



Responding to inequalities in health in urban areas in east and southern Africa

BRIEF 2: WHAT DOES THE DATA TELL US?



Introduction:

A lens on urban health inequalities

By 2050, urban populations will increase to 62% in Africa. The World Health Organisation (WHO) and UN Habitat in their 2010 report “Hidden Cities” note that this growth constitutes one of the most important global health issues of the 21st century. Cities concentrate opportunities, jobs and services, but they also concentrate risks and hazards for health (WHO and UN Habitat 2010). How fairly are these risks and opportunities distributed across different population groups but also across generations? How well are African cities promoting current and future wellbeing? How far are health systems responding to and planning for these changes?

TARSC as cluster lead of the “Equity Watch” work in EQUINET explored these questions in 2016-7, for east and southern African (ESA) countries. We implemented a multi-methods approach to gather and analyse diverse forms of evidence and experience on inequalities in health and its determinants within urban areas.

We also explored current and possible responses to these urban conditions, from the health sector and the health promoting interventions of other sectors and of communities. We aimed to build a holistic understanding of the social distribution of health in urban areas and the responses and actions that promote urban health equity. This included building an understanding the distribution of opportunities for and practices promoting health and wellbeing from different perspectives and disciplines. We thus integrated many forms of evidence, including a review of literature, analysis of quantitative indicators, internet searches of evidence on practices, thematic content analysis and participatory validation by those more directly involved and affected. In this latter element, TARSC co-operated with youth from different suburbs in Harare and the Civic Forum on Human Development (CFHD).

This brief reports what we found from analysis of data on indicators of wellbeing.



Assessing progress in urban wellbeing

Detail on the methods, findings and analyses of data can be found in full in Loewenson R, Masoty M (2018) *Inequalities in health and wellbeing in urban areas in east and southern Africa: what does the data tell us?* EQUINET Discussion paper 114, TARSC, EQUINET, Harare. Available at <https://tinyurl.com/y9nwy9oh>

As outlined in *Brief 1*, rapid, diverse and multifactorial changes are taking place in urban areas of ESA countries. The situation points to a need to go beyond area based approaches, with social inequalities arising amongst social groups (adolescents, informal producers; migrants; lodgers/ backyard dwellers and so on) that interact in diverse ways across the city, and not just in the poorest areas. A focus on asset based and holistic approaches is thus argued to better support promotion of health equity, to overcome the fragmentation of determinants and sectoral inputs that influence health and to advance health, rather than simply control disease.

A number of holistic frameworks were found in the literature. They challenge the equation of progress in development with economic growth, when this is at the cost of intense exploitation of nature and significant social inequality. They thus focus on basic needs, wellbeing and quality of life (material, social and spiritual) of the individual and community, and of current and future generations, as a common good. While context dependent and with different terms in different regions, the *buen vivir* paradigm, ('living well' or 'wellbeing') best captures their key features.

A search of online publications using as keywords - 'wellbeing' OR 'holistic AND material AND social AND ecology**' OR 'buen vivir' OR 'happiness' OR 'quality of life' together with 'measures' OR 'indicators' OR 'parameters' OR 'index'- combined with snowballing from literature found in the earlier search on holistic approaches described in *Brief 1* identified twelve such frameworks that define measures of wellbeing. These are summarised in *Table 1* below.

