2025

Report

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Acknowledgement

 The session on *"Transforming Urban Health Policy: A Call to Action for Sustainable, Equitable and Healthy Cities"* at World Health Summit (WHS) was made possible through the invaluable support and contributions of numerous individuals and organizations.

We extend our sincere appreciation to *WHS Academic Alliance* and *NIMS University* for organizing World Health Summit in India and providing a distinguished platform for conducting this insightful session.

We are deeply grateful to Dr. Sushil Vimal, Deputy Commissioner, Ministry of Health and Family Welfare, Government of India, for graciously chairing the session. His strategic leadership, deep policy insight and commitment to advancing urban health were instrumental in guiding the session's overall direction and impact. We also extend our sincere thanks to Dr. Sudha Chandrashekhar, Advisor, Health Systems Transformation Platform (HSTP),for her exemplary moderation of the session. Her opening remarks set a thoughtful and evidence-driven foundation, highlighting the urgent need to address the structural, financial, and governance challenges in urban health. The special thanks goes to Dr H.S. Prasad, Team Lead-SAMAGRA, Mysuru, HSTP for his valuable presence and insights for UPHC session.

We would like to acknowledge the contributions of all our esteemed panellists. Their expertise and practical perspectives significantly enriched the session, offering valuable direction for achieving health equity and strengthening urban health systems.

This session would not have been possible without the committed efforts of the HSTP team. We would like to sincerely acknowledge the invaluable support of Dr. Aman Kumar Singh, CEO, Health Systems Transformation Platform (HSTP), and Mr. Vineet Seth, CFO, HSTP, whose leadership and stewardship have been pivotal in steering this initiative forward. We extend our heartfelt appreciation to Dr. Deepti Sobat Tiwari and Dr Shashank Sharma for their visionary leadership and steady support, which played a key role in guiding and enriching the overall effort. We sincerely acknowledge Dr. Anushree Trikha for her dedicated efforts in preparing the session, coordinating with panellists and hosting the session with poise and precision. We sincerely thank Mr. Dweepesh Ghosh for his technical support throughout the session. Our appreciation goes to Mr. Vibhu Tomar for his coordination efforts and seamless facilitation of operations behind the scenes. We extend our heartfelt thanks to the HSTP administration and finance team that played a pivotal role in this effort. A note of appreciation for Dr. Prerana Pandia and Dr. Priyanka Srivastava for their invaluable support and for ensuring the smooth conduction and reporting of the entire session.

We extend our heartfelt thanks to the audience for their enthusiastic participation and thoughtful engagement, which added depth and energy to the session.

Executive Summary

This high-level session convened leading policymakers, public health experts and sectoral stakeholders to address the urgent need for transformative urban health policies in India. Chaired by Dr. Sushil Vimal, Deputy Commissioner, NUHM, MoHFW, and moderated by Dr. Sudha Chandrashekhar, Advisor, HSTP, the session served as a platform to discuss integrated, equitable and sustainable approaches to urban health amidst rapid urbanization and systemic disparities. The distinguished panel included experts from MoHFW, NHSRC, Tata Trusts, Gates Foundation and Indian Institute of Public Health who brought cross-sectoral insights into strengthening urban health systems.

Key discussions highlighted the complexity of urban health, shaped by interlinked determinants such as sanitation, housing, environment, and socio-economic conditions. A major concern raised was the deep-rooted inequities in urban areas, where marginalized populations, especially the urban poor, face limited accessibility to essential healthcare services. The dual burden of disease—persistent communicable illnesses alongside the rise of non-communicable diseases—emerged as a focal point, reinforcing the need for robust primary healthcare, city planning aligned with public health goals, and community-based interventions.

