“Health Insurance for Health financing”: Strategy to deal with Medical Poverty among Urban Poor in India

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Outline of Presentation

- Priority issues and rationale to address health needs and demands of urban poor in the NUHM
- Objectives of presentation
- Data and methods used for the HUP baseline survey
- Key findings on adverse social and structural barriers in the health insurance among urban poor and potential strategies and
- Implications for interventions under NUHM

NRHM Goals

- Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years
- Universalize access to public health services for Women's health, Child health, water, hygiene, sanitation and nutrition
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare, ensuring population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH and promotion of healthy life styles

Priority Issues in National Urban Health Mission

- The NUHM primarily focuses at MNCHN, WASH, Environmental Health and STI/HIV/AIDS

- To NUHM plans to involve private sector as well as NGOs in reaching out to the masses under the programme, which would work in synergy with NRHM

- Decentralized monitoring of implementation involving urban local bodies with a provision of immediate corrective measures.

Rationale of HUP Interventions

- With increasing pace and volume of urbanization a sizeable proportion of the population in most Indian cities lives in slums
- Urban slums have lesser access to hygiene, sanitation and safe drinking water in addition to a number of other socio-economic odds having adverse implications for the health related quality of life.
- The increasing slum population is seen as an indication of worsening living conditions and increasing poverty in Indian cities.
- A strong interest in urban health is also due to priority to achieve Millennium Development Goal on improving the lives of slum dwellers,
- Need to adopt a synergistic approach in all the programs and services relating to health of urban poor.

Objectives of Presentation

- To analyze the under utilization of public health facilities by Urban Poor for their health in general and MNCH related services in particular,
- To examine the coverage of health insurance among urban poor, especially in the context of implementation of RSBY from 2008, and
- To identify the major barriers in insurance coverage and possible strategies to address the issue of medical poverty among urban poor.

Objectives of HUP baseline survey......

- To assess prevalent behaviors and practices in various MNCHN issues and preferred choice of providers in treatment seeking;
- To understand the constructs of health risks and vulnerability situation among urban poor;
- To understand the context of the program for expected behavior change through addressing those constructs under the NUHM;

Sample Size and Sampling Design

- Sample size has been determined based on scientific principles taking expected value of key behavioural indicator, Confidence level based on relative standard error, Statistical power and design effect

- A two stage systematic random sampling design has been used at both the levels i.e. where NSSO blocks (UFS) are selected using systematic random sampling and on an average 22 households in the selected UFS again by systematic random after completing the house listing.

- Two types of weights have been used to maximizes the representativeness in terms of size, distribution and characteristics

- It is essential when sample units selected with differing probabilities and response rate are not uniform .Weight is inversely proportional to the unit selection probabilities