Table 1: Frameworks and measures identified for measuring

Framework	Brief description
Buen vivir (Ecuador, Bolivia) Deneulin S (2012)	Focuses on basic needs, wellbeing and quality of life (material, social and spiritual) of the individual and community, of current and future generations, as a collective or common good and in a balance with nature.
Bhutan's Gross National Happiness (GNH) index (2016)	Includes non-economic aspects of wellbeing such as psychological/physical health, education, time use, cultural diversity and resilience, good governance, community vitality, ecological diversity and resilience, and living standards.
The Happy Planet Index (HPI) (2016); NEF (2012)	An index from 0-100 of human wellbeing and environmental impact that incorporates ecological footprint, life satisfaction and life expectancy. It ranks 151 countries on the index with the 2012 report the third round of such ranking.
Sarkozy Commission Stiglitz et al., (2009)	The 2009 Commission on the Measurement of Economic Performance and Social Progress recommended measurement focused on wellbeing, including the distribution of income and consumption; quality of life (QOL) indicators; people's life evaluations, experiences, and priorities; and of sustainability, including environmental aspects.
OECD indicators of wellbeing, CIW, (2016); McGregor (2015)	Applies the Sarkozy Commission measures in several OECD countries using surveys to identify measures prioritised by citizens. The Canadian Index of Wellbeing (CIW) for example reports annually on community vitality; democratic engagement; education; environment; health; leisure and culture; living standard and time use.
Better Life Initiative OECD (2013), Pantisano et al., (2014)	Launched in 2011 by the Organization for Economic Cooperation and Development (OECD), the Better Life Initiative identifies indicators of objective and subjective aspects of natural, economic, human, and social capital dimensions of wellbeing among population groups and over time, and involves citizens in the debate on its construction.
Eurostat 8+1 quality of life framework Eurostat (2015)	Measures wellbeing through simultaneous assessment (given trade-offs between them) of domains of: material living conditions; productive or main activity; health; education; leisure and social interactions; economic and physical safety; governance and basic rights; natural and living environment.
The Genuine Wealth Model Anielski M. (2012)	A tool for communities to inventory the assets that align with their values and contribute most to the wellbeing of current and future generations, focused on: people, relationships, natural resources, infrastructure, and money.
The Citizen Observatory of New Indicators of Quality of Life (UrbanQool)	The European Commission Joint Research Centre (combining official data with sensor network and citizen-generated data) propose wellbeing dimensions focused on urban mobility, active citizenship, air quality, and noise, and suggested possible data sources and indicators for each of these areas.
QoL in urban Europe EEA (2009)	Reports evidence from EU cities projects on urban environment, democratic participation, cultural participation, social issues, and economic challenges.
Genuine Progress Indicator (GPI). Centre for Education Research and Innovation (2001)	Portrays progress in terms of factors that affect and sustain quality of life, integrating measures of value of consumption, income distribution, household work, parenting, higher education, volunteer work, services of consumer durables, highways; cost of crime, unemployment, consumer durables, commuting, household pollution abatement, automobile accidents, water, air and noise pollution; loss of leisure time, wetlands, farmland, forest area, depletion of ozone and non-renewable energy; carbon dioxide emissions; net capital investment and foreign borrowing.
UN Sustainable development goals (SDGs) UN (2016)	Particularly SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable. Includes access to housing, transport and basic services and to safe, inclusive and accessible, green and public spaces; inclusive, sustainable urbanization and participatory, integrated and sustainable human settlement planning and management; reducing adverse environmental impact of cities from poor air quality and waste management; supporting links between urban, peri-urban and rural areas and building sustainable and resilient buildings utilizing local materials.

These frameworks and measures commonly seek to prepare a composite picture of society, economy and environment as an indicator of progress, some integrating these dimensions into combined measures of progress, and some involving citizens in the choice of indicators. Across the 12 frameworks, a range of measures are used to cover psychosocial, political, material, ecological and

other dimensions, including in the latter measures such as time use, life satisfaction and urban mobility. The more detailed report by Loewenson and Masoty (2018) provides further detail on the specific parameters used for these different measures. *Table 2* below presents measures of the different dimensions of wellbeing that commonly emerge from these diverse frameworks.

