Health Rights of the Urban Poor

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Right to Health is intrisincally linked to Right to Life which is enshrined by the Constitution of India as Fundamental Right of every citizen. It thus logically becomes the duty of the state to ensure the Right to Health for all its citizens. The article 47 of the Constitution under the directive principles also reinforces the state's responsibility towards improving the public health. - " The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the state shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health". The article 47 of the constitution thus sees the states responsibility even beyond medical care, to responsibility towards good nutrition and living standards. Health related responsibilities are mentioned in the state as well as concurrent list; public health and sanitation, hospitals and dispensaries fall within the state list, while health care items like drugs and poisons, legal, medical and other professions, prevention of extension from one state to another of infections or contagious diseases or pests affecting men, animals or plants fall in the concurrent list.

WHAT IS THE SITUATION TODAY

The pressures of Structural Adjustment are overpowering the states commitment to the health rights of its citizens. Public Health Services which are unfortunately perceived to be non productive have been the obvious target of the forced cut backs in the national budgets along with education, food subsidies and public welfare services which once again have an impact on health. Repurcussions of the drastic cut in the budget are compounded by the faulty strategies adopted and the lop sided priorities given to various services. The goal of " Basic Health Care for all" in the fifties and sixties was descaled to 'Primary Health Care for all" in the seventies and eighties and got further narrowed down in the nineties to "Selective Essential Health Care". And the selective approach as we all know today is primarily Aids Control and Fertility Reduction.

This has pushed the poor into seeking care in the private sector even if they cannot afford it. The private sector which is almost free from regulations is often found to provide unnecessary, irrational and hazardous treatment. When even the elites in the society are expressing their frustration with the unaccountability of the private health sector, the plight of the poor. In this context it becomes very important that the state gears itself up to fulfill its commitment to ensure basic health rights to all its citizens by three pronged strategy of :

1. Directly providing basic health care facilities, with special efforts to reach out to all the marginalized sections of the population.
2. Making the private health sector accountable to the consumers and society at large.
3. Considering the health implications arising out of all the policies it promotes and the action that it takes.

This note limits itself to focusing on the health rights of the urban poor. There is no doubt that the health facilities are biased towards the urban population. Inspite of that, the health needs of large sections of the urban poor remain unattended. Rather the urban development policies not only indicate the states insensitivity to the health needs of the poor but play a role in further deteriorating their health situation.

HOW DO WE SEE THE BASIC HEALTH RIGHTS OF THE URBAN POOR

Every citizen has a right to comprehensive Basic Health Care Service which should include:

Preventive services
- Immunization
- Public health care measures like safe drinking water, sanitation and pollution control.

Health Education and Information

Curative and Diagnostic services
- Dispensary Services, accessible to the working class with convenient timings and close to the place of residence;
- Peripheral Hospital Care with basic speciality services including General Medicine, General Surgery, Gynaecology and Obstetrics, Pediatrics, Ophthalmology, and ENT services along with Dental services and Diagnostic services;
- Tertiary Level Care;
- Epidemiological services including laboratory services, surveillance and control of major diseases with the aid of continuous surveys, information management and public health measures;
- Pharmaceutical supplies- according to the prescribed standards;

Maternity Services :
- Ante-natal and past natal care
- Safe delivery
- Medical termination of pregnancy

Ambulance Service

Family Welfare Services:

Provision of all the above services need to be **equitable, within easy reach and affordable**. Special efforts need to be made to ensure that these service are sensitive to the needs of women and other vulnerable groups, like the disabled the street children, and the homeless.

Health Facilities should not be linked to the housing status of individuals

It is important that accessibility to provisions for a healthy environment is not linked to the legal status of housing as a substantial percentage of population in most of the towns and cities (anywhere between 30% to 60%) reside in settlements which do not have very clear legal titles. Every citizen should have easy access to water and sanitation facilities. The same stands true for the outreach programes and the easy accessibility of primary service like the dispensary.

Often the demolition drives by the Municipal corporations or State Governments expose the urban poor to a much higher health risk out of sheer insensitivity and lack of planning in terms of timing of demolition's and highly delayed, mismanaged provision of alternatives, and often no alternatives.

It is very necessary that health care services are compulsorily integrated in any rehabilitation package. It should be mandatory to assess the environment from health point of view before shifting any family to the rehabilitation site.

Need to introduce an efficient referral system

An efficient two tier or three tier referral system depending on the facilities available in the town or city need to be put in place. This will lessen the load of hospitals and improve the quality of specialized and secondary services that they should be providing. It will give due justice to the patients who require the services at tertiary and secondary level as well as the doctor who are today overloaded and overworked especially in some of the tertiary hospitals. The tertiary hospitals in cities like Mumbai are used even for treating minor illnesses as the dispensaries do not function effectively. However the quality of services provided by the dispensaries need to be improved prior to introducing a compulsory referral system.

Need to strengthen the dispensary services.

