

*HEALTH INEQUALITIES IN
INDIA: CHALLENGES FOR
POLICY*

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HEALTH INEQUALITIES IN SOUTH ASIA

TABLE 3.1.1
Health Indicators among Selected Countries

Country	IMR (per 1000 live births)	Life Expectancy M/F (in years)	MMR (per 100000 live births)	TFR
India	58	63.9/66.9*	301	2.9
China	32	70.6/74.2	56	1.72
Japan	3	78.9/86.1	10	1.35
Republic of Korea	3	74.2/81.5	20	1.19
Indonesia	36	66.2/69.9	230	2.25
Malaysia	9	71.6/76.2	41	2.71
Vietnam	27	69.5/73.5	130	2.19
Bangladesh	52	63.3/65.1	380	3.04
Nepal	58	62.4/63.4	740	3.40
Pakistan	73	64.0/64.3	500	3.87
Sri Lanka	15	72.2/77.5	92	1.89

Note: * Projected (2001–06).

Source: India—RGI, Government of India (GoI) (Latest Figures); Others—State of World Population (2006).

Inequalities in Health

- Country averages mask wide inequalities
- Types of inequalities in health
- Epidemiology
- Location-rural/urban; inter and intra state
- Socio-economic- caste, gender, religion and class

Determinants of Inequalities in Health

- Demography and Epidemiology- Life Expectancy at Birth; patterns of morbidity and causes of mortality
- Health services-availability and accessibility
- Welfare Services to address basic needs
- Poverty
- Socio-economic inequalities

