

Do the urban poor delay urban universal health coverage in India?

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Categories: Public Health

Keywords: universal health coverage, india, urbanization, policy

How to cite this abstract

Kishanrao S (January 01, 2017) Do the urban poor delay urban universal health coverage in India?. Cureus 9(1): a338

Abstract

ABSTRACT

Many health planners, local bodies and general literate people see urban population as one unit of literate, financially sound and well informed population, seeking health care when needed; Health infrastructure is more than required. Cumulative data is the reason for this misconception while the actual situation among urban poor may be worse than their rural counterparts. Urban health would make the biggest impact in global health and is also the most challenging particularly taking care of the population at highest risk.

Government influences the health of urban populations by providing municipal services, regulating activities that affect health, and setting the parameters for urban development.

Government policies can exacerbate or reduce social

inequality and support living conditions that promote or damage health.

City governments and urban populations have limited resources to face multiple problems (e.g., in education,

employment, crime prevention, environmental protection, and sanitation). Urban public health planners need to define disparity reduction

as an explicit goal.

Countrywide two important recent initiatives namely Pradhan Mantri Bhartiya Janaushadhi Pariyojana 2015² and National Health Protection Scheme (NHPS)³ have promised better sickness care more Accessible, Acceptable and Affordable.

The National Health Mission (2013)¹ for the first time has committed to urban health infrastructure on the line

of rural infrastructure. To address these it has committed to: a) Advance toward providing universal access to

comprehensive health services that address people's health needs, including the needs of vulnerable groups,

b) Progress toward the elimination of out-of-pocket payments that are a barrier to access to care, replacing them with pooled contributions based on taxes and other sources of financing,

c) Establish national targets and goals and a roadmap for advancing toward universal access to health and universal health coverage, setting national priorities for the period 2018 to 2020,

2025 and 2030, d) Improve the organization, management and efficiency of health services

using healthcare models that focus on the needs of people and communities e) Improve care at the primary level by strengthening multidisciplinary health teams and integrated health service

networks for Urban poor, Rural remote and Tribal Population, e) Increase employment options, especially at the first level of care, with attractive labor conditions and incentives, particularly in underserved areas, and provide healthcare workers with access to health information and

digital health services (including telemedicine) Improve health authorities' capacity to provide

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Published 01/01/2017

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leadership in the health sector and to influence policies and legislation in other sectors that have an impact on health or on social conditions that impact health.

This article reviews the determinants of the urban health, urban health infrastructure present and planned, the present status of Urban Health particularly for the vulnerable population and course of action need to achieve the universal health care and wonders if urban poor will delay the achievement of UHC by 2030.

Full article text at: <http://www.gjmedph.com/uploads/R1-Vo7No3.pdf>