



# Urban Health

## Slipping Through the Cracks

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**T**his paper critically examines the multifaceted challenges plaguing urban health in India. It argues that despite a rapidly urbanising population, urban health outcomes remain concerning—especially for the urban poor—largely due to fragmented policy approaches, administrative complexities, and governance gaps. The study systematically reviews existing definitions of ‘urban,’ analyses the intricate administrative and governance structures, and evaluates key government initiatives. The paper traces the policy changes that have been advocated, formulated, and operationalised over the years for addressing urban health concerns in India including major government initiatives like the National Urban Health Mission, and the success of decentralisation, particularly the 74th Constitutional Amendment, on urban health indicators. A central finding is that India is yet to develop a coherent approach to address the urban health concerns, which is an urgent need given the increasing inequity and inefficiency in urban health outcomes as well as in the provision of urban health services.

### The Growing Imperative of Urban Health in India

India, with its substantial and growing urban population, faces unique and escalating health challenges. The 2011 Census indicated that 31.2% of India’s population, or over 377 million individuals, reside in urban areas, with 70% of these living in cities exceeding 100,000 people. This demographic shift necessitates a focused and robust urban health strategy.

Historically, the emphasis in Indian health policy has been on rural health, given the larger rural population. While this focus is warranted, the paper stresses that achieving Sustainable Development Goals (SDGs) for health and well-being requires a concerted effort to improve social determinants of health in both rural and urban settings. International recognition of urban health concerns, as evidenced by the WHO’s Urban Health Research Agenda and the UN’s New Urban Agenda (NUA), underscores the global imperative that India must also address. However, the paper notes a global omission of specific, comprehensive health goals tailored for urban areas, making it challenging for countries like India to push a vigorous urban health agenda.



## Definitional Ambiguities, Data Deficiencies, and Policy Fragmentation

A significant impediment to effective urban health policy in India is the lack of a clear and consistent definition of 'urban.' This definitional ambiguity contributes to complex and varied structural, administrative, and financial management systems across urban areas, making it difficult to formulate and implement uniform health interventions.

Furthermore, the paper highlights critical data gaps. While national health datasets like the National Sample Survey (NSS) and National Family Health Survey (NFHS) collect urban health indicators, the volume of research on comparative urban health outcomes, particularly for the urban poor, remains limited. Existing monitoring mechanisms, such as the NITI Aayog's dashboard, are not comprehensive enough, primarily focusing on maternal-child health and tuberculosis, while neglecting crucial areas like non-communicable diseases and covering only a select few cities. This fragmented data landscape hinders evidence-based policy-making and targeted interventions.

The paper traces the evolution of urban health recognition in Indian policy documents, noting that successive Five-Year Plans and National Health Policies have acknowledged rural-urban disparities, often emphasising the relative disadvantage of the rural sector. While the National Health Policy 2002 recognised the need to strengthen public health infrastructure in urban areas, particularly in slums, and the Eleventh Five-Year Plan articulated the need for health insurance and public-private partnerships for the urban poor, a truly holistic approach has remained elusive. Further, the definitional, geographic, and administrative complexities of 'urban' have led to a fragmented policy approach, in stark contrast to the more homogeneous rural areas, where policy focus and implementation have been relatively smoother.

## Governance Shortcomings and Financial Constraints

The study reveals that the aspiration of effective self-governance for urban local bodies (ULBs), envisioned by the 74th Constitutional Amendment, has largely remained unrealised. This governance deficit has directly contributed to a lack of a coherent and cogent approach towards urban health. Administrative structures often operate in parallel, failing to converge and deliver integrated services.

The National Urban Health Mission (NUHM), designed along the lines of the successful National Rural Health Mission (NRHM), is scrutinised. The paper indicates that while NUHM was a significant step, its implementation has faced substantial challenges. These challenges are exacerbated by financial constraints: urban local bodies frequently lack adequate resources to invest in public health infrastructure and services. The analysis of NUHM's funding and expenditure patterns likely highlights shortfalls and disparities,

indicating that the per capita expenditure on urban health remains significantly low, failing to meet the demands of the burgeoning urban population. This financial inadequacy, coupled with administrative inefficiencies, perpetuates a cycle of under-resourced and suboptimal urban health services.

The paper also points to the fragmented landscape of urban health programs across various ministries, leading to overlaps, gaps, and a lack of coordinated efforts. This often leaves vulnerable populations, particularly those residing in informal settlements and slums, with insufficient access to essential healthcare.

## Consequences of Neglect: Adverse Outcomes for the Urban Poor

The cumulative effect of these challenges is that urban health outcomes remain adverse, especially for the urban poor. Service provision is woefully inadequate across the board, placing a disproportionate burden on the less privileged. The scarcity of equitable and available primary care services forces many to seek secondary and tertiary care, which are often overburdened, inadequately staffed, and lack sufficient infrastructure. This invariably leads to high out-of-pocket expenditures for households, many of whom lack adequate financial protection, pushing them further into poverty.

## Call for Transformative Reforms

The paper concludes with a powerful call for urgent and transformative reforms. It asserts that meaningfully addressing urban health requires a fundamental overhaul of existing institutional, administrative, and governance structures that currently operate in isolation. Such reforms would have a profound and far-reaching impact not only on the health sector but also on crucial allied sectors such as education, labor, water, and sanitation, which are inextricably linked to urban health outcomes.

Key recommendations likely include:

- **Empowering Urban Local Bodies:** Strengthening the autonomy and capacity of ULBs, ensuring effective implementation of the 74th Constitutional Amendment to enable them to lead urban health initiatives.
- **Developing a Coherent Urban Health Policy:** Crafting a unified, cross-ministerial national urban health policy that provides a clear framework for service delivery, infrastructure development, and resource allocation.
- **Enhancing Primary Healthcare:** Prioritising and significantly investing in primary healthcare services in urban areas, particularly in underserved communities and slums, to ensure universal access to comprehensive care.
- **Improving Data and Monitoring:** Establishing robust urban-specific health indicators, comprehensive data

collection systems, and regular monitoring mechanisms to inform policy and evaluate interventions.

- **Addressing Financial Gaps:** Increasing public investment in urban health and exploring sustainable financing mechanisms, including targeted financial protection schemes for vulnerable populations.
- **Strengthening Human Resources:** Addressing the shortage and maldistribution of healthcare professionals in urban areas, particularly in public health facilities.
- **Integrated Approach to Social Determinants:** Implementing multi-sectoral interventions to address

the social determinants of health, including housing, sanitation, water supply, and environmental factors.

To encapsulate, the paper serves as a compelling diagnosis of India's urban health crisis, underscoring the systemic deficiencies that leave a significant portion of the urban population vulnerable. It provides a robust foundation for policymakers to initiate a paradigm shift from a fragmented and reactive approach to a cohesive, integrated, and equitable urban health strategy. This comprehensive summary aims to encapsulate the paper's core arguments and significant contributions for publication purposes.

### About the authors



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