged go overlooked.

In particular, poor city dwellers are often neglected altogether because public health authorities do not collect information in informal or illegal settlements, and miss homeless people altogether. This is of particular importance because an estimated 828 million people live in slum conditions, representing around one third of the world's urban population. The vast majority of slums – more than 90% – are located in cities of developing countries. It is often the fastest-growing cities that have the highest concentrations of these informal settlements.[10]

TURNING THE SPOTLIGHT ON INEQUITIES IN ALL CITIES

Understanding urban health begins with knowing which city dwellers are affected by which health issues, and why. To achieve this understanding, available information must be disaggregated according to defining characteristics of city dwellers, such as their socioeconomic status or place of residence. Turning the spotlight on the information in this way will provide a better understanding of what the problems are, where they lie and how best to address them.

WHO/Anna Kari

URBAN AVERAGES DO NOT REVEAL THE WHOLE STORY. WE CAN NO LONGER AFFORD TO LOOK AT CITIES IN THE SAME WAY IF THE HEALTH OF ALL CITY RESIDENTS IS TO BE IMPROVED

Disaggregated data invariably reveal urban **health inequities**, which are defined as health inequalities that are systematic, socially produced (and therefore modifiable) and unfair.[11] Health inequities are the result of the circumstances in which people grow, live, work and age, and the health systems they can access, which in turn are shaped by broader political, social and economic forces.[12] They are not distributed randomly, but rather show a consistent pattern across the population, often by socioeconomic status or geographical location. No city – large or small, rich or poor, east or west, north or south – has been shown to be immune to the problem of health inequity.

Examples featured in *Hidden cities* illustrate that the urban poor suffer disproportionately from a wide range of diseases and health problems. Families with the lowest incomes in urban areas are most at risk for adverse health outcomes such as early childhood death (Figure 2), have less access to health services such as skilled birth attendance, and are also disadvantaged in terms of their living conditions, such as access to piped water. Importantly, these inequities exist along a social gradient, also affecting middle-class city dwellers to at least some extent. The underlying causes of these inequities in health are primarily
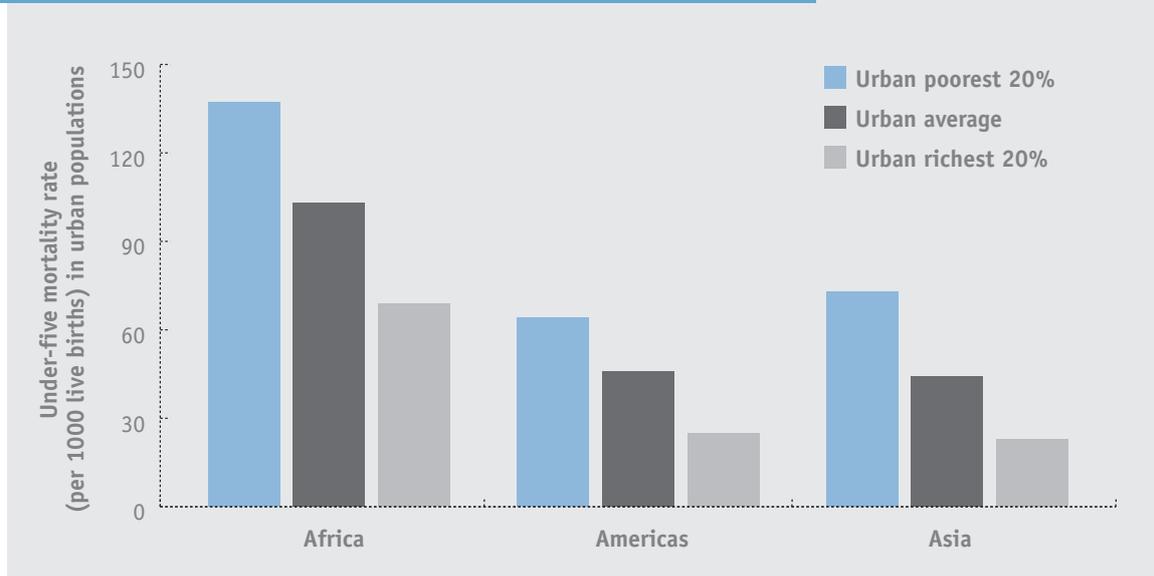
Note: These results represent averages of those countries for which urban DHS data were available for under-five mortality (Africa = 25 countries, Americas = 7 countries, Asia = 10 countries). As such, they are not representative of the regions as a whole.

Source: WHO calculations based on data from Demographic and Health Surveys (DHS), 2000–2007.

social in nature, including household wealth, education and location of residence, which outweigh the effects of predetermined attributes such as age and gender.

