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Urban Health Strategy: Needs and Priorities

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The global population growth in the next three decades will occur in urban areas in a massive way with the huge migration of rural middle and lower –income societies to nearby cities. Most of these migrants, generally of low human and financial capital on arrival in the city, will settle in slums, in areas of concentrated poverty and environmental vulnerability that are already a dominant feature of much of the urban landscape of the developing world.

For the first time in history, more than half of the world human population, around 330 crore, started to live in urban areas since January 2009. This is expected to swell up to 500 crore by 2030 AD. The growth in urban population is set to outstrip by a wide margin those in rural areas. Many of the new urbanites will be dominated by poor and distressed population demanding health services free of cost.

Urban Population growth in Bangladesh

Bangladesh is no exception to the trend of urban population growth. Even at present, near about 30 percent of the population, about 45 million, live in urban cities. With this trend of urban growth, the country will be half urban within next 20 years.

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This strategy is prepared to ensure equitable, accessible and sustainable health services in urban areas to address the overarching objectives of poverty reduction through providing basic health services to the poor more exclusively on primary health care, reproductive health services, and nutrition to improve living conditions of the urban poor under challenging environment and also to increase capacity to respond to opportunities resulting from economic growth.

Among the 19 mega-cities of the world, Dhaka stands now in 9th position with about 13.0 million inhabitants, of which 36% live in slums. According to UN Department of Economics and Social Affairs /Population Divisions, Dhaka's position in terms of population shall be 4th in 2025 with 22.0 million ranking after Tokyo (36.4) Mumbai (26.4) and Delhi (22.5) and followed by Sao Paolo, Mexico city, New York etc.

Urban Health related challenges

Health and health-related behavior in urban areas of Bangladesh with possible vulnerabilities and environmental risks in the urban setting has emerged as prime concerns for adopting a national strategy. Some major health related challenges of urbanization are:

a) Disease profile increases very fast in urban areas. With the growth of urban population, spread of slums and squatters, and the rate of maternal mortality and infant mortality have increased disproportionately. Similarly HIV/AIDS, TB/Leprosy Syplhiis/ Gonorrhea, Dengue / Malaria, RTI/STI, along with other cardiovascular diseases are increasing very fast.
b) **Solid waste generated by urban areas**. The challenges will be enormous by 2020 when the demand for removal of solid waste will rise to about 50,000 tons/day from the present figure of about 15000 tons /day.
c) About 36,000 tons of **medical waste** is generated every year in Bangladesh, out of which about 7,200 tons is hazardous.
d) **Food contamination and adulteration** with dangerous substances, colors, and chemicals are widespread in the country. There are limited sophisticated analytical laboratories with proper equipment and chemical supported by well trained analysts and technicians.
e) **Animals are slaughtered in open places** adjacent to the wet markets or on the roadside areas without proper facilities, sanitation and drainage. There is no modern slaughtering house in 6 city corporations and 310 municipalities.

Urbanization is inescapable

The urbanization is an inescapable trend of modernization and should, therefore, be taken as inevitable. Many policy makers suggest preventing urban growth by discouraging rural urban migration, with tactics of evicting squatters and denying health services and other facilities. These attempts to prevent

migration from rural areas proved futile, counter–productive and, above all, violation of fundamental human rights.

Needs of Urban Strategy

This scenario suggests drawing an urban health strategy urgently. The Health, Nutrition and Population Sector Program provides opportunity for the same but no initiative is visible.

Considering its importance, modern city fathers and governments, as such, are very inclined to frame an **urban health strategy for better and healthy living in urban areas.** Improvement in the health status is the indication of poverty reduction. Therefore, investment in the health sector in future must be significant to reduce the health poverty.

Strategy to address impending issues and ensure effective coordination

Formulation of urban health strategy is very urgent and any delay might cause disaster in urban public health scenario with multiple problems, recovery from which could be difficult and too late.

The urban health strategy can make provision for effective mobilization of community outreach workers and voluntary health workers. There could be Family Health Card and Red Card at least for 30% for the poor. Ward Committees should take the responsibilities of monitoring the urban health service.

