Health Equity in India

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Health (In)Equity Concerns

- India Health Profile
- Regional Disparities
- Gender Inequities
- Employment Inequities
- Class Inequities
- Inequities Across Social Groups
- Other Inequities
India Health Profile...

**Facts and Figures**

- Doctors (all systems): 1.5 mi. (680 per doc)
- Doctors (allopathy): 600,000 (1700 per doc)
- Nurses: 650,000 (1570 per nurse)
- Hospital Beds: 1,000,000 (1020 per bed)
- Public Expenditure: $5.80 bi. (1% of GDP)
- Private Expenditure: $29.07 bi. (5% of GDP)
- Health Outcomes: IMR=62, CDR=9, CBR=22, U-5 MR=80, MMR=408, Life Expectancy=65
## India’s Global Share In:

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>17</td>
</tr>
<tr>
<td>Total deaths</td>
<td>17</td>
</tr>
<tr>
<td>Child deaths</td>
<td>23</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>20</td>
</tr>
<tr>
<td>TB cases</td>
<td>30</td>
</tr>
<tr>
<td>Leprosy cases</td>
<td>68</td>
</tr>
<tr>
<td>Persons with HIV</td>
<td>14</td>
</tr>
</tbody>
</table>
Public Subsidy in Healthcare

<table>
<thead>
<tr>
<th>Income Quintiles</th>
<th>Share of Public Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest 20%</td>
<td>10.1</td>
</tr>
<tr>
<td>2nd</td>
<td>13.4</td>
</tr>
<tr>
<td>3rd</td>
<td>17.8</td>
</tr>
<tr>
<td>4th</td>
<td>25.6</td>
</tr>
<tr>
<td>Richest 20%</td>
<td>33.1</td>
</tr>
</tbody>
</table>
Public v/s Private Hospital Care

- **Richest 20%**: 33% Public, 67% Private
- **60%-80%**: 45% Public, 55% Private
- **Middle 20%**: 52% Public, 48% Private
- **20%-40%**: 58% Public, 42% Private
- **Poorest 20%**: 61% Public, 39% Private

Hospitalizations Per 100,000 Population

- **Poorest 20%**
  - 0-500
  - 501-1000
  - 1001-1500
  - 1501-2000
  - 2001-2500
  - 2501-3000
  - 3001-3500
  - 3501-4000

Legend:
- Public Hospitals
- Private Hospitals
Public-Private Share of Care

- Immunizations
- Antenatal Care
- Institutional Deliveries
- Hospitalization
- Outpatient Care

Public-Private Sector Shares

Private | Public
## EXPENDITURE & OUTCOMES

<table>
<thead>
<tr>
<th></th>
<th>Total Health Expenditure as % of GDP</th>
<th>Public health expenditure as % of total</th>
<th>U-5 mortality</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>India</td>
<td>5.0</td>
<td>17</td>
<td>95</td>
<td>59.6</td>
</tr>
<tr>
<td>China</td>
<td>2.7</td>
<td>24.9</td>
<td>43</td>
<td>68.1</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>3</td>
<td>45.4</td>
<td>19</td>
<td>65.8</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2.4</td>
<td>57.6</td>
<td>14</td>
<td>67.6</td>
</tr>
<tr>
<td>Korea</td>
<td>6.7</td>
<td>37.8</td>
<td>14</td>
<td>69.2</td>
</tr>
</tbody>
</table>
Regional Disparities

- Rural – Urban divide
- Developed – Underdeveloped states
- BIMAROU or EAG states

Issues and Concerns
- Access to health services
- Health infrastructure and personnel
- Public health resources and expenditures
- Healthcare outcomes
Rural-Urban Disparities – India

**RURAL (per 1000 population)**
- Hospital Beds = 0.2
- Doctors = 0.6
- Public Expenditures = Rs.80,000
- Out of pocket = Rs.750,000
- IMR = 74/1000 LB
- U5MR = 133/1000 LB
- Births Attended = 33.5%
- Full Immunz.=37%
- Median ANCs=2.5

