Health Interventions

Urmi A Goswami

Indian leaders refer to India's growing population as "demographic dividend", which presents the country with a challenge and an opportunity. In order to make good this demographic dividend, there is a need for higher public spend in the social sector, especially key areas of education, health and sanitation. Budget 2016 takes some important steps, but these are incremental in nature. What is required are big strides

No amount of politics would be of any avail until the masses in India are well educated, well fed, and well cared for" said the Finance Minister quoting Swami Vivekananda. This realisation that education and health are central to the development project runs through Budget 2016. Notwithstanding this realisation, public spending, as a share of the gross domestic product, has remained constant at around the 1.3 per cent mark in the last decade. The Union Budget's allocation on health is 0.25 per cent of the GDP, this once again has remained more or less constant. The goal of increasing public expenditure on health to 2.5 per cent of the GDP, as set out in the National Health Policy 2015, is still a long way off.

India's public provisioning for health falls far behind that of other countries in the neighbourhood like China and Sri Lanka. In China, spending on health was at 5.4 per cent of GDP in 2013, while public spending was at 3.1 per cent. India's total expenditure on health amounts to about 5 per cent of GDP, which would be comparable with other developing countries at the same level of per capita income. Meanwhile, public spending on health has yet to breach the 1.3 per cent mark.

In assessing the manner in which the Budget has sought to address the issue of health, we must look at three broad questions. First, the manner in which the Budget seeks to tackle factors contributing to poor health outcomes. Second, measures taken to improve access to healthcare. The third aspect is the state of healthcare infrastructure, which includes availability of healthcare practitioners, research, controlling vector borne disease. None of these aspects are independent of the other and together have an important bearing on general health and well-being.

Improving health and provision of healthcare are crucial to any effort to reduce the incidence of poverty. Expenditure on health is often the single most important factor that prevents households from escaping poverty and worse, pushes households into poverty. Poor health made worse by limited access to healthcare, which may or may not be adequate have huge ramifications on productivity, economic output, and improvements in living standards of a population.

The author is Assistant Editor with the Economic Times. She writes on issues relating to development and the social sector focusing on education, environment, health, climate change, and energy. She has reported extensively on international climate negotiations since the UN-sponsored climate change negotiations in 2009 at Copenhagen, right through to COP21 in Paris, as well as domestic developments on environment, health and education.

The low public spend on health has serious repercussions. At the same time, it is important that the government takes measures that can improve general conditions such as quality of air, water, sanitation that will reduce the incidence of disease and poor health. While this does not get the government off the hook with regard to public spending for healthcare, it is important to invest in ameliorating conditions that contribute to poor public health. It also has the added advantage of relieving pressure on a healthcare system that is clearly inadequate. It is in this context that Budget 2016 takes an important step—it makes explicit the co-relation between concerns about welfare, improving human life, and productivity, and health.

This co-relation is seen most clearly in the Finance Minister's approach to what he calls the "curse of smoke" during cooking. "Open fire in the kitchen," the Finance Minister said, "is like burning 400 cigarettes an hour". The proposal to provide an LPG connection in the name of women members to the 5 crore below poverty line households over the next three years is not part of the budgetary allocation for health, it is an important health intervention. The cess on cars—1 per cent on small petrol and CNG, 2.5 per cent on diesel, and 4 per cent on high engine capacity and SUVs—geared at making a dent in pollution in urban areas is another health intervention. Dirty air, whether indoors or ambient, has high and adverse health impacts.

The increased allocation for Swachh Bharat Abhiyan is another such intervention. Public health has close links with access to safe drinking water and sanitation. According to Census 2011, only 46.9 per cent of households had toilets within their home premises. The Rs 9000 crore allocation for the Swachh Bharat Abhiyan, up from Rs 6525 crore in 2015-16 must be accounted for as a major health intervention. This is good news. However, the focus has to move beyond merely constructing toilets to increased usage, and behaviour change. For this to happen, the toilets must be sustainable, in that there is regular water supply and maintenance. It is only when toilet usage rises that it will have a perceptible health feedback. There has been a slight increase in the allocation for the National Rural Drinking Water Programme, from Rs 4373 crore in 2015-16 to Rs 5000 crore in 2016-17. Some experts have expressed concern about rather small increase in allocation for drinking water since there continues to be problems with water quality and sustainability, especially in rural areas; a situation that could be aggravated with many states reeling under a drought crisis.

