IJMRT • Volume 13 • Number 1 • Jan-June 2019: 1-15

PUBLIC HEALTH IN INDIA: EMERGING TRENDS AND ISSUES

*V. P. Kamath**

Abstract: *It is well recognized that improvement in the health status of population is both an important means of increasing productivity and economic growth as well as an end in itself. The importance of improvements in health is also acknowledged in the Millennium Development Goals of the UNDP, which calls for a dramatic reduction in poverty and improvements in health, especially of the poor. In India, with its vast majority of poor population, ensuring the good health of the people is a challenging task India is expecting to be world's most populated country by 2050 leaving aside China. India is a country with limited resources to feed unlimited population. The decadal growth of population is more than the population of Brazil. If such trends continue than there will be population explosion. Ironically India was the first country to launch family planning programmes in 1952 and then kept on changing strategies in relation to international conferences like that of Mexico, Cairo, Beijing etc. with limited success. The fact remains that Government alone cannot successfully restrict family size avail health services and bring development. There is a need of collaboration with voluntary agencies, grass root level leaders and the masses. Against this backdrop, present purports to examine the emerging trends and issues in public health in India.*

INTRODUCTION

It is believed that good health is an important contribution to productivity and economic development. In India, health holds more importance; however, the Indian health scenario presents challenging tasks. The following health indicators such as the heavy burden of morbidity and mortality due to pre-transition diseases, dramatically improves health conditions in a relatively short period of time call for enhanced public investment in health, accompanied by wide reaching reforms at every level. This can be achieved only with strong political will and commitment. Restructuring of the public health systems of the states is called for integrating preventive, promotive and curative services, decentralized health system and providing health services to poor. Public private partnership is felt necessary in order to reduce the burden of health expenditure as well as to promote community based strategies, including comprehensive health education, counseling and providing RCH services.

Health is a state of complete physical, mental, and social well-being. It is not merely the absence of disease but it is also is a precondition for realizing human potential and attainment of happiness. Hence, health is treated both a social and an economic good. The Constitution of India in its Directive Principles of State Policy has mandated 'improvement of public health' as one of the primary duties of the State. The Union and State Governments are taking proactive efforts to promote health of the people by

* Research Scholar , Faculty of Commerce and Management , North East Frontier Technical University, Arunachal Pradesh

creating a network of public health care facilities for providing free or subsidized health and medical services, and also for controlling the spread of diseases. The 11th Five Plan had made the provision of six health outcome indicators with time-bound 'goals'. These are lowering maternal and infant mortality, malnutrition among children, anemia among women and girls, and fertility, and raising the child sex ratio. Though, there has been significant achievement in health sector however, the set goals have not been fully achieved. The low level of public spending on health care services, high out-of-pocket payments which led to impoverishment, high levels of anemia, reflecting the high levels of malnutrition among children, high infant mortality and maternal mortality are some of the points that deserve to mention. There are large variations across the country which demonstrates poor health status of disadvantaged groups. There is increasing reliance on private health care providers who presently provide service to 78 percent of outpatients and 60 percent of in-patients. Those who cannot afford private health care services, illness result into high out-of-pocket expenditure which may lead to heavy financial burden. With the growing trend in non-communicable diseases, we are facing a dual burden of disease which also poses challenge to the health system of our country. The strategies for provision of health inputs and creation of health infrastructure under NRHM could not fully achieved to provide health care services to the people.

OBJECTIVE AND METHODS

Present paper is based on a major research study on Health Care Services in India carried out recently. The paper aims at examining the emerging trends in public health in India. It also purports to review the policy perspective, health expenditure and investment in health infrastructure in India. The paper is based on secondary data collected from published and documented sources including internet sources. The time series data analysis has been ensured besides critical appreciation of pertinent literature.

REVIEW OF LITERATURE

It has been well recognized that good health is major contributor to productivity and economic growth. India has a vast network of health infrastructure ranging from sub-centres to super specialty hospitals. Most of the hospitals are being developed and managed by public sector, however, the increasing role of private sector in development of health infrastructure and delivery of health services is gaining importance. Though, India has large gains in health status since Independence however, the burden of diseases is gradually increasing. The current health scenario demonstrates that India has failed to control the communicable diseases despite the availability of wide health infrastructure network and health facilities. These communicable and infectious diseases account for major cause of premature deaths in India.

