

URBAN HEALTH IN INDIA & NATIONAL HEALTH MISSION

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Urbanization is a part of economic growth and India is rapidly urbanizing. As per the Census, the level of urbanization in India has increased from 27.81% in 2001 to 31.16% in 2011. In 2017, the numbers increased to 34%, according to The World Bank. With this increasing trend of urbanization, the population in urban areas is on a constant rise. Large proportion of people migrate from rural to urban areas with the expectation of better economic support, better health facilities and cleaner environment, but most of them end up in shanty slum areas. Nearly 30-40% of the urban population lives in urban slums with overcrowded housing, poor sanitation and waste management, lack of clean air and safe water.

The urban poor bear the triple burden of communicable diseases, non-communicable diseases and [road traffic accidents](#) and injuries. Communicable diseases like malaria, dengue, diarrhoea, tuberculosis and pneumonia are prevalent because of the poor and crowded living conditions. Non-communicable diseases are a result of changing lifestyle and diet patterns, smoking and alcohol habits. Along with urbanization, the level of pollution is also on rise. Air, water and noise pollution has more adverse effect on the poor living in the slums. The cause of these health challenges can be attributed to lack of education, employment, poverty, unplanned built environment, polluted environment and other social determinants of health. Adding to the burden of physical and [mental](#)

health, is the poor accessibility and affordability to health care. The cost of private health care services is way beyond their reach and the government facilities also fails to cater to their health care needs.

National Urban Health Mission under the National Health Mission envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out-of-pocket expenses for treatment. Report states that there is a shortfall of 44.4% of urban- primary health centres as per the norms and shortage of 16.7% of doctors, 24.3% of pharmacists, 50.9% of lab technicians and 22.2% of Staff nurses at U-PHCs.

Urban health issues need a multi-sectoral approach. Health dimension should be incorporated into other policies to achieve an equitable and sustainable development. Policies should address issues related to or affecting health at the time of urban planning and designs like proper sanitation, waste management, housing, roads and transport system. Anti-pollution measures should be taken. There is a need to strengthen the primary health care systems in urban areas by making more urban – primary health centres functional and well-equipped and supported by sufficient trained professionals. Introduction of health insurance policies and schemes covering the urban poor families to provide financial assistance for management of their health issues could change the scenario. Designing national programmes to target these population could also be another step that could be taken to deal with this challenge. The social determinants of health like poverty, employment, housing, education, etc should be addressed to overcome these health challenges and make the urban areas a better place to live in.

Urban areas present with great scope and opportunity for the improvement of health indicators and achieve universal health coverage. The time to strategically urbanize is now.



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