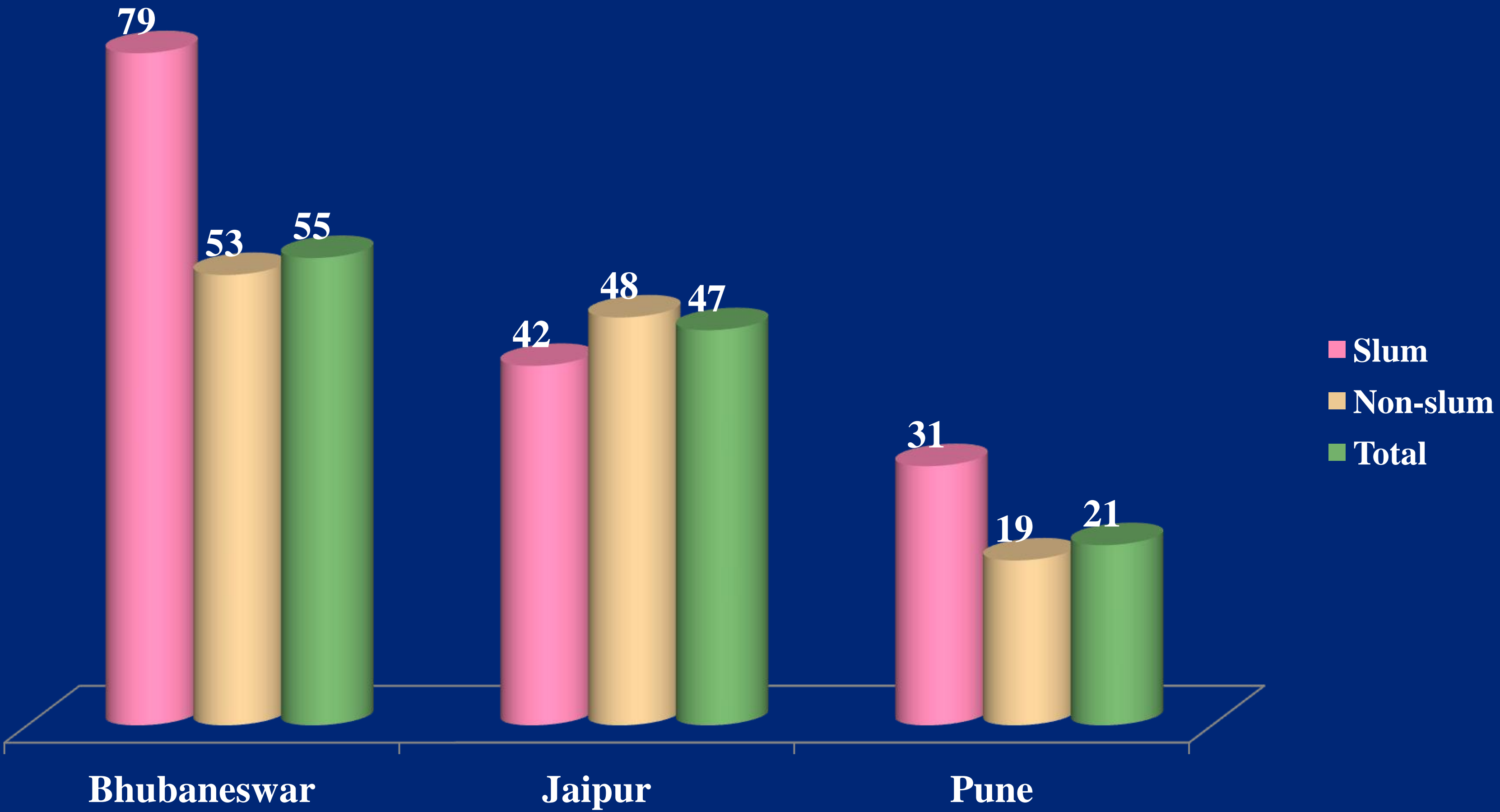
Completed interviews and response rates

Household Interviews			
	Bhubaneswar	Jaipur	Pune
Total response rate	89% (1839)	91% (1996)	93.6% (1884)
Slum response rate	90% (279)	90% (370)	97.2% (447)
Non-slum response rate	89% (1560)	91% (1627)	92.5% (1437)
Woman's Interviews			
Total response rate	92% (1322)	92% (1614)	94.6% (1323)
Slum response rate	90% (220)	92% (311)	95.0% (312)
Non-slum response rate	93% (1102)	92%(1303)	94.5% (1011)

Percentage distribution of households by Standard of Living Index (SLI)

	Bhubaneswar			Jaipur			Pune		
	Slum	Non-slum	Total	Slum	Non-slum	Total	Slum	Non-slum	Total
Low	89	25	30	57	28	38	65	25	32
Medium	8.6	38	35	35	34	34	31	34	34
High	2.9	38	35	8.6	38	28	4.4	41	34

Percentage of households using public health facility at the time of sickness of any family members by the type of locality



