PART I

WORK FROM HOME REPORT

SUBMITTED BY-

SHIVANGI

MBA HM-24

REG N0-0994

HEALTHCARE AND EQUITY IN INDIA

INTRODUCTION

- India holds a significant share of the worldwide freight of illness or disease, accounting for About 18% of worldwide demises and then 20% DALY(disability adjusted life years). 53% of deaths (44% part of DALYs) accounts for the rising burden of long-term(chronic) disease, 36% of demises (42% part of DALYs) accounts to infectious diseases, perinatal & maternal state, and nutriment insufficiency.

- Rectifying any unfairness in healthcare could be contemplated as major aim of public healthcare programs and have a special and specific part to attain equity with effectiveness, in the health division in the community.

- Equity in healthcare have been long established concepts which are guiding us with dedication to serve the requirements of deprived sections of the society which are treated as the major and important to documents of health policy.

- However, carrying out commitments of policy to healthcare equity still remains a major challenge seeing that India’s implementation and institutional capabilities.

OBJECTIVES

- To study the major challenges to equity in financing and risk protection related to this and the service delivery in India.

- To study other factors which influence the overall equity which help in implementing of these propositions, in association with the reinforcement of primary healthcare services, providing with an appropriate and trustable process to ensure more healthcare which is equitable for Indian community.

METHODOLOGY

Data from secondary sources through journals and research papers on healthcare and equity in India.

RESULTS AND DISCUSSION

INEQUALITIES IN HEALTHCARE

- It can be considered accessibility as relatedly the capability to acquire a specific facilities, at a quality stage which is specified, subjected to a particularize restriction of cost linked with the inconvenience carried out, and infliction of chosen services of health as a substitute for access.
- To clearly understand the persevere inequities and inequalities in healthcare in India, we're primarily focusing on the approachability to maternal and child healthcare services, as the burden of disease related to communicable or infectious diseases, maternal and perinatal conditions are conveyed by accessibility to these healthcare services.

INEQUALITIES IN PREVENTIVE HEALTHCARE

- Administration of preventive healthcare facilities like prenatal care & immunizations endures negligible, with significant variability in the administration of such type of facilities in terms of geography, gender and socioeconomic status.

- Disparities in vaccination subsist with the household wealth & education, with definite & comparative inequalities shows indication of depletion over the time. Inequalities subsist by caste in the year between 2005–2006, immunization coverage amid SCs and STs was 39.7% and 31.3%.

- Inequalities by wealth, education and urban-rural residence however persist, even though absolute and relative inequalities have decreased over time. For both these preventive services, there are considerable state differences, with both the number of antenatal visits and the type of services provided during these visits varying.

