

The Effective Global Health Promotion Tool of the Present Decade-Healthy Cities Approach

¹ Amit Amar Soren and ^{*2}Dr. Shaweta Singh

¹ Assistant Professor & Head, Department of Geography, St. Columba's College, Hazaribag, Vinoba Bhave University, Hazaribag, Jharkhand, India.

^{*2} Assistant Professor, Department of English, St. Columba's College, Hazaribag, Vinoba Bhave University, Hazaribag, Jharkhand, India.

Article Info.

E-ISSN: 2583-6528

Impact Factor (SJIF): 6.876

Peer Reviewed Journal

Available online:

www.alladvancejournal.com

Received: 05/ Sep/2024

Accepted: 01/Oct/2024

Abstract

The 2030 Agenda for Sustainable Development targets health as vital for the future of our world. The purpose of the thirteenth general programme of work 2019-2023 (GPW 13) is to seize this opportunity with a commitment to achieve Goal 3, which calls on all stakeholders to "Ensure healthy lives and promote well-being for all at all ages," within and across national boundaries and this has never been more relevant in the present scenario. In reference to the above context, a healthy city is the city that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential. A Healthy Cities approach incorporates the role of political leadership and participatory governance which can transform the health and health equity and mitigate the impacts of environmental degradation, climate change, aging, migration, growing inequality and social isolation in the urban settings. The concept of Healthy Cities was inspired and supported by the WHO European Health for All strategy and the Health 21 targets. This research paper aims at addressing the established and emerging public health challenges of the 21st century at environmental, organizational, interpersonal and individual levels, discourse of eleven qualities of a Healthy Cities proposed by WHO, analysis of 1963 Healthy Cities Movement, Canadian Health Policy (the Lalonde Report), Vancouver's Healthy City Strategy, Cape Verde Healthy Cities/Islands, the concept of Walkable Cities, analysis of Ottawa Charter for Health Promotion and its principles as well as the Shanghai Consensus on Healthy Cities and articulation of social determinants of health (SDH) to sensitize the issue that Healthy Cities approach is the need of the present hour because major health inequalities persist across the world which is higher amongst the poorest and excluded groups across countries, within countries and most starkly within cities. The poor and marginalized are more likely to live and work in environments that are harmful and have less access to services and amenities. A Healthy Cities approach can uniquely address this and other injustices as well.

*Corresponding Author

Dr. Shaweta Singh

Assistant Professor, Department of English, St. Columba's College, Hazaribag, Vinoba Bhave University, Hazaribag, Jharkhand, India.

Keywords: Environment, governance, healthy cities, sustainable development, WHO.

Introduction

The genesis of the Healthy Cities concept was in 1844, the Health of towns Association was formed in the United Kingdom to consider the Edwin Chadwick's reports about poor living conditions in town and cities and take actions. Subsequently, a "new public health" era starts from the Healthy 2000 convention in 1984 when the World Health Organisation (WHO) Regional Office interpreted its principles into varied global programme of action to promote health and to enhance the holistic well-being of people who

lived and work in cities which are as follows:

1. Explicit political commitment at the highest levels to the principles and strategies of a Healthy Cities project based on a model of good urban governance.
2. Establishment of new organizational structures to manage change via intersectional planning.
3. Commitment to developing a shared vision for the city, with a healthy plan and work on specific themes like citywide partnerships, community participation, etc. and

4. Investment in formal and informal networking and cooperation to implement the plan of action and to monitor.
5. Translate ideas and ideologies into practices such as Healthy Community Healthy Economy, concept of Green City, Resilient Cities Connect (smart and safe cities inclusive of infrastructural growth), Healthy Cities for Sustainable Development, Global Age-friendly Cities and Healthy Islands.

WHO defines a Healthy City as “one that is continually developing those public policies and creating those physical and social environments which enable its people to mutually support each other in carrying out all functions of life and achieving their full potential.” It aims at Thomas McKoewn’s emphasis on the improved nutrition at the expense of various types of important social inventions, such as improvements in living and working conditions, public health practices and human rights.

