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Faculty Development Program for IIHMR Group of Institutions

Review of Indian Health System in terms of Health Expenditure and Financial Risk Protection

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Inequities in Healthcare

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Assistant Professor, IIHMR, Delhi

Outline of presentation

- Background
- Concept
- Equity vs Equality
- Drivers of health equity
- Examples: MMR and IMR
- Challenges
- Addressing equity through SDGs and NHP 2017
- Way forward

Background

- Globally substantial progress has been made to improve health.
- However, there are major health inequities between and within the countries.
- It is more pronounced in urban than rural area.
- The Black Report (UK) in 1980 brought a more focused approach to inequity in health by identifying the specific factors such as social class, gender, race/ethnicity, and social and economic determinants.
- The United Kingdom government had established a commission on “Independent Inquiry into Inequalities in Health” to suggest way forward in 1997.

Background Cont....

- In 1998, the WHO's European Regional Office adopted Health for All policy (Health 21) which specifies that by 2020 the health gap between countries and between socioeconomic groups to be reduced by at least one fourth in all member states.
- The Alma-Ata summit advocated the achievement of greater health equity and the reduction of health disparities as national goals.
- India adopted its first health policy in 1983 to achieve health for all by 2000.

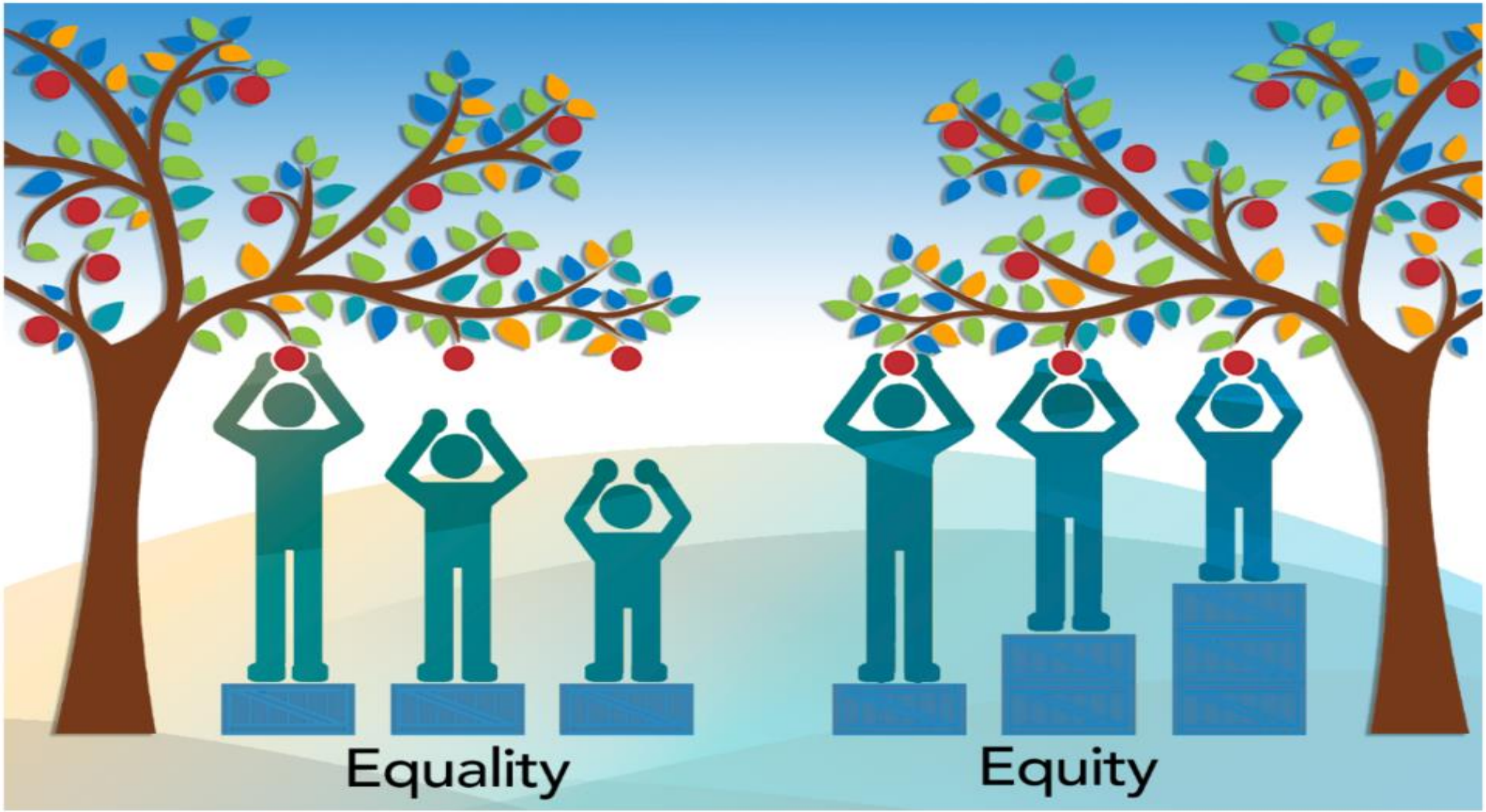
Health Equity

- Equity means the quality of being fair and impartial.
- Equity in health means all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health. (WHO)
- Health equity implies everyone has equal opportunity to avail health services irrespective of education, economic status, gender, ethnicity, and geographical differences.
- It indicates striving for the highest possible standard of health for all people with special attention to those at greatest risk of poor health, based on social conditions.