Panellists emphasized the integration of digital health solutions, multi-sectoral collaboration, strategic financial strengthening, and the empowerment of Urban Local Bodies (ULBs) to enhance the responsiveness and resilience of urban healthcare delivery systems. Samagra Mother & Child program of HSTP was highlighted for conducting in-depth research to strengthen the Urban Primary Healthcare system in Mysuru, Bhopal & Bhubaneshwar.The importance of participatory governance, particularly through community-led groups such as Mahila Aarogya Samitis (MAS), was underscored as a sustainable and inclusive approach to tackling localized health challenges. Furthermore, it was strongly advocated that urban design must prioritize green spaces, accessible walking areas, sustainable energy sources, and eco-friendly practices to foster healthier, more liveable cities.

A key highlight was the ceremonial release of the strategic *manual "The Facilitator Guide for SHG-led RMNCH+A Interventions"*, symbolizing a shift toward inclusive, grassroots-led urban health action. The manual provides practical tools, step-by-step guidance and participatory approaches for *Self-Help Groups (SHGs)* to effectively engage in *Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A)* initiatives at the community level. It emphasizes capacity building, community mobilization and monitoring frameworks to strengthen local health outcomes. These manuals underscore a collaborative, evidence-informed and future-ready vision for urban health in India. The session concluded with a strong call to position health at the core of urban policy, reinforcing the role of cities as engines not only of economic growth, but also of health, equity and human well-being.

Introduction to the World Health Summit (Regional Meeting) India 2025

The World Health Summit (WHS) is a premier global forum for discussion and collaboration on critical issues in global health and health systems governance. Established in 2009 under the patronage of the German Chancellor and the President of the World Health Organization (WHO), the Summit is traditionally held annually in Berlin, with regional meetings occasionally organized in various parts of the world. WHS convenes a broad and influential network of stakeholders—including government representatives, global health institutions, academia, civil society and the private sector—to advance collective solutions for pressing public health challenges.

In a historic milestone, India is hosting the World Health Summit Regional meeting for the first time in 2025, marking a significant moment in global health diplomacy and regional leadership. This inaugural hosting underscores international recognition of India's pivotal role in health innovation, digital transformation and its growing commitment to equitable and resilient health systems. For a country managing one of the world's most complex, populous, and diverse health systems, WHS India 2025 presents both a profound opportunity and a strategic responsibility—to champion evidence-based, equity-driven reforms that benefit not only its own population but also play a pivotal role in advancing global health priorities."

Rooted in principles of evidence-based policymaking, intersectoral collaboration, and global solidarity, WHS plays a vital role in influencing international health agendas. It provides a unique platform for exchanging knowledge, showcasing innovations and building partnerships to promote sustainable, inclusive, and people-centred healthcare for all

About Health Systems Transformation Platform (HSTP)

Introduction

The Health Systems Transformation Platform (HSTP) is a not-for-profit organization registered as the Forum for Health Systems Design and Transformation under Section 8 of the Indian Companies Act, 2013. Incubated by the Tata Trusts and formally established in May 2018, HSTP is dedicated to generating and applying evidence to improve the quality, equity, and resilience of India's healthcare systems.

Vision

A healthier and more equitable India driven by resilient, responsive, and evidence-informed health systems.

Mission

To advance health policy and systems research that empowers policymakers, practitioners, and researchers to co-create and implement strategic solutions for improved health outcomes, equity, and system performance.

HSTP works closely with government and public health partners to design and implement high-impact, scalable solutions rooted in local contexts. Its focus spans critical areas including Health financing, Human Resources for Health (HRH), Urban health, non-communicable disease (NCD) management, and Health systems governance. Active across multiple states—Odisha, Madhya Pradesh, Karnataka, and Meghalaya—HSTP combines research, technical assistance, and policy engagement to build stronger health systems.