Study Area

This research paper covers the discourse of eleven qualities of a Healthy Cities proposed by WHO, analysis of 1963 Healthy Cities Movement, Canadian Health Policy (the Lalonde Report), Vancouver’s Healthy City Strategy, Cape Verde Healthy Cities/Islands, the concept of Walkable Cities, analysis of Ottawa Charter for Health Promotion and its principles as well as the Shanghai Consensus on Healthy Cities and articulation of social determinants of health (SDH). This paper studies the principles, action plans, urban planning and policies, political commitment and collaborative leadership by various institutions all around the world. It also covers the statement of problems that led to the genesis of Healthy Cities Approach, discussion of various proposals and policies around the world, Healthy Cities around the world, Healthy Cities in India, role of political leadership and participatory governance in the world and in India.

Objectives

The objectives of the present research paper are:

1. To analyze the concept of Healthy Cities Approach.
2. To assess the problems that brought the genesis of Healthy Cities concept.
3. To sensitize and to analyze the plan of actions towards the Healthy Cities Approach worldwide.

Methodology

The present research paper is based on the primary data sources that incorporate intensive library work encompassing a comprehensive review of the proposals by WHO, existing research papers, articles, books and reports related to Healthy Cities Approach. The study employs the combination of quantitative and descriptive analysis to explore the policies, ideologies and practices of Healthy Cities concept with a particular focus on committed political endeavours in the globalized and urbanized good governance. The statement of problems, discussion, role of political leadership and participatory governance and conclusion is based upon the exploratory and investigative approach centering upon inductive approach, deductive approach and generalization of facts.

Statement of the Problems

The strategies of the Healthy Cities Approach were built on the account of the increasing recognition of the complex

effects of urbanization on health. Rapidly growing cities in Africa, Asia and America constitute the majority of cities with more than one million inhabitants where poor people in urban cities live under the most life-threatening living and working conditions. Their high population density without the provision of piped water, sewers, waste collection, immunization services, schools and public transport is a matter of serious concern. Thus, Healthy Cities Approach may be viewed as a set of public health strategies of potential benefit to more than half the people in the world. However, the effectiveness of Healthy Cities Approach has largely been confined to industrialized countries, for a number of reasons:

- Firstly, the proponents of the conventional public health projects for the prevention or treatment of diseases are not formulated to take account of certain categorized health risks such as poverty, urban violence and terrorism. Infact, the paradox associated with the health promotion framework is that it increases health inequality because such practices are affordable by the affluent communities only in the cities.
- Secondly, the twin cities of capitalist globalization, ecological unsustainability and social class polarization have had a detrimental effect on the health of city dwellers in developing countries, including poor because poverty is more extreme among the urban population in developing countries. The impact of globalization and class polarization in poor communities is more adverse. In today’s Toronto, for example, homelessness is at its height and food bank usage has doubled since 1990, at a time when the Canadian economy continues to be a strong recovery.
- Thirdly, rising levels of urban violence and terrorism have made many cities unhealthy. In Brazil, for example, the 30% infant mortality between 1990 and 2000 were completely overtaken by violence-related mortality. Both violence and terrorism promote insecurity, ethnic profiling, loss of community ethos and loss of civil liberties, factors that adversely impact on the Healthy Cities activities. For instance, most of the cities described as “unfit to live in” by the USA and the European Union are countries with high levels of violence and terrorist activities.
- Fourthly, the supportive environments that made the Healthy Cities approach effective in most industrialized countries in the context of socio economic development, environmental sanitation, health education and primary health care were ineffective among poor communities. Most consultants visiting poor countries such as Cambodia focus on “soft” Healthy Cities components, for example Healthy Markets and Healthy Schools, but these limited activities are hardly sustainable.
- Fifthly, the Healthy Cities ethos has been characterized more by action than by reflection. The objectives are often expressed in idealistic terms: “ownership” and “empowerment” and changes sought in local cultures and community attitudes may take generations to achieve Healthy Cities Approach.
- Sixthly, although Healthy Cities is formulated as a global movement, its innovations are difficult to generalise, since they are meant to respond to local needs and priorities and these vary widely between poor and rich communities.

As Edwin Chadwick bitterly discovered after being denied another term as head of England's Health Board,

The parliamentary agents are our sworn enemies, because we have reduced expenses, and consequently their fees, within reasonable limits. The civil engineers also because we have selected able men, who have carried into effect new principles, and at less salary. The College of Physicians, and all its dependencies, because of our independent action and singular success in dealing with the cholera, when we have proved that many a Poor Law medical officer knew more than all the flash and fashionable doctors of London. All the Boards of Guardians, for we exposed their selfishness, their cruelty, their reluctance to meet and relieve the suffering poor, in the days of epidemic. Then comes the water companies, whom we laid bare and devised a more efficient method of supply...