In consideration of the above, the **draft of the Urban Health Strategy is prepared for eliciting public opinion and possible improvement with the consultation with experts, opinion leaders, stakeholders, development partners and all segments of the society as far as possible.**

To maximize the health outcomes in urban areas, a comprehensive and concerted effort is required with the formulation of Urban Health Strategy. **This draft strategy paper outlines certain basic principles and a few key strategic interventions.** Besides, municipal public health governance to ensure food and water safety, improve solid waste, and expand access to urban population with environmental and primary health care services is highlighted. An important cross-cutting theme would be to mainstream private sector participation to improve effectiveness and efficiencies and value for money of public health interventions. The strengthening of service delivery through uniform service model, involvement of community with outreach workers, empowering institutional arrangement and inter departmental convergence are elaborated.]

Background, Vision, Objective

Achievements of Bangladesh in health and population Sector

Over the last 37 years since independence, Bangladesh has made gained substantial improvements in the health status and acceptance level in family planning. Life expectancy at birth increased from 54.8 (1981) to 65.4 (2006), crude death rate declined from 11.5 (1981) to 5.6 per 1000 population (2006), and Total Fertility Rate dropped from 6.3 (1975) to 2.7 per woman (2007). Furthermore, Infant Mortality Rate has decreased from 87 (1993) to 52 per 1000 live birth (2007) with more rapid gains among girls. The contraceptive prevalence rate has increased to 55.8 in 2007 although there must be enough investment to attain the Replacement Level of Fertility (Mitra and Associates, ORC Macro 2008).

The remarkable success is that population growth rate declined to 1.39 percent from the level of 3.3 in 1975.

Major challenges in Health, Nutrition and Population sector are as follows

i) Urbanization is a major challenge in view of the rapid growth of urban population at the rate of 6% or more and around 30 % of the population live in urban cities at present. Within next 20 years, it is expected that the urban: rural population will be 50:50 creating major challenges for the health services delivery system.

ii) Climate change is a threat in view of the fact that one meter rise in water in the coastal belt shall make around 50 million people climatic refugees. Besides, environment pollution, growth of slums and squatters are responsible for increased disease profile like hypertension, STI/ RTI, malaria, kalazar, dengue, syphilis / gonorrhea, TB /Leprosy etc. Solid waste management, medical waste disposal, food adulteration etc shall emerge as threat to the normal life of the city dwellers.

iii) Population Growth: Although population growth at present is 1.39% and the TFR is 2.7 per women, Bangladesh is a low fertility country, but the growth of population is a threat to social and economic fabric of the country in general and health service delivery system in particular. This country with a small geographical boundary cannot contain such a large size of the population with one of the highest densities per square kilometer.

iv) Ageing population: As at present, the life expectancy at birth is 65 years and the percentage of ageing population is around 6 per cent. This size is going to

increase rapidly with the change of medication and maximum people rushing to urban areas for health care services.

v) Communicable and Non- communicable diseases: The danger of communicable diseases to spread and contaminate others is much wider in urban cities.

vi) Health Financing: Health financing in the urban areas from the government in comparison to rural areas is insufficient in relation to its demand. Ministry of Health and Family Welfare has no adequate infrastructure facilities in urban areas although Local Government Division is providing health care delivery system with the support of City corporations and Municipalities. Urban Primary health Care Project of LGD with the support of ADB, DFID, SIDA, UNFPA and ORBIS is providing commendable services under the Public–Private Partnership model. Besides, private sector hospitals and clinics are providing health services with the little opportunity of access and affordability of the poor.

vii) Human Resources Development: There is an acute shortage of trained manpower to provide health services in the urban areas. The shortage of nurses, paramedics, medical technicians is so acute that even some private clinics fail to provide quality services in spite of their good intention. The turn-over of the service providers is very frequent in UPHCP11.

viii) Good Governance: The total health and family welfare services need to improve good governance in service delivery as well as administration of the sector wide management. This area needs more attention while urban services are required to be more transparent and accessible to the poor and vulnerable communities.

ix) Inequities in health services delivery and gender violence: The inequity is a critical problem in the health care delivery system with preference to rich and capable persons. Besides, gender violence is also more distinct and visible in urban localities due to many social and economic factors related with urban living.

x) Supervision and monitoring: Supervision and monitoring is weaker in urban areas in relation to rural areas.

xi) The stewardship role of the government. The stewardship role of the government, especially city corporations and municipalities and health department, is not as strong and prominent as expected. Administrations of City Corporations and Municipalities are dominated by political wisdom rather than service providing discipline.