India faces the "dual disease burden" as the share of non-communicable diseases, commonly known as "lifestyle induced" diseases, has grown rapidly along with substantial rise in communicable diseases (First Post, 2018). We are witnessing the growing incidence of lifestyle induced diseases like diabetes and cardiac ailments. The non-communicable diseases constituted for more than 50 percent of all deaths in 2015, while it was recorded 42 percent in 2001-2003 (Upadhyay, 2012). The fact remains that the occurrence of non-communicable diseases in India is affecting majority of people from the age group of 30-59 years while in most western countries, NCDs are likely to occur in old age (Maya, 2017). As per the NSSO survey, during January to June 2014, 243 people out of 1,000 sought medical treatment within the public healthcare system, whereas 756 people out of 1,000 opted to visit a private doctor or private hospital (Lakshman, 2016). Healthcare sector needs highly skilled human resources including doctors, medical support staff , nurses, lab technicians, pharmacists, etc. As per KPMG report, although India meets the global average in terms of the required number of physicians, however, 74 percent of its doctors cater to one third of population in urban centres. . As a consequence, India has huge shortage of specialists at rural community health centres. The PHCs spread across are short of more than 3,000 doctors, (Salve, 2016). India's achievements in the field of health have been remarkable however; there is a lot of scope for improvements. The burden of diseases among the Indian population remains high. Infant, children and maternal mortality and morbidity affect millions of children and women. Infectious diseases such as malaria and T.B. are remerging as epidemics and there is growing specter of HIV/AIDS. Many of these illness and deaths can be prevented and treated cost effectively with primary health care services provide by public health system.

National Health Policy 2002 served well in guiding the approach for the health sector in the Five-year plans. The Central Government approved the National Health Policy in March, 2017. The National Policy aims to project an incremental assurance-based approach for healthcare delivery system. This involves building a more 'robust health care industry', reducing 'catastrophic expenditure' in the form of out-of-pocket healthcare costs and enhancing 'fiscal capacity' to meet a widening healthcare financing deficit (Mohan, 2017). The policy thrust is on comprehensive care, system of referrals for regulating patient flows, output-based purchasing of private services to fill gaps, supply of free drugs, diagnostics and emergency services in all public facilities, scaling up urban health, strengthening of infrastructure and manpower in underserved areas, and integrating all national health programmes and making AYUSH services an option (Vikaspedia, 2017). The policy identifies everything that needs to be done, without clearly illustrating who needs to do what and, more importantly, how it needs to be achieved. The policy also demands for major reforms in financing public healthcare facilities. However, there is lack of clarity that how these financing reforms will be brought about and who will manage them, or how the need for a per capita medical insurance scheme will interplay. The proposal to increase public healthcare expenditure from 1.15 percent to 2.5 percent of GDP by 2025 is difficult to meet the ambitious goals laid out in the policy (Mohan, 2017). The government supported life insurance scheme introduced in 2015 aims to increase the proportion of the population coverage under insurance. The scheme is available for people in the age group of 18-50 years who have their bank accounts opened under the Pradhan Mantri Jan Dhan Yojana scheme. Since its implementation, the scheme has benefitted over 5.22 crore families (Vishwanathan, 2015).

HEALTH INFRASTRUCTURE:

Government invested massively in rural health infrastructure during the 1980s. However, the investment has not yielded optimum results. The main factors included inadequate incentives, poor working conditions and lack of transparency in posting of doctors in rural areas. The deteriorating environment, the lack of safe drinking water and poor nutritional status are some of the factors responsible in urban areas. The slums had high potential of health hazardous. The private sector has emerged to be the main service provider of curative health care. At national level, the private sector dominates both outpatients and inpatients care (Table 1).