Dispensary services are the primary need of the people. Today the most vulnerable groups like those working and residing at the Deonar dumping ground and tribals residing on the forest land at Borivali in Mumbai are outside the easy reach of dispensaries. The situation is not likely to be different in other cities. Therefore an even spread of dispensaries especially around low income areas needs to be ensured for easy access to the medical services for common illnesses. If the dispensaries have to reach out to working people and school going children it is also very necessary that the services are available early morning and late evening.

Hospitals could be more patient friendly:

More comfortable and practical space allocation is required for the Out Patient Departments. Infrastructure facilities, like toilets and waiting rooms need improvement. There is a need to re-organize support services in a way that the patients do not need to waste time running from pillar to post. Enquiry counters need to function more efficiently especially in the large hospitals where the patient feels absolutely lost. Efforts need to be made be lesser the visits for various tests that require to be done.

Setting up a grievance cell in each hospital as has been implemented at one tertiary level teaching hospital will be very helpful for rapid review of services and controlling corruption and harassment by any staff member. If the scope of the cell is expanded to positive as well as negative feed back, the system will be a good mode for social audit.

Cases of burns, rape, domestic violence, child abuse require counselling as well as immediate legal guidance. It is necessary to institutionalize the linkage between medical treatment and other support services like counselling and legal aid. Lawyers are sometimes found roaming in the hospital premises in search of accident victims. Taking advantage of the vulnerable situation of the victims and their relations, they often advance a small amount of money to the patient's relatives and lure them into an exploitative contract for fighting the case. Such activities should be discouraged. Posters creating awareness among the victims about their legal rights could be displayed in certain wards like the casualty and trauma wards, the

orthopedic ward and intensive care unit. Information of this nature will contribute towards reducing the vulnerability of the victim.

Need to ensure drug supply :

It is necessary to ensure a regular supply of rational drugs to the patients at dispensaries, as well as in the hospitals. With the spiraling prices of drugs, the public hospital and dispensary will not help the economically weak population in any way if patients are asked to buy drugs from private pharmacies.

Reproductive Health Services need to be more sensitive to the women's needs :

A lot of emphasis is being given to reproductive health today but the question raised is, are the reproductive health programmes sensitive to the needs of women or does the family planning agenda overpower everything else. A major factor discouraging use of Public Health Services by women are the conditions laid down by programmes like the mandatory linking of IUD insertion to medical termination of pregnancy services and sterilization to delivery.

The image of reproductive health services as family planning services needs to be changed. Women should feel comfortable to approach the public hospitals and dispensaries for any treatment related to reproductive health. The perspective of reproductive health services needs to broadened. The focus has to be shifted from family planning to the overall health needs of the women. Improved quality of counselling for promoting small and well spaced family along with a well informed cafeteria approach should be more successful than the sanctions that are imposed on women who approach the maternity homes for delivery. MTP should be seen as a right of a woman **and any woman** irrespective of her marital status as the present act exposes women who cannot legitimately avail of the MTP facility to risk and exploitation by doctors and quacks. The Act needs to be reviewed accordingly.

Budget Allocations:

Considering the proportion of economically weak population in any city there is a sure need to increase the budget allocation. Health is a service where income and expenditure should not be compared Re-prioritizing the allocation of funds is required to provide adequate resources for maternity homes, peripheral hospitals and dispensaries because that is where most of the care should be provided. Further, user charge is not a right option for raising resources as means testing is always a problem. It will also skew resource use in favour of middle and upper class. It would be thus better to raise resources through income and consumption related taxation.

Implications on the health status of the urban poor need to be an important consideration while modifying any welfare scheme

Weakening the public distribution system will have direct impact on the nutritional status of the poor by perpetuating malnutrition which will expose them to greater risk of infections. The women will be hardest hit over here, that too at a time when they are facing increasing burden to run their family amidst growing employment, prices of basic necessities spralling up and subsidies being done away with. This is just an example. The Integrated Child Development Scheme, Mid-Day meal for school children are some other examples.

Outreach should be ensured to members of all communities.

Communal and caste bias are observed among the health care providers even in Mumbai, which by the nature of being a megalopolis is expected top have a comparatively higher cosmopolitan culture.Accessibility of basic health care should be devoid of any conditionality or discrimination or personal bias and cultural norms of every community need to be respected. Even in case certain norms may be hazardous to the health of a community, education can be a more effective and humane tool then sanctions of any type.

Every citizen should have information and opportunity to prevent themselves from unnecessary use of powerful medical routes:

The danger of over use of drugs, often hazardous is growing with the fast growing private medical sector and drug industry.Recommendations for injections, intravenous fluids and at times even blood transfusion are made quite irresponsibly in cities today. Lack of simple knowledge about oral dehydration therapy for preventing dehydration during diarrhea may lead to loss of life or indebtedness in case of hospitalization.

Health education and timely intervention by community health workers can play not just a preventive but a very effective promotive role.

Need for peoples participation in hte planning and monitot\ring of health services:

The 74th amendment of the constitution has made provision for ward committees to take decisions in their respective wards. Health delivery should form major agenda for discussion for the ward committees which would be also including nominated representatives of community based organsations and non-government organisations.

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