Urban health in India is gaining increasing attention due to the growing share of urban population and the changing living conditions caused by the rapid urbanization process. The rising prevalence of non-communicable diseases (NCDs) such as diabetes is partly attributed to this process. At the same time, communicable diseases persist, for example, because of poor sanitation and environmental pollution. Socioeconomic status is an important determinant for the exposure to urban risk factors and the capacities for making use of the health benefits cities offer (e.g., health care services or food availability). The rise of NCDs is likely to increase health inequities due to the long-term treatment costs and the risk of inadequate disease control, making NCD prevention and control one of the biggest public health challenges in the 21st century. Though public health programs in India are increasingly targeting NCDs, data quality and availability to budget scarce resources remains a challenge.

The presentation will provide an overview on the outcomes of two research projects conducted in the city of Pune, India. The first project targeted the extent and mechanisms of health inequities in Pune, a topic that came on the political radar of decision makers in India roughly 5 years ago. The study assessed the disease burden and risk exposure of different communities in Pune. In a follow-up project, a sentinel surveillance system for selected NCDs was developed and implemented in the private health care sector in Pune. The pilot study was evaluated in respect to opportunities and barriers of private sector involvement in disease surveillance in order to generate evidence for successful public health interventions.