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Equity Principle in the National Health Policy in India and its Implementation Since Past to Present

The principle of equity has considered as more ethical and also closely allied with the human right principles. In India the drafts of the National Health Policy (NHP) are ensuring large space for the equity principle to build healthy nation. Despite of that, there are a very prevailing differences and gaps between the health statuses of people from different sections of society in India. People from the lower caste and the tribal population are with the lowest health status. This situation highlights that particular section counters the unjust and unfair treatment in terms of health and services. There is a need to focus inequity in the health sector because it is unnecessary and certainly avoidable to the large extent. Certainly, all three NHPs guided to make progress in achieving the goals of health for all, MDGs and now SDGs to less or large extent, however, it is to accept that at the implementation level only certain determinants of the health focused on larger scope and some neglected. This study is the result of a critical review of all the three national health policies in India from 1983 to 2017 to find out in what way equity principle gained importance in the draft. Further, to highlight the existing gap in the health status, the published reports of the National Family Health Survey I, II, III and IV also reviewed and used as the supporting sources in this study. Other articles also reviewed to understand the equity principle and to support the arguments of prevailing health inequity in India. All the policy drafts had given concern towards the equity principle. Still, we are struggling to bring it into the implementation and not meeting equity principle that has been promised by the health policies. Historically, the gaps in the health status of the people were there on the basis of caste hierarchy (General, OBCs, SCs and STs) and even today we encounter the same pattern of gaps sharply.

Keywords

Marginal Diets, Diabetes, Folic Acid, Folate

Back Ground

National Health Policies, Strategies and Plans play an essential role in defining a country's vision, policy directions and strategies for ensuring the health of its population. ... Its precise nature varies from State to State according to the political, historical and socio-economic situation prevailing in the country. The National Health Policy of 1983 and the National Health Policy of 2002 have served well in guiding the approach for the health sector in the Five-Year Plans. Now 14 years after the last health policy, the context has changed in four major ways. First, the health priorities are changing. Although maternal and child mortality have rapidly declined, there is growing burden on account of noncommunicable

diseases and some infectious diseases. The second important change is the emergence of a robust health care industry estimated to be growing at double digit. The third change is the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty. Fourth, a rising economic growth enables enhanced fiscal capacity. Therefore, a new health policy responsive to these contextual changes is required. The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance. NHP 2017 builds on the progress made since the last NHP 2002. The developments have been captured in the document “Backdrop to National Health Policy 2017- Situation Analyses”, Ministry of Health & Family Welfare, Government of India.

Legal Framework for Health Care and Health Pathway

One of the fundamental policy questions being raised in recent years is whether to pass a health rights bill making health a fundamental right- in the way that was done for education. The policy question is whether we have reached the level of economic and health systems development so as to make this a justiciable right- implying that its denial is an offense. Questions that need to be addressed are manifold, namely,

(a) whether when health care is a State subject, is it desirable or useful to make a Central law,

(b) whether such a law should mainly focus on the enforcement of public health standards on water, sanitation, food safety, air pollution etc, or whether it should focus on health rights- access to health care and quality of health care – i.e whether focus should be on what the State enforces on citizens or on what the citizen demands of the State? Right to healthcare covers a wide canvas, encompassing issues of preventive, curative, rehabilitative and palliative healthcare across rural and urban areas, infrastructure availability, health human resource availability, as also issues extending beyond health sector into the domain of poverty, equity, literacy, sanitation, nutrition, drinking water availability, etc. Excellent health care system needs to be in place to ensure effective implementation of the health rights at the grassroots level. Right to health cannot be perceived unless the basic health infrastructure like doctor-patient ratio, patient-bed ratio, nurses-patient ratio, etc are near or above threshold levels and uniformly spread-out across the geographical frontiers of the country. Further, the procedural guidelines, common regulatory platform for public and private sector, standard treatment protocols, etc need to be put in place. Accordingly, the management, administrative and overall governance structure in the health system needs to be overhauled. Additionally, the responsibilities and liabilities of the providers, insurers, clients, regulators and Government in administering the right to health need to be clearly spelt out. The policy while supporting the need for moving in the direction of a rights based approach to healthcare is conscious of the fact that threshold levels of finances and infra-

structure is a precondition for an enabling environment, to ensure that the poorest of the poor stand to gain the maximum and are not embroiled in legalities. The policy therefore advocates a progressively incremental assurance based approach, with assured funding to create an enabling environment for realizing health care as a right in the future.