Table: 1 State-wise Distribution of Inpatients Between Public And Private Sector

States	Public Share	Private Share
Haryana	24.1	75.9
Punjab	34.3	64.7
Maharashtra	35.9	64.0
Andhra Pradesh	37.8	62.2
Bihar	37.9	62.1
Gujarat	44.7	55.3
Tamil Nadu	47.0	53.1
Kerala	49.8	50.2
Karnataka	49.9	50.1
All India	50.4	49.6
Uttar Pradesh	52.0	48.0
Madhya Pradesh	62.8	37.2
Rajasthan	74.1	25.9
North East	77.1	22.9
West Bengal	80.6	19.4
Orissa	88.9	11.1
Himachal Pradesh	92.9	7.1

Source: Mahal et.al, Who Benefits from Public Health Spending in India, NCAER, 2000.

Infrastructure is crucial in the healthcare sector. The country faces severe resource defecit both capital investment and manpower. India has hospital beds with a ratio 0.5 per 1000 population as compared to 2.3 for China, 2.6 for Brazil and 3.2 for the US (Sinha, 2011). There were 314 medical colleges with the enrolment of 29263 MBBS students in India during 2010-11. There has been significant increase in the number of medical colleges and enrolment of students during the period of 1991-92 to 2010-11. There has been increasing trend in number of medical colleges in India. There were 146 medical colleges during 1991-92 which increased to 476 during 2017-18. Thus, there has been more than 3 fold increase in the number of medical colleges. There were 289 dental colleges with the enrolment of 2154 BDS students and 2783 MDS students in 2010-11.

There has been remarkable growth in the number of dental colleges and enrolment of students during the period 1995-96 to 2010-11. There were 94 dental colleges with the enrolment of 2562 BDS students and 263 MDS students in 1995-96. During 2017-18, there were 313 dental colleges providing BDS courses while 249 dental colleges were providing MDS courses. The overall intake was reported to be 33293 students in 562 dental colleges.

There were 2510 CHCs, 23391 PHCs and 145894 sub-centres in India during 2009. There were 127690 government hospitals and out of them 3748 hospitals were found located in urban areas in 2009 in India. The higher numbers of CHCs were found located in Uttar Pradesh, Maharashtra, Rajasthan, West Bengal, Madhya Pradesh, Karnataka and Gujarat while numbers of CHCs were reported higher in the state of Uttar Pradesh followed by Karnataka, Maharashtra, Rajasthan, Bihar and Andhra Pradesh. Numbers of total government hospitals were reported higher in Maharashtra followed by Bihar, Orissa, Karnataka and Uttar Pradesh. There were 25650 PHCs, 5624 CHCs and 156231 sub-centres in India during 2015-16. The number of PHCs was reported high in the state of Uttar Pradesh, Karnataka, Rajasthan, Bihar, Andhra Pradesh, Maharashtra and Tamil Nadu while number of CHCs was reported high in the state of Uttar Pradesh, Rajasthan, Tamil Nadu, Maharashtra, Gujarat and Odisha.

HEALTH POLICY

National Health Policy, 2002 has highlighted the inevitability of improving people's health status as one of the key areas in the social sector. The policy highlighted the need for augmented public investment initiatives of public health initiatives and organizational restructuring, so that health facilities could be more equitable. The National Population Policy, 2000 has also confirmed the government's commitment to the voluntary and informed choice and the consent of the citizens, while continuing the target-free approach to take advantage of reproductive health care services and conduct family planning services. The policy provides a framework for furthering goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve total replacement level i.e. total fertility rate 2.1 by 2010 for. Immediate purpose National Population Policy is to meet the uncertain requirements of contraception, health infrastructure and health workers and provide integrated service for basic reproduction and child health care. About 16 state governments Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttaranchal, Mizoram, Tripura, Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu and Lakshadweep have formed their state's population policies. In pursuance of the objectives of National Population Policy, to promote inter-regional coordination among the agencies of the Central and State Governments, National Social Commission was constituted on population in May 2000, involving civil society and private sector in planning and implementation To explore and explore the possibilities of international cooperation in support of the goals set out in the National Population Policy Andhra Pradesh, Arunachal Pradesh, Assam, Haryana, Himachal Pradesh, Jammu and Kashmir, Kerala, Madhya Pradesh, Gujarat, Uttar Pradesh, Maharashtra, West Bengal, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim and State Population Commissions have been formed in Tamil Nadu. The Central Government approved the National Health Policy in March, 2017. The National Policy aims to project an incremental assurance-based approach for healthcare delivery system.

