
Foreword



When I was growing up in Hong Kong in the 1950s, 30 percent of the world's population lived in cities. Today, for the first time in history, more than half of humanity lives in an urban setting. Most people flourish under the amenities of modern life: economic and cultural opportunities, a secure food supply, reliable utilities and transportation, and access to social services, including health care. But many others flounder. WHO estimates that nearly a billion people live in urban slums, shantytowns, on sidewalks, under bridges, or along the railroad tracks. Life under these circumstances is chaotic and dangerous, and communities often lack even the most basic legal recognition needed to seek essential services.

As this year's report on the *State of the World's Mothers* shows, one of the worst places in the world to be a mother is in an urban slum. Poverty, and the social exclusion that goes with it, leave the urban poor trapped in overcrowded, makeshift or decrepit housing, with few opportunities to stay clean or safe on a daily basis. Diets are poor. Diseases are rife. Pregnancies occur too early in life and too often. Good health care, especially preventive care, is rare. In most cases, the publicly funded health services that reach the urban poor are under-staffed and ill-equipped. Forced reliance on pricey and unregulated care by private, and sometimes public, practitioners deepens poverty even further.

These are the women and children left behind by this century's spectacular socioeconomic advances. Far too often, even the simplest and most affordable health-promoting and lifesaving interventions – like immunizations, vitamin supplements, safe drinking water, and prenatal check-ups – fail to reach them. Their plight is largely invisible. Average statistics for health indicators in cities conceal the vast suffering in slums and other pockets of poverty in rich and poor countries alike.

State of the World's Mothers 2015 puts these unmet health needs under the spotlight. The data set out in the report are sometimes shocking and often counter-intuitive. Vast health inequalities are pervasive. In the developing

world, young children from the poorest urban households are roughly twice as likely to die as children from the wealthiest households. The fact that death rates of mothers and children in urban slums may exceed those in rural areas will come as a surprise to many.

The report is issued at an opportune time as the international community transitions to a new development agenda. The Millennium Development Goals have unquestionably been good for public health. The annual number of young child deaths, stuck at more than 10 million for decades, has fallen by half since 1990. And at least 17,000 fewer children are dying every day. Deaths associated with pregnancy and childbirth have also been cut by 45 percent. As thinking about the post-2015 development agenda has matured, strong emphasis is being given to the importance of making equity and social inclusion explicit policy objectives. I hear this from my Member States every time the post-2015 agenda is discussed.

As so often happens in public health, when one stubborn problem begins to recede, it reveals another problem hidden beneath it. For example, as deaths in young children began to fall, newborn deaths emerged as a huge and neglected problem accounting for 44 percent of all deaths of children under age 5. This report likewise profiles a problem that stands out more prominently in the midst of so many areas of success. As underscored by the report, giving greater attention to the health needs of the urban poor – the mothers and children left behind – is essential to move towards universal health coverage, reducing one of the most glaring gaps in health outcomes, and one of the most tragic.

Dr. Margaret Chan
Director-General, World Health Organization

Introduction



Sometimes reality hits you when you least expect it.

About 20 years ago, I was on a family trip in Asia with my husband and two young children, my 6-month-old son in my arms. As we waited at a bustling city intersection, I looked out of the car window and saw a young woman with her baby, begging in the street. Yes, I had seen such mothers before, but this time the enormous inequities between my world and hers struck me as never before. Here was a mother, just like me, except for the fact that we were born into vastly different worlds. By mere circumstance of birth, I had grown up with all the advantages of modern life, as would my children, while this mother and her child struggled to survive one day to the next. My husband and I began to talk, and not long afterward I left the corporate realm to work for Save the Children.

At Save the Children, we do whatever it takes in some of the world's toughest places to ensure that mothers and children survive and thrive. Increasingly, our work is taking us into urban settings, where very poor, vulnerable mothers and children are dying at rates well above city or national averages. In most countries, the poorest urban children are at least twice as likely to die as the richest children before their fifth birthday. We call this *the urban disadvantage*.