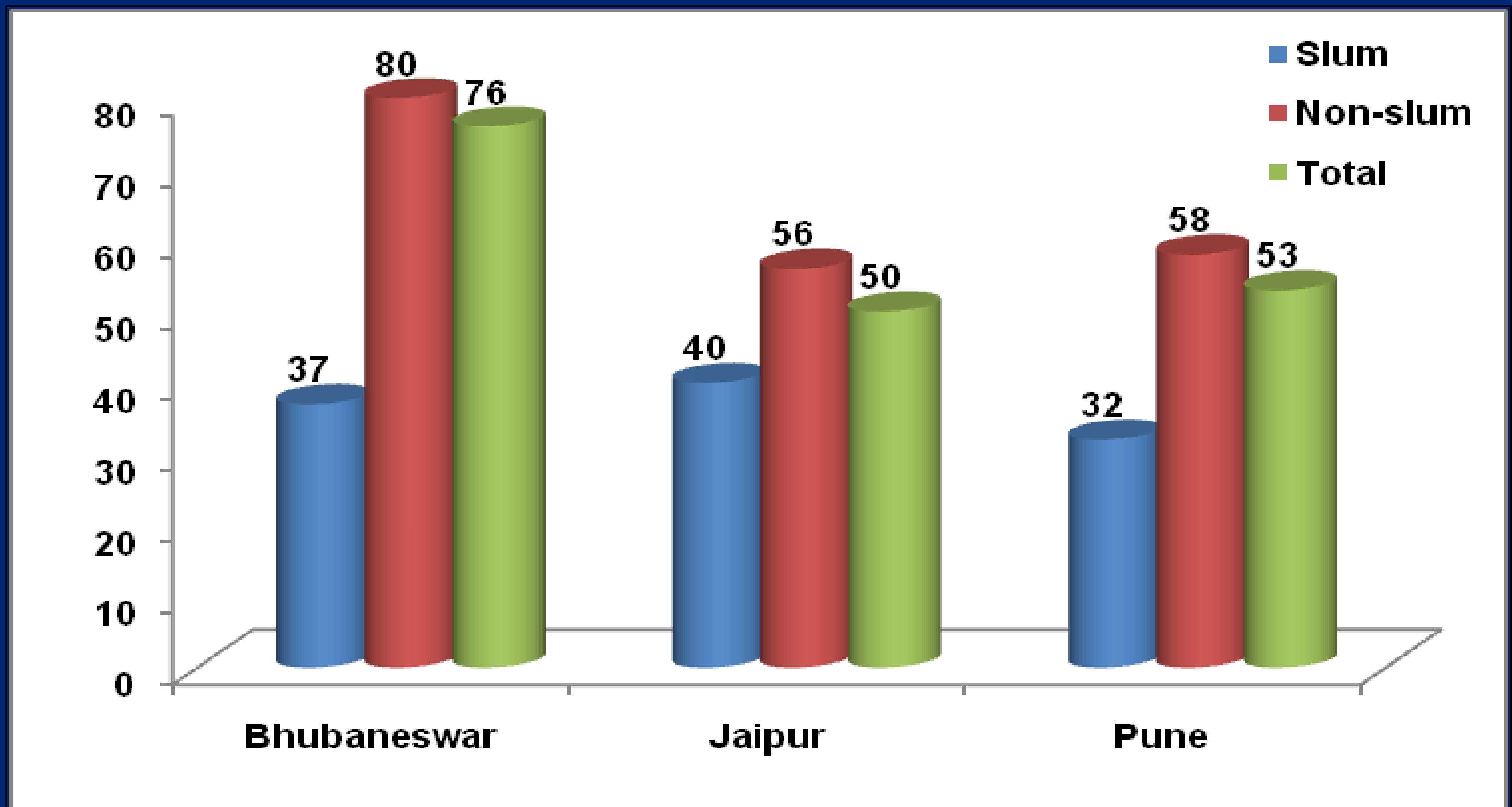
Percentage of households using both public and private health facility at the time of sickness of any family members by SLI

	Public health facility			Private health facility		
	Bhubaneswar	**Jaipur**	**Pune**	**Bhubaneswar**	**Jaipur**	**Pune**
Low	**75**	**48**	**30**	**40**	**62**	**77**
Medium	**55**	**49**	**22**	**65**	**56**	**83**
High	**41**	**42**	**13**	**76**	**64**	**90**