Equity vs Equality

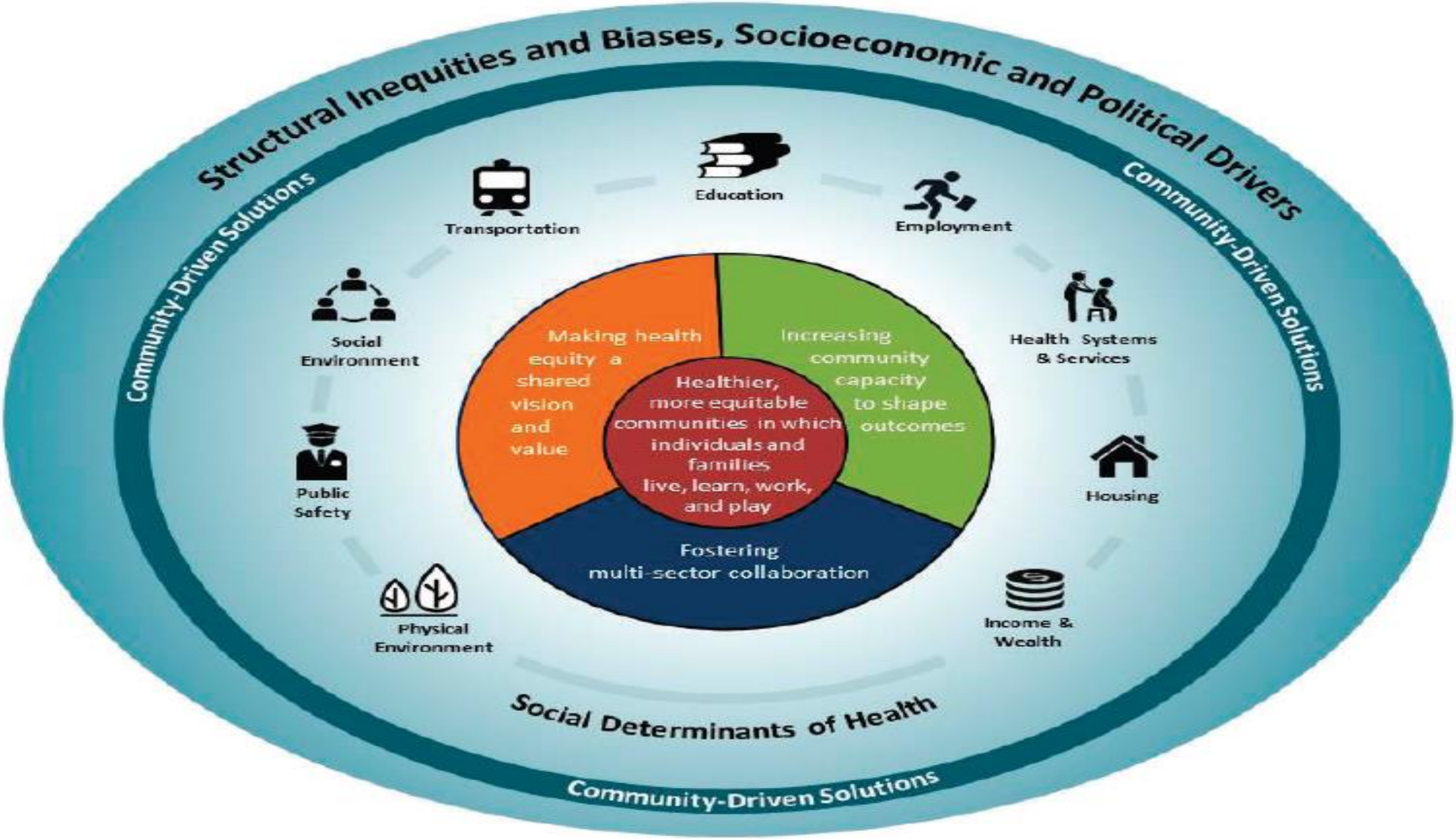
- **Equality** - aims to ensure that everyone gets the same things in order to enjoy full, healthy lives.
- BUT it can only work if everyone starts from the same place and needs *the same things*.

- **Equity** in contrast represents providing the required services to depending on their needs and access they have to services that fulfil these needs.



What drives Health Equity?

- Health equity (far more than equality) is dependant on the social determinants of health.
- Social determinants of health include income/wealth, food, nutrition, education and life-long learning, water and sanitation, decent work, fair employment, health care, and environment.
- It also includes political, social and economic factors.


Structural Inequities and Biases, Socioeconomic and Political Drivers
Community-Driven Solutions
Community-Driven Solutions
Transportation
Education
Employment
Social Environment
Health Systems & Services
Public Safety
Housing
Physical Environment
Income & Wealth
Making health equity a shared vision and value
Increasing community capacity to shape outcomes
Healthier, more equitable communities in which individuals and families live, learn, work, and play
Fostering multi-sector collaboration
Social Determinants of Health
Community-Driven Solutions

- Health equity is achieved when every person has the opportunity to achieve their full potential for health.
- In operational terms, pursuing equity in health means eliminating health disparities that are systematically associated with underlying social disadvantage or marginalization.
- No one should be denied the resources needed to be healthy, including not only medical care but also health-promoting living and working conditions.

Vulnerable Groups in India

- Rural poor (23% nearly 30 million: NSO, 2017-18)
- Urban poor (25% nearly 81 million)
- Scheduled Castes (16.6 %)*
- Scheduled Tribes (8.6%)*
- Women(48.5%)*
- Children(0 to 6 yrs) (13.12%)*
- Elderly (aged 60 years or above) (8.6%)*
- Gender minorities (LGBT) (2.5 million)
- Migrants
- Disability Population (2.21%)

