

Chapter 10

Urbanization and New Jobs Creation in Healthcare Services in India: Challenges and Opportunities

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ABSTRACT

Urbanization in developing countries of Asia, Africa, and India is growing at an unprecedented rate. For the last three decades, urbanization has led to migration and concentration of population in urban cities and put pressure on public infrastructure, health, education, and transportation due to population growth. This has caused disparities between the elite and urban-poor in India in terms of shortage of human resources in the public health system, new job creation in the healthcare sector and medical tourism in India in particular and Asian economies engaged in global medical travel business of catering to local and foreign patients. The main contribution of this chapter is to critically discuss the opportunities and challenges faced by public and private hospitals for new job creation in healthcare, due to urbanization and emergence of corporate private hospitals that export health care services in India, followed by policy implications, future research directions, and conclusion.

INTRODUCTION

Urbanization in the 21st century in the developing countries of Africa, Asia, China, India and South America is growing at an unprecedented rate which impacts economic development, job creation and health of the citizens (Godfery & Julian, 2005; Mukhopadhyay & Forssell, 2005; MacReady, 2007; Chan, 2010; Kundu, 2011; Gong, Liang, Carlton et al., 2012). The extent of urbanization also varies from country to country. More than half of the global population 54.5% in 2016 lives in cities. United

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Nations has projected that by 2030, this will increase to nearly 60%, which is one in three people will live in urban areas (UN, 2016). In India, out of a total population of 1.21 billion, urban dwellers are 377 million people, with nearly 10 million migrating to towns every year (GOI, 2011). This shows the need for planning in order to reduce infrastructure bottlenecks, by building roads, railways, affordable housing, power, water supply, sanitation, education, schools, universities, and primary and super-speciality of healthcare services. For the last three decades, urbanization has led to migration and concentration of population in cities, which are the centers of commerce, government, education, health, where people live and work (Henderson, 2002; Kundu, 2011). Urbanization is also causing traffic jams, air and water pollution (Mukhopadhyay & Forssell, 2005) and negatively impacting on quality of life, society, environment, population and congestion.

Normally, urbanization improves productivity, concentrates economic activity, provides infrastructure facilities and utilities to meet the growing demand and creates jobs, in manufacturing, industry and services sectors of the economy. However, unchecked urbanization puts pressure on public infrastructure, health, education, and transportation. For the first time, 'The World Health Day' was celebrated in 2010 as 'Urbanization and Health' with '1000 cities and 1000 lives' as its global campaign goal, where approximately 1500 cities participated. The goal of 1000 cities was to open public spaces such as parks, town-halls, clean-up campaigns; and the goal of 1000 lives, was to gather 1000 stories of people and urban health campaigns that have taken action and had a significant impact on the health of the people in their cities. Population growth, according to WHO (2010a & 2010b) will be in urban areas of Asia and Africa in the next three decades. WHO also estimates that seven out of every ten people will live in a city by the middle of 21st century, with an increase in urban-poor and their healthcare problems, but also urban and rural divide in health care affordability, access, and service delivery.

With a high density of population per square kilometer, cities are faced with many urban healthcare challenges such as; air pollution, traffic, poverty, inequity in healthcare access, availability, and inadequate public toilets and refuse collection, the spread of infectious diseases and lifestyles diseases such as cancer, cardiac problems, obesity and diabetes. Further, urbanization improves living conditions, promotes urban planning for healthy behaviors and safety, equitable access to healthcare facilities, ensure participatory governance for urban planning, build inclusive cities that are accessible to all age groups and make cities resilient to disasters management and emergencies (Agarwal, 2009; Chan, 2010). The 11th National Plan (2007-2012) development strategy emphasized urbanization of cities to "be the locus and engine of economic growth over the next two decades" as the key indicator of achieving a GDP growth rate of 9% for India (Planning Commission, 2007). However, the government's 12th five-year plan (2012-2017) noted that urbanization, in India, is accompanied by a concentration of poverty in urban slums, where one in three, estimated at one-billion people dwell and whose healthcare needs have to be met to achieve the aim of inclusive growth of the 12th plan.

According to United Nation, out of a total population of 1.3 billion, urban city population estimate for India by 2030 will be nearly 590 million. Currently, approximately 300 million live in cities, out of which 100 million live in urban slums (Yadav, Nikhil & Pandav, 2011; WHO, 2010a). Rural population moving to urbanized cities in search of jobs, has created a new class of urban-poor, whose health is threatened by inequity (Chan, 2010). These include construction workers, rickshaw pullers, street vendors, cleaners, household servants, homeless people and street children. Therefore, the Indian government aims to have the quality of universal healthcare service for all by 2020, to reduce out-of-pocket expenditure (Reddy, Patel, Jha, Paul, Kumar, & Dandona, 2011). According to the World Bank (2016) report on Urbanization in South Asia, is a slow process and causing congestion, infrastructure shortage,

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