**URBAN (per 1000 population)**
- Hospital Beds = 3.0
- Doctors = 3.4
- Public Expenditures = Rs.560,000
- Out of Pocket = Rs.1,150,000
- IMR = 44/1000 LB
- U5MR = 87/1000 LB
- Births Attended = 73.3%
- Full Immunz.= 61%
- Median ANCs=4.2
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Rural Areas</th>
<th>Urban Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Hospital care</td>
<td>55 / 37</td>
<td>45 / 63</td>
</tr>
<tr>
<td>Outpatient care</td>
<td>81 / 74</td>
<td>19 / 26</td>
</tr>
<tr>
<td>Instit’nl births</td>
<td>49</td>
<td>51</td>
</tr>
<tr>
<td>Child illnesses</td>
<td>55</td>
<td>45*</td>
</tr>
<tr>
<td>RTI treatment</td>
<td>77</td>
<td>33</td>
</tr>
<tr>
<td>Child Immunz.</td>
<td>15</td>
<td>85</td>
</tr>
<tr>
<td>Contraception</td>
<td>17</td>
<td>83</td>
</tr>
<tr>
<td>ANC</td>
<td>42</td>
<td>58</td>
</tr>
</tbody>
</table>

Note: For hospital and OPD care 1st figure is for year 1996 and 2nd 1986
* Includes Home remedies
### Maharashtra 2000-01 Health Expenditures (Rs. Million)

<table>
<thead>
<tr>
<th>Type of Expd.</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>259.55</td>
<td>7457.24</td>
<td>7716.79</td>
</tr>
<tr>
<td>Public Health</td>
<td>4514.34</td>
<td>1947.33</td>
<td>6461.67</td>
</tr>
<tr>
<td>Fam. Planning</td>
<td>677.57</td>
<td>61.70</td>
<td>739.27</td>
</tr>
<tr>
<td>MCH</td>
<td>136.91</td>
<td>58.68</td>
<td>195.59</td>
</tr>
<tr>
<td>Other FW</td>
<td>672.34</td>
<td>167.77</td>
<td>840.11</td>
</tr>
<tr>
<td>Capital</td>
<td>84.41</td>
<td>305.04</td>
<td>389.45</td>
</tr>
</tbody>
</table>
Regional Disparity in Access to MCH Services

- No Antenatal Care
- No TT injection
- No Iron Folic acid
- Non Inst. Delivery
- Births not attended by health professional
- Current Contraceptive User
Regional Disparity in Access to Child Health Services

- No immunisation of children
- Full Immunisation of children
- Vitamin A supplement for children

Rural

Urban

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

0 10 20 30 40 50 60 70

Y-axis: Percentage

X-axis: Location (Rural, Urban)
Regional Disparity in Child Mortality

- IMR per 1000 live births
- U-5MR per 1000 live births
- NNMR per 1000 live births
Regional Disparity in Medical Care

- Any Ailment per 1000 - 15 days
- Hospitalisation rate per 1000/year
- Untreated Ailments %
- Borrowings/Asset sales for Hosp. %
Regional Differences in Prevalence of Selected Ailments

- Asthma point prevalence/100,000
- Tuberculosis point prevalence/100,000
- Jaundice in last 12 months/100,000
- Malaria in last 3 months/100,000
Regional Differences in Selected Child Morbidity

ARI % children last 2 weeks
Fever % children last 2 weeks
Any Diarrohea % children last 2 weeks
Regional Differences in Nutrition status of women and children

- % women with BMI below 18.5 kg/m²
- % women with anaemia
- % children underweight -2SD
- % children stunted -2SD
- % children wasted -2SD
- % children anaemic
Gender Inequities

- Strong patriarchal society
- Son preference – sex selection, infanticide
- Sex ratio disparities
- Access to services
- Health outcomes
- Nutritional status
India
Sex ratio (0-6 years): Child Sex ratio (Total)
Census of India 2001 (Provisional)

