Regional Network for Equity in Health in east and southern Africa

DISCUSSION Paper NO. 114

Responding to inequalities in health in urban areas: How well do current data measure urban wellbeing in East and Southern Africa?

R Loewenson, M Masotya
Training and Research Support Centre

In the Regional Network for Equity in Health in East and Southern Africa (EQUINET)

EQUINET DISCUSSION PAPER 114

May 2018

With support from IDRC (Canada)

Regional Network for Equity in Health in east and southern Africa

DISCUSSION Paper NO. 114

Responding to inequalities in health in urban areas: How well do current data measure urban wellbeing in East and Southern Africa?

R Loewenson, M Masotya
Training and Research Support Centre

In the Regional Network for Equity in Health in East and Southern Africa (EQUINET)

EQUINET DISCUSSION PAPER 114

May 2018

With support from IDRC (Canada)

TABLE OF CONTENTS

Executive summary iii

1. Introduction 1

2. Methods 1

3. Holistic approaches to urban wellbeing 2

4. Assessing progress in urban wellbeing 4

4.1 How is wellbeing being defined and assessed in different approaches? 4

4.2 What has been measured in ESA and what does it show? 9

4.3 Integrated indicators of wellbeing 19

5. Limitations of quantitative approaches to assessing urban wellbeing in ESA countries 21

References 23

Acronyms 26

Cite as: Loewenson R, Masotya M (2018) 'Responding to inequalities in health in urban areas: How well do current data measure urban wellbeing in East and Southern Africa?' EQUINET discussion paper 114, TARSC, EQUINET: Harare

Acknowledgements: We appreciate the external peer review of this paper by Masuma Masotya and the copy edit by V Knight. We thank the International Development Research Centre, Canada, for their support of EQUINET and of this regional work and Sue Godt of IDRC for her guidance and review.
Cover photograph used under creative commons license. Credit: Soweto street art, Martyn Smith, 2017

EXECUTIVE SUMMARY

By 2050, urban populations in Africa will increase to 62%. 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 and across generations? How well are African cities and health systems promoting current and future wellbeing?

TARSC as cluster lead of the 'Equity Watch' work in EQUINET explored these questions in 2016-2017 for east and southern African (ESA) countries. We implemented a multi-methods approach to gather and analyse diverse forms of evidence and experience of inequalities in health and its determinants *within* urban areas, and on current and possible responses to these urban conditions, from the health sector and the health-promoting interventions of other sectors and 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 of 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 urban youth from different social groups as more directly involved and affected. These different stages and forms of evidence are presented in a set of reports and briefs and a final synthesis document. This report presents the findings of the separate search on holistic paradigms relevant to urban wellbeing, and an analysis of statistical evidence on health and wellbeing in ESA countries using indicators drawn from these approaches.

Through searches of online libraries and snowballing, we identified a total of 59 papers in English and Spanish with holistic paradigms for exploring urban health equity. These papers were reviewed to identify the frameworks for holistic models of wellbeing. We found 23 papers that documented indicators used in measurement of wellbeing in these approaches as applied in cross-country analysis through a further keyword search. The twelve frameworks found were used to compile a matrix of indicators and sources for the different dimensions of wellbeing identified in these models, viz: psychosocial, spiritual and cultural; physical and health; education, knowledge and culture; quality of life, needs; living conditions and services; time use; governance, citizenship and participation; economy and ecology. We then searched for data on the identified indicators for ESA countries from online database of different United Nations agencies and from sites with global multi-country data on wellbeing indicators that also covered the majority of ESA countries. We did not include data that were limited to a minority of ESA countries. Data specific to youth or aggregated by residence (urban/rural) were limited. Many indicators collected in OECD countries on quality of life or wellbeing were not available in ESA countries. We were, however, aware that the discussion underway at the time on indicators for measurement of the Sustainable Development Goals (SDGs) may lead to new evidence being gathered across all ESA countries.

The report presents the findings of the data available in the 16 ESA countries, viz: Angola, Botswana, Democratic Republic of the Congo (DRC), Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe - within each of the dimensions of wellbeing as obtained from these holistic frameworks.

The findings, explained and detailed in the report and summarised in the table overleaf, indicated that ESA countries face a challenge if they seek to track progress in the multiple dimensions of wellbeing or to build an understanding from the quantitative data gathered. First, there are no data measured across the 16 ESA countries for many dimensions of a more holistic approach to wellbeing. Second, in ESA countries, the indicators that are measured are more commonly those of negative rather than positive wellbeing outcomes. This turns the focus away from the assets in society. It points out where the problems are, but not the progress in achievement of positive or affirmative goals. Yet health is not only the absence of the problem (disease), but is the attainment of (mental, physical and social) wellbeing. Third, where data do exist, they are poorly disaggregated to show urban areas separately or to show intro-urban inequalities or levels in specific social groups, such as youth. While it is thus possible to assess inequalities quantitatively or a very limited range of indicators such as those collected in household surveys, it would be incorrect to equate these indicators with the range of factors affecting the distribution of urban wellbeing, or to equate their disaggregation with the way the different dimensions of wellbeing are distributed in urban society.

Summary table on availability of data on different dimensions of wellbeing, ESA countries

Area of wellbeing	Parameters for which		Level to which indicator has		
	ESA data exist	No ESA data exist	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. Time spent at sporting or cultural events; Time 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 member-ship; 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

Finally and importantly, the subjective views of people on their life satisfaction do not always match such measured data, as reflected for example in *Figure 4.2* and found also in the separate literature review. Nor can a holistic view of the many dimensions of wellbeing be coherently captured in composite indicators. This suggests that even where there are more comprehensive databases, people's perceptions and lived experience cannot simply be captured or represented by quantitative measures. This evidence also needs to be elicited and taken into account more directly in planning for urban wellbeing, including interpreting, validating, adding to or even challenging quantitative data. This is perhaps even more important in ESA countries, where, as shown in this report, the datasets are more limited and exclude many indicators of wellbeing that have relevance to urban health equity.

1. INTRODUCTION

By 2050, urban populations will increase to 62% of those living 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 and 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 2016-2017, for east and southern African (ESA) countries. We implemented a multi-methods approach to gather and analyse diverse forms of evidence and experience of inequalities in health and its determinants *within* urban areas, and on current and possible responses to these urban conditions, from the health sector and the health-promoting interventions of other sectors and 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. The research gathered many forms of evidence, including a literature review, analysis of quantitative indicators, internet searches of evidence on practices, thematic content analysis and participatory validation by urban youth.

An annotated bibliography and review of published papers presented evidence on patterns of and responses to urban inequalities in health in ESA countries, and the specific sources for the findings below are detailed in that document (Loewenson and Masotya, 2015). The literature indicated that for ESA countries, while urbanisation is associated with rising and often conspicuous wealth in some groups and with increasing levels of public access to online information and social media, it also involves many dimensions of urban stress, often in close proximity to wealth. These include poor living conditions, employment, income and social insecurity, with cost, quality and acceptability barriers that lead to inverse healthcare. Various social features were found to be associated with inequalities in health, including: high mobility and different waves of inward migration, different forms of residency, living in different areas in the city, different age groups and stages of the life-course, and different levels of formal recognition. The literature was more focused on the challenges than on the solutions, suggesting a need for further exploration of the assets for health in urban communities, and the health-promoting (and harming) ways communities are addressing drivers of social inequality in urban health. It also pointed to the need for holistic paradigms for exploring urban health equity, particularly those that seek to overcome the fragmentation of determinants and sectoral inputs that influence health and that seek to advance health, rather than simply control disease.

This report presents from published literature the features of and parameters included in holistic paradigms for health and wellbeing. It further explores, using indicators drawn from these holistic approaches, how far these features are represented in the multi-country data collected and publicly reported on ESA countries.

2. METHODS

A search and review was implemented in 2016 to identify conceptual approaches and holistic paradigms for exploring urban health equity. A total of 59 papers in English and Spanish were sourced from online searches of Google, Google scholar, PubMed, MEDLINE and other online sources and from snowballing from references in these papers. The papers were reviewed to identify the frameworks for holistic models of wellbeing.

A search of online publications was then implemented using the 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' - in the Google search engine. We combined this with snowballing from literature cited in the findings of the Google search. We found 23 papers that documented indicators used in measurement of wellbeing in these approaches as applied in cross- country analysis. The twelve frameworks found were used to compile a matrix of indicators and sources for the different dimensions of wellbeing identified in these models, viz: psychosocial, spiritual and cultural; physical and health; education, knowledge and culture; quality of life, needs; living conditions and services; time use; governance, citizenship and participation; economy and ecology.

We then searched for data on the identified indicators for ESA countries. Data were gathered from various websites for the specific indicators identified for wellbeing or close proxies for them. The data were included if they were available for all ESA countries, even if only at national level and one point in time. We also searched for data that were available over more than one point in time post-2000 and data that disaggregated urban areas and youth (noting the age group used). Searches were made of databases of United Nations sites (including UN HABITAT, UNESCO, UNICEF, Millennium Development Goal indicators, UNDP, UN FAO, and UNdata explorer); WHO sites (country-specific urban health profiles, World Health Statistics, Global Health Observatory); wellbeing indicators sites (Better Life Index, Gross National Happiness, Happy Planet Index, Quality of Life Indicators); and Demographic Health Surveys Programme STATcompiler.

Every attempt was made to collect most recent data as well as the closest previous time point. At times, data were unavailable by specific year and only available aggregated as a range of dates. Data specific to youth or aggregated by residence (urban/rural) were limited. Many indicators collected in OECD countries on quality of life or wellbeing were not available in ESA countries. We were, however, aware that the discussion underway at the time on indicators for measurement of the Sustainable Development Goals (SDGs) may lead to new evidence being gathered across all ESA countries.

These online searches may have excluded wellbeing frameworks that fell outside of search terms. Data on identified indicators for ESA countries were gathered from existing cross-country databases, rather than from countries directly, to include evidence found in a majority of countries in the region. This excluded data from individual countries on wellbeing not found in such international databases.

3. HOLISTIC APPROACHES TO URBAN WELLBEING

Cities are major sites of expression of alternative visions of development. The literature review showed how they present, within a small area, extremes of inequality in wealth, resources and consumption, with intensive flows of traded commodities and waste that generate challenges to public health, wellbeing and environments. They manifest a diversity of deficits in basic needs and imbalances between material, social and ecological wellbeing with widely differing experiences for different social groups. Applying a more holistic vision of wellbeing seems both necessary and challenging in cities. The UN Habitat refers to ‘inclusive cities’, largely to overcome structural segregations within the dominant development discourse. This includes overcoming the separation of living spaces for rich and poor, closing gaps in access to quality basic services and to spaces for all population groups to partake in urban social and cultural expressions, and strengthening social inclusion in and social accountability of local governance (UN Habitat, 2015).

This section presents an overview of the findings of the online searches for holistic approaches that seek to overcome the fragmentation of determinants and sectoral inputs that influence health and that seek to advance health, rather than simply control disease.

Atilio Boron (2015) points to debates that have rejected a linear notion of development driven by technical imperatives, particularly given the significant structural asymmetries, social deficits and inequality in the global economy. This has led to efforts to identify alternative relationships between society, economy and environment/nature to address universal rights and the strengthening of human capacities, to build a more harmonious relationship with nature; to balance the liberating qualities of work and leisure; to reconstruct the public sector; and to build a democracy that is “representative, participative and deliberative in a democratic, pluralist and secular state” (Boron, 2015, online).

Various movements have expressed similar concepts. The ‘Ecological Swaraj’ paradigm in India, expresses a link between local culture and a response to current challenges to build “a holistic vision of human wellbeing encompasses physical, material, sociocultural, intellectual, and spiritual dimensions”… that ” puts collectives and communities at the centre of governance and the economy. Based on the twin fulcrums of ecological sustainability and human equity, the paradigm offers a systemic approach to social transformation, resting on political, economic, sociocultural and ecological pillars” (Kothari, 2014 p1).