As Trevor Hancock and Ilona Kickbusch, the architects of Healthy Cities, reiterate, The challenge we face in cities is no longer how to understand the link between health, environment and the economy, nor to understand the threats to sustainability: the challenge is to put into practice what we already know. Practical, evidence based, context-specific interventions that can improve the health of the majority of the world's city dwellers are more important than public health shibboleths.

Discussion

A Healthy City is the city that continually creates and improves its physical and social environments and expands the community resources that enable people to mutually support each other in performing all the functions of life and developing to their maximum potential. Eleven qualities of a Healthy City proposed by WHO are as follows:

- i) A clean, safe physical environment of high quality (including housing quality).
- ii) An ecosystem that is stable now and sustainable in the long term.
- iii) A strong, mutually supportive and non-exploitive community.
- iv) A high degree of participation and control by the public over decisions affecting one's life, health and well-being.
- v) The meeting of basic needs (food, water, shelter, income, safety and work) for all people.
- vi) Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.
- vii) A diverse, vital and innovative city economy.
- viii) The encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals of city dwellers.
- ix) A city form that is compatible with and enhances the above parameters and behaviours.
- x) An optimum level of appropriate public health and sick care services accessible to all.
- xi) High health status (both high positive health status and low disease status).

The 1963 Healthy Cities Movement laid down the tenets for analysis and intervention in, for, on, and with social, natural, economic and built urban environments for the promotion of human health along with stable ecosystem of the cities. The first true Healthy City "Toronto" the city celebrates emergent emancipatory health promotion approach by the WHO and decade of innovation in Canadian Health Policy (the Lalonde Report).

Marc Lalonde, the Canadian Minister of National Health and Welfare in 1974 produced a report titled A New Perspective on the Health of Canadians was considered the first modern government document in the Western world to acknowledge that biomedical health care system was wrong and that we needed to look beyond the traditional health care (sick care) system if we wish to improve the health of the public. He proposed a new "health field" concepts distinct from medical care that composed of four independent fields determined to influence individual's health:

- i) **Biology:** all aspects of health, physical and mental, developed within the human body as influenced by genetic make-up.
- ii) **Environmental:** all matters related to health external to human body, over which the individual has little or no control, including the physical and social environment.
- iii) **Lifestyle:** the aggregation of personal decisions (i.e. over which the individual has control) that can be said to contribute to, or cause, illness or death.
- iv) **Health care organization:** includes medical practices, nursing, hospitals, nursing homes, medical drugs, public health services, paramedic services, dental treatment and other services.

Lalonde's report is considered to have led to the development and evolution of health promotion, recognizing both the need for people to take more responsibility in changing their behaviours to improve their own health and also the contribution of healthy communities and environments.

The Healthy City Strategy by the City of Vancouver, Canada is a long term integrated plan for healthier people, healthier places and a healthier planet. Its aim is to continually improve the conditions that allow everyone to enjoy the highest level of health and well-being possible. This includes social socioeconomic conditions, access to services and the communities and environments it engages in. The Vancouver's Healthy City Strategy is guided by the vision "A Healthy City for All" which has the following 13 goals and targets:

- i) **A Good Start** Vancouver's children have the best chance of enjoying a healthy childhood.
- ii) **A Home for Everyone:** A range of affordable housing choices is available for all Vancouverites.
- iii) **Feeding Ourselves Well:** A healthy, just and sustainable food system.
- iv) **Healthy Human Services:** Equitable access to high-quality social, community and health services.
- v) **Making Ends Meet and Working Well:** Adequate income to a broad range of healthy employment opportunities.
- vi) **Being and Feeling Safe and Included:** A safe city in which residents feel secure.
- vii) **Cultivating Connections:** Vancouverites are connected and engaged in the places and spaces that matter to them.
- viii) **Active Living and Getting Outside:** All Vancouverites are engaged in active living and have incomparable access to nature.
- ix) **Lifelong learning:** Access to lifelong learning and development opportunities.
- x) **Expressing freely:** Vancouver has a diverse and thriving cultural ecology that enriches the lives of residents and visitors.
- xi) **Getting Around:** Safe, active and accessible ways of getting around.

xii) Environments to Thrive in: Vancouverites have the right to a healthy environment and equitable access to livable environments in which they can thrive.

xiii) Collaborative Leadership: Public, private and civil sector leaders work in integrated and collaborative ways towards the vision of a healthy Vancouver for all.

