Progress Towards the Child Mortality MDG in Urban Sub-Saharan Africa

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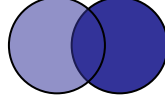
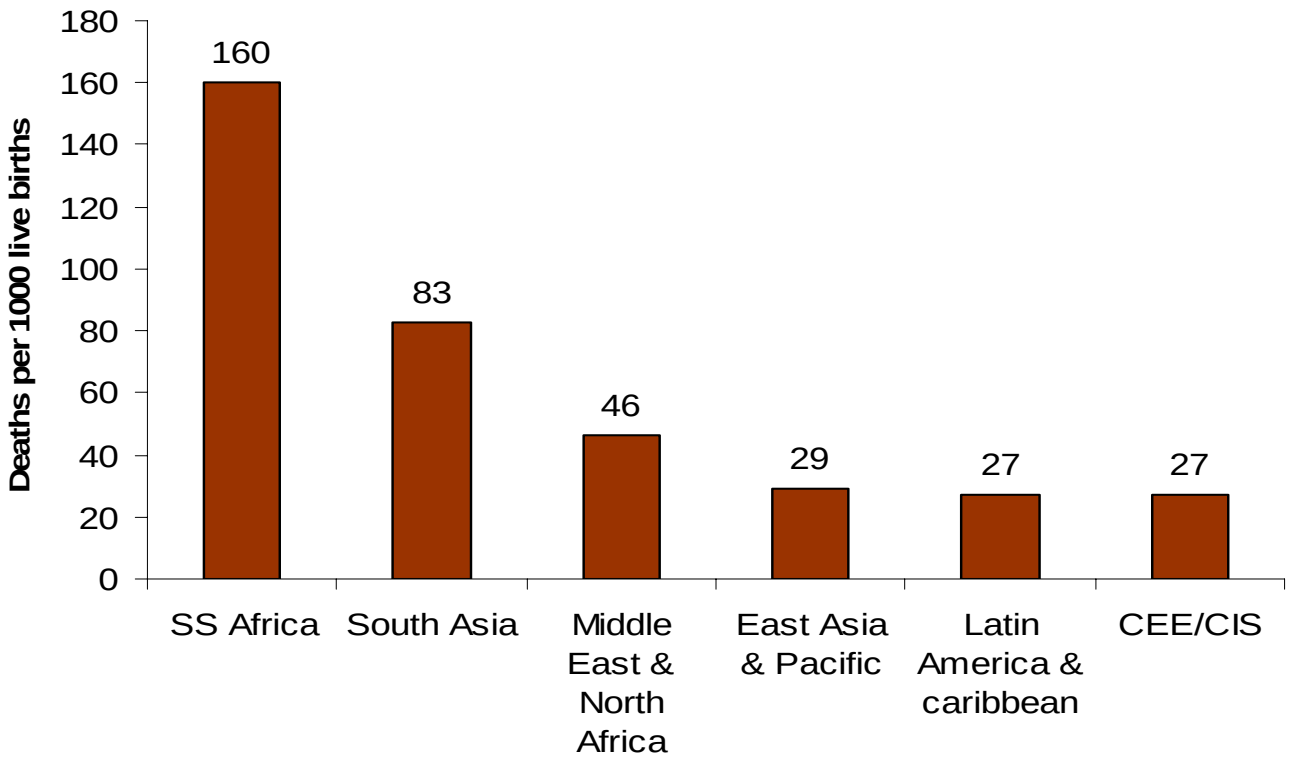
Purpose

Examine trends in urban childhood mortality in Sub-Saharan Africa and the linkages to urban growth, access to safe water & vaccination coverage



