

Need for Dedicated Attention on Urban Health for Achieving Millennium Development Goals in Asia and the Near East Countries

**Special Urban Health Technical Meeting during
Scaling-up FP/MNCH Best Practices in Asia and the Near
East Technical Meeting**

September 5, 2007

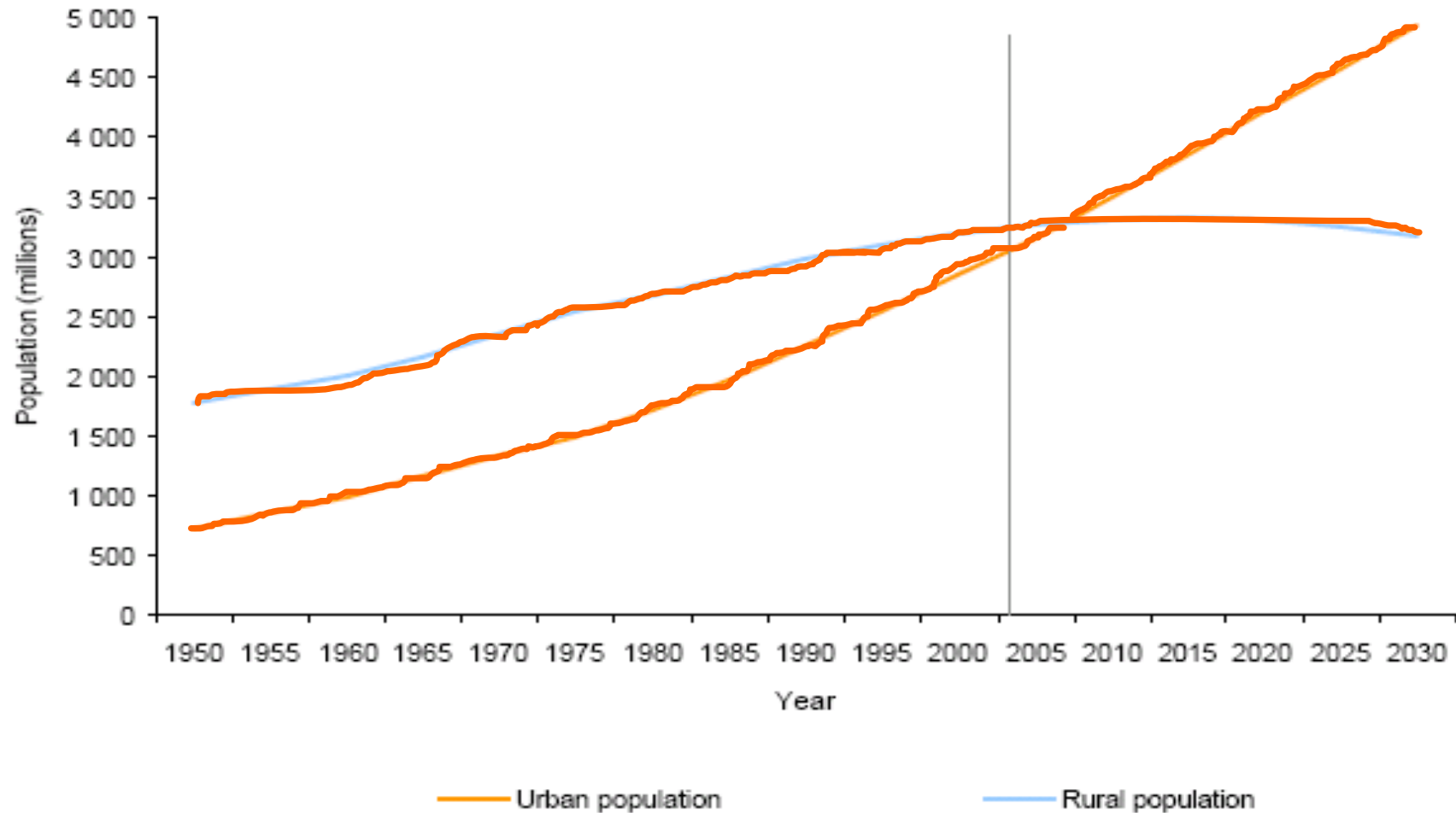
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The World is Urbanizing

