



# State of Health In Mumbai

July 2022

## Opening speech at the WHO Global Conference on Primary Health Care, \* – 25<sup>th</sup> October 2018

*“We have allowed ourselves to become too focused on fighting specific diseases, at the expense of strengthening health systems....We’re here to recommit to primary health care as the foundation of strong health systems and universal health coverage.”*

- Dr. Tedros Adhanom Ghebreyesus, current WHO Director-General

***India adopted the SDG (Sustainable Development Goals) 2030 targets in 2015. The SDG’s Goal 3: Health and Wellbeing provide various health targets to achieve by 2030.***

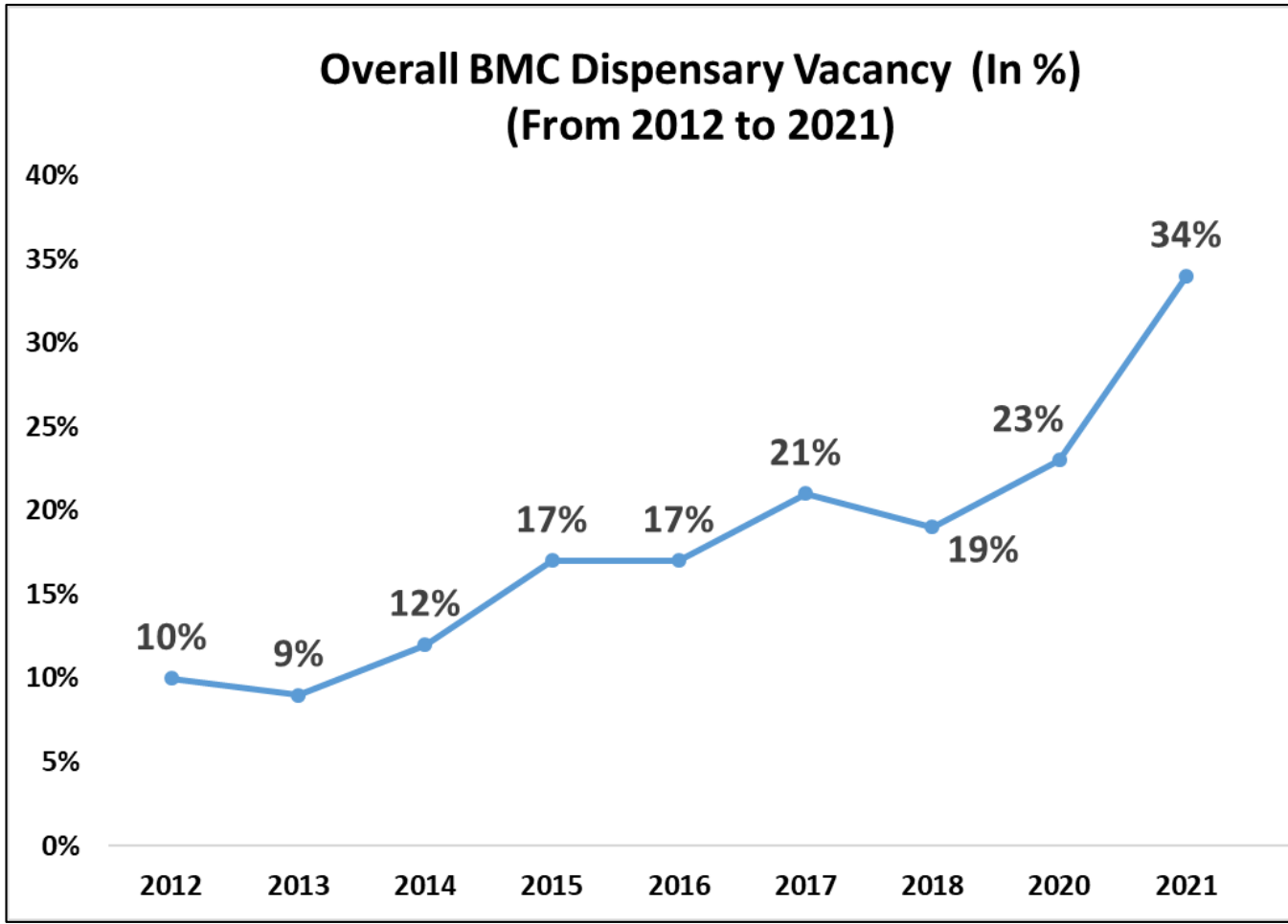
*In addition, to strengthen Primary Healthcare in India, the norms stated by the Urban Design Plan Formulation and Implementation (UDPFI) and National Building Code (NBC) provide benchmarks to assess the primary healthcare services available in a city.*