African concepts of 'Eco-ubuntu', a humanist ecological philosophy and Bhutan's focus on Gross National Happiness (GNH) similarly reflect principles of mutual care and reciprocity (Tutu undated; GNH Centre for Bhutan Studies, 2018a.b). They propose a complementary and reinforcing interaction of psychological, physical, spiritual and ecological wellbeing, envisaging community vitality and wellbeing as something that "cannot exist while others suffer", that also comes from "living in harmony with nature, and realizing our innate wisdom..." (GNH Centre for Bhutan Studies 2018a; online).

The 'Buen Vivir' paradigm is a holistic approach that seeks to challenge drivers of social deficits and inequality. The term in Spanish can be translated as 'living well', but has a wider distinctive meaning in Latin America. It has wide application, including at state and constitutional levels.

Buen Vivir is applied in several Latin American countries that seek to depart from 'development alternatives' that provide only partial adjustments to major challenges to wellbeing. Drawing on contributions from indigenous cultures, social movements and political institutions and making linkages between multiple knowledge systems, it has challenged the conceptual basis of development, its ways of understanding nature and society, its institutions, and its discursive defences (Gudynas 2011a and b).

Buen Vivir critiques the contemporary equation of progress with economic growth, when this is at the cost of intense exploitation of nature and significant social inequality. It focuses on basic needs, wellbeing and quality of life (material, social and spiritual) of the individual and community. Beyond many social determinant approaches, it integrates social rights of current and future generations, as a collective or common good and in a balance with nature. It introduces biocentrism, raising the importance not only of human beings, but also of life as a whole, in which a citizen not only has rights, but also obligations and responsibilities. Material life is just one part of life, and cannot just be reduced to the accumulation of things and objects. The paradigm thus seeks to transform production towards creating wellbeing, jobs, value added and to generate wealth in a manner that does not sacrifice the wealth of future generations (Perez, 2014). It positions politics, rather than economics, at the centre of development strategies.

These paradigms suggest changing the question somewhat in addressing urban health equity. Asking the question as "what are the determinants of health in urban areas (and how can the health sector intervene in them)?" implies a linear, deterministic focus, placing health as a singular consequence of segmented determinants that have their own competing goals and outcomes.

Such holistic paradigms rather may lead one to ask the diverse urban people in focus:
How do you perceive your wellbeing? What balance between material, economic, social, spiritual elements and your natural environments would produce wellbeing for your community, at the widest social level, and for both current and future generations? What community assets exist for this?

This raises the profile of collective wellbeing, rights and responsibilities. Within this the health sector may be able to see how to share its own role in relation to others. Further, given that alternatives may emerge more from local innovation than 'top down' practice in some settings, particularly those that make people more aware of and confident in their capacity to produce change, the question may be asked:
What can we learn from local innovations within urban areas that point to approaches for achieving wellbeing?

The questions above and dimensions of a more holistic framework provide entry points and a framework of appreciative inquiry for further exploring and responding to urban health equity in ESA countries. A holistic wellbeing framework offers the opportunity to engage all sectors that play a role. With a focus on the complementarity and reinforcing interaction of different dimensions of wellbeing, the care of current and future generations and the collective framing of wellbeing, they may integrate equity more directly as a principle.

4. ASSESSING PROGRESS IN URBAN WELLBEING

4.1 How is wellbeing being defined and assessed in different approaches?

These holistic approaches clearly demand participatory, qualitative evidence, to explore the lived experiences of those affected. This is separately reported. Some efforts have been made, however, to identify parameters and quantitative measures for them. From the search described in *Section 2*, we found twelve frameworks that include such measures of wellbeing (See *Table 4.1*).

Table 4.1: Frameworks and measures identified for measuring wellbeing

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 (2016a,b); 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 measures 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, (2018); 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 Co-operation and Development (OECD), the Better Life Initiative identifies indicators of objective and subjective aspects of natural, economic, human, and social capital dimensions of wellbeing. It 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: living conditions; productive activities; health; education; leisure and social interactions; economy, safety; governance and basic rights; natural 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 (UrbanQol)	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 the value of consumption, income distribution, household work, parenting, higher education, volunteer work, services of consumer durables, highways; costs 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 (2016b)	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 urbanisation and participatory, integrated and sustainable human settlement planning and management; reducing adverse environmental impact of cities from poor air quality, municipal and waste management; supporting links between urban, peri-urban and rural areas and building sustainable and resilient buildings utilising local materials.

A number of these frameworks gather a range of indicators to prepare a composite picture of society, economy and environment as an indicator of progress, without developing composite indicators that combine them or address the weighting between them. Some, such as the Better Life initiative, involve citizens in the dialogue on the construction of the parameter.

There is relatively common agreement on the inclusion of social, material and ecological dimensions. Across the twelve frameworks, a range of measures are used in bringing these measures together, viz:

- *Social and political*: psychological/physical health, life expectancy; education, cultural diversity and resilience; relationships; leisure and social interactions; good governance, active citizenship; community vitality, democratic engagement; basic rights;
- *Material:* living standards; sustainable and resilient buildings utilising local materials; distribution of income and consumption; material conditions; productive or main activity; economic and physical safety; value of household work and parenting; value of higher education; value of volunteer work; cost of commuting; net capital investment; net foreign borrowing;
- *Ecological:* ecological diversity and resilience, ecological footprint; proximity to dangerous levels of environmental damage; natural environment; air quality; noise; loss of: wetlands, farmland, forest areas; depletion of non-renewable energy resources; carbon dioxide emissions damage; cost of ozone depletion; accessible, green and public spaces; social and economic costs of disasters; and
- *Other:* time use, life satisfaction; people's life evaluations, experiences, and priorities; urban mobility.

Table 4.2 (shown overleaf) provides, where they are identified, the specific parameters used for these measures. The summary in *Table 4.3* below suggests measures of different dimensions of wellbeing that commonly emerge from these diverse frameworks. Given their consistent inclusion in numerous frameworks across diverse settings globally, and in global frameworks, we suggest they may have relevance for ESA countries. Evidence on urban trends and distributional information on these parameters may be gathered for ESA countries, where such information is available.

Table 4.3: 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 and social and cultural assets for wellbeing.
Physical health	Self-reported health status, healthy days, long-term disability and life expectancy.
Education, knowledge and culture	Capacities; national identity based on diverse identities and cultures; years of education; participation in life-long learning and integration of indigenous wisdom.
Quality of life, living conditions, services	Perceived material comfort; population density; access to housing, clean water, quality green spaces, transport and walk-about neighbourhoods; commuting time and bike-sharing scheme.
Time use	Relative time spent on: work, leisure, care and sleep. Time spent at sporting or cultural events and time volunteering.
Governance, citizenship, participation	Perception of government functions; public services; social participation/trust in government decisions; support networks; voter turnout; political party membership; civil society and cultural participation.
Economy	Perception of solidarity and financial security; distribution of h/hold income/ consumption; long-term employment; public finance; leadership and domestic resource control.
Ecology	Perceptions of quality of environment; ecological diversity; air quality; water quality; environmental damage level; ecological footprint (as in the happy planet index).
Integration across dimensions	Gross National Happiness index; Better Life Index; Happy Planet Index; 8+1 quality of life framework.

Table 4.2: Specific parameters identified for dimensions of wellbeing within the different frameworks

Source	Measures of wellbeing								
	Psycho-social, spiritual, cultural	Physical health	Education, knowledge and culture	Quality of life, needs; living conditions, services	Time use	Governance, citizenship, participation, Community	Economy	Ecology	Integration across dimensions
Ecuador Buen vivir monitoring Bolivia Buen vivir monitoring (Govt of Ecuador 2018 and Ruttenberg, T 2013)	A dignified life with access to health, education, social protection, specialized care and specialized protection		Capacities and potentials; responsible research for society and nature; national identity based on diverse identities and cultures; adoption of ancestral wisdom	Improved quality of life by strengthening inter-sectorial policies. Dignity	Work as an element of living well; deploying skills above capital	Democratic governance; autonomy of social organizations; citizen participation; social and political cohabitation; social power; human rights	Solidarity and sustainability. Public finance leadership; sovereignty in resource management; income/wealth balance; social control and management of resources	Rights of nature; harmony with nature; environmental sustainability locally and globally	Integration of knowledge; quality of life, sustainability and dignity
Bhutan Gross National Happiness index (Centre for Bhutan Studies and GNH Research 2015)	Experience the quality of life, including: spirituality, life satisfaction; diversity and strength of traditions; creative arts	Self-reported health status, healthy days, long-term disability	Formal and informal Education; knowledge, values, skills.	Level of material comfort housing; asset ownership	Nature of time spent on work, leisure, care and sleep. Work life balance	Perception of government functions and public service delivery. Social participation in elections and government decisions. Level of rights/ freedoms; volunteering; relationships; interaction within communities, family. friends	income, conditions of financial security	Ecological diversity, resilience; Perceptions/ evaluations ofenvironmental conditions in neighbourhood, eco-friendlybehaviours. Hazards like fires or earthquakes	Domains are equally weighted. GNH is determined based on a profile indicating which domains of sufficiency where at least two-thirds are considered 'happy' in the index[o]
OECD's Better Life Index OECD (2017)		Life expectancy and self-reported health	Educational attainment, years of education, students' skills in math, reading and science	Housing-rooms / person, housing expenditure, dwelling with basic facilities. Household disposable income, financial wealth; Employment rate, earnings, job security	Work-life balance - employees working very long hours. Time devoted to leisure and personal care	Civic engagement - voter turnout; consultation on rule-making. Safety - Homicide rate; Assault rate Community- Quality of support network	Household disposable income. Household financial wealth Employment rate. Long-term unemployment rate. Personal earnings. Job security	Air pollution. Water quality	Integrates QOL measures, sustainability over time *Your Better Life Index* allows users to assign their own weights to indicators to derive a combined measure

Table 4.2: Specific parameters identified for dimensions of wellbeing within the different frameworks (continued)

Source	Measures of wellbeing								
	Psycho-social, spiritual, cultural	Physical health	Education, knowledge and culture	Quality of life, needs; living conditions, services	Time use	Governance, citizenship, participation, Community	Economy	Ecology	Integration across dimensions
The Happy Planet Index (2016a,b)		Life expectancy		Experience of well being – 0-10 worst to best				Ecological footprint -ie amount of land an individual needs for all resource requirements and amount of vegetated land required to absorb all CO2 emissions	Index integrates these three domains
Commission on the Measurement of Economic Performance and Social Progress	Subjective measures of people's life experience and priorities						Distribution of income, consumption from household perspective	Sustainability; proximity to dangerous levels of environmental damage	Inequalities assessed by linking QOL to each respondent
Eurostat 8+1 quality of life framework (Eurostat (2015)	Life satisfaction (cognitive appreciation), and eudaemonics (a sense of having meaning and purpose in one's life)	Life expectancy; infant mortality; healthy years of life. Access to health-care. Self-reported health	Population educational attainment; number of early school leavers; self-assessed and assessed skills. Participation in life-long learning	Living conditions Income. Consumption; job safety. Social support; physical safety	Working hours. Balance of work and non-work life. Time spent at sporting or cultural events/ volunteering	Frequency of social contacts. Number of homicides. Levels of trust citizens have in institutions; satisfaction with public services; lack of discrimination	Ability to face unexpected expenses. Quality of jobs. Gender pay gap	Perceptions of quality of environment. Amount of air pollutants	Integration of time use; quality of life measures; social participation
The Genuine Wealth Model (Anielski M. (2012	Social values; psy-chological sociocultural assets for wellbeing	Health	Indigenous wisdom. Education	Infrastructure; standard of living	Time-use	Love and respect; sense of belonging to the community; community vitality; good governance	Genuine competition, reciprocity and shared responsibility	Harmony with nature	Assesses balance across parameters and between current-future wellbeing.