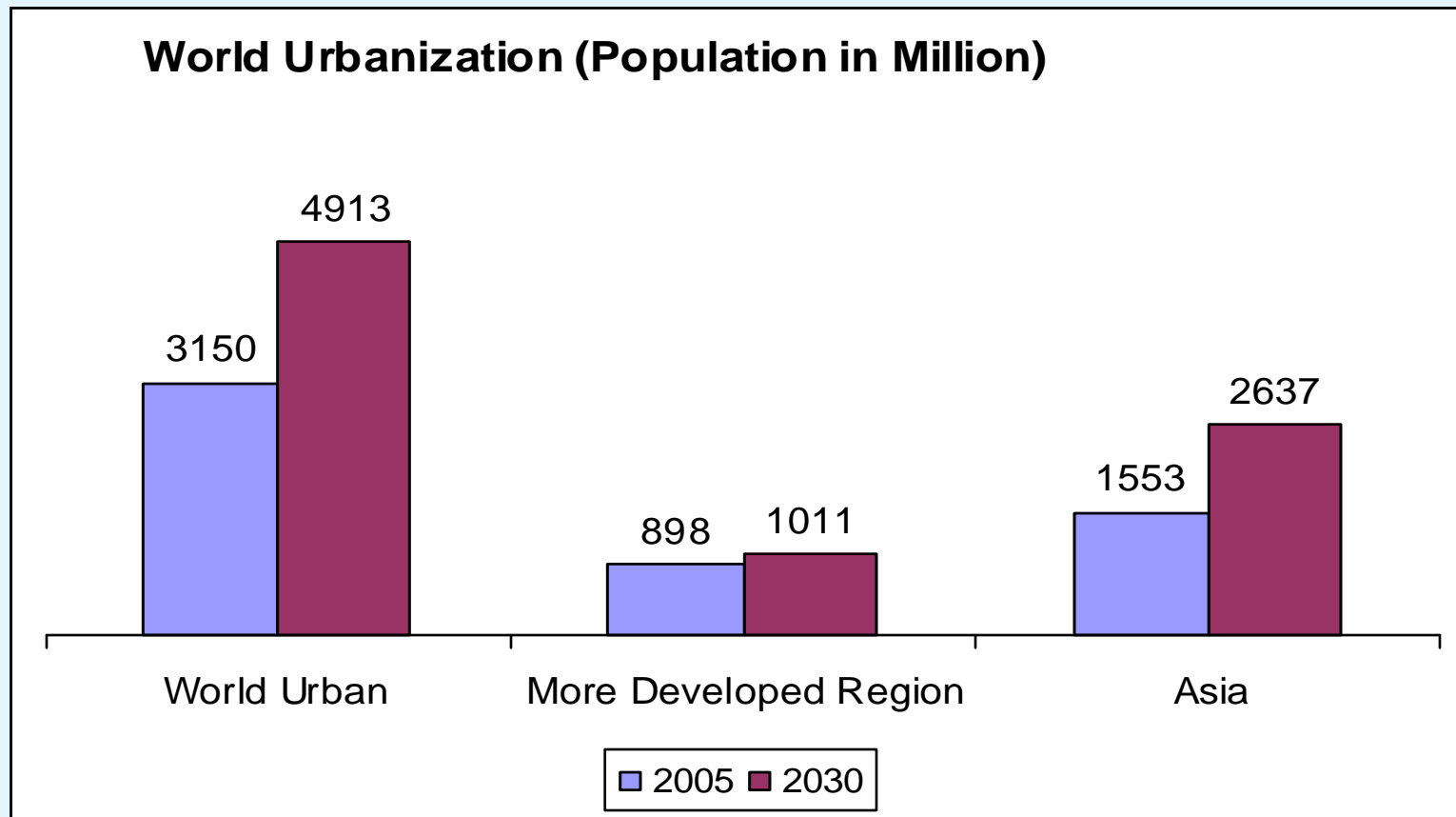


2007: A Historic Year in Demography



Source: United Nations Department of Economic and Social Affairs / Population Division
(World Urbanization Prospects: The 2003 Revision)

Growth of Urban Population in the World (2005-2030)



Data Source: World Urbanization Prospects, The 2005 Revision Population Database

More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

Less developed regions comprise all regions of Africa, Asia (excluding Japan), Latin America and the Caribbean, Melanesia, Micronesia and Polynesia.