Strategic Approaches

HSTP adopts a systemic, collaborative, and implementation-oriented approach that combines high-quality research with deep field engagement. Its work is structured around four core pillars:

- ➢ *Evidence Generation and Research Translation*: Conducting policy-relevant, high-quality research and implementation studies to generate actionable insights.
- ➢ *Co-Designing Solutions with Governments*: Collaborating with state governments and health departments to identify systemic gaps and co-develop context-sensitive interventions.
- ➢ *Capacity Building*: Strengthening the capabilities of health practitioners, government officials, and researchers to adopt and scale evidence-based practices.
- ➢ *Knowledge Dissemination and Policy Advocacy*: Converting evidence into accessible knowledge products, policy briefs, and technical toolkits for national and sub-national adoption.

Priority Areas of Work

HSTP works across a wide range of health systems domains, with a focus on:

➢ *Health Financing and Strategic Purchasing:* Supporting states to optimize resource allocation, improve financial risk protection, and strengthen health insurance schemes.
➢ *Human Resources for Health (HRH):* Addressing workforce gaps through competency-based training, workforce planning, and capacity building.
➢ *Urban Primary Health Care:* Strengthening urban service delivery models to ensure inclusive, efficient, and integrated primary healthcare access.
➢ *Health Systems Governance:* Enhancing leadership, accountability, and governance frameworks at all system levels.
➢ *Non-Communicable Diseases (NCDs):* Supporting early detection, digital monitoring, and continuity of care for chronic conditions, particularly through digital innovations
➢ *Health Policy and Systems Research (HPSR) Fellowship:* A national-level initiative to build research capacity among mid-career public health professionals

Flagship initiatives:

➢ *SAMAGRA*-Mother and Child Project in Mysuru
➢ *Urban primary healthcare system strengthening* in Mysuru, Bhubaneswar, and Bhopal
➢ *Healthy City Action Plan* for Bhopal
➢ *Competency-building* for paramedical staff & Doctors by developing a competency assessment framework across Odisha and Madhya Pradesh
➢ *Leadership & Management Development for Medical Officers*-In partnership with *IIM Calcutta*, HSTP has created a Leadership & Management Program for in-service medical officers, enhancing their capacity to lead programs, manage teams, and drive service quality.

Through these initiatives, HSTP strengthens frontline capacities, supports data-driven decision-making, and fosters leadership—contributing directly to improved patient outcomes and accelerated progress toward Universal Health Coverage (UHC) in India.

Role of Urban Primary Health Care Vertical

The Urban Primary Health Care (UPHC) division of the Health Systems Transformation Platform (HSTP) is at the dedicated of advancing equitable, people-centred and efficient primary healthcare systems in urban India. In response to the complex health challenges driven by rapid urbanization—particularly in informal settlements—the division collaborates closely with national and state governments, academic institutions and civil society organizations to design and implement context-specific models of care. Currently, there are research studies ongoing at three sites, Mysuru, Bhubaneshwar, Bhopal with major focus on addressing service delivery gaps, strengthening referral systems and ensuring continuity of care across both public and private sectors. With a strong emphasis on evidence-based practices and community

engagement, the division champions data-driven strategies to build resilient, inclusive urban health systems. It also contributes to shaping national and sub-national policy through applied research, capacity building and knowledge dissemination.

Among its key initiatives, the UPHC division has led the *Samagra Mother and Child Project* in Mysuru working on addition of maternal mental health into urban RMNCHN+ services, including screening, counselling, and referrals. HSTP has driven urban primary healthcare system strengthening efforts in Mysuru, Bhubaneswar and Bhopal. It also provides technical support to Odisha's Health Insurance Scheme Gopabandhu Jan Aarogya Yojana, further reinforcing its commitment to improving access and quality of care for vulnerable urban populations. A standout initiative, the Healthy City Action Plan for Bhopal, exemplifies the division's systems-oriented approach by integrating public health priorities into broader urban development planning. Through these initiatives, the UPHC division continues to pioneer innovative models—including digital health, public-private partnerships and decentralized governance—setting the foundation for healthier and more sustainable urban communities across India.

