Cities, Slums and the Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger

*Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day*

*Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

▲ Cities act as catalysts for poverty reduction: they generate the wealth and the economic opportunities needed to make the achievement of the Millennium Development Goals possible.

▲ Urbanization levels are closely related to levels of income and better performance on social indicators, including health and literacy. The achievement of the Millennium Development Goals is, therefore, more likely in cities. Conversely, urban economic growth provides the basis on which cities can contribute to the achievement of the Goals, particularly in the area of poverty reduction.

▲ Cities and slums are often the “first step” out of rural poverty. The rural poor move to cities, where there are more employment opportunities and better access to services such as health care and education.

▼ The locus of poverty is moving to cities. In the next two decades, more than 95 per cent of the population growth in the world’s poorest regions will occur in urban areas, with the result that cities will become the predominant sites of poverty in coming years.

▼ Malnutrition, hunger and disease are becoming more prevalent in slums, particularly in developing countries. Because hunger experienced in cities is directly related to income (rather than agricultural productivity), the urban poor are much more vulnerable to income-dependant hunger than their rural counterparts.

Goal 2: Achieve universal primary education

*Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

▲ Cities are nodes of education and learning, a key contributing factor in rural-to-urban migration. Urbanization has been associated with economic and social progress, the promotion of literacy and education.

▼ Educational facilities are generally more advanced and accessible in cities but the cost of other items (transport, housing, food) is higher in cities than in rural settings, which impacts the ability of the poorest households to send children to school. Slum children, particularly girls, are more at risk of dropping out of school than children living in non-slum urban areas.
In many slums, overcrowding and inadequate or non-existent toilet facilities and other amenities further impact the quality of education that children receive. In some countries, adolescent girls drop out of school because of insufficient toilet facilities in slum schools, or because of family responsibilities, such as taking care of siblings while parents are at work.

Goal 3: Promote gender equality and empower women

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Cities offer women social mobility, which has a positive impact on gender equality and has helped reverse some socially prescribed roles. In many countries, urban women have more access to land and property than their rural counterparts as they are not constrained by discriminatory customary laws. In general, urbanization has had a positive impact on women’s access to resources and enlarged their decision-making roles.

With the exception of Africa, the share of woman-headed households is greater in urban areas than in rural areas. This trend has socio-economic implications, which can translate into deepening poverty among urban women in some countries.

In situations of limited resources and urban impoverishment, women and girls are the first to be sacrificed when families have to make difficult choices about sending their children to school.

Slum life forces many women and girls to engage in sexually risky behaviour, making them more vulnerable to HIV/AIDS and other sexually transmitted diseases. HIV prevalence among urban women in sub-Saharan Africa is already much higher than among rural women.

Poor access to water and sanitation places an enormous labour and health burden on women living in slums, who are not only charged with ensuring that their families have water, but who also suffer disproportionately from the health and environmental hazards associated with poor sanitation. In slums, where there are few or no toilets, many women are forced to defecate in the cover of darkness, which renders them more vulnerable to sexual and physical assault.

Goal 4: Reduce under-five mortality

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Better access to health facilities in cities means that children born in urban areas have a better chance of surviving than their rural counterparts, who may not live near facilities that offer services such as immunization and post-natal care.

Empirical evidence suggests that sectoral interventions in water, sanitation and housing have positive outcomes in the reduction of child mortality rates.

Under-five mortality rates are higher in slums than in non-slum urban areas. High child mortality rates in slums are not so much related to whether or not children are immunized; rather, they have more to do with environmental factors, such as overcrowding, indoor air pollution, poor waste-water treatment and lack of drainage, sewerage and sanitation facilities. The use of solid fuels combined with overcrowding and poor ventilation, in slum households increases the chances of children contracting acute respiratory illnesses, such as pneumonia. Many slums are also located in or near hazardous or toxic sites, which expose children to additional environmental and health hazards.
Access to more health care facilities in urban areas does not automatically lead to reduced mortality rates in slums. Parents struggling to pay for food, school fees and transport costs may be unwilling or unable to pay for the health care of their children, which has an impact on child mortality rates.

Goal 5: Improve maternal health

*Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*

▲ Mothers are more likely to be attended by pre-natal healthcare personnel in cities, as there are generally more health care facilities in urban areas than in rural areas. Increased awareness in urban areas means that women are more likely to have a better understanding of the need for antenatal and post-natal care than their rural counterparts.

▼ Many women living in slums cannot afford the relatively more expensive delivery and post-natal health services in urban areas, and are, therefore, less likely to seek these services, especially when a choice has to be made between paying for these services and buying food or meeting other household expenses.

▼ Poor urban women who supplement their incomes by engaging in sexually risky behaviour expose themselves to a variety of sexually transmitted diseases that have a negative impact on maternal health. Numerous studies have shown high rates of HIV infection among urban women; in sub-Saharan Africa, HIV prevalence is highest among women living in urban areas, and particularly high among women living in slums.

Goal 6: Combat diseases including HIV/AIDS, malaria and other diseases

*Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

▲ Access to information and health care facilities in cities is higher than in rural areas. Increased awareness has led to the prevention of malaria and other major diseases and widened people’s choices in the treatment and prevention of the HIV/AIDS epidemic.

▲ Slum upgrading and prevention policies that incorporate voluntary testing and counseling facilities have helped reduce HIV prevalence in urban areas.