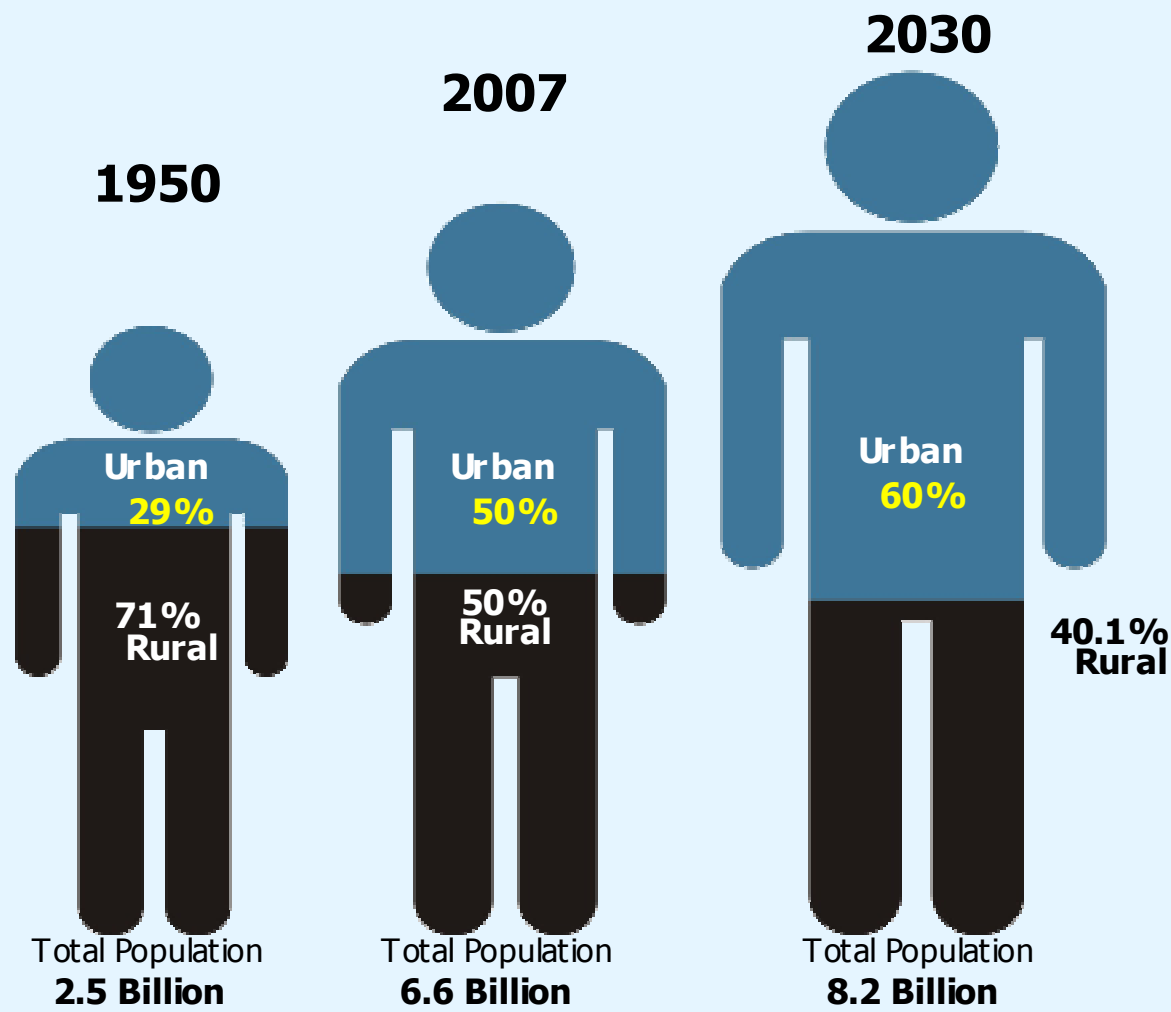
Urbanization Trends in Developing Countries

- Cities of the developing world will account for 95% of urban growth in next two decades.
- By 2030, over half the world's urban population will be living in Asia.
- By 2030, more than 50% Africans will be living in urban areas.

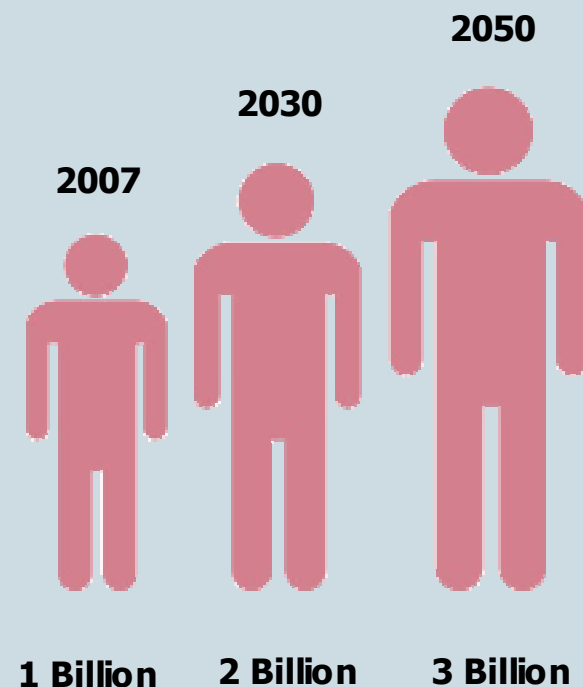
The World is Urbanizing



Population Transition and Projections



Living in Slums



(United Nations, 2005; USAID, 2004)

