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RESEARCH ARTICLE

CENTRAL AND STATE GOVERNMENT HEALTH EXPENDITURE IN INDIA

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ABSTRACT

Healthcare has become one of India's largest sectors - both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment The Government, public healthcare system comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers in rural areas. The private sector provides majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier I and tier II cities. India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe. The healthcare market can increase three fold to Rs 8.6 trillion (US$ 133.44 billion) by 2022. India is experiencing 22-25 per cent growth in medical tourism and the industry is expected to double its size from present US$ 3 billion to US$ 6 billion by 2018. There is a significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product is rising. The government's expenditure on the health sector has grown to 1.4 per cent in FY18E from 1.2 per cent in FY14. The Government of India is planning to increase public health spending to 2.5 per cent of the country's GDP by 2025.

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INTRODUCTION

Under the Indian Constitution, health is largely the responsibility of the states, but the Union government finances national public health programmes which have high social returns, or which are characterized as public goods. Central government efforts at influencing public health had focused on the five year plans, coordinated planning with the states and on sponsoring major national health programs. For most of the national health programs, government expenditures are jointly shared by the central and state governments.

Definition of health expenditure

- Health spending consists of health and health-related expenditures. Expenditures are defined on the basis of their primary or predominant purpose of improving health, regardless of the primary function or activity of the entity providing or paying for the associated health services.
- Health includes both the health of individuals as well as of groups of individuals or population. Health expenditure consists of all expenditures or outlays for medical care, prevention, promotion, rehabilitation, community health activities, health administration and regulation and capital formation with the predominant objective of improving health.

This is followed by private hospitals (22%), medical and diagnostic labs (10%), and patient transportation, and emergency rescue (6%). Out of pocket expenditure is typically financed by household revenues (71%). That 86% of rural population and 82% of urban population are not covered under any scheme of health expenditure support. Due to high out of pocket healthcare expenditure, about 7% population is pushed below the poverty threshold every year. Out of the total number of persons covered under health insurance in India, three-fourths are covered under government-sponsored health schemes and the balances one-fourth are covered by private insurers. With respect to the government-sponsored health insurance, more claims have been made in comparison to the premiums collected, i.e., the returns to the government have been negative. It is in this context that the newly proposed National Health Protection Mission will be implemented. First, the scheme seeks to

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provide coverage for hospitalization at the secondary and tertiary levels of healthcare. The High Level Expert Group set up by the Planning Commission recommended that the focus of healthcare provision in the country should be towards providing primary health care. It observed that focus on prevention and early management of health problems can reduce the need for complicated specialist care provided at the tertiary level. Note that depending on the level of care required, health institutions in India are broadly classified into three types, primary care, secondary care, and tertiary care institutions. Second, the focus of the Mission seems to be on hospitalization (including pre and post hospitalization charges). However, most of the out of the pocket expenditure made by consumers is actually on buying medicines (52%) as seen earlier. Further, these purchases are mostly made for patients who do not need hospitalization.

Objectives

- Health-related expenditure in total expenditures in different States.
- Evaluate the impact of Union government grants to States in the health sector and whether it has led to an increase in the expenditure on health.
- This would take into account the fraction devoted to salaries and to the Union government schemes in States, total spend as a fraction of allocations over time and amounts devoted to primary health care.
- Objective of the paper is to understand India health expenditure.
- It also aims to understanding the central and state Government health expenditure in India.
- The paper analyses to the government expenditure on Healthcare Financing, Healthcare Functions, Healthcare Providers and Revenues of Healthcare Financing Schemes.
- It also aims to understanding the total expenditure on health by states in 2014-15 and 2017-18 as a % of total budget expenditure.

Capital Expenditures

Capital Expenditure19 in the healthcare system is measured by the total value of the fixed assets that health providers have acquired during the accounting period and are used repeatedly or continuously for more than one year in the production of health services. The capital expenditure by Government includes expenditure on building capital assets, major repair work, renovations and expansions of buildings, purchasing of vehicles, machines, equipments, etc. It also includes expenditure on medical and paramedical education20, research and development, training. The government capital expenditure on health in FY 2013-14 is estimated at Rs 31,912 crores constituting 25% of the Total Government Health Expenditure.

