# India’s Urban Centers and Infections



This article is based on **Skewed Urbanisation and the Contagion** which was published in Economic and Political Weekly on 18/04/2020. It talks about susceptibility of India's urban areas to infections because of the dearth of healthcare infrastructure, unplanned and market-driven urbanisation.

Global evidence pertaining to **Covid-19 pandemic**, suggest that with more opportunities for contact and exposure, **urban areas are more susceptible to the infection.**

The spread of infectious diseases, especially in the urban areas, cannot be explained as a biological process only, but many other factors contribute to the spread of the infection. For example, mobility of people, physical connecti vity and living conditions in the areas are critical determinants in the spread of contagious diseases

Moreover, India’s urbanization is marred by challenges like haphazard planning, lack of basic civic amenities and healthcare. This dismal state of India’s urban centres makes them more susceptible to infections. This can be seen in the spread of Covid-19 in Indian cities like New Delhi, Pune, Mumbai etc.

**Note:**

**Urbanisation**

- The process of urbanisation refers to a societal transformation taking place with the increased mobility and settling of people in urban surroundings.
- It is a process of geographic transformation that may be explained by the migration of people from rural to urban, suburban and peri-urban areas with the perception of a better quality of life that includes better employment, education, healthcare, transportation, communication, housing, entertainment, etc.
- In India, 34% of the total population is urban. According to the 2011 Census, the geographical areas with a minimum population of 5,000 or a population density of 400 per square kilometre (km) area, in which 75% of the male population are engaged in non-agricultural activities, are identified as urban.

## Vicious Cycle Between India's Urbanization and Infection

- **Mobility driven Contamination:** Millions of passengers use local train services for daily commuting in the metro cities of India. Moreover, these coaches travel with a passenger density that is much higher than the recommended density.
    The lower operating speed and the alarmingly higher passenger density in public transport are the major reasons behind the **higher probability of contact-based infection** due to increased proximity.
- **Problem of Slums:** A key aspect of the urban population distribution in India is its non-uniformity across space.
    - For example, in Mumbai and Kolkata, 54% and 32% of the city population, respectively, are in slum areas where the actual population density is much higher than the average population density of these cities.
    - Infection can easily and rapidly spread in the slum due to high pop density and lack of proper living conditions and den to the other parts of the cities.
- **Poor Civic Amenities:** Indian cities have developed skewed distributions of urban essential services. For example, many of the city slums have inadequate pipeline water supply and sanitation facilitates.
    This unhygienic living condition acts as a breeding ground for many infections.
- **Dismal State of Public Health Infrastructure:** Despite the huge growth in urban population density during the last two decades, there has been no commensurate improvement in the healthcare infrastructure.
    According to the World Health Organization (WHO) recommended doctor–patient ratio of 1: 1,000, India currently exhibits a ratio of 1: 10,189, thereby indicating a shortfall of about 6 lakh doctors.
- **Unplanned and Haphazard Planning:** The buildings are allowed to be built first and then the other basic municipal services follow from the demand generated from the increased population density, without any feasibility study being conducted. This makes urban growth in India to be predominantly unplanned and market-driven.
    - Also, the latest development of most of the cities in India is occurring around the peripheral areas either by filling up low marshy lands and water bodies, or through deforestation.
    - This makes the new human occupant exposed to the diseases that are vector-borne (e.g. Dengue and Chikengunia).
- **High Level of Pollution:** The growing rate of air pollution due to vehicular traffic and huge construction and demolitions waste increase morbidity amongst the people living the cities. This makes them more vulnerable to infections.
- **Prevalence of Individualism In Urban Areas:** The self-centric urban life, with a higher access to state power, often makes a section of the people move in a “go as you like” manner.
    Moreover, absence or little presence of community life makes it easier for people to be less accountable to the society, thereby posing a challenge in mitigating the disaster of infectious disease at the community level.

## Steps To Be Taken

- There is a need for revision of the **land use plan** corresponding to the city characteristics to be made with the long-term perspectives.
- Urban centers should be made financial autonomous, so that they can take care of maintenance of basic civic amenities and cleanliness.
    In this pursuit, the idea of municipal bonds should be realised in major urban centers.

