SAMAGRA

(A Step Towards Transforming Urban Health In India)

Dr. Rakesh Kumar
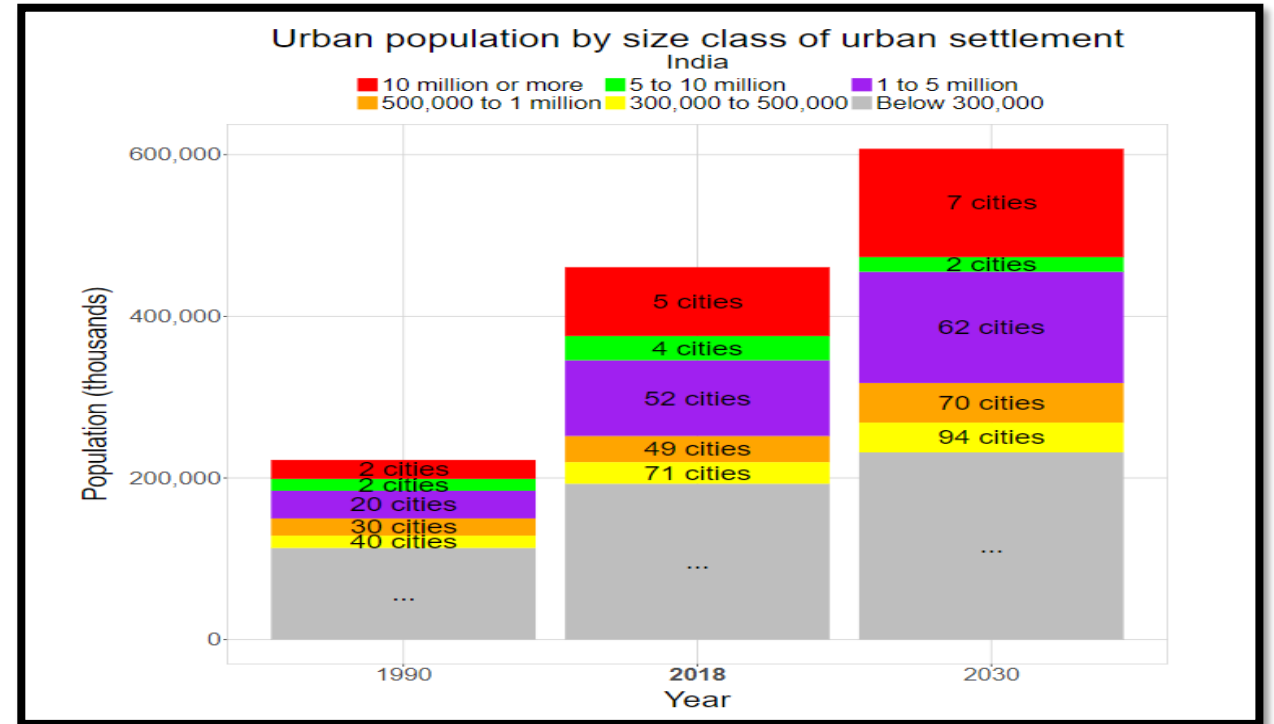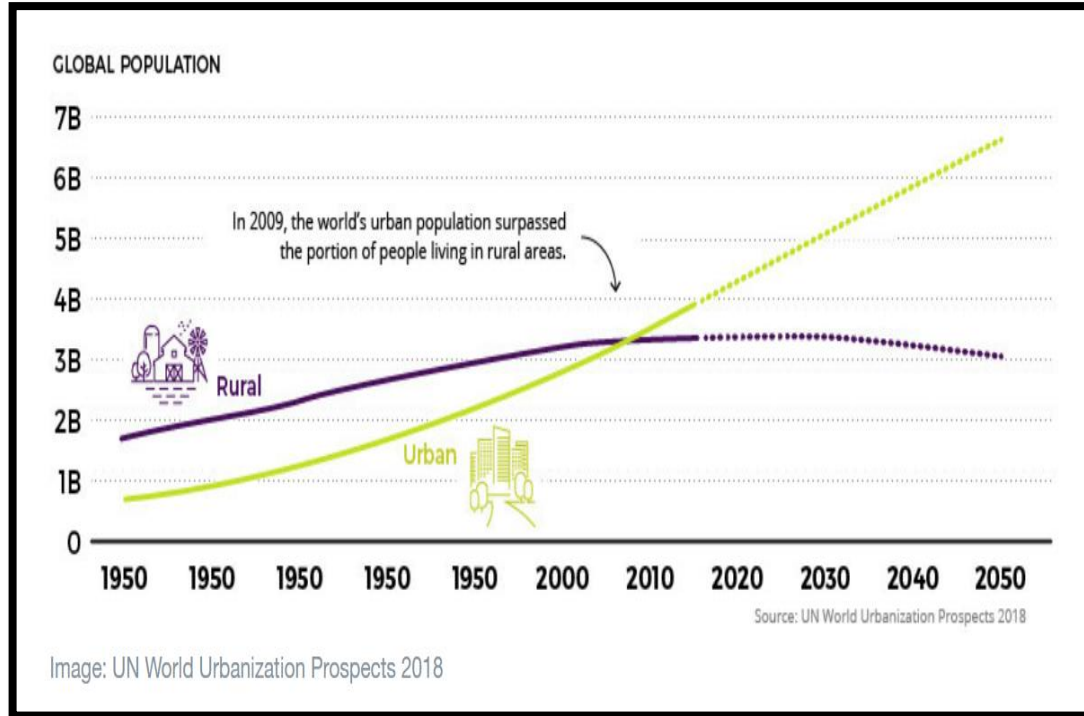Chief Advisor
Population Services International