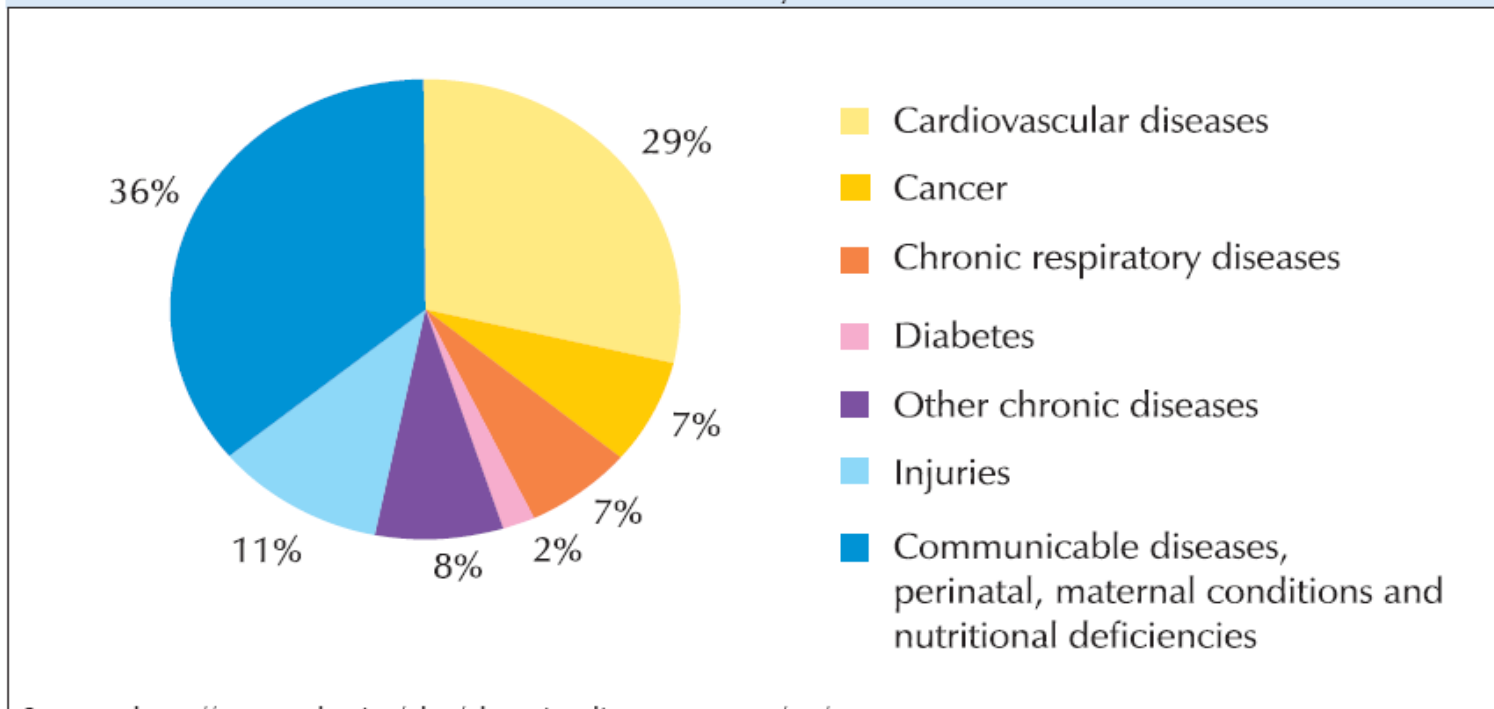
Inequalities in Infant Mortality Rates

State	Rural	Urban	Total
Kerala	14	18	15
Tamilnadu	37	23	31
Bihar	63	54	62
Uttar Pradesh	75	64	73
All India	62	42	57

Disease Patterns

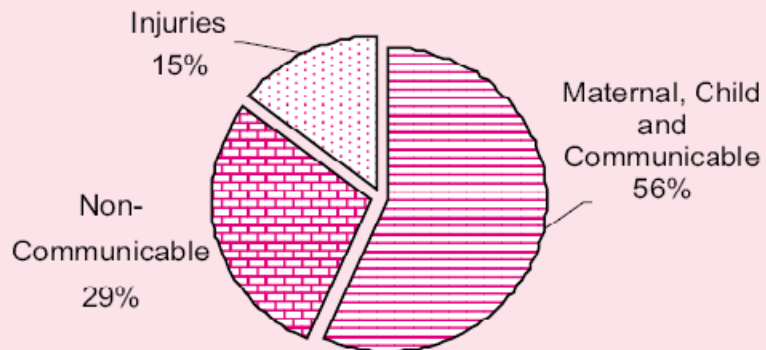
The disease burden for India for all age groups by major causes of death are presented in Figure 1.

Figure 1: Estimated percentage of deaths (all ages) in 2005 by cause



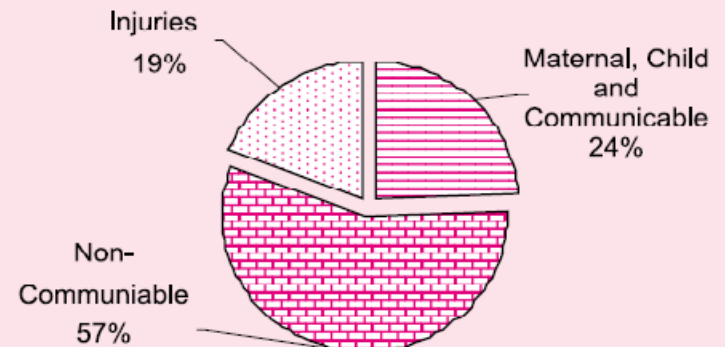
Disease Patterns

Figure 2.8.25 Disease Burden Estimates - India 1990



Source : WHO 1996

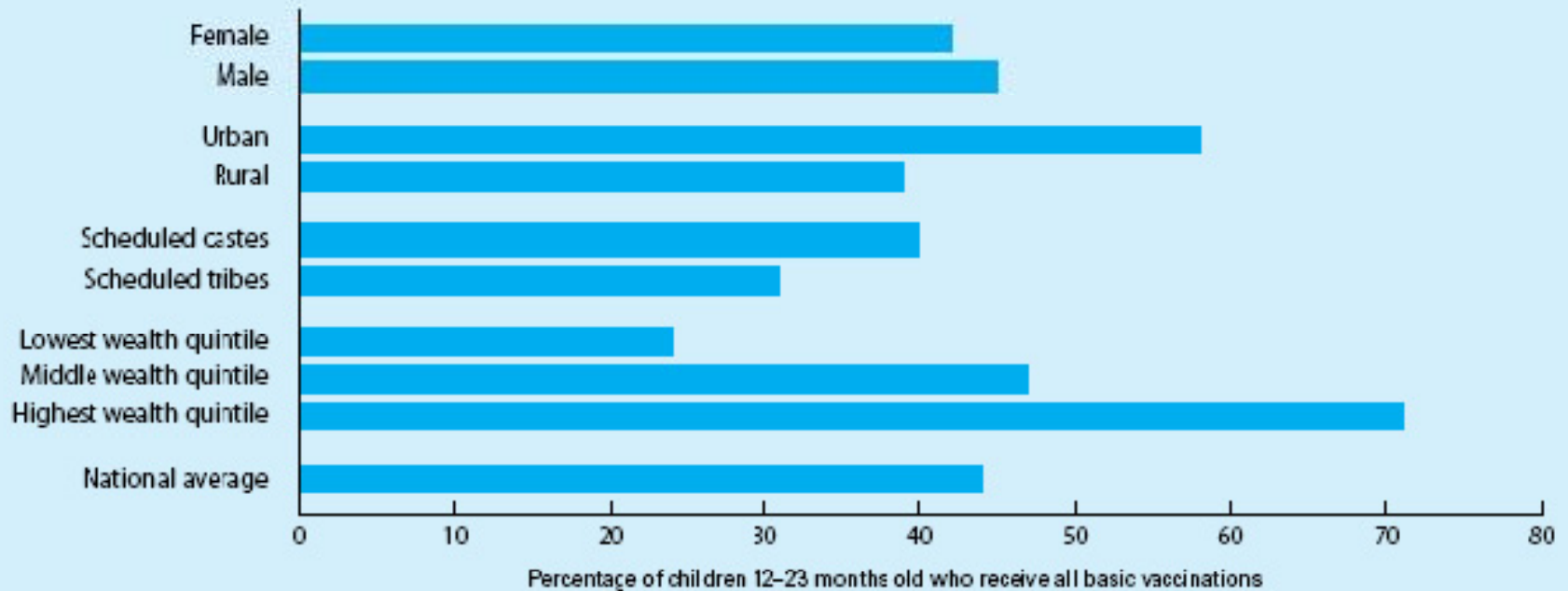
Figure 2.8.26 Disease Burden Projections -India 2020



