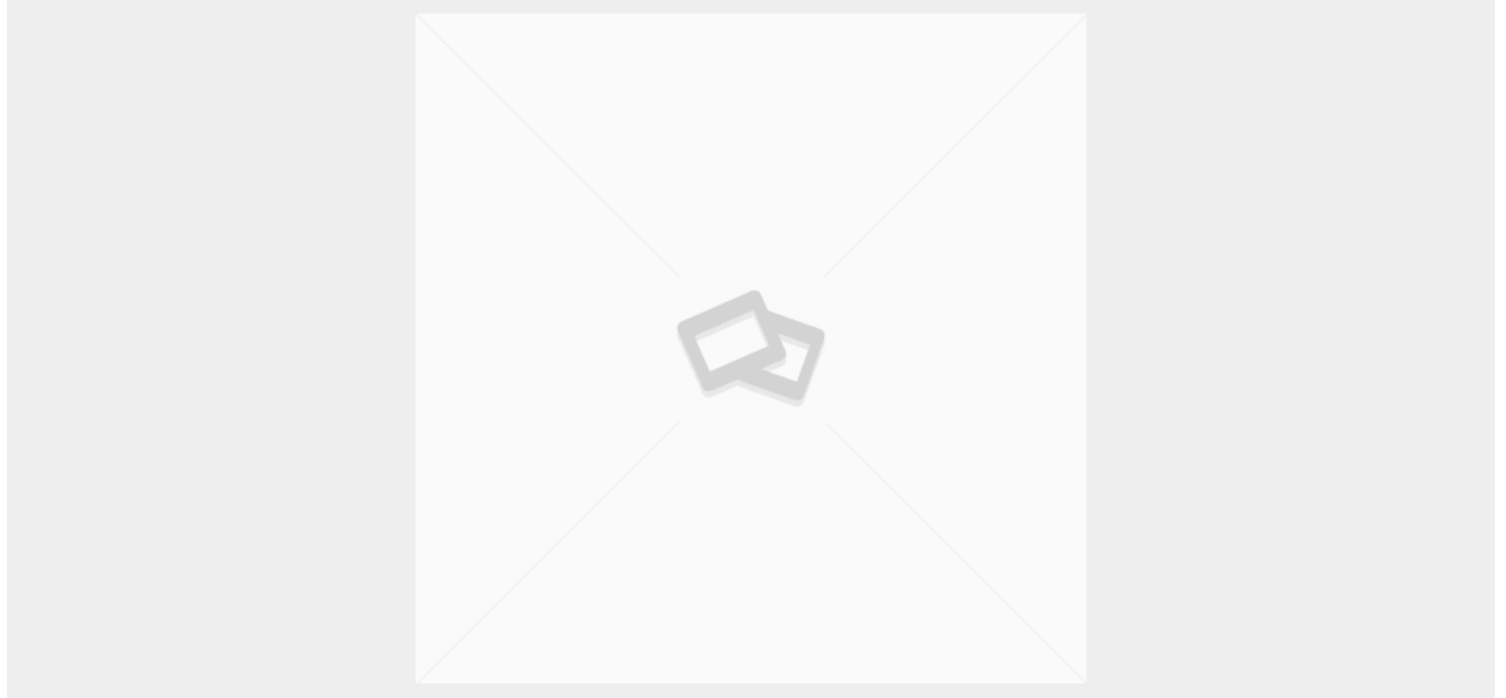


NEED TO DISCOVER URBAN HEALTH MORE DEEPLY

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Cities are expanding horizontally and vertically pushing the concentration of civilians to the brink. With its expansion one can witness the rising inequalities that are becoming increasingly evident in the dimensions of healthcare. What needs greater attention is to explore and understand the newer dynamics involved in the social determinants of health. Urban health is the new sexy that is being largely spoken about without set solutions to address any problem. The issue of rural to urban migration is encouraging more and more people to live in small settlements that is often attributed to slums and may fit into the definition of UN Habitat too. With the aspiration to make a better living, and in search of the meaning of life, people come to urban city lights exploring options. Urban cities are mired with congestion, confusion, overcrowding, poverty, decreased quality of life, rapidly proliferating socio-economic indicators that are sending families into a fix. Many a times, people shifting into urban cities live in compromised housing, lack basic facilities, do not have proper water and sanitation facilities and end up falling prey to number of infections.

While it is true that urbanization can offer a better standard of living, much depends on what we do living in these cities and are we able to achieve happiness, if at all. Bhutan is a classical small nation state which introduced to humanity something called the Gross National Happiness. To achieve urban health and arrive at happiness, we need to re-visit our own selves. UHRC-India is one of its

report said that, among the children living in urban slums, one in every ten do not live to see their fifth birthday. Two third of the urban poor household do not have access to toilets and nearly about 40% lack piped water supply at home. It is said through this report that more than 56 % of deliveries take place at homes, putting both mother and child at great risk to life. India's ministry of health through its RCH – II initiative encouraged institutional delivery. Yet the gap is too huge to bridge. India is expected to be 40% urban by the year 2026. Under 5 mortalities in states like Madhya Pradesh among the urban average is increasingly high. Well, with the focus now shifting towards urban health, policy makers and government officials now need to understand as to how the rising populace can be provided with basic and universal health coverage. This raises serious questions on the existing work-force, the quality of care, the cost containment component and the delivery of care on a daily basis. India is way below the WHO norms of doctor patient ratio and also far below the recommended spending on GDP in Health?

The then Secretary General of the United Nations, Kofi Annan in a foreword to UN Habitat's Report on cities, said that Governments and aid agencies have traditionally emphasized the improvement of rural areas, as that is where the vast majority of the world's poor live, but as rapid urbanization continues, similar energies are needed for urban areas.

We should be guided by this to channelize and discover urban disease dynamics more deeply, address issues of climate change and push for climate change adaptation and also have contingency plans for urban risk mitigation. The journey of addressing these issues will not be easy and cannot be met immediately. But if we start somewhere, we will be able to answer the questions we raise ourselves.

Credit:

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