**(Source: Census 2011)*

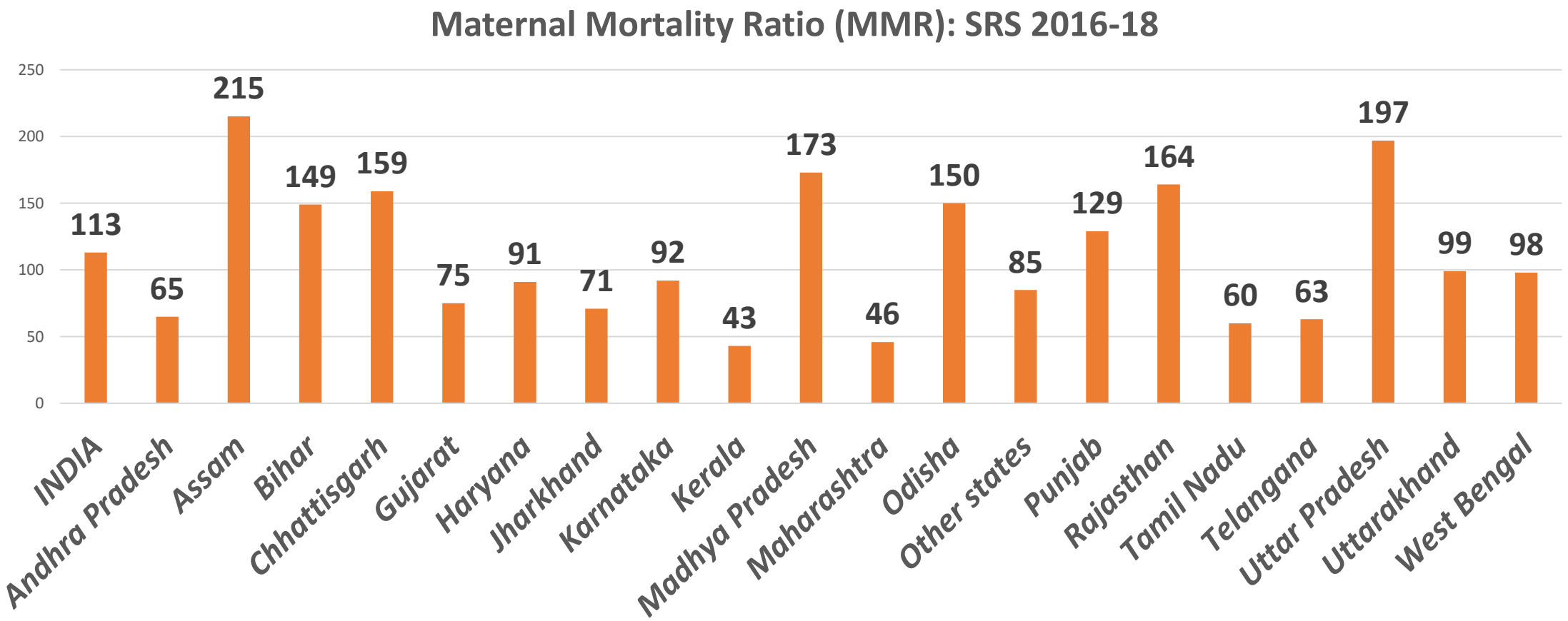
Who is left: Evidence on Health Equity

- HMIS – State wise fully immunized children - Male and Female
- Surveys -

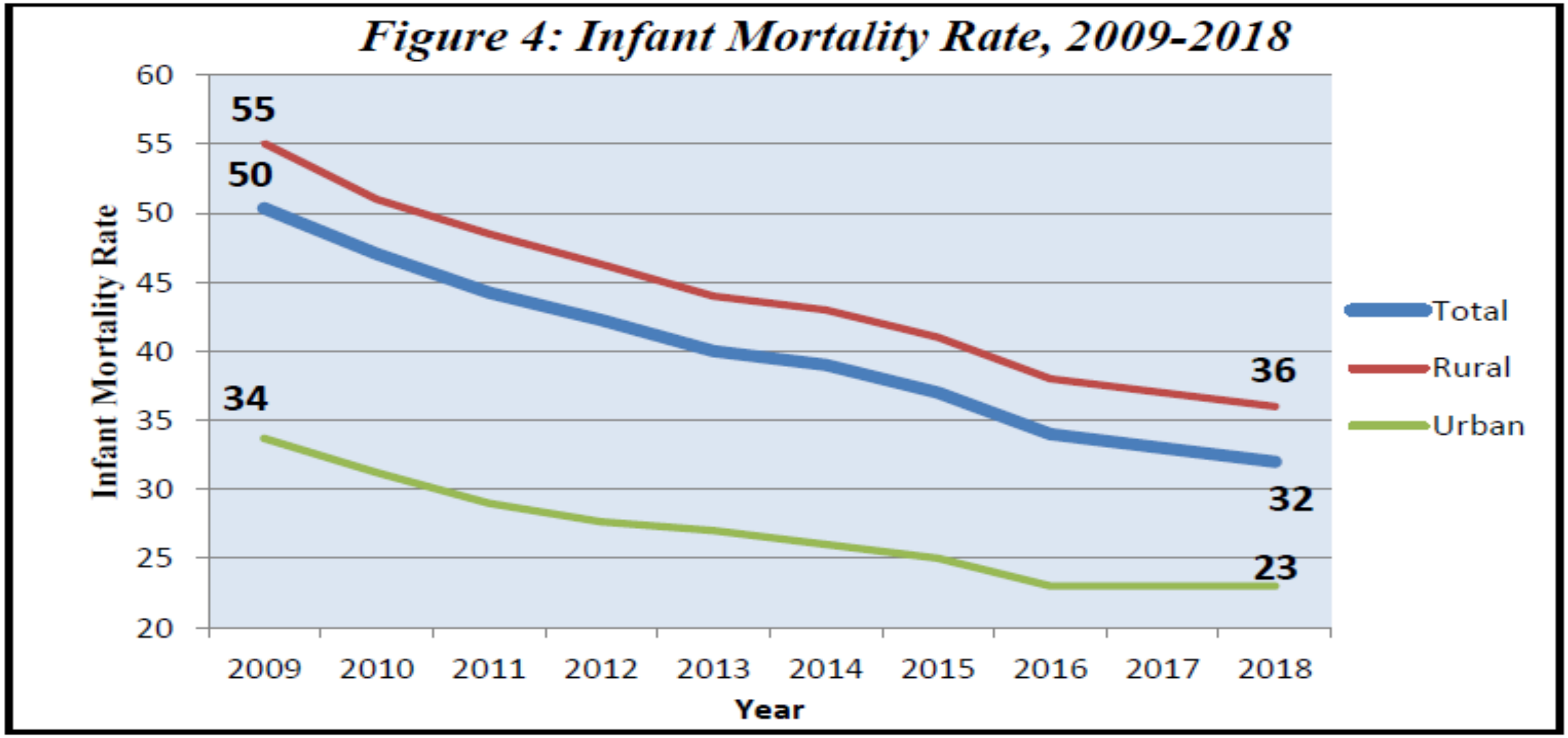
1. SRS – IMR – Rural, Urban and Male and Female
2. NFHS – All indicators are Rural and Urban wise, Nutritional Status of Adults, Anaemia amongst adults, Blood sugar level, Hypertension are available for men and women