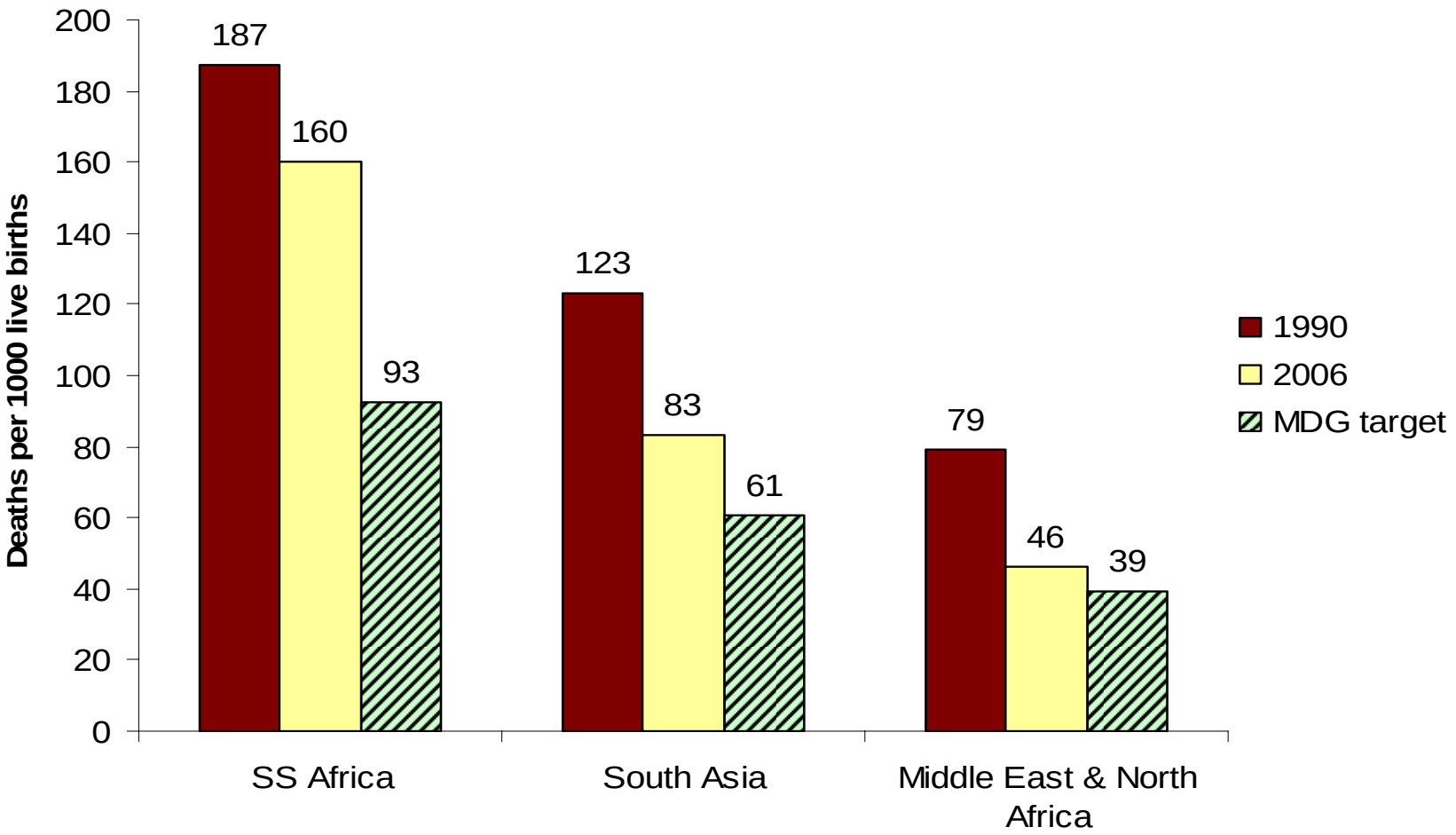
Child Mortality in Developing Countries

Under-five mortality rates in developing regions, 2006

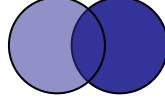


Source of data: UNICEF

Progress Towards MDG 4



Source of data: UNICEF, 2007



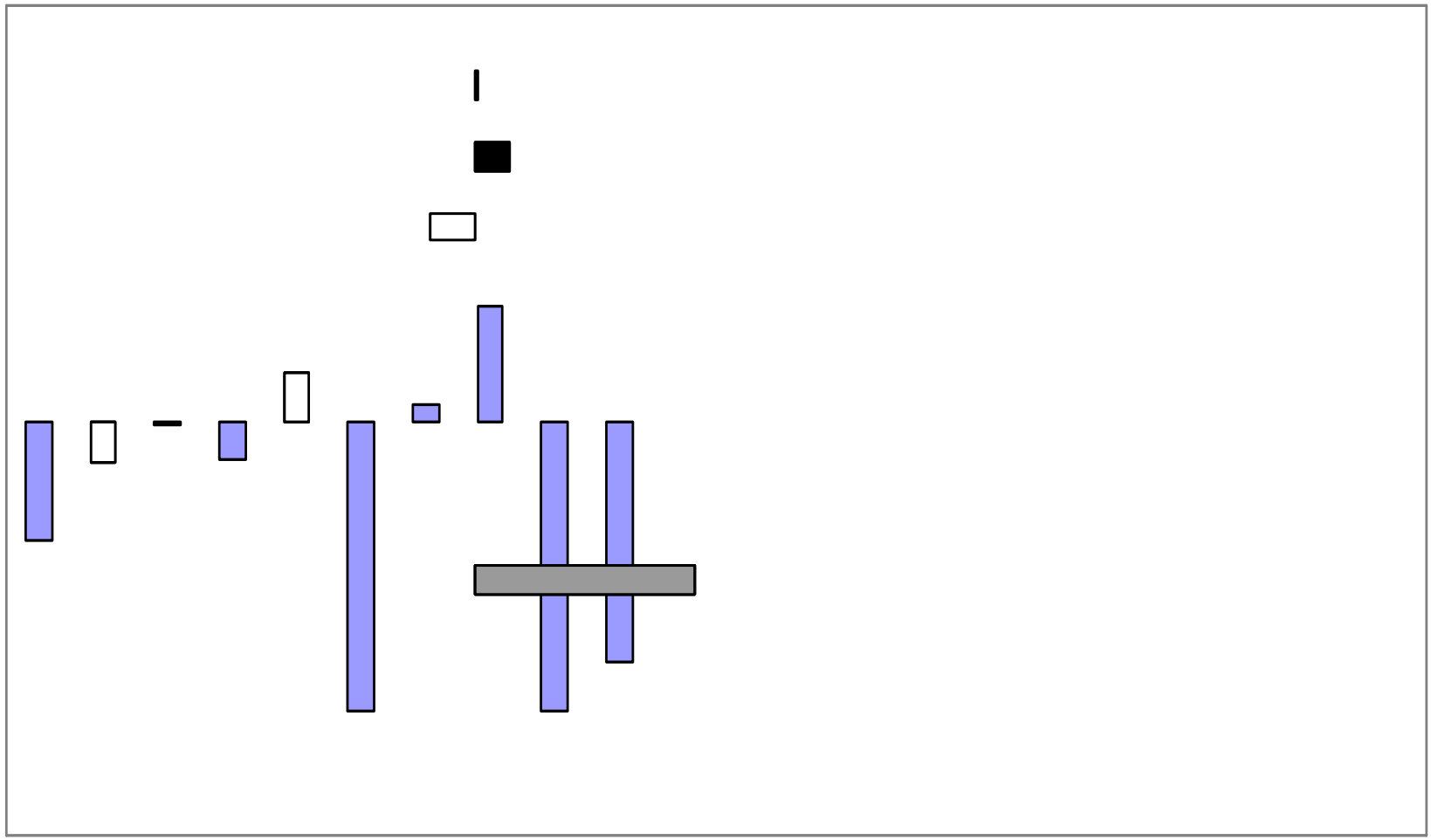
Child Health in Urban Areas

- Traditionally ‘urban advantage’ in child health
- Growth of urban poor Ą diminishing ‘urban advantage’
  - Madise & Diamond (1995)
  - Brockerhoff 1998
  - Gould (1998)
  - Fotso (2007) etc

Macro Analyses: Methods

- DHS data from 22 sub-Saharan African countries
  - Surveys between 1990s and 2000s
- Average annual rate of change (AARC)
  - Urban under-five mortality
  - Urban households with access to piped water
  - Children (1-2 years) who are fully immunized
- Average annual urban population growth between 1980-2000 (UN Population Division)