Status	Mumbai City Regions		
	City	Western Suburbs	Eastern Suburbs
Mumbai's Total Population 2020	31,92,744	57,19,296	39,63,173
Slum Population (Average)	27%	43%	51%
BMC Dispensaries	73	63	51
Other Government Dispensary	6	4	2
Shortage in Dispensaries as per UDPFI/NBC norms	133	315	211
Maternity Homes	5	13	10
Hospitals	18	13	9
Average OPD cases registered Per Dispensary	17,293	18,594	17,015

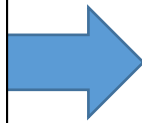
\*OPD : Outpatient Department

# Vacancy in BMC Primary Healthcare Facilities (Dispensaries) Increased From 10% in 2012 to 34% in 2021

➤ Adequate staff in health facilities is required to provide proper care to patients.



Note: 2019 data was not acquired in 2020 during COVID time.



% Vacancy in BMC Dispensaries as on Dec 2021				
Type of Staff	City	Western	Eastern	Total Mumbai
Medical Staff	30%	16%	12%	22%
Para Medical Staff	38%	46%	19%	37%
Other Staff*	37%	47%	26%	34%

\* Includes Labour Admin and Nursing staff, etc

- As of Dec 2021, on average, city-region has maximum medical staff vacancy of 30%, while western suburbs have a maximum para medical staff vacancy of 46%.
- The ward wise overall vacancy is maximum in the western suburbs i.e. P/S ward (62%), followed by city region i.e. c ward (49%).

➤ As BMC dispensaries are largely accessed by the working population, they should be open for longer hours.

Ward	No. of BMC Dispensaries	10:00 am to 3:00 pm (5 hrs)	9:00 am to 4:00 pm (7 hrs)	8.30 am to 4.30 pm & 10:00 am to 6:00 pm (8 hrs)	9:00 am to 4:00 pm & 7:00pm to 11:00 pm (11hrs)	9:00 am to 11:00 pm (14 hrs)
City	73	-	65	2	-	6
Western Suburbs	63	1	57	-	1	4
Eastern Suburbs	51	-	41	8	-	2
<b>Total</b>	<b>187</b>	<b>1</b>	<b>163</b>	<b>10</b>	<b>1</b>	<b>12</b>

- However, 88% (164) of the 187 BMC dispensaries are open only for up to 7 hours while only 6% (12) are accessible for 14 hours.
- City region has the maximum i.e. 6 dispensaries open for 14 hours.

*'.....with over 17% of Indian households incurring catastrophic levels of health expenditures annually.' – The report also stated*