Urban Transition in Asia

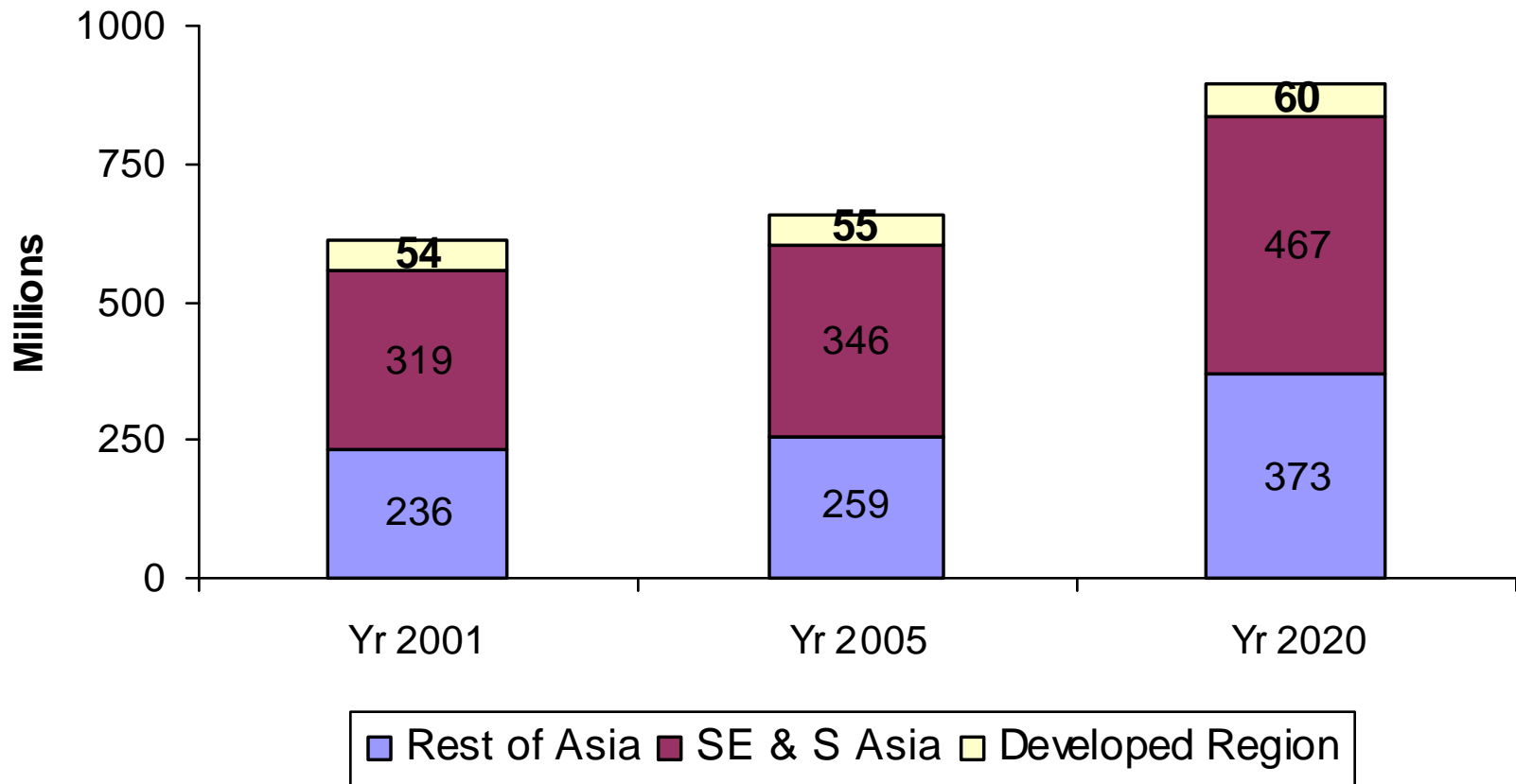
- By 2030 Asia would account for > 50 percent of the world's urban population
- Urban population growth rate-Asia (2.3) vs (0.14) Europe
- Estimates suggest that by 2015, of the world's 27 'mega cities' (\geq ten million people), 18 will be in Asia. (including Delhi, Mumbai, Kolkata in India, Jakarta in Indonesia)
- Number of million persons plus cities in Asia likely to increase from 194 to 288 by 2015.