Public health has close links with access to safe drinking water and sanitation. According to Census 2011, only 46.9 per cent of households had toilets within their home premises. The Rs 9000 crore allocation for the Swachh Bharat Abhiyan, up from Rs 6525 crore in 2015-16 must be accounted for as a major health intervention. This is good news. However, the focus has to move beyond merely constructing toilets to increased usage, and behaviour change.

Reducing the incidence of disease by improvements in air and water quality and level of sanitation is not enough. With a population that is overwhelmingly poor, an important focus of health care policy must be on access.

The low level of public spending means that a large part of the expenditure on health, roughly between 70 to 80 per cent, is borne by households from their private resources—income and savings. The average total medical and other related non-medical expenditure per hospitalization is Rs 16,956 in rural areas and Rs 26,455 in urban. The average total medical expenditure for non-hospitalized treatment per ailing person in rural and urban areas is Rs 509 and Rs 639, respectively.

Low public spend also means that a large part of the population accesses its healthcare needs from private providers. The 2015 NSSO report, *Key Indicators of Social Consumption in India: Health (71st round, January to June 2014)*, reveals that the private sector continues to play a significant role in the provision of outpatient and hospitalised care. The share of public providers in the treatment of non-hospitalised patients is low at 11.5 per cent. This has considerable financial implications—the average medical expenditure in the treatment of hospitalised cases is four times more in private institutions compared to its public counterparts. The average cost in cases of hospitalisation is Rs 25,850 in private institutions compared to Rs 6,120 in public institutions.

Both, the higher proportion of out-of-pocket spending and the need to depend on the more expensive private providers means the poor are disadvantaged, and that their slide into poverty is more imminent in the case of catastrophic health events. Serious illness places severe strains on the financial circumstances of the poor. Budget 2016 seeks to remedy this situation. Based on the uptake of public health insurance, the budget has focused on addressing the needs of the poor and economically weak families against unforeseen out-of-pocket health expenditure with an increased insurance cover. The Finance Minister announced a cover of Rs.1 lakh per family. An additional cover of Rs 30,000 has been provided for senior citizens. Allocation for health insurance in the 2016-17 is Rs 1,500 crore; up from the revised estimate for 2015-16, which shows expenditure of Rs 595 crore.

Better public health insurance improves access, especially in cases of serious illness requiring hospitalisation. However, in a country like India with huge population which is below the poverty line, and at the margins, there is no alternative to an improved and effective healthcare system. There are some positive signs. The 2015 NSSO report (71st round) found a small but significant shift towards the public healthcare system compared to the previous survey in 2004 (60th round). The 71st round reported that 28.3 per cent sought health care in the public system compared to the 60th round when only 22 per cent accessed the public sector. This increase is negligible, considering that it has taken place over a ten-year period, and that population has increased considerably in the interim.

There has been an increase in public spending, though not at the levels required. Real government expenditure on health in the first eight months of the financial year 2015-16 registered a 9 per cent growth. Allocations have steadily increased from Rs 27,884 crore in 2012-13 to Rs 34,957 crore in 2015-16 to Rs 39,533 crore in the current budget.

But the glimmers of hope are quickly dimmed by overwhelming healthcare problems of the country. According to the World Health Organisation, 52 lakh lives are lost annually in India and the death rate in urban India is expected to rise by 42 per cent by 2021. One person dies of a stroke every minute in India, every sixth patient below 40 years is a victim of cancer and cardio vascular disease. Between 2016-30, the economic burden of non-communicable diseases in India will be $6.2 trillion. There is no denying the need for a massive rachet up of public spending and provisioning of healthcare—India ranks 157th on its per capita government spending on health, which is just about $44 PPP. Better insurance cover can help in cases of serious illness and those requiring hospitalisation. But to ensure better health outcomes, the network of primary healthcare centres and sub-centres has to radically improve. This requires staffing of these centres with trained healthcare professionals and access to medicines.

When it comes to access to medicines, the government has had since 2008, the Jan Ausadhi scheme, which is supposed to improve access to generic medicines. However, the scheme has not taken off. Only 164 Jan Ausadhi stores have been set up, of which only 87 are functional. The Finance Minister has announced that

The fact remains that if the Indian healthcare system is to be effective, efficient, and affordable, the publicly funded institutions have to perform. Otherwise, it will mean that larger sections of the population will be forced to access more expensive options. For a country like India that is not viable, and the government stepping in with an insurance system is not necessarily the most optimum solution.