Disadvantage and disease also cluster within certain neighbourhoods, and city dwellers' odds of being healthy depend very much on their "place" within the city. For example, poor health is concentrated in certain neighbourhoods of New York City, United States of America, and the neighbourhoods with the worst health outcomes are also those that are the poorest in economic terms. In 2001, the life expectancy in New York City's poorest neighbourhoods was eight years shorter than in its wealthiest neighbourhoods.[13]

Beyond socioeconomic status and neighbourhood, some city dwellers have poor health outcomes because of the way societies marginalize and discriminate against them for aspects of their identity they cannot change, such as their age, sex or disability. For example, women are particularly vulnerable to HIV within cities. Results presented in *Hidden cities* show that prevalence of HIV among urban women is 1.5 times higher than that

among urban men, and 1.8 times higher than that among rural women.

HEALTH INEQUITIES AFFECT EVERYONE

Ultimately, urban health inequities are detrimental to all city dwellers. Disease outbreaks, social unrest, crime and violence are but a few of the ways that urban health inequities affect everyone. These threats can spread easily beyond a single neighbourhood or district to endanger all citizens and taint a city's reputation.

Urban health inequities also threaten the achievement of many health-related Millennium Development Goal (MDG) targets by 2015. For example, more than 80% of low- and middle-income countries examined for *Hidden cities* will fail to meet MDG-related benchmarks for childhood stunting and childhood deaths among their urban poor if they continue at current rates of progress. This will undermine countries' ability to meet national targets, and will prevent the realization of the international community's vision of health and development for all.

Overcoming health inequities

Because urban health inequities exist everywhere, all local and national leaders should consider how to overcome them. Local governments are uniquely positioned to coordinate efforts, but must do so in a way that includes other levels of government and communities. Operating within this framework, they must understand the nature and scope of health inequities within their cities, choose priority interventions, and then monitor and evaluate their effects over time.

## BREAKING DOWN THE DATA TO REVEAL THE REALITY IN WHICH ALL PEOPLE LIVE

The starting point is a clear picture of the health issues and their determinants within the city. Disaggregated data should be used; depending on the specific context, data can be disaggregated into male versus female, age groups, geographic areas or locale with the city, and socioeconomic groups. Once information is assembled, it can be organized to identify the population subgroups and health issues that reveal the greatest urban health inequities. It also can be used to see how these issues are developing over time, or

compare between cities. Data can be sourced from local or national levels, but in all cases it should meet high standards of reliability, transparency and completeness.

Armed with information, multiple sectors can take action in a coordinated fashion on the complex web of relevant health determinants. The specific sectors for involvement will depend on the nature of the health inequity and the organizational arrangement of the government, but typically will include representatives from municipal government departments, national-level ministries, civil society and the private sector. Vertical partnerships among national, regional and local governments must be complemented by horizontal partnerships of stakeholders within cities. Local authorities are often well positioned to lead the process, but coherence between national policies and local implementation is crucial.

In addition to intersectoral partnerships, prerequisites for effective action against health inequities include political commitment across a wide range of local leaders; a shared vision that is supported by everyone involved in the process; institutional arrangements that will support ongoing intersectoral communication and collaboration; and connections with others – within and beyond the country – who can provide expertise and practical experience in support of the effort. Each of these is essential for ensuring the long-term reduction of health inequities.

POLITICAL COMMITMENT, A SHARED VISION, PARTNERSHIPS ACROSS SECTORS AND COMMUNITY INVOLVEMENT ARE PREREQUISITES FOR EFFECTIVE ACTION AGAINST HEALTH INEQUITIES

WHO/Anna Kari

BUILDING AN EVIDENCE BASE FOR ACTION

A range of factors must be considered in prioritizing and implementing specific interventions. Beyond using the health inequity profile of the city as a basis for decision-making, selected interventions should be feasible, sustainable and evidence based. The "best available evidence" approach is an alternative to not using any evidence in decision-making. It implies using the evidence that is available, even if it has not been produced according to a rigorous study design. Other considerations in choosing interventions include local capacity for implementation, likely impact, acceptability and political support.

Another important consideration is the population target of the intervention. Three main approaches are (a) targeting disadvantaged population groups or social classes; (b) narrowing the health gap, meaning focusing only on the best-off and worst-off urban residents, or the extremes of the social scale; and (c) reducing health inequities across the entire urban population, meaning focusing on all urban residents, including the middle class.[14]

Most agree that health equity can be achieved best through using the third approach: reducing inequities throughout entire urban populations.

Nonetheless, caution must be exercised because interventions that have a positive influence on general population health might not reach vulnerable groups, thereby potentially increasing health inequities. Careful analysis is needed to determine whether priority interventions should be designed to reach only disadvantaged population groups or urban residents as a whole. In any event, the decision should be made based upon the overall objective of reducing health inequities within the city.

INTERVENTIONS AND TOOLS

Specific areas for intervention span the natural and built environment, the social and economic environment, food security and quality, and services and health emergency management. Examples from each area are provided in *Hidden cities*. Although initial action might be restricted to specific action areas, it is crucial that policy makers and decision-takers not lose sight of their overall shared vision.

