

HEALTH EQUITY AND INEQUITY – AN OVERVIEW

S.Pravina

Assistant Professor, Department of Bank Management, Ethiraj College For Women, Chennai.

Dr.K. Muthulakshmi

Associate Professor in Commerce, Research Advisor, Bishop Heber College(Autonomous), Tiruchirappalli.

ABSTRACT

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO,1946)

Equity is an underlying concept. The people are giving importance to physical health status. Equity is not the same as equality. Inequity is different from inequality. The term equality has a moral and ethical dimension. World Health Organisation of European Region have 32 member countries and adopted a common health policy in 1980. Their main objective is concerned with equity.

Key Words: equity, Inequity, world health organization,

INTRODUCTION

Equity plays a major role in the world. Equity which embodies a dimension of justice, which leads to change, should be made in the direction of fair. Health equity is not the same as equality. Equality it means, equal opportunity for health and human development within the society who appear to be suffering a lower health status as a result of social disadvantages or discrimination.

In most of the countries, there is a differences originate in inequities in access to social and economic resources and living conditions essential for leading a healthy life. These differences in health are the consequences of denial of opportunity to be healthy, and represent health inequity. The use of an effective primary goal of health care system is to meet the basic needs of each community multisectorial co-operation within the country.

OBJECTIVE

1. To examine the challenges in health equity
2. To find the disparity in the health status of different social groups.

METHODOLOGY OF THE STUDY

The paper aims at studying the concept of equity in health and inequity. The study is vast and descriptive in nature.

DATA

The study is based on Secondary Data. It was collected from various books, journals, articles, internet etc.,

ANALYSIS:**1. To examine the challenges in health equity**

World Health Organisation: Milestones in the Development of Health Promotion and Equity.

WHO Constitution, Health not merely the absence of disease but also mental, physical and social well – being.
1978 : Health for All in the year 2000 launched (HFA 2000).
1978: Conference of Alma Ata. Importance of Primary Health Care emphasized.
1984: Statement of principles of Health Promotion. Discussion document on concepts and principles.
1986: Ottawa Charter. Health promotion as the process of enabling people to increase control over their lives and health. Emphasises: <ul style="list-style-type: none"> ✚ Building healthy public policy ✚ Creating supportive environments ✚ Strengthening community action ✚ Developing personal skills ✚ Reorienting health services
1988: Adelaide Conference: health as a fundamental human right and a sound social investment. Importance of linked economic, social and health policies. Stresses importance of equity in health. Emphasis on inter – sectoral working asserts the primacy of the Ottawa Charter principles. Re- asserts importance of settings approach and health promoting schools, workplaces, communities and islands. Sets out priorities for health promotion in the 21 st century.
1988: World Health Assembly Resolution on Health Promotion (WHA51.12)
Health for all in the 21 st century. Continues thrust of HFA 2000. Sets out global priorities and targets for the first two decades of the 21 st century for helping people worldwide to reach and maintain the highest attainable level of health throughout their lives.
July 2000, the Verona Initiative, Development of the “Investment Triangle” – health, Social development and economic development in pursuit of empowerment, equity, communication and commitment.

Sources: Secondary Data

They believed that health promotion can be achieved only with the attainment of equity. Indeed equity is reviewed by WHO not only achieving the goal for health promotion but also achieving Health For All in the 21st century.

The following detail shows importance and challenges to equity:

Equity : Foundation of Health For All in the 21st Century (WTO, 1998), equity underpins the concept of Health For All:

- ❖ The call for HFA was – and remain fundamental – a call for social justice.
- ❖ Equity requires the removal of unfair and unjustified difference between individuals and groups.

New challenges to equity since the Alma – Ata Conference:

- ✓ More people living in absolute poverty.
- ✓ Widening gaps between many countries communities and groups.

- ✓ Strong evidence linking absolute and relative poverty to ill- health.
- ✓ Environmental risk threatening equity across generations.
- ✓ Uneven benefits of globalization.
- ✓ Uneven access to health system.

Health For All:

It refers only to a level of health that would enable people to live a socially and economically productive life, without making any promises that everybody would be healthy. It has become a powerful social force which is beginning to influence the development of health policies health care organization and health research in most of the member countries. It will influence the work of the individual health professional.

Equity in health giving a life to years by ensuring the full development and use of people's physical and mental capacity and adding health to life by reducing disease and disability and giving years to life by prolonging life expectancy through reduction of 6 major forms of mortality and deaths from diseases of the cardiovascular system, cancer, accidents and suicides.

A national health program is needed to achieve equity in access to personal health care. Even more essential is equitable sharing in basic health determinants in society – nutritious food, basic education, drinking water, decent housing, secure employment, adequate income and peace. The future is able and active leadership only from government policies and public health professionals.

2. To find the disparity in the health status of different social groups.

Social factor plays a major role in health equity. Social factors like employment status, education, gender level, income level etc., gives clear picture about how healthy a person is. In all countries, there are wide disparities in the health status of different social groups.

Health inequities are showing different in health condition and distribution of health resources between different group of populations like low, middle and higher income level group category. Health inequities are unfair and could be controlled or reduced only by the government policies.

World Health Organization- health inequity and causes:

- In Africa, children from the poorest 20% of households are dying before their fifth birthday as children in the richest 20% due to malaria, diarrhea and other diseases.
- 95% of TB deaths are in the developing world. It affects mainly young adults.
- 87% of premature deaths due to non-communicable diseases occur in low and middle income group countries.
- In low income countries, the average life expectancy is 62 years. But in high income countries it is 81 years. It shows the difference of 19 years and a child born in Sierra can expect to live for 50 years. But a child born in Japan can expect to live 84 years. This shows major difference of 34 years.
- Health disparities are huge in many countries like life expectancy range of male from one country will differ from other country and vice versa.
- The European parliament has estimated that losses of health inequities cost around 1.4% of Gross Domestic Product within the European Union. This leads to loss in productivity and tax payments and they need to spend more on higher welfare payments and health care cost.

- 1 billion people in the World live in slum conditions (i.e) one quarter of the world's Urban population.

Role of Global Health Observatory (GHO):

Under World Health Organisation, Global Health Observatory (GHO) data are organized to monitor the progress towards the Sustainable Development Goals (SDG's) including health status indicators to monitor the progress towards overall health goal, indicators to track equity in health indicators.

Conclusion

From this study the government should give importance to all types of income level group people whether it's a low, middle or high level. An equity (i.e) equal distribution of care from the childhood is needed for all the human beings. So World Health Organisation should give importance not only to the member countries but also consider other countries health status. The government should concentrate on "Health For All" concept in future. Then only our country will grow well without any disparity.

References

1. academic.oup.com/heapro/article-abstract/6/3/217/742216
2. <https://books.google.co.in/books?hl=en&lr=&id=KQPPcCojxG0C&oi=fnd&pg=PR7&dq=equity+in+health+promotion&ots=Ysha6mal0d&sig=2PrGBI9V-vMnemQHSfgk-0TE7tk#v=onepage&q=equity%20in%20health%20promotion&f=false>
3. www.ncbi.nlm.nih.gov/pmc/articles/PMC1960528/?page=1
4. ajph.aphapublications.org/doi/abs/10.2105/AJPH.81.12.1560
5. www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes
6. www.researchgate.net