3000 Jan Ausadhi stores will be set up—Rs 35 crore has been allocated for this, up from Rs 16.9 crore in 2015-16. While that is welcome, the government needs to address the real problems plaguing the scheme—doctors are not prescribing generic medicines and the non-availability of medicines under generic names.

The bigger problem is the poor performance of the public healthcare institutions. Even when primary and secondary healthcare centres are set up, these remain virtually non-functional. Vacancies and shortfall of healthcare personnel plague the system. Shortage of specialists, doctors, staff nurses, anaesthetists adversely affects the outreach of health services, especially in rural areas. The gap in health personnel and inequity in health infrastructure continues to be critical.

A 2011 evaluation study of the National Rural Health Mission conducted in seven states—Uttar Pradesh, Madhya Pradesh, Jharkhand, Odisha, Assam, Jammu and Kashmir and Tamil Nadu—found shortages of skilled health personnel to be as high as 95 per cent. Rural Health Statistics 2015 found that at the all-India level, there was a shortage of 83 per cent in total required surgeons in community health centres, and that only 27 per cent of sanctioned posts for specialised doctors had been filled. The best insurance schemes, or the best stocked Jan Ausadhi stores will have little meaning without the requisite medical attention. The fact remains that if the Indian healthcare system is to be effective, efficient, and affordable , the publicly funded institutions have to perform. Otherwise, it will mean that larger sections of the population will be forced to access more expensive options. For a country like India that is not viable, and the government stepping in with an insurance system is not necessarily the most optimum solution. The allocation for the National Health Mission has increased, but only marginally, to Rs 20037 crore from Rs 19122 crore in 2015-16. This is where the government needs to focus in a big way. For a start, it can focus on filling vacancies, and ensure that the healthcare centres at all levels are adequately staffed with the necessary infrastructural facilities, including ambulances and mobile units.

It has been estimated that in 2025, over 70 per cent of the country's population will be of working age. More often than not, Indian leaders refer to India's growing population as "demographic dividend", which presents the country with a challenge and an opportunity. In order to make good this demographic dividend, there is a need for higher public spend in the social sector, especially key areas of education, health and sanitation. Budget 2016 takes some

important steps, but these are incremental in nature. What is required are big strides.

India is in the middle of this demographic dividend. To ensure that this dividend becomes a real opportunity, it must focus on improving the healthcare system, making it accessible, effective and affordable. Improved healthcare and outcomes is absolutely essential for inclusive and sustained growth. Improving the quality of health, a key development indicator, will create the requisite pressure to ensure that the high economic growth is both inclusive and sustainable. A healthy populace will mean improved productivity. There is a tendency to view social sector spend as an outflow of resources—especially when it comes to providing education or healthcare. A part of this push for limiting public spend comes from those who call for greater privatization of health. It would be a big mistake if the government retreats any further from these sectors. Investing in health is key to growth.

Nearly 170 years ago, Russian thinker Alexander Herzen asked "If progress is the end, for whom are we working? ... Do you truly wish to condemn all human beings alive to-day to the sad role of caryatids supporting a floor for others some day to dance on. . . or of wretched galley slaves, up to their knees in mud, dragging a barge filled with some mysterious treasure and with the humble words "progress in the future" inscribed on its bows?" Herzen's query continues to be relevant. ❑

(E-mail: urmi.goswami@gmail.com)

Stree Shakti Puraskars and Nari Shakti Puraskars for 2015

Stree Shakti Puraskars and Nari Shakti Puraskars were given for the year 2015 on International Women's Day by the President. The Zila Mahila Samman and Rajya Mahila Samman have also been instituted this year to recognize and reward selfless work done by exceptional and committed women, in particular at the community and grass root levels.

The Stree Shakti Puraskars are conferred to six women in the area of women's endeavor and exceptional contribution each year. The award carries a cash prize of Rs. 300,000 and a citation..

The Nari Shakti Puraskars have been conferred for the first time this year. The award carries a cash prize of Rs. 100,000 and a citation. They have been instituted by the Ministry of Women and Child Development to honour 8 women to recognize their individual contribution in specific areas.