Healthcare financing schemes that constitute the Government Health Expenditures in India are as follows

- Union Government Schemes (Non-Employee)
- Union Government Schemes (Employee)
- State Government Schemes (Non-Employee)
- State Government Schemes (Employee)
- Urban Local Bodies Schemes
- Rural Local Bodies Schemes
- Social Health Insurance Schemes
- Government-based Voluntary Health Insurance Schemes

Union Government Schemes (Non-Employee)

Union Government schemes includes expenditures under National Health Mission, National Family Welfare Programmes, National AIDS Control Program, IEC programs, and partnership with NGOs. It also includes health expenditures under the schemes by other Union Ministries such as Working Conditions and Safety, Labour Welfare Scheme, Maulana Azad Medical Aid Scheme, National Institute of Sports, Science and Sports Medicine, Transfer to National Fund for Control of Drug Abuse, Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse, Artificial Limbs Manufacturing Corporation, Aids and Appliances for the Handicapped, Tata Memorial Centre, Jan Aushadi Scheme, National Pharmaceutical Pricing Authority etc.

Union Government Schemes (Employee)

Different Ministries of Government of India provide healthcare facilities to their employees, pensioners and their dependents through a large network of health facilities owned and managed or financed by respective ministries. For example, the following Union Ministries provide healthcare services to their employees and their dependants - Ministry of Defence through the Armed Forces Medical Services, Ministry of Railways through its Indian Railways Medical Services, and Ministry of Communications through the Postal Health Services. The Government of India also finances Social Health Insurance Schemes providing care through their own network of health facilities and empanelled public or private providers. The Social Health Insurance Contributions of Union Ministries are described separately in the sub section on social health insurance schemes. For the employees and their dependents other than those of the Railways and Defence schemes and those residing in non-central Government Health Scheme area the Government of India covers medical expenses by providing medical reimbursements under Central Services Medical Attendance Rules through respective Ministries. This scheme is completely funded by the Government of India.

State Government Schemes (Non-Employee)

The State Governments provide curative, preventive and promotive healthcare services to the general population through a network of health facilities such as the Medical College Hospitals, District Hospitals, Sub District or Taluk Hospitals, Community Health Centre's, Primary Health Centre's and Sub Centre's. This scheme is financed by the Union Government; State Governments, and transfers distributed by State Government from foreign origin.

State Government Schemes (Employee)

The State Governments provide healthcare to their employees through reimbursements of medical bills as a part of their employee benefit scheme. Different State Governments have different rules and regulations for administering the respective schemes, capturing which was beyond the scope of NHA 2013-14 exercises.

Therefore, expenditures recorded under the object head "06 – Medical Reimbursements" in State budget books are included under this scheme. This scheme is completely funded by respective State Governments.

Urban Local Bodies Schemes

This scheme includes expenditure on healthcare services provided through ULB administration. This scheme is financed by Union Government, State Government and ULBs.

Rural Local Bodies Schemes

This scheme includes expenditures on health prevention and promotion activities undertaken by the Rural Local Bodies in the rural areas. This scheme is financed by Union Government, State Government and RLBs.

Social Health Insurance Schemes

Social health insurance schemes usually cover employees in the organized work force. These are financed by contributions of employees, employers and Union and State Government premiums/contributions paid on behalf of their own employees. In India, Social Health Insurance expenditures include expenditures of the Central Government Health Scheme, Employee State Insurance Scheme, Ex-servicemen Contributory Health Scheme, Contributory Health Services Scheme of Department of Atomic Energy, and Retired Employees Liberalized Health Scheme of Ministry of Railways. However due to non-availability of disaggregated financial data for NHA estimates, CHSS and RELHS expenditures are not included under SHI and are included under Union Government Employee Schemes.