- Special Surveys – e.g. socio-economic surveys, vulnerability assessment

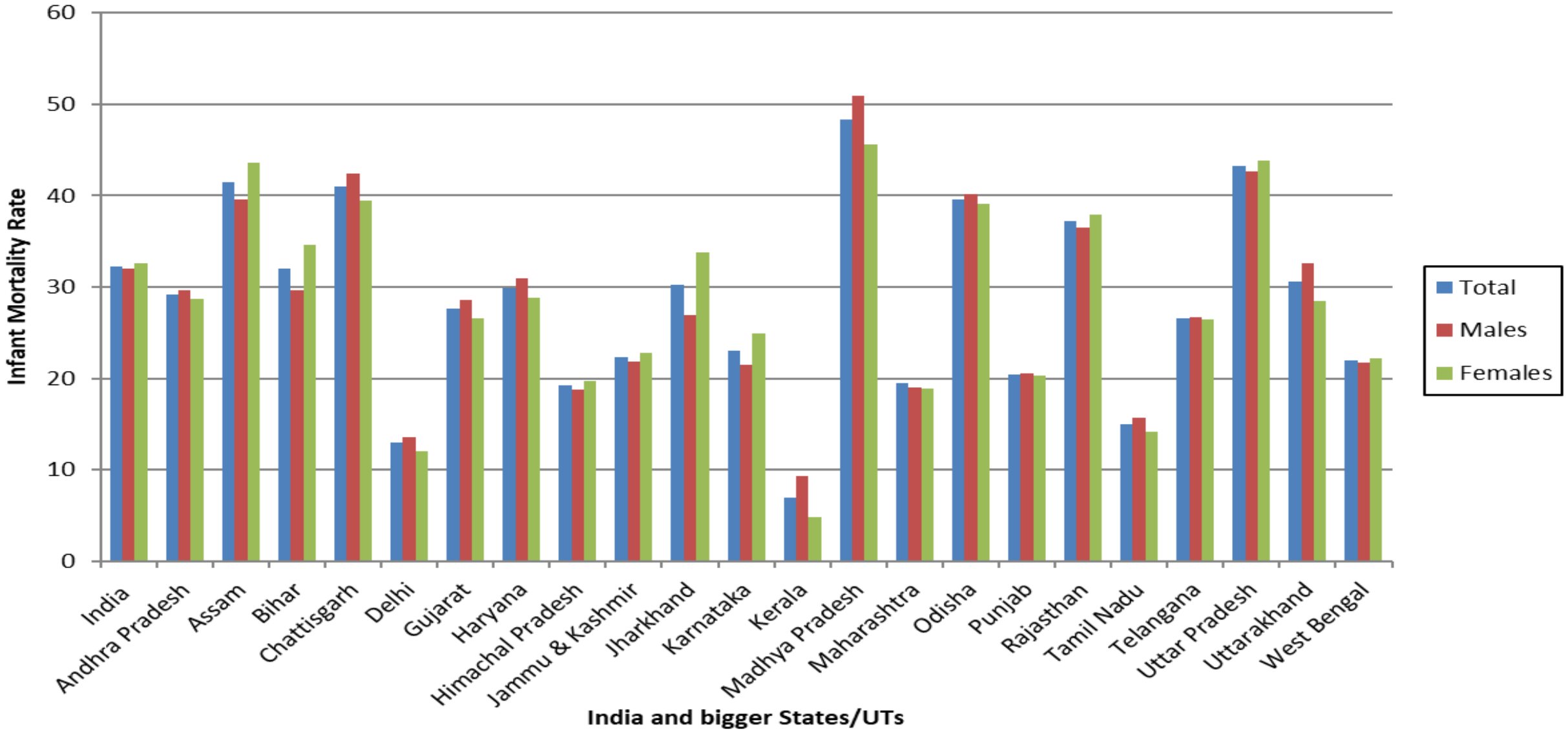
MMR State Disparity



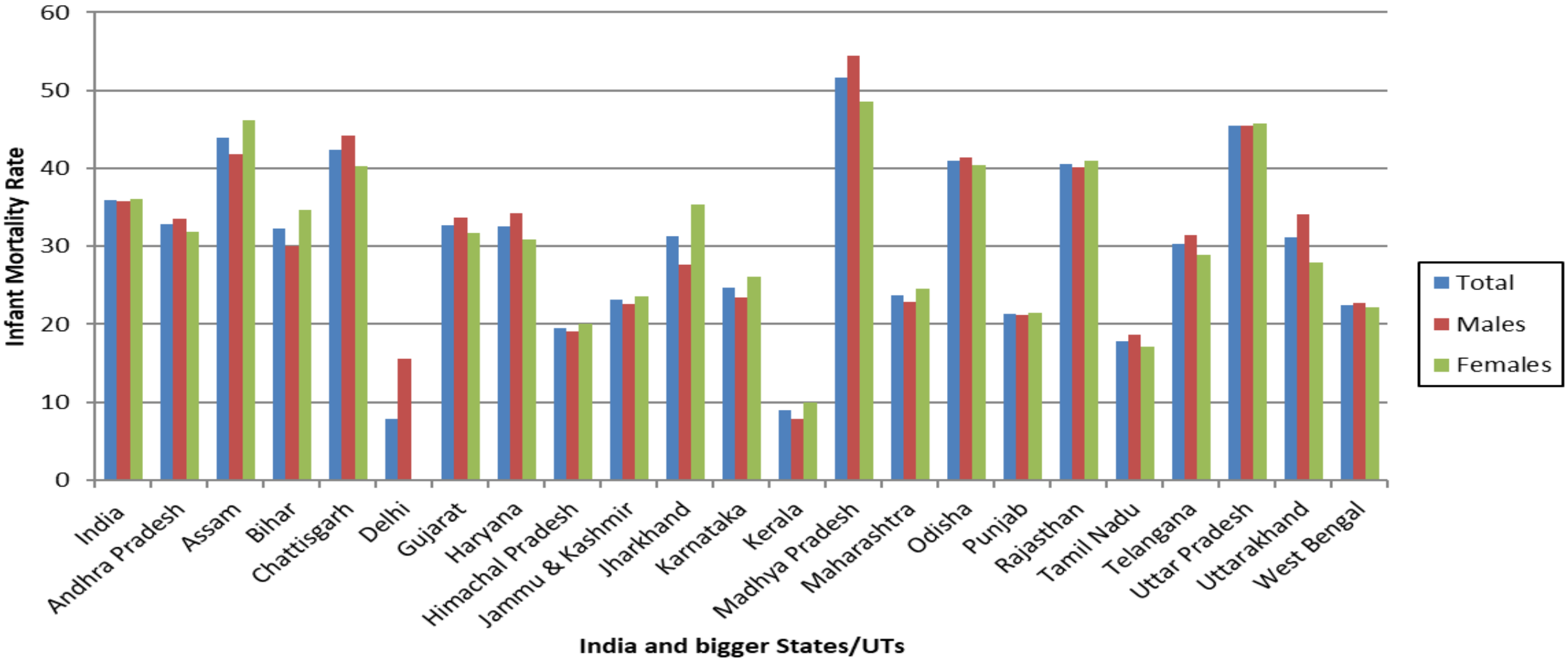
Rural vs Urban Disparity (SRS 2018)