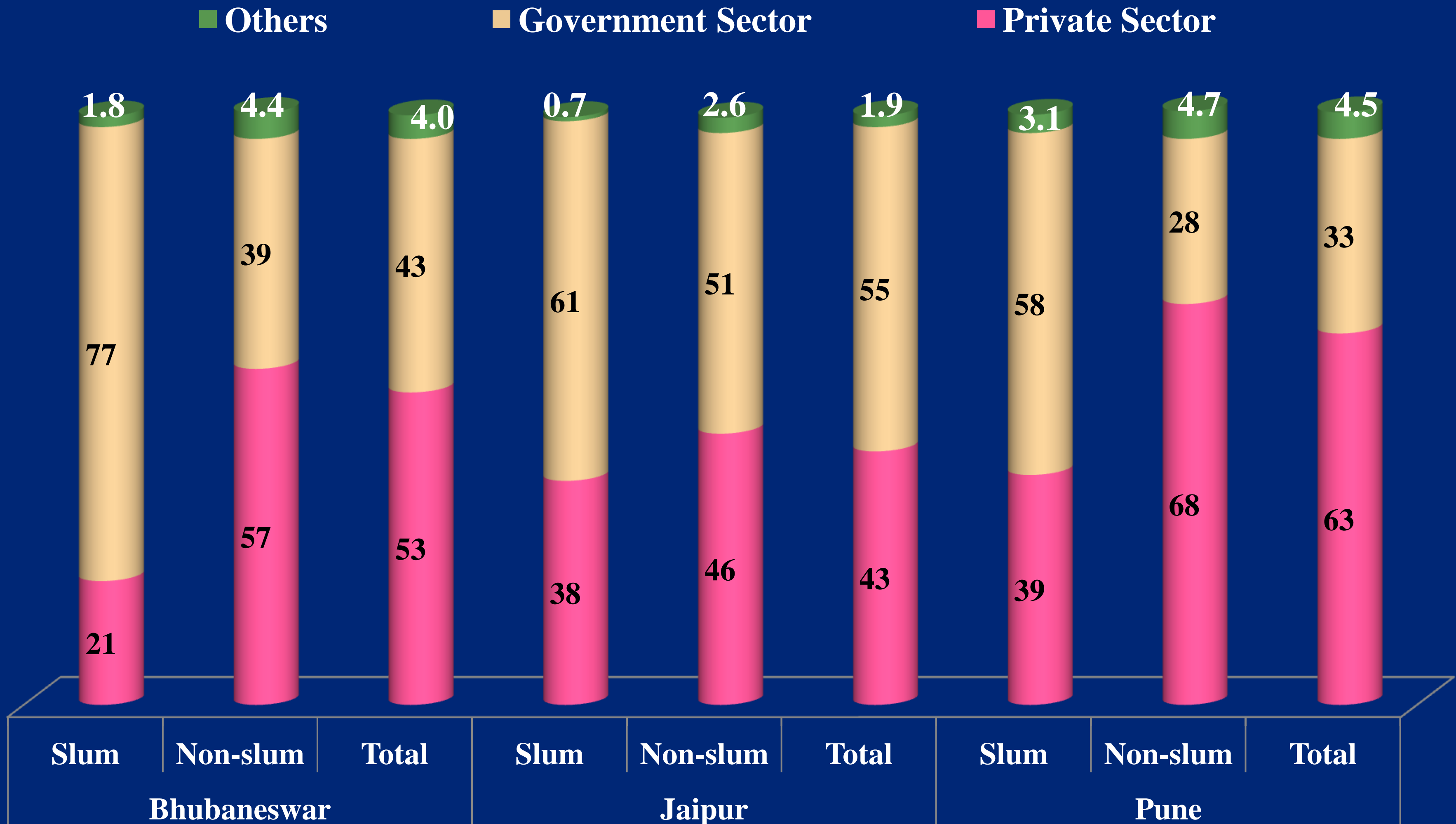
Adjusted effects of slum/non slum residence and SLI portrays that…….

- Slum dwellers in Bhubaneswar are 1.65*** times more likely to visit public health facilities than those living in non-slums. However, adjusted effects of slum non slum differentials in utilization of public health facilities is not significant in other two cities
- Adjusted effects of SLI in visiting public health facilities is more pronounced in each of the three cities where proportion visiting public health facilities declines with increasing SLI
- Non SC/ST and non-OBC in Bhubaneswar and Pune are less likely to visit public health facilities

Percentage of currently married women giving at least one live birth in the three years preceding the survey, and receiving ANC services from a private medical facility by type of locality in the three cities, 2011



Institutional deliveries by type of facilities (%)

