

## Urbanisation Challenge: Conceptual Framework Alignment in Family Health Improvement- Process Needs.

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### ABSTRACT

Rapid rate of population growth and urbanisation of a country has demand fulfilment of its requirement and adaptation to the needs. Urbanisation requires specific planning, coordination and control of its growth that call for a more holistic and comprehensive approach. It should create environments that are health promoting, aesthetically pleasing, and yielding to economic efficiency of urban systems and population well-being. The key challenge and issue related to quality of service care deliveries has become a priority in urbanisation. Therefore, revisit the 5A's concept and implementable of health program planning matrix for monitoring and evaluation is highly crucial. Impacts on the provision of social services and spatial organisation needs smart management as the growth in urban areas is critical for individuals and communities that put-on pressure to social activists and government. Mismatch of demand and supply to fulfil human needs well-being will faced the rise of disease burden especially related to non-communicable disease. Life course approach of family health program need to be revisited to accomplish urbanisation drive. Health seeking behaviour is the ultimate root cause need to be tackled in order to fulfil 5A's concept of healthcare delivery. Usage of digital technology in era of industrialization 5.0 should be in place to cope with rapid population growth towards urbanisation and empowerment needs. Malaysia has reach proportion of 77 percent of population living in cities and expected to raise to 80 percent by year 2030. Population age below 15 is decreasing and the other categories is increasing due to decreasing in fertility rate. Everyone should aware urbanisation impact and starts preventing it from giving disaster due to overwhelming of emerging diseases that will eat up health economic cost. Redefining health program planning should be measured and reflect the root cause for primary intervention. Complexity of the urbanisation impact on family healthcare service delivery calls for realignment concept.

## Evaluation of Health Insurance Scheme in India

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### ABSTRACT

This talk is based on the paper published in Social Science & Medicine in 2017. The paper evaluated India's flagship health insurance programme. India launched the 'Rashtriya Swasthya Bima Yojana' (RSBY) health insurance scheme for the poor in 2008. Utilising three waves (1999-2000, 2004-05 and 2011-12) of household level data from nationally representative surveys of the National Sample Survey Organisation (NSSO) (N = 346,615) and district level RSBY administrative data on enrolment, we estimated causal effects of RSBY on out-of-pocket expenditure. Using 'difference-in-differences' methods on households in matched districts we find that RSBY did not affect the likelihood of inpatient out-of-pocket spending, the level of inpatient out of pocket spending or catastrophic inpatient spending. We also do not find any statistically significant effect of RSBY on the level of outpatient out-of-pocket expenditure and the probability of incurring outpatient expenditure. In contrast, the likelihood of incurring any out of pocket spending (inpatient and outpatient) rose by 30% due to RSBY and was statistically significant. Although out of pocket spending levels did not change, RSBY raised household non-medical spending by 5%. Overall, the results suggest that RSBY has been ineffective in reducing the burden of out-of-pocket spending on poor households.