Table 2: Summary of key parameters identified for the different dimensions of wellbeing

Dimension	Potential measures
Psychosocial, spiritual, cultural	Perceptions of dignity, life satisfaction and meaning; access to health, education, social protection; social and cultural assets for wellbeing
Physical health	Self-reported health status, healthy days, long-term disability; life expectancy
Education, knowledge and culture	Capacities; national identity based on diverse identities and cultures; years of education; participation in life-long learning; integration of indigenous wisdom;
Quality of life, living conditions, services	Perceived material comfort; density; access to housing; clean water, quality green spaces; transport; walk-about neighbour-hoods; commuting time, bike sharing scheme;
Time use	Relative time spent on:work, leisure, care; sleep. Time spent at sporting or cultural events; time volunteering
Governance, citizenship, participation	Perception of government functions; public services; social participation/trust in govt decisions; support network; voter turnout; political party membership; civil society participation, cultural participation
Economy	Perception of solidarity, financial security; distribution of h/hold income/ consumption; long term employment; public finance; leadership; domestic resource control;
Ecology	Perceptions of quality of environment; ecological diversity; air quality; water quality; environmental damage level; ecological footprint (see HPI)
Integration across dimensions	Gross National Happiness index; Better Life Index; Happy Planet Index; 8+1 quality of life framework

What do these measures of urban wellbeing show in ESA countries?

We explored the data in several online databases with comparable data across ESA countries to see how far they measured the dimensions of wellbeing identified from the literature shown in *Table 2*, and what the data showed about the distribution of and trends in wellbeing, generally, in urban areas and as a measure of disaggregation for youth, as a social group identified from the literature in ESA countries to face specific challenges in relation to urban health equity. The full report by Loewenson and Masoty (2018) cited earlier provides detail on the indicators found and this brief summarises the key findings.



Psycho-social, spiritual and cultural measures

Referring to the measures for this in *Table 2*, we found that data for ESA countries largely measures the opposite of wellbeing, such as suicide, homicide and violence against women. We found limited urban data, limited time trends and no disaggregation for youth (See *Table 3*). As an indicator of support from services, the share of urban pregnant women with 4 ANC visits did not differ much from national averages in most countries. There does not appear to be any correlation between happiness and other psychosocial indicators. Paradoxically, some countries with higher happiness rankings, such as South Africa and Namibia, also have higher levels of homicide and suicide.

Table 3: Data on psycho-social, spiritual, cultural dimensions of wellbeing, ESA countries

Indicator	Happiness ranking out of 157 (i) 2013-15	Suicide rate/ 100 000 (ii) 2012	ANC 4th visit coverage % (iii) 2006 - 2013		Homicide related mortality/ 100 000 (ii) 2012	Mobile phone subscribers/100 people (iv) 2014	Internet users/ 100 people	
			Total	Urban			2005	2004
Angola	141	10.6	na	na	10.7	63.5	1.1	21.3
Botswana	137	3.2	73.3	na	12.4	167.3	3.3	18.5
DRC (a)	125	8.0	48.0	60.0	13.3	53.5	0.2	3.0
Kenya	122	10.8	57.6	58.8	7.4	73.8	3.1	43.4
Lesotho	na	5.4	74.4	80.8	37.5	101.9	2.6	11.0
Madagascar	148	7.3	51.1	68.9	8.1	38.2	0.6	3.7
Malawi	132	8.6	44.7	47.1	2.0	30.5	0.4	5.8
Mauritius	66	8.5	na	na	2.7	132.3	15.2	41.4
Mozambique	na	17.3	50.6	58.1	3.4	69.7	0.9	5.9
Namibia	113	2.0	62.5	72.6	19.7	113.8	4.0	14.8
South Africa	116	2.7	87.1	75.0	35.7	149.7	7.5	49.0
Swaziland	na	5.3	76.1	79.7	19.4	72.3	3.7	27.1
Tanzania	149	15.1	42.8	52.2	8.0	62.8	1.7	4.9
Uganda	145	11.9	47.6	55.7	12.0	52.4	1.1	17.7
Zambia	106	9.6	55.5	56.1	10.5	67.3	2.9	17.3
Zimbabwe	131	16.6	70.1	64.1	15.1	80.8	8.0	19.9