Government-based Voluntary Insurance Schemes

Government based voluntary insurance schemes cover the poor and unorganized sector workers and are being implemented in India since 2005. These are financed through budgetary transfers from Union and State Governments (direct reimbursements or premium paid to private or public insurance company); transfers to State governments from foreign origin and household prepayments made to the scheme. The expenditures under all the 15 health insurance schemes implemented by the Union and State Governments in 2013-14 are included here. These schemes are Rashtriya Swasthya Bima Yojana, Handloom Weavers and Artisans Health Insurance, Aarogyasri, Vajpayee Aarogyashree and Yeshasvini, Karnataka; Mukhyamantri Amrutam Yojana, Gujarat; Chief Minister's Comprehensive Health Insurance, Tamil Nadu; Rajiv Gandhi Jeevandayee, Maharashtra; Comprehensive Health Insurance Scheme, Kerala; Megha Health Insurance , Meghalaya; Mukhyamantri Swasthya Bima Yojana, Chhattisgarh. The detailed estimates of flow of funds, it is also important to understand the relative contribution of each of classification categories under different consumption axes – Financing, Provision and Consumption. Data is presented according to Government health financing schemes, sources of financing, providers and functions. Proportion of current Government health expenditures for healthcare financing schemes and revenues of healthcare financing schemes are presented and share of current government health expenditures by healthcare.

Government Health Expenditures

The Total Government Health Expenditures 4 in FY 2013-14 is estimated at Rs 1, 29,778 crores, of which 75% is recurrent expenditure and 25% is capital expenditure. This equates to 1.15% of the GDP as compared to 0.84% in 2004-05 and 0.96% in 2005-065. The per capita TGHE is estimated at Rs 1,042. The TGHE as a percentage of total health expenditures have increased to 28.6% in 2013-14 as compared to 22.5% in 2004-05. The TGHE as percentage of General Government expenditure is 3.78% in 2013-14. The Current Government Health Expenditures in FY 2013-14 is estimated at Rs 97,866 crores, of which 28.37% is spent through Union Government Schemes, 47.14% is spent through State Government Schemes, 7.22% is spent through Local Government Schemes, 12.40% is spent through Social Health Insurance schemes and 4.86% is spent through Government based Voluntary Health Insurance schemes such as RSBY and state specific insurance. The Union Government as a source of funding finances 33.61% of the CGHE from its own revenues. The State Governments and Union Territories combined together as a single source of funding finance 54.75% of the CGHE from its own revenues. The remaining 11.64% is financed through other sources of funding such as ULBs, RLBs, internal transfers and grants of foreign origin routed through Union Government and State Governments, Social Health Insurance contributions by employers and employees and voluntary prepayments by individuals/ households under RSBY. The Government expenditures on Government hospitals as providers of healthcare is estimated at 38.17% of CGHE, the expenditure on government ambulatory centres6 is estimated at 26.45% and the expenditure on providers of preventive care is estimated at 12.11%. Government expenditures on health system administration and financing is 13.30% (i.e. Rs 13,013 crores), on private hospitals is 4.97% of CGHE, on patient transportation 1.02% of CGHE, on private General Medical Practitioners 0.09% of CGHE and the rest of the expenditures could not be classified by healthcare providers. The expenditure on curative care by the Government is estimated at 61.15% of CGHE of which, 36.13% is incurred on inpatient curative care, 25.01% is incurred on outpatient curative care and 0.01% is incurred on home based curative care. The expenditure on preventive care is estimated at 25.20% of CGHE. The remaining 13.65% is spent on

- governance and health systems administration (8.61% of CGHE, Rs 8,425 crores)
- administration of health financing (1.53% of CGHE, Rs 1,496 crores),
- patient transport (1.02% of CGHE, Rs 998 crores), rehabilitative and long term care (0.06% of CGHE) and
- 2.43% on healthcare services that could not be classified by functions.

The detailed estimates of flow of funds, it is also important to understand the relative contribution of each of classification categories under different consumption axes – Financing, Provision and Consumption. Data is presented according to Government health financing schemes, sources of financing (revenue of financing scheme), providers and functions. Proportion of current Government health expenditures for healthcare financing schemes and revenues of healthcare financing schemes are presented and share of current government health expenditures by healthcare.

