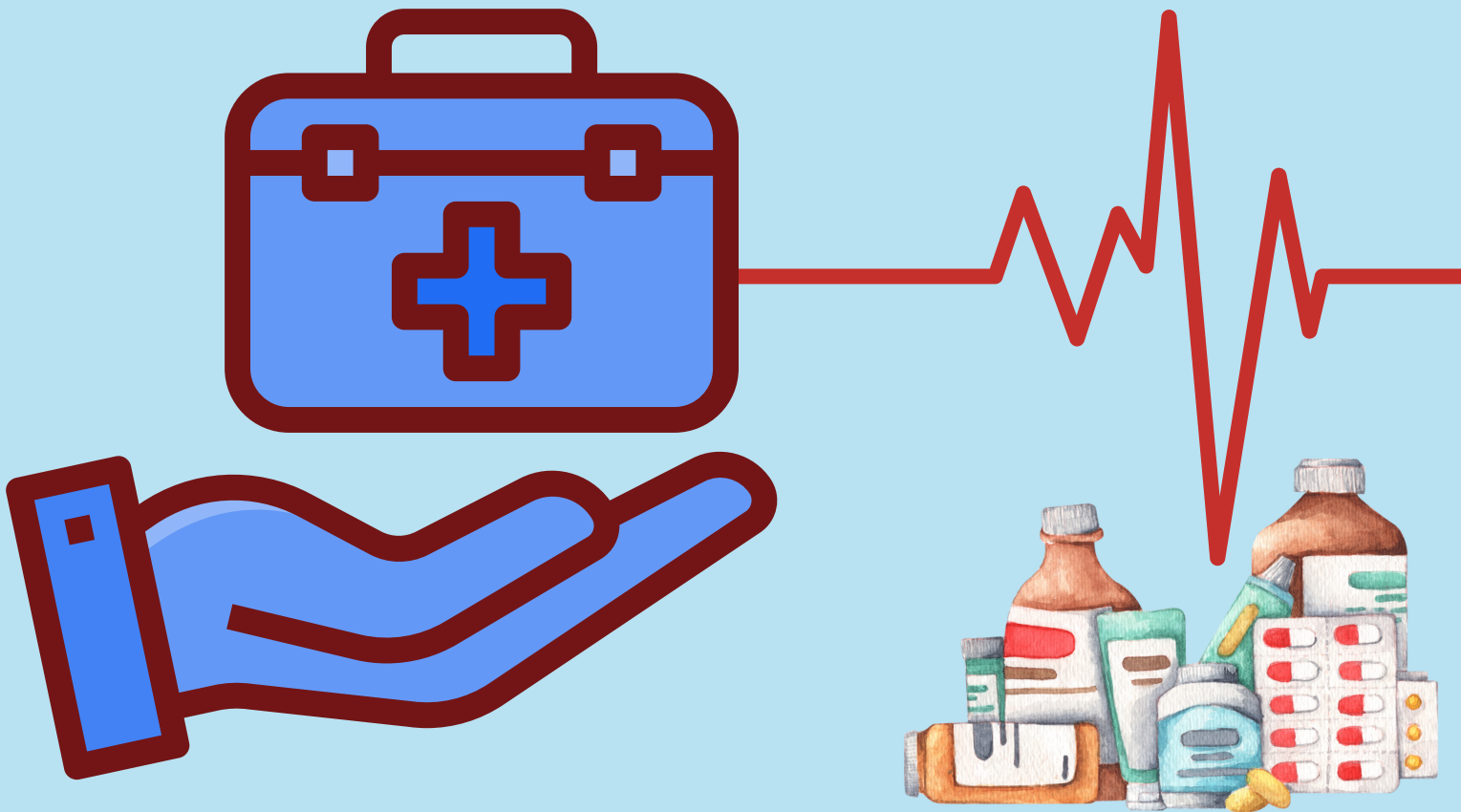


Balance Sheet of a Decade!