<u>University of Manchester: July 21, 2021 (Wednesday)</u>

URBANIZATION TRENDS: GLOBAL & INDIA

Source: UN World Urbanization Prospects: The 2018 Revision

- **55% of the world's population resided in urban areas in 2018.**
- **India, China and Nigeria - 35% of global urban population growth between 2018 and 2050**
- **India, following the global trend, will be more urban than rural in 2046**
- **India's urban population contributes 63% of the GDP; expected to be 75% by 2030 (CREDAI)**

URBAN HEALTH CHALLENGES IN INDIA

HEALTH SYSTEMS

- Triple threat of diseases
- Multiplicity of service providers
- Poor demand and Access to services in *public sector*
- Heterogenous private sector variable quality of care
- High OOPS
- Dysfunctional referral systems
- Poor data systems

SOCIAL DETERMINANTS

- Inequities - vulnerable groups & GBV
- Limited access to clean drinking water & poor sanitation
- Poor Nutrition status
- Indoor and outdoor air pollution
- Job insecurity in informal sector
- Poor access to quality education

URBAN GOVERNANCE

- Complex governance systems:
  - Diversity in urban management
  - Weak capacity of ULBs to manage primary healthcare
- Weak convergence platform
- Unplanned expansion of cities

STATE OF THE URBAN POOR IN INDIA

Reproductive Health

24.2% urban poor women became mothers as adolescents.

53.7% urban poor women are anemic.

49.7% currently married women have access to modern contraception.

Tuberculosis

TB prevalence is **double** (17/1000 vs. 9/1000) among urban poor than urban non-poor

Gender-Based Violence

39.1% ever-married women experienced severe or less severe violence by partner as to 21.3% among urban non-poor.