ange in under-five mortality in 22 African countries, 1990s and 2000s-8



Case Study 1: Kenya

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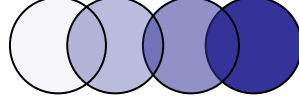
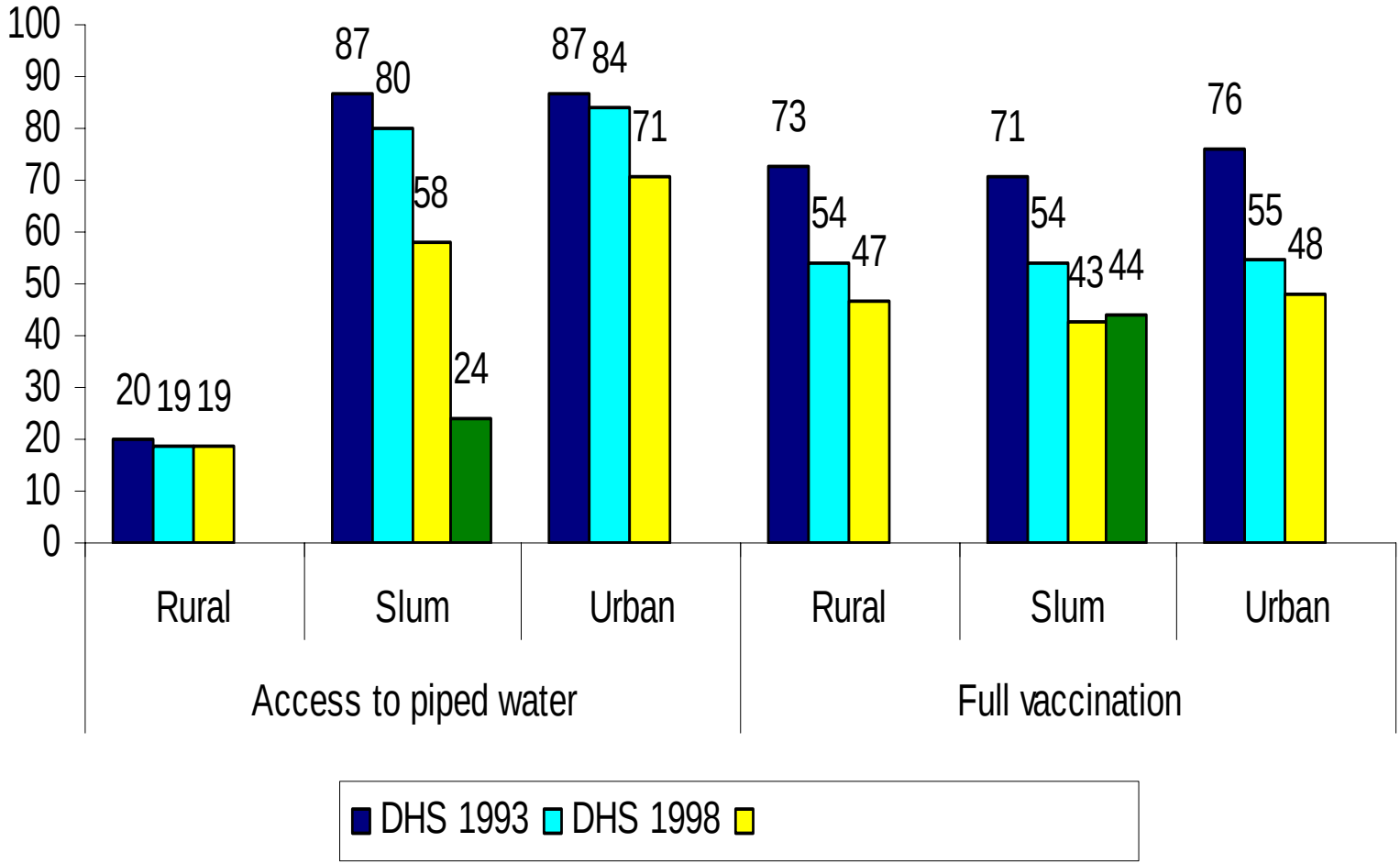


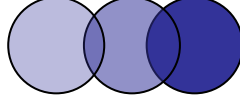
Deterioration of Sanitation and Health: Kenya,1990s-2000s



