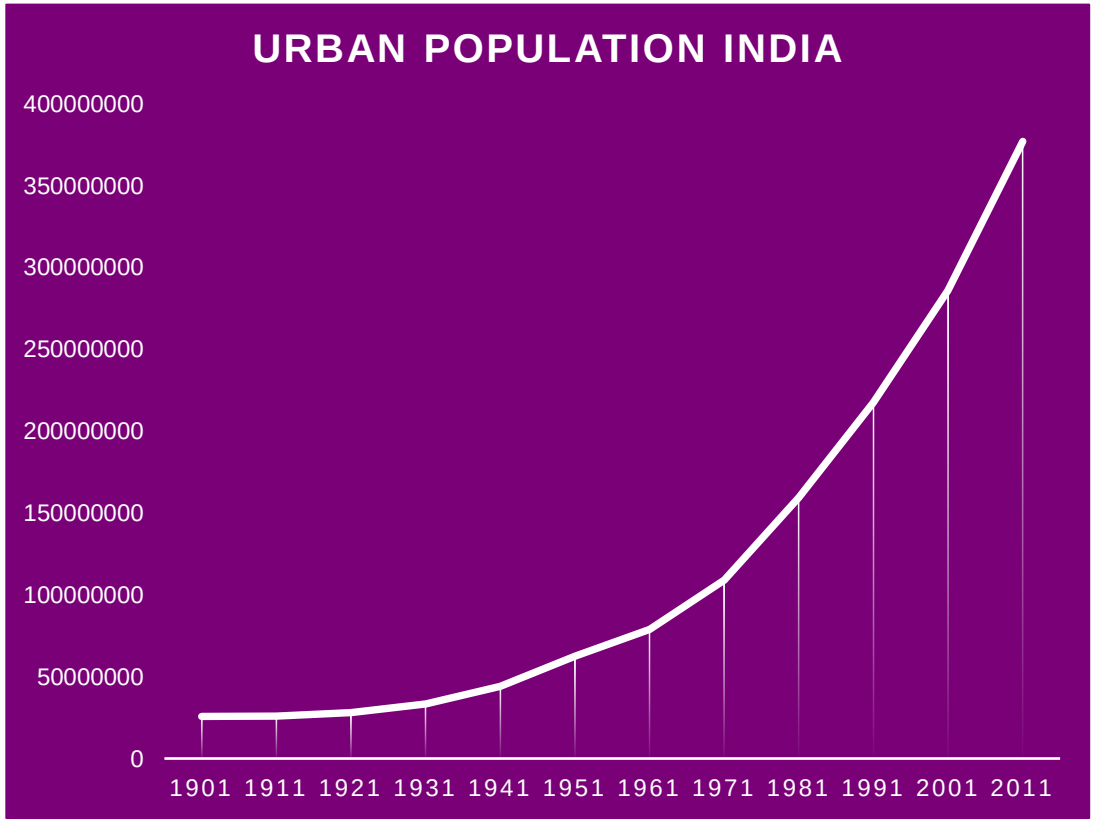
State of Urban Health in Karnataka

3-week
Immersion Experience

December 2022 – January 2023

Urbanization in India



- Urban health evolved during the industrial era in Europe – unhygienic conditions led to “urban graveyard effect” or “urban penalty”
- Innovation in infrastructure (improvement in water supply, sewerage treatment etc) helped solve the problem rather than medical innovation
- South Asia has 4300 years of urban history
- Annual growth rate of 6% and India is expected to be primarily urban by 2045
- Need for focus on Urban Health led to the launch of National Urban Health Mission in 2013

