

CLIMATE EVENTS AND AN UMBRELLA FOR URBAN HEALTH

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'Given increasing exposure to unpredictable and extreme climatic events, we need to rebuild the urban primary care system and ensure its resilience' | Photo Credit: The Hindu

There has been much media focus on the monsoon season in India this year largely on account of the large-scale devastation in parts. Beginning with the cyclonic storm Biparjoy that formed over the Arabian Sea in June and which made landfall in western India, to the floods in the north-eastern State of Assam, and the recent episodes of heavy rain and devastation in parts of north India, the subject has been a matter of concern especially for policymakers.

Even as the process of getting back to normal life is in various stages, we must not lose sight of another looming challenge. Common water and vector-borne diseases such as typhoid, cholera, dysentery, leptospirosis, malaria, and dengue are likely to impact people in rain-affected areas. Conditions in these areas are most likely to be conducive for the spread of water and vector-borne diseases.

While every section of the population is affected in different ways as a result of extreme climate events, there is no doubt that households in urban areas, particularly in less developed parts of a city such as slums and urban settlement colonies, are likely to be the most vulnerable groups. A large majority of people in these slums and resettlement colonies live in poverty, working in the informal sector of the urban economy with no social security benefits.

The findings on the vulnerability of households to climate change-led events, such as those in recent months in India, finds a place in our recently published study in the Indian Journal of Public Health. The study highlights two important points: While households in general with poor socio-economic indicators are more vulnerable to malaria, it is urban households, when compared to their rural counterparts, that are significantly at a much greater odds of suffering from malaria. It is well known that dengue too affects the urban population more. Second, households from climatically high and moderately high vulnerable States are at greater odds of suffering from malaria.

Post the monsoon season, water and vector-borne disease management officials are on high alert to monitor and contain the spread of such diseases. However, this time the pressure on them will be palpable. Controlling the spread of these diseases requires a systematic and coordinated effort not only within but also between two or more States. One reason is because

of the movement of people between States. Therefore, coordinating mitigation and adaptation efforts can be a challenge.

Given increasing exposure to unpredictable and extreme climatic events, we need to rebuild the urban primary health-care system and ensure its resilience. Such a system should focus on the vulnerable urban population, especially those living in urban slums and peri-urban areas. A resilient health system is one which can respond to emergency situations, prepare well in advance against impending crises and adapt to changing public health needs.

A crucial prerequisite for this is greater public investment with an immediate focus on urban areas that are more vulnerable to climatic shocks. We spend very little on primary health care and only a tiny fraction goes to urban local bodies. Even though the National Urban Health Mission has made modest beginnings in improving primary-care systems in urban areas, the limited and varied ability of urban local bodies in generating revenues constrains progress.

A large part of preventive and public health functions are the responsibilities of local bodies. What is essential is a special fund from statutory institutions such as the Finance Commission that is targeted towards building a resilient system for vulnerable urban areas. Such attention needs to go beyond cities, to towns.

It is important to recognise the complexities of urban health governance with multiple agencies and fragmented care provisioning, alongside the increasing presence and dominance of the private sector. The experience during the COVID-19 pandemic has shown that public health emergencies need greater coordination and cooperation across various actors in terms of knowledge and data sharing, preventive and curative functions, treatment practices and, above all, the regulation of rates and standards. The realm of surveillance and information systems such as the Integrated Disease Surveillance Programme needs to be universalised, made comprehensive and strengthened.

With the complex nature of the health and the climate crisis, the current system of vertical disease control programmes needs to give way to a comprehensive health system approach in the management of public health programmes. An immediate step in working towards this could be the integration of front line workers across various disease management programmes to create a cadre of multi-purpose, front line public health cadres in urban areas, who would be accountable to communities as well as to the health system. Such integration will also help address one of the key challenges in the sphere of public health in the country — a shortage of an adequately trained workforce in health and allied areas.

Also read | [Climate change a leading reason for rise in number of dengue cases: study](#)

As a system, we most often work in a resource-constrained environment. Therefore, such systems must integrate in their planning and management the idea that climate change-led events are only going to be more frequent and intense. The world needs to be better prepared.

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