GROWTH OF HEALTH INDUSTRY IN INDIA

The hospital section is a major part of the healthcare industry and is showing a high rate of growth in the overall industry. Private sector share in Healthcare is 70.8 percent in India, 53 percent in Brazil, 46.4 percent in China and 39 percent in Russia. The size of the private hospital industry in India is estimated to increase by around $ 25 billion and 20 percent CAGR, according to ASSOCHAM. The demand for hospital services in India is increasing, because in every society, the quality and standard of health services are in high demand. In view of the growing demand, many investors at the global level have expressed their interest in investing in the Indian hospital service market. The country is clearly progressing in the right direction with 100 percent allowance of FDI in the hospital area under the automatic route from January, 2000. Indian healthcare industry has witnessed massive expansion in healthcare spending and was expected to reach $ 100 billion. From the present $ 65 billion to 2012, the CAGR is rising by 20 percent per year. India is currently facing a shortage of healthcare infrastructure, especially in rural areas and it is expected that by the end of 2025, there would be a potential requirement of 1.75 million new beds in India.

The Indian healthcare sector has grown at a nearly 16.5 percent CAGR since 2008 to become a $110 billion industry in 2016 and is expected to touch $280 billion by 2020. Growth in health sector in India is shown in Table 1.8. The market size of health sector in India was estimated to be 45$billion in 2008 which increased to 160$billion in 2017. Thus, it shows 3.5 times increase in the market size. It is expected that growth in health sector will be 16.26 per cent per annum (Table 2).

Table: 2 Growth in Health Sector in India

Year	Market Size (US$ Billion)
2008	45
2009	52
2010	60
2011	68
2012	73
2014	81
2015	104
2016	110
2017	160
2020	280
2022	372
CAGR	16.26

Source: IBEF, 2018

GROWING PRIVATE SECTOR

National Health Policy has encouraged private sector participation in all areas of health activities. Policy also encourages the establishment of private insurance equipments to increase the coverage of secondary and tertiary sector coverage under private health insurance packages. At present, India is increasing dependence on private health care providers. Private health service providers promote medical tourism by offering world-class services to overseas customers as well as those who can afford it. In the private sector 80% of doctors, 26 percent of nurses, 49 percent beds and 78 percent ambulance services are available. Private actors are now present in all areas of healthcare, including health care, education, as well as equipment manufacturing and services. As a result of rapid increase in private health service providers, lack of quality care provided by public providers, lack of doctors and public health facilities was crowded.

Market size of private hospitals in India is shown in Table 3. The market size of private hospitals was reported 22$billion in 2009 which increased to 81$billion in 2015. The share of private sector constituted 77.88 per cent in 2015 while its share was recorded 42.31 per cent in 2009.

Table: 3 Market Size of Private Hospitals in India

Year	Market Size (US$ Billion)
2009	22.0
2010	29.9
2011	35.4
2012	45.0
2014	54.0
2015	81.0

Source: IBEF, 2018

Proportion of vacant health care providers in India during 2015-16 is shown in Table 4. The proportion of vacant health care providers at health centres was recorded high in the state of Bihar, Gujarat, Jharkhand, Madhya Pradesh, Haryana, Rajasthan, Chhattisgarh and Punjab. However, there has been significant improvement in filling of the vacant posts at sub-health centres in the states of Uttar Pradesh and Rajasthan while filling of vacancies of staff nurses was found improved in Bihar and Karnataka. The filling of post of medical officers and specialists at PHCs and district hospitals was found improved in the state of Haryana, Assam, Uttarakhand and Odisha during the period of 2014-15 to 2015-16 (NITI Ayog, 2018).