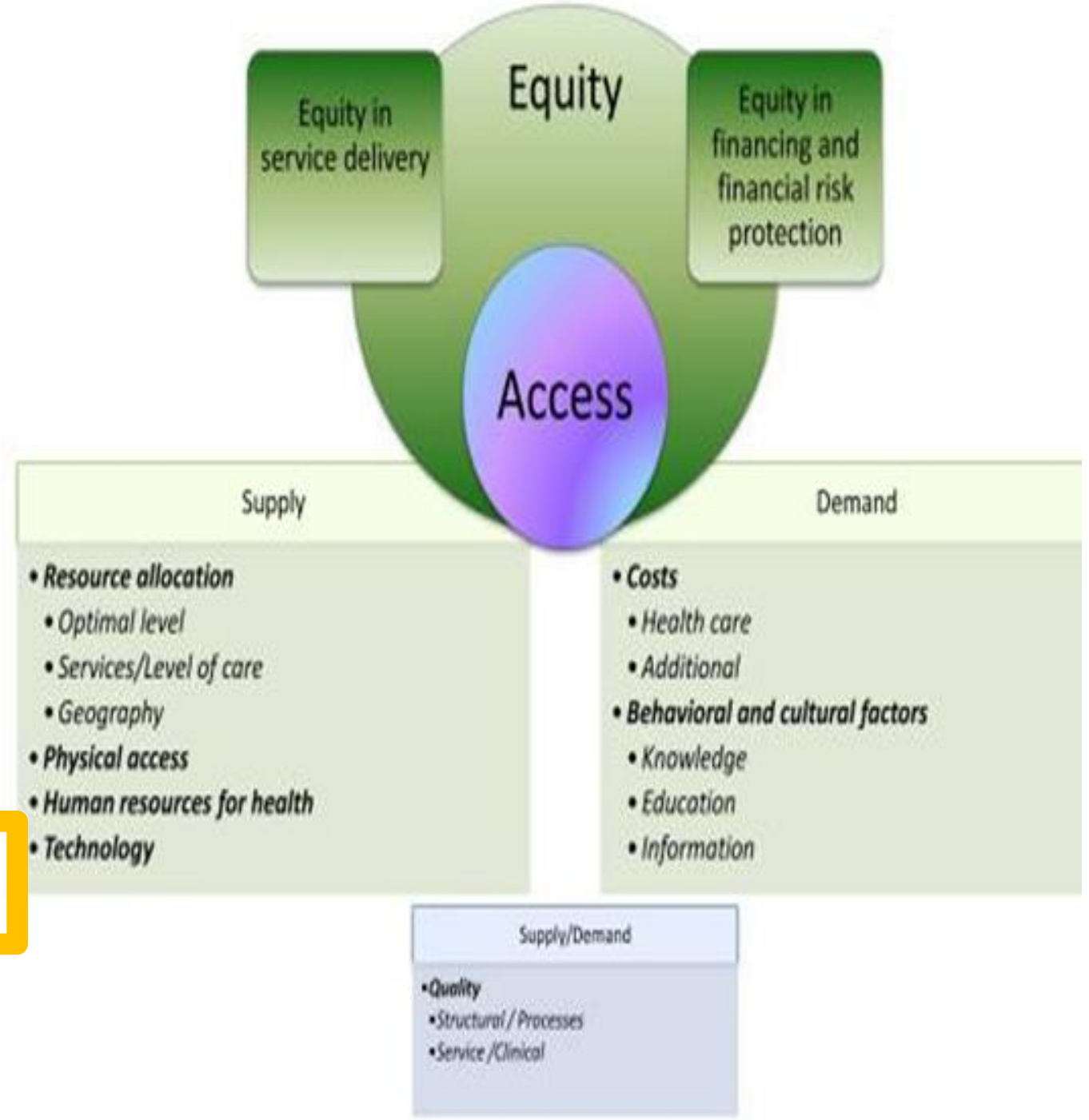
INEQUALITIES IN CURATIVE HEALTHCARE

- Inadequate access to appropriate maternal health services remains an important determinant of maternal mortality.

- There subsists a 6-fold differentiation between the poorest and richest sections of the society in institutional delivery. Even though this comparative deviation in inequity has diminished over certain period of time, the definite percentage variation in the prevalence of institutional deliveries between the richest and poorest has been observed that it has been increased from 38.7% to 78.9% in the span of 10 years till 2015-16, as per National Family Health Survey (NFHS-4).

- In summary, even though progress has been made, inequalities continue to persist in access to services. There are differential trends in relative and absolute inequalities suggesting differential uptake and access to services by different groups and understanding these nuanced patterns has policy implications for better targeting services to vulnerable groups.

FACTORS TO ACHIEVE EQUITY IN HEALTHCARE



PRINCIPLES TO ACHIEVE EQUITY IN HEALTHCARE

- The challenges facing the health system in its quest for equity in health care are substantial. These challenges are further complicated by the heterogeneity in the scale and interplay of these barriers which act differentially at state, local and individual level.

- In the past few years India has been making substantial improvement, with various examples of innovative programs and initiatives which are operated in the private and public sector with the most notable initiative which is government-led being the NRHM (National Rural Health Mission) which was started in 2005.

- This initiative has initiated the rejuvenation and repositioning of the public healthcare network. To support and complement and support these, here we are proposing the following supportive principles to help attain healthcare equity.

EQUITY METRICS

- Equity metrics needs to be consolidated into all healthcare system policies and assigning strategies, and at each and every level of any reform procedure.

- This involves applying an approach which is totally equity focused to the use, collection, and application of data on health result or outcomes and means of healthcare, and performance of health systems during monitoring and evaluation.

- This requires a self-regulating system built across the health system nexus, comprising the private and public sector, and non-allopathic medicine AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) and allopathic medicine, placed with international standards and principles for health equity metrics.

SUSTAINABLE DEVELOPMENT FOR HEALTH SYSTEMS AND HEALTH EQUITY RESEARCH

- There needs to be a concerted effort to improve the knowledge base of health systems research and health equity research.
- India is in the position to take a leading role in improving our knowledge of health systems research at the global level. Given that much of the implementation and decisions are made at the state and local level, there is the opportunity to actively learn from the multitude of different reforms.
- Partnering with research and academic institutions to objectively assist with this process and harnessing their expertise in the methodological aspects of impact evaluation will create the knowledge base to more effectively pursue equity in health care.
- In this way, India can contribute to the limited knowledge base of operational research in health systems in developing countries and help close the ‘knowledge-action’ gap in health systems strengthening.

CONTEMPLATIVE PROCESS TO ACHIEVE EQUITY IN HEALTHCARE

- The challenge of *how to prioritize and implement pro-equity health policies* when resources are limited requires a deliberative process. This requires taking into consideration the implications and risks of those decisions, with monitoring of how such decisions will affect health equity.

- We suggest review and formalization of the process of resources allocation decisions and service delivery planning, which involves deciding the balance between central, state and local financing, and vertical and horizontal allocation efficiency, based on the best available evidence, and guided by equity concerns.

- This could involve adoption of a framework such as “Benchmarks for Fairness” which has been successfully adapted for use in several developing countries, such as Colombia, Pakistan and Thailand.