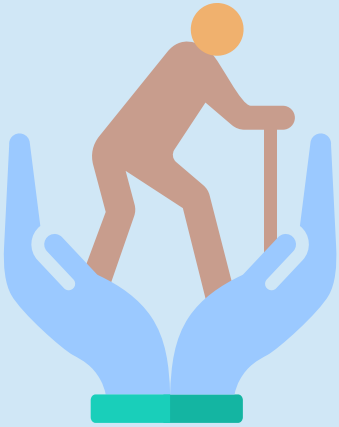


Health

Report Card 2014-24

The essence of democracy requires that we hold governments to account vis-a-vis their claims and promises. But one of the biggest casualties of the recent years has been the idea of accountability. The divisive and jingoist hyperboles in the media facilitate a collective amnesia. This report card (though not conclusive) is part of a series, by the Financial Accountability Network India, that attempts to glance through and highlight a few of the claims and reality of the government's performance across various sectors from a financial and economic lens.

Claims



01

Manifesto: BJP is committed to the welfare of senior citizens, especially their security and health care. We will take measures to deal with the issues related to the senior citizens in a focused manner.

Manifesto: Program for women's healthcare in a mission mode, especially focusing on domains of Nutrition and Pregnancy - with emphasis on rural, SCs, STs and OBCs.

02



BJP accords **high priority** to the health sector, which is crucial for securing the economy. The overarching goal of healthcare would be to provide, 'Health Assurance to all Indians and to reduce the out of pocket spending on health care', with the help of state governments.



03

The current situation calls for **radical reforms** in the healthcare system with regards to national healthcare programs and delivery, medical education and training and financing of healthcare.

04



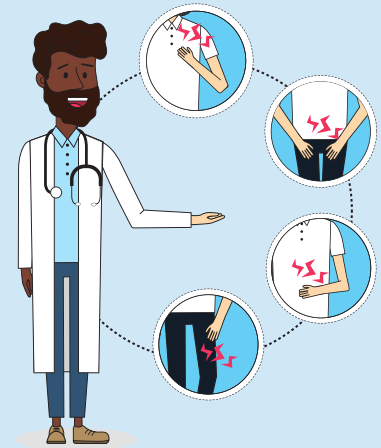
05



High priority will be given to address the **shortfall** of healthcare professionals. Modernize Government hospitals, upgrading infrastructure and latest technologies.

Move to a **pre-emptive** care model where the focus and thrust will be on child health and prevention.

06



07

Out of pocket expenditure (OOP) as a share of total health expenditure (THE) has nosedived to less than 50%. (THE)



Realities



ABYSMAL SPENDING ON HEALTH

1 Despite the massive healthcare crisis brought on by COVID-19, **allocations to the Ministry of Health and Family Welfare have decreased as a share of the overall expenditure from 2.16% in 2019-20 to 1.9% in 2024-25.** The allocation for the Health Sector, i.e., the Department of Health Research and the Department of Health and Family Welfare as share over the total budget outlay was 2.05% in FY 2013-14.

1

2 The health budget for 2024-25, including the Department of Health Research, constitutes 0.27% of the projected GDP (32771808) for the same fiscal year. This is less than the 2023-24 budget share (0.3%) of the total GDP.

2

3 The 2017 National Health Policy recommends that the nation's healthcare budget reach 2.5% of the GDP by 2025. Thus, the **health budget is nowhere close to the recommended target.**

4

5

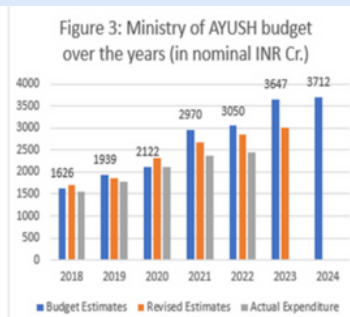
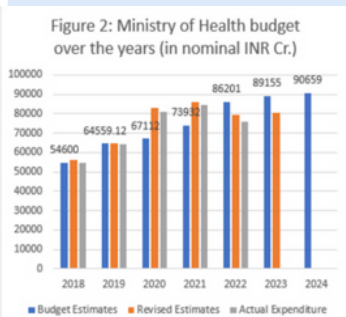
The rest of the G-20 countries, barring Indonesia, spend at least **ten times more** in terms of per capita public spending on health. Indonesia spends three times more than us.