Rationale for the Session

The session titled *"Transforming Urban Health Policy: A Call to Action for Sustainable, Equitable, and Healthy Cities"* was convened by HSTP in recognition of the urgent health challenges facing rapidly urbanizing populations in India. With over 34% of the country's citizens now living in urban areas—and that number expected to rise dramatically—cities are becoming hotspots of both opportunity and exclusion. Urban residents, particularly those in informal settlements, face systemic inequities in access to clean water, sanitation and affordable healthcare services. The prevalence of non-communicable diseases and mental health issues is surging, while large segments of the urban poor remain underserved by public health systems. This session aimed to highlight the policy and systemic transformations necessary to respond to these complex challenges, emphasizing intersectoral collaboration, equity in service delivery, digital innovation and community engagement as key drivers of reform.

Alignment with the Goals of WHS

This session was strategically aligned with the broader agenda of *World Health Summit – Scaling Access to Ensure Health Equity*. HSTP's session echoed the themes by presenting India-specific insights and scalable policy solutions for urban health inequities. It fostered an exchange grounded in practical experience, policy innovation, and collaborative governance, reflecting the Summit's commitment to translating global health goals into actionable local strategies. By foregrounding the voices of policymakers, public health experts and implementation leaders, the session not only contributed to India's leadership in global health discourse but also offered a replicable model for urban health reform across low- and middle-income countries.

Panel Selection

To ensure a holistic and actionable deliberation on transforming urban health policy, the panel for the session was thoughtfully curated to represent a diverse cross-section of stakeholders, including senior officials from government departments, experts from healthcare organizations and thought leaders from academic institutions. This multidisciplinary composition was critical, as the complexity of urban health challenges demands coordinated efforts across policy, planning, service delivery and research. Government representatives brought insights into the regulatory frameworks and programmatic levers available for policy reform, while healthcare professionals contributed ground-level perspectives on implementation gaps, innovations and service delivery models. Academicians added analytical depth, offering evidence-based approaches and long-term policy recommendations. This convergence of institutional knowledge and on-ground experience ensured that the session did not remain a theoretical exercise, but laid the groundwork for informed, collaborative and context-specific policy formulation and implementation that can genuinely advance sustainable and equitable urban health systems in India

Chair & Moderator for the Session

➤ **Moderator- Dr. Sudha Chandrashekhar,** Advisor, Health Systems Transformation Platform (HSTP)-With over two decades of experience in health governance, Dr. Chandrashekhar has worked across state and national levels. Her expertise in Universal Health Coverage and AB-PMJAY makes her a strong advocate for inclusive urban health systems.

➤ **Chair- Dr. Sushil Vimal – Deputy Commissioner, Ministry of Health & Family Welfare (MoHFW)-** As Deputy Commissioner for the National Urban Health Mission (NUHM), Dr. Vimal has led efforts to integrate key health programs under a unified urban health framework. He played a vital role during the COVID-19 crisis and has been honoured with multiple awards for excellence in public health leadership.

Panel Members

➤ **Ms. Aashima Bhatnagar, Deputy Secretary, Ministry of Health and Family Welfare (MoHFW)-** She plays a pivotal role in shaping urban health policies under the National Urban Health Mission (NUHM). Her contributions to the Indian Public Health Standards (IPHS) 2022 and PM-ABHIM reflect her deep engagement in building robust health systems in urban India.

- **Dr. Sushil Vimal, Deputy Commissioner, MoHFW-**As the Deputy Commissioner for NUHM, Dr. Vimal oversees urban health integration and crisis response. His leadership during the COVID-19 pandemic and multiple national awards underscore his administrative acumen and public health commitment.

- **Mr. Rajeev Sadanandan, Former Additional Chief Secretary (Health), Kerala & Former CEO, HSTP**- He brings a wealth of experience in health systems management and policy innovation. His leadership in RSBY and his advisory role during Kerala's COVID-19 response highlight his ability to link evidence-based strategies with real-world challenges in urban health.

