NEXT IAS

DAILY EDITORIAL ANALYSIS

TOPIC

Addressing Health Equity in India

ADDRESSING HEALTH EQUITY IN INDIA

Context

- With a large and diversified population, India faces persistent obstacles to health equity.

Health Equity

- Equity is the absence of avoidable, unfair or remediable differences among groups of people due to their social, economic, demographic or geographic circumstances.
- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Importance of Health equity

- It ensures that every person has an **equal opportunity** to achieve their highest health potential, no matter what their circumstances.
- It **addresses the root causes of inequities** such as poverty, discrimination, limited access to high-quality education, a healthy diet, clean water, fresh air, and housing, and merely grants equal access to health care.
- It is a fundamental component of **social justice.**
- **Health and development :They** are interlinked. The health of a population is a fundamental need for economic and social well-being. Thus, the developmental trajectory of a nation hinges significantly on its capacity to furnish top-tier healthcare services to its populace.
  - Doing so enhances productivity, encourages better lifestyles, and creates a more informed and mature labour force, thereby enriching the overall standard of living.

Initiatives

- "**Public Health and Hospitals**" being a **state subject,** the primary responsibility of strengthening the public healthcare system lies with the respective State Governments.
  - However, under the **National Health Mission (NHM)**, technical and financial support is provided to the States/UTs to strengthen the public healthcare system at public healthcare facilities.
- **Ayushman Bharat initiative :**Ayushman Bharat was recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC).
  - This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlying commitment, which is to "leave no one behind.**"**
- The **National Health Mission (NHM)**, which includes both the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), reduces the health-care gap between rural and urban India by expanding access, strengthening infrastructure, and providing essential services to vulnerable populations.

Constitutional Provisions

- The **Directive Principles of State Policy in Part IV** of the Constitution provides a basis for the right to health.
- **Article 39 (e)** of the Constitution directs the state to secure the health of workers;
- **Article 42** emphasises just and humane conditions of work and maternity relief; and
- **Article 47** casts a duty on the state to raise the nutrition levels and standard of living, and to improve public health.
- The Constitution not only mandates the state to enhance public health but also endows the panchayats and municipalities to strengthen public health under **Article 243G.**

Existing Issues

- **Global:** The **COVID-19 pandemic** has revealed that infectious diseases target marginalised and vulnerable groups the most, thus widening the health equity gap.

- ◆ **Climate change** poses a serious health risk since it disproportionately impacts low-income and vulnerable people.
- ◆ The health-care provision is severely hampered by **conflicts**, which destroy infrastructure, uproot communities, and shut off access to vital medical services.
- **Indian Scenario:** India is diverse and has **wide socioeconomic gaps.**
  - ◆ Access to health care in rural areas is significantly less than in metropolitan areas.
    - ▪ Social and economic barriers exacerbate this disparity.
    - ▪ According to the 2011 Census, urban slums make up over 17% of India's metropolitan areas, and exhibit serious health disparities.
    - ▪ Health risks are increased by overcrowding, poor sanitation, and restricted access to clean water.
    - ▪ Infectious diseases, such as tuberculosis, are 1.5 times more common in slums than in non-slum areas
- **Disparities across caste and gender** are profound.
  - ◆ NFHS-5 (2019-21) data indicates that Scheduled Castes and Scheduled Tribes experience higher child mortality and lower immunisation rates.
  - ◆ Additionally, **59% of women in the lowest wealth** quintile suffer from anaemia, almost double the rate in the highest quintile, demonstrating the intersection of caste, gender, and economic status in health outcomes.
- **Non-communicable diseases (NCDs)** account for more than 60% of all fatalities in India.
  - ◆ A critical shortage of doctors exacerbates these issues, with WHO data indicating only 0.8 doctors per 1,000 people, which is below the advised ratio.
  - ◆ Even though over 75% of health-care professionals work in metropolitan regions, which only account for 27% of the population, the shortage is particularly severe in rural areas.

Suggestions and Way Forward

- Even though access to health care has improved over the past 20 years, there is still much work to be done in rural India.
- India's health equity issues require a comprehensive approach beyond improvements in health-care facilities to address more extensive socioeconomic determinants of health.
- To move India toward universal health coverage and a more equitable future, the government, civil society, health-care providers, and communities need to work together.
- **Governments and officials may influence the state of health through funding, creative policies, and laws.**
- Achieving health equity also requires addressing social determinants of health and health disparities.
  - ◆ It involves acknowledging and addressing racism as a threat to public health and the history of unethical practices in public health that lead to inequitable health outcomes.

Mains Practice Question

[Q] Examine the major challenges to health equity in India, particularly in rural areas and among marginalized communities. How do these challenges impact the overall development of the nation?

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