Table: 4 Proportion of Vacant Health Care Providers in India (2015-16)

State	ANMs at Sub-Centres	Staff Nurses at PHCs and CHCs	Medical Officers at PHCs	Specialists at District Hospital
Odisha	--	--	26.9	19.0
Uttar Pradesh	--	--	26.7	32.4
West Bengal	0.8	9.7	41.2	20.2
Kerala	4.5	5.3	5.9	21.5
Punjab	8.5	34.0	7.8	47.7
Assam	9.0	9.0	17.8	46.7
Chhattisgarh	9.2	37.9	45.0	77.7
Maharashtra	9.5	15.7	17.0	30.3
Himachal Pradesh	9.9	27.2	21.7	--
Jammu and Kashmir	10.3	27.5	30.2	22.2
Madhya Pradesh	14.2	33.5	58.3	51.0
Haryana	15.2	43.2	25.4	--
Andhra Pradesh	15.7	20.5	12.8	30.4
Tamil Nadu	16.0	19.1	7.6	16.7
Uttarakhand	16.9	20.0	12.2	60.3
Telengana	18.0	12.8	22.3	54.8
Rajasthan	19.2	47.3	14.9	45.8
Jharkhand	19.7	74.9	48.7	50.3
Karnataka	22.6	26.0	11.5	21.5
Gujarat	28.1	36.5	32.0	55.5
Bihar	59.3	50.3	63.6	60.6

Source: Healthy States, Progressive India, Niti Ayog, 2018.

FINANCING OF HEALTHCARE IN INDIA

Healthcare finance indicators provide an understanding of the proportion of investments, expenses, sources of funding and the proportion of allocation compared to the total allocation. They also help us understand health outcomes in relation to expenditure. The table shows that the percentage of allocation for the health sector against the total planned investment in the country has increased to some extent in the eleventh plan when the Health Research Department was created and NRHM schemes were started. Based on a selected list of National Health Account Indicators for the period 2003-2007, Total expenditure on health as a percentage of GDP was 4.2 percent in 2003, which was reduced to 4.1 percent in 2007. However, the percentage of total expenditure on health expenditure on health was recorded 20.4 percent in 2003, which is slightly increased to 26.2 percent in 2007. Social Security expenditure on health was 17.2 percent as per the percentage of general health expenditure in 2007, while it was recorded 5.8 percent in 2003. Central government focused on health issues that are considered national priorities, as well as on issues that have significant inter-state externalities. Till the mid-nineties, they note that the Union government primarily focused on family planning, national-level institutes like AIIMS, select disease control programmes, and regulatory bodies around medicine and health. Since then, the focus has expanded to include maternal and child health – culminating in the National Rural Health Mission starting in April 2005. The NRHM – now the National Health Mission or NHM, also involved the Union government focusing on primary and secondary healthcare. There has been an increase of 272.85 per cent in Union Government direct expenditure on health and allied fields while total expenditure at the state level increased by 237.67 per cent during the period of 2005-06 to 2014-15 (Table 5).

Table: 5 Expenditure on Health and Allied Fields

(Rs. Crores)

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Union Government - Direct Expenditure	14,511	14,148	13,896	13,010	12,106	12,472
Union Government - Direct Transfers to Implementing Agencies at the State Level	9,516	15,651	17,033	20,527	23,810	0
Union Government - Grants-in-Aid to State and UT Budgets on health and allied subjects ("Treasury Route")	6,194	5,028	6,026	6,573	5,896	31,772
State Governments' Own Expenditure	74,983	86,184	94,587	1,11,235	1,21,489	1,30,147

contd.

Total Public Expenditure	**1,05,204**	**1,21,011**	**1,31,542**	**1,51,345**	**1,63,301**	**1,74,391**
Total Budgetary Expenditure at the State Level (Sum of all States)	81,177	91,212	1,00,613	1,17,808	1,27,385	1,61,919
Total Expenditure at the State Level (including Direct Transfers to Implementing Agencies) (Sum of all States)	90,693	1,06,863	1,17,646	1,38,335	1,51,195	1,61,919
Ratio of Union to State Expenditure	29:71	29:71	28:72	27:73	26:74	25:75

Source: Ministry of Health and Family Welfare, Government of India

TRENDS IN HEALTH EXPENDITURE

Public expenditure on health is shown in Table 6. There has been an increase of 194.63 per cent in public health expenditure in India during 2009-10 to 2017-18. Public expenditure on health was reported Rs. 72536 crores during 2009-10 which increased to Rs. 213720 crores during 2017-18. The per capita public health expenditure has also shown increase of 166.83 per cent during the corresponding period. During 2017-18, per capita public health expenditure was recorded Rs. 1657. Public expenditure on health as percentage of GDP was reported 1.28 per cent during 2017-18.