- **Dr. Santhosh Matthew, Lead – Social and Public Finance Policy, Gates Foundation**-A seasoned bureaucrat and policymaker, Dr. Mathew has held key positions in health, education and rural development. His understanding of public finance and system-level reforms is crucial for sustainable urban health policy development.

- **Mr. HSD Srinivas, Director – Health, Tata Trusts**-He leverages over 25 years of experience in healthcare operations and public-private partnerships. At Tata Trusts, he focuses on scalable, technology-driven primary care models, essential for addressing urban health service gaps.

- **Dr. K. Madan Gopal, Advisor – Public Health Administration, NHSRC**-He has been instrumental in framing national programs like PMJAY, RSBY, and NDHM. His contributions to IPHS and health governance reforms are directly relevant to crafting resilient urban health systems.

- **Air Commodore (Dr.) Ranjan Kumar Choudhury, Advisor – Healthcare Technology, NHSRC-**He is an expert in healthcare infrastructure and technology integration, has spearheaded national initiatives encompassing dialysis services, diagnostic networks and biomedical equipment management—cornerstones of robust urban health systems."

- **Prof. Anil Kaul, Professor, Indian Institute of Public Health, Hyderabad**-A globally recognized physician-scientist, Prof. Kaul has extensive experience in infectious diseases and global health. His academic and clinical leadership informs evidence-based approaches to tackling urban health challenges, especially in vulnerable populations.

KEY DISCUSSION POINTS

Opening Remarks and Urban Health Context

The session began with insightful opening remarks from *Dr. Sudha*, who set the stage for a critical dialogue on the transformation of urban health policy in India. She emphasized the dual nature of urban expansion, where cities represent both opportunities and areas of exclusion, particularly in terms of access to clean air, safe water, healthcare and green spaces. She

highlighted the crucial role of *governance, financing and social determinants of health* in shaping urban health outcomes. She also pointed out the challenges faced by India's urban workforce, particularly those in the informal sector, in accessing social protection and healthcare services. She underscored the strides made by the *National Urban Health Mission (NUHM)* while acknowledging the existing gaps in implementation, collaboration, and funding. Her remarks set a thoughtful tone for the session, which then proceeded with discussions led by experts across various domains of urban *health policy, governance and service delivery,* aiming to generate actionable insights for improvement.

Smart, Inclusive Urban Planning for Health Equity

In discussing how cities can integrate smart and healthy city principles to foster an equitable, sustainable, and resilient urban environment, *Mr. Rajeev Sadanandan* underscored that inequality remains the central challenge in achieving urban health outcomes. He noted that vulnerable populations—particularly the urban poor—are often excluded from access to clean living environments and healthcare services. These structural disparities result in health systems that disproportionately favour those with better socioeconomic status.

To address these inequities, Mr. Sadanandan advocated for a model of smart urban planning that is explicitly inclusive and prioritize the development of *green infrastructure, non-motorized transit options, accessible public transport and community-based healthcare facilities*. He stressed that such interventions must be designed not only for affluent people but also for marginalized communities, embedding health equity as a foundational principle in urban development.

Furthermore, Mr. Sadanandan emphasized the need for institutional and governance reforms to sustain these efforts. He proposed the establishment of formal convergence platforms that facilitate coordinated action across critical urban sectors—including *health, urban planning, transport and environment.* These platforms would enable more integrated and intersectoral planning, essential for addressing the complex and interconnected determinants of urban health. Additionally, he highlighted the importance of empowering municipal governance structures by equipping them with robust data systems, adequate resources, and delegated authority to ensure responsive and localized health service delivery.

Public Health System Strengthening through Local Solutions

While exploring the contribution of Tata Trusts in advancing urban health across cities like Nagpur, Mysuru, Bhopal and Bhubaneswar, *Dr. HSD Srinivas* emphasized the critical importance of addressing the underlying determinants of health that shape urban wellbeing. He highlighted that urban health outcomes are influenced by a complex interplay of factors, including sanitation, access to safe drinking water, resilient infrastructure, and effective supply chain management for health services.