Cape Verde also known as Cabo Verde officially the Republic of Cabo Verde, an archipelago and island country of West Africa in the central Atlantic Ocean was the first country in the Africa region to embrace the WHO Healthy City Approach and led the development of an innovative and unique governance between the central government and local governments. In recognition of its health promotion commitment through the Healthy Cities initiative, the National Association of Cabo Verdean Municipalities was awarded a distinction for the prevention of non-communicable diseases through its Healthy Cities initiative.

The Healthy Cities Approach proposed the concept of Walkable cities and pedestrian networks to create affordable and equitable transport systems for the entire urban community. A walkable city is a city that prioritizes pedestrians and enables more journeys on foot which is considered as the greenest, cheapest and easiest mode of transport and reduces the negative environmental impacts caused by motorized traffic. A pedestrian network consists of all interconnected path segments of the pedestrian infrastructure like sidewalks, pedestrian-only zones and streets, shared streets, crossings, pedestrian bridges and tunnels, stairs and ramps, short-cuts and trails in parks and open spaces.

The Ottawa Charter for Health Promotion works to enhance people's wellbeing and reduce their health risks associated with tobacco use, alcohol consumption and physical inactivity, thereby contributing to better population health. It advocates global health in health literacy, community engagement strategies and good governance for health, and foster public health action in the settings of every-day life. It prerequisites the fundamental conditions and resources for health-peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. The five action areas for health promotion were identified in the charter:

- i) Building healthy public policy.
- ii) Creating supportive environments.
- iii) Strengthening community action.
- iv) Developing personal skills.
- v) Re-orienting health care services toward prevention of illness and promotion of health.

The Basic Strategies for Health Promotion were prioritized by the Ottawa Charter

- i) **Advocate:** Health is a resource for social and developmental means, thus the dimensions that affect these factors must be changed to encourage health.
- ii) **Enable:** Health equity must be reached where individuals must become empowered to control the determinants that affect their health, such that they are able to reach the highest attainable quality of life.
- iii) **Mediation:** Health promotion cannot be achieved by the health sector alone; rather its success will depend on the collaboration of all sectors of government (social, economic, etc.) as well as independent organizations (media, industry), etc.

At Shanghai Consensus on Healthy Cities 2016 more than 100 mayors from around the world-came together on 21st November 2016 in Shanghai, China-united in the knowledge that health and sustainable urban development are inextricably linked, and steadfastly committed to advancing both. They also recognize that health and wellbeing are at the core of the United Nations Development Agenda 2030 and its Sustainable Development Goals. Their five Healthy Cities governance principles were:

- i) **Integrate Health as a Core Consideration in All Policies:** prioritize policies that create co-benefits between health and other city policies, and engage all relevant actors in partnership-based urban planning.
- ii) **Address All-social, Economic and Environmental-Determinants of Health:** implement urban development planning and policies which reduce poverty and inequity, address individual rights, build social capital and social inclusion, and promote sustainable urban resource use.
- iii) **Promote Strong Community Engagement:** implement integrated approaches to promoting health in schools, workplaces, and other settings; increase health literacy; and harness the knowledge and priorities of our populations through social innovation and interactive technologies.
- iv) **Reorient Health and Social Services towards Equity:** ensure fair access to public services and work towards Universal Health Coverage.
- v) **Assess and Monitor Wellbeing, Disease Burden and Health Determinants:** use this information to improve both policy and implementation, with a special focus on inequity-and increase transparency accountability.

Healthy Cities around the World

Toronto, the first true healthy city for a number of reasons, including its walkability, public spaces, and commitment to health:

- **Walkability:** Toronto's Pedestrian Charter, the first of its kind in North America, values walking as a sustainable way to travel that has social, environmental, and economic benefits.
- **Public Spaces:** Accessible public spaces and social events can improve mental health and increase happiness
- **Community Resources:** Community gardens, farmers' markets, and grocery stores can improve mental, social, and physical health.
- **Commitment to Health:** Toronto is committed to health and has a process and structure to achieve it.

Toronto was one of the first cities in the world to begin chlorination of drinking water in 1910, which by 1915 was followed with chlorination of sewage and water filtration.²² In July 1915, Maclean's magazine declared Toronto the healthiest of large cities in the world. This is one of the cities that is prosperous, liveable and healthy with access to high quality culture, education, employment, built and natural environments, food, health care, housing, recreation, public transport, and water and waste services. Urban environments influence every aspect of health and well-being, including what we eat, our employment status, the working environment, housing, quality of the air we breathe, the water we drink, access to health services, and the risks we are exposed to and every aspects are present in Toronto.