- More than half of the world's slum dwellers would be living in Asian cities by 2020.

Sources: http://www.adb.org/Documents/Books/Cities_Data_Book/01chapter1.pdf

The State of the World's Cities Report 2006/7 (Urban and Slum Trends in the 21st Century)

World Urbanization Prospects, 2003 Revision, (The Department of Economic and Social Affairs of the UN)

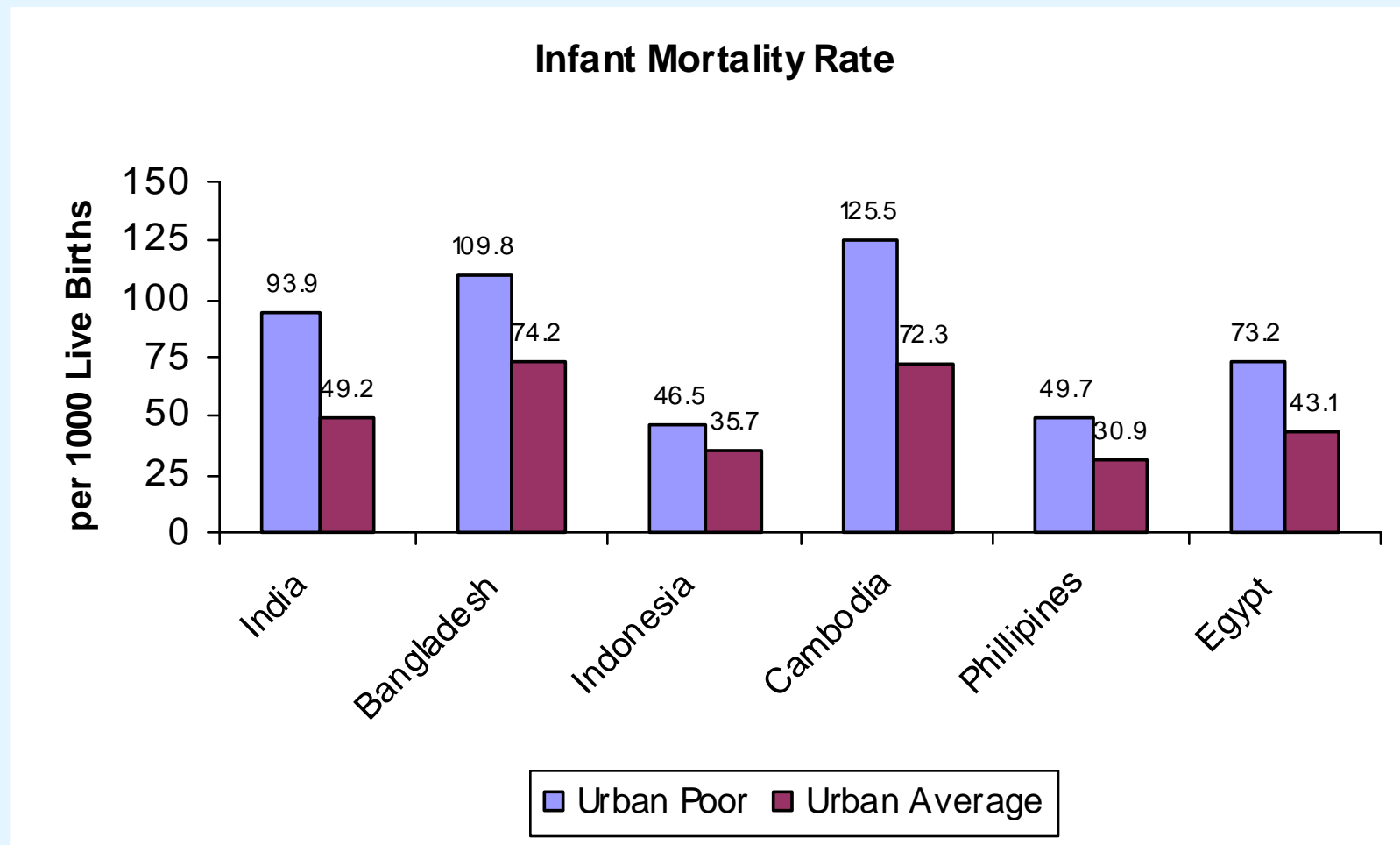
Rapid Slum Population Growth in SE & S Asia