Urban Health Status :Karnataka NFHS 5

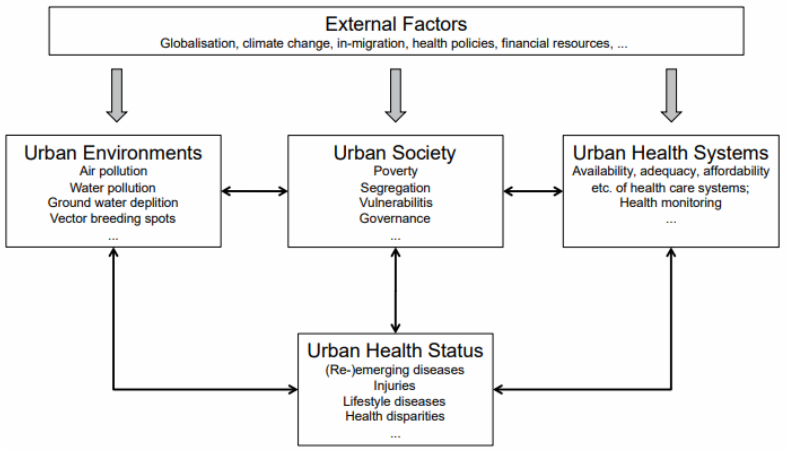
- NFHS 5 data for Karnataka helps visualise gaps in Urban health in the state
- Vaccination level is an indicator of the reach of the Health system
- Vaccination levels are lower in Urban areas than in the Rural areas in Karnataka
- Weak primary and preventive care is evident from high ARI like symptoms, low level of Breast feeding in the first hour and low level of intake of solid foods for children 6-8 months
- Result is the high level of anaemia in the 6-59 months age group
- High level of NCD but screening is poor
- All indicates to a broken primary health care system in the urban areas

	NFHS 5			NFHS 4
	Urban	Rural	Total	Total
Children age 12-23 months fully vaccinated	80	86.5	84.1	62.6
Children with diarrehoea in the last 2 weeks	79.1	67.5	71.3	52.8
Children with Fever or symptoms of ARI in the last 2 weeks	60.8	67.8	65.7	76.9
Children under age 3 years breastfed within one hour of birth	51.8	47.5	49.1	56.3
Children age 6-8 months receiving solid or semi-solid food and breast milk	50.4	43.6	45.8	46.0
Children age 6-59 months who are anaemic	62.8	67.1	65.5	60.9
Screening of cancer among adults ever undergone breast examination for cancer	0.4	0.3	0.4	na

Urban Health System

16 *Carsten Butsch / Patrick Sakdapolrak / V.S. Saravanan*

FIGURE 1: A descriptive urban health framework



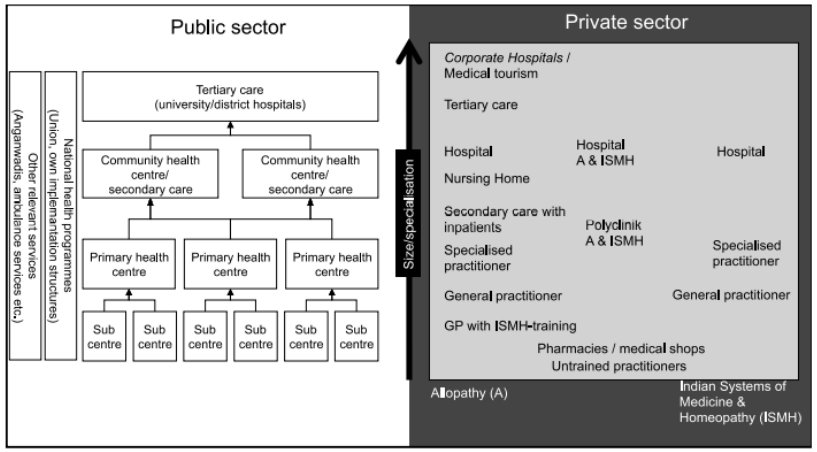
Source: Butsch/Sakdapolrak/Saravanan.

- Urban health framework is complex – urban health is influenced by some factors and it in turn influences these factors
- Poor urban planning and ghettoization has accentuated health problems in cities – further accentuated by air pollution and lack of basic infrastructure like lack of clean drinking water and wastewater treatment plants
- Urbanisation process is accompanied with social polarisation – poor are more vulnerable to diseases
- Changes in lifestyle contribute to changing patterns of diseases – spurt in Diabetes and Heart diseases
- High Out Of Pocket expenses leads to “medical poverty trap”

Urban Health System – Journey so far

- Bhore Commission (1946) – state financed universal health care at low cost
- Alma Ata declaration of “Health for all” was the guiding principle for the 1983 Health Policy
- New Economic policy and declining investment in health and a flourishing private sector with with poor regulation
- Haphazard development of Urban Health systems till NUHM launched in 2013
- Demographic transition and poor town planning has further compounded problems
- At the lowest level- formally trained in Indian System of Medicine provide services to the lowest level and world class hospitals catering to the rich