The City of Vancouver is the first major North American city to be considered as one of the world's most sustainable cities and striving to become "the greenest city on earth". Over 95%

of Vancouver's electricity is already supplied by renewable energy and 90% is from Hydroelectricity. Vancouver has one of the lowest per capita greenhouse gas emissions of any major city in North America, has preserved urban green spaces, city parks, street trees and pocket parks, over 90% of Vancouver's residents live within a 5-minute walk of green spaces and about 18% of the city is urban forest, pedestrians and cyclists are a priority and has about 279 miles of bike trails, mass public transit consists of electric and hybrid buses and the public uses reusable shopping bags, supports local farmer's markets, uses eco-friendly cleaning supplies, favour cloth over paper products, natural lawn care instead of using pesticides and synthetic fertilizers, using biodegradable detergent and oxygen bleach, install low-flow toilets and water-saving faucets, etc.

Cape Verde's population is considered the healthiest in Africa with 28 health centers, 35 sanitation centers and a variety of private clinics located throughout the archipelago. It has also one of the best educational systems in Africa, ranked 8th by the World Education Forum in 2023. The Healthy Cities Approach forms the structural element to make the islands and the whole country healthy, facilitating healthy urban planning and promoting preventive measures in communities and primary health care structures.

The most walkable cities in 2024 are: topping the list in Florence, Italy, a city known for its Renaissance history and timeless architecture. Europe dominated the list, taking the first five spots: Riga, the capital of Latvia, came in second, followed by Hamburg, Germany; Porto, Portugal; and Madrid, Spain. With 17 cities (including Istanbul, which straddles Asia), Europe also had the most locations of any region. The United States, the United Kingdom and Canada each had three cities on the list. There are two in Australia, one in Asia and one in the Middle East.

Healthy Cities in India

Chandigarh is considered one of the healthiest cities in India. It has a good BMI rank and fewer people facing lifestyle diseases than other cities. The Ministry of Housing and Urban Affairs conducts a yearly survey called Swachh Survekshan to document cities that have been successful in maintaining cleanliness and hygiene. Here are some of the cleanest cities in India:

- **Indore, Madhya Pradesh:** The cleanest city in India, Indore has been consistently ranked as such for seven years. It has well-planned waste segregation, conversion, and disposal.
- **Surat, Gujarat:** The second cleanest city in India.
- **Navi Mumbai, Maharashtra:** The third cleanest city in India.
- **Vijayawada, Andhra Pradesh:** One of the top 10 cleanest cities in India.
- **Ahmedabad, Gujarat:** Also known as the Manchester of India, this city is known for its efficient garbage segregation and disposal.
- **New Delhi, Delhi:** The capital city of India is ranked in the eighth position on the list of cleanest cities in India. Yes, you did read that right. One of India's cleanest cities ranking in 2023 is New Delhi. The NDMC's (New Delhi Municipal Corporation) steadfast efforts to lower air pollution have made this possible. This includes implementing policies like a ban on fireworks, growth limitations, and odd-even vehicle rotational programmes, all of which have assisted in reducing the city's air pollution levels.

Among other Healthiest Cities in India are Kerala, Sikkim, Bengaluru, Mysore, Vijayawada, Ahmedabad, Greater Hyderabad, Raipur.

Among the cleanest village in India:

- **Mawlynnong Village in Meghalaya Holds:** the distinction of being Asia's cleanest village due to its exemplary cleanliness practices and community engagement. Residents actively participate in maintaining cleanliness, utilizing innovative waste management techniques like bamboo dustbins.
- **Nako Valley and Kasol, Himachal Pradesh:** Tucked away in the trans-Himalayan region of Himachal Pradesh, Nako Valley demonstrate how a small community can maintain cleanliness even in remote areas. The village of Kasol adopts responsible tourism practices.
- **Khonoma, Nagaland:** Nestled in the northeastern state of Nagaland; Khonoma is celebrated for its cleanliness and community-led initiatives. The villagers here actively participate in waste management and environmental conservation.
- **Idukki, Kerala:** Situated in the lap of the Western Ghats in Kerala, not only enchants visitors with its natural beauty but also impresses them with its cleanliness.
- **Ziro, Arunachal Pradesh:** The villagers practice cleanliness by embracing eco-friendly habits, contributing to the village's status as one of the cleanest in the country.
- **Majuli, Assam:** The villagers on this island actively engage in waste management, showcasing their commitment to preserving the ecological balance.