Table: 6 Public Expenditure on Health

Year	Public Expenditure on Health (Rs. Crore)	Per Capita Public Expenditure on Health (Rs.)	Public Expenditure on Health as Percentage of GDP
2009-10	72536	621	1.12
2010-11	83101	701	1.07
2011-12	96221	802	1.10
2012-13	108236	890	1.09
2013-14	112270	913	1.00
2014-15	121600	973	0.98
2015-16	140054	1112	1.02
2016-17	178876	1397	1.17
2017-18	213720	1657	1.28

Source: National Health Profile, 2018.

Central-state share in total public expenditure on health is shown in Table 7. Central share in total public health expenditure was recorded 37 per cent in 2017-18. Thus, state share was recorded 71 per cent during 2016-17 which decline to 63 per cent during 2017-18.

Table: 7 Central-State Share in Total Public Expenditure on Health

Year	Central	State
2009-10	36	64
2010-11	35	65
2011-12	35	65
2012-13	33	67
2013-14	34	66
2014-15	33	67
2015-16	31	69
2016-17	29	71
2017-18	37	63

Source: National Health Accounts Cell, Ministry of Health and Family Welfare, Government of India.

Expenditure on central government health schemes is shown in Table 8. There has been increase of 72.66 per cent in total expenditure, 18.75 per cent in number of beneficiaries and 78.25 per cent in per capita expenditure during the period of 2010-11 to 2016-17. The total expenditure on central government health schemes was recorded Rs. 2238 crores with the number of beneficiaries of 0.38 crores during 2016-17.

Table: 8 Expenditure on Central Government Health Schemes

Year	Total Expenditure (Rs. Crore)	**Number of Beneficiaries in Crores**	**Per Capita Expenditure (Rs.)**
2010-11	1296	0.32	4050
2011-12	1562	0.34	4594
2012-13	1691	0.36	4697
2013-14	1839	0.37	4970
2014-15	1799	0.28	6425
2015-16	1977	0.29	6817
2016-17	2238	0.38	7219

Source: CGHS, Ministry of Health and Family Welfare, Government of India.

State-wise public expenditure on health is shown in Table 9. Health expenditure as percentage of total state expenditure was recorded high in Delhi (11.45 per cent) followed by Assam (7.09 per cent), Himachal Pradesh (6.67 per cent), Uttarakhand (6.07 per cent) and Goa (6.07 per cent). However, it was recorded low in Haryana (3.59 per cent) and Bihar (3.94 per cent). However, per capita health expenditure was recorded high in Goa, Himachal Pradesh, Jammu and Kashmir, Delhi and Uttarakhand . Health expenditure as percentage of GSDP was recorded high in Jammu and Kashmir (2.46 per cent), Assam (2.21 per cent) and Himachal Pradesh (1.68 per cent).

Table: 9 State-wise Public Expenditure on Health

(Rs. Crores)

States	Total state Expenditure on Health (Rs. In crores)	Total state Expenditure (Rs. In Crores)	Health Expenditure as a % Total State Expenditure	Per Capita Health Expenditure (Rs)	Health Expenditure as a % of GSDP
Andhra Pradesh	5013	106638	4.70	1013	0.82
Delhi	4183	36520	11.45	1992	0.76
Gujarat	7432	126821	5.86	1189	0.72
Haryana	3055	85037	3.59	1119	0.63
Himachal Pradesh	1894	28373	6.67	2667	1.68
Jammu & Kashmir	2925	49294	5.93	2359	2.46
Karnataka	6980	138715	5.03	1124	0.69%
Kerala	5207	88960	5.85	1463	0.93
Maharashtra	12066	237327	5.08	1011	0.60
Punjab	3400	57963	5.87	1173	0.87
Tamil Nadu	8543	171349	4.99	1235	0.74
Telangana	4626	96297	4.80	1322	0.82
West Bengal	7239	135929	5.33	778	-
Bihar	5067	128706	3.94	491	1.33
Chhattisgarh	3480	65898	5.28	1354	1.33
Jharkhand	2891	59995	4.82	866	1.25
Madhya Pradesh	5535	132647	4.17	716	1.04
Odisha	3921	81741	4.80	927	1.19
Rajasthan	9858	175589	5.61	1360	1.44
U. P.	15872	312811	5.07	733	1.42
Uttarakhand	1871	30799	6.07	1765	1.06