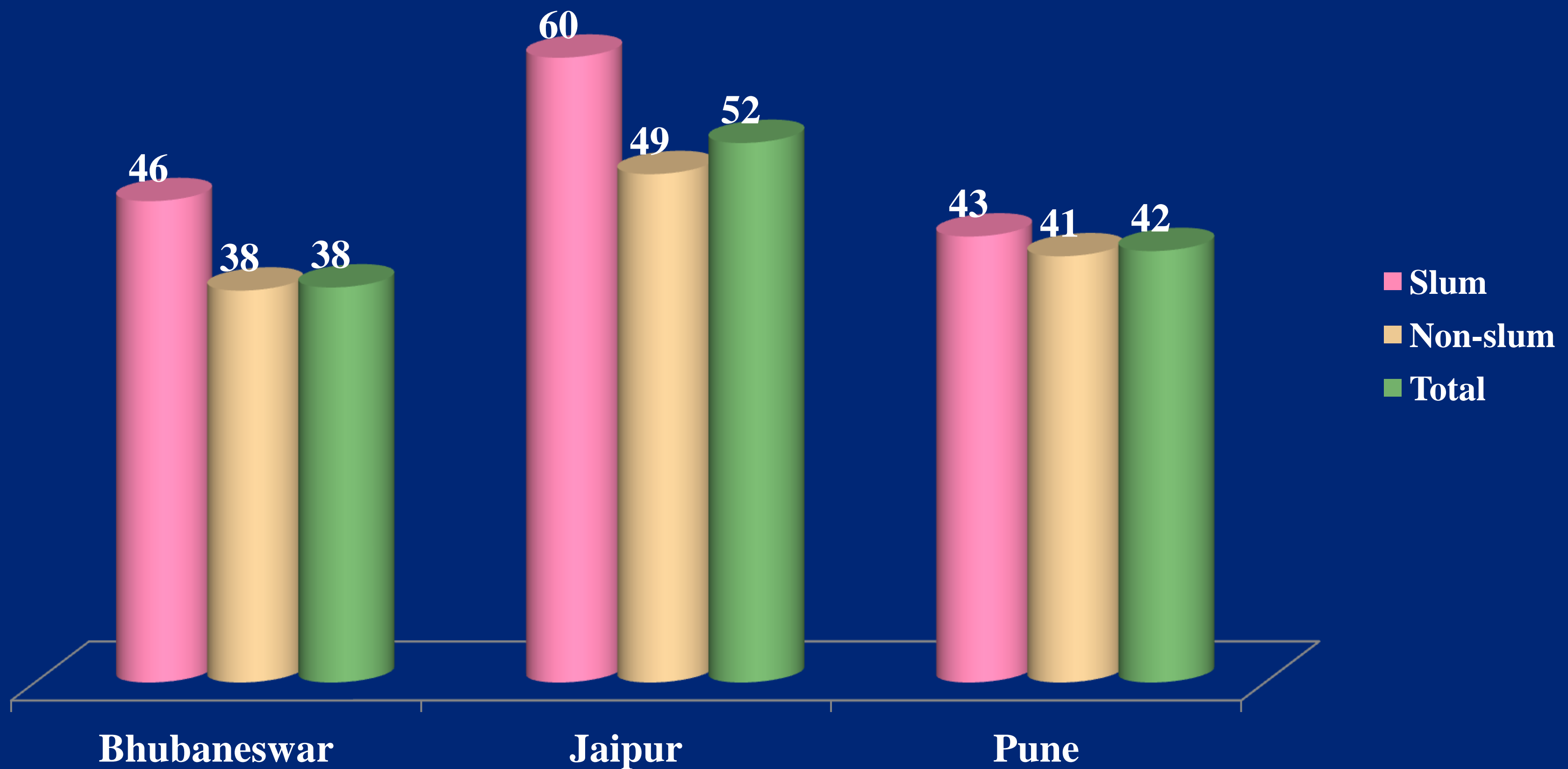


- A substantial proportion of children aged 12-23 months, nearly 50 percent in Pune, 41 percent in Bhubaneswar and 21 percent in Jaipur were reported to have vaccinations from private health facilities