Source: UN-Habitat, Available at, <http://ww2.unhabitat.org/programmes/guo/documents/Table4.pdf>

Health of Urban Poor in Developing Countries

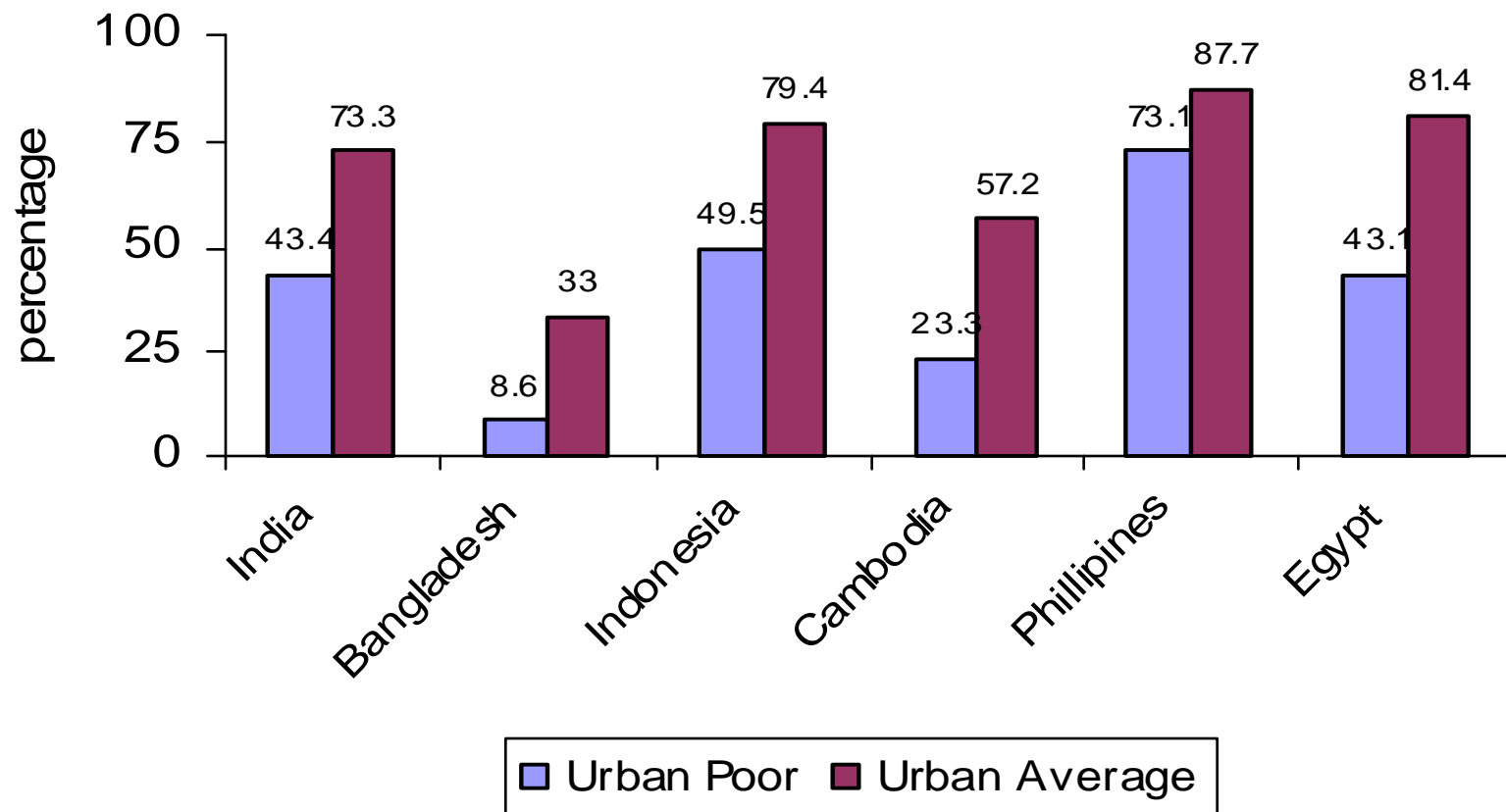
Intra-Urban Inequities



Source:- HNP Poverty Data , World Bank, available at <http://genderstats.worldbank.org/hnpstats/pvd1.asp>

Access to Healthcare of Urban Poor in Developing Countries

Birth Attended by Medically Trained Person



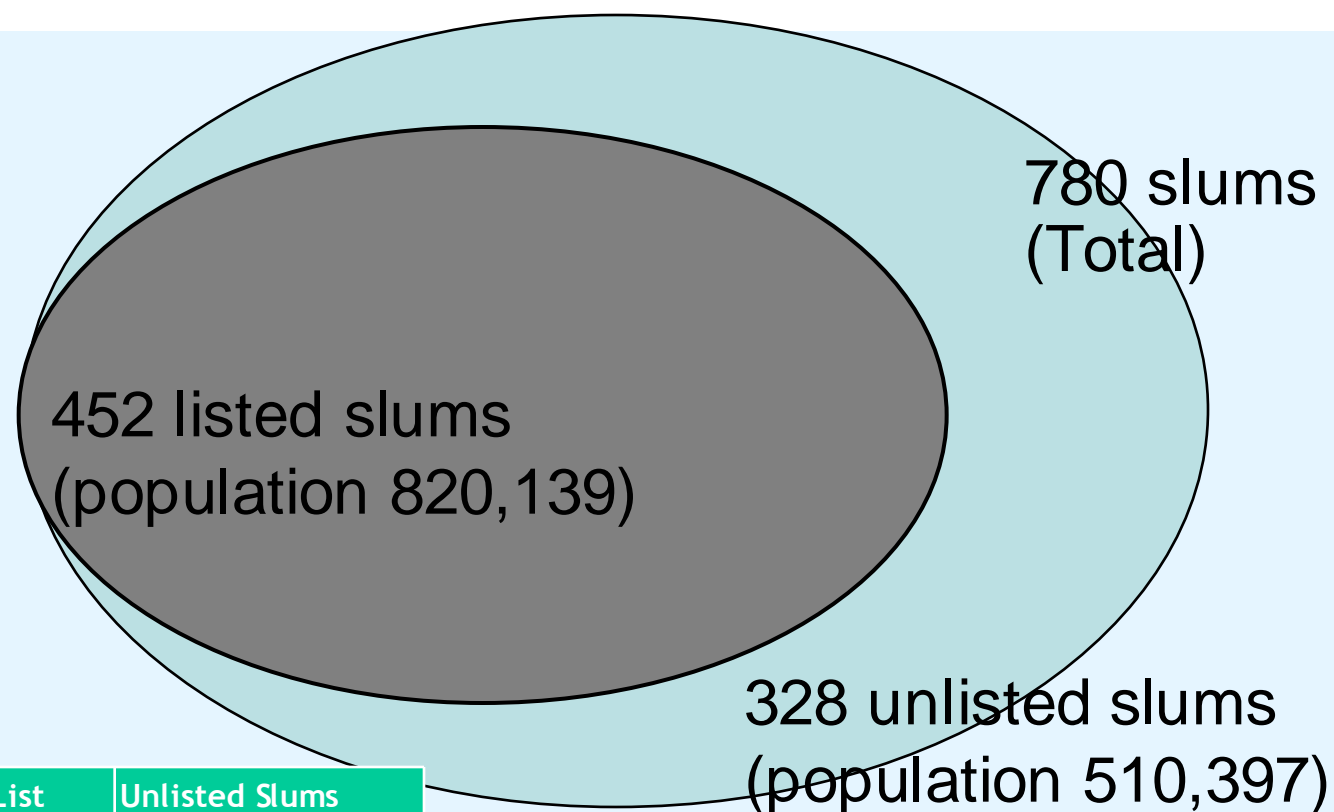
Source:- HNP Poverty Data , World Bank, available at <http://genderstats.worldbank.org/hnpstats/pvd1.asp>

Other Challenges

Policy Related Challenges

- For most National Governments in the Region, the health system remains rural focused with little dedicated policy/program for Urban Health
- Lack of credible data for urban poor related planning
- Urban Slums face social exclusion, illegality and many overlooked by official enumeration systems

Invisible and Un-accounted Slums



City	Slums on official List	Unlisted Slums
Agra	215	178
Dehradun	78	28
Bally	75	45
Jamshedpur	84	77
	452	328

