

EDITOR'S CHOICE



Slums, Slum Dwellers, and Health

Although this issue of the Journal is focused on the connections between the built environment and health in the developed world, these links are even more relevant in the developing world, where billions of the world's poor live in precarious housing submarkets known as slums.

While their physical forms vary by place and over time, slums are uniformly characterized by inadequate provision of basic infrastructure and public services necessary to sustain health, such as water, sanitation, and drainage. Buildings made of flimsy materials are prone to ignite, frequently collapse, and offer scant protection against the elements, leaving their residents vulnerable to injury, violence, illness, and death. Further, since many of these settlements are illegal, slum dwellers often have no official addresses and are commonly denied basic rights and entitlements, including the right to vote, public education, and health care.

At the Millennium Summit in September 2000, the states of the United Nations (UN) reaffirmed their commitment to working toward a world in which sustainable development and elimination of poverty would have the highest priority (see <http://www.unmillenniumproject.org>). Eight Millennium Development Goals (MDGs) grew out of the agreements and resolutions, and they have since become the basis of a global effort led by UN Secretary General Kofi Annan to address the extensive environmental degradation and health problems of slums and slum dwellers. To provide planning and policy substance to this effort, the Millennium Development Project was organized to advise the UN on how to implement the MDGs. To facilitate the Project's work, the challenges of the 8 MDGs were assigned to 10 task forces consisting of outside experts, UN specialists, and representatives of relevant international organizations.

Task Force 8—the Task Force on Improving the Lives of Slum Dwellers—was specifically charged with developing plans to improve the lives of at least 100 million slum dwellers by

2020, yet more far-reaching work will clearly be needed. At present, approximately 1 billion people in a global population of 6 billion live in urban slums. By 2030, when the global population is expected to have increased to 8 billion, the number of slum dwellers will double to 2 billion. Half of the expected population increase over the next 3 decades will consist of slum dwellers in impoverished cities, particularly in sub-Saharan Africa, Latin America, and South Central Asia.

Slums are not “the problem.” Rather, they are the spatial manifestations of urban poverty, social exclusion, and inappropriate government policies. Indeed, slum settlements represent an active, grassroots attempt by the desperately poor to take care of themselves. The key to lasting improvements in the lives of slum dwellers globally is to end the divided city in which the rich live in isolated splendor next to—but worlds apart from—the poverty that surrounds them. Slum dwellers need help in making the transition from inhabitants of precarious urban settlements to citizens with full human rights and civic responsibilities. This transition will be abetted by adoption of the following principles: (1) fight poverty without fighting the poor; (2) fight squatting, not squatters, through improved capacity in urban physical planning; and (3) recognize the importance of gender as an explicit consideration in all slum improvement strategies, plans, programs, and activities. Task Force 8 seeks to mobilize the world community by means of feasible action plans focused on a broad urban development vision that will lead to lasting and meaningful improvements in the health and lives of slum dwellers. ■

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