Source : WHO 1996

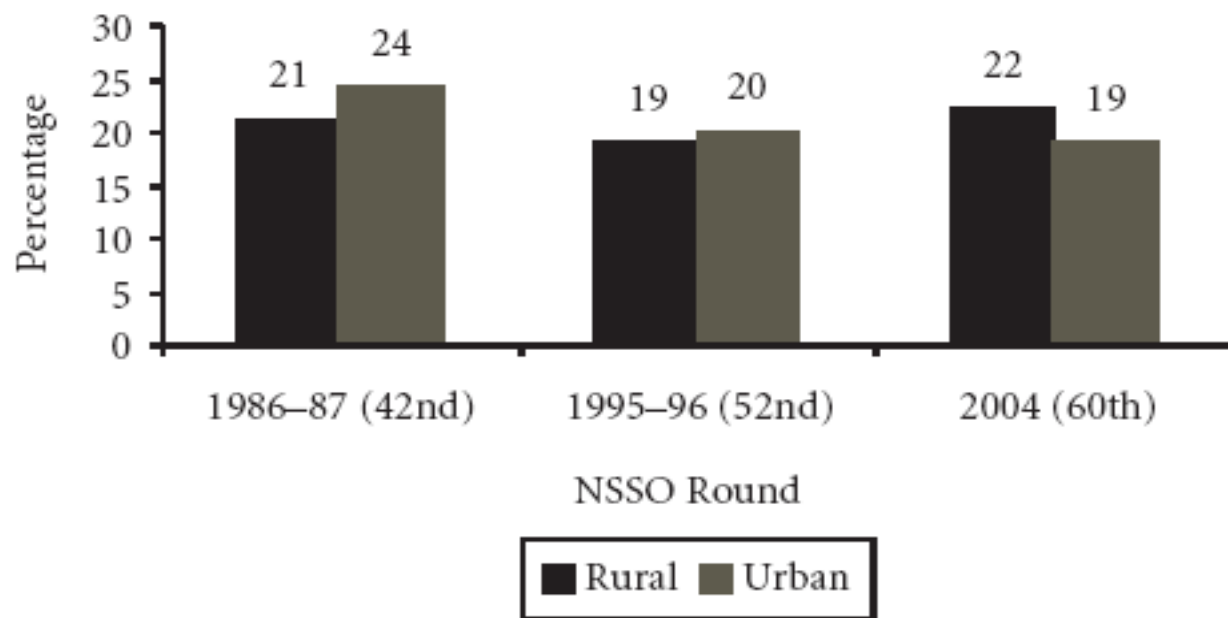
Inequality in Utilisation of Health Services- Immunisation

**Disparities in access to immunization are wide across
caste, ethnic, geographical, gender and wealth divides in India**



Source: National Family Health Survey [NFHS-3] 2005-2006, p. 229.