The Union Cabinet recently approved the launch of the National Health Protection Mission which was announced during Budget 2018-19. The Mission aims to provide a cover of five lakh rupees per family per year to about 10.7 crore families belonging to poor and vulnerable populations. The insurance coverage is targeted for hospitalization at the secondary and tertiary health care levels. This post explains the healthcare financing scenario in India, which is distributed across the centre, states, and individuals.

Indian health spending compared to other countries

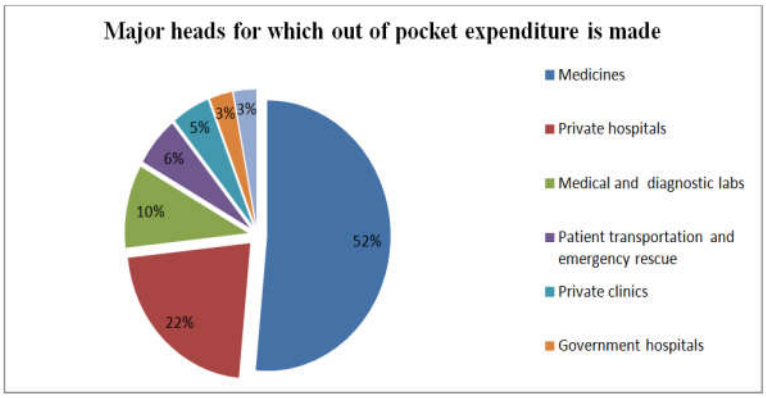
Including the private sector, the total health expenditure as a percentage of GDP is estimated at 3.9%. Out of the total expenditure, effectively about one-third (30%) is contributed by the public sector. This contribution is low compared to other developing and developed countries. Examples include Brazil (46%), China (56%), Indonesia (39%), USA (48%), and UK (83%).

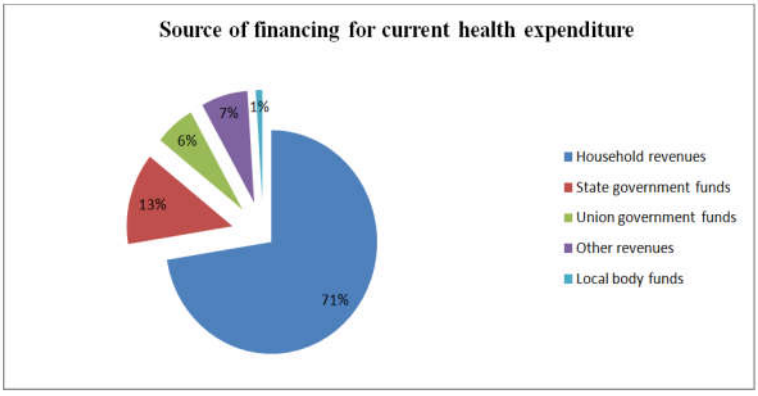
The consumer pays out of his own pocket

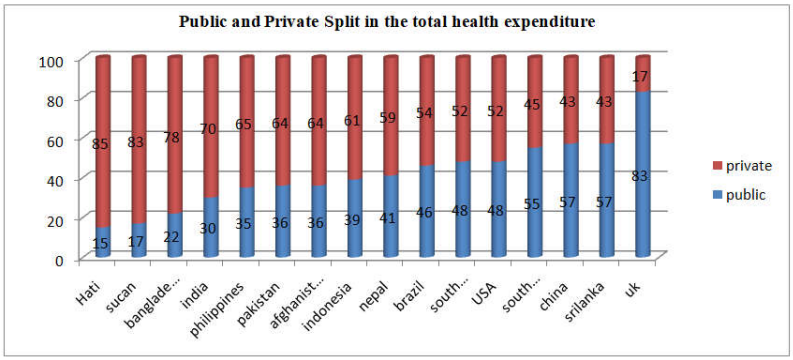
Given the public-private split of health care expenditure, it is quite clear that it is the private expenditure which dominates, i.e., the individual consumer bears the cost of her own healthcare. Let's look at a further disaggregation of public spending and private spending to understand this. In 2018-19, the Ministry of Health and Family Welfare received an allocation of Rs 54,600 crore (an increase of 2% over 2017-18). The National Health Mission received the highest allocation at Rs 30,130 crore and constitutes 55% of the total Ministry allocation. Despite a higher allocation, NHM has seen a decline in the allocation vis-à-vis 2017-18. Interestingly, in 2017-18, expenditure on NHM is expected to be Rs 4,000 crore more than what had been estimated earlier. This may indicate a greater capacity to spend than what was earlier allocated. A similar trend is exhibited at the overall ministry level where the utilization of the allocated funds has been over 100% in the last three years. A NITI Aayog report noted that low income states with low revenue capacity spend significant lower on social services like health. Further, differences in the cost of delivering health services have contributed to health disparities among and within states. Following the 14th Finance Commission recommendations, there has been an increase in the states' share in central pool of taxes and they were given greater autonomy and flexibility to spend according to their priorities. Despite the enhanced share of states in central taxes, the increase in health budgets by some states has been marginal. If cumulatively 30% of the total health expenditure is incurred by the public sector, the rest of the health expenditure, i.e. approximately 70% is borne by consumers. Household health expenditures include out of pocket expenditures (95%) and insurance (5%). Out of pocket expenditures– the payments made directly by individuals at the point of services which are not covered under any financial protection scheme– dominate. The highest percentage of out of pocket health expenditure (52%) is made towards medicines.