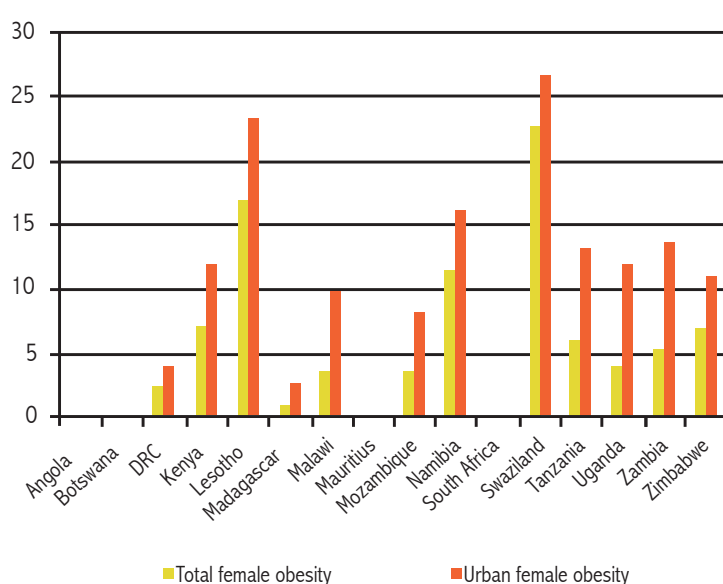
(a) Democratic Republic of Congo (i) World Happiness Report (ii) WHO 2016 WHS (iii) WHO 2016 and 1998 data for urban South Africa;

(iv) UNDP 2016 (v) UNSD (2016) na=not available

Physical health

There is data on measures of physical health in ESA countries, including for life expectancy, healthy life expectancy, food deficits, undernutrition and female obesity, (See full data set in Loewenson and Masotya, 2018). Healthy life expectancy rose in all ESA countries between 2000 and 2015. ESA countries do not, however measure self-reported health as is done in OECD countries and again the indicators are biased towards negative outcomes. For example, healthy life expectancy is assessed by taking into account years lived in less than full health due to disease and/or injury; food security is assessed through undernutrition and food deficit. While time trends are available for these indicators, none disaggregate for youth and we only found an urban disaggregation for the prevalence of female obesity (*Figure 1*). Female obesity in urban areas was markedly higher than national levels in ESA countries.

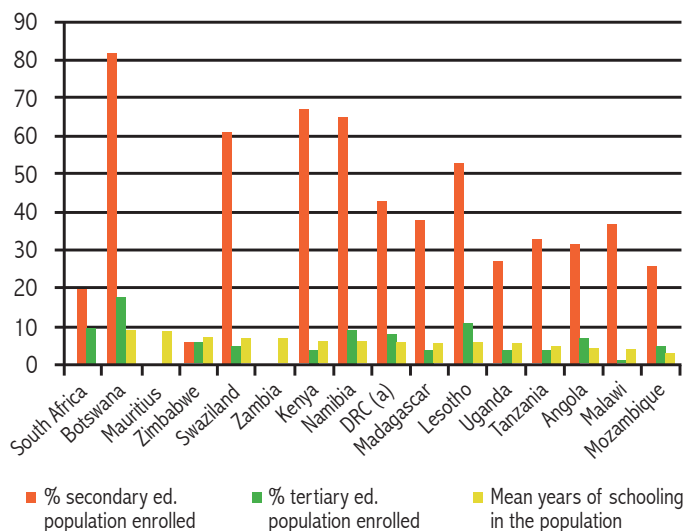
Figure 1: Urban vs national data on female obesity, ESA countries, 2003-2010



Education, knowledge and culture

There are no indicators measuring cultural diversity or integration of indigenous wisdom in ESA countries, although there is some intention in the SDGs to collect related evidence. The primary focus has thus been on indicators of formal education. Many of these indicators relate directly to young people, including youth literacy, but cross country data is not available by urban/ rural residence. Youth literacy levels vary across ESA countries by 34% points, highest in South Africa and lowest in Madagascar, with gender disparities generally, but not always, wider in countries with lower levels of youth literacy. There is also wide variation in total years of schooling (with South Africa having three times the level of Mozambique) (See *Figure 2*). The relatively low levels and wide differentials in secondary education and even lower levels of tertiary education indicate the disadvantage many youth in the region face in progressing on this dimension of wellbeing.