Table 4.2: Specific parameters identified for dimensions of wellbeing within the different frameworks (continued)

Source	Measures of wellbeing								
	Psycho-social, spiritual, cultural	Physical health	Education, knowledge and culture	Quality of life, needs; living conditions, services	Time use	Governance, citizenship, participation, Community	Economy	Ecology	Integration across dimensions
The Citizen Observatory of New Indicators of Quality of Life (Pantisano et al., 2014)				Urban mobility-density; geographical origin, age, gender. Most frequent transportation. Average commuting time, traffic flows, bike/car sharing programmes		Political party membership, participation, donations, voluntary work, voter turnout, women MPs. Civil society participation, petition, action, contact with MPs. Religious, sports, cultural volunteer; participation		Air quality. Noise	
Ensuring QoL in Europe's cities and towns (EEA 2009)				Access to clean drinking water, housing, accessible, green spaces; play-grounds, transport systems, walkabout neighbourhoods (enabling social interactions)		Social equity	Sustainable consumption; income distribution, employment	Air pollution. Noise	Integrated multilevel QOL assessment. Linking air quality, road safety, noise, energy, urban density; accessibility and liveability, social balance

4.2 What has been measured in ESA and what does it show?

We explored the data in several online databases with comparable data across countries to see

- how far they measured the dimensions of wellbeing identified from the literature shown in Table 4.3, and
- what the data showed about the distribution of and trends in wellbeing

The **psychosocial, spiritual and cultural dimension** covers perceptions of dignity, life satisfaction and meaning; access to health, education, social protection; social and cultural assets for wellbeing (see *Table 4.3*). We found no databases measuring perceptions of dignity. For life satisfaction the data exist, but not for ESA countries. Many areas are measured by the opposite of wellbeing, such as suicide, homicide, violence against partners and against women, with the latter two not having data for all ESA countries, We found limited data for urban areas, none in this category disaggregating for youth, and limited time trend data. *Table 4.4* shows the available data for ESA countries for this dimension.

Table 4.4: Data on psychosocial, spiritual, cultural dimensions of wellbeing, ESA countries

Indicator / Country	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	2014
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)	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;

Sources: (i) Helliwell et al., 2016 (ii) WHO 2016 WHS; (iii) WHO, 2016a,b and 1998 data for urban South Africa; (iv) UNDP, 2016; (v) UNSD, 2016.

The percentage of pregnant women with four ANC visits selected as an indicator of support from health-related services and education is separately covered. *Figure 4.1* overleaf shows the data for the only indicator in *Table 4.1* that disaggregates urban areas. While urban coverage is above the national average by 10% points or more in four countries, urban levels are not very different to national averages in most and are below the national averages in two countries.

Figure 4.2 overleaf shows the data for the different indicators, with the countries ordered by their position on the happiness ranking (poorest rank first) with green bars for the positive indicators and red for the negative. There does not appear to be a correlation between happiness, defined and measured as described earlier in *Table 4.2*, and other indicators of psychosocial wellbeing. Paradoxically, there are higher levels of homicide and suicide in some countries that have a higher happiness ranking, such as South Africa and Namibia.

Figure 4.1: Urban vs. national data on ANC, ESA countries

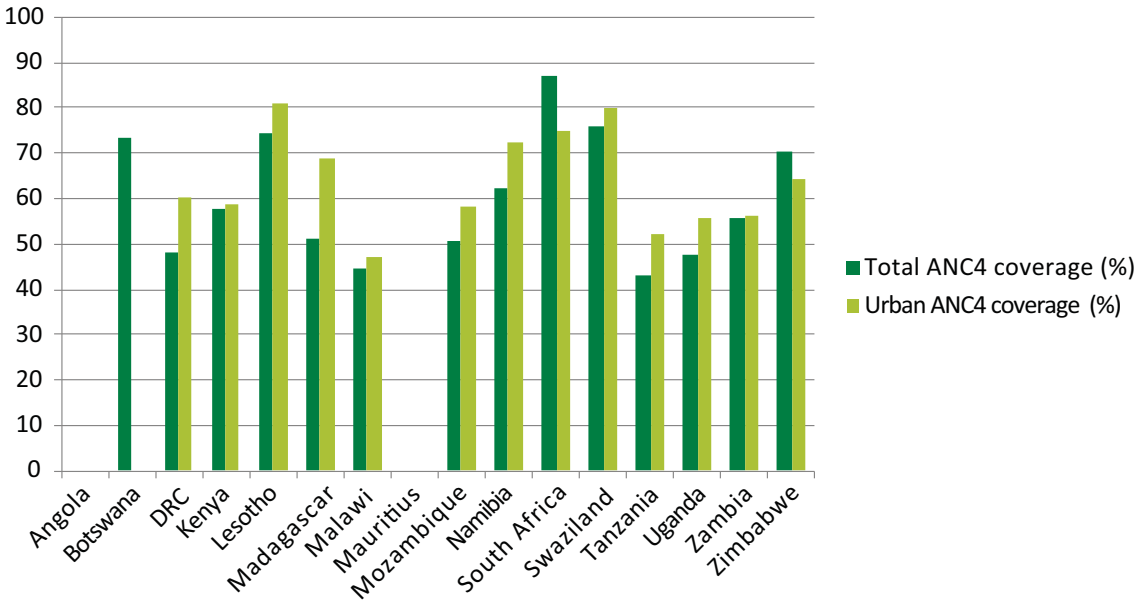
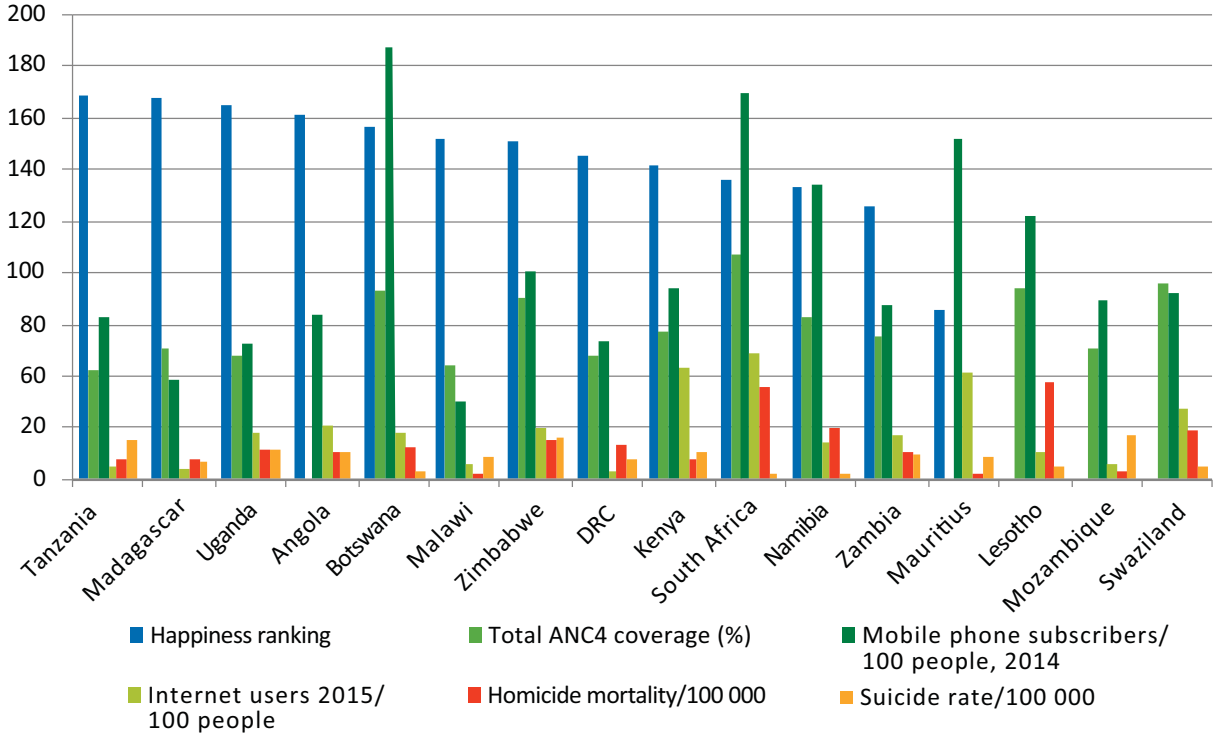


Figure 4.2: Data on psychosocial, spiritual, cultural dimensions of wellbeing, ESA countries



Generally in this dimension for ESA countries there is relatively limited urban disaggregation and no disaggregation of data for youth. The evidence from the one indicator that provided disaggregations for urban areas (share of pregnant women with ANC fourth visit) indicated that urban areas did not have uniformly better levels. With poor measurement of social perceptions of psychological wellbeing, negative indicators such as homicide and suicide may be used as proxies. Their poor correlation with the ranking on happiness suggests that this may not be valid however.

Dimensions of **physical health** include self-reported health status, healthy days, long-term disability and life expectancy. The OECD has an indicator of self-reported health, but ESA countries do not measure this. The indicators measured are shown in *Table 4.5* overleaf. Life expectancy integrates a wellbeing element in *healthy* life expectancy - or average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health due to disease and/or injury - albeit by taking into account disease and injury. Healthy life expectancy rose in all ESA countries between 2000 and 2015, markedly in Botswana, Malawi, Uganda, Zambia and Zimbabwe.

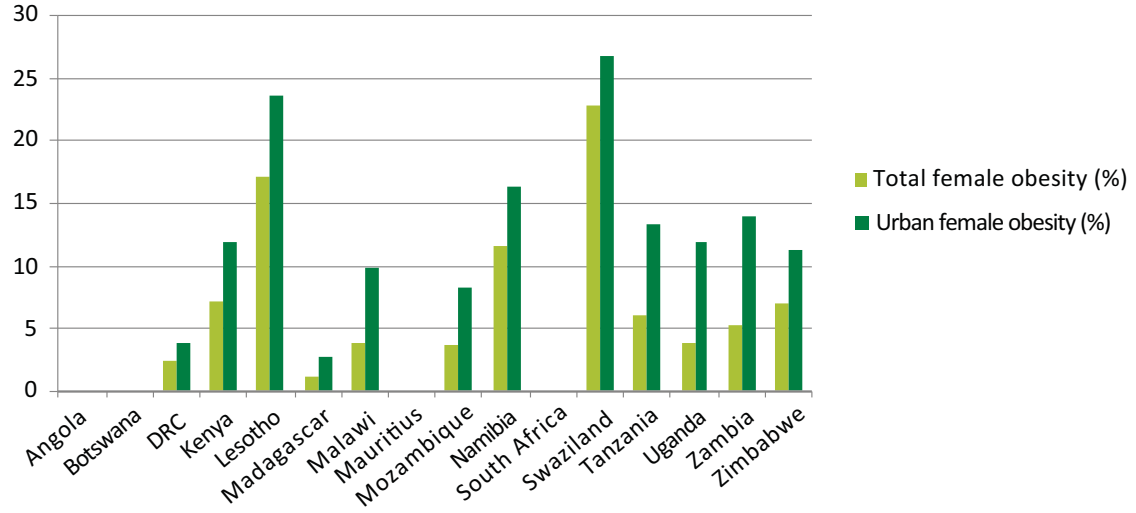
Food security is measured through two negative indicators - undernutrition and food deficit. The food deficit indicates how many calories would be needed to lift undernourished people from their status, everything else being constant. The average intensity of food deprivation of undernourished people is estimated as the difference between their average dietary energy requirement and the average dietary energy consumption, multiplied by the number of undernourished people (WB, 2016). The data suggest a strong correspondence between the food deficit and undernutrition data. While the food deficit fell between 2000 and 2015 in most countries, it rose in Namibia, Swaziland and Zambia.