Water and Sanitation

25% household member defecate in the open as to less than 1% among urban non-poor.
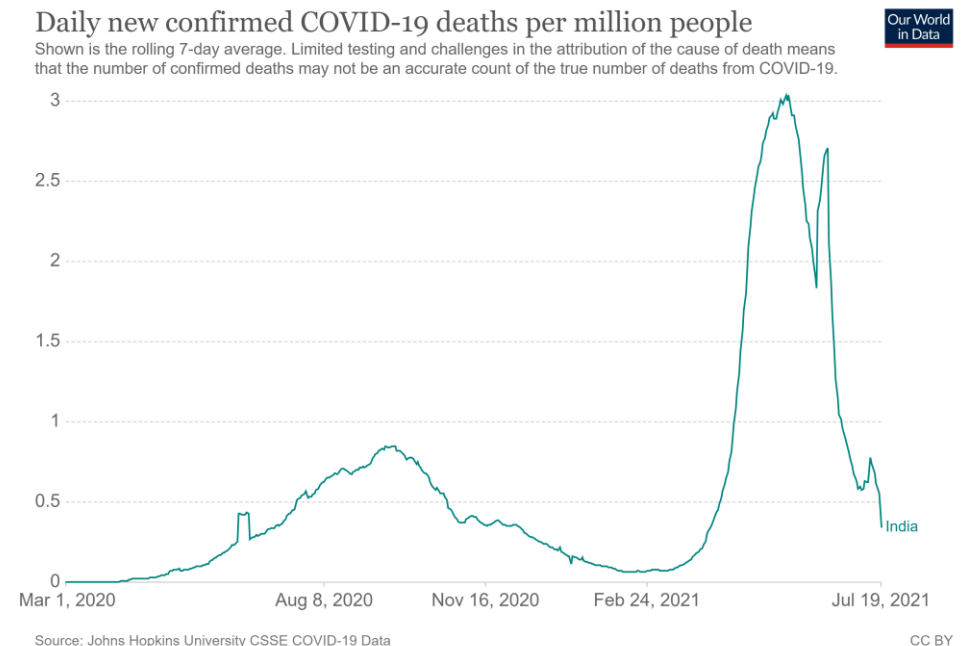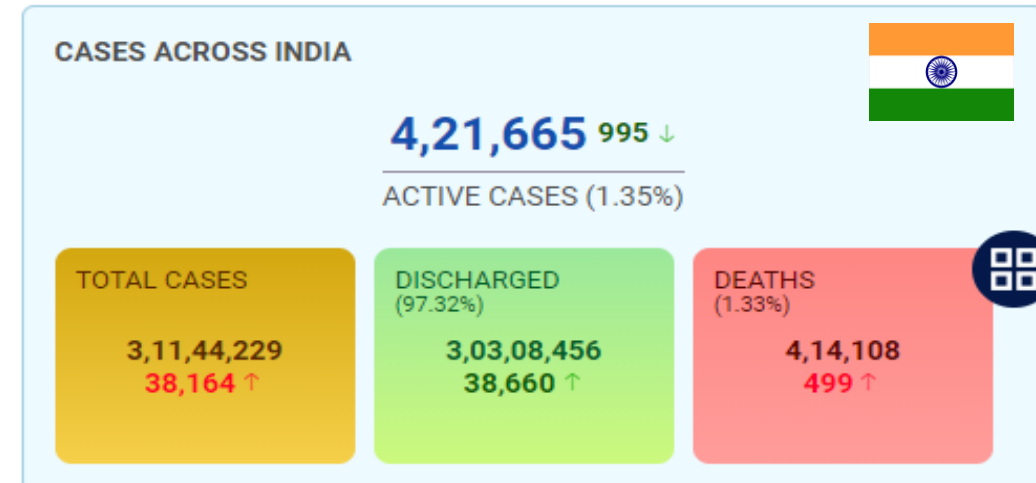
63.1% urban poor do not have safe drinking water facilities as to 38% among urban non-poor.

*(*NHFS 4 data re-analyzed for urban poor considering the bottom two quintiles of household wealth index*

(lower 40%) as poor and remaining three were as non-poor)

IMPACT OF COVID-19 ON HEALTH SYSTEMS

- **Dual crisis (Economic and Health); estimated 230 million job losses**

- **Urban India, got hit the most by COVID-19**

- **India remained the epicentre in April and May 2021**

- **Existing health delivery system unable to cope with the situation**

- **Lockdowns and focus on Covid-19 cases, affected patients with other serious illnesses;**

  - **Non-covid patient care suffered**

  - **Reproductive & Child Health Services impacted**

  - **Rise in NCDs and Communicable diseases including TB**

  - **Population's mental health, including the healthcare givers**

  - **Morbidity and mortality due to non-Covid diseases increased**

- **Covid-19 has Impacted UHC adversely with Insufficient funds, high OOPE, poor access, rising inequities, reduced quality and efficiency of services**

- **There is a silver lining too – Covid has drawn attention for improved investment and speeding up of UHC implementation in Urban areas**

CASES ACROSS INDIA

4,21,665 995 ↓
ACTIVE CASES (1.35%)

TOTAL CASES	DISCHARGED (97.32%)	DEATHS (1.33%)
3,11,44,229	3,03,08,456	4,14,108
38,164 ↑	38,660 ↑	499 ↑

Daily new confirmed COVID-19 deaths per million people
Shown is the rolling 7-day average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World in Data

Mar 1, 2020   Aug 8, 2020   Nov 16, 2020   Feb 24, 2021   Jul 19, 2021

India

Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

ABOUT SAMAGRA

USAID-funded, PSI-led flagship initiative that aims to create a resilient urban health ecosystem that is responsive, affordable, and equitable, and provides quality preventive, promotive, and curative primary health care to the urban poor, especially women, children, and other vulnerable populations.
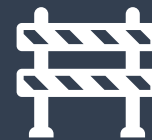
"SAMAGRA aims to complement National and State Govt. (s) effort to strengthen urban health ecosystem in India"