Our 16th annual *State of the World's Mothers* report explores the urban disadvantage in rich and poor cities around the world. Among our most important findings:

- The world, especially the developing world, is becoming urbanized at a breathtaking pace. Virtually all future population growth in developing countries is expected to happen in cities, resulting in a greater share of child deaths taking place in urban areas.
- In developing countries, the urban poor are often as bad as, or worse off than, the average rural family, and for many rural families, moving to the city may result in more – rather than less – hardship.

- Few countries have invested sufficiently in the infrastructure and systems, including water and sanitation, which are critical to addressing the basic health needs of the urban poor. More countries need to adopt universal health care as a national policy to help address the unmet needs of the urban poor.

There is no simple solution to creating more equitable cities, but a number of cities cited in the report – such as Addis Ababa in Ethiopia and Manila in the Philippines – have been successful in addressing the health needs of the poorest families, and these examples could serve as models for other cities to follow.

Save the Children is proud to have contributed to these successes. We are working in urban settings to improve care for pregnant mothers and newborns and provide improved nutrition, education and sanitation. We also partner with local and national governments to create policies and strategies that make it easier for the poorest urban families to get essential services. We leverage the unique advantages cities have to offer – technology, highly skilled partners and existing services that just need to be made more accessible. The tragedy is that so many more could be saved, if only more resources were available to ensure these lifesaving programs reach all those who need them, especially the world's children – and their mothers.

When I think back on the mother and child I saw begging in the street so long ago, I recall the many mothers I have met since then. These are mothers who will do just about anything to keep their children healthy, well-nourished, safe and educated, so their children can grow up to become productive, engaged citizens.

Sooner or later, you will see a mother and a child begging in the street of some major city, as I did. Please don't look away. It's time for all of us to work to set things right – to reverse the urban disadvantage, once and for all.

Carolyn Miles
President and CEO of Save the Children

Urban and Unequal

54%

of the world's population lives in urban areas. This is projected to increase to 66 percent by 2050. Most of this increase will be in Africa and Asia.²

In the developing world, one-third of urban residents live in slums – over

860 million people.³

In cities around the world, the **poorest urban children** are at least

twice

as likely to die as the richest urban children.⁴

In Bangladesh and India, **over half of poor urban children are stunted**, compared to 20 percent or less of the wealthiest children.⁵

In the slums of Nairobi, Kenya, maternal and child mortality rates are about

50%

higher than the national average.^{6,7}

In Cambodia and Rwanda, children born into the poorest 20% of urban households are almost

5 times as likely to die

by age 5 as children born into the richest 20 percent. Survival gaps have grown in Rwanda, but are closing in Cambodia.⁸

In Haiti, Jordan and Tanzania, under-5 mortality rates are

higher in urban areas

than they are in rural areas.⁹

In Latin America and the Caribbean,

more than half

of all child deaths likely occur in urban areas.¹⁰

2015 Mothers' Index Rankings

Top 10

RANK	COUNTRY
1	Norway
2	Finland
3	Iceland
4	Denmark
5	Sweden
6	Netherlands
7	Spain
8	Germany
9	Australia
10	Belgium

*Countries are tied

Bottom 10

RANK	COUNTRY
169	Haiti*, Sierra Leone*
171	Guinea-Bissau
172	Chad
173	Côte d'Ivoire
174	Gambia
175	Niger
176	Mali
177	Central African Republic
178	DR Congo
179	Somalia

Save the Children's 16th annual *Mothers' Index* assesses the well-being of mothers and children in 179 countries – more than in any previous year. Norway, Finland and Iceland top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health, educational, economic and political status. The United States ranks 33rd. Somalia scores last among the countries surveyed. The 11 bottom-ranked countries – all but two of them from West and Central Africa – are a reverse image of the top 10, performing poorly on all indicators. Conditions for mothers and their children in the bottom countries are grim. On average, 1 woman in 30 dies from pregnancy-related causes and 1 child in 8 dies before his or her fifth birthday.

The data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the role that armed conflict and poor governance play in these tragedies. Nine of the bottom 11 countries are conflict-affected or otherwise considered to be fragile states, which means they are failing in fundamental ways to perform functions necessary to meet their citizens' basic needs.

See the *Complete Mothers' Index, Country Rankings and an explanation of the methodology*, beginning on page 55.