Table 4.5: Data on physical dimensions of wellbeing, ESA countries

Indicator	Life expectancy (i)	Healthy life expectancy (ii)		Depth of food deficit (iii)		Undernutrition prevalence (i)		Prevalence of female obesity 2003-2010 (ii)	
Country	2014	2000	2015	2000	2015	2001	2016	Total	Urban
Angola	52.3	39.3	45.8	394	96	51.1	14.2	na	na
Botswana	64.5	41.9	56.9	253	183	35.6	24.1	na	na
DRC (a)	58.7	43.8	51.7	296	196	na	na	2.4	3.9
Kenya	61.6	45.5	55.6	223	136	32.2	21.2	7.2	12.0
Lesotho	49.8	43.1	46.6	90	76	13.0	11.2	17.1	23.6
Madagascar	65.1	50.2	56.9	234	227	34.8	33.0	1.1	2.8
Malawi	62.8	37.4	51.2	217	139	28.6	20.7	3.9	9.9
Mauritius	74.4	63.8	66.8	50	36	7.1	5.0	na	na
Mozambique	55.1	42.3	49.6	317	188	42.0	25.3	3.7	8.3
Namibia	64.8	50.2	57.5	243	323	30.4	42.3	11.6	16.4
South Africa	57.4	50.0	54.4	35	14	5.0	5.0	na	na
Swaziland	49.0	42.0	50.9	158	190	21.7	26.8	22.9	26.8
Tanzania	65.0	43.0	54.1	260	237	36.8	32.1	6.1	13.3
Uganda	58.5	40.0	54.0	198	170	28.4	25.5	3.9	12.0
Zambia	60.1	38.3	53.6	301	411	42.9	47.8	5.3	13.9
Zimbabwe	57.5	39.2	52.3	347	264	43.7	33.4	7.0	11.3

(a) Democratic Republic of Congo; Sources: (i) UNSD, 2016 (ii) WHO, 2016a (iii) WB, 2016; (iv) UNDP, 2016.

Figure 4.3: Urban vs. national data on female obesity 2003-2010



Time trends are available for most indicators, and demographic and health survey data in ESA countries point to an association between urban poverty and undernutrition, as reported in Loewenson and Masotya (2015). However, the only indicator for which an urban disaggregation exists is the prevalence of female obesity. The prevalence of female obesity is the percent of women aged 15-49 years with a body mass index (BMI) of 30 kg/m2 or higher, as found in household survey data. No indicators show disaggregation of data for youth. Urban levels of female obesity are markedly higher than national levels in all ESA countries where this is measured (*Figure 4.3*). There is no evident direct or inverse correlation between obesity and the level of food deficit, suggesting that a mix of factors - such as food quality and diet - may be driving the pattern in specific groups in urban areas.

The dimension of **education, knowledge and culture** includes: capacities; national identity based on diverse identities and cultures; years of education; participation in life-long learning and integration of indigenous wisdom. No indicators measure cultural diversity or integration of indigenous wisdom in ESA countries, although there is some intention in the SDGs to collect evidence on expenditures (public and private) on the preservation, protection and conservation of all cultural and natural heritage.

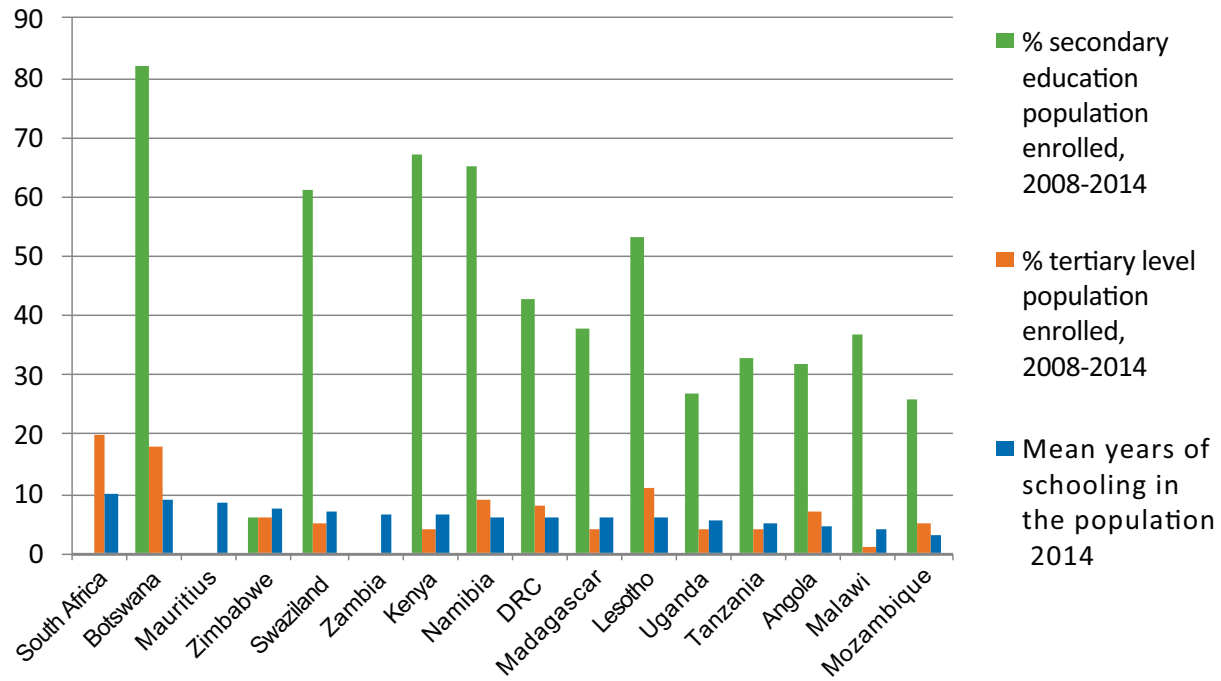
Indicators of formal education are shown in *Table 4.6* and *Figure 4.4*. Many of these indicators relate to young people, including youth literacy, which is also disaggregated by gender. The indicators are, however, not disaggregated by urban/rural residence.

Table 4.6: Data on education in ESA countries

Indicator	Youth literacy	Male: female youth literacy ratio	% Secondary ed. population enrolled	% Tertiary level population enrolled	Mean years of schooling in the population
Country	**(i) 2015**	**(ii) 2005-2013**	**(ii) 2008-2014**	**(ii) 2008-2014**	**(ii) 2014**
Angola	72.2	1.20	32	7	4.7
Botswana	97.8	0.96	82	18	8.9
DRC (a)	86.1	1.48	43	8	6.0
Kenya	85.9	1.02	67	4	6.3
Lesotho	85.1	0.81	53	11	5.9
Madagascar	65.1	1.03	38	4	6.0
Malawi	75.1	1.06	37	1	4.3
Mauritius	98.7	na	na	na	8.5
Mozambique	76.8	1.41	26	5	3.2
Namibia	94.9	0.92	65	9	6.2
South Africa	99.0	0.99	na	20	9.9
Swaziland	94.8	0.97	61	5	7.1
Tanzania	87.3	1.05	33	4	5.1
Uganda	87.0	1.05	27	4	5.4
Zambia	91.5	1.20	na	na	6.6
Zimbabwe	91.8	0.97	6	6	7.3

(a) Democratic Republic of Congo. na = not available; Sources: (i) UNESCO, 2016; (ii) UNDP, 2016.

Figure 4.4: Secondary, tertiary and total education in ESA countries



Youth literacy levels vary across ESA countries by 34% points between highest levels in South Africa and lowest in Madagascar. Gender disparities were generally, but not always, wider in countries with lower youth literacy levels. There is a similarly wide variation in total years of schooling (with South Africa as highest, having three times the level of Mozambique, the lowest). 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 on this indicator.

The dimension of **quality of life, living conditions and services** includes: perceived material comfort; density; access to housing; clean water, quality green spaces; transport; walkabout neighbourhoods; commuting time and presence of a bike-sharing scheme (see *Table 2*). The density of living conditions is measured through annual growth in the urban population. While access to quality housing was not available for all ESA countries, there is a 'negative' indicator of the share of the population living in slums, as well as indicators of access to improved drinking water and sanitation. The remaining indicators - quality green spaces; transport; walkabout neighbourhoods; commuting time and bike-sharing schemes - are not measured in ESA countries, although there is an intention in the SDGs to measure access to public transport and access to public spaces.

It would thus appear that there is limited focus beyond water and sanitation on a number of dimensions of urban living conditions that affect wellbeing, with no disaggregation for youth (see *Table 4.7* and *Figure 4.4*).

Table 4.7: Data on quality of living conditions, ESA countries

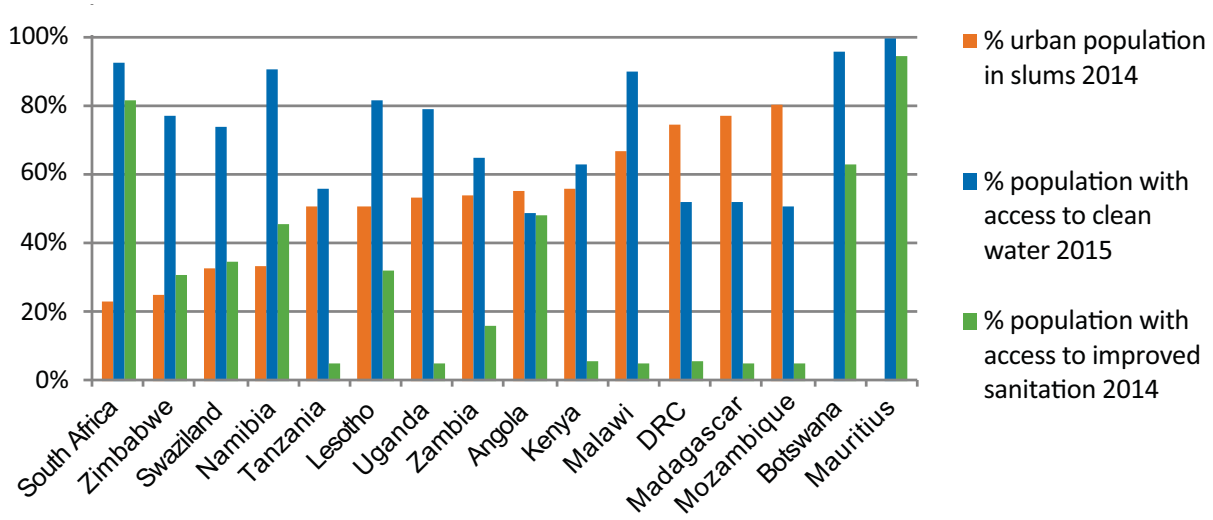
Indicator	Average annual % urban population growth (i)		% Urban pop in slums (ii)	% Pop with access to clean water (iii) 2015		<5 yr deaths/ 100000 due to poor living conditions (b)	% Pop with access to improved sanitation (iii)
Country	1990-2013	2013-2030	2014	National	Urban	2004 (iv)	2014
Angola	5.39	4.29	55.5	49	75	1266	48
Botswana	2.98	1.40	na	96	99	341	63
DRC (a)	4.18	3.67	74.8	52	81	786	6
Kenya	4.47	4.02	56.0	63	82	362	6
Lesotho	3.88	2.69	50.8	82	95	44	32
Madagascar	4.55	4.24	77.2	52	82	540	5
Malawi	3.79	4.17	66.7	90	96	617	5
Mauritius	0.31	0.21	na	100	100	7	95
Mozambique	3.83	3.50	80.3	51	81	388	5
Namibia	4.20	3.26	33.2	91	98	21	46
South Africa	2.45	1.22	23.0	93	100	104	82
Swaziland	1.30	1.58	32.7	74	94	252	35
Tanzania	4.91	4.73	50.7	56	77	322	5
Uganda	4.76	5.16	53.6	79	96	427	5
Zambia	2.75	4.27	54.0	65	86	503	16
Zimbabwe	1.83	2.32	25.1	77	97	256	31

(a) Democratic Republic of Congo; (b) poor water/ sanitation and hygiene na = not available;

Sources: (i) UNICEF, 2016; (ii) UN Habitat UNSD, 2016; (iii) UN, 2016; (iii) WB, 2016; (iv) UNDP, 2016.