Improve access to affordable quality primary health services to the urban poor

Improve governance For urban health

Address barriers to social determinants of health

Reduce out-of-pocket expenditure

Promote gender equality

SAMAGRA FRAMEWORK

Cross Cutting Focus

Harnessing Private Sector and Active Community Engagement

Collaborative Learning and Adaptive Management Approach

Urban Health Pillars

Health Systems Strengthening

- Increase public financing for urban health
- Leveraging GOI initiatives and new models
- Private sector engagement for market-driven solutions
- Innovative solutions for primary healthcare
- Community-based financial products and engagement

Social Determinants of Health

- Multisectoral approach to social determinants of health
- Empowered community to promote and demand a cleaner and safer environment
- Private sector enterprise driven solutions

Urban Health Governance

- Participatory governance (community, private sector, networks, alliances, partnerships)
- Improve urban planning
- Data-driven decision-making
- Leveraging and unlocking of resources for urban health

In alignment with the Government's framework for urban health

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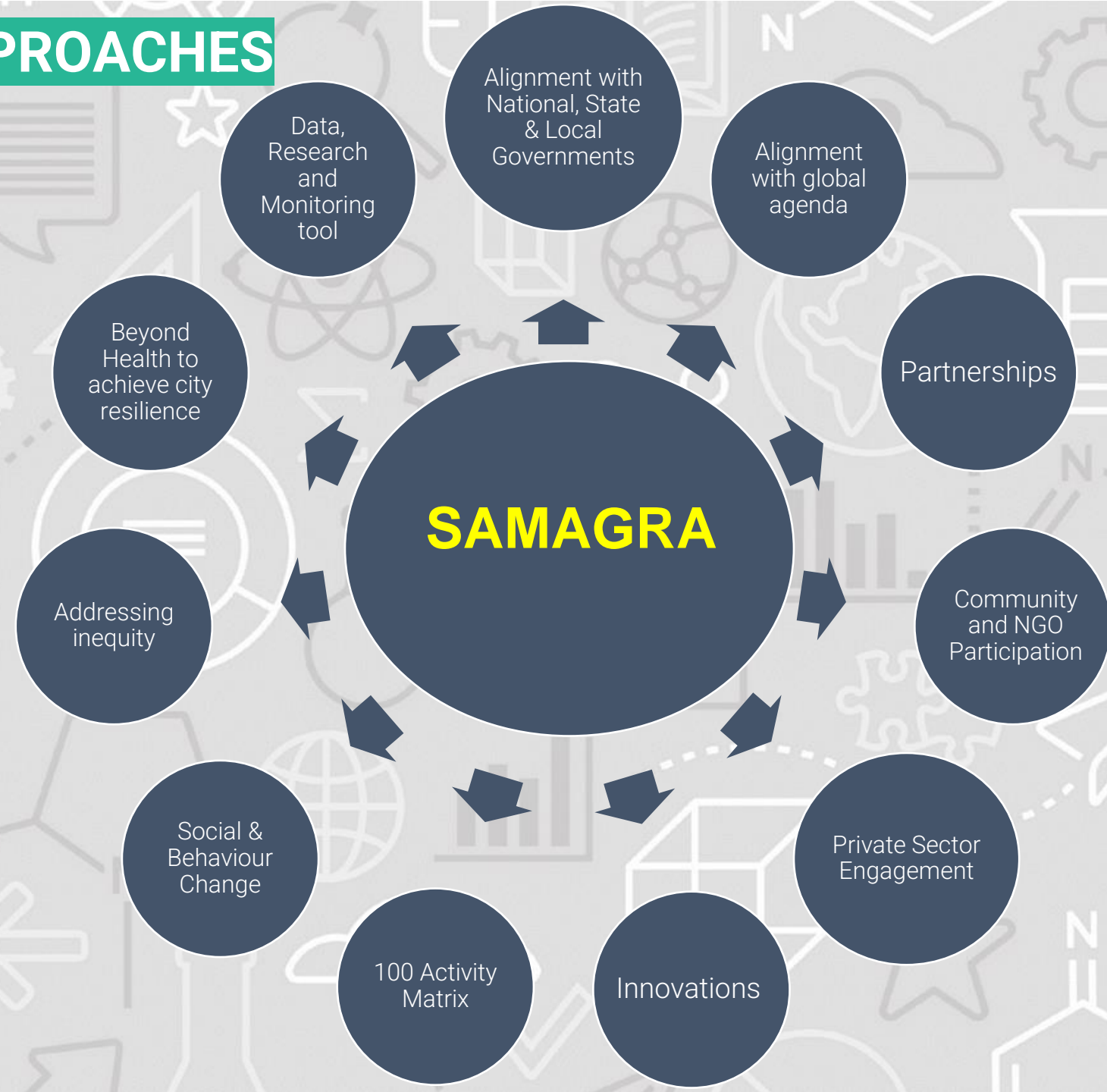
SAMAGRA: IMPLEMENTATION STRATEGY