Of all the challenges, the dominant one is to provide health services and overcome issues relating to health and family welfare, specially to achieve the millennium development goals. The fast growing population in urban localities is in fact demanding highest consideration of the government to mobilize resources and formulate a new strategy to address the issues relating to urban health and reproductive services.

In consideration of the above, it was felt necessary to prepare Urban Health Strategy paper indicating the areas of major interventions to be taken in near future.

Vision of the Strategy

The vision of the Urban Health strategy is to ensure the improvement in the health and reproductive health status of the urban population, especially the poor, marginal population, mother and child, aging population, slum dwellers distressed and deprived people.

Besides, the vision is to ensure environmental health through improvement of waste management, food safety and safeguards from diseases. This is also to ensure food safety, safe drinking water, controlling air and sound pollution, and above all, maintaining the urban areas clean and green.

The Purpose of the Strategy

This strategy is prepared to ensure equitable, accessible and sustainable health services in urban areas to address the overarching objectives of poverty reduction through providing basic health services to the poor, more exclusively on primary health care, reproductive health services, and nutrition to improve living conditions of the urban poor under challenging environment and also to increase capacity to respond to opportunities resulting from economic growth.

Guiding principles of the Urban Health Strategy are as follows

1. UHS is viewed as an overall development issue.
2. Embedded in all national planning frameworks related to population welfare and urban inhabitants in particular.
3. Special focus on marginalized population and the extreme poor dwelling in urban slums in distressed living conditions.
4. Emphasized on gender sensitivity and maternal and child health issues.
5. Stressed on PPP and GO-NGO collaboration.

6. Attached importance on the sustainability of interventions.
7. Stressed on good governance issues and excellence of management.

Goals

By 2020, urban health situation shall improve significantly with access to health, nutrition and family planning services required to achieve the targets of millennium development goals and an enabling environment, socially secure and demographically desirable..

Time Frame

- UHS to span over a period of 10 years from 2010 to 2020.
- UHS strongly encapsulates long term perspectives while goals articulate some urgent interventions and objectives.
- Scope for periodical review and adjustment with impending situation and rapid responses.

Needs of the Urban Strategy

- The global population growth in next three decades will occur in urban areas.
- Half the world population, 3300 million, started living in urban areas, January 2009.
- In Bangladesh 30 % now live in urban areas and shall be 50:50 by 2040.
- Dhaka will be 4th Mega city in 2025 with 22 million people.
- Challenges of urbanization enormous with spread of slums and many diseases.
- Environmental health, occupational hazards, increased trauma.
- Urban health strategy to provide better health services for persons living in urban areas.
- Urban health strategy envisages certain principles and key strategic interventions.
- Suggest key strategic actions to implement policy reforms.

Urban Poverty

- Poverty has long been associated with the rural masses in developing countries. With the growth of cities, poverty is increasingly becoming urbanized. Many of these urban poor live in absolute poverty.
- UN Habitat 2003 estimates that there are currently more than 1000 million

slum dwellers in the world, making up one-third of the global urban population. This number could grow to 1.5 billion by 2020 unless significant health and infrastructure interventions and pro-poor housing and land tenure policies are undertaken. Asian cities are already facing significant challenges in targeting these populations with health services and will face greater burden in the future**.**

- Urban health conditions of the poor are characterized by poor housing, living under flimsy structures, poor sewerage and drainage, and inadequate water supply, and irregular disposal of solid waste, which are are responsible for contamination of different diseases.

Objectives of the Strategy

Millions of people living in urban areas demand better living conditions, and 6 city corporations and 309 municipalities need strengthening of their capabilities to provide health nutrition and family planning services in urban localities.

About 30 % or about 45 million of the country's population live in urban localities. The cities are comprised with rich, middle class, slum dwellers and extreme poor population. The nature of the population is diverse, education level different, needs and priorities of health services are also diversified.

Considering the paucity of information, accurate statistics and adequate knowledge about the number and nature of urban population and also the service providing facilities now available in urban localities, it was felt very urgently to formulate urban health strategy for Bangladesh. Besides, Mid Term Review Mission in 2009 for the Urban Primary Health Care Project recommended formulating a strategy paper in consultation with all relevant ministries and divisions and concerned stakeholders.

