Urban health matters

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For the first time in history, more people are now living in urban settings than in rural areas. Cities concentrate people, opportunities, and services, including those for health and education. In a well-known trend, cities house the most and the best hospitals and they attract the most talented doctors, nurses and other health care staff. When cities are planned, managed, and governed well, life flourishes and health outcomes surpass those seen in rural areas. However, cities also concentrate risks and hazards for health. They magnify some long-standing threats to health and introduce others. When large numbers of people are linked together in space and connected by shared services, the consequences of adverse events – like contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak or a natural disaster – are vastly amplified. Given the current scale of urbanization, it comes as no surprise that cities themselves contribute to two global trends of direct concern to health: climate change and the rise of chronic diseases. Urban areas provide great opportunities for individuals, families to prosper and can provide a healthy living environment through enhanced access to services, culture, and recreation. However, city dwellers continue to face health hazards and new health challenges have emerged.

Why should inequities in urban health and living standards matter? Most obviously, the consequences of poverty and ill health, including mental health, are contagious in a city setting. They are detrimental to all city dwellers. Urban poverty and dirtiness are strongly linked to social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth. These threats can easily spread beyond a single neighbourhood or district to endanger all citizens and taint a city’s reputation.

Many cities are currently burdened and will be confronted by a triple threat:

1. Infectious diseases exacerbated by poor living conditions
2. Non communicable diseases – such as heart disease, cancers and diabetes – and conditions fuelled by tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol; and
3. Accidents, injuries, road accidents, violence, and crime.

These are the result of a complex interaction of various determinants of health including insufficient infrastructure and services that particularly affect the health of the poor and slum dwellers.

We are at a clear turning point at which we are moving towards an increasingly urbanized world. We need to appreciate the positive and negative impact on health due to urbanization and take appropriate actions to address them. There is a pressing need for action now to ensure that growing cities are healthy.

On World Health Day 2010, WHO recommends the following five calls to action to build a healthy and safe urban environment:

4. Promote urban planning for healthy behaviours and safety
5. Improve urban living conditions
6. Ensure participatory urban governance
7. Build inclusive cities that are accessible and age-friendly
8. Make urban areas resilient to emergencies and disasters

These five calls to action do not necessarily require additional funding, but political commitment is vital to redirect resources to priority interventions, thereby achieving greater efficiency. Making cities good for health takes time, but as abundant examples from all around the world show, it can be done.

In India as per 2001 census, 28.6 crore people live in urban areas. The urban population is estimated to increase to 43.2 crores in 2021. The above situation is reflected in the poor health indicators as seen in NFHS III data. Despite availability of government and private hospital, the urban poor have some reservations to seek care at these facilities. Therefore, there is need of the program addressing the health concerns of the urban poor by facilitating equitable access to available health facilities by rationalising and strengthening of the existing capacity of the health delivery for improving the health status of urban poor.

National urban health mission is an initiative which aims at improving the health status of the urban poor particularly the slum dwellers and disadvantaged sections by facilitating equitable access to quality health care through a revamped public health system, partnership, community based risk pooling and insurance mechanism with the active involvement of the urban local
bodies, which are the strengths of this mission, but a taught has to be given regarding the manpower utilization and training of the grass route workers. There is a need of time limits to carry each activity so that the set targets are reached. Attention needs to be paid towards duplication of the services between different sectors of the government. The mission has to overcome both operational and administrative challenges to achieve its goal of addressing the health concern of urban poor.

References