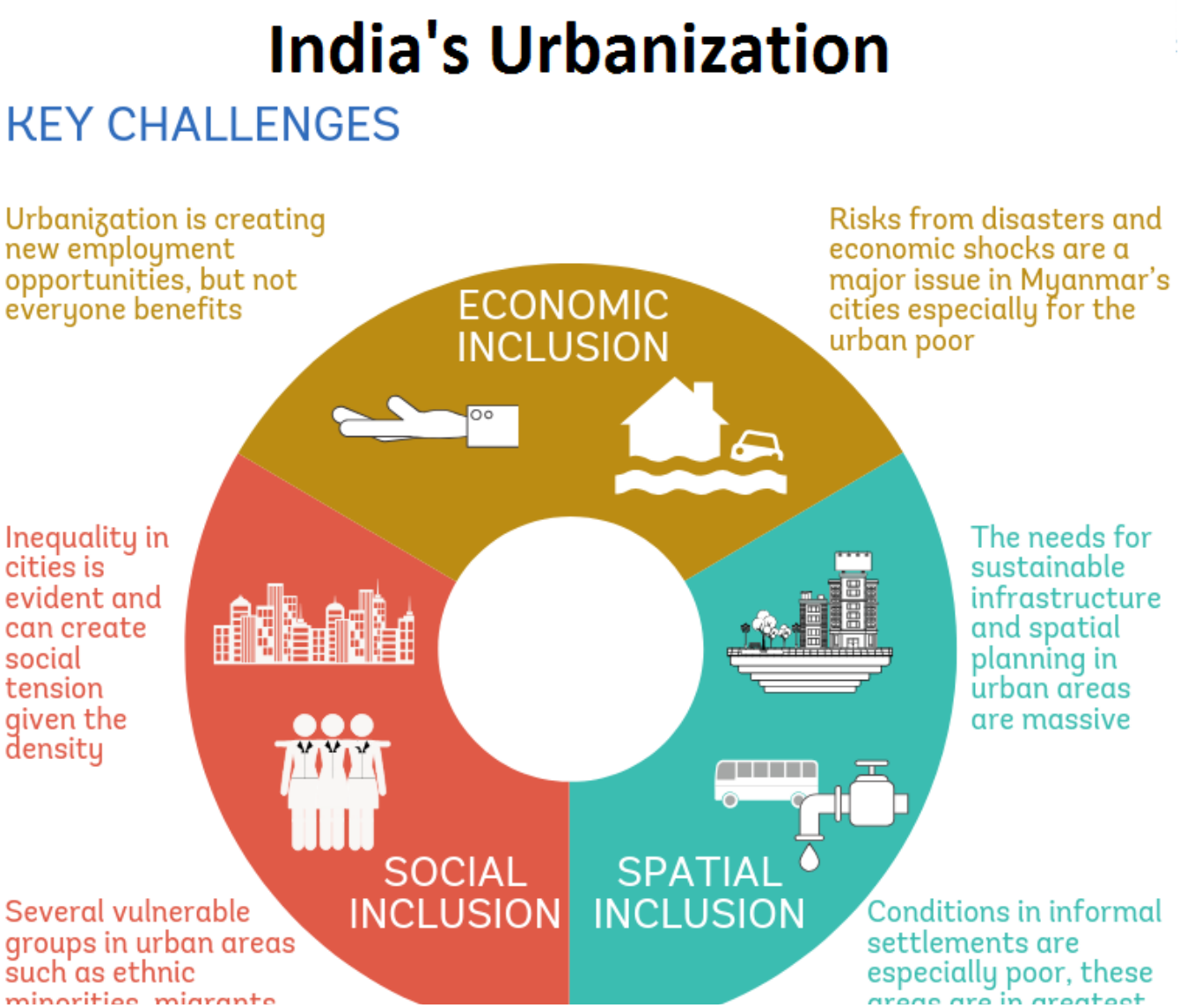
- In order to check blind migration towards cities, there is a need for providing employment opportunities in rural areas.

  In this context, **Shyama Prasad Mukherji Rurban Mission** is a step in the right direction.
- **AMRUT Mission** along with **Smart Cities Mission** lays major emphasis on institutional reforms which aim to improve governance and institutional capacities of Urban local bodies..
- There is a need for national urbanisation policy, that should address the problems associated with slums.
- **Mission Indradhanush 2.0** reiterates India's commitment to vaccines for all, as it aims to achieve 90% Full Immunisation Coverage with focus towards districts and urban areas with persistent low levels of immunization.

## Conclusion

**Urban reform p**rocess in India started in early 1990s with the enactment of the 74th Constitutional Amendment Act. Though progress has been made in developing the framework for reform linked investment in urban infrastructure, a lot needs to be done to make Indian cities more sustainable.

In this context, India's future urban strategy should improve urban governance, delivery of public services, inter-government transfers and capacity building.



minorities, migrants, the urban poor, women, and the disabled are marginalized

areas are in greatest need for water, sanitation, solid waste management and transport services

## POLICY RECOMMENDATIONS

Implementation will be reliant on a strong commitment from the government to a bold reform agenda

Invest in sustainable urban infrastructure and urban upgrading

Build resilience to mitigate the impact of shocks on people's livelihoods and health

Facilitate access to legal documentation for migrants and specific subgroups, and targeted social programs for those particularly vulnerable to exclusion

Invest in capacity building and new financing for urban development

***Drishti Mains Question***

India's urban centers are more susceptible to infectious diseases. Discuss

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Follow editorial analysis on our youtube channel. This editorial is based on **"Economy in Lockdown"**, published in The Hindu on April 20, 2020.