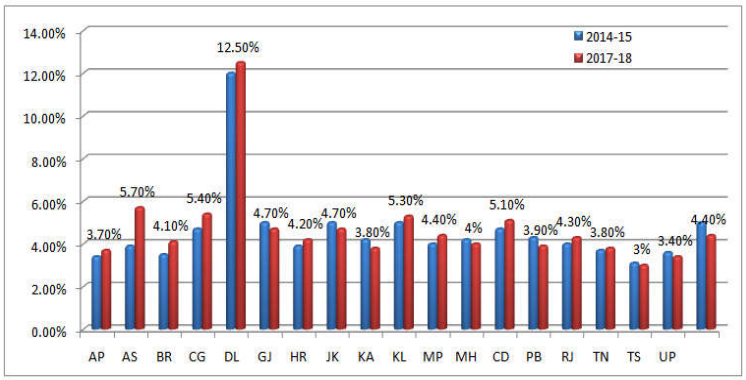
RESULTS

- India currently spends a little over 1% of GDP on health, far below Singapore which has the lowest public spend on at 2.2% of GDP among countries with significant universal health coverage (UHC) service, according latest National Health Profile data.
- India's per capita public expenditure on health increased from Rs 621 in 2009-10 to Rs 1,112 around $16 at current exchange rate in 2015-16. However, it is still "nominal", compared to other countries. Switzerland spends $6944 on health per capita, whereas the US spends $4802 and UK spends$3500.
- Though the latest NHP data do not give figures for 'out of pocket' expenditure, WHO's health financing profile for 2017 shows 67.78% of total expenditure on health in India was paid out of pocket. The world average is 18.2%. Total public expenditure on health in 2015-16 was Rs 140,054 crore.
- The NFHS report itself comes after a gap of a decade. And the health ministry's real-time health management information system suffers from poor quality and data gaps. A 2017 Comptroller and Auditor General report showed that 18% of health facilities did not even report basic infrastructure data in the HMIS portal in 2015-16.
- The CAG also found wide-ranging discrepancies between what the HMIS system reported and the physical records. For instance, the number of infant deaths recorded by the HMIS in Jharkhand was substantially lower than the number in the physical records.
- The lack of adequate monitoring also threatens India's disease surveillance system. The integrated disease surveillance programme initiated by the health ministry in 2004 with funding from the World Bank is in poor shape.
- According to a 2015 World Health Organization field study, only 41% of 70 district hospitals visited had a district surveillance committee in place. And of the 117 district laboratories under IDSP, many fail to conduct recommended tests.
- Little wonder then that India remains highly vulnerable to infectious diseases even as it under-reports several major infectious diseases. The World Malaria Report 2017 shows India has among the weakest malaria surveillance system with only 8% cases detected, lower than countries such as Zimbabwe, Nigeria, Pakistan, Indonesia, etc. India's reporting of tuberculosis cases is no better.
- In Bihar and Maharashtra, funds under National Health Mission were delayed by two to three months in 2015-16 and 2016-17. In 2016-17, nearly 40% of total expenditure under National Health Mission took place in the January-March quarter. The utilization of funds in the health sector is also hampered by a lack of adequate staff that can plan their use, according to Avani Kapur, director at Accountability Initiative.
- Even where funds are channeled, quality of care remains poor. As a previous Plain facts column pointed out, 47% of the people who visit a public hospital do so because they have no choice. And while private clinics are more popular, doctors in such clinics are often inadequately qualified.
- Fifty-five percent of households reported not using government health facilities when sick, and 48.1% of such households cited poor quality of care as one reason for avoiding public health facilities. There seems to be a broad correlation between quality of care and usage, the data shows.