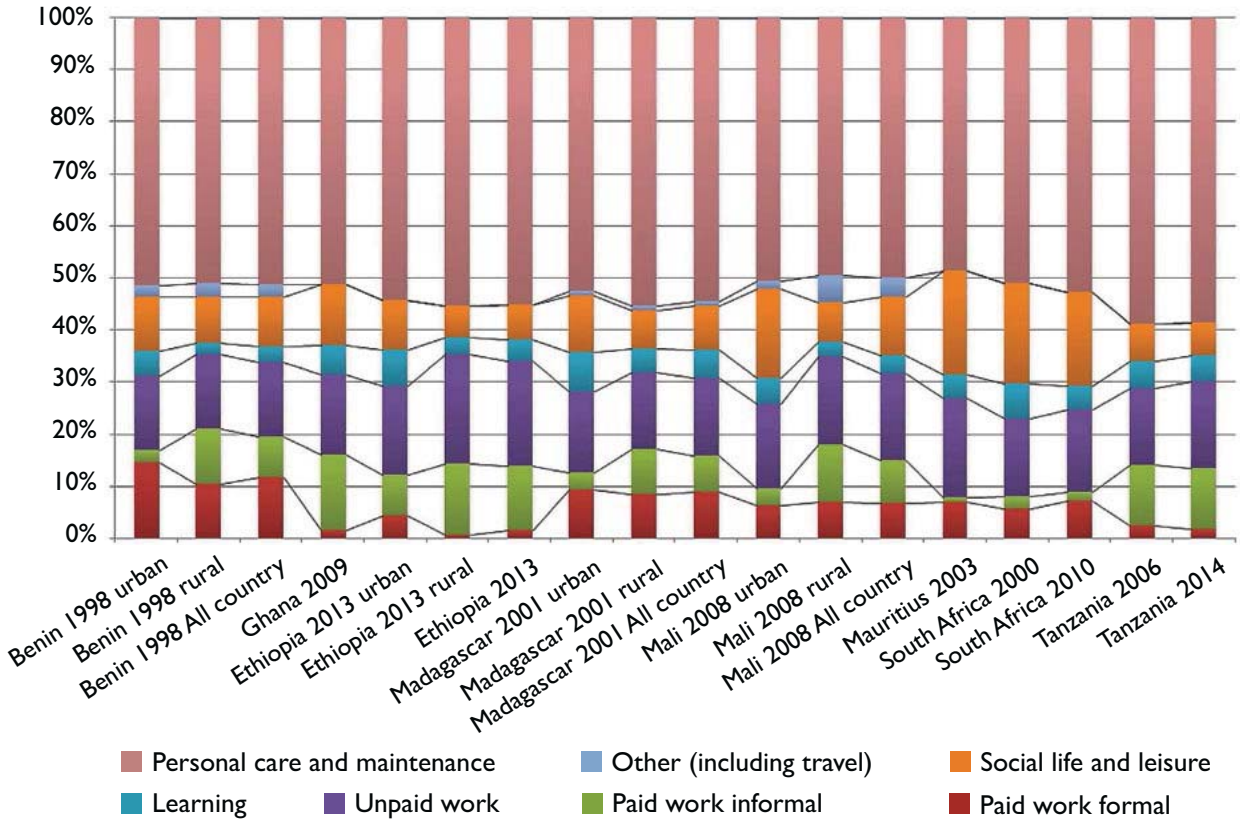
The annual rate of urbanisation is projected to decline after 2013 compared to 1990-2013 levels for seven ESA countries, although it will remain high (>3.5%) in nine. A large share of the urban population live in slums, highest in DRC, Madagascar, Malawi and Mozambique. However, this may not be a good indicator of urban 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. Ordering by share in slums, *Figure 4.5* overleaf 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, such as when these services do not function.

Figure 4.5: Living conditions, ESA countries



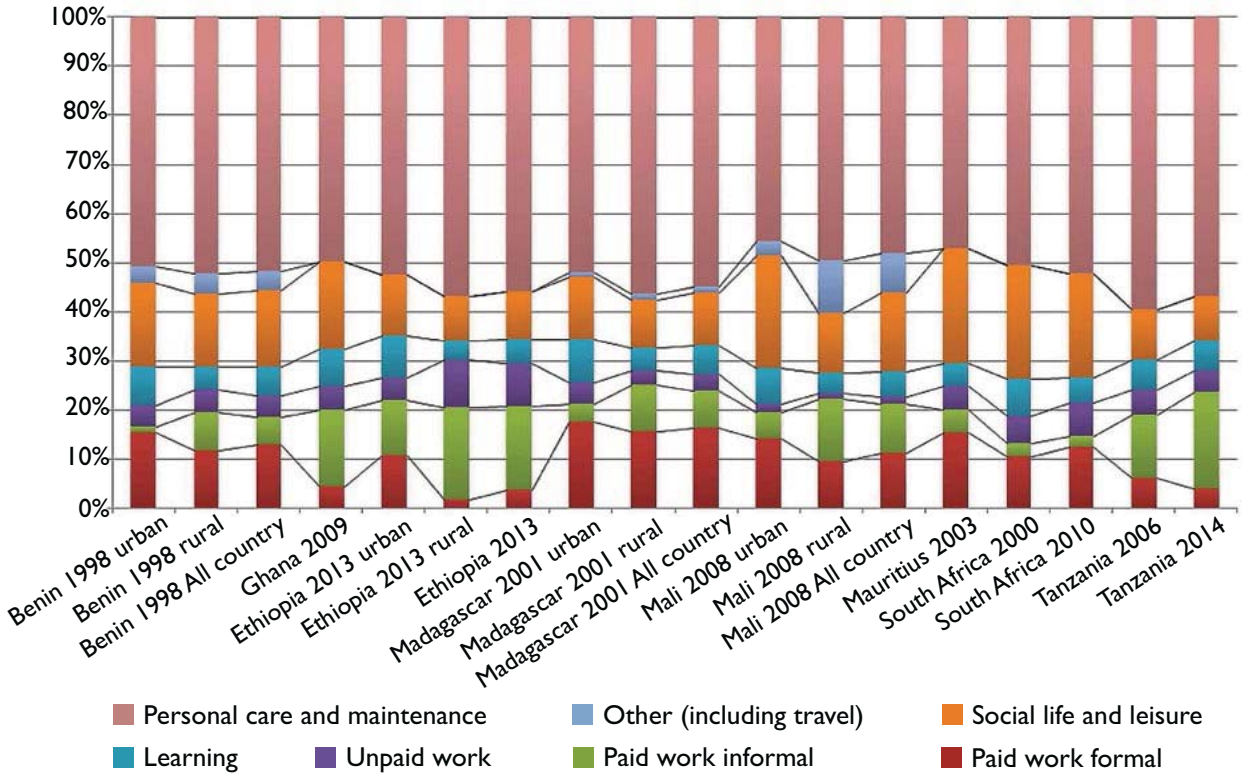
The dimension of **time use** includes the relative time spent on work, leisure, care and sleep, at sporting or cultural events; and the time spent volunteering. There were no data across ESA countries for any of these indicators, although an indicator of time for leisure and personal care is measured in OECD countries. Charmes (2015) reports on surveys of time use in various countries globally. The report does not disaggregate by urban area or age group, although the data are disaggregated by gender (shown in *Figures 46a and b*) and there is some comment on urban-rural differentials. (Care and maintenance includes sleep.) While the pattern is broadly similar, the findings showed high disparity between women and men regarding unpaid work, with more women doing this. In most African countries, 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 do.

Figure 4.6a: Distribution of time spent by women in various activities in sub-Saharan Africa



Source: Charmes, 2015, p29, used with permission. Full citation and link in the reference list.

Figure 4.6b: Distribution of time spent by men in various activities in subSaharan Africa



Source: Charmes, 2015, p30, used with permission. Full citation and link in the reference list.

The dimension of **governance, citizenship, participation and community** includes: perception of government functions; public services; social participation/trust in government decisions; presence of support networks; voter turnout; political party membership; civil society participation and cultural participation (see *Table 2*). The databases had data for the sixteen ESA countries on health service delivery and expenditure and education services (shown earlier) and expenditure. Demographic and Heath Surveys (DHS) provide data on assisted deliveries disaggregated by urban-rural areas. Data on the share of the population serviced by municipal waste collection services were collected in four countries – Kenya (40%, 1999); Madagascar (18%, 2007), Mauritius (98%, 2009) and Zambia (20%, 2005). The databases did not, however, have ESA country data on social participation/trust in government decisions; support networks; voter turnout; political party membership; civil society participation and cultural participation. *Table 4.8* shows the data on health and education services.

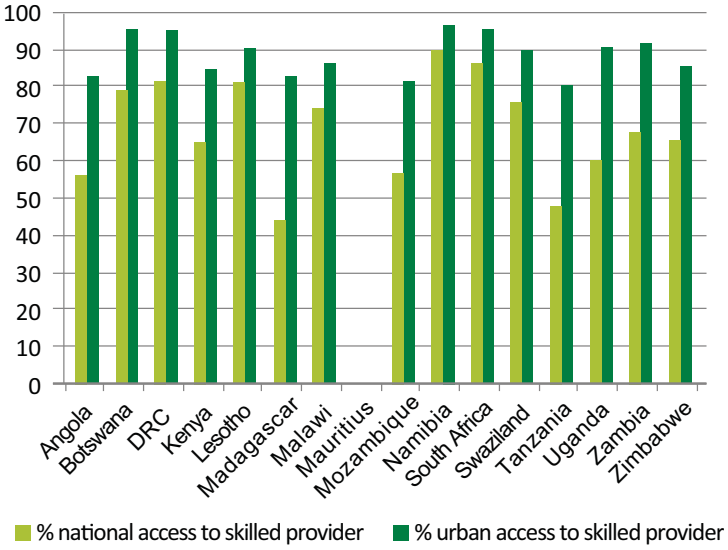
Table 4.8: Selected indicators of health and education services, ESA countries

Indicator	Assistance in delivery by a skilled provider (i) 2006-2014		% Govt expenditure on health (ii)	% Govt expenditure on education (ii)
Country	**National**	**Urban**	**2014**	**2000-2013**
Angola	55.4	82.0	5.0	5.3
Botswana	78.4	94.6	8.8	na
DRC (a)	80.7	94.3	11.1	16.8
Kenya	64.5	83.9	12.8	23.1
Lesotho	80.3	89.4	13.1	19.2
Madagascar	43.3	81.8	10.2	14.0
Malawi	73.4	85.4	16.8	20.4
Mauritius	na	na	10.0	14.8
Mozambique	56.2	80.6	8.8	19.0
Namibia	88.9	95.5	13.9	21.9
South Africa	85.5	94.5	14.2	19.2
Swaziland	75.1	89.0	16.6	18.7
Tanzania	47.2	79.9	12.3	17.3
Uganda	59.5	89.6	11.0	11.8
Zambia	67.1	90.6	11.3	8.4
Zimbabwe	65.0	84.4	8.5	na

a) Democratic Republic of Congo, na = not available; Sources: (i) country demographic and health surveys 2006-2014, except Botswana (1988) and South Africa (1998); definitions may have varied between countries; (ii) WB, 2016.

The table and *Figure 4.7* show that access to a skilled provider for deliveries is higher in urban areas than at national levels across all ESA countries. While this suggests better urban coverage, the coverage levels are not universal, and it is not clear which groups are not accessing these services and why.