Role of Political Leadership and Participatory Governance

The city of Vancouver, Canada sets the best example for political commitment towards Healthy Cities Approach as one of its goals is "Collaborative Leadership" mentioned above. Vancouver City Council has set an ambitious target to reach 100% renewable energy by 2050; its urban planning includes carbon neutral buildings to be mandate by 2030, cycling and walking are encouraged by citywide programs. Its "Greenest City Action Plan" includes mandatory green building, renewable energy, energy efficiency and sustainable mass transit, recommendations for carbon pricing, zero-waste management targets, and transition to green economy.

Cape Verde or Cabo Verde, Africa sets unique example of governance between the central Government and local governments towards the Healthy Cities Approach. The city manages to create a multi-sector approach to health, prioritizing the local scenario, putting health in all policies and addressing the main risk factors for the health of citizens throughout the life cycle. It was also awarded in 2018 for its commitment in achieving the targets of the Sustainable Development Goals related to health, in particular to non-communicable diseases. Same year, the United Nations recognized the President of Cabo Verde for his engagement in combating alcohol abuse through the campaign Mais Vida Menos Alcool (More Life Less Alcohol).

Planning cities for people and for pedestrians is not a relatively new concept among local planners, but the relevance of walking as a mode of transport is not yet entirely recognised. In recent years, solid contributions have been made to categorise the influence of built environmental attributes on walkability. The most relevant include:

- i) Survey tools such as the NEWS (Neighbourhood Environment Walkability Survey) which covers pedestrian infrastructure data as well as residential density, land use mix, land use mix access, street connectivity, traffic safety, security from crime, and aesthetics data
- ii) The GIS walkability index developed by Frank *et al.*, which has been highly replicated and adapted as a composite measure of land use mix, street connectivity, and residential density
- iii) The 5D layout of Ewing and Cervero, which includes density, diversity, design, destination accessibility, and distance to public transport as critical drivers of travel behaviour
- iv) The 5C layout developed by the Greater London Authority, which defines connectivity, convenience, comfortability, conviviality, and conspicuousness as critical dimensions to allow pedestrians to walk with high-quality levels.

The Ottawa Charter for Health Promotion is the name of an international agreement signed at the First International Conference on Health Promotion, organized by the World Health Organization (WHO) and held in Ottawa, Canada, in November 1986. It launched a series of actions among international organizations, national governments and local communities to achieve the goal of "Health for All" by the year 2000 and beyond through better health promotion.

The Shanghai Consensus on Healthy Cities 2016 proved that Mayors and local leaders can play a defining role in delivering all SDGS in creating Healthy Cities. As Mayors they have a responsibility to act locally and collectively to make their cities inclusive, safe, resilient, sustainable and healthy. At the conference they committed to ten Healthy Cities action areas which they will integrate fully into their implementation of the 2030 Sustainable Development Agenda:

- i) Work to deliver the basic needs of all residents (education, housing, employment and security), as well as work towards building more equitable and sustainable social security systems.
- ii) Take measures to eliminate air, water and soil pollution from cities, and tackle climate change at the local level by making the industries and cities green and ensure clean energy and air.
- iii) Invest in children, prioritize early child development and ensure that city policies and programs in health, education and social services leave no child behind.
- iv) Make the environment safe for women and girls, especially protecting them from harassment and gender-based violence.
- v) Improve the health and quality of life of the urban poor, slum and informal settlement dwellers, and migrants and refugees-and ensure their access to affordable housing and health care.
- vi) Address multiple forms of discrimination, against people living with disabilities or with HIV AIDS, older people, and others.
- vii) Make their cities safe from infectious disease through ensuring immunization, clean water, sanitation, waste management and vector control.
- viii) Design their cities to promote sustainable urban mobility, walking and physical activity through attractive and green neighborhoods, active transport infrastructure, strong road safety laws, and accessible play and leisure facilities.

- ix) Implement sustainable and safe food policies that increase access to affordable healthy food and safe water, reduce sugar and salt intake, and reduce the harmful use of alcohol including through regulation, pricing, education and taxation.
- x) Make the environments smoke free, legislating to make indoor public places and public transport smoke-free, and banning all forms of tobacco advertising, promotion and sponsorship in our cities.

