



Decadal Expenditure on Health and Attainments in Health Indicators in Selected Indian States.

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Abstract: *In the 21st century the improvement in the quality of human life has become the well-recognized objective and challenge of all economic activities. The human resource development has gained importance in view of all developing and developed countries. Productive human resource is the key to rapid economic growth and development of the country. Health is necessary for human resource development and decent standard of life. According to Todaro and Smith, education and health plays a crucial role in human capability building. Health and education are positively correlated with each other, many economists have proved through their empirical studies that, public expenditure on health leads to accelerate the human development of the country. The government has a primary duty to provide easy access of quality health services to its citizens. Therefore, the government of India has given importance to improvements in health services since the first five-year plans. Recent official reports and data states that the public expenditure in health sector has increased. The improvements in health sector can be examined through the improvement in health services related indicators. In this context, an attempt made to analyse the recent trends of decadal public expenditure on health sector and its impact on attainments in health-related indicators in Indian state.*

Key Words: *Public expenditure on social sector, Health, Education, Human Development, Attainments in health sector indicators, Infant mortality.*

1. INTRODUCTION:

Better health is key to human wellbeing therefore every human being has a desire to have a healthier life. In the human development index, the life expectancy rate has been used as a direct indicator of the long and healthy life, however there are different factors that influence indirectly on the healthy life of people. The WHO report (1998) suggests that health expectancy is important than life expectancy. Therefore, health is considered as a key for economic and social sector development in any nation and expenditure on health has been observed as an investment in an economic issue that is recognized more in recent years. India ranks 132 out of 191 countries in UNDP's Human Development Index (2021), first time in three decades it has experienced the decline in the HDI score for continuously two years due to the COVID-19 pandemic. The HDI score of India has dropped from 0.645 in 2018 to 0.633 in 2021, which can indicate the ignorance of the health sector of the country. The primary health care includes some important components like advancement of food supply, proper nutrition, clean drinking water, sanitation facilities which is largely ignored in the country. In India the state governments are responsible to provide easy access to quality health services to people of all income groups. The data of 2020-21 shows that the government of India is spending just 1.6% of GDP which is very low for a country with a large population and high-income inequality. To ensure quality healthcare services to all citizens, the government of India is implementing several schemes such as National Health Mission for rural and urban areas, Communicable Disease Programme, Non-Communicable Disease, Injury, and trauma Programme, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), National Health Policy 2017, Ayushman Bharat- National Health Protection Mission 2018, however many of the people are deprived from the quality and affordable public health care services.

1.1 Database:

In the present study, the secondary data is used as per the requirement of the study. The data taken from various institutions and government publications. Among them, major sources are RBI, Human Development Report 2022, NSSO reports, annual reports of the Ministry of Human Resource Development of India, Government of India and economic surveys of India.



2. Methodology:

In this study analysed the decadal expenditure on health and attainments in health-related indicators in selected Indian states. We used the simple statistical tools like percentage, average and maximum and minimum, growth rate and correlation to analyse the recent trends and comparison of improvements in health-related indicators. The analysis method of Goswami (2015) has been used to evaluated the relative decadal per capita expenditure on health incurred by the states and their improvements in health-related indicators.

India's Health Sector and Human Development Attainments Compare to Other Nations:

India's attainments in health-related indicators are not satisfactory it lagged behind than not only the developed countries but also some of the neighbouring developing countries like Sri Lanka and Bangladesh.

Table 1: Health Indicators and Human Development Attainments:

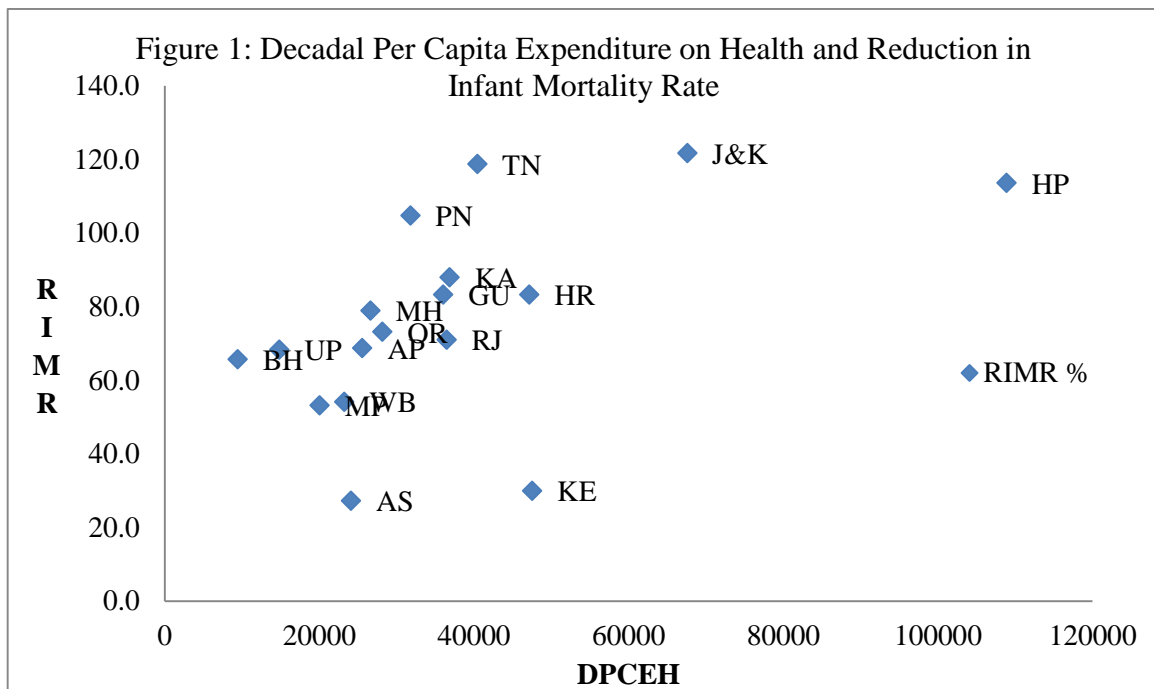
Countries	Life Expectancy at Birth 2021	Maternal Mortality Rate 2021 (deaths per 100,000 live births)	Infant Mortality Rate 2021 (per 1,000 live births)	GNI Per Capita (2017 PPP \$) 2021	HDI Value 2021	HDI Rank 2021
Switzerland	84	5	0.4	66933	0.962	01
Sri Lanka	76.4	92	5.8	12578	0.782	73
China	78.2	48	5.1	17504	0.768	79
India	67.2	122	25.5	6590	0.633	132
Bangladesh	72.4	131	22.9	5472	0.661	129

Source: Human Development Report 2022, UNDP, World Bank.

The table 1 represents attainments in health indicators and human development of India and some other selected countries. Life expectancy at birth is one of important indicator of the health status of a country. The health services are not confined with only hospitals and medicines but also it includes different basic health facilities like sanitation facility, sewerage system, clean drinking water, nutritious food etc. Therefore, if the government wants to improve the health status of the country, then it should provide all those facilities to its citizens. It can be observed from the table 1 that India's life expectancy at birth is 67.2 years which is very less than Switzerland (84 years). Moreover, Bangladesh' performance is better than India in life expectancy at birth (72.4 years). This table also indicates the maternal mortality (deaths per 1,00,000 live births) rate and infant mortality (per 1,000 live births) rate. India's performance is poor in both indicators 122 and 25.5 respectively in maternal mortality rate and infant mortality. Which is higher than Switzerland (5 and 0.4 respectively) and other neighboring countries. It reflects that, very poor health facilities are provided in India. The dismal performance in terms of health sector indicators is reflected in the human development index (HDI) value and ranking in the Human Development Report 2022. The HDI value of India was 0.633 and ranked at 132nd out of 189 countries in the world. The HDI value and rank of India is significantly lower than Sri Lanka and China even lower than that of Bangladesh. India's GNI per capita income is significantly lower than Sri Lanka and China, however Bangladesh has lower GNI per capita income than India. Despite the lower income Bangladesh has performed better than India in both educational and human development attainments. Therefore to enhance the human development in the country, the government need to increase the expenditure on healthcare services and implement the inclusive health related policies effectively in the backward areas of the country.