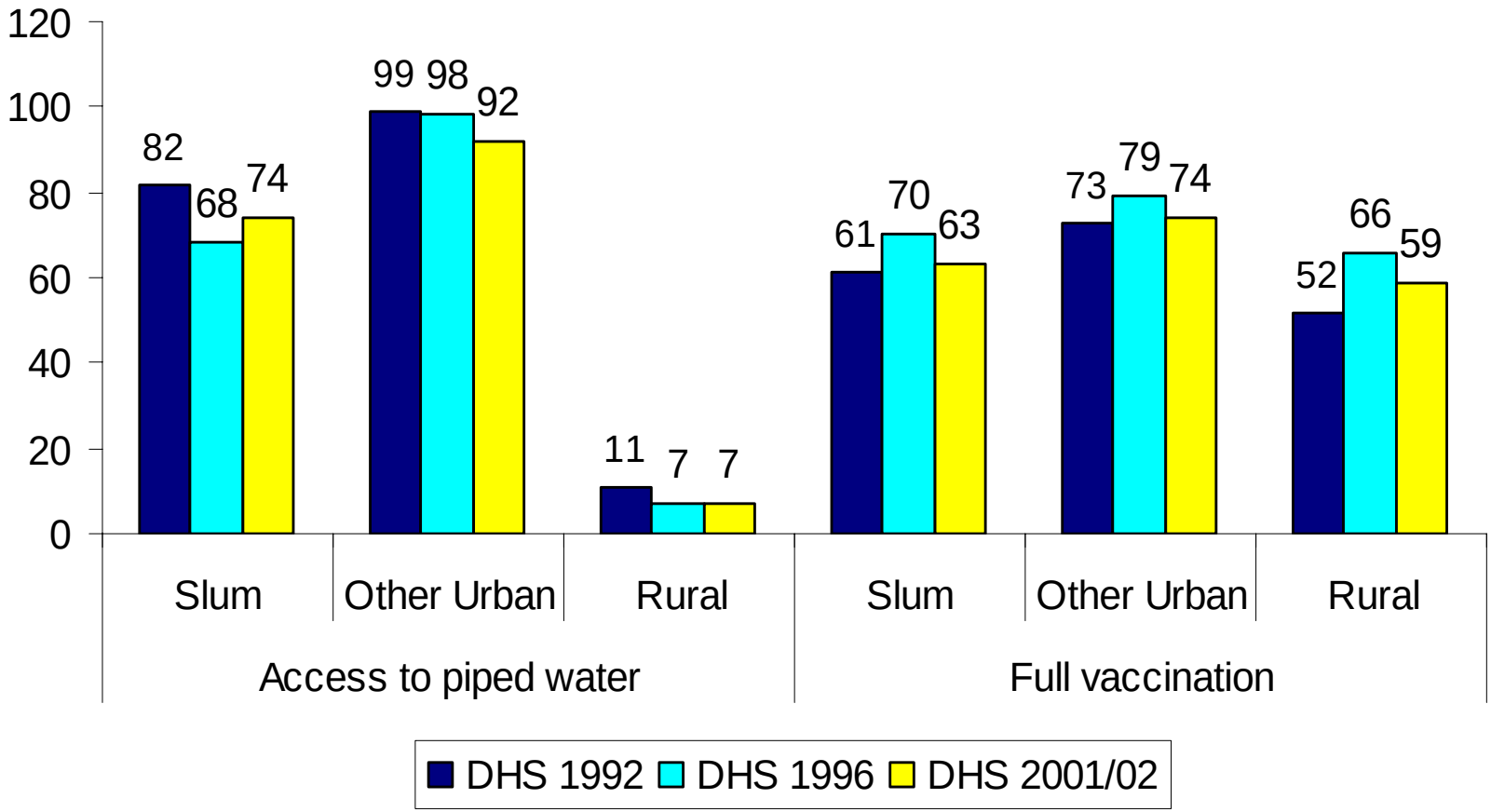
Case Study 2: Zambia

- Analysis of DHS 1992 & 1996 to examine trends in child mortality

  (Madise et al. 2003)
- Interaction of urban/rural residence and socio-economic status
  - Rural mortality higher than urban BUT
  - Urban poorest had highest mortality risks



Access to water and vaccination in Zambia, 1992-2002

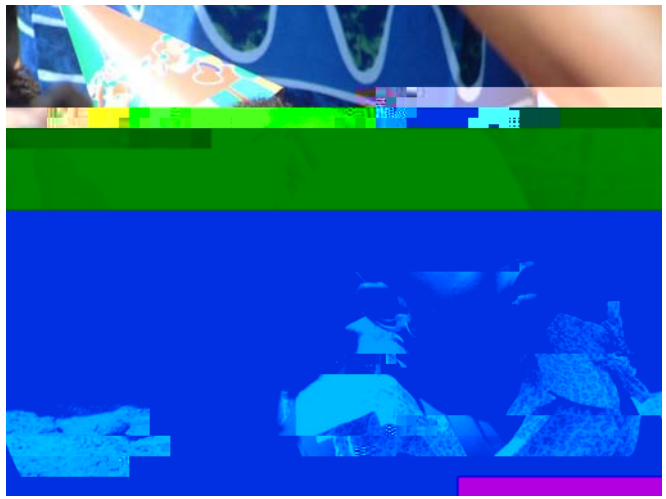


Limitations

- Problems of identifying slums in DHS samples
- Small urban samples Ą smaller samples of slum vs non-slum
  - Larger samples needed to look at intra-urban differentials
- Omission of outlying observations in macro analyses

Conclusion

- Growing poverty in urban areas
- Narrowing gap between urban and rural health outcomes



Thank You