Drawing from the experiences of Tata Trusts, Dr. Srinivas stressed the value of strengthening existing public health systems rather than creating parallel structures. He advocated for optimizing the use of available infrastructure and resources, ensuring that services are not only accessible but also reliable and capable of meeting the diverse needs of urban populations, particularly marginalized groups. This strategy not only maximizes efficiency but also builds community trust in public healthcare systems.

Dr. Srinivas also highlighted the often-overlooked environmental health risks, such as air pollution and noise pollution, which significantly impact urban residents' health. These environmental factors contribute to both acute and chronic health conditions and must be addressed through coordinated urban planning and regulatory efforts that integrate health considerations into environmental and transport policies. His insights reinforce the need for holistic, multisectoral approaches in urban health governance, where health policies are aligned with environmental management, infrastructure development and service delivery optimization. This integrated approach, he addressed is essential for building resilient and sustainable urban health systems that are responsive to both current and future challenges.

Digital Health and System Reform

When asked about the specific policy initiatives and investments that state governments can make to enhance urban health systems and improve access to quality care, Dr. Santhosh Mathew emphasized the transformative potential of digital health solutions in addressing urban healthcare challenges. He highlighted that the implementation of Electronic Health Records (EHRs) should be prioritized across urban health facilities as it can significantly improve the management of patient health records, enabling continuity of care, reducing duplication and ensuring more accurate diagnoses and treatments. This systematization of health data would also support evidence-based policymaking and more efficient resource allocation.

In addition to EHRs, Dr. Matthew stressed the importance of mobile and web-based applications for appointment scheduling. Such platforms can help streamline service delivery, reduce overcrowding at health facilities and make access more predictable and user-friendly, especially for working individuals and the elderly who face logistical challenges in seeking timely care. By digitizing interactions between patients and providers, these tools not only improve operational efficiency but also help build trust in public healthcare systems.

He explained that this digital transformation should be embedded within a broader strategy of urban health system reform—one that includes inter-departmental coordination across health, sanitation, urban development and environmental services. As urban health is deeply interlinked with these sectors, Dr. Mathew argued that breaking silos and enabling integrated service delivery is crucial for long-term improvements in health access and outcomes in cities.

Reflections on NUHM and Community-Based Accountability

Reflecting on the progress of urban health in India since the launch of the National Urban Health Mission (NUHM), Dr. K. Madan Gopal, Advisor at NHSRC, acknowledged that NUHM was a landmark policy intervention that brought much-needed attention to the unique challenges of urban healthcare. It laid the groundwork for targeted service delivery to urban poor populations and attempted to integrate urban health into the broader national health agenda.

However, he emphasized that despite this foundational effort, implementation gaps have limited NUHM's impact. Among the key challenges, underutilization of funds, fragmented local governance and low levels of community participation emerged as significant barriers. Often, urban health was not prioritized by state and municipal bodies to the extent required, leading to suboptimal service delivery and weak accountability mechanisms at the local level.

Dr. Gopal noted that a critical lesson from the NUHM experience is the need for community-based accountability. Without community trust and engagement, public health services in urban areas—particularly in informal settlements—struggle to gain legitimacy and consistent utilization. This has highlighted the importance of involving civil society, community leaders, and decentralized governance in shaping and monitoring health services.

In terms of innovation, he pointed to the emergence of urban health governance models, use of digital tools for real-time monitoring, and technology-enabled feedback mechanisms as promising developments. These tools have the potential to make urban health systems more responsive, data-driven and citizen-centric. Integrating these innovations with capacity building at the municipal level and fostering stronger intersectoral convergence will be key to building resilient urban health systems in the future.

Dr. Gopal concluded that while the journey since NUHM has seen several improvements, there is a clear need for policy recalibration that prioritizes urban primary healthcare, strengthens local health institutions and embeds community voices at every stage of planning and implementation.