SCALE UP: FROM 5 to 50 CITIES BY 2025

RESILIENT CITIES

TECHNICAL ASSISTANCE

REFINE URBAN HEALTH DESIGN AND POLICY; FACILITATED BY AN URBAN HEALTH CENTER OF EXCELLENCE

ACCELERATOR

SCALING UP PROVEN IDEAS AND SOLUTIONS; INTEGRATING WITH PUBLIC, PRIVATE SECTOR SCHEMES AND INVESTMENTS

INCUBATOR

SOURCING AND NURTURING NEW IDEAS AND SOLUTIONS

Focus areas: FP, MCH, Immunization, TB, COVID-19 and Gender Equality

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SAMAGRA: ADVISORS (PAGE AND SACs)

Program Advisory Group of Experts (PAGE) and 16 **Samagra Advisory Committees (SACs)** consist of versatile thought leaders on different thematic areas on urban health. It will provide fillip to project implementation, disseminate best practices, as well as to **offer high-level advice on the development of a scalable and sustainable urban resilient cities model**.

- **Chair**: Dr. A.K. Nandakumar, Advisor, USAID
- **Co-Chair**: Dr. Yonette Thomas, Founder and CEO, UrbanHealth 360
- **Chief Guest** : Dr. V.K. Paul, Member, NITI Aayog
- **Convenor**: Dr. Rakesh Kumar, Chief Advisor, PSI
- **Members**: 150+ (National and International Experts)

BCC AND SOCIAL MOBILIZATION

- Interpersonal Communications with slum beneficiaries

- Champions such as local private / government doctors, faith-based leaders to spread awareness

- Street theatre, and other creative means to engage with the audience

- Virtual group meetings during lockdown to offer guidance and counselling to vulnerable populations

BCC AND SOCIAL MOBILIZATION

- Creative IEC materials for awareness about thematic areas and allay myths around vaccines and TB

- Cascaded down government endorsed communication materials and guidelines to the slum communities and frontline workers

- Developed and shared videos / testimonials / case studies to encourage positive behaviour change

- Published opinion editorials on thematic areas such as COVID-19 vaccination
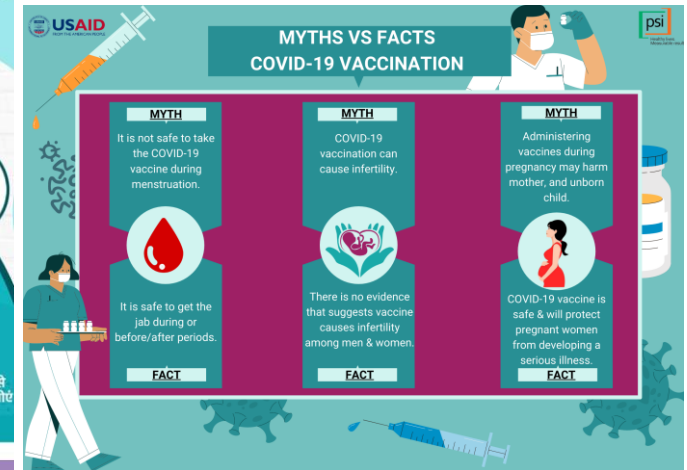
PARTNERSHIPS

Government

Development Agencies

Academia

Implementing Partners

CONCLUSION

- **Urban health is central to achieving global goals (SDGs)**

- **Focus on Comprehensive Primary Health Care (CPHC) is a precursor for achieving UHC**

- **SAMAGRA is a template for achieving UHC and SDGs in urban areas**

- **Investment in the health of migrant urban youth is critical to realise demographic dividend**

- **Equity and Quality of healthcare a major concern, therefore, it warrants priority attention**

- **Leveraging Private Sector and NGOs participation in urban areas is of paramount importance**

- **Forging Partnerships, including Academia, and continued dialogue on urban health agenda, is critical for building human resource and leadership in urban health**

THANK YOU

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