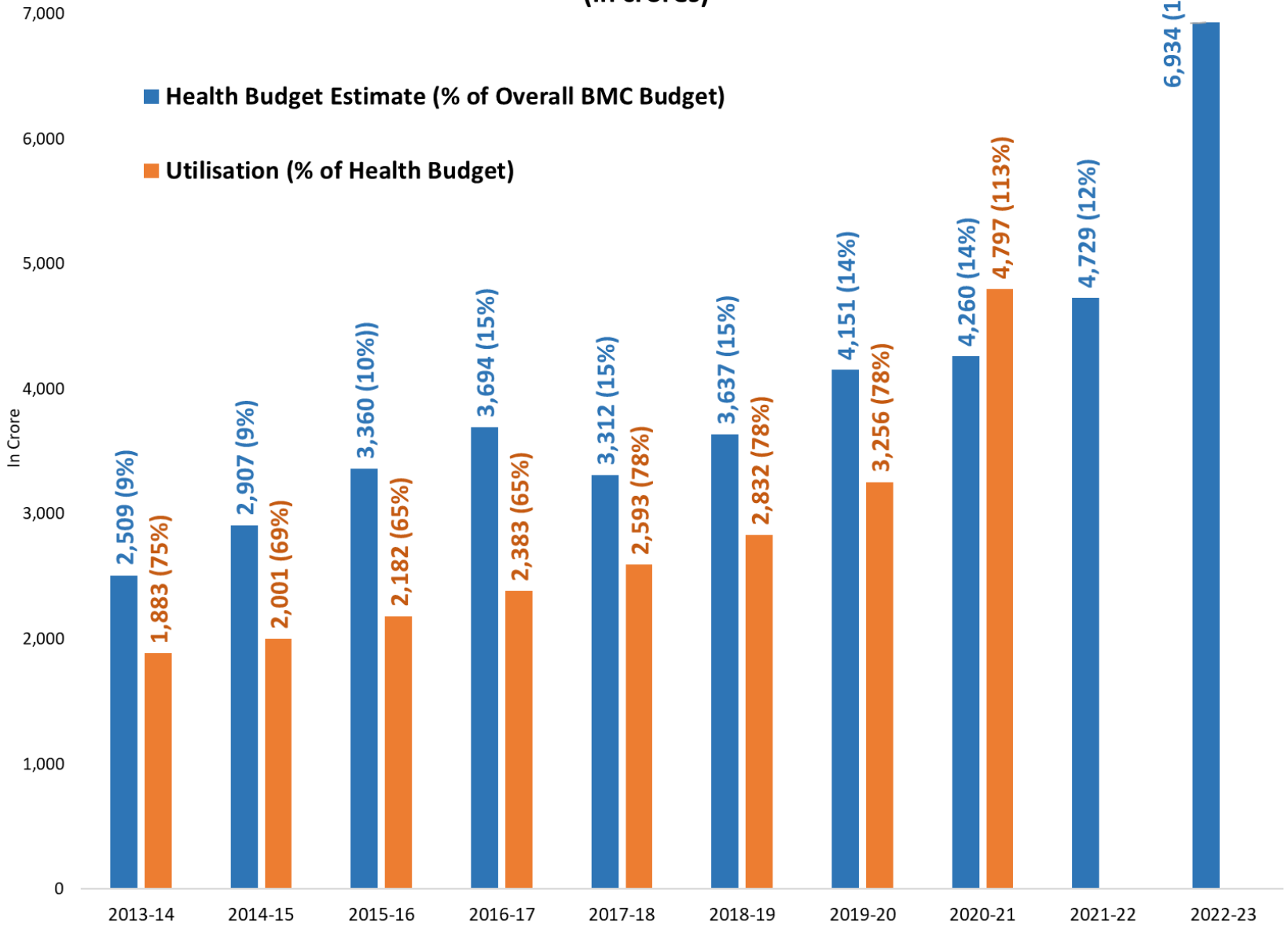
Some insights from a survey conducted by Praja in 2019, which was commissioned to a reputed market research agency –

- ❑ *31% of people in the lowest Socio-Economic Classes (SEC E)\*\* access private healthcare services.*
- ❑ *Moreover, 76% of respondents belonging to the lower Socio-Economic Classes (SEC E) spend more than 10% of their income only on medical expenses.*

\*<https://apps.who.int/iris/bitstream/handle/10665/352685/9789290229049-eng.pdf?sequence=1>

\*\*[https://praja.org/praja\\_docs/praja\\_downloads/Report\\_on\\_The\\_STATE\\_of\\_HEALTH\\_in\\_Mumbai.pdf](https://praja.org/praja_docs/praja_downloads/Report_on_The_STATE_of_HEALTH_in_Mumbai.pdf)

**Health Budget & Utilisation from 2013-14 to 2022-23**  
(in crores)



□ BMC’s health budget increased from 12% to 15% of the overall city budget from F.Y 2020-21 to F.Y 2022-23.

□ Despite these funds, there exist infrastructure gaps in BMC’s health facilities, which has led to a shortage of adequate infrastructure to provide proper treatment and care to citizens.