FIGURE 3: Health care providers in India: the dual structure of provision

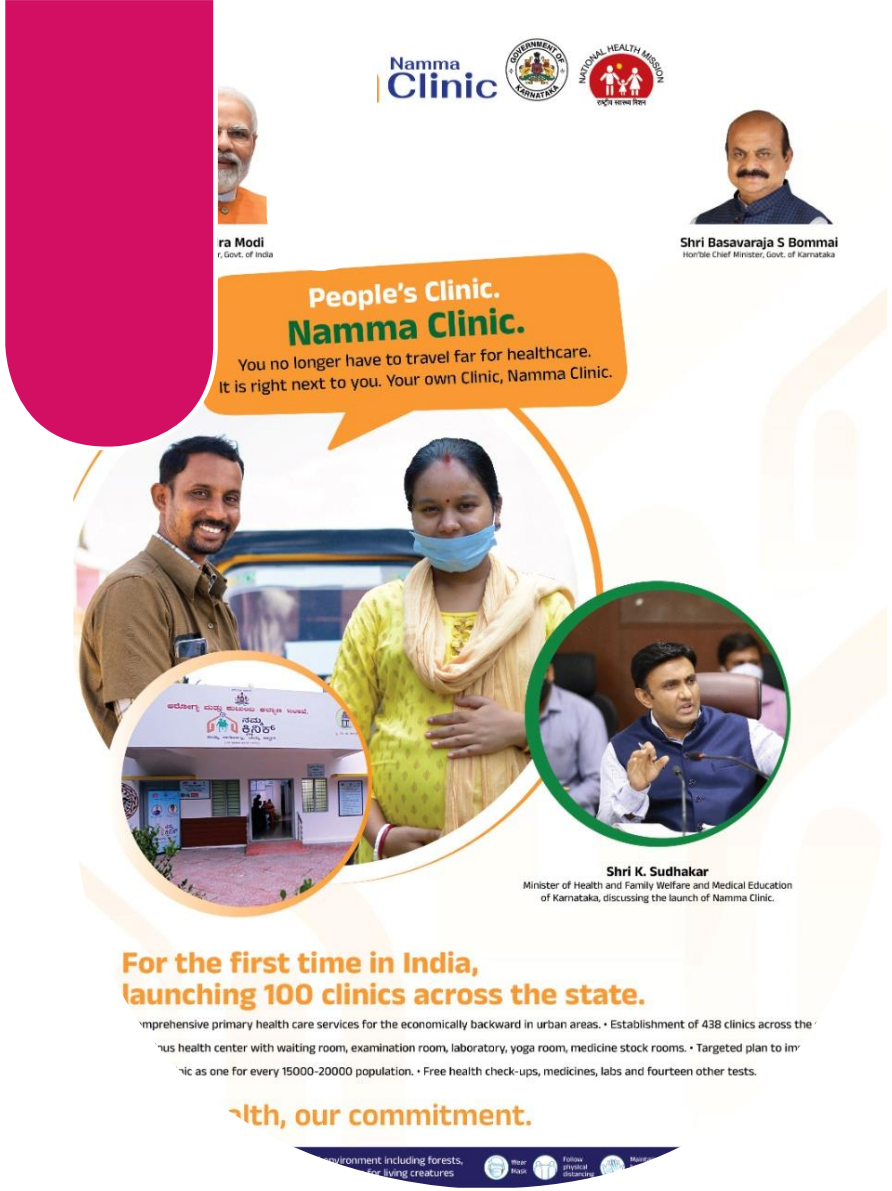


Source: Butsch 2011.

Urban Health System - Challenges

- Declining trend in communicable diseases and increase in Non Communicable diseases
- Multiplicity of service providers – state, Municipalities and private sector: poorly governed with blurred lines of accountability and responsibility between multiple government agencies
- Vulnerable groups are heterogenous and some are invisible as they live in areas not demarcated as recognised and unrecognised slums
- Migration within and to rural hinterland prohibits constant engagement and follow up
- Coverage of the UPHCs is lower than the desired norms
- Lowest quintile : over 30 percent seek services of the private sector