In consideration of the above, the UHS is prepared with the following objectives:

1. To improve the health status of the urban population
2. To strengthen the capacity of the local level institutions, city corporations and municipalities
3. To create positive change in the health care delivery system in the urban areas
4. To institutionalize the Referral system
5. To strengthen pro-poor targeting interventions and provide services to underserved and marginalized population

6. To provide services through infrastructure development and ensure private-public partnership
7. To ensure solid waste management and hospital waste disposal and reduce food adulteration and other environmental health hazards
8. To reduce communicable diseases, risk of epidemic out-breaks in urban areas
9. To generate awareness and enhance community participation
10. To ensure safe drinking water, proper sanitation and general awareness about the health and hygiene
11. Generate awareness and enhance community mobilization through IEC/ BCC to supplement and make the above interventions effective.

Urban Health Scenario: an Overview

Urbanization: engine of growth and incubator of civilization

"We have entered the urban millennium. At their best, cities are engines of growth and incubators of civilization. They are crossroads of ideas, places of great intellectual ferment and innovations—cities can also be places of exploitation, disease, violence, crime, unemployment, and extreme poverty…..we must do more to make our cities safe and livable places for all." Kofi Annan (2000)

Over 90 percent of the world's population growth in the coming two decades will occur in developing cities – most of it in urban slums. If developing cities are well managed, they will be engines of economic growth, national prosperity, civil harmony and global peace. If not, rapid urbanization will poison the air we breathe, create life threatening water shortage, deplete valuable natural resources, strangle economic growth, widen income disparities and increase the spread of disease. Failure to manage the growth of developing cities will lead to increased political, military and civil conflict, which is likely to have profound effects on global security.

Urbanization is the physical growth of urban areas as a result of global change. Urbanization is defined by the United Nations as movement of people from rural to urban areas with population growth equating to urban migration. **Urbanization is closely linked to modernization, industrialization and the sociogical process of rationalization.**

As more and more people leave villages and farms to live in cities, urban growth results to develop as conglomeration of human habitation.

The rapid growth of cities like Chicago in the late 19th century and Shanghai in 20th century can be attributed largely as symbol of urbanization.

Growth of Urban Population

A city is defined as a community with a large enough population and resource base to allow specialization in arts, crafts, services, and professions. An incorporated community is defined as a city when it has more than 2500 residents as urban regardless of size. Beyond about 10 million inhabitants, an urban area is considered a super city or a mega city. At the beginning of the Industrial Revolution, only 3 % of the world population was living in cities and it is about 50 percent now. In USA, about 79% of the population is urban.

The world cities are growing at unprecedented rates. This growth in developing regions of the world is posing a serious challenge to the development efforts and health services delivery system across the world. From the late 1970s to 2000, the world's urban population doubled, and soon more the than half the world's population will be urban rather than rural.

The global proportion of urban population rose dramatically from 13% (220 million) in 1900 to 29% (732 million) in 1950 to 49% (3.2 billion) in 2005. The UN World Urbanization Prospects Reports projected that the figure is likely to rise to 60% (4.9 billion) by 2030 AD.

The global population growth in the next three decades will occur in urban areas in a massive way with the huge migration of rural middle and lower income societies to nearby cities. Most of these migrants, generally of low human and financial capital on arrival in the city, will settle in slums, in areas of concentrated poverty and environmental vulnerability that are already a dominant feature of much of the urban landscape of the developing world.

For the first time in the history, more than half of the world human population, around 330 crore, started to live in urban areas since January 2009. This is expected to swell up to 500 crore by 2030. The growth in urban population is set to outstrip by a wide margin those in rural areas. Many of the new urbanites will be dominated by poor and distressed population demanding health services free of cost.

Bangladesh is no exception to this trend of urban population growth. Even at present, near about 30 percent of the population, about 45 millions, are living in urban cities. With this trend of urban growth, the country will be half urban within

next 20 years. So migrated population, mostly poor, shall demand employment, education, water, sanitation, electricity and health care services placing enormous strain on urban institutions and the nation as whole.

Among the 19 mega cities of the world, Dhaka stands now in 9th position with about 13.0 million inhabitants of which 36% lives in slums. It indicates that every third person is a slum dweller in Dhaka city as at present. According to UN Department of Economics and Social Affairs /Population Divisions, Dhaka's position in terms of population shall be 4th in 2025 with 22.0 million, ranking after Tokyo (36.4), Mumbai (26.4), and Delhi (22.5), and followed by Sao Paolo, Mexico city, New York etc.