Source: National Health Accounts Cell, Ministry of Health & Family Welfare. Government of India

Total public expenditure on health and allied sectors as percentage of GSDP is shown in Table 10. There has been increase in the ratio of public expenditure on health and allied sectors as percentage of GSDP in the state of Andhra Pradesh, Gujarat, Karnataka, Kerala, Rajasthan, West Bengal and Assam. However, it has declined in the state of Bihar, Chhattisgarh, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Punjab, Tamil Nadu, Uttar Pradesh, Himachal Pradesh, Jammu and Kashmir and Uttarakhand over the period of 2005-06 to 2014-15.

Table: 10 Total Public Expenditure on Health and Allied Fields at the State Level

(As % of GSDP)

State	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Andhra Pradesh	1.28	1.39	1.50	1.85	1.76	1.61	1.57	1.52	1.48	NA
Bihar	2.21	2.12	2.24	1.89	2.01	1.86	1.84	1.80	1.81	1.56
Chhattisgarh	1.83	1.71	1.74	1.69	1.86	1.57	1.65	1.52	1.54	1.67
Gujarat	1.21	1.23	1.20	1.33	1.39	1.47	1.23	1.47	1.36	1.30
Haryana	1.55	1.61	1.79	1.79	1.74	1.54	1.38	1.24	1.24	1.05
Jharkhand	1.98	2.33	2.41	2.63	2.18	1.95	2.18	2.05	1.58	1.52
Karnataka	1.23	1.10	1.30	1.28	1.64	1.61	1.78	1.66	1.38	1.40
Kerala	1.22	1.24	1.63	1.45	1.49	1.32	1.48	1.50	1.45	1.29
Madhya Pradesh	1.68	1.47	1.64	1.42	1.69	2.05	1.98	1.87	1.84	1.52
Maharashtra	1.08	0.95	0.93	0.85	0.87	0.90	0.96	0.92	0.84	0.82
Orissa	1.64	1.57	1.79	1.90	1.78	1.60	1.56	1.46	1.78	1.56
Punjab	1.24	1.04	0.99	0.93	0.92	1.07	1.08	1.11	0.99	0.90
Rajasthan	2.45	2.52	2.63	2.91	2.95	2.24	2.20	2.17	2.46	2.52
Tamil Nadu	1.34	1.16	1.15	1.30	1.40	1.56	1.40	1.40	1.50	1.29
Uttar Pradesh	2.00	2.32	1.98	1.83	1.89	1.74	1.39	1.67	1.64	1.51
West Bengal	0.97	0.93	1.00	1.10	1.32	1.26	1.25	1.19	1.13	1.10
Assam	1.85	2.12	2.40	2.87	3.85	2.99	3.72	3.40	2.79	2.64
Himachal Pradesh	3.41	4.14	3.78	3.54	3.39	3.64	2.97	2.96	2.92	2.67
Jammu and Kashmir	4.56	5.36	5.85	4.16	5.95	4.80	5.22	4.31	4.19	4.03
Uttarakhand	2.77	2.50	2.15	2.01	1.51	1.59	1.61	1.57	1.56	1.72

Source: Ministry of Health and Family Welfare, Government of India

Per capita government expenditure on healthcare in sixteenth major states of the country for the year 1990-91 and 2013-14 has been presented in Table 11. It is evident from the table that Rs.52 was the per capita government expenditure on healthcare in

1990-91 at the all India level which increased to Rs. 1012 in the year 2013-14. In Uttar Pradesh, per capita expenditure on healthcare was only Rs.34 in 1990-91 which was lower by Rs.18 of the national average of Rs. 52 in 2013-14. The per capita expenditure in Uttar Pradesh was Rs.492 which was lower by Rs.520 as against national average of Rs. 1012. The rank of Uttar Pradesh was on fifteenth in 1990-91 and the same rank continued in 2013-14. In terms of increase in per capita public expenditure on healthcare during 1990-91 to 2013-14, the state of Uttar Pradesh was found at the lowest level after Bihar in comparison with all major states as listed in Table-1. It is also to be noted here that the increase in public expenditure on healthcare during the referred period in Uttar Pradesh was found to be lesser by around 48 percent when compared with the national average. In this way, growth in public financing of healthcare services in Uttar Pradesh has been very sluggish as compared to other states and at the national average.