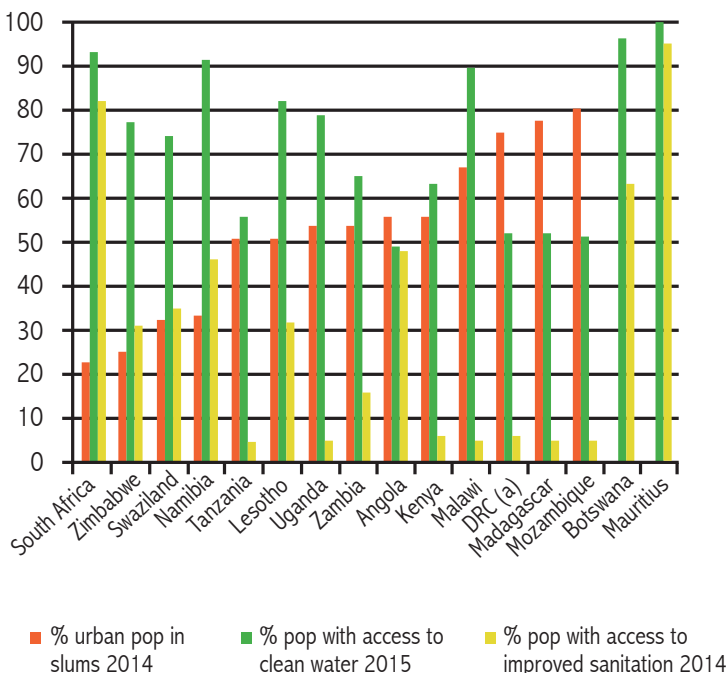
Figure 2: Secondary, tertiary and total education in ESA countries



Quality of life and living conditions

In relation to this dimension, ESA countries measure the share of the urban population living in slums, as well as indicators for urban vs national access to improved drinking water and sanitation, but not the remaining indicators such as quality green spaces; transport; walk-about neighbourhoods; or commuting time. There is an intention in the SDGs to measure access to public transport and access to public spaces. There is no disaggregation of data for youth. The full dataset for this dimension is presented in Loewenson and Masotya (2018). The annual rate of urbanisation is projected to decline after 2013 compared to 1990-2013 levels for 7 ESA countries, although it will remain high (>3.5%) in nine. A large share of the urban population live in slums, highest in DRC, Madagascar, Malawi and Mozambique. However this may not be a good indicator of density as in many countries people crowd as lodgers and tenants *within* formal housing. Urban areas generally have higher access to improved water sources than national averages, but this may not be the case for all urban residents.

Figure 3: Living conditions, ESA countries



Ordering by the share of the population in slums, *Figure 3* shows that countries with high shares living in slums have reduced access to safe water and sanitation, but that the opposite does not hold. Those in formal settlements may also face challenges in access, including when these services do not function.

Time use

There was no data for ESA countries on any of the measures of the relative time spent on work, leisure, care and sleep, at sporting or cultural events; or the time spent volunteering. Charmes (2015) reports on surveys of time use in various countries globally. For the African countries included, women were found to have less time than men to devote to social life and leisure, although the author notes that this is 'a gap that tends to diminish in urban areas' (Charmes 2015:28). Women also spent more time working, in unpaid work and in care-giving activities than men.