## The SDG Goal 3 Targets to Achieve By 2030



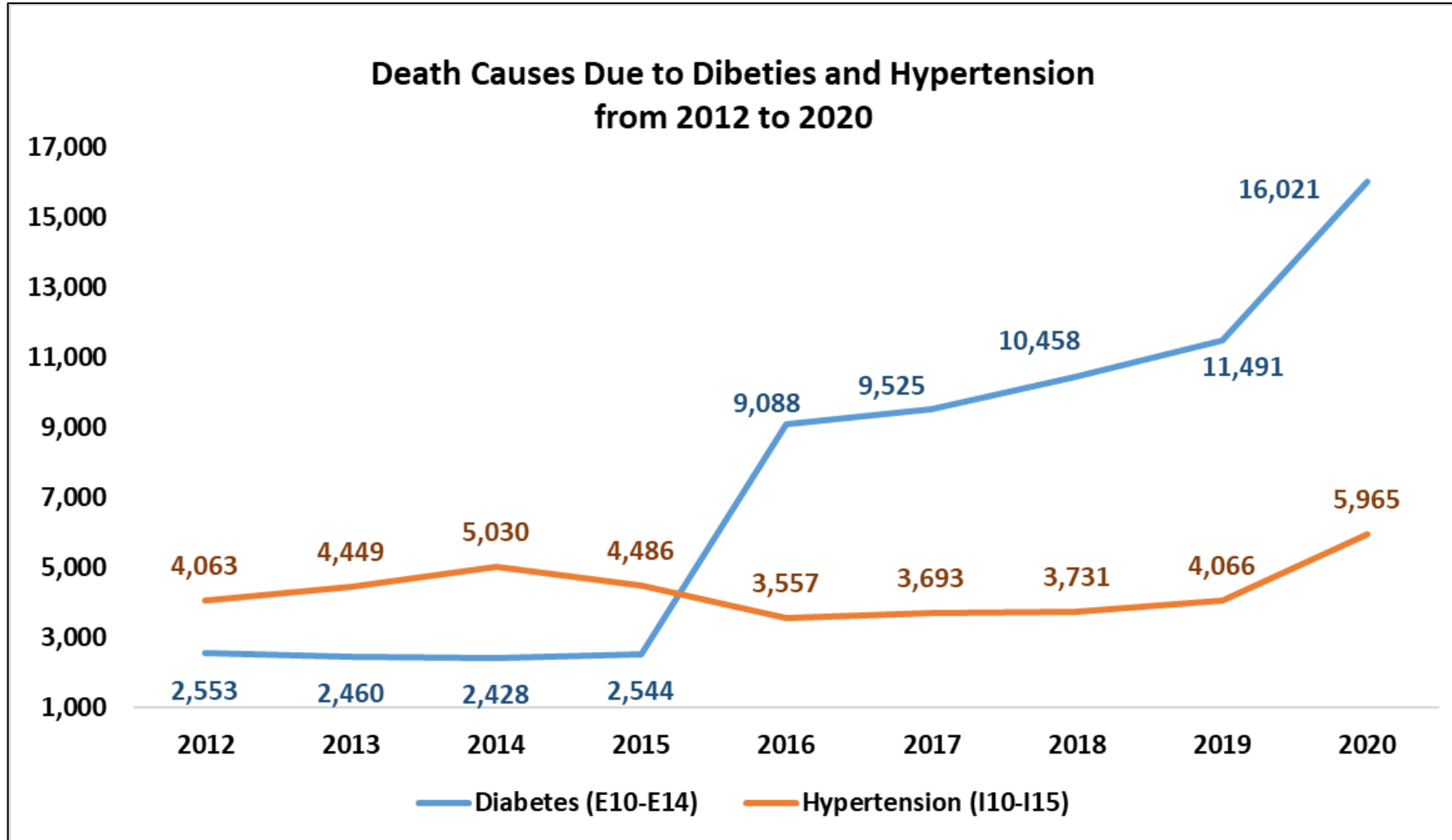
- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- End preventable deaths of newborns and children
  - Reduce neonatal mortality to at least as low as 12 per 1,000 live birth
  - Under-5 mortality to at least as low as 25 per 1,000 live births
- Reduce by 1/3 non-communicable diseases (i.e. diabetes/hypertension)
- 0 TB cases/ Per 1 lakh population
- End the epidemics of AIDS, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases



