

## Editorial Commentary

### World Health Day 2010- Urbanisation & Health

The **World Health Day (WHD)** is celebrated on **April 7 every year** and marks foundation of the **World Health Organisation (WHO)**. Each year WHO selects a **“Key Global Health Issue”** and WHD marks beginning of year long activities on the same, this year’s theme being- **“Urbanisation and Health”** [1].

In the last year’s World Health Report, urbanisation was cited as one of the biggest health challenges of the 21st Century. By 2030, six out of ten people are expected to be city dwellers which shall further rise to seven in ten by 2050 [2]. Increasing Global Urbanisation is classed as threat to “Public Health Security” due to unprecedented level of population agglomeration which may facilitate spread of epidemic diseases [3]. This theme was therefore, selected in recognition of the effect of urbanisation on our collective health, globally and also on our individual health. The main objective of World Health Day 2010 is to integrate the day in to a sustained public health strategy to incorporate health more broadly in to urban public policy. Various events are planned through the year around the world.

The **“1000 cities, 1000 lives”** is a global campaign [4] to encourage cities, towns, neighbourhoods and local authorities to conduct health promoting activities on or around World Health Day (the week of April 7-11). The goal of “1000 cities” campaign is to open public spaces to health, either by closing off portions of streets to motorized vehicles & opening them to people; holding town hall meetings & community forums; promoting more active civil society participation in local planning & governance; initiating clean-up campaigns and conducting work-place & school-based initiatives. The goal of “1000 lives” campaign is to collect 1000 stories of urban health champions. Urban health champions are people who have taken actions that have resulted in a significant impact on health in their cities. In fact, individuals are encouraged to submit both examples of events they are planning to run in their cities, towns or neighbourhoods, and videos about those they nominate to be urban health champions.

Countries differ in the way they classify population as **urban-** based on density, number of residents, percent population not dependent on agriculture, provision of public utilities and services, and depending upon population of a community/settlement. And **“Urbanisation”** refers to ‘Growth in the proportion of population living in urban areas’. Urbanisation trends could be in the form of- (a) Industrialisation, (b) Global urbanisation, (c) Megacities or million cities, (d) concept of The Livable City.

If we look back, developing countries like ours have been peasant societies and cities in these traditional societies used to be either pilgrimage centres or the seats of administration and educational centres. But importantly, these cities always had homogenous relationships with the villages. However, in the present era of rampant urbanisation wherein it is anticipated that all population growth over the next 30 years will be in urban areas, this homogeneity has been lost. Industrialisation has developed modern megacities whose way of life is heterogenous with that in the villages. Rural poverty has pushed villagers to the cities, which were never planned to accommodate immigrants. Public health and social problems have started arising lowering the quality of life. Half the world’s population now lives in urban settlements, because cities offer the lure of better employment, education, health care and cure. Presently, cities contribute disproportionately to national economies. Rapid and unplanned urban growth is associated with poverty, environmental degradation & population demands, which outstrip service capacity; thus, placing human health at risk.

Further, reliable urban health statistics are largely unavailable throughout the world. Health data masks health conditions of urban poor since it combines statistics of urban poor concentrated in the slums, with health statistics of the relatively affluent who occupy larger areas of the city. This disaggregated intra-urban health data (for different areas within a city) are even more difficult to be found.

A range of urban health hazards & associated health risks exist and include substandard housing, crowding, air pollution, insufficient or contaminated drinking water, inadequate sanitation and solid waste disposal services, vector borne

diseases, industrial and e-waste, increased motor vehicle traffic, stress associated with poverty and unemployment, communicable diseases among the urban poor coexist with non-communicable diseases among the comparatively affluent and increasing problems of crime and chronic morbidity.

Significantly, urban health risks & concerns involve many different sectors viz. Health, Environment, Housing, Energy, Transportation, Urban planning, etc. Local & national governments & multilateral organisations are all grappling with these multifaceted challenges. While the high-income countries struggle with health & social problems of inner-city areas such as drug addiction, violence and HIV/AIDS; the low & middle income countries are bothered about health & welfare of the growing population. There is a plausible connection between urbanisation & rising levels of non-communicable diseases. [5]. The urban poor suffer disproportionately from health problems. More than one billion (1/3 of the urban population) live in urban slums. As per World bank estimates, cities will become the predominant sites of poverty by 2035.

There are two main policy implications to control urban health hazards- (1) Need for systematic & useful urban health statistics on a disaggregated (intra-urban basis), and (2) Need for more effective partnering across sectors. It is noteworthy that even, non-governmental organisations though may have helped in providing relief to needy and poor, but have failed consistently in creating an infrastructure for a balanced development. In effect, the major drivers of health in urban settings are beyond the health sector and include social determinants, physical infrastructure, access to social & health services, local governance and distribution of income & educational opportunities.

It is important to realise that 'Urbanisation' inherently is not positive or negative; and that actions & solutions exist to tackle the root causes of urban health challenges. Urban planning can promote healthy behaviours & safety; while proper investment in active transport (use of CNG is an example), designing areas to promote physical activity, passing regulatory controls on tobacco and food safety, adequate law enforcement are all important steps in promoting urban health. Improving urban living conditions- housing, water and sanitation is important. Building inclusive cities

that are accessible & age-friendly will also benefit urban residents. Importantly, not additional funding but commitment to redirect resources to priority interventions, thus achieving greater efficiency is the key. Another important issue is forging multi-sectoral partnerships. Health is a human right for all citizens. To protect it, individuals, civil society and governments have to play a collective role and responsibility. Platforms where municipalities, civil society & individuals come together should be encouraged. By bringing multiple sectors of society together to actively engage in developing policies, more sustainable health outcomes will be achieved.

Presently we are at a turning point, wherein we are moving towards a more urbanised world & with it, the need to embrace the consequences this can have on health- both benefits and challenges. Rather than looking back & pondering 'what could have been done'; the time is ripe to take a call and say- "**We will take action now**" to ensure that "**Growing Cities are Healthy Cities**".

## References

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4. 1000 cities and 1000 lives campaign of WHO. <http://1000cities.who.int/page/about-the-1000-cities-1000>. Accessed on April 11, 2010.
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