Following implementation, close monitoring and evaluation are required to understand whether the activities related to the intervention have been completed within the required time frame, whether inputs and outputs for activities have been delivered, whether targets have been reached,

CAREFUL ANALYSIS IS NEEDED TO DETERMINE WHETHER PRIORITY INTERVENTIONS SHOULD BE DESIGNED TO REACH ONLY DISADVANTAGED POPULATION GROUPS OR URBAN RESIDENTS AS A WHOLE

UN Photo/Jawad Jalali

and whether outcomes have been achieved. A results-sharing mechanism that includes multi-sectoral partners and the community helps reinforce collaboration and maintain focus on desired equity outcomes. Available and emerging results must be communicated in ways that are understandable and useful to end users.

Tools are available to help governments and local leaders with these processes. WHO's Urban HEART (Urban Health Equity Assessment and Response Tool) is simple and user friendly, and can be used by a wide range of people to assess and respond to urban health inequities. It promotes the use of already-available data, which are then disaggregated into socioeconomic groups, and geographical areas or neighbourhoods. Urban HEART considers health determinants and their interactions in multiple domains of urban life, and encourages policy responses and interventions that will be sustainable in the long term. UN-HABITAT's UrbanInfo is a software tool that helps users store, analyse and communicate results for an array of urban indicators, both global and user defined. It also helps users develop tables, graphs and maps, in multiple languages and with customized names, logos and graphics. Additional resources and tools are referenced in *Hidden cities*.

Conclusion

The number of people living in urban areas continues to grow. By the middle of the 21st century, the urban population will almost double, increasing from roughly 3.4 billion in 2009 to 6.4 billion in 2050. In contrast, rural populations will decline around the world during this same time frame.[15] Almost all urban population growth will occur in low- and middle-income countries. Some of the fastest-growing cities will double their populations in the next seven years.

Overall, urbanization has brought countries opportunity, prosperity and health, but at the same time it has created large and unfair differences in the health status of city dwellers. These urban inequities have been largely hidden from view, yet in every corner of the world certain city dwellers suffer disproportionately from poor health, enduring inequities that can be traced back to differences in their social and living conditions. The triple threat of infectious diseases, noncommunicable diseases and conditions, and injuries (including road traffic accidents) and violence are the result of a complex interaction of various urban health determinants, including unhealthy living conditions and insufficient infrastructure and services. At current rates of progress in addressing the urban poor, the ability of countries to meet many health-related MDG targets will be undermined.

Governments and local leaders who want to reduce urban health inequities must first understand which city dwellers are affected by which health issues, and why. Disaggregated data are essential for this purpose. Tools such as Urban HEART and UrbanInfo can assist with building the evidence base for action.

Once the nature and extent of urban health inequities are understood, action can be taken in several areas. Options include interventions to improve the natural and built environment, the social and economic environment, food security and quality, and services and health emergency management. Priority issues will vary from city to city; in all cases, chosen interventions should be feasible, sustainable and evidence based.

What lies ahead for our urban world, and for the cities that comprise it? Past trends can give some useful clues, though it remains difficult to predict the impact of certain major factors that will shape the future of our cities – migration, climate change, and access to information, technology and the global marketplace. Cities without adequate planning or proper governance will find it increasingly difficult to provide affordable land, decent housing, adequate transportation and public services. In this scenario, slum dwellers and the urban poor will continue to be overlooked, and disparities within cities will continue to grow.

At the same time, cities present substantial opportunities for the future. The most prosperous cities will be those that design sustained, comprehensive visions, and create new institutions, or strengthen existing ones, to implement this vision. This will bring them to look for new methods of close

THE FUTURE HAS YET TO BE REALIZED, BUT BRINGS BOTH A PRICE AND A PROMISE

cooperation with regional and central governments and other actors such as the private sector, all the while ensuring an equitable distribution of opportunities and sustainable development.[16]

The future has yet to be realized, but brings both a price and a promise.

The price, if we fail to take action, will be the further proliferation of inequity among city dwellers, leading to more avoidable suffering from a range of diseases and health problems, preventing countries from attaining their Millennium Development Goals and realizing their full economic and human potential. The promise, on the other hand, is cities that are healthy for all people. Health equity is, above all, an issue of social justice, and an indicator of the ability of cities to provide their residents

with the prerequisites for health and well-being, and to help them achieve fulfilment of their aspirations and capabilities.

This promise can be realized by reorienting our conventional approaches. This implies reconnecting the fields of public health and urban planning within a framework of multilevel urban governance. *Hidden cities* describes the leadership role that municipal leaders and local governments can play in combining the talents and powers of all sectors in a coordinated effort to reduce urban health inequities.

The price and the promise are both possible, and the choice is ours. It is our collective responsibility to ensure that cities are healthy places for all people, both now and in the future. We all have roles to play in making this a reality.

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HIDDEN CITIES

UNMASKING AND OVERCOMING HEALTH INEQUITIES IN URBAN SETTINGS

The global report *Hidden cities: unmasking and overcoming health inequities in urban settings* is one important component of the overall WHO and UN-HABITAT strategy to strengthen the response of the local, national and global health communities to reduce health inequities in an increasingly urbanized world.

The report exposes the extent to which the urban poor suffer disproportionately from a wide range of diseases and health problems, which can be traced back to inequalities in their social and living conditions. It also provides evidence-based information and tools to help municipal and health authorities tackle health inequities in their cities.