Figure 4.7: National vs. urban access to skilled provider for delivery, ESA countries



African leaders committed to 15% of total government expenditure on health as a signal of prioritisation for the sector. The data indicate that this has not generally been achieved. Health remains relatively underfunded in many ESA countries (EQUINET, 2012). The levels of expenditure on education are higher (the enrolment statistics were discussed in an earlier section). They suggest that education services and resources are more concentrated at primary school level and that access falls away at secondary and tertiary levels, affecting young people's life chances.

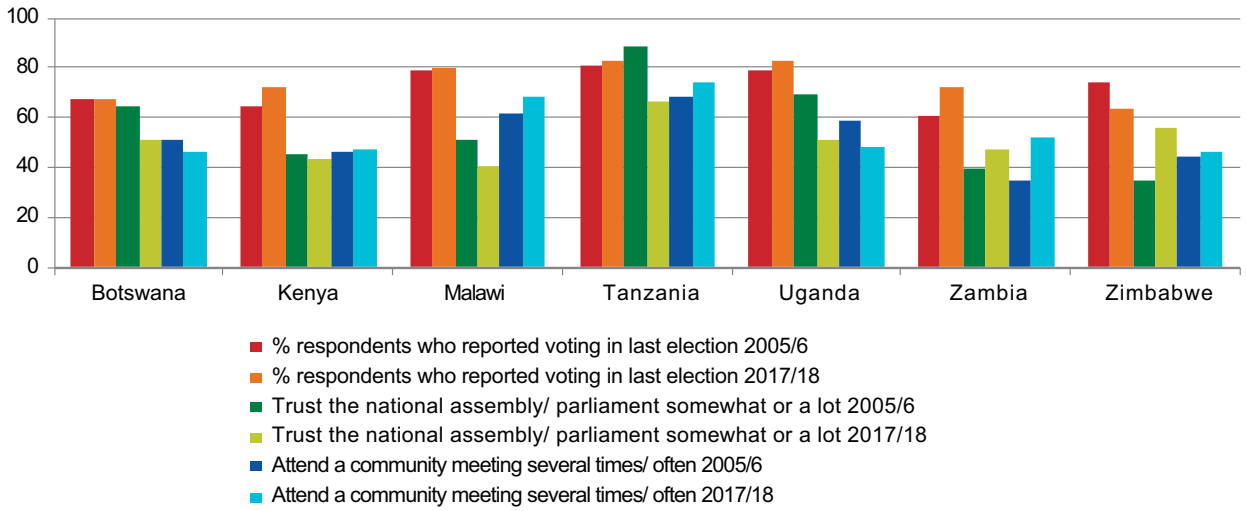
The Afrobarometer provides data for s elected ESA countries on more dimensions of political participation and perceptions of public institutions, although these data are not available for all ESA countries, especially for time trend analysis. The data are gathered through face-to-face interviews with a randomly selected sample of 1,200 or 2,400 people in each country (Afrobarometer, 2008). Available data for identified dimensions of wellbeing shown in *Table 4.9* indicate relatively high levels of reported voting, stable across time, except for Zambia, where it rose, and Zimbabwe, where it fell. The reported trust in the national assembly varies widely across ESA countries for which data were available, from 34.8% in Zimbabwe to 88.2% in Tanzania in 2005/6. These figures changed to 2018, rising in Zimbabwe and falling in Tanzania. Civic participation also varied widely for the countries providing data, with falling participation in Uganda and rising participation in Zambia. *Figure 4.8* overleaf shows these time trends for the countries for which data were available. In some countries (Botswana, Kenya, Malawi) these indicators have been relatively stable over time, while for others (Zambia and Zimbabwe) they have shown significant changes.

Table 4.9: Selected indicators of governance and participation, ESA countries, 2005-2018

Indicator	% respondents who reported voting in last election		Trust the national assembly/ parliament somewhat or a lot		Attend a community meeting several times/ often	
Survey date:	**2005/6**	**2017/18**	**2005/6**	**2017/18**	**2005/6**	**2017/18**
Angola	na	na	na	na	na	na
Botswana	67.3	67.2	64.2	51.5	51.1	46.3
DRC (a)	na	na	na	na	na	na
Kenya	64.4	72.7	45.9	43.7	46.6	47.0
Lesotho	70.3	na	na	na	73.0	na
Madagascar	76.6	na	47.3	na	73.6	na
Malawi	79.3	79.6	50.9	40.5	61.4	68.0
Mauritius	na	na	na	na	na	na
Mozambique	80.6	na	74.6	na	57.8	na
Namibia	78.9	na	69.8	na	37.3	na
South Africa	77.3	na	54.3	na	41.2	na
Swaziland	na	na	na	na	na	na
Tanzania	81.0	82.9	88.2	66.6	68.0	74.3
Uganda	78.8	82.3	69.6	51.3	58.5	48.0
Zambia	60.3	71.9	40.1	46.9	34.6	52.4
Zimbabwe	74.3	63.9	34.8	55.6	44.9	46.2

(a) Democratic Republic of Congo, na = not available; Source: Afrobarometer, 2018.

Figure 4.8: Time trends in governance and participation, selected ESA countries, 2005-2018



Source: Afrobarometer, 2018.

The dimension of **economy** includes: the perception of solidarity and financial security; the distribution of household income and consumption; long-term employment; the level of public finance and domestic resource control (see *Table 2*).

Table 4.10 indicates the wide variation in levels of poverty in ESA countries, although with more than half the population below the national poverty line in nine of the sixteen countries. The specific levels of urban poverty were not reported in the databases.

Table 4.10: Selected indicators of economic wellbeing, ESA countries, 2000-2014

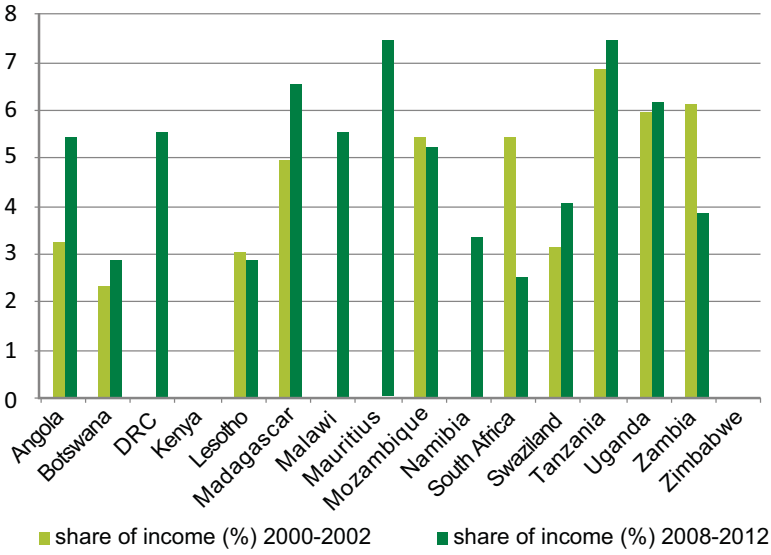
Indicator	Income shares of total income held by the lowest 20% (i)		% pop below the national poverty line (i)	% Youth unemployed (ii)	Tax revenue as % GDP (iii)
Country	**2000-2002**	**2008-2012**	**2004-2014**	**2014**	**2005-2013**
Angola	3.2	5.4	na	na	18.8
Botswana	2.3	2.8	na	36.0	27.1
DRC (a)	na	5.5	63.6	na	8.4
Kenya	na	na	45.9	na	15.9
Lesotho	3.0	2.8	57.1	34.4	58.7
Madagascar	4.9	6.5	75.3	2.6	10.1
Malawi	na	5.5	50.7	8.6	na
Mauritius	na	7.4	na	23.2	19.0
Mozambique	5.4	5.2	54.7	39.3	20.8
Namibia	na	3.3	28.7	56.2	23.1
South Africa	5.4	2.5	53.8	51.4	26.5
Swaziland	3.1	4.0	63.0	na	na
Tanzania	6.8	7.4	28.2	5.8	16.1
Uganda	5.9	6.1	19.5	2.6	13.0
Zambia	6.1	3.8	60.5	15.2	16.0
Zimbabwe	na	na	72.3	8.7	na

(a) Democratic Republic of Congo, na = not available; Sources: (i) UNSD, 2016; (ii) UN 2016a (iii) UNDP, 2016.

Figure 4.9 shows no clear trend in inequality in distribution of income. Between 2000 and 2012, the share of the total for the poorest in four of the ten countries for which the data are available has been falling. *Table 4.6* also highlights the variability in reported levels of youth unemployment and in the level of tax revenue in GDP. The latter indicates the funds available for public spending on services and investments that could potentially support equity.

Some countries with low shares of tax revenue in GDP (DRC, Madagascar and Zambia) also have higher poverty levels, but others with similarly low shares of tax to GDP do not (such as Tanzania and Uganda). Other factors such as the quality of public spending, employment levels and social conditions may thus also matter in this. While these issues are important for social groups such as urban youth, there was no disaggregated information on this for youth or specifically for urban areas.

Figure 4.9: Time trend in share of income held by poorest, 2000-2012, ESA countries



The dimension of **ecology** includes: the perception of quality of the environment; ecological diversity; air and water quality; environmental damage levels and the ecological footprint. This area is relatively well monitored and reported in the databases, including for ESA countries. There are 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; CO2 emissions and proportion of population with primary reliance on clean fuels. This is a relatively rich dataset on ecological wellbeing. However, it is not disaggregated to provide urban data and the data are for more recent years, limiting trend analysis.

As with other indicators, *Table 4.11* indicates the wide variation in the ecological indicators in ESA countries, albeit generally indicating 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.

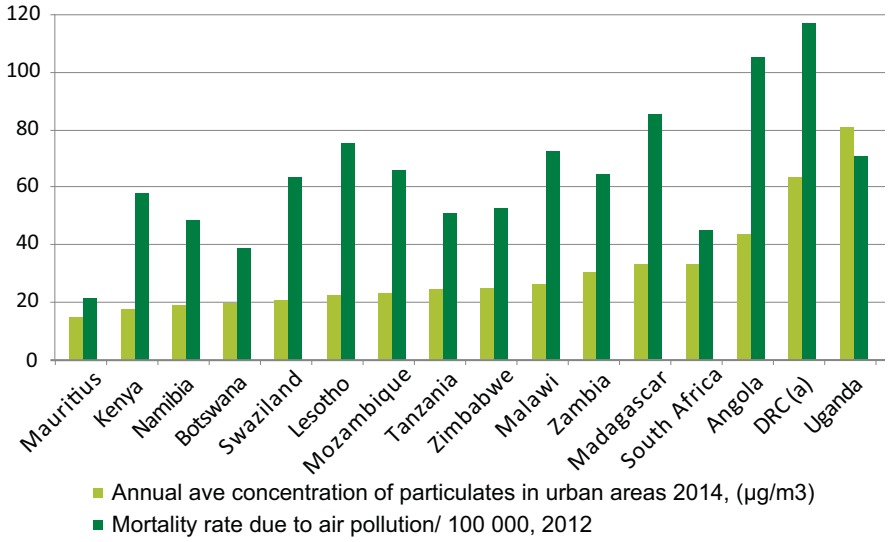
Table 4.11: Selected indicators of ecological wellbeing, ESA countries

Indicator	Biodiversity index (b) (i)	Annual average concentration of particulates in urban areas (µg/m3) (ii)	Mortality rate due to air pollution/ 100000 (iii)	Natural resource depletion as % GNI (iv)	% Pop with primary reliance on clean fuels (iii)
Country	**2008**	**2014**	**2012**	**2008-2013**	**2014**
Angola	8.3	42.8	104.4	31	48
Botswana	1.4	19.3	38.1	1.6	63
DRC (a)	19.9	63.2	116.4	31	6
Kenya	8.8	16.9	57.1	3.3	6
Lesotho	0.3	21.7	74.5	4.5	32
Madagascar	29.2	32.4	84.4	3.7	<5
Malawi	3.5	25.6	72.0	12.5	<5
Mauritius	3.3	14.3	21.2	0.0	>95
Mozambique	7.2	22.4	65.1	4.0	<5
Namibia	5.2	18.8	47.9	1.0	46
South Africa	20.7	32.6	44.2	4.8	82
Swaziland	0.1	19.9	62.7	1.8	35
Tanzania	14.8	24.1	50.5	3.2	<5
Uganda	2.8	80.3	70.0	13.2	<5
Zambia	3.8	29.6	64.1	10.5	16
Zimbabwe	1.9	24.1	52.6	5.6	31

a) Democratic Republic of Congo, na = not available; (b) GEF benefits index for biodiversity is a composite index of relative biodiversity potential for each country based on the species represented in each country, their threat status, and the diversity of habitat types in each country and has values from 0 (no biodiversity potential) to 100 (maximum biodiversity potential).
Sources: (i) WB, 2016; (ii) UN, 2016; (iii); WHO, 2016a; (iv) UNDP, 2016.

