schools or hospitals but have little chance of using these services. Even where guards or fees do not bar entry, poor people may lack the sense of entitlement and empowerment needed to ask for services from institutions perceived as the domain of those of higher social or economic rank.

Inadequate access to safe drinking water and sanitation services puts children at increased risk of illness, undernutrition and death. When child health statistics are disaggregated, it becomes clear that even where services are nearby, children growing up in poor urban settings face significant health risks. In some cases, the risks exceed those prevalent in rural areas. Studies demonstrate that in many countries, children living in urban poverty fare as badly as or worse than children living in rural poverty in terms of height-for-weight and under-five mortality.

Children’s health is primarily determined by the socioeconomic conditions in which they are born, grow and live, and these are in turn shaped by the distribution of power and resources. The consequences of having too little of both are most readily evident in informal settlements and slums, where roughly 1.4 billion people will live by 2020.

By no means do all of the urban poor live in slums—and by no means is every inhabitant of a slum poor. Nevertheless, slums are an expression of, and a practical response to, deprivation and exclusion.

**Social determinants of urban health**

Stark disparities in health between rich and poor have drawn attention to the social determinants of health, or the ways in which people’s health is affected not only by the medical care and support systems available to prevent and manage illness, but also by the economic, social and political circumstances in which they are born and live.

The urban environment is in itself a social determinant of health. Urbanization drove the emergence of public health as a discipline because the concentration of people in towns and cities made it easier for communicable diseases to spread—mainly from poorer quarters to wealthier ones. An increasingly urban world is also contributing to the rising incidence of non-communicable diseases, obesity, alcohol and substance abuse, mental illness and injuries.

Many poor and marginalized groups live in slums and informal settlements, where they are subjected to a multitude of health threats. Children from these communities are particularly vulnerable because of the stresses of their living conditions. As the prevalence of physical and social settings of extreme deprivation increases, so does the risk of reversing the overall success of disease prevention and control efforts.

The urban environment need not harm people’s health. In addition to changes in individual behaviour, broader social policy prioritizing adequate housing; water and sanitation; food security; efficient waste management systems; and safer places to live, work and play can effectively reduce health risk factors. Good governance that enables families from all urban strata to access high-quality services—education, health, public transportation and childcare, for example—can play a major part in safeguarding the health of children in urban environments.

Growing awareness of the potential of societal circumstances to help or harm individuals’ health has led to such initiatives as the World Health Organization’s Commission on Social Determinants of Health. Its recommendations emphasize that effectively addressing the causes of poor health in urban areas requires a range of solutions, from improving living conditions, through investment in health systems and progressive taxation, to improved governance, planning and accountability at the local, national and international levels. The challenges are greatest in low- and middle-income countries, where rapid urban population growth is seldom accompanied by adequate investment in infrastructure and services. The Commission has also highlighted the need to address the inequalities that deny power and resources to marginalized populations, including women, indigenous people and ethnic minorities.

*Source:* World Health Organization; Global Research Network on Urban Health Equity.