According to NSSO 58th Round (2002) 49.4% slums are non-notified in India

Supply, Service, Convergence Gaps

- Urban poor grossly underserved and having low access to health services
- Greater focus on curative services resulting in neglect of primary and preventive health care
- Lack of coordination among multiple stakeholders
- Weak risk pooling and health insurance mechanisms for the poor

Weak Community Cohesion and Constant Struggle

- Lack of knowledge and social capital among slum dwellers: sense of resignation
- Weak negotiation capacity
- Urban poor struggle against multi-dimensional vulnerability
- Weak family support to mother, need to resume wage earning

Lack of Program Examples, Capacity

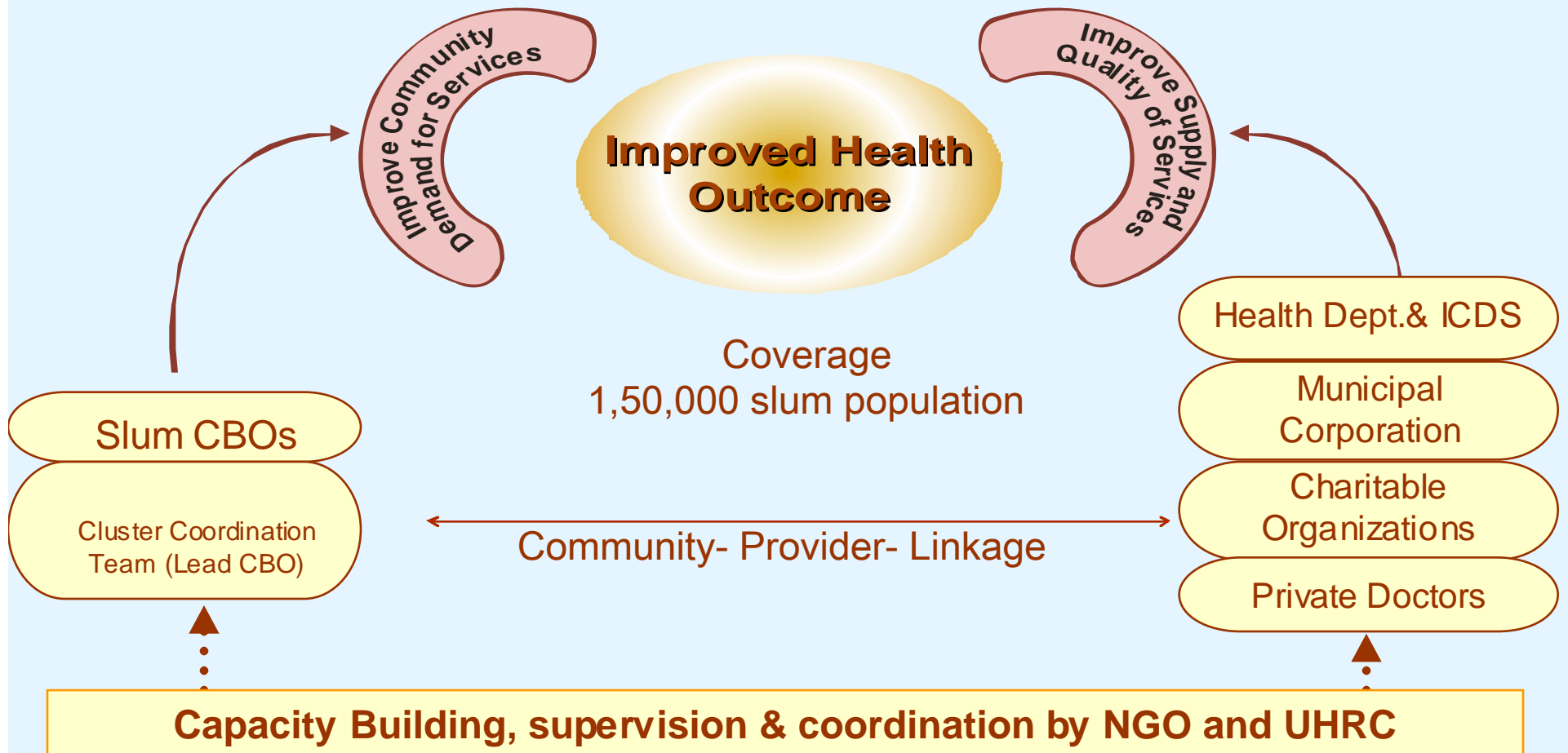
- Very few examples of coordinated, planned slum health programs in most countries in the Region
- Weak capacity among government and NGO managers on urban health

Case Study from India

Urban Health Situation In Indore

- **Growing Urban Poor Population in Indore:**
 - Population - 1.8 million (2001), Decadal Growth (1991-2001) - 47%
 - Estimated slum population - 0.6 million
 - No. of slums - 539; 314 not part of official slum lists
- **Inadequate Health Care Service for the Urban Poor:**
 - 17 primary health care facilities, many functioning sub-optimally
 - Low Access of urban poor to Health Care
 - Limited outreach staff, insufficient interaction with community, irregular outreach sessions
- **Low Demand and sub-optimal behaviors among the Urban Poor**
- **Weak Coordination among different Service Providers**

Linking Slum Communities with Public and Private Services



Encouraging Leadership Among Slum Communities



9 CLUSTER COORDINATION TEAMS

(also called Lead CBOs; 7-9 slums per cluster)

- Plan and negotiate regular health services
 - Referral linkages & coordination with service providers (Health, Water & Sanitation, drainage)
 - Monitor and support *Basti* CBOs in health activities as necessary
- 7 registered as voluntary organizations.