STAKEHOLDER ACCOUNTABILITIES AND RESPONSIBILITIES

- Multilaterals, national and local government, NGOs, the private sector, pharmaceutical industry, civil society and research and academic institutions all have responsibilities and roles to play in ensuring the success of achieving equity in health and indeed better health governance.

- We specifically highlight the role of civil society, and the need to engage, empower and build capacity within civil society to demand equity in health and better quality health care at reasonable costs.

- The current deficiency could redefine the potential role of a more organized civil society in shaping the political agenda. In part this can be achieved through dissemination of knowledge and improvements in education to generate better health consciousness and address the demand-side challenge of appropriate health seeking behavior,

INVESTMENT IN PRIMARY CARE AND PUBLIC HEALTH: BACKBONE FOR EQUITY IN HEALTHCARE

- Finally, priority should be given to investing in public health and primary care. Improving the existing fragmented approach to public health services through creation of a solid foundation in public health paralleled by strengthening of the primary care network would go a long way in ensuring a more equitable healthy India.

- Stronger engagement and partnerships, both within and outside government, are needed to improve public health infrastructure and better protect the most vulnerable from unjust exposure to adverse risks.

- Such investment in public health, together with strengthening of primary care services and targeted programs to reach out to those most in need is a fundamental step towards redressing the health inequities that exist in India.

CONCLUSION

- There is a cogent moral, social and economic argument for investing in achieving equity in the health care of Indians. Recent rapid economic growth provides for a unique opportunity to increase financial commitments to support the public health system and health systems research.
- India can also draw on the knowledge capital of its booming technology sector to innovate and strengthen the development of health information systems.
- Furthermore, there is the opportunity to harness the capability of the domestic pharmaceutical industry by inducing it to take greater responsibility for delivering equity in health care.
- The next step is translating these into real and practical policies and effectively implementing them, and the **Call to Action** takes up this challenge.
- In this way, a health system built on a strong foundation of public health and primary care must be synergized with public policies that promote critical intersectoral approaches.

PART-II

REPORT ON ONLINE COURSE

NAME OF THE COURSE

ESSENTIALS OF GLOBAL HEALTH

COURSE DESCRIPTION

- Essentials of Global Health is a comprehensive introduction to global health. It is meant to introduce to this topic in well-structured, clear and easy to understand ways.

- This course is mainly focused on five questions:

- **What do people get sick, disabled and die from?**
- **Why do they suffer from these conditions?**
- **Which people are most affected?**
- **Why should we care about such concerns?**
- **What can be done to address key health issue, hopefully at least cost, as fast as possible, and in sustainable ways?**

COURSE OBJECTIVES

Articulate	**Articulate key public health concepts related to global health**
Analyze	Analyze **the key issues in global health from a number of perspectives**
Discuss	**Discuss with confidence the burden of disease in various regions of the world; how it varies by sex, age and location; key risk factors for this burden; how the disease burden can be addressed in cost-effective ways**
Assess	**Assess key health disparities, especially as they relate to the health of low-income and marginalised people in low- and middle-income countries**
Outline	**Outline they key factors and organisations in global health and the manner in which they cooperate to address critical global health concerns**
Review	**Review key global health challenges that are likely to arise in the coming decades,**

COURSE CONTENTS

MODULE 1	MODULE 2	MODULE 3	MODULE 4	MODULE 5	MODULE 6	MODULE 7	MODULE 8	MODULE 9	MODULE 10
INTRODUCTION	THE BURDEN OF DISEASE	HEALTH SYSTEMS AND VALUE FOR MONEY IN HEALTH	CROSS-CUTTING THEMES IN GLOBAL HEALTH- PART I	CROSS-CUTTING THEMES IN GLOBAL HEALTH- PART II	CROSS-CUTTING THEMES IN GLOBAL HEALTH- PART III	CRITICAL CAUSES OF ILLNESS AND DEATH- PART I	CRITICAL CAUSES OF ILLNESS AND DEATH- PART II	CRITICAL CAUSES OF ILLNESS AND DEATH- PART III	LOOKING FORWARD

LEARNING METHODOLOGY

VIDEO LECTURES

READING MATERIAL

KEY LEARNINGS

- Learned about basic concepts of global health, and a number of key perspectives for considering global health issues.
- Examined what people get sick, disabled and die from and what risk factors and determinants these conditions can be attributed.
- Reviewed how health systems in different parts of the world are organised, issues they face in effectively and efficiently providing appropriate services of acceptable quality.
- Studied the relationship between the environment and health, complex humanitarian emergencies and natural disasters and health, nutrition.
- Assessment of health of women, children and adolescents and childhood immunisation.
- Examined communicable diseases, such as emerging infectious diseases, HIV, TB, Malaria.
- Key issues in non communicable diseases such as heart disease, stroke, cancer and diabetes.
- How science and technology can be harnessed through collective action, to address those challenges.


Thank
you