

BRIDGING THE GAP TOWARDS ACHIEVING HEALTH FOR ALL

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Aiming for health equity entails working for the best possible health for all people while paying particular attention to the needs of those who are more at risk of ill health due to their social circumstances. Social disparities often create a gap in a community's health seeking behaviour and access to healthcare facilities. As a result, the health disparities arising from these social factors, contribute to the risk of increased disease burden in certain sections of societies. For example- lack of adequate and affordable housing facilities lead to densely packed communities which in turn increases the risk of infectious diseases within the community.

Inequities arise from social processes and are not biologically created. These inequities are sustained by unjust social arrangements which result in unequal distribution of resources which are essential for good health. For instance- inaccessibility of clean water, food, housing, employment, education are all mechanisms of social inequalities which get embodied into biological systems over the course of time.

Across studies, monotonous gradients can be seen polarized in favour of well-off groups as compared to marginalized groups. This can be in terms of- coverage of preventive services, access to quality services across geographic variations, amongst others.

In India, where over 60 million people plunged into poverty- in just a year due to pandemic-induced recession, struggling to sustain even the basic needs, out of pocket expenditure for health services further widened the economic gap from which may never recover. Hence, the public sector health facilities become a necessity for underprivileged people, not merely a choice.

Addressing health inequities calls for dealing with the root causes like unequal distribution of power, income and resources within and across countries of the world.

Fundamentally every individual has a right to health. And to safeguard the right to health for everyone- economic and social inequities need to be accounted for, rights need to be known as well informed and justice ensured.

We need to destabilize the labels and look into the intersectionality of an individual- the fact that an individual has multiple identities in terms of caste, class, gender, race- creates an overlapping and independent system of discrimination or disadvantage.

A scaled-up and structured solution is necessary, one that is universal but proportionate to the needs of the underserved. This is required for efficient delivery of services aimed at reducing health disparities and supporting healthier populations. Catering to social determinants of health by improving structural causes of daily living conditions (for example, macroeconomic and urbanisation policies and governance) must be handled in order to address inequitable distribution of power, money, and resources. Lastly, the grassroot level problems must be measured, understood and impact of action must be assessed thoroughly before implementation of policy measures.

Targeted policy interventions alone, are sometimes unable to bridge the gap in healthcare status in service utilization. Social determinants of health must be addressed effectively in order to improve health and reduce long-standing health inequities, which demands effort from all sectors and civil societies.

Robust primary healthcare delivery systems should be built, and culturally competent campaigns must be organized to improve health outcomes. Engaging communities to contribute their part in implementing solutions empowers them to lead their desired life by achieving their full health potential. Efficient public programs and services must be in place to making people access and utilize the services. Pre-existing vulnerabilities among poor can accentuate the ill effects of otherwise 'bearable' shocks. Re-introducing successful programs, modifying existing programs in according to the grassroot dynamics and ensuring their timely implementation can help in ensuring wide coverage of health services across sections of the society, helping reduce disparities and improving health outcomes.

About the Author



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