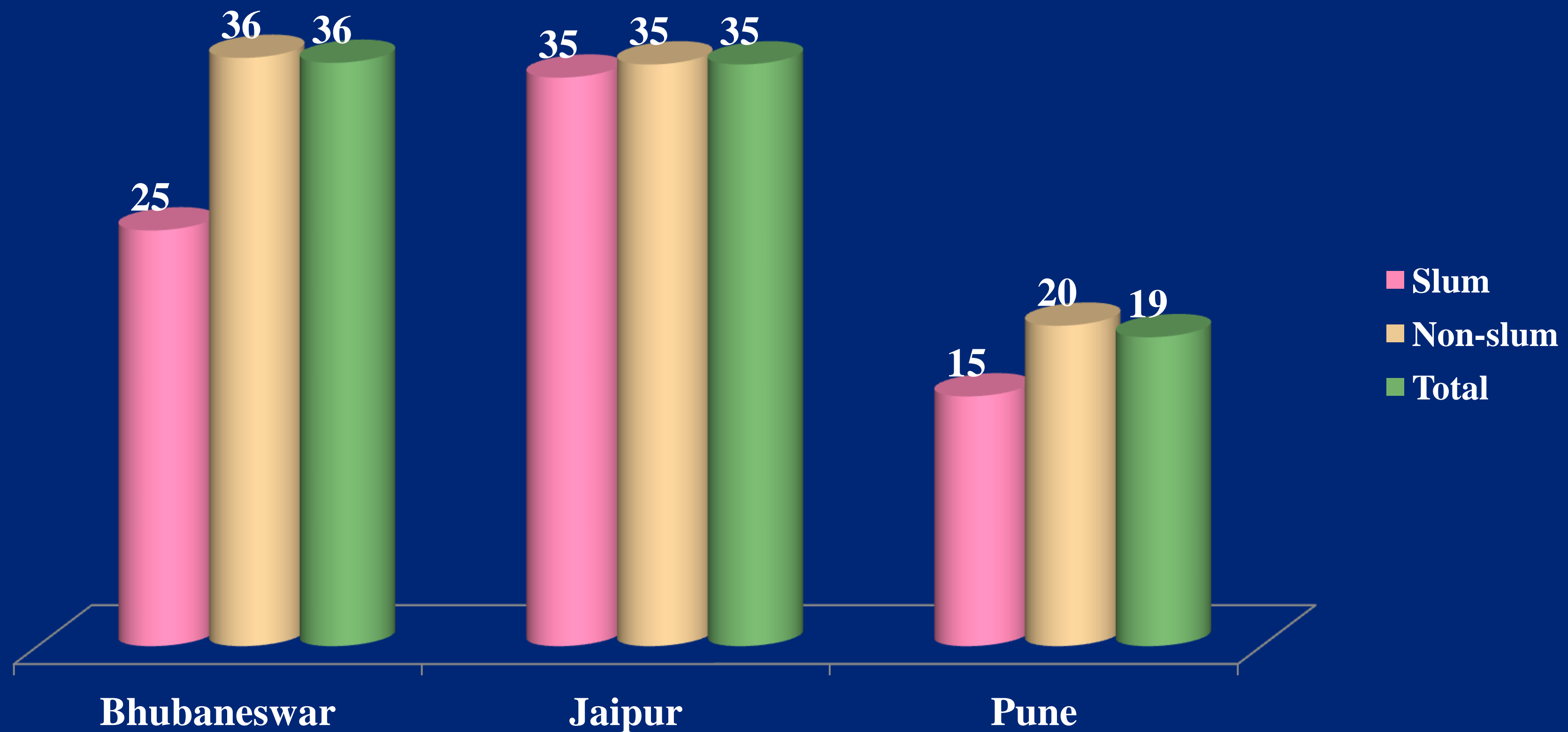
- The slum and non-slum differential in the treatment of diarrhoea shows that all the children in slums of Jaipur and Pune are taken to any private health facility, while in Bhubaneswar, 83 percent of the children in the slums are taken to any public health facility for treating diarrhoea.

- The public sector urban health delivery system, especially for poor, has so far been sporadic, far from adequate and limited in its reach and further constrained due to social exclusion of slums, weak social fabrics and lack of coordination among stakeholders

Percentage of households not using public health facility due to distance by the type of locality