Role of Political Leadership and Participatory Governance in India

In September 2021, the National Institution for Transforming India technical committee on "Reforms in Urban Planning Capacity" recommended that the Government of India transform 500 cities into "Healthy Cities for All" through 2030 a city-specific master plan supported by concerted multi-sectorial actions at intersections of spatial planning, public health, and socio-economic development. Swachh Bharat Abhiyan is one of the most popular and significant missions in the History of India. This campaign was introduced by the Prime Minister, Narendra Modi, and was launched on 2nd October 2014 to honour Mahatma Gandhi's vision of a clean country. Swachh Bharat Mission (Urban) 1.0 constitutes the following six components:

1. Individual household toilets.
2. Community toilets.
3. Public toilets.
4. Municipal Solid Waste Management.
5. Information and Education Communication (IEC) and Public Awareness.
6. Capacity Building.

- The Urban Clean India mission seeks to eradicate open defecation; convert insanitary toilets to flush toilets; eradicate manual scavenging, and facilitate solid waste management.
- The mission emphasizes on ushering in a behavioral change among people, for healthy sanitation practices, by educating them about the damaging effects of open defecation, the environmental dangers spreading from strewn garbage, and so on.
- To achieve these objectives, urban local bodies are being brought in and fortified to design, implement and operate systems to promote a facilitating environment for the participation of the private sector in terms of both capital and operations expenditure.

The government in the Union Budget 2021 allocated Rs.1,41,678 crores for the Swachh Bharat Mission (U) 2.0. The components of SBM-Urban 2.0 are:

1. New component-Wastewater treatment, including faecal sludge management in all ULBs with less than 1 lakh population.
2. Sustainable sanitation (construction of toilets).
3. Solid Waste Management.
4. Information, Education and Communication, and.
5. Capacity building.

Apart from this, Indian Government has Multiple Initiatives for Healthy Cities, Including

- **Healthy Cities Approach (HCM):** This city-specific master plan was started in the late 1990s in major cities like Kolkata, Mumbai, Delhi, and Bangalore. The HCM's goals include promoting public health, environmental hygiene, and healthy lifestyle choices.

- **Building Healthy Cities (BHC):** This five-year project is funded by the United States Agency for International Development. The project's focus areas include air quality, education, transportation, technology, and waste management.
- **Smart Cities Mission:** Launched in 2015, this mission aims to promote sustainable and inclusive cities that provide a decent quality of life for citizens.
- **500 Healthy Cities Programme:** This five-year program aims to select priority cities and towns to become "Healthy Cities for All" by 2030.
- **Sneha Healthy Cities Programme:** This program includes two intervention models: the Nurturing Care Model and the Community Engagement Model.
- **Ayushman Bharat Yojana Scheme:** With the aim of providing accessible healthcare to the economically disadvantaged, the Ayushman Bharat Yojana Scheme, including the AB-PMJAY and Ayushman card, offers comprehensive coverage of upto Rs. 5 lakh per family annually for secondary and tertiary hospitalization care.

Conclusion

The Healthy Cities approach is unlikely, in its present form, to remain a truly effective global health promotion tool this decade, in view of the considerations highlighted above. Given that the health promotion framework may inadvertently promote health inequality, it is important to develop more structurally appropriate frameworks for such global movements. Such alternative frameworks should prompt workers to advocate actively against policies that may undermine their programmes (e.g. social development and equity). Nevertheless, some aspects, such as risks and protective factors, can and should be measured and produce efficient action plans.

Many cities are already contributing to the SDGs in city-based networks through determined political action on a new urban agenda. Creating Healthy Cities requires a comprehensive approach-it can never be the responsibility of one sector alone. It is well recognized that there is a powerful link between SDG 3 (Good Health for All) and SDG 11 (Make Cities and Human Settlements Inclusive, Safe, Resilient and Sustainable); unlocking the full potential of our cities to promote health and wellbeing and reduce health inequities among the marginalized urban population.

The Healthy Cities notion is deeply rooted in the principles of promotion of environmental hygiene, public health, healthy lifestyle choices, the role of local bodies, efforts, and their policies in creating the physical and social environment for citizens to mutually support each other in carrying out all life functions and achieving their full potential. Applying the Healthy City approach to a city takes the form of action-oriented projects aiming to reform the deteriorating environmental and public health conditions locally in urban scenario.

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