Urbanization is a trend and an inevitable phenomenon

The urbanization is an inescapable trend of modernization and should therefore, be taken as an inevitable phenomenon. Program of Action of ICPD 1994 called upon governments to "respond to the need of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate health and social problems".

Key Strategic Actions

Key Strategy 1. Universal Coverage

The Urban Health Strategy proposes to target the entire urban population of Bangladesh covering 6 city corporations and 309 municipalities existing at present and the number that might increase in future.

The Strategy should maintain the focus on the poor, the marginalized population and the underserved populations with special emphasis on the MCH-FP services in the slum areas.

Key Strategy 2. Strengthening service delivery through a uniform service delivery model

The strategy envisages implementation of a multi-level service delivery model supporting the strong Community outreach intervention. The service package will include, apart from emphasis on preventive and promotional health care, massive BCC campaign with a mix of public health and primary level curative care.

This multi- pronged approach will be taken to intensify the service delivery through a plethora of measures:

Key Strategy 3. Institutionalizing the existing 3 tiers primary health care model

IST tier: Community Outreach Workers: One health worker per 1000 population.

The objective of this intervention of community outreach is to move the health care from institutions to the doorsteps with access of all health and family planning services. The community level operational strategy will include both urban poor and the urban inhabitant in general depending on the demand for getting the services. The red card system as introduced in the UPHCP should be continued for the urban poor, minimum 30 %, as at present. City Corporations and municipalities will mobilize number of workers according to the agglomeration of low socio-economic population residing in a particular award.

2nd tier: Primary Health Care Center: per 5000 population or more poor

Comprehensive Health Care Centre per 10,000 populations

These centers will cater services to a population of 5000 urban poor from a cluster of wards that provides a much better and quality primary health care and special care to mother and child.. These centers will be closer to the community aided by the GIS maps for optimum location. These centers should be maintained by the doctors and nurses etc full time and round the clock to attend the mother and the child.

3rd tier: Referral to tertiary level hospitals like district hospital or specialized hospitals available in the city or municipalities.

The referral facility, the third tier of support will be a system of accepting emergency and refereed client from second tier or other health care centers managed by private or corporate sector. These facilities will serve as a daily OPD besides providing preventive interventions, not available at the secondary level service delivery centers.

Key Strategy 4. Community empowerment and involvement

1. Recruitment of Volunteers, Generation of awareness on health, family planning and nutrition issues through existing community groups and formation of groups in ward communities.
2. Supporting and strengthening existing facilities of ward commissioners and councilors.
3. Preparation of specific action plans at ward level to reflect the operational

strategies and address the specific determinants of health.

4. Introducing new model of service delivery where necessary like PPP with NGOs / Private sector for service delivery, data management etc.
5. Adopting and implementing appropriate BCC strategies to improve health communications. This will combine interactive group and interpersonal methods on the ground, mass media initiatives and advocacy with various stakeholders.

Key Strategy 5. Strengthening institutional Arrangements and inter-departmental convergence

a. To strengthen the stewardship role of the government, the Local Government Division should establish an Urban Public and Environment Health Unit in the Ministry to oversee their activities and provide guidelines and assist the city corporations and municipalities in their normal functions.
b. There should be an Inter-ministerial Central Coordination Committee under the Chairmanship of the Minister in charge of Local Govt., Rural Development and Cooperatives where the Ministers for Health and Family Welfare, Food, Industry, Environment and Forests etc will be members to formulate high level strategy and review the program performance from time to time.
c. There should be Inter –Departmental Coordination Committees in all City Corporations and Municipalities to monitor and assist the health and Family Welfare services, environmental health issues , sanitation etc pertaining in Urban areas. .
d. Ward level committees should also be constituted to coordinate multi-departmental responses including Pure Water Supply, Solid waste management, sanitation and hygiene, hospital waste disposal, tracking of seasonal diseases, emerging and re- emerging diseases, arsenic, avian flu, Dengue Homorganic Fever, HIV/AID, water borne aliments and vector borne diseases.
e. City corporations and Municipalities should be more sustainable with their own resources and there should be more power decentralized for their management and operations. In precise, the City Corporations and Municipalities should be given more autonomy to operate free hand.
f. Capacity building of human resources should be considered a priority issue.
g. Referral linkage with Ward health level establishment and specialized level hospitals at the tertiary level should be established.
h. Regular monitoring and period survey and inter-actions with partner NGOs and Private sector operators will be conducted under this unit.