Figure 4.10 shows the relatively strong association between average pollution levels and related mortality levels, indicating that this is a growing health risk for urban communities. Of concern, given this, is the low share of the population using clean fuels. Clean fuel use was below 20% of the population in eight ESA countries. No urban-rural disaggregation was provided for clean fuel data. The evidence suggests that although better measured, the level of ecological wellbeing is low.

Figure 4.10: Air pollution 2014, pollution related mortality 2012, ESA countries



4.3 Integrated indicators of wellbeing

Various integrated indicators of wellbeing bring some of these measures together. They include the Gross National Happiness Index, the Better Life Index, the Happy Planet Index and the 8+1 quality of life framework. Of these only the Happy Planet Index (HPI) and the Happy Planet Wellbeing Index (HPWI) are reported on across most ESA countries. ESA countries also report the inequality adjusted human development index (HDI), which measures some dimensions of wellbeing, viz: health, education and income (See *Table 4.12*).

Table 4.12: Integrated indicators of wellbeing, ESA countries

Indicator	Happy Planet Wellbeing Index (i) (b)	Happy Planet Index (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) Wellbeing (Happy Planet Index) Wellbeing: How satisfied the residents of each country say they feel with life overall, on a scale from zero to ten, based on data collected as part of the Gallup World Poll; (c) Happy Planet Index: measure of wellbeing x life expectancy x inequity of outcomes divided by ecological footprint; (d) The IHDI combines a country's average achievements in health, education and income with how those achievements are distributed among country's population by 'discounting' each dimension's average value according to its level of inequality. Sources: (i) HPI, 2016; (ii) UNDP, 2016.

The Happy Planet Wellbeing index is relatively similar across ESA countries, highest in Mauritius (5.5) and lowest in DRC (3.9). The HPWI as a reflection of people's satisfaction with life does not follow the same pattern as the inequality adjusted HDI. While Mauritius is highest on both, Mozambique, which scores lowest on the inequality HDI, has a high Happy Planet Wellbeing Index.

Figure 4.11a: Wellbeing index relative to social indicators, ESA countries

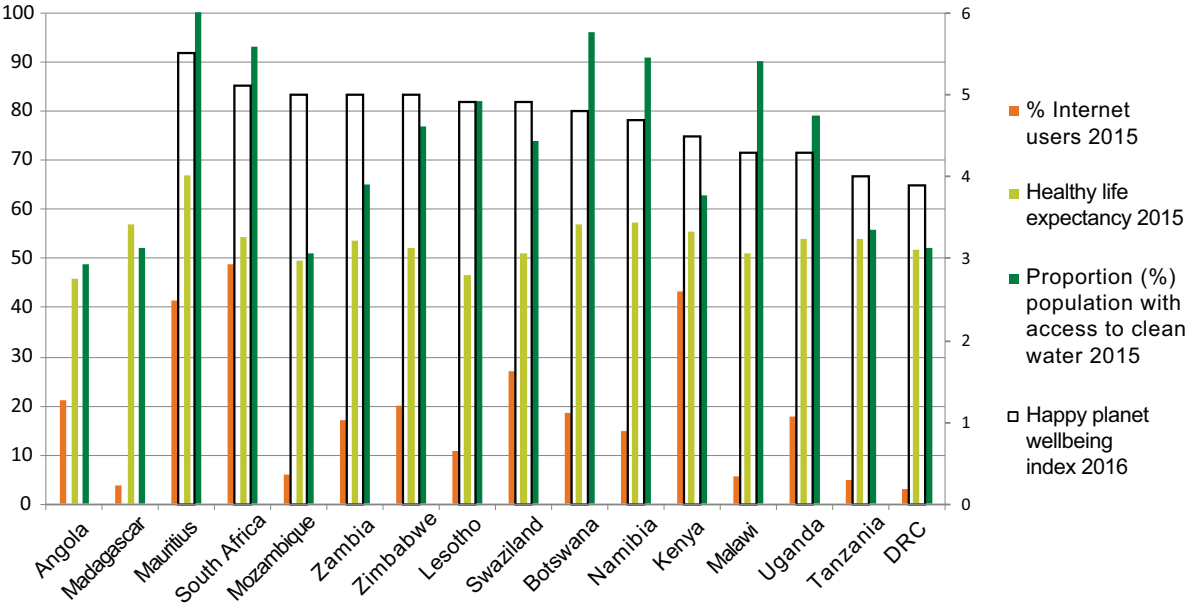
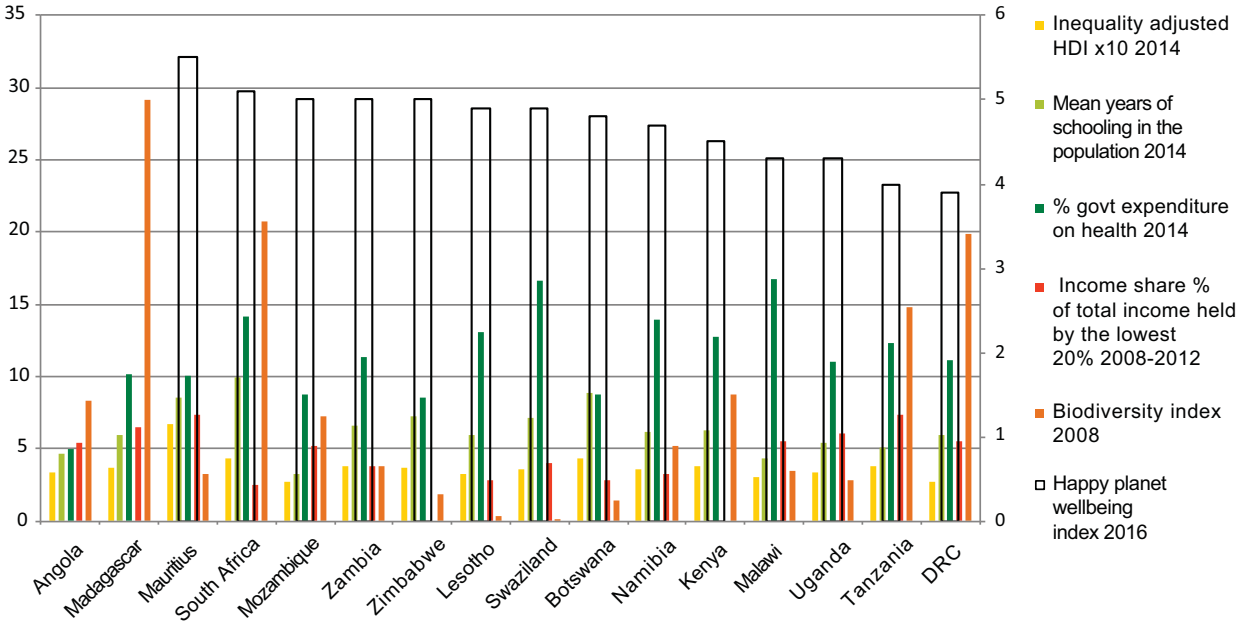


Figure 4.11a sorts countries by their position on the HPWI relative to other social indicators. Excluding Angola and Madagascar for which no HPWI is reported, the figure suggests no clear relationship between the index and these social indicators, although levels of clean water access and internet use appear to be lower in countries with the lowest HPWI. *Figure 4.11b* shows the HPWI relative to selected education, governance, economic and ecology indicators, again sorted by level of the HPWI. It also indicates that while countries with the lowest HPWI also have lower levels of schooling and government expenditure on health, there is no clear relationship between the other indicators of wellbeing and the HPWI.

Figure 4.11b: Wellbeing index relative to education, governance, ecology, ESA countries



The findings suggest that these combined indexes may have limited value in building an understanding of the multifactorial nature of urban wellbeing. A quantitative 'number' may be a less successful way of building this holistic picture of the interaction between what are already complex features of wellbeing, and qualitative evidence may provide a richer understanding of wellbeing. A composite indicator may also not clearly show where the priorities and deficits are.

5. LIMITATIONS OF QUANTITATIVE APPROACHES TO ASSESSING URBAN WELLBEING IN ESA COUNTRIES

As indicated by the summary of the findings in *Section 4* shown below in *Table 5.1*, ESA countries face a challenge if they seek to track progress in the multiple dimensions of wellbeing or to build an understanding from the quantitative data gathered.

Table 5.1: Availability of data on different dimensions of wellbeing, ESA countries

Area of wellbeing	Parameters for which		Level to which indicator has		
	ESA data exist	No ESA data exist	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. Time spent at sporting or cultural events; Time 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 member-ship; 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

First, there are no data measured across the sixteen ESA countries for many dimensions of a more holistic approach to wellbeing. Second, in ESA countries, the indicators that are measured are more commonly those of negative rather than positive wellbeing outcomes. This turns the focus away from the assets in society. It points out where the problems are, but not the progress in achievement of positive or affirmative goals.

Yet health is not only the absence of the problem (disease), but is the attainment of (mental, physical and social) wellbeing. Third, where data do exist, the definitions may vary across countries, and the evidence is poorly disaggregated to show urban areas separately or to show the levels in specific social groups, such as young or marginalised people. While it is possible to assess inequalities quantitatively or a limited range of indicators such as those collected in household surveys, it would be incorrect to equate these indicators with the range of factors affecting the distribution of urban wellbeing, or to equate their disaggregation with the way the different dimensions of wellbeing are distributed in urban society.

Finally and importantly, the subjective views of people on their life satisfaction do not always match such measured data, as reflected, for example, in *Figure 4.2*. Nor can a holistic view of the many dimensions of wellbeing be coherently captured in combined indices or composite indicators. As Saisana (2004) has noted, composite indicators are based on subindicators that may not be comparable in their measurement or weighting. To interpret the numbers in composite indicators, the data sources and methodologies used for them need to be understood, together with any limitations in comparability across countries.

These limitations of the evidence found suggest that even where there are more comprehensive databases, people's perceptions and lived experience cannot be simply captured or represented by quantitative measures, particularly in cross-country datasets. Even local data from routine information systems may poorly capture these parameters.

This calls for local capacities to gather and use a mix of methods and evidence in planning for urban wellbeing, including the direct evidence from people's lived experience to interpret, validate, add to, or even challenge quantitative data. This is perhaps even more important in ESA countries, where, as shown in this report, the datasets are more limited and exclude many indicators of wellbeing that have relevance to urban health equity. The approaches for this and for promoting holistic framework for health and wellbeing in urban areas are further explored and reported on in subsequent stages of appreciative inquiry and participatory validation in the EQUINET urban health project.