Capital Expenditure on Health by Level of Government

Level of Government	Ministry/Department	Exp (in crores)	Total (in crores)
Union Government	MoHFW	11,543	11,589
	Other Central Ministries(OCM)	22	
	Social Health Insurance(CGHS)	10	
	Ex-servicemen Contributory Health Scheme(ECHS)	14	
State Government	DoHFW	19,862	20,323
	State Other Department (SOD)	23	
	Employees State Insurance Scheme (ESIS)	438	
Total		31,912	31,912

Distribution of Government Health Expenditures according to Healthcare Financing

S No	Financing Schemes	Expenditure (Rs crores)	%
HF.1	Union government schemes Non-Employee)	19853	20.29
F.2	Union government schemes (Employee)	7911	8.08
HF.3	State government schemes (Non-Employee)	44306	45.27
F.4	State government schemes (Employee)	1832	1.87
HF.5	Urban Local Bodies schemes	3933	4.02
HF.6	Rural Local Bodies schemes	3136	3.20
F.7	Social health insurance schemes	12139	12.40
HF.8	Government voluntary insurance	4757	4.86
Total		97866	100

Distribution of Government Health Expenditures according to Revenues of Healthcare Financing Schemes

S No	Financing Schemes	Expenditure(in Crore)	%
FS.1	Internal transfers and grants - Union Government	32897	33.61
FS.2	Internal transfers and grants - State Government	53577	54.75
FS.3	Urban Local Bodies	2556	2.61
FS.4	Rural Local Bodies	24	0.02
FS.5	Transfers distributed by Union Government from foreign origin	136	0.14
FS.6	Transfers distributed by State Government from foreign origin	442	0.45
FS.7	Social insurance contributions from employees	2485	2.54
FS.8	Social insurance contributions from employers	5635	5.76
FS.9	Voluntary prepayment from individuals/households	114	0.12
Total		97866	100

Distribution of Government Health Expenditures according to Healthcare Providers

S No	Financing Schemes	Expenditure (Rs crores)	%
HP.1	General hospitals – Government	33604	34.34
HP.2	General hospitals – Private	4861	4.97
HP.3	Mental Health hospitals – Government	445	0.46
HP.4	Specialized hospitals (Other than mental health hospitals) Government	3303	3.37
HP.5	Offices of general medical practitioners	85	0.09
HP.6	Other health care practitioners	4591	4.69
HP.7	Family planning centre's	5138	5.25
HP.8	All Other ambulatory centre's	16160	16.51
HP.9	Providers of patient transportation and emergency rescue	998	1.02
HP.10	Providers of preventive care	11851	12.11
HP.11	Government health administration agencies	11704	11.96
HP.12	Social health insurance agencies	1048	1.07
HP.13	Private health insurance administration agencies	76	0.08
HP.14	Other administration agencies	185	0.19
HP.15	Other health care providers not elsewhere classified	3816	3.90