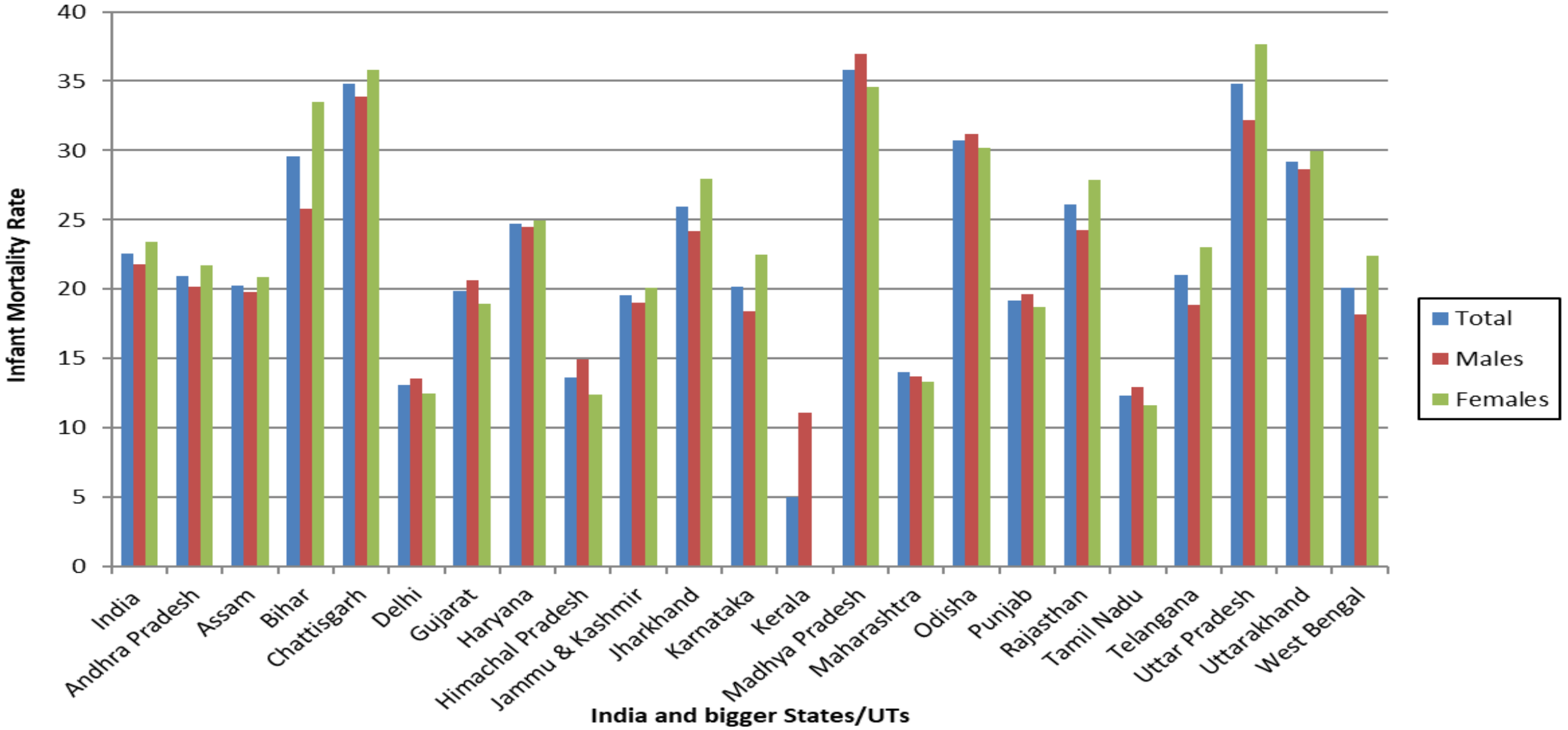
IMR by Sex Disparity, SRS 2018

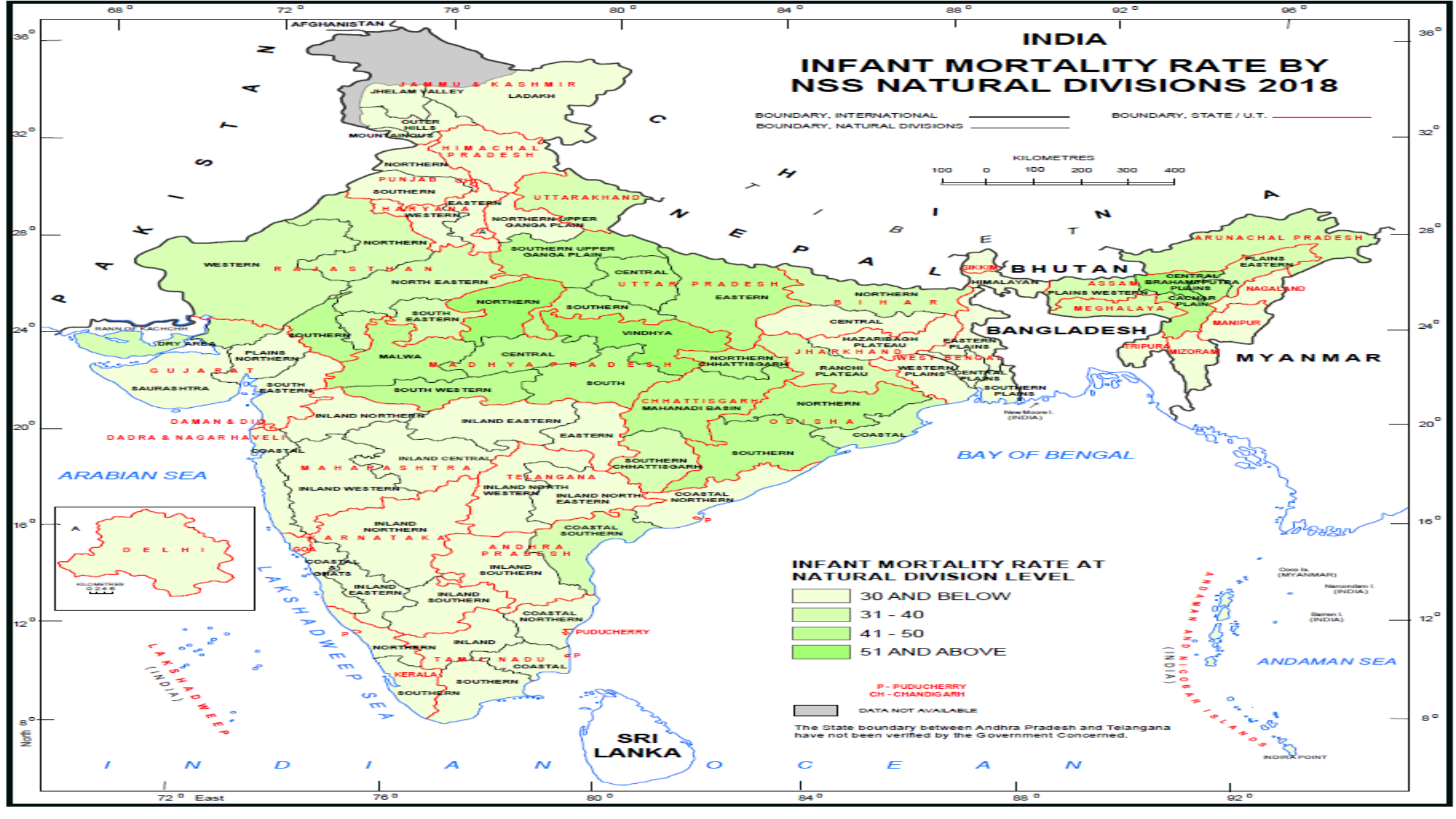


IMR by Sex in Rural Area Disparity (SRS 2018)