- *Health and well-being are important at every stage of one's life, starting from the beginning. This goal addresses all major health priorities: reproductive, maternal, newborn, child, and adolescent health.*

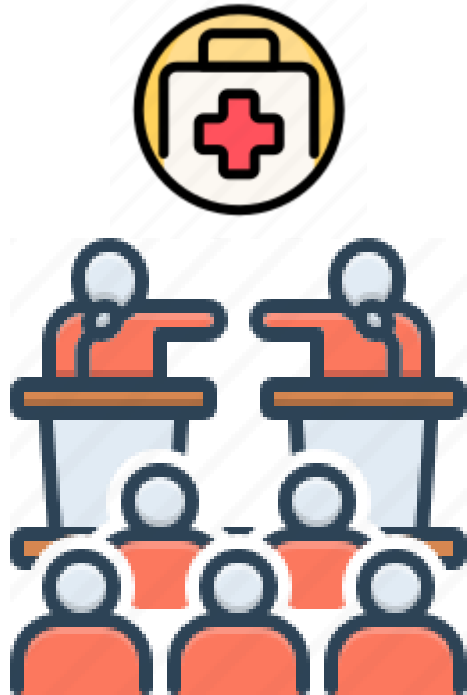
Targets	2015 Status	2021 Status	2030 Target
Neo Natal Mortality Rate (deaths per 1,000 live births)	16	15	12
Under 5 Mortality Rate (deaths per 1,000 live births)	32	29	25
Maternal Mortality Rate (deaths per 1,00,000 live births)	180	83	70

➤ The SDG 3 targets to Reduce by 1/3 non-communicable diseases by 2030. However, in 2015, total diabetes and hypertension deaths were 7,030, while the SDG targets state **Mumbai should reach a target of 4,687 deaths (diabetes and hypertension) by 2030.**



- ❑ Cause of Death Increased by 16% From 95,478 in 2012 to 110,512 in 2020.
- ❑ Moreover, from 2015 to 2020, deaths due to diabetes and hypertension increased by 530% and 33% respectively.

Diseases	2015		2021	Targets for 2030
Tuberculosis	325 cases	↓ 24%	248 cases	0 TB cases/1 lakh population
Malaria	14,977	↓ 34%	9,959	End the epidemics (zero cases) of malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Dengue	15,341	↓ 50%	7,683	
Typhoid	5,209	↓ 9%	4,746	
Diarrhoea	118,446	↓ 51%	58,108	
Hepatitis A	1,582	↓ 72%	446	
Hepatitis B	542	↑ 39%	754	
Hepatitis C	62	↑ 458%	346	



- **1 out of 100** questions was raised on **Lifestyle Diseases (Diabetes and Hypertension)**
- **2 out of 100** questions were asked on **Tuberculosis**
- **1 out of 100** questions was asked on **water-borne diseases (Diarrhoea/Typhoid/Cholera)**
- **2 out of 100** questions were asked on personnel and infrastructural\* issues related to **BMC dispensaries and hospitals.**
- **5 out of 100** questions were asked on **Naming/ Renaming hospitals / Health Centre/Cemeteries**

\* Includes issues related to human resources, structural issues, non-operational issues, shortage of patient care facilities, etc.



## Strengthen and Improve Access to Healthcare Facilities

- *NBC and UDPI norms* should be followed
- *Adequate staff and infrastructure facilities should be available* in BMC dispensaries and maternity homes to treat those diseases that can be easily managed at a local level.
- Dispensaries accessible before and after office hours, *from 8 am to 11 pm.*



## Efficiency in BMC's Health Data Management

- Need for a *robust and open Health Management Information System (HMIS)* with accurate data on occurrence of diseases, quantity and quality of service, etc.
- *Cause of Death data should be maintained on a real-time basis* by BMC, especially at wards level.



## Achieving the SDG Goals

As we move closer to 2030, stringent *measures need to be taken to monitor and achieve the SDG targets* adopted by the country, by efficiently implementing adequate policy interventions.



## Effective Deliberations in BMC Health Committee

*Need for citizen-centric and data-centric deliberations*, especially in BMC Public Health Committee, on the diseases which have lead to the highest deaths in Mumbai, such as diabetes, malaria, tuberculosis, etc.

# Thank You!

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