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The Poor in ASEAN Cities

Perspectives in Health Care Management

> Compiled by Trinidad S. Osteria



Published by Institute of Southeast Asian Studies Heng Mui Keng Terrace Pasir Panjang Singapore 0511

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Cataloguing in Publication Data

Osteria. Trinidad S.

The poor in ASEAN cities: perspectives in health care management.

- 1. Urban poor Medical care ASEAN countries.
- 2. Urban health ASEAN countries.
- 3. Poor Medical care ASEAN countries.
- 4. Medical care ASEAN countries.
- I. Title.

HV4141 A5085

1991

sls91-70079

ISBN 981-3035-76-5 (soft cover) ISBN 981-3035-84-6 (hard cover)

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Typeset by International Typesetters Printed in Singapore by Kin Keong Printing Co. Pte. Ltd.

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Preface

This book is the result of a project funded by the International Development Research Centre and Ford Foundation to study the health care management of four cities in the ASEAN region. The focus of the research was the analysis of major problems and issues facing health decision-makers and practitioners in the planning and implementation of primary health programmes for the urban poor. In undertaking the structural review, the questions that were foremost included the extent to which there were recurrent themes transcending the divergence in the programmes of the four cities in the region — Bangkok, Jakarta, Kuala Lumpur, and Manila; and how can policies, strategies, and programmes be developed to effectively meet the health needs of the urban poor? Additionally, to what degree are the city health policies and programmes reflective of the problems, and how can the policy and programme prescriptions be modified to accommodate the various concerns within the region?

While it is possible to arrive at plausible generalizations on the nature of health problems among the urban poor in this area, it is to be recognized that the issue is the health vulnerability of specific categories of the population, and their poverty problems. It has been estimated that between 1975 and the year 2000, cities of the developing world could expect to contain 70 per cent of the population gains — most of them poor. Few of these areas are prepared for the unprecedented growth that is inevitable in the coming decade. While urban areas have benefited from a disproportionate share of the resources available for health care, there is an increasing awareness on the part of governments that resource allocation among the urban population is inequitable. By its magnitude, urbanization has been considered a severe problem, which is enhanced by the rapid pace in the growth of slum and squatter settlements. Slum and squatter dwellers account for more than half of the urban population. In the four ASEAN countries of the Philippines, Thailand, Malaysia, and Indonesia, the annual urban growth rates in the past decade have

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exceeded by a considerable margin the estimated growth rate for the region, which indicates an accelerating pace of urbanization. This emerging phenomenon has shifted the focus of government planners from the inaccessible rural populations to the urban poor — the inhabitants of slums and squatter settlements.

This study sets out to assess the plans and actions that have been taken by governments to eliminate the pervasive health problems of the urban poor and seek ways for improving their welfare; to review the current perceptions of the health planners, providers, and the community on the programmes, their management, and ways of improving the system, and to describe case studies of strategies taken in health care development and identify the factors that account for their successful implementation and maintenance.

Increasingly, a cause of government concern is the role and scope of planning in health care development in each ASEAN city. The assessment of health programmes being undertaken for the urban poor, in terms of both explicit and implied health policies derived from peripheral social measures, would help to identify the constraints as well as facilitating factors in adequate health care programming. The analysis of health policies and programmes will also help to draw out basic themes and issues. Thus, recommendations can be made for a meaningful urban health strategy.

This study is divided into six chapters. The first chapter provides the substantive framework of the analysis, giving an overview of urbanization and the poverty dimension of the region. The second chapter focuses on the methodological considerations such as the objectives of the study and the mechanisms by which the research design was implemented. The policies and programmes of the city health offices in the constituent ASEAN cities are analysed in the third chapter in so far as they address the needs of the urban poor. In the fourth chapter, the perceptions of the three major actors in the health programmes — the policy-makers, the programme planners, and the community — will be delineated in an effort to detect congruence or divergence in the prognostication of specific health delivery issues. The penultimate chapter presents case studies of participatory health service delivery in poor urban communities aimed at extricating key issues in their organization and delivery that may be replicated in other milieus. Finally, the three data sources (programmes and policies, interviews of key informants, and case studies) are consolidated to arrive at a viable operational framework for appropriate health service delivery in urban slum communities.

Acknowledgements

I wish to thank Dr Dae Woo Han of the International Development Research Centre and Dr David Winder of the Ford Foundation for providing the funds and making this book a possibility. The collaborators who collected the data and prepared the country reports were Dr Boonlert Leoprapai of Thailand; Dr Charles Surjadi, Dr Attashendartini Hasbjah and Mrs Maria da Cunha all of Indonesia; Prof Khairuddin Yusof, Dr Low Kwai Sim, Dr Gan Chong Ying, Ms Wong Yut Lin of Malaysia; and Dr Sonia Sarcia of the Philippines. Their inputs to the project are invaluable. I would also like to thank Prof. K. S. Sandhu, the Director of the Institute of Southeast Asian Studies, for his support, and the staff of the Institute for providing administrative assistance.

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