# EDITORIAL

## Urban health inequity: An emerging public health concern

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Globally more people live in urban than rural areas since 2007, albeit, the majority of these live in urban slums in developing countries (1). Although the current level of urban population is relatively small, the proportion living in urban areas in Ethiopia is expected to grow and reach 23% from the current 15% during 2025-2030, mainly due to migration (2).

Evidences show that intra-urban differences are larger than overall urban-rural differentials for some health indicators including child malnutrition in Sub-Saharan Africa, making urban health an important public health agenda (3). Despite significant improvements in health service coverage in Ethiopia in recent years, progress is unequally distributed across various regions and socioeconomic groups (4-8).

The few studies that examined health inequality indicate that disparity exists between the poor and the non-poor as well as between migrant and non-migrant populations in terms of access to essential maternal health and child health services (6, 9).

As a country that has signed the recent declaration on sustainable development goals and universal health coverage, there is a renewed commitment to make sure everyone has access and empowerment to use the same range of health services according to their needs and preferences, regardless of income, social status, or residency (10).

Common urban health and social challenges that affect both the poor and well-to-do alike include: overcrowding; air pollution; rising levels of risk factors like tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol; road traffic injuries; inadequate infrastructure; transport facilities; poor solid waste management systems; and insufficient access to health facilities in slum areas (11). Ethiopia is no exception to this global reality.

One of the papers in this issue explores reasons for home delivery among residents of Hawassa city. By showing the importance of barriers such as previous negative experience and the unfriendliness of health services, the study sheds light on some of the reasons that contribute to the high percentage of home deliveries among urban women in Ethiopia (12). This is consistent with the literature from other developing nations revealing communities with the poorest health status are more likely to live in a segregation with the poorest groups of cities (13-15).

Social inequity can be seen across various intersecting social categories, such as class, education, gender, age, ethnicity, disability, and geography. In 2005, the World Health organization launched a commission on analysis of social determinants of health (16) that lead to three principles of action, namely: 1) improve the conditions of daily life (i.e., the circumstances in which people are born, grow, live, work, and age); 2) tackle the inequitable distribution of power, money, and resources globally, nationally, and locally; and 3) measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social

determinants of health, and raise public awareness about these determinants (17).

It is time that relevant stakeholders create the space for public debate and development of policies aimed at promoting social inclusion of individuals and groups to ensure equitable health in the growing cities of the country. For this, collaboration with key players including grassroots groups and non-governmental organizations is of paramount importance. There is also an urgent need for more action oriented research that measures the extent of differential vulnerabilities of people living in urban slums throughout the country.

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