New Initiatives

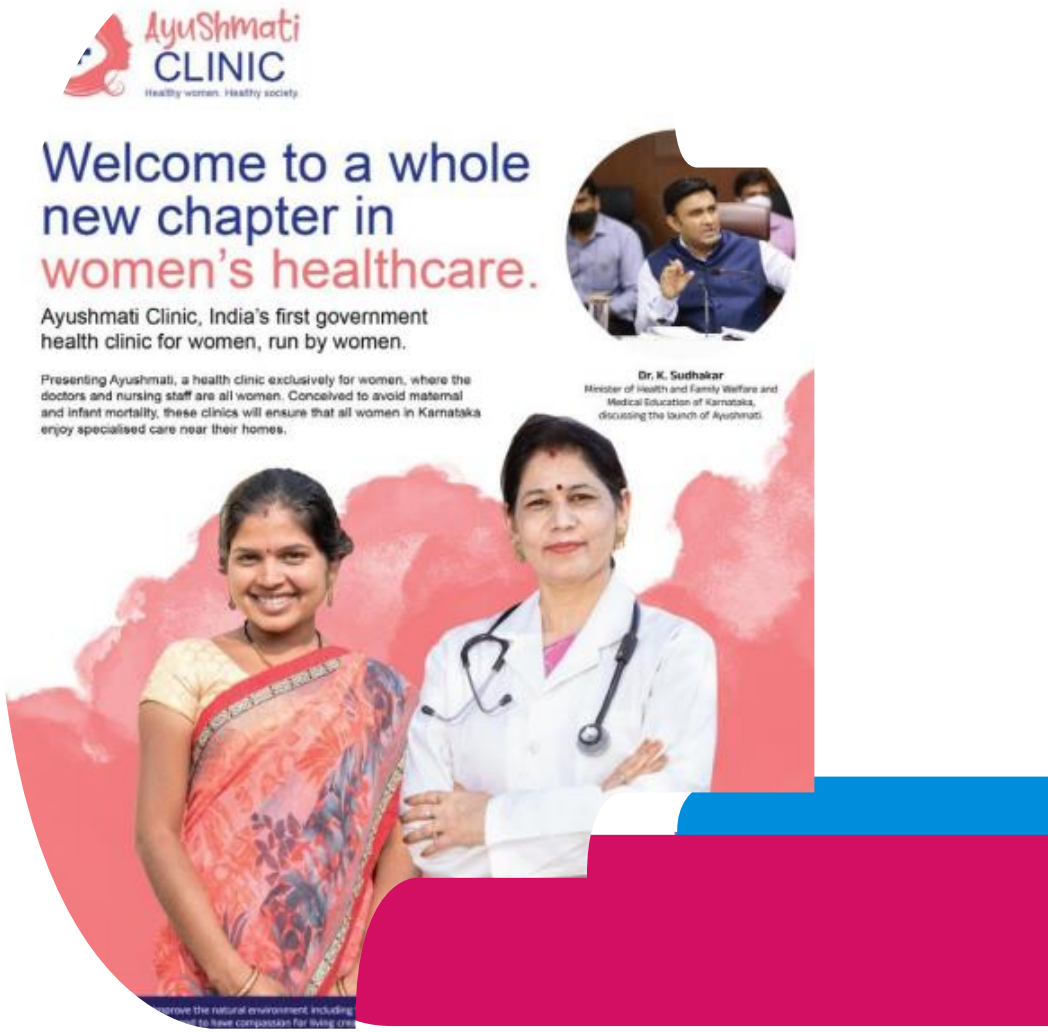


Namma Clinics

- 438 clinics launched in Karnataka
- 243 in the Bangalore Bruhat Mahanagar Palike (BBMP) and 195 across other urban areas in the state
- Estimated annual outlay of 155 crore
- This Urban Health and Wellness Clinic will be manned by a Doctor, Nurse and a Lab technician
- Free Medicines and diagnostics along with promotion of wellness through Yoga
- Expected to improve the public outreach for primary care with focus on preventive aspects

Ayushmati Clinics

- 128 *Ayushmati* clinics to be launched in Karnataka
- Estimated to be set up with an annual cost of 23 crore
- Housed in the Urban PHC with a focus on women's health – Physical examination, Health education, Screening, referral and follow up
- Seeks to provide access to specialist services through polyclinic



Way Ahead

- Increase the level of investment in Urban Health care
- Rationalise Urban Health Centre structures to improve accessibility
- Streamline health provisioning as per norms and use of evidence based interventions
- Improve monitoring, accountability and surveillance among various stakeholders
- Strengthen referral systems, make provisions for free medicines and diagnostics
- Strengthen Community connect

THANK YOU!


Shri Basavaraja S Bommai
for healthcare.
own Clinic, Namma Clinic.
Shri K. Sudhaka
For the first time in India,
launching 100 clinics across th
Your health, our c

Glossary

ARI	**: Acute Respiratory Infection**
BBMP	**: Bruhat Bangalore Mahanagar Palike**
NCD	**: Non Communicable Disease**
NFHS	**: National Family Health Survey**
NUHM	**: National Urban Health Mission**
UPHC	**: Urban Primary Health Centre**