

India spends less on health than Bhutan, Nepal and Maldives

India's public health expenditure — 1% of its gross domestic product (GDP) — might have seen a marginal rise from 0.98% in 2014, but it is still far behind even low-income countries that spend 1.4% on an average, reveals the National Health Profile 2018. India spends even less than some of its neighbours, countries such as Bhutan (2.5%), Sri Lanka (1.6%) and Nepal (1.1%), according to the annual report released on Tuesday by the Central Bureau of Health Intelligence. In the World Health Organisation's South-East Asian Region, which includes 10 countries, India finishes second from the bottom, above only Bangladesh (0.4%) in health expenditure. Maldives spends 9.4% of its GDP to claim the top spot in the list, followed by Thailand (2.9%). Looking forward, India's National Health Policy 2017 proposes raising the public health expenditure to 2.5% of the GDP by 2025. In the absence of a palpable hike in spending on healthcare, achieving the national health targets is impossible. These include cutting the infant mortality rate from 41 deaths per 1,000 live births in 2015-16 to 28 by 2019 and reducing the maternal mortality ratio from 167 deaths per 100,000 births in 2013-14 to 100 by 2018-2020, and eliminating tuberculosis by 2025.

More than 62% of health expenditure is out of pocket expense for Indians. This is the tenth highest in the world, placing us in the company of nations gripped by conflict like Afghanistan. Those at the bottom of the economic pyramid suffer the most owing to this. According to one estimate, catastrophic health expenses might push 63 million Indian families below the poverty line every year.

Even the meagre state funding is not utilised efficiently. The Centre and states are both to blame for this. According to the Constitution, health is a state subject. The Centre is responsible for policymaking and fund allocation, while states have a greater say in implementing health services, and topping up the Central allocation. The greater challenge is the creation of a physical healthcare infrastructure on the ground and running it in a manner that it reaches the most economically disadvantaged. One fourth of the country's primary health centres do not have access to round-the-clock power supply, and nearly 20% don't have water supply. This alone should be enough to justify the State spending more on health.

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