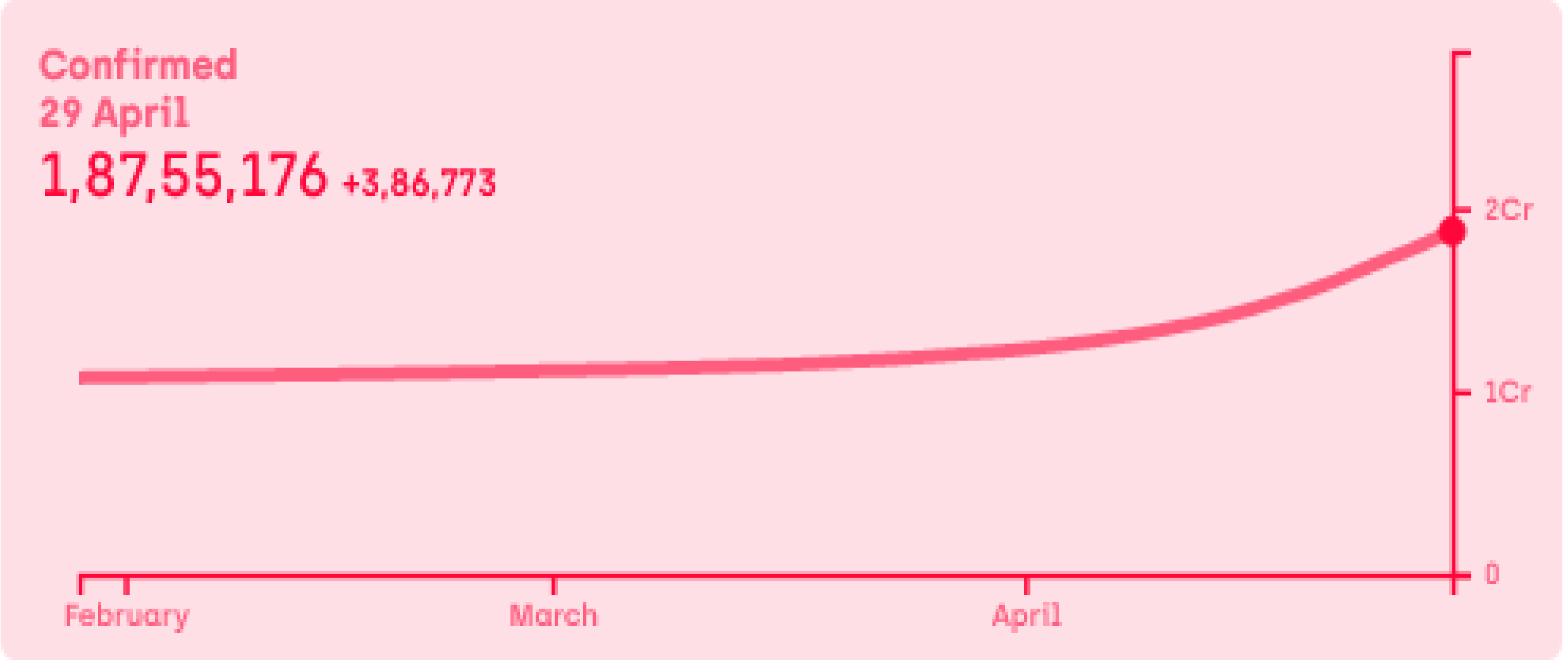


IMR by Sex in Urban Area Disparity (SRS 2018)




INDIA
INFANT MORTALITY RATE BY NSS NATURAL DIVISIONS 2018
BOUNDARY, INTERNATIONAL
BOUNDARY, NATURAL DIVISIONS
BOUNDARY, STATE / U.T.
KILOMETRES
100 0 100 200 300 400
AFGHANISTAN
PAKISTAN
CHINA
NEPAL
BHUTAN
BANGLADESH
MYANMAR
SRI LANKA
ARABIAN SEA
BAY OF BENGAL
LAKSHADWEEP SEA
ANDAMAN SEA
INDIAN OCEAN
JAMMU & KASHMIR
JHELAM VALLEY
LADAKH
OUTER HILLS
MOUNTAINOUS
HIMACHAL PRADESH
PUNJAB
NORTHERN
SOUTHERN
EASTERN
WESTERN
HARYANA
UTTARAKHAND
NORTHERN UPPER GANGA PLAIN
SOUTHERN UPPER GANGA PLAIN
RAJASTHAN
WESTERN
NORTHERN
NORTH EASTERN
SOUTH EASTERN
SOUTHERN
RANN OF KACHCHH
DRY AREA
UTTAR PRADESH
CENTRAL
EASTERN
NORTHERN
SOUTHERN
BIHAR
NORTHERN
CENTRAL
EASTERN PLAINS
SOUTHERN PLAINS
SIKKIM
HIMALAYAN
ARUNACHAL PRADESH
PLAINS EASTERN
ASSAM
PLAINS WESTERN
CENTRAL BRAHAMAPUTRA PLAINS
CACHAR PLAIN
NAGALAND
MEGHALAYA
MANIPUR
TRIPURA
MIZORAM
VINDHYA
MALWA
CENTRAL
NORTHERN CHHATTISGARH
SOUTH
SOUTH WESTERN
MADHYA PRADESH
GUJARAT
PLAINS NORTHERN
SAURASHTRA
SOUTH EASTERN
JHARKHAND
HAZARIBAGH PLATEAU
RANCHI PLATEAU
WEST BENGAL
WESTERN PLAINS
CENTRAL PLAINS
CHHATTISGARH
MAHANADI BASIN
NORTHERN
SOUTHERN CHHATTISGARH
ODISHA
COASTAL
SOUTHERN
DAMAN & DIU
DADRA & NAGAR HAVELI
INLAND NORTHERN
INLAND EASTERN
EASTERN
COASTAL
INLAND CENTRAL
MAHARASHTRA
TELANGANA
INLAND WESTERN
INLAND NORTH WESTERN
INLAND NORTH EASTERN
COASTAL NORTHERN
INLAND NORTHERN
KARNATAKA
GOA
COASTAL & GHATS
COASTAL SOUTHERN
ANDHRA PRADESH
INLAND SOUTHERN
INLAND EASTERN
INLAND SOUTHERN
COASTAL NORTHERN
PUDUCHERRY
NORTHERN
INLAND
TAMIL NADU
COASTAL
KERALA
SOUTHERN
SOUTHERN
DELHI
KILOMETRES
0 2.5 5
LAKSHADWEEP (INDIA)
ANDAMAN AND NICOBAR ISLANDS (INDIA)
Coco Is. (MYANMAR)
Narcondam I. (INDIA)
Barren I. (INDIA)
INDIRA POINT
New Moore I. (INDIA)
INFANT MORTALITY RATE AT NATURAL DIVISION LEVEL
30 AND BELOW
31 - 40
41 - 50
51 AND ABOVE
P - PUDUCHERRY
CH - CHANDIGARH
DATA NOT AVAILABLE
The State boundary between Andhra Pradesh and Telangana have not been verified by the Government Concerned.
68°
72°
76°
80°
84°
88°
92°
96°
36°
32°
28°
24°
20°
16°
12°
8°
North
East

COVID 19 and Inequities



COVID 19 and Inequities

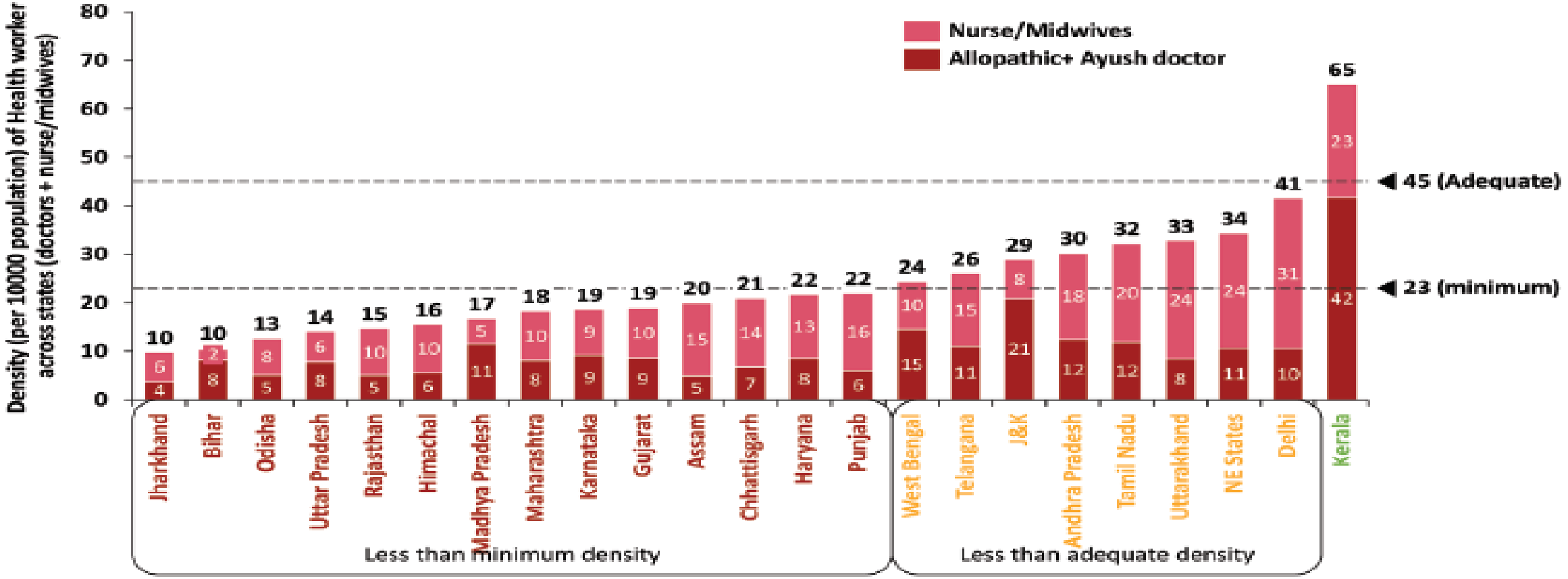
- Higher fatality rate among the elderly population
- Urban areas
- Densely populated area
- Richest economic quintile
- Among those living alone