Decadal Per Capita Expenditure on Health and Reduction in Infant Mortality Rate:

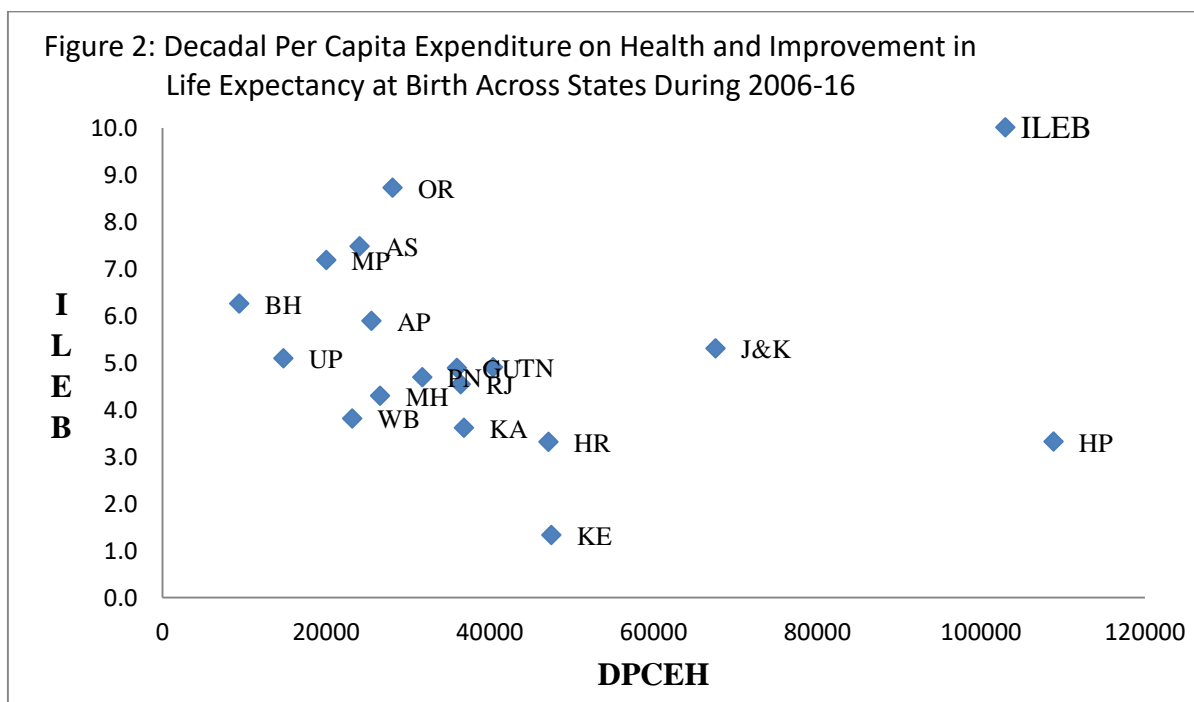
The reduction in the infant mortality rate of a state indicates the overall physical health status of the state. The figure 1 represents the decadal per capita expenditure on health and relative reduction in infant mortality across the states. It shows the positive relationship between decadal per capita expenditure on health in infant mortality rate, the poor states like Bihar, Uttar Pradesh, Madhya Pradesh and Assam are spent less on health and their reduction rate is also lower. While other states like Himachal Pradesh, Jammu & Kashmir and Tamil Nadu have spent relatively more on health sector than other states and their reduction rates are also higher than other states. However, the decadal per capita expenditure on health was relatively higher in Kerala but reduction in infant mortality rate was lower. This is because the already infant mortality was lower so that the scope for further reduction was lower. The case of Tamil Nadu and Punjab requires mentioning, because these two states have shown the noteworthy reduction in infant mortality rate with relatively lower decadal per capita expenditure on health.



Source: Constructed by the author.