Governance, citizenship, participation and community

The 16 ESA countries have various measures of health service delivery disaggregated by urban- rural area. What is less available is within area data, to show how access varies for the different urban social groups. Data on the share of the population serviced by municipal waste collection services is collected in four countries – Kenya (40% 1999); Madagascar (18% 2007), Mauritius (98% 2009) and Zambia (20% 2005). [Afrobarometer surveys](#) provide a range of time trend data on civic and political parameters for some ESA countries. However, there was no standardised data across all ESA countries on social participation/trust in government decisions; support networks; voter turnout; political party membership; civil society participation and cultural participation.

The economy

For the indicators outlined in *Table 2* for this area of wellbeing, we found data for most ESA countries on shares of total income held by the lowest 20%; on the share of people below the national poverty line; and on tax revenue as a share of GDP. While we found no urban disaggregations, for youth there was a measure of what share were unemployed. (see Loewenson and Masoty, 2018 for the full data). ESA countries do not collect evidence on positive measures such as reported perceptions of financial security; long term employment; or levels of domestic resource control. The data indicated a wide variation in poverty in ESA countries, although with more than half the population below the national poverty line in nine of the 16 countries. There was no clear trend across time in the indicators, with high variability across ESA countries. For example the level of tax revenue in GDP, and thus funds for public spending on services and investments that support equity, had no evident relationship with poverty levels, suggesting that other factors, such as the quality of spending, employment levels and social conditions also matter in this. Of importance for this work, neither urban poverty nor poverty in youth were disaggregated in the databases.

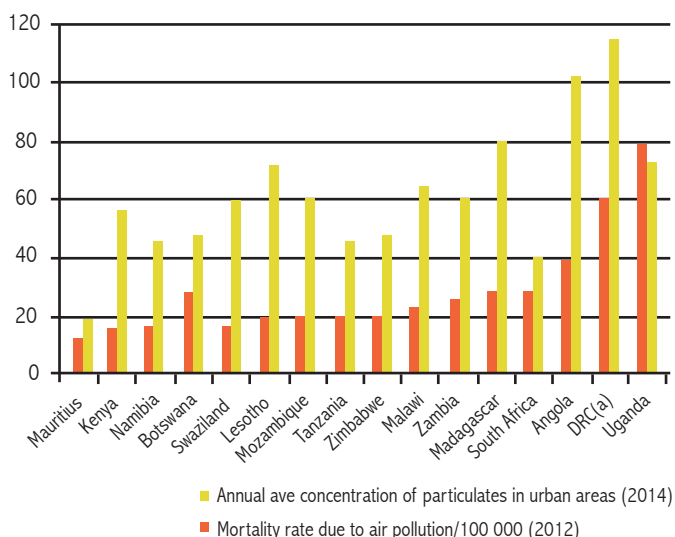
Ecology

This area is relatively well monitored in ESA countries. There is data on the level of biodiversity, the share of terrestrial and marine areas that are protected, the air quality in urban areas, mortality levels due to air pollution, natural resource depletion, carbon dioxide emissions and the proportion of population with primary reliance on clean fuels. This is a relatively rich dataset on ecological wellbeing (presented in more detail in Loewenson and Mastoya 2018). The evidence is however not disaggregated to provide urban data and the data is for more recent years, limiting trend analysis.

There is wide variation in the ecological indicators across ESA countries. They generally indicate worryingly low levels of biodiversity potential, and relatively high levels of urban pollutants. Seven ESA countries had particulate levels above the 25 µg/m³ standard.

Figure 4 shows the strong association between air pollution and related mortality levels, indicating the growing health risk from air pollution for urban communities. Of concern, given this, is the low share of the population that is using clean fuels, below 20% of the population in 8 ESA countries.