REFERENCES

1. Afrobarometer (2018) 'The online data analysis tool, Afrobarometer online'. Available at: http://afrobarometer.org/online-data-analysis/analyse-online.
2. Anielski M (2012) 'Building flourishing economies of wellbeing'. Available at: http://www.anielski.com/building-economies-well-being-edmonton-tahiti-bhutan/ (accessed April 2018).
3. Boron A (2015) 'Buen Vivir (Sumak Kawsay) and the dilemmas of the left governments in Latin America', mimeo. Available at: http://climateandcapitalism.com/2015/08/31/buen-vivir-and-dilemmas-of-latin-american-left/ (accessed April 2018).
4. Canadian Index of Wellbeing (CIW) (2018). Available at: https://uwaterloo.ca/canadian-index-wellbeing/ (accessed April 2018).
5. Centre for Bhutan Studies and GNH Research (2015) 'Bhutan's 2015 Gross National Happiness Index.' Available at: http://www.grossnationalhappiness.com/SurveyFindings/Summaryof2015GNHIndex.pdf (accessed April 2018).
6. Centre for Educational Research and Innovation (2001) 'The wellbeing of nations: The Role of human and social capital', OECD: Paris. Available at: http://www.oecd.org/site/worldforum/33703702.pdf (accessed April 2018).
7. Charmes J (2015) 'Time use around the world: Findings of a world compilation of time use surveys', UNDP: New York. Available at: http://hdr.undp.org/sites/default/files/charmes_hdr_2015_final.pdf (accessed April 2018).
8. Deneulin S (2012) 'Justice and deliberation about the good life: The contribution of Latin American Buen Vivir social movements to the idea of justice', Centre for Developmental Studies: Bath. Available at: http://opus.bath.ac.uk/31884/ (accessed April 2018).
9. European Commission Joint Research Commission (nd) 'UrbanQoL: Citizens-harnessed indicators of Quality of Life' [ppt]. Available at: http://inspire.ec.europa.eu/reports/air_qlt/UQ_outline.pptx.pdf (accessed April 2018).
10. European Environmental Agency (EEA) (2009) 'Ensuring quality of life in Europe's cities and towns tackling the environmental challenges driven by European and global change' (No. 5/2009), EEA: Copenhagen. Available at: http://www.upv.es/contenidos/CAMUNISO/info/U0564933.pdf (accessed April 2018).
11. Eurostat (2015) 'Quality of life indicators – measuring quality of life'. Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Quality_of_life_indicators_-_measuring_quality_of_life#8.2B1_dimensions_of_quality_of_life (accessed April 2018).
12. GNH Centre for Bhutan Studies (2018a) 'What is GNH?' GNH CBS: Bhutan. Available at: http://www.gnhcentrebhutan.org/what-is-gnh/the-story-of-gnh/ (accessed April 2018).
13. GNH Centre for Bhutan Studies (2018b). GNH Index. Available at: http://www.grossnationalhappiness.com/articles/ (accessed April 2018).
14. Government of Ecuador (2018) 'Buen Vivir Plan Nacional (Ecuador) 2013-2017'. Available at: http://www.buenvivir.gob.ec/ (accessed April 2018).
15. Gudynas E (2011a) 'Transitions to post-extractivism: directions, options, areas of action', Centro Latino Americano de Ecología Social (CLAES): Montevideo. Available at: https://www.tni.org/files/download/beyonddevelopment_transitions.pdf (accessed April 2018).
16. Gudynas E (2011b) 'Buen Vivir: Today's tomorrow'. *Development*, 54(4), 441–447. Available at: https://link.springer.com/article/10.1057/dev.2011.86 (accessed April 2018).
17. Happy Planet Index (2016a) 'About the HPI'. Available at: http://www.happyplanetindex.org/about/ (accessed April 2018).
18. Happy Planet Index (HPI) (2016b) [website]. Available at: http://happyplanetindex.org/countries (accessed April 2018).
19. Helliwell J, Layard R and Sachs J (2016) *World Happiness Report, Update (vol.1)*. Sustainable Development Solutions Network: New York. Available at: http://worldhappiness.report/wp-content/uploads/sites/2/2016/03/HR-V1_web.pdf (accessed April 2018).
20. Kothari A (2014) 'Radical ecological democracy: A path forward for India and beyond, Tellus Institute: Boston. Available at: http://www.greattransition.org/images/GTI_publications/Kothari_Radical_Ecological_Democracy_a_Path_Forward_for_India_and_Beyond.pdf (accessed April 2018)

21. Loewenson R and Masotya M (2015) 'Responding to inequalities in health in urban areas: A review and annotated bibliography', EQUINET discussion paper 106, TARSC, EQUINET: Harare. Available at: http://www.equinetafrica.org/sites/default/files/uploads/documents/Diss_106_Ann_Bib_Urban_health_in_ESA_Dec2015.pdf (accessed April 2018).
22. McGregor JA (2015) 'Global initiatives in measuring human wellbeing: Convergence and difference', CWiPP Working Paper No. 2, Centre for Wellbeing in Public Policy: University of Sheffield. Available at: https://www.sheffield.ac.uk/polopoly_fs/1.522118!/file/CWiPP_WP_201502_McGregor.pdf (accessed April 2018).
23. New Economics Foundation (NEF) (2012) *The Happy Planet Index: 2016 report: A global index of sustainable wellbeing*, NEF: London. Available at: http://neweconomics.org/2012/06/happy-planet-index-2012-report/ (accessed April 2018).
24. Organisation for Economic Co-Operation and Development (OECD) (2013) *Measuring wellbeing and progress*, OECD Statistics Directorate: Paris. Available at: http://www.oecd.org/std/Measuring%20Well-Being%20and%20Progress%20Brochure.pdf (accessed April 2018).
25. OECD (2015) *Quality of Life Indicators (8+1)* Available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Quality_of_life_indicators_-_measuring_quality_of_life (accessed April 2018).
26. OECD (2017) Better life index 2017 [database]. Available at: http://stats.oecd.org/Index.aspx?DataSetCode=BLI (accessed April 2018).
27. Pantisano F, Craglia M and Sanchez CR (2014) 'New indicators of quality of life: A review of the literature, projects, and applications', Citizen Science Observatory of New Indicators of Urban Sustainability, European Commission. Available at: https://www.rd-alliance.org/system/files/documents/UQ201401_public.pdf (accessed April 2018).
28. Perez O (2014) 'Interview with Rene Ramirez on the socialism of Buen Vivir', P2P foundation, onlne: . Available at: http://p2pfoundation.net/Interview_with_Rene_Ramirez_on_the_Socialism_of_Buen_Vivir (accessed April 2018).
29. Regional Network for Equity in Health in East and Southern Africa (EQUINET) (2012) *Regional Equity Watch 2012: Assessing Progress Towards Equity in Health in East and Southern Africa*, EQUINET: Harare.
30. Ruttenberg, T (2013) 'Wellbeing economics and Buen Vivir: Development alternatives for inclusive human security', Praxis (XXVIII). Available at: http://fletcher.tufts.edu/Praxis/~/media/Fletcher/Microsites/praxis/xxviii/article4_Ruttenberg_BuenVivir.pdf (accessed April 2018).
31. Saisana M (2004) 'Composite indicators – A review', Second workshop on Composite Indicators of Country Performance, OEDC, Joint Research Centre: Paris. Available at: http://www.oecd.org/sti/ind/29398640.pdf (accessed April 2018).
32. Stiglitz JE, Sen A and Fitouss J (2009) 'Report by the commission on the measurement of economic performance and social progress'. Eurostat, Brussels Available at: http://ec.europa.eu/eurostat/documents/118025/118123/Fitoussi+Commission+report (accessed April 2018).
33. Tutu D (undated) 'Eco-ubuntu' in Enviropaedia. Available at: http://www.enviropaedia.com/topic/default.php?topic_id=336 (accessed April 2018).
34. United Nations (UN) (2016a) 'Millennium Development Goals indicators' [database]. Available at: http://mdgs.un.org/unsd/mdg/Data.aspx (accessed April 2018).
35. United Nations (2016b) 'Sustainable Development Goals as defined in Transforming Our World - the 2030 Agenda for Sustainable Development', United Nations Department of Public Information: New York. Available at: https://sustainabledevelopment.un.org/?menu=1300 (accessed April 2018).
36. UN Development Programme (UNDP) (2016) Human Development Report 2015 statistical annex, UNDP: New York. Available at: http://hdr.undp.org/sites/default/files/hdr_2015_statistical_annex.pdf (accessed April 2018).
37. United National Educational, Scientific and Cultural Organisation (UNESCO) (2016) 'Data for the sustainable development goals' [database]. Available at: http://uis.unesco.org/ (accessed April 2018).
38. UN Habitat III (2015) 'Inclusive cities (issue paper)'. UN Habitat: New York. Available at: http://unhabitat.org/wp-content/uploads/2015/04/Habitat-III-Issue-Paper-1_Inclusive-Cities-2.0.pdf (accessed April 2018).
39. UN-Habitat (2016) 'UN-Habitat urban data' [database]: Nairobi. Available at: http://urbandata.unhabitat.org/.
40. UNICEF (2016) State of the World's Children 2015 Statistical Tables, UNICEF: New York. Available at: www.data.unicef.org/resources/the-state-of-the-world-s-children-report-2015-statistical-tables.html (accessed April 2018).
41. United Nations statistical database (UNSD) (2016) 'UN data explorer' [database]. Available at: http://data.un.org/Explorer.aspx?d=ENV (accessed April 2018).

42. World Bank (WB) (2016) 'Databank' [database]. Available at: databank.worldbank.org (accessed April 2018)
43. World Health Organisation (WHO) (2016a) *World Health Statistics*, WHO: Geneva. Available at: www.who.int/gho/publications/world_health_statistics/2016/Annex_B/en/ (accessed April 2018).
44. WHO (2016b). Global Report on Urban Health, WHO: Geneva. Available at: www.who.int/kobe_centre/measuring/urban-global-report/2016/en/#section_01 (accessed April 2018).
45. WHO and UN Habitat (2010) 'Hidden cities: Unmasking and overcoming health inequities in urban settings', WHO Geneva and UN Habitat Nairobi: Geneva. Available at: http://www.who.int/kobe_centre/publications/hiddencities_media/who_un_habitat_hidden_cities_web.pdf?ua=1 (accessed April 2018).

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
CBS	Centre for Bhutan Studies
DRC	Democratic Republic of the Congo
EQUINET	Regional Network for Equity in Health in East and Southern Africa
ESA	East and Southern Africa
EU	European Union
GDP	Gross Domestic Product
GNH	Gross National Happiness
GNI	Gross National Income
HDI	Human Development Index
HPI	Happy Planet Index
HPWI	Happy Planet Wellness Index
IHDI	Inequity Human Development Index
OECD	Organisation for Economic Co-Operation and Development
QoL	Quality of Life
SDGs	Sustainable Development Goals
UN	United Nations
UN FAO	United Nations Food and Agriculture Organisation
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organisation

Equity in health *implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.*

EQUINET implements work in a number of areas identified as central to health equity in east and southern Africa

- Protecting health in economic and trade policy
- Building universal, primary health care oriented health systems
- Equitable, health systems strengthening responses to HIV and AIDS
- Fair Financing of health systems
- Valuing and retaining health workers
- Organising participatory, people centred health systems
- Promoting public health law and health rights
- Social empowerment and action for health
- Monitoring progress through country and regional equity watches

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET from the following institutions: TARSC, Zimbabwe; CWGH, Zimbabwe; University of Cape Town (UCT), South Africa; Health Economics Unit, Cape Town, South Africa; HEPS and CEHURD Uganda, University of Limpopo, South Africa, University of Namibia; University of Western Cape, SEATINI, Zimbabwe; REACH Trust Malawi; Min of Health Mozambique; Ifakara Health Institute, Tanzania, Kenya Health Equity Network; SATUCC and NEAPACOH

For further information on EQUINET please contact the secretariat:
Training and Research Support Centre (TARSC)
Box CY651, Causeway, Harare, Zimbabwe
Tel + 263 4 705108/708835 Fax + 737220
Email: admin@equinetafrica.org
Website: www.equinetafrica.org

Series Editor: Rene Loewenson
Issue Editor: V Knight
DTP: Blue Apple Projects
ISBN: 978-0-7974-9513-5