Challenges of urbanisation attract attention toward cities that are expected to provide citizens with services in an efficient and humane manner. Globally, advancements in ICT are being leveraged in almost all the sectors including Healthcare sector where substantial efforts are being made by local and regional governments to create m-health with an intention to foster deployment of smart cities.

Studies have shown, public-health is significantly shaped by the liveability standards of the city including how people live and work in the urban environments. In this context, it is important to realise, a healthy city involves more than good healthcare delivery. A healthcare worker, an entrepreneur and a city official came together to discuss their perspectives over on-going COVID-19 pandemic and the possible options available for city-officials and other key stakeholders to foster urban development that promotes health behaviours and all-round health and well-being.

Panellists
Dr. D. Prabhakaran- Vice President- Research & Policy, Public Health Foundation of India, Executive Director of Centre for Chronic Disease Control, New Delhi, India and Professor (Epidemiology) London School of Hygiene and Tropical Medicine, UK;
Dr. Pratap Kumar- Founder, Health E-Net Limited, Senior Lecturer in Strathmore University Business School in Nairobi, clinician, neuroscientist, health economist and entrepreneur working at the interface of health sciences and healthcare markets;
Binnya Joseph- Lead of ICT projects implementation in Kochi Smart City, and Project In-charge for CITIIS project

Moderator:
Dr. Umamaheshwaran Rajasekar- Chair, Urban Resilience at National Institute of Urban Affairs.

Key Learnings

Highlighted gaps between public/private facilities and correlation between health and other sectors.

Healthcare-systems are expected to change as a result of the pandemic, since there is a connection between individuals’ health and community health.

Healthcare initiatives of Kerala Government specifically focusing on improving public-health:
A. Aardram Mission
B. e-Health Programme

Strong relationship emerges between urban design, physical-activity and urban health.

- Adoption of sustainable urban development practices such as, better housing and sanitation, safe transportation, availability of green and public open spaces, etc., to address public health issues.
- Public health interventions would include: educational interventions, policy interventions, health beliefs and behavioural changes and creating an enabling environment.

Helped in realizing, there are various stakeholders in the urban ecosystem that play their part in healthcare provisioning.

- Need to identify the strength of each stakeholder as no one entity can work individually.
- Developing Human Resource Capacities to coordinate with regional and national level authorities.
- Engaging with innovation in health and managing innovation process.

Use of technology proved beneficial in responding to the pandemic through contact-tracing, supporting vulnerable population and most importantly communicating and disseminating right information.

Innovation in healthcare technology, devices and data science is going to drive linkages between community-based healthcare and facility-based healthcare based on preventive/curative approaches.

A paradigm shift is being observed in public-health, from facility-focused approach to community-focused approach.

- 1. Health and wellness trainings should not only find focus in rural areas but also in urban areas.
- 2. Collaboration within the urban system is required along with capacity-building strategies in cross-cutting sections to evolve multi-disciplinary teams.

Upsurge in technology has raised concerns over data privacy and health data is no different.

Vital to obtain citizens’ consent which could help in defining possible ways of using the available set of data.

“Firstly, we have to “meet everyone where they are” in terms of technology. Telemedicine will be a non-starter if we expect everyone to download an app, and everyone to be treated in using it. Secondly, services with technology should work very much like services delivered without.”

Dr. Pratap Kumar

“For the pathways to health promotion – provide knowledge to people (I know); motivate them to say (I want); and enough skills (I can) so that people can act and teach others, but for all of this we need an enabling environment to help support our populations.”

Dr. Prabhakaran Dorairaj

“Re-engineering primary health care centres into family health centres will improve access to comprehensive primary health services, especially the marginalised and vulnerable population.”

Binnya Joseph