Health Technology Assessment and Sustainability

Considering the increasing adoption of health technologies within urban primary health systems, *Dr. Ranjan Kumar Choudhury* emphasized the need to expand the role of Health Technology Assessment (HTA) beyond traditional metrics such as cost-effectiveness. He argued for a more holistic and multidimensional approach to HTA—one that incorporates environmental sustainability, long-term usability and life-cycle outcomes of healthcare interventions.

One of the key recommendations he put forth was the development of robust standards for medical equipment, aimed at ensuring not only safety and performance reliability, but also reducing the likelihood of premature obsolescence and waste. Establishing such standards, he

suggested, is critical to building a sustainable and accountable technological infrastructure within urban health systems.

Dr. Choudhury also underscored the environmental potential of digital health tools, particularly telemedicine and teleconsultation. These technologies, when implemented strategically, can significantly reduce the carbon footprint associated with patient travel and help decongest overburdened health facilities, thereby improving efficiency and accessibility.

Overall, he advocated for embedding sustainability and environmental accountability into the core of HTA processes, ensuring that technological investments in urban health are efficient, equitable, and ecologically responsible.

Multi-Sector Collaboration and Urban Design

Addressing the pressing need for collaboration in urban health transformation, Prof. *Dr. Anil K. Kaul* emphasized that meaningful partnerships across academia, government, civil society and the private sector are essential to building health systems that are both inclusive and sustainable. He highlighted that urban areas face a dual burden: the high transmission potential of communicable diseases due to population density and the rising incidence of non-communicable diseases (NCDs) driven by sedentary lifestyles and environmental stressors.

To mitigate these challenges, Dr. Kaul stressed the importance of reimagining urban design itself. He advocated for city planning that incorporates green spaces, walking and cycling paths and pollution buffers to counteract the adverse health effects of air and noise pollution. These design features not only promote physical activity and mental well-being but also serve as structural interventions against both communicable and non-communicable diseases.

Dr. Kaul further noted that such systemic interventions can only be successful through multi-sectoral engagement. Academia can contribute through research and evidence generation, government bodies must take the lead in policy integration and urban planning, civil society can bridge gaps in community engagement and the private sector can support with innovations in infrastructure and service delivery.

Ultimately, he called for a coordinated urban health agenda that integrates planning, policy, and service delivery—driven by shared responsibility across sectors.

Funding Utilization and Community Empowerment

Reflecting on the persistent under-utilization of funds allocated under the *National Urban Health Mission (NUHM)*—with only 50–60% of budgets typically being spent across states—*Dr. Aashima Bhatnagar* identified several administrative and structural barriers contributing to this issue. One of the primary concerns she highlighted was the fragmented funding landscape, where financial support comes not only from the National Health Mission (NHM), but also

from other sources such as *Urban Local Bodies (ULBs).* This multiplicity, while potentially beneficial, often leads to lack of clarity and delays in fund flow and accountability, hampering timely execution of urban health initiatives.

Dr. Bhatnagar emphasized the need for stronger institutional capacity at the local level to ensure efficient planning, utilization and monitoring of funds. She pointed out that despite the availability of resources, limited technical and managerial expertise within municipal structures often leads to delays in procurement, staffing and program implementation.

To address these challenges in urban landscape, she drew attention *to community-based initiatives such as Mahila Aarogya Samitis (MAS),* which have shown promise in improving last-mile service delivery and community engagement. By empowering community members—especially women—to play an active role in healthcare delivery and accountability, MAS represents a valuable model for both enhancing healthcare services and ensuring more responsive fund utilization.

Dr. Bhatnagar underscored that for fund absorption to improve, policy reforms must focus on capacity-building, streamlined financial processes and stronger community linkages. These steps, combined with clearer roles for ULBs and health departments, can unlock the full potential of the NUHM in improving urban health outcomes.