Challenges:

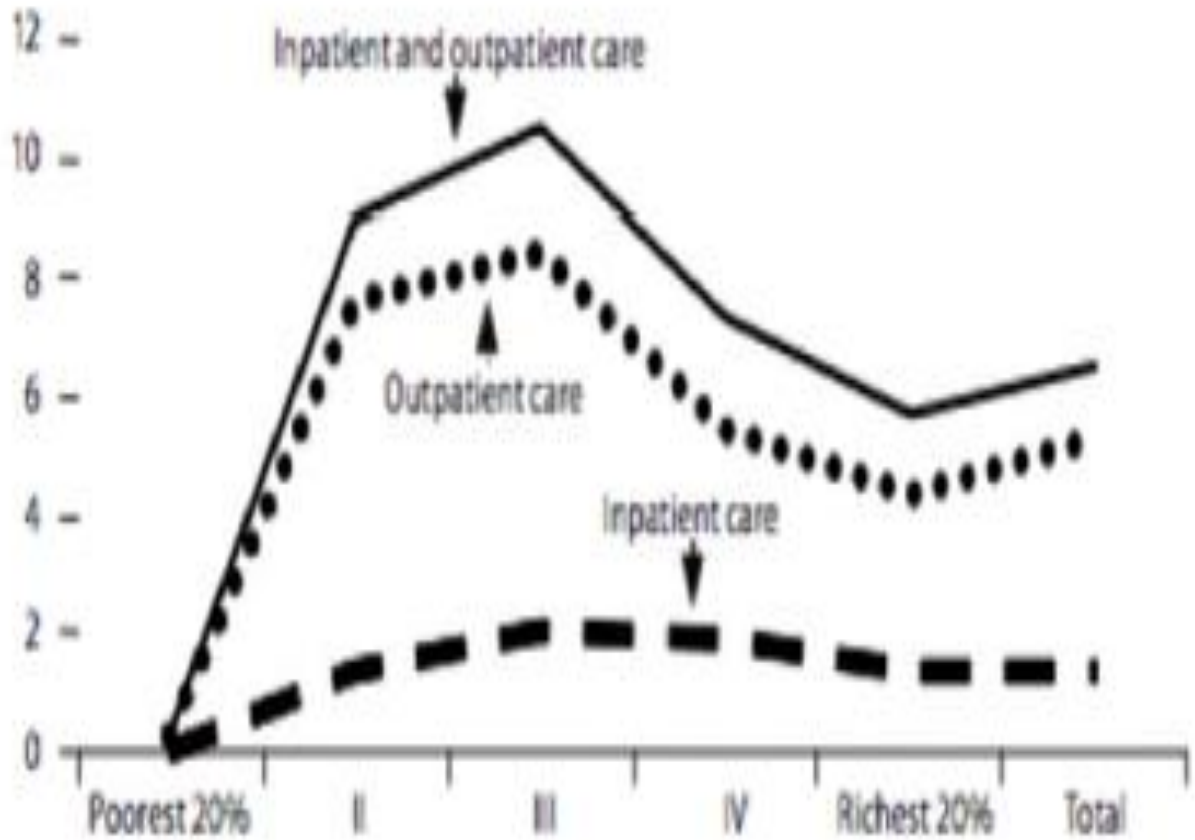
Vacancies at health facilities in 2005 and 2019 (RHS)

Positions	2005, n (%)	2010, n (%)	2015, n (%)	2018, n (%)	2019, n (%)
Specialists at CHC (surgeons, OBGY, physicians and pediatricians)	3538 (46.6)	4146 (41.2)	7881 (67.5)	10,051 (73.7)	9147 (72.6)
Doctors at PHCs	4282 (17.4)	6148 (20.7)	9389 (27)	8572 (24.9)	7715 (23.5)
ANM at sub-centers and PHCs	6640 (4.7)	10,214 (6.3)	20,492 (10.5)	27,964 (12.9)	18608 (8.9)
Radiographers at CHCs	332 (19.8)	1260 (43.3)	2032 (48.8)	2069 (49.5)	1548 (40.6)
Pharmacists at PHCs and CHCs	3380 (16)	4653 (19.9)	5456 (19.3)	4825 (14.7)	4380 (15.7)
Laboratory technicians at PHCs and CHCs	2287 (15.6)	5183 (29)	6139 (35.8)	6214 (25.1)	4882 (23.7)
Nursing staff at PHCs and CHCs	5280 (15.5)	10,289 (18.1)	11,757 (15.8)	13,098 (14.3)	13272 (19.3)