Distribution of Government Health Expenditures according to Healthcare Functions

S No	Financing Schemes	Expenditure(Rs crores)	%
HC.1	General inpatient curative care	22751	23.25
HC.2	Specialized inpatient curative care	12605	12.88
HC.3	General outpatient curative care	24257	24.79
HC.4	Dental outpatient curative care	109	0.11
HC.5	Specialized outpatient curative care	111	0.11
HC.6	Home-based curative care	10	0.01
HC.7	Rehabilitative care	51	0.05
HC.8	Long-term care (health	5	0.005
HC.9	Patient transportation	998	1.02
HC.10	Information, education and counseling (IEC) programmes	1104	1.13
HC.11	Immunization programmes	371	0.38
HC.12	Early disease detection programmes	3	0.003
HC.13	Healthy condition monitoring programmes	14312	14.62
HC.14	Epidemiological surveillance and risk and disease control programmes	8868	9.06
HC.15	Preparing for disaster and emergency response programmes	4	0.004
HC.16	Governance and Health system administration	8425	8.61
HC.17	Administration of health financing	1496	1.53
HC.18	Other health care services not elsewhere classified.	2388	2.44
Total		97866	100

Major Allocations under the Ministry (Rs in crore)

Major Heads	2016-17 Actual	2017-18 Revised	2018-19 Budgeted	% Change	% of Ministry's Budget
NHM	22,454	30,802	30,130	-2%	55%
Of which:					
-NRHM	19,826	25,459	24,280	-5%	
-NUHM	491	652	875	34%	
-Others	2,137	4,691	4,975	6%	
Autonomous Bodies(AIIMS, PGIMER, etc)	5,467	6,971	6,900	-1%	13%
PMSSY	1,953	3,175	3,825	20%	7%
National AIDS & STD Control Programme	1,749	2,163	2,100	-3%	4%
Rashtriya Swasthya Bima Yojana	466	471	2000	325%	4%
Family Welfare Schemes	575	788	770	-2%	1%
Others	6,331	8,924	8,875	-1%	16%
Total	38,998	83,294	54,600	2%	100%

- There is wide variation in utilization rates across the country. Among states, some with the poorest health outcomes, such as Bihar and Uttar Pradesh, were among those with the highest share of unspent funds allocated under the National Health Mission in 2016-17.
- The amount India spends on public health per capita every year is Rs 1,112, less than the cost of a single consultation at the country's top private hospitals–or roughly the cost of a pizza at many hotels. That comes to Rs 93 per month or Rs 3 per day. Representational image Reuters At 1.02 percent of its gross domestic product a figure which remained almost unchanged in nine years since 2009–India's public health expenditure is amongst the lowest in the world, lower than most low-income countries which spend 1.4 percent of their GDP on healthcare, according to the National Health Profile, 2018, released by union minister for health and family welfare.
- Sri Lanka spends about four times as much as India per capita on health, and Indonesia more than twice. India spends 1.02 percent of gross domestic product on public healthcare, compared to 1.4 percent by low-income countries, the new data reveals. The equivalent proportion of GDP spent on healthcare in the Maldives is 9.4 percent, in Sri Lanka 1.6 percent, in Bhutan 2.5 percent and in Thailand 2.9 percent.

Conclusion

The importance of health as a key aspect of development and economic wellbeing of individuals and nations is increasingly being recognized in the world. Health is one of the vital indicators reflecting the quality of life and therefore it has been rightly said, 'Health is wealth'. Though preservation and promotion of health is one of the most basic human rights, India is still lagging behind in realizing this distant dream. Public health is concerned with the health of the community as a whole. Its key goal is to reduce population's exposure to disease. It has been said that: "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time".

The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. Indian healthcare delivery system is categorized into two major components - public and private. Health-related expenditures include expenditures on health-related functions such as medical education and training, and research and development. The National Health Profile covers information on demographic, socio-economic, health status and health finance indicators, and on health infrastructure and human resources. The National Health Policy 2017 talked about increasing public-health spending to 2.5 percent of GDP by 2025, but India hasn't yet met the 2010 target of two percent of GDP, *India Spend* reported in April 2017. Government has increased the total public health expenditure from Rs 1.49 lakh crore in 2014-15 to Rs 2.25 lakh crore in 2017-18. Further, the National Health Policy 2017 envisages raising government health spending to 2.5 per cent of the GDP by 2025 in a time-bound manner. It also envisages increasing state sector health spending to more than 8 per cent of their budget by 2020.

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