

Urbanisation Challenges in Health: Urban Crisis: Preventions, Readiness and Preparedness

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ABSTRACT

INTRODUCTION: The growth of cities was a striking trend that was set to continue. According to the United Nation in 2016, there were 512 cities around the world with at least 1 million inhabitants, and 31 megacities with at least 10 million inhabitants. By 2030 these numbers were projected to grow to 662 and 41 respectively. More than half of the world population lived in cities. Urbanisation was a positive development, promoting economic growth and bringing people out of poverty. Through urbanisation new environments can be created for industries and technologies to grow and prosper the economic and livelihood of cities inhabitants. The nature of urbanisation is often characterised by high densities of human populations, complex infrastructural needs, high economic activities, governance, multicultural and often finances and service dependent. However, these characters can also be a vulnerability to urban populations. A US Army Study described megacities as becoming the epicentre of human activity on the planet and as such they will generate most of the friction which compel future conflict and crisis. Being dense, an incident in an Urban Environment will often result in mass casualties and large economic losses. Natural hazards like earthquake, floods, diseases and manmade hazards like fires, industrial accidents, street violent and riots, terrorism, insurgencies and armed conflicts will post potential risk that need to be mitigated by authorities to ensure inhabitant are protected and safe. Megacities also are vulnerable to outbreaks not only from poor sanitation and poverty but also from its high travelling population. These challenges will require an interagency response plan to prevent and effectively response to an urban population and environmental crisis.

CONCLUSION: The role of the Malaysia Armed Forces is to support the civil authority in any crisis situation to ensure no or minimum human casualty and physical damages.

KEYWORD: Malaysian Armed Forces, urbanisation, potential risk

Participation and Cross-Sector Engagement for Healthier Communities

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Think City

ABSTRACT

Along with Malaysia's development, cities have grown and 75% of the population are now urban dwellers. Lifestyle changes have resulted in high prevalence of NCD risk factors and NCD in all segments of the population. The proportion of Malaysian with one or more NCD risk factors is at a level now that we can assume that most people are at risk of developing NCDs. For example, a family of three generations would have at least one member with a chronic disease and most of the other members meeting common lifestyle risk factors. The urgency to address NCDs is clear, however, lifestyle is often portrayed as an individual choice and responsibility but is greatly influenced by other interlinked factors at various scales.

Think City is a Think and Do Tank working closely with local authorities, communities, institutions, private entities, and global experts to trial, plan, and implement programmes to rejuvenate cities and solve contemporary urban issues with an emphasis on historic city centres. Acknowledging cities as complex systems has shaped the Think City approach. Assessing the local context of people and place, engaging community and stakeholders in designing solutions are as relevant to urban rejuvenation as it is to good health promotion.

Even though most programmes have not been planned with specific health outcomes in mind, the healthy lifestyle benefits can be easily recognised. A variety of initiatives will be presented and learning for placed-based NCD prevention strategies shared.

In order to reduce the burden of NCD for individuals, families and societies and also meet the 30% premature mortality reduction by 2030 target set in SDG target 3.4, we do not just need to develop scalable interventions but involve all sectors. Identifying interventions led by other sectors, particularly civil society, and whose primary focus may not be NCD prevention but are resulting in healthier environments and lifestyles can be harnessed and supported to increase the intensity of interventions to achieve population-based health outcomes.