▼ Increased awareness about prevention in urban areas has not had the desired effect of reducing HIV prevalence in cities. In fact, trends suggest that HIV prevalence is much greater in urban areas than in rural areas, and is also higher among urban women than among rural women.

▼ The HIV-AIDS pandemic may shave off up to 2 per cent of annual economic growth in the worst affected countries. This has a direct impact on urban economic growth and in some countries severely undermines poverty alleviation efforts.

▼ The situation of extreme deprivation in cities, particularly in slums, encourages residents to engage in risky sexual behaviour for economic survival. Slum residents often start sexual intercourse younger, have more sexual partners, and are less likely than other city residents to know of or adopt preventive measures against contracting HIV/AIDS.
HIV/AIDS has contributed to the growing problems of AIDS orphans; many of these orphans become street children caught in the poverty trap of hunger, malnutrition, disease and illiteracy.

Slums are characterized by overcrowding and poor ventilation, the leading contributors to the rise in tuberculosis cases worldwide. Studies have shown that HIV-related tuberculosis is becoming an increasingly urban phenomenon, particularly in slums.

Goal 7: Ensure Environmental sustainability

Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

* Halve, by 2015, the proportion of people without access to safe drinking water and basic sanitation

* By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers (Goal 7, Target 11)

Sustainable urban development

- Sustainable urbanization policies have been incorporated in many city and national plans and are contributing to reversing the impact of environmental degradation and pollution. Cities with sound and sustainable land, air and water management policies have also managed to reduce soil erosion, improve air and water quality and protect biodiversity within cities and in their hinterlands. Some cities in the developed world are unilaterally reducing greenhouse gas emissions and other pollutants as part of their respective governments’ commitment to adhere to the Kyoto Protocol.

- Cities concentrate production and population, which gives them obvious advantages over rural settlements or dispersed populations. For example, the concentration of populations in urban areas greatly reduces the unit cost of piped water, sewers, drains and roads. The use of environmentally friendly energy sources and transport can reduce these costs even further.

Slums

- Slums provide an important entry point for the achievement of all the Millennium Development Goals in cities; the sheer concentration of people living in slums make them ideal targets for interventions aimed at reducing poverty, reducing child mortality and HIV/AIDS, improving literacy and promoting environmental sustainability in urban areas.

Sustainable urban development

- Urbanization can bring about irreversible changes in production and consumption of water, energy and land. Both developed and developing countries are witnessing rapid urban sprawl with direct consequences for the surrounding hinterland.

- Air pollution is concentrated in cities. The concentration of industrial emissions and increased motorized transport in cities is severely eroding their environmental sustainability and is affecting the health of urban populations. Acute respiratory illnesses associated with poor air quality and poor housing conditions are impacting the human and economic productivity of cities,
particularly in Asia; it is estimated that the health costs from pollution reduce gross domestic product (GDP) by some 2 per cent in developing countries.

Slums

The rate at which slums are growing exceeds the rate at which they are being improved. This severely impacts the achievement of Goal 7, target 11: by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers. Some 200 million more slum dwellers have been added to the world’s urban population since 2000; if current trends continue, by 2020, there will be 400 million more people drawn into the misery of slum life and the global slum population will reach 1.4 billion.

Slum dwellers are more likely to live in hazardous or toxic locations, which are more prone to natural disasters, such as floods, and which pose severe health risks, not just to slum dwellers but to city dwellers in general.

Although access to water and sanitation is generally better in urban areas than in rural areas globally, the consequences of poor access in cities are more severe. Many slum dwellers have no choice but to use water sources, such as rivers, to bathe and wash clothes. Poor sanitation in some cities has also led to large sections of the population defecating in the open. This contributes to contamination of water and land resources within cities, and is a cause of many of the water-borne diseases prevalent in slums.

Indoor air pollution caused by the use of solid fuels is prevalent in slums and is a leading cause of respiratory illnesses in urban areas, particularly among women and children.

Goal 8: Develop a global partnership for development

Address the special needs of the least developed countries and Small Island developing States

Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Deal comprehensively with developing countries’ debt

In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

In cooperation with pharmaceutical companies, provide access to affordable and essential drug in developing countries

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Partnerships for development

In the last decade, the international community has become much more aware of the problems, challenges and opportunities of urbanization. City-to-city cooperation and decentralization policies are becoming more common as governments at the local and national levels cooperate to make cities more liveable. Some national governments are for the first time addressing urban poverty in their national poverty reduction strategies and programmes. Many local governments are also recognizing the need to plan, manage and govern their cities better, which has
improved the lives of many urban residents worldwide. As part of new structures of governance, where cities are being given more authority to manage their affairs, cities are playing a more prominent role in developing partnerships with central governments, regional organizations and development partners to promote sustainable urbanization within cities, countries and regions.

▲ Some multilateral agencies and regional development banks are recognizing the need to intervene and invest in urban areas as part of their development assistance programmes. In Latin America, for instance, the portfolios of loans for urban development have grown in both volume and complexity.

Partnerships for development

▼ Increased awareness of the potential and challenges of cities has not led to a commensurate increase in international development assistance or to greater allocation of national finances to urban poverty reduction. Most development aid is focused on eradicating extreme poverty and improving the living conditions of rural populations. Many governments have not identified “urban poverty” as an area of intervention in their development plans.

▼ Although investments have been made in various sectors, such as health and infrastructure development, they are often not targeted specifically at slums.