Health and disease have often shaped our cities. The Metropolitan Board of Works and the sanitation system in London were developed in the mid-19th century as a response to the cholera outbreak. The Spanish Flu of 1918 that hit New York very hard is responsible for shaping the current Manhattan. Back home, the city of Surat was hit by the plague in the mid-1990s. The plague is a severe bacterial infection caused by Yersinia pestis, a bacteria carried by rats and transmitted by fleas. Surat's transformation into one of the cleanest cities in India was not only essential but also much needed.

The current Covid-19 crisis has hit cities hard. While cities are working hard on responding to the crisis, weaknesses in the areas of health equity, well-being, and healthy planning, and governance frameworks are unfolding. The ongoing pandemic has severely impacted some global cities like Seoul, Milan, New York, etc. However, unlike some of the previous pandemics, Covid-19 has a much lower mortality rate. Ebola had a mortality rate of 60% while SARS and MERS were at 30%. However, the lower mortality rate of coronavirus pandemic is compounded by the higher risk of transmission, and that makes fight the pandemic real tough. Therefore, as cities shuffle between lockdown and recovery, the question emerges: Will the Covid crisis fundamentally change the city planning? Two points arise from this question — population density and public transport. Let’s look at them in a little more detail.

**Population Density**

The current Covid crisis has reinitiated the dialogue between compact cities versus sprawled development. The discourse so far has been to “decongest” by limiting density to improve quality of life. Compact development has benefits of less motorised travel, improved safety, less air pollution, etc. However, will compact urban form, which means higher density result in the pandemic spread? Theoretically, dense urban areas lead to a lot of “face to face” interaction, which could make them hotspots for pandemics. But the relation between density and exposure is not a straight line. That’s because dense areas may also have greater adherence to guidelines, due to the community spirit. It means that issues like social distancing, mask-wearing, etc, have higher compliance than a low-density area. Also, a dense environment may foster a lot of social interaction, making it easier for people to stay connected with friends, families, and communities while remaining in their residences. It is also seen that healthcare facilities have better and timely access in a dense urban environment. The issue to be discussed is whether or not the infrastructure can support the density.

Chicago city planning has a significant role in coronavirus transmission. However, cities have brought these services to a halt based on the perception rather than any data — also, without understanding how mobility works. The 2011 Census, for the non-agricultural work trips, reveals that of all the people who go to work, only 23% use personal transport, the rest constitute of walking, cycling, or shared transport services. Therefore, it is clear that everyone using individual modes of transportation is neither technically nor financially feasible.

Hong Kong has 13 million riders per day on its metro system, and it has not seen a significant decrease in its usage during the Covid crisis. If public transport was the conduit for the Covid spread, then Hong Kong would have massive infections, but it only has 1,129 cases. Milan, in Italy, which was one of the worst-hit cities due to the pandemic, recently opened its public transport system but has not seen a spike in infections.

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