Trends in Utilisation of Out Patient Services (42nd, 52nd and 60th Rounds of the NSS)

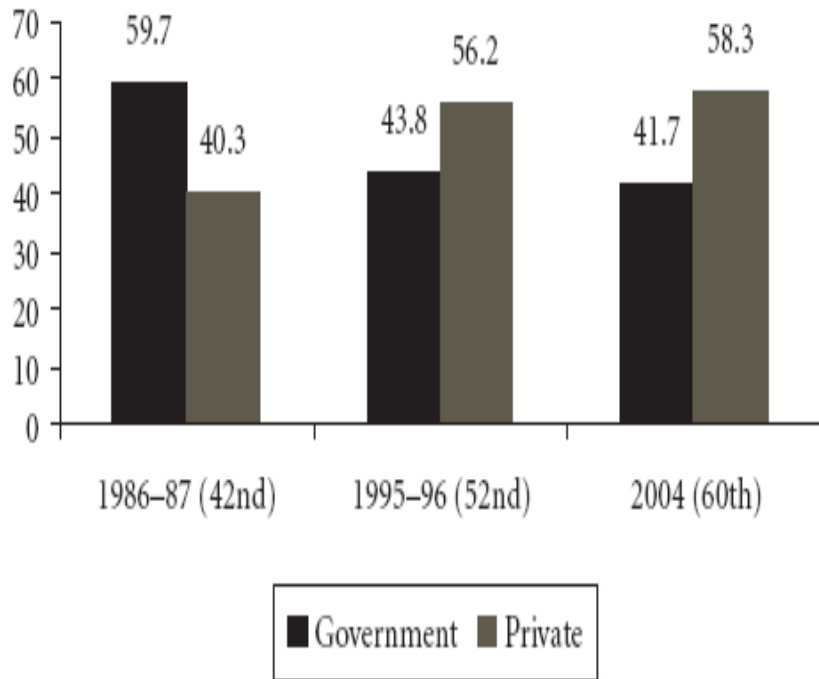


Source: NSSO 60th Round (2004).

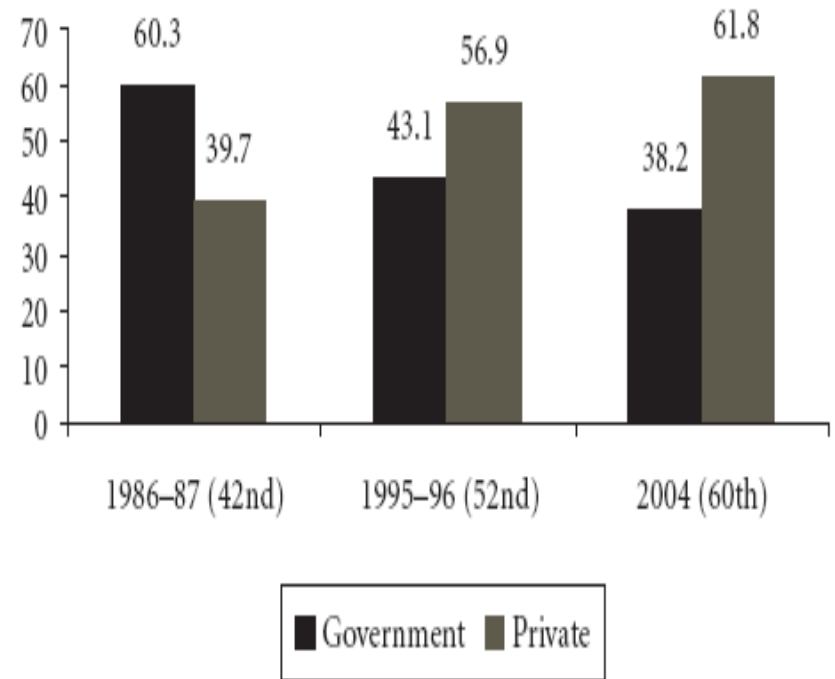
Utilisation of Health Services-Hospitalisation

Rural

Urban



Source: NSSO 60th Round (2004).



Source: NSSO 60th Round (2004).