Decadal Per Capita Expenditure on Health and Improvement in Life Expectancy at Birth:

The life expectancy at birth is another important indicator of the availability and easy access of health care services in the state. The figure 2 represents the decadal per capita expenditure on health and relative improvement in life expectancy at birth; it shows that relatively poor states like Orissa, Assam, Madhya Pradesh, Bihar, and Andhra Pradesh have performed well and maintained higher improvement in life expectancy at relatively lower expenditure. The Kerala state could not improve life expectancy at expected level even and relatively higher spending on health this may be because of the state had already achieved higher level of life expectancy. The case of Himachal Pradesh is noticeable, because it has incurred highest expenditure than any other state, but the improvement rate of life expectancy remained very low compare to other states. Means this state is not deploying funds on health services efficiently, so it requires special attention in improvements of efficiency of health expenditure.



Source: Constructed by the author.



3. CONCLUSION:

The health is a fundamental aspect of quality of human life. Therefore in this study an attempt is made to analyse the recent trends of decadal public expenditure during the period of 2006 to 2016 on health sector and its impact on attainments in health-related indicators in selected Indian state. This study has confirmed that improvements in health sector is relatively lower than developed and even many developing countries. There are interstate disparities in health sector performance in Indian states. the poor states like Bihar, Uttar Pradesh, Madhya Pradesh and Assam are spent less on health and their reduction in the Infant mortality rate is also lower. It indicates that there is positive relationship between health expenditure and reduction in the Infant mortality rate, so the backward states should increase the expenditure on health. However, in the case of relative improvement in life expectancy at birth; shows that relatively poor states like Orissa, Assam, Madhya Pradesh, Bihar, and Andhra Pradesh have performed well and maintained higher improvement in life expectancy at relatively lower decadal per capita expenditure on health. This study also found that once the state achieves a certain level of both reduction in the infant mortality rate and increase in life expectancy at birth then rate of additional rate of improvement declines with the with the additional increments in expenditure on health. In India some states like Kerala and Himachal Pradesh are experiencing inverted U-shaped link between decadal per capita expenditure on health and attainments in health-related indicators. So, these states should increase the expenditure on health and utilize it efficiently for further improvements in health indicator.

REFERENCES:

1. Araf, Tasleem (2016), Trends, Growth and Changing Patterns of Public Expenditure on Education in India, *Journal of Global Economics*, 4(4), 1- 4.
2. Bhakta, Runu. (2014). Impact of Public Spending on Health and Education of Children in India: A Panel Data Simultaneous Equation Model. Working Paper 2014-049, 1-21, Indira Gandhi Institute of Development Research, Goregaon, Mumbai - 065.
3. Children in India 2018, A Statistical Appraisal Ministry of Statistics and Programme Implementation Government of India. www.mospi.gov.in
4. Dev, Mahendra (2019), Social Sector in the 2019 Union Budget, *Economic & Political Weekly*, Vol (33), 43-46.
5. Gadbade GB and Kokate C.N (2021), Analysis of Recent Trends and Patterns of Social Sector Expenditure in India: Special Reference to Health and Education, *Akshar Wangmay*, Special issue I, ISSN:2229-4929.
6. Gadbade GB and Kokate C.N (2021), Public Expenditure on Education: An Interstate Analysis of India, *PalAche's journal of Archaeology of Egypt*, 18 (4), ISSN 1567-214x.
7. Goswami Binoy and Bezbaruah M.P (2011), "Social Sector Expenditures and Their Impact on Human Development: The Indian Experience", *Indian Journal of Human Development*, Vol. 5, No. 2.
8. Grace Maria Antony, K. Visweswara Rao and N. Balakrishna (2001), "Suitability of HDI for Assessing Health and Nutritional Status." *Economic and Political Weekly*, Vol. 36, No. 31 (Aug. 4-10, 2001), pp. 2976-2979.
9. <https://www.thehindu.com/news/national/india-ranks-132-out-of-191-in-undps-human-development-index/article65866108.ece>
10. UNDP (2022), "Human Development Report", UNDP, UN Plaza, New York, US.