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Equity principle in the national health policy in India and its implementation since past to present

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۲ 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.

Biography

Saroj Shinde is interested in working on the health issues of vulnerable population pockets such as pavement dwellers, tribal population, sugarcane cutters and lower caste people in India. Her specific research areas are women and health, reproductive health, migrant health, menstrual hygiene and sanitation and family planning.

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