Consequences of poor utilisation of public sector services

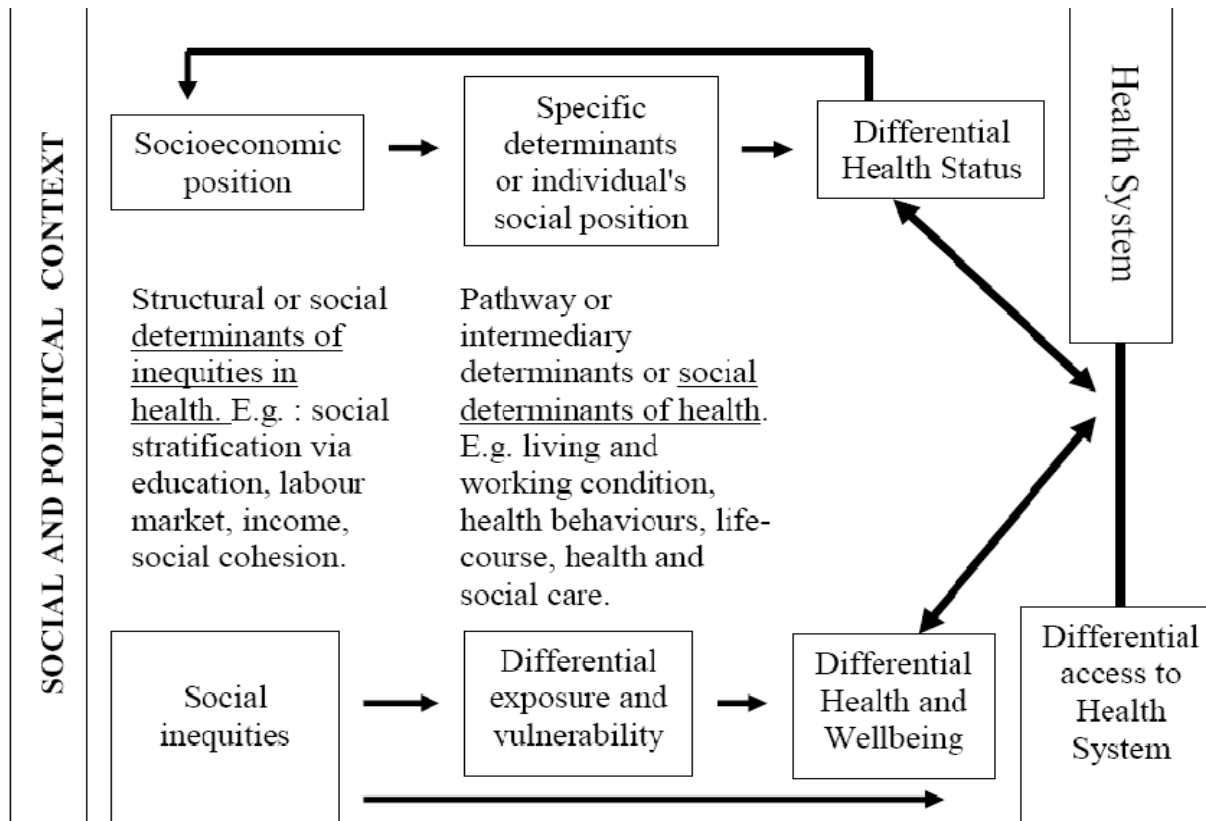
- Higher reliance on private sector
- Rise in untreated morbidities
- Out of Pocket expenditure remains high - 97% of total private and 80% of total health expenditure
- Catastrophic health expenditures rising
- Burden of health expenditure high for both out patient and in patient care
- Adverse effect on the poorest and middle consumption classes
- Health expenditure being financed through borrowing and savings by households

Challenges for Policy

- Demographic and epidemiological-differential health needs
- Weak public provisioning of welfare and health services
- Growing regional and socio-economic disparities

Framework for a Comprehensive Policy

Commission for Social Determinants and Health



Initiatives to address inequalities

- Health Sector Reforms of 1990s
- National Rural and Urban Health Missions - focus on poorest districts and strengthening primary and secondary level care in rural and urban areas
- Regulation of private sector
- National Rural Employment Guarantee
- Mission for drinking water and sanitation

Opportunities and Constraints

- All these initiatives have opportunities and constraints
- Constraints go beyond the health sector
- Power relation and asymmetries between international organisations and the central government; centre and state; state and local government
- Era of coalition politics and lack of a long term vision and time frame
- Resulting in incremental approaches

Policy Challenges

- Universal, comprehensive versus a targeted approach
- Rooted within an ideological tension between methodological individualism and holism within public health
- Emphasis on technical interventions; ‘vertical’ programming
- Excessive focus on implementation failures
- Problems of conceptualisation and design not addressed

Policy Challenges

- Underfinancing is recognised as a major constraint
- This is not the only reason for poor responsiveness
- Weak institutional development- inadequate attention on institution and institutional processes
- Strengthening institutions for accountability and effectiveness

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