Figure 4: Air pollution and pollution related mortality in ESA countries



Integrated measures of wellbeing

Of the various integrated indexes of wellbeing shown in *Table 2*, only the happy planet index (HPI) and the Happy Planet Wellbeing Index (HPWI) are reported in ESA countries, and the inequality adjusted human development index (HDI) measures some areas of wellbeing (*Table 4*). Analysis showed no clear relationships between the HPWI and other specific wellbeing indicators, such as years of schooling, income distribution or biodiversity. Only levels of clean water access and internet use appear to be lower in countries with lowest HPWI. A composite index may thus be insensitive in assessing wellbeing in ESA countries.

Yet, as shown in *Table 5*, ESA countries face a challenge in tracking progress in wellbeing, with data missing for many of its dimensions, limited disaggregation by social group or area, and more common measurement of negative than positive outcomes.

Further, given that subjective evidence did not always match measured indicators, people's perceptions may need to be taken into account more directly in planning for urban wellbeing.

Table 4: Living conditions, ESA countries

Indicator	Happy planet wellbeing index (HPWI) (i) (b)	Happy planet index (HPI) (i) (c)	Inequality adjusted HDI (ii) (d)
Country	2016	2016	2014
Angola	na	na	0.335
Botswana	4.8	16.6	0.431
DRC (a)	3.9	18.8	0.276
Kenya	4.5	24.2	0.377
Lesotho	4.9	16.7	0.320
Madagascar	na	na	0.372
Malawi	4.3	22.1	0.299
Mauritius	5.5	27.4	0.666
Mozambique	5.0	23.7	0.273
Namibia	4.7	21.6	0.354
South Africa	5.1	15.9	0.428
Swaziland	4.9	15.5	0.354
Tanzania	4.0	22.1	0.379
Uganda	4.3	19.4	0.337
Zambia	5.0	25.2	0.384
Zimbabwe	5.0	22.1	0.371

(a) Democratic Republic of Congo , na= not available (b) HPWI = How satisfied residents say they feel with life overall, on a scale from 0-10 based on Gallup World Poll data.

(c) HPI= measure of wellbeing x life expectancy x inequity of outcomes divided by ecological footprint (d) HDI combines average achievements in health, education and income with how each are distributed among country's population (i) HPI 2016 (ii) UNDP 2016

Table 5: Availability of data on different dimensions of wellbeing, ESA countries

Area of wellbeing	Parameters for which		Level to which indicator has		
	ESA data exists	No ESA data exists	ESA data	Urban data	Youth data
Psychosocial, spiritual, cultural	Access to health, education, social protection; Social assets for wellbeing; happiness	Perceptions of dignity, life satisfaction and meaning; cultural assets for wellbeing;	Moderate	Weak	None
Physical health	Healthy days, long-term disability; Life expectancy, food security	Self-reported health status, long term disability	Fair	Weak	None
Education, knowledge and culture	Years of education; Participation in life-long learning;	Capacities; national identity based on diverse identities and cultures; Integration of indigenous wisdom	Moderate	None	Weak
Quality of life, needs; living conditions, services	Density; Access to housing; clean water, sanitation	Perceived material comfort; quality green spaces; access to transport; walk-about neighbourhoods; commuting time, bike sharing scheme	Weak	Weak	None
Time use	Relative time spent on: work, leisure, care, learning	Time spent on sleep; at sporting/ cultural events; or volunteering	Moderate	None	None
Governance, citizenship, participation, Community	Public services	Perception of govt functions; social participation/trust in govt decisions; support network; voter turnout; political party membership; civil society participation, cultural participation	Moderate	Very weak	None
Economy	Distribution of h/hold income/ consumption; (youth employment); Public finance;	Perception of solidarity, financial security; long term employment; domestic resource control;	Fair	None	Weak
Ecology	Perceptions of quality of environment;	Ecological diversity; Air quality; Water quality; environmental damage level; Ecological footprint	Good	Weak	None
Integration across dimensions	Gross National Happiness index; Better Life Index 8+1 quality of life framework	Happy Planet Index Human and gender development index	Moderate	None	None

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