Sex ratio (0-6 years):
Child Sex ratio (Total)

- <= 750
- 751 to 850
- 851 to 950
- 951 to 1100
- >= 1101
- Data not available

Source:
Office of the Registrar General, India
Gender Inequities in Medical Care - Rural

- Any Ailment per 1000
- 15 days
- Hospitalisation rate per 1000/year
- Untreated Ailments %
- Borrowings/Asset sales for Hosp. %
Gender Inequities in Medical Care - Urban

- Any Ailment per 1000 - 15 days
- Hospitalisation rate per 1000/year
- Untreated Ailments %
- Borrowings/Asset sales for Hosp. %
Gender Inequity in Child Mortality

IMR per 1000 live births
U-5MR per 1000 live births
NNMR per 1000 live births
Gender Differences in selected Morbidity

- Asthma point prevalence/100,000
- Tuberculosis point prevalence/100,000
- Jaundice in last 12 months/100,000
- Malaria in last 3 months/100,000
Gender Differences in selected child morbidity

- ARI % children last 2 weeks
- Fever % children last 2 weeks
- Any Diarrhea % children last 2 weeks

Male vs Female
Gender Differences in Nutritional Status of Children

- % children under weight -2SD
- % children stunted -2SD
- % children wasted -2SD
- % children anaemic

Male

Female
Employment Inequities

Organised sector – 15% of population
- Has social security
- Has capacity to buy healthcare from market
- Gets free healthcare

Unorganised sector – 85% population
- No social security
- Subsistence or below poverty line existence
- Has to buy healthcare from the market
Class and Social Group Inequities

- Economic class and purchasing power
  - Consumption expenditure class
  - Standard of living index

- Social Groups – Caste, OBC, Dalits, Adivasis

- Issues and concerns
  - Sharp inequities in access, healthcare utilisation patterns and health outcomes
  - Nutritional status and morbidity differences
Class and Social Group Inequities in Access to Child Health Services

- No immunisation of children
- Full immunisation of children
- Vitamin A supplement for children

- Low
- Medium
- High
- Dalits
- Adivasis
- OBC
- Other
Class and Social Group Inequities in Medical Care - Rural

Consumption Class

Social Groups

- Any Ailment per 1000 - 15 days
- Hospitalisation rate per 1000/ year
- Untreated Ailments %
- Borrowings/ Asset sales for Hosp. %
Class and Social Group Inequities in Child Mortality

IMR per 1000 live births
U-5MR per 1000 live births
NNMR per 1000 live births
Class and Social Group Differences in Selected Child Morbidity

<table>
<thead>
<tr>
<th>Standard of Living</th>
<th>Social Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>Dalits</td>
</tr>
<tr>
<td>Adivasis</td>
<td>OBC</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

ARI % children last 2 weeks
Fever % children last 2 weeks
Any Diarrhoea % children last 2 weeks
Class and Social Group Differences in Nutrition Status of Women

Standard of Living  Social Group

Low  Medium  High  Dalits  Adivasis  OBC  Other

% women with BMI below 18.5 kg/m²
% women with anaemia
Class and Social Group Differences in Nutritional Status of Children

- % children under weight - 2SD
- % children stunted - 2SD
- % children wasted - 2SD
- % children anaemic

Class and Social Groups

- Low
- Medium
- High
- Dalits
- Adivasis
- OBC
- Other

Standard of Living
Class and Social Groups Differences in Reproductive morbidity

Any RTI/UTI (% ever married women)
Any Repro. Health Problem (% currently married women)
Other Inequities

- Age
- Education level
- Disability
- Displaced persons
- Migrants
- Habitat – slums
- Conflict and communal situations
Conclusions

- Complexity of range of inequities in health in India
  - Criticality of the rural-urban disparities
  - Persistence of sharp class and social group differentials
  - Patriarchal nuances
  - Missing links of public health

- Socio-economic level of development

- Financing issues - Tax : GDP ratios