Closing Remarks

In the closing remarks, *Dr. Sudha* expressed sincere appreciation to all the esteemed speakers and participants for their valuable insights and thoughtful engagement. She emphasized that the session served as a powerful reminder of the importance of collaboration, innovation and community-driven approaches in transforming urban health systems.

EVENT HIGHLIGHT

A defining moment of the session *"Transforming Urban Health Policy: A Call to Action for Sustainable, Equitable, and Healthy Cities" was* release of a significant manual*: the "Module for Yielding Sustainable Upliftment in RMNCH+A Upshots through Urban Self-Help Groups."* This comprehensive Facilitator Guide is designed to empower Self-Help Groups (SHGs) as catalysts for community-led health promotion. The manual was presented together for the release, by *Mr. Rajeev Sadanandan with HSTP Team- Dr. Sudha Chandrashekhar*, *Dr H.S. Prasad* to *Dr. Sushil Vimal and Ms. Aashima Bhatnagar*, symbolizing a strategic shift towards participatory health governance.

The unveiling of this manual represents the culmination of months of rigorous collaboration, evidence-informed research and a shared commitment to advancing India's urban health agenda. It underscores a forward-looking investment in building healthier and more equitable urban communities across the nation.

Release of SHG Manual

WAY FORWARD

Building on the insights and strategies discussed during the session, the path forward must begin with embedding health as a core principle in urban planning and governance. This means proactively integrating health considerations into policies on housing, transportation, environment and infrastructure development. *Strengthening urban primary healthcare infrastructure*—especially in underserved and informal settlements—should be prioritized, alongside improving the availability and *quality of frontline health services*. Simultaneously, there is a pressing need to expand digital health solutions in a way that ensures equitable access. This includes investing in digital infrastructure, training health personnel in the use of health tech tools and ensuring that marginalized populations can also benefit from innovations such as telemedicine, electronic health records and app-based health services. Strong monitoring and evaluation mechanisms must be established to track health outcomes and ensure accountability in policy implementation.

Equally critical is the *institutionalization of intersectoral and community-led approaches. Urban Local Bodies (ULBs)* should be empowered—both financially and administratively—to lead local health initiatives, while fostering partnerships with non-governmental organizations, academic institutions and community-based. To ensure long-term sustainability, financing mechanisms need to be diversified and made more flexible, with an emphasis on *outcome-driven funding*. National and state-level health policies should *establish clear frameworks* for convergence across departments, ensuring that urban health is not treated in isolation but as a shared responsibility. Ultimately, *creating healthy cities* will require political will, policy

coherence and community ownership, anchored in the shared vision of *building inclusive, resilient, and sustainable urban futures.*

ANNEXURE -1, AGENDA

WHS 2025 | Session Agenda

Transforming Urban Health Policy: A Call to Action for Sustainable, Equitable, and Healthy Cities

Time	Agenda Item	Speaker(s)
09:00 – 09:05 AM	Welcome Note	Dr. Anushree, HSTP
09:05 – 09:10 AM	Opening Remarks , Session Overview & Introduction of Panel	Dr. Sudha Chandrashekhar, HSTP
09:10 – 09:15 AM	Opening Remarks & Framing the Dialogue	Dr. Sushil Vimal, MoHFW
09:15 – 10:05 AM	**Panel Discussion** (Moderated by Dr. Sudha Chandrashekhar)	All Panelists (as listed) - Mr. Rajeev Sadanandan - Dr. Santhosh Mathew - Dr. HSD Srinivas - Dr. Aashima Bhatnagar - Dr. K Madan Gopal - Dr. Ranjan Kumar Choudhury - Prof. Dr. Anil K. Kaul
10:05 – 10:15 AM	**Formal Release of SHG Facilitator Guide**	Dr. Rajeev, Dr. Sudha, Dr. Vimal
10:15 – 10:25 AM	**Closing Reflections**	Dr. Sushil Vimal
10:25 – 10:30 AM	**Vote of Thanks & Group Photograph**	Dr. Anushree

ANNEXURE-2, Glimpse of the session