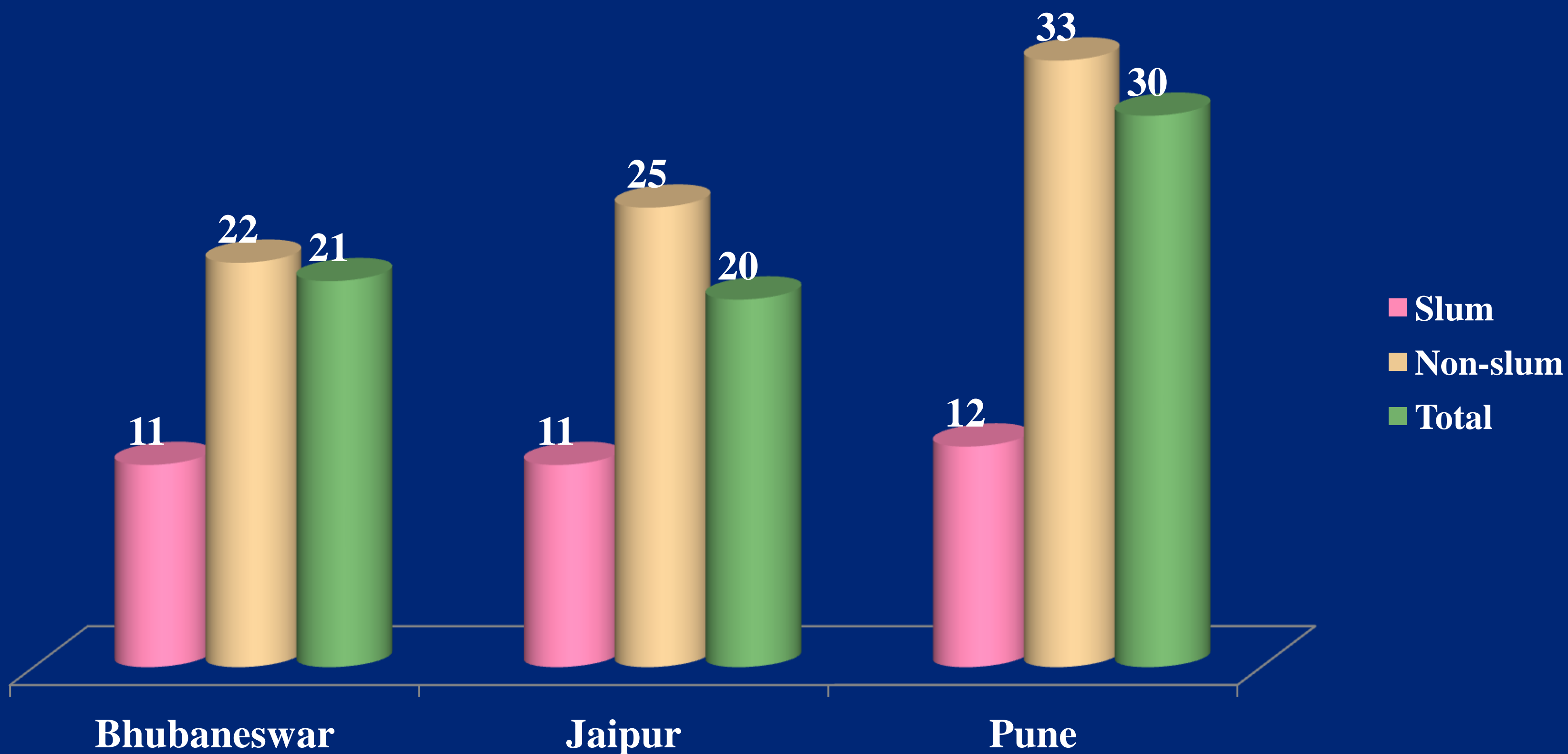
Percentage of households not using public health facility due to poor quality of care by the type of locality



Rationale of health insurance coverage to minimize out of pocket expenses for Urban Poor

- Despite of expansion of public health system , illness among poor people is an important reason for human deprivation, especially in unorganized sectors having over 90% of the labor force
- Health spending ,especially in private sector put many poor families in heavy debt, selling of household assets and cutting of essential expenditures including expenses on education of children
- Poor are unable or unwilling to take health insurance due to lack of knowledge about the perceived benefits
- Enhancing insurance coverage is a the best way to protect poor household to the risk of health spending leading to poverty

Percentage of households having at least one member covered under any health insurance scheme by the type of locality



Urban poor are highly deprived in coverage of health insurances

- Adjusted effects of SLI of household on coverage of health insurance is more pronounced in Bhubaneswar (OR=1.7** & 4.5*** for those households in medium and high SLI category. The strength of association is almost similar even in Jaipur and Pune

- Adjusted effects of slum/non-slum residence is also pronounced in Jaipur (OR= 0.57**) and Pune (OR= 0.63*** where slum households are significantly less likely to have any member of their family covered under any type of health insurance despite a considerable proportion of them are visiting private health facilities.

Conclusions

- Major barriers in insurance coverage like RSBY are lack of awareness of protocols and low perceived quality of such schemes that needs to be dealt in generating demand for health insurance among urban poor

- Health facilities should be organized and expanded irrespective of notified or non-notified slums with a humanitarian approach so that those living at outskirts of cities may have access to basic health facilities.
- All urban health posts should have a provision of mobile clinics to enhance the reach and coverage of MNCH services among urban poor and ensuring equitable access to affordable health facilities.

Conclusions continued

- Need to widen the coverage of RSBY, among urban poor in order to minimize their out of pocket expenses on health seeking

- Promoting public private partnership to widen insurance coverage with a provision of administrative quality control with vertical accountability.

Thank You