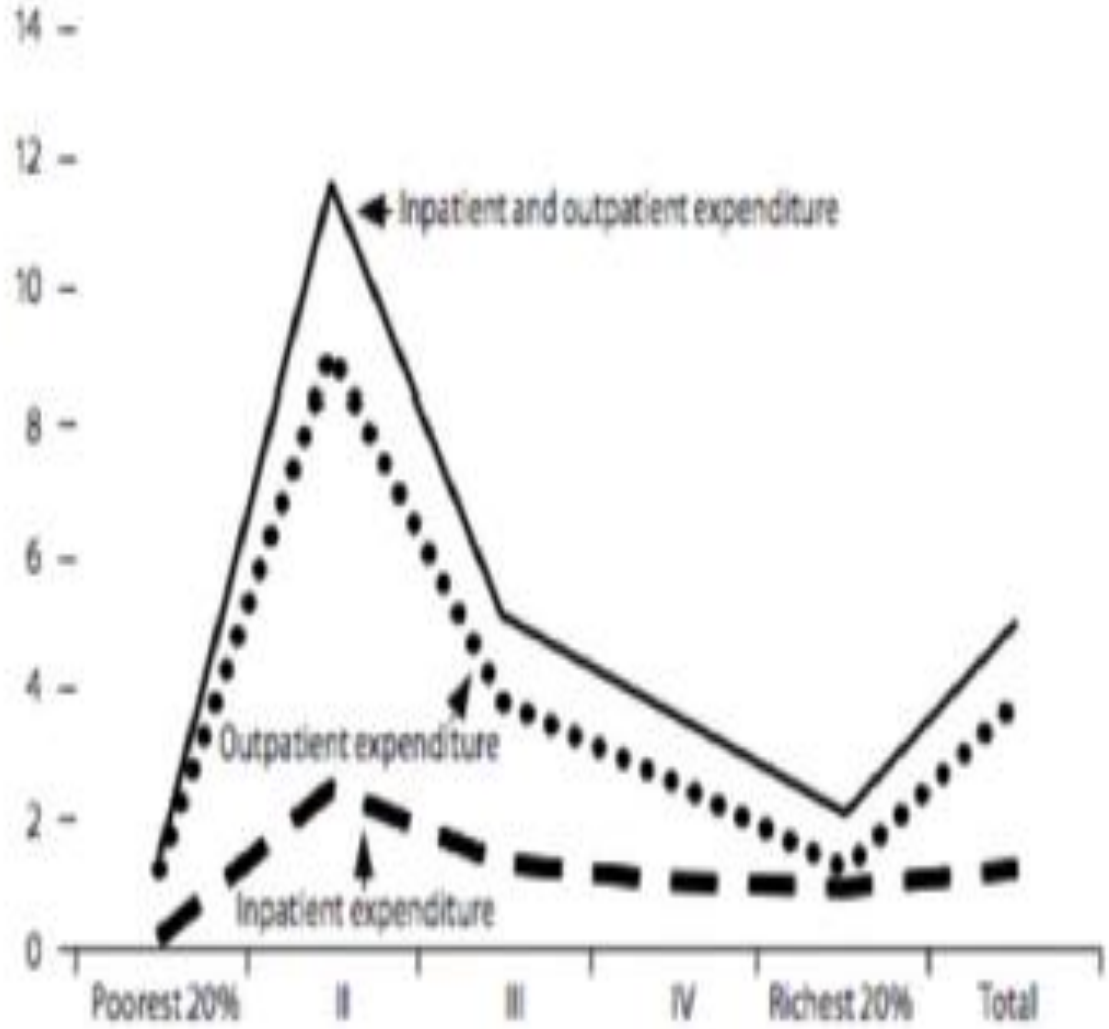
Density of doctors and Nurses/Midwives in different Indian states



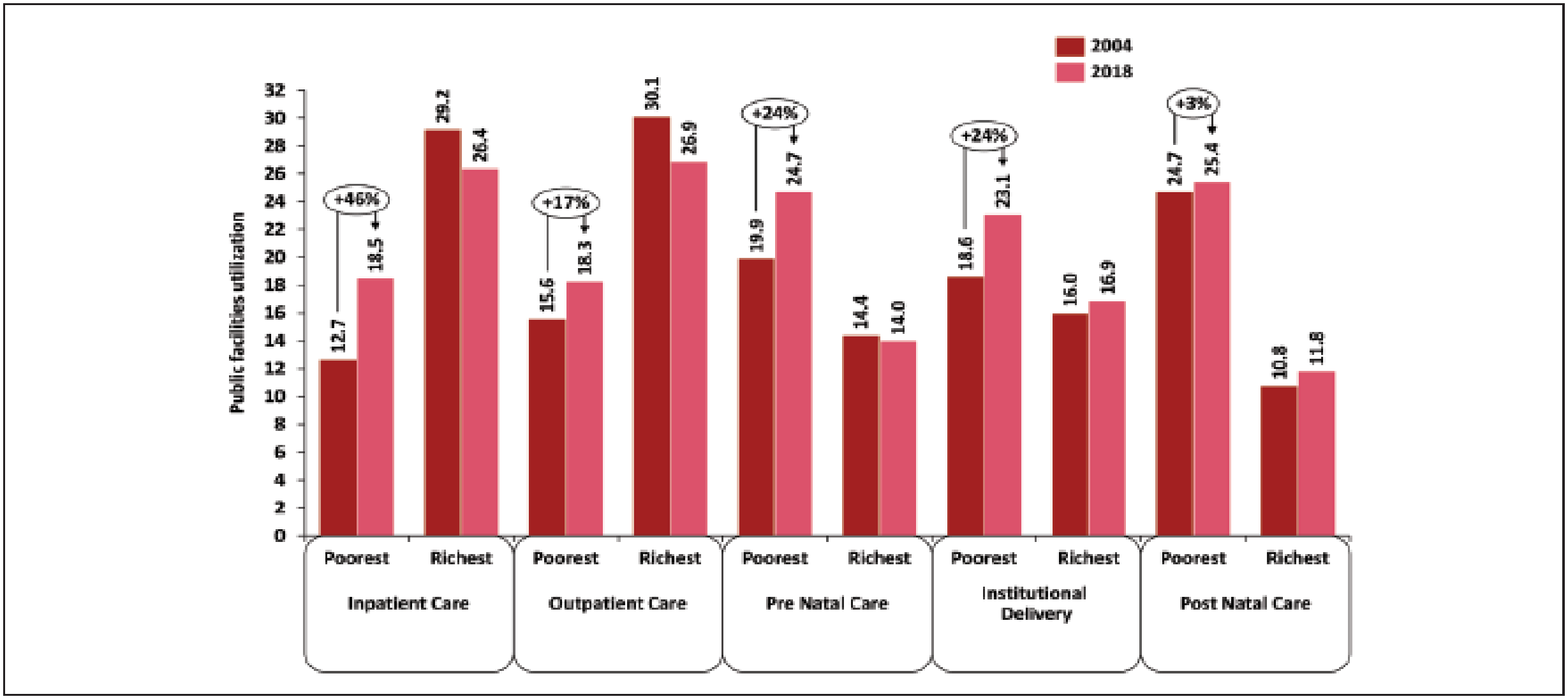
Percentage of rural households falling BPL due to health expenditure



Percentage of urban households falling BPL due to health expenditure



Increasing Equity in health care (2004-18)



Source: Survey computation based on NSSO (2004) & NSSO (2018)

Equity Focus of SDGs

- Goal 10 - reduction in inequality within and among countries to empower and promote the inclusion of all.
- Goal 16 - promotion of peaceful and inclusive societies for sustainable development providing justice for all and building effective, accountable and inclusive institutions at all levels. This includes strengthening of the health system to ensure nobody is left behind.

NHP 2017

- Measures suggested in National Health Policy
  - Targeted approach
  - Time to care approach
  - Financial protection
  - Strategic purchasing to address health inequity
  - Focus on tribal, adolescent populations

Way Forward

- Disaggregated data for vulnerable populations (e.g. transgenders) and geographies (e.g. tribal areas)
- Inter-ministerial coordination. E.g. Rapid Survey on Children, Reports of Tribal Affairs Ministry
- Accountability
- Fiscal Policies
- Income support
- Reducing Price Barriers
- Improving accessibility of services
- Prioritizing disadvantaged groups
- Offering intensive support

Thank You!