



**General Studies-2; Topic: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.**

## Role of Local Bodies in Urban Health

### Introduction

- The covid pandemic put a spotlight on urban public health and healthcare system.
- The crowding in our cities makes them natural targets, but our urban health problem runs deeper.

### Urban Healthcare Expenditure and Grants

- In the past, governments have focused on rural health.
- Expenditures under the National Health Mission (NHM), India's primary public health and healthcare delivery vehicle, make this apparent.
- Union government expenditure on urban areas was ₹850 crore in 2019-20, compared to nearly ₹30,000 crore for rural.
- The 2021-22 budget provides ₹5,000 crore for urban primary health through urban local bodies (ULBs).
- These allocations come from the 15th Finance Commission (FC) grants for primary health to the third tier of government.
- Nearly 40% of 15th FC's earmarked health grants— over a five-year period (2021-22 to 2025-26)—are for urban areas.
- FC grants to ULBs provide an opportunity to reshape urban health.

## Why ULBs?

- Municipalities are best placed to understand the needs of the population in their wards and they are closer to the communities they serve.
- They are more responsive to the demands of citizens, given their direct accountability and accessibility.
- Experiences from Argentina and Brazil, and in Kerala, show that the decentralization of healthcare to ULBs is beneficial.

## Status of Urban Healthcare

- Against a target of 9,072 urban primary health centres (UPHCs), only 5,190 are operational.
- Most states do not have urban sub-centres (SCs), people's first point of access for healthcare services.
- There are only 3,000 urban SCs compared to over 150,000 in rural areas.
- As a result, three-fourths of the population accesses basic healthcare at private facilities in urban areas, compared to two-thirds in rural.
- Urban areas also suffer from 'over-hospitalization' of basic care, ideally done in clinics.

## Concerns/Challenges

- With rapid urban population growth, a lack of government primary and preventive health infrastructure in urban India poses a challenge.
- Most municipal bodies lack the technical and managerial capacity to utilize the grants.
- Almost three decades since the enactment of 74th amendment, most ULBs have a limited role in health.
- The reason is a lack of devolution of the health function by state governments.
- Further, healthcare is not explicitly mentioned in the 12th Schedule; only public health is.

## Kerala's Experience

- Kerala's experience can provide lessons.
- In 1996, Kerala granted autonomy to local governments to develop and implement expenditure plans based on local needs.
- This was accompanied by training and the transfer of 35-40% of the state government's development budget to local governments.

## Way Forward

- Covid has highlighted the need to focus on urban preventive and promotive health.
- As urban India's population swells to over half the total by 2050, a robust health system is necessary to ensure people's well-being, resilience and productivity.
- Building and running a health system requires capacities in governance, contracting, procurement, monitoring, and evaluation.
- Establish a state-level project management units (PMUs) to assist ULBs on technical and managerial matters.
- Legislation and governance framework on devolution of health to ULBs from state governments must be made clear.