NGOs with support from UHRC undertake periodic program review and implement appropriate improvement measures as identified during review

Building Sustainable Institutions in Slum Communities



BASTI (Slum) LEVEL CBOs

(90 community groups of 7-12 members, including *dais* across 79 slums or *bastis*)

- Community based monitoring
- Counsel slum families on healthy behaviours
- Identify un-reached families and ensure access for them
- Support regular MCHN sessions in slums

Community at Work: Improving Health Services and Behaviors



Registration of beneficiaries - identifying left-outs and drop-outs

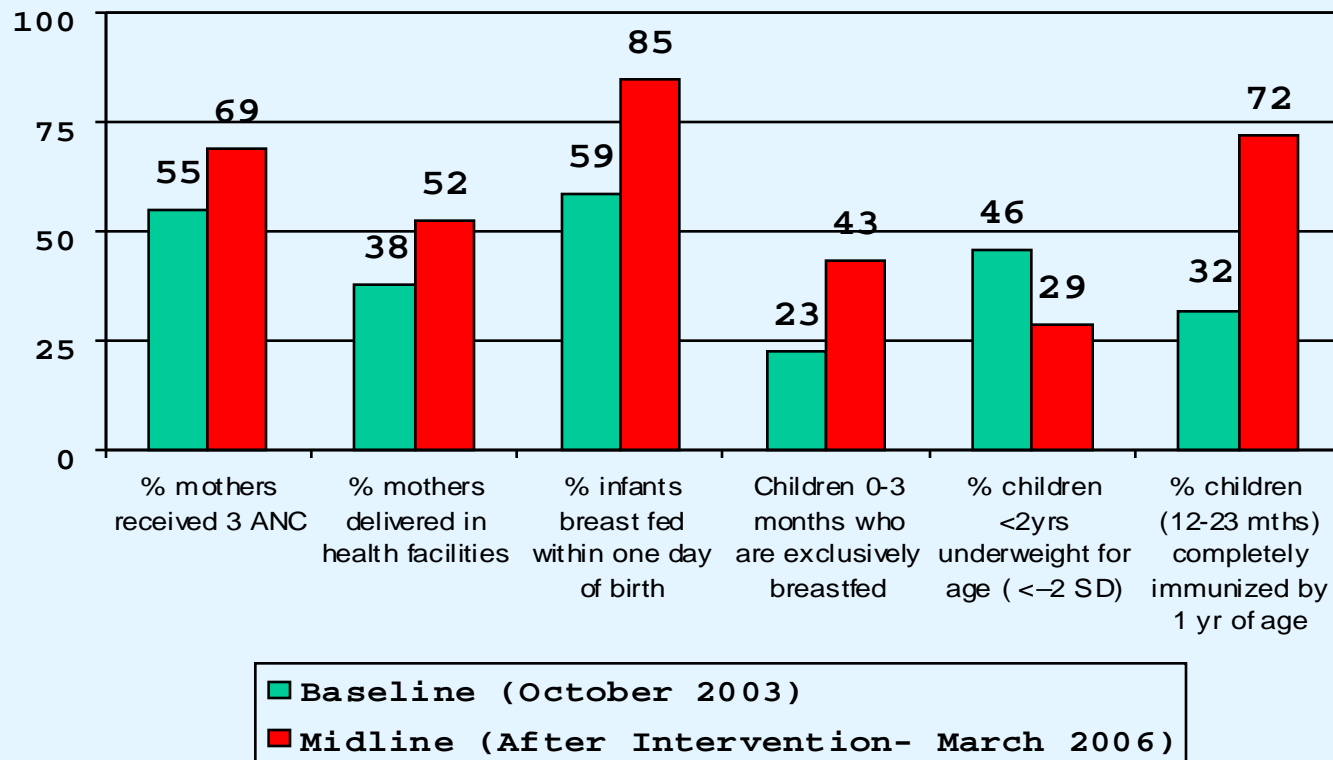


Linkage with the Auxiliary Nurse-Midwife for vaccine administration



Information and community motivation – women arrive for immunization day

Improved Health Indicators in Indore Slums



Urban Health Policy Advocacy in India

- Through use of evidence and gentle, sustained persuasive dialogue, there is growing interest among National and State Governments, Politicians, donors, civil society and Media in India.
 - Urban Slum Health Guidelines issued in Feb 2004 by the Ministry
 - MOHFW, Govt set up National Urban Health Task Force (2006) at the directive from the Prime Minister's office
 - Based on recommendations of the Urban Health Task Force, Govt of India has announced decision to soon launch the National Urban Health Mission
 - Six questions in National Parliament (Jan-Aug, 07) on health and well being of the urban poor, some quoting UHRC's evidence.
 - Growing media interest in health and well being of urban poor

What Can be Done?

- Based on needs, gaps and options, what should be done to ensure adequate health care for the urban poor in programs/countries/regions ?