

Addressing Health Inequalities

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Health as a Basic Right and Measure of Governance

Health is the basic right of the people. If the people of a state are given the right to have health facilities without any inequity, then it signifies good governance. If the people of a place are not getting the right to access health care facilities as they are supposed to get it, then it signifies the failure of the government. There are many instances where society is facing inequity in health. Health inequality is the darker side of our society. There are many instances where people face issues regarding health amenities (Marmot & Bell, 2012).

Social Determinants of Health Inequality

In particular, it is the right of every citizen to access all the facilities like all other citizens without any injustice. There are many factors that contribute to the health inequity faced by the people of the society. The factors involve age, sex, gender, race, income, education, political influence, and norms of society (Veenstra, 2011).

Income Politics and Unequal Access

The significant factor in all these factors is the income and political implication in the particular area (Pickett & Wilkinson, 2015). One of the causes of such inequality is the inequality in the distribution of power. This biased distribution causes limitations in the range of choices given to the people. This limitation has been reinforced by the dysfunction in the governance, and the policies all across the nation (Ottersen et al., 2014).

Research Interest in Causes of Health Disparity

The interest of the researchers is in contributing to the health inequality they face in this world. Some of these are in search of identification of the factors that are causing health inequality, while others are interested in contributing to help eradicate these differences with appropriate measures. Both of these concerns are not only related to ethical implementation but also to the policymakers who are responsible for justice in every aspect. However, there are many frameworks with the notion of improving health services with justice in every context. However, there is a need to develop a

comprehensive framework to deal with such conditions. There are frameworks which are dealing with health inequalities in a particular population. They have not considered the aspect of the wider population to deal with the situation (Ottersen et al., 2014).

Measurement of Inequality and WHO Standards

Initially, the measurement of health inequality was done by group affiliation on a group basis. These standards are now challenged by the World Health Organization (WHO), and they have introduced their proposal for dealing with this situation on an individual basis with a focus on a single individual at one time without any concern with the group to which they belong. This has changed the dealing method with health inequality which was previously dealt with in a different way.

Distinguishing Health Inequality From Inequity

It is different in the [definition of health](#) inequity from health inequality. This article has given a clear stance and difference in the definitions. Health disparities are health inequalities (Ottersen et al., 2014).

Technical Challenges in Measuring Disparities

The health inequalities which are faced by many countries are unacceptable. These inequalities are not measurable because of certain technical issues (Fang et al., 2010). These inequalities need to be addressed not only on the national level but also on the international level for the betterment of the people globally. These needed that certain factors, norms, policies, and practices that are in the context of daily life should be considered. These can determine the political stances that are needed to deal with these situations (Ottersen et al., 2014).

Policy Reporting and Fair Intervention

These inequalities pose a necessity for the development of progress reporting and the introduction of fair policies that can better control health inequalities. It is also necessary that all those global factors should be addressed which have detrimental effects on health equality. The stakeholders in the state and non-state are required to be connected to the government with better connections for betterment in health. They have their roles in the decision-making process. It is also necessary that commitments should be made to hold the responsibility to provide proper care and equality to the people so that they can access healthcare facilities with great ease. This requires not only economic support but also political support (Ottersen et al., 2014).

Frameworks for Monitoring Health Inequality

There are many frameworks which have their focus on understanding and developing frameworks to deal with health inequality. There is a need for a framework for measuring health inequalities and tackling these situations appropriately. This is the moral value of every person to work to provide the rights to the people in every aspect of life including health services (Ottersen et al., 2014).

Conclusion on Global Healthcare Challenges

In my opinion, the world is facing a lot of difficulties in many areas. One of such difficulties is the health care facility. The people are under the influence of many of the factors which have caused them to face inequity in the health care facility. One of the factors in such an instance is poor political control. It is necessary that the rights should be given to the people on an individual basis so that proper care is provided to people. It is also necessary that state and non-state officials should be part of the policy-making to provide a better system for healthcare facility distribution.

References

- Fang, P., Dong, S., Xiao, J., Liu, C., Feng, X., & Wang, Y. (2010). Regional inequality in health and its determinants: Evidence from China. *Health Policy*, 94(1), 14-25.
<http://dx.doi.org/10.1016/j.healthpol.2009.08.002>
- Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public Health*, 126, S4-S10.
<http://dx.doi.org/10.1016/j.puhe.2012.05.014>
- Ottersen, O., Dasgupta, J., Blouin, C., Buss, P., Chongsuvivatwong, V., & Frenk, J. et al. (2014). The political origins of health inequity: prospects for change. *The Lancet*, 383(9917), 630-667.
[http://dx.doi.org/10.1016/s0140-6736\(13\)62407-1](http://dx.doi.org/10.1016/s0140-6736(13)62407-1)
- Pickett, K., & Wilkinson, R. (2015). Income inequality and health: A causal review. *Social Science & Medicine*, 128, 316-326. <http://dx.doi.org/10.1016/j.socscimed.2014.12.031>
- Veenstra, G. (2011). Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada. *International Journal For Equity In Health*, 10(1), 3.
<http://dx.doi.org/10.1186/1475-9276-10-3>