Key Strategy 6: Strengthening Leadership and coordination: LGD, Mohfw, Mowca, moe, mofdm
Key Strategy 7. Stewardship role of Government and key agencies
Key strategy 8. Introducing and expanding women friendly health services
Key strategy 9. Ensuring quality health care friendly services for ageing population, adolescent and youth
Key Strategy 10. Sustainability of interventions
Key Strategy 11. **Good Governance**

Governance is the manner in which power is exercised in the management of the country's economic and social resources for development. Basic elements of good governance are accountability, predictability, participation, and transparency. In urban health management, the need for good governance is very urgent to satisfy diversified demand for health services by different segments of population with uneven income status.

Key strategy 12. Budgetary support

The annual budget support to HNPSP as at present is hardly 5% of the total budget outlay of which less than 1% is mobilized for urban health care although more than 30 % of the population lives in urban localities. It demands more resources to address multi-ferrous health hazards of urban citizens.

Key Strategy 13. Manpower mobilization

Ministry of Health and Family Welfare has insufficient number of static and outreach manpower to provide services to urban population, urban slums in particular. NGOs, privates sector provide **services which needs support from GOB with technical know how.**

Key Strategy 14. Program support

LGD, MOHFW and other agencies of the GOB might extend support to strengthen the urban health care activities

Key Strategy 15. Implementation Strategy

Urban population shall grow rapidly and 50% of the total population might start living in Cities and Municipalities with in next 20 years. Thus, it demands a separate Ministry to address urban issues. GOB might consider **establishing a new Ministry of Urban Development**

- **A National Institution of Urban Affairs** might start functioning to look into the affairs of cities and municipalities, conduct survey and research, environmental health and sanitations and above all Town Planning
- **National Committee** headed by the Minister LGRD&C to be constituted to provide guidelines and monitor the service delivery system.
- **Concerned Ministries / Departments** might constitute committees headed by Joint Secretary for implementation of UHS in the **Ministries.**
- **Task Force** consisting of all service providers, community leaders and peer groups is to be constituted to ensure the coordination, mobilization of resources and ensure campaign for quality services.
- Periodical survey and Research be conducted to ascertain and assess the needs and demands of the urban health care interventions.

Conclusions

1. During the coming two decades, one of the most important development trends in the world will be the rapid growth in the number of people living in cities, especially in the developing countries. The growth rate of urban population is far higher than population outside the cities. This increase will further aggravate major health issues in urban and semi-urban settings, particularly where low-income groups of population live. The root cause of urban crisis is poverty. Poverty and unemployment in rural areas drive away people to the cities; urban poverty compels them to take shelter in slums and squatter settlements with all associated high risks of health.

2. Urban health problems are complex and linked with socio-economic and developmental issues. Levels of income, water supply, food and nutrition, housing, sanitation, environmental pollution and safety, education facilities all have obvious impact on health. To improve the health of the unnerved and underserved people in urban areas, the health sector needs intensive and coordinated support and increased developmental action from the health–related sectors. To ensure dynamic approach for coordinated action, a strong political will and commitment is a must.

3. The Urban Health Strategy so formulated shall help improve the health care services in urban localities. With the improvement of health care services in urban areas, total health services shall improve significantly. A responsible and accessible health services in urban localities shall in fact help rural population also to get better services**.**

4. To be very precise, as observed in Bangladesh, rural population come to cities and municipal areas for the health care services since they get access to different services, doctor, medicine, pathological examinations etc at a time.

Thus the improvement of health care in the capital shall help to promote the health care services in the country as a whole**.**

- This strategy to be followed by all departments agencies, NGOs, service providers
- Urban health services to be improved as thrust sector mobilizing resources and manpower.
- Health services in urban areas to be made accessible, affordable and sustainable
- Cafeteria approach to be followed in health services delivery
- Pro-poor health interventions to be followed
- Referral system to be institutionalized.
- Hospitals and clinics in urban areas to provide services 24 hours

Health for all depends not only on professional skills, but on personal ability, a healthy environment and sensible choices in the use of scarce resources. The poor urban communities are showing us the road to proceed and achieve our goal to ensure a healthy nation and an excellent generation.