Table: 11 State-wise Per Capita Government Expenditure on Healthcare in Major States

State	1990-91	2013-14	Per Capita Increase in Expenditure on Healthcare
Andhra Pradesh	39 (13)	1030 (2)	991
Assam	56 (9)	855 (6)	800
Bihar	30 (6)	385 (16)	356
Gujarat	58 (7)	848 (8)	790
Haryana	66 (4)	858 (7)	793
Himachal Pradesh	154 (1)	1876 (1)	1723
Karnataka	44 (12)	829 (9)	785
Kerala	74 (3)	1033 (3)	959
Madhya Pradesh	49 (11)	540 (14)	491
Maharashtra	57 (8)	681 (11)	624
Odisha	36 (14)	543 (13)	507
Punjab	59 (6)	1015 (4)	956
Rajasthan	62 (5)	760 (10)	698
Tamil Nadu	77 (2)	935 (5)	878
Uttar Pradesh	34 (15)	492 (15)	458
West Bengal	49 (10)	630 (12)	581
India	**52**	**1012**	**960**

Source: Ministry of Health & Family Welfare, Government of India.

CONCLUSION

Healthcare sector in India is at the cross roads Due to changing demographics, poor health conditions, lack of financial resources, lack of human resources and poor health administration, the industry faces major challenges. Although the government has realized the need to increase public spending in healthcare, it is important to track expenditure on health sector. In Sri Lanka and Bangladesh, healthcare costs very little compared to India, however, they perform better on many health indicators. This not only reflects the importance of increasing health expenditure, but also to ensure efficient expenditure. Analysis shows that in the State of Uttar Pradesh, per capita expenditure on health care sector is found very little compared to the national average. Per capita expenditure on health care in the state is the lowest in all major states except Bihar. Compared to the revenue expenditure, capital expenditure on Healthcare sector has always been quite low. Compared to the revenue expenditure, the pattern of capital expenditure indicated that the policy of financing of the health care sector was largely focused on its subsistence. Therefore, the quantitative and qualitative expansion of the health care sector in Uttar Pradesh has long been neglected. Allopathy and Family Welfare received the most approved and approved amount within the health services. During the twelfth plan, the actual expenditure for these two sub-sectors of the health care sector was also quite large. Increased acceptance of expenditure on various sub-sectors of the health care sector revealed the sluggish pattern during 2012-13 to 2016-17. Accepted outlay showed negative growth. Hence the healthcare services of the state did not get sufficient sanctioned outlay over the years. The same pattern was noticed in terms of actual expenditure on healthcare system of the state. There is an urgent need for rejuvenation of the healthcare sector of the Uttar Pradesh by immediately providing a financial package to the healthcare sector of the state on the priority basis.

References

First Post, (2018). India's healthcare sector: A look at the challenges and opportunities faced by $81.3 billion industry. January.

Lakshman, N., (2016). Remedying India's healthcare colossus. The Hindu, August.

Maya, C., (2017) Prevalence of NCDs high, says study. The Hindu, August.

Mohan, D., (2017) New National Health Policy Paves Way For More Hype and Less Action. The Wire, March.

NITI Ayog (2018) Healthy States, Progressive India, NITI Ayog- World Bank, Government of India, New Delhi

Salve, P.,(2016) Rural Doctor Shortage Up 200% In 10 Years. What should Delhi do?. India Spend, February.

Upadhyay, R. P., (2012) An Overview of the Burden of Non-Communicable Diseases in India. Iranian Journal of Public Health.

Vikaspedia,(2017) National Health Policy 2017., Ministry of JHealth and Family Welfare, Government of India

Vishwanathan, V ,(2015) Banks advertise Pradhan Mantri Bima Yojana ahead of the roll out. Live Mint, May.