Among 55 Low Middle Income Countries, we are **tenth from the bottom**, in terms of public spending on health as a % of GDP

Since 2018, the allocations to the Ministry of AYUSH have nearly doubled, increasing from Rs 1626 crore in 2018 to Rs 3712 crore despite the underutilisation of funds.

6





OUT OF POCKET EXPENDITURE

2

The claims about drastic fall in Out of Pocket (OOP) Expenditure is untenable says Dr Indranil as the **decline is due to lower utilization of healthcare which is a sign of distress** rather than a cause of celebration.

1



Around **28** hospitalisation cases have been reported per 1000 people in 2017-18. The number was **37** in 2014 thereby showing a **considerable decline in hospitalisation rate**.

Hospitalisation rate declined for almost every state and all social groups, however, **it is particularly lower among the poorer quintile groups and STs (17) residing in rural areas**. The decline in OOP is essentially due to decline in utilization of care- rather than greater financial protection.

3





INFRASTRUCTURE AND ACCESS



NFHS data shows that **50% of households in India do not generally seek health care from the public sector.** The percentage of households that do not generally use government health facilities is highest in Bihar (80%) and Uttar Pradesh (75%).

1

2

The most commonly reported reason (**48%**) for not using government health facilities is the **poor quality of care.**

3

The second most commonly reported reason is that the **long waiting time** at government facilities (**46%**), followed by the fact that there is **no government facility nearby** (**40%** of households).

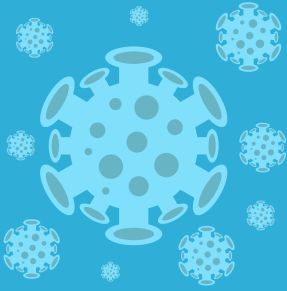


Tragedies like **Gorakhpur** and then in **Nanded** where 35 people died in 38 hours in a tertiary care hospital including a large proportion of children point towards the state of health infra. But such news stories are shortlived and soon the divisive narrative of hate takes over.

NFHS data shows reasons why women aged 15-49 find it difficult to obtain medical treatment for themselves when they are sick.

- **23% of women cite the distance to a health facility**
- **22% cite having to take transport as a problem.**
- **31% of women report concerns that no female health provider is available.**
- **39% of women report a concern that no provider is available**
- **40% that no drugs are available.**





The COVID-19 pandemic exposed major weaknesses in India's healthcare system by severe deficiencies in physical facilities, human resources, medication availability, and overall healthcare capacity. This crisis underscored the **shortcomings of the private healthcare sector in the country and reiterated the importance of a robust public healthcare infrastructure.**

5

6

Comparing the Rural Health statistics from 2018-19 and 2020-21 on human resources:

- Despite the increase in the number of rural PHCs, there has been a **decline in the auxiliary nurse midwives (ANM)** / female health workers. Declining from 2,34,220 in 2019 to 21,501 in 2022 leaving a **vacancy of 13.4% and a shortfall of 35.5%**.
- As of 2022, **25% of doctor positions are vacant** at the rural PHC level.
- The number of specialists at the rural level has increased from 3881 to 4485. Out of a total of 13,787 posts, **9,343 are vacant**





DISTURBING STATS



NFHS shows that the under-five mortality rate for **scheduled tribes (50 deaths per 1,000 live births), scheduled castes (49 deaths per 1,000 live births), and other backward classes (41 deaths per 1,000 live births)** are considerably higher than others (33 deaths per 1,000 live births).

1

2



The under-five mortality rate declined from **59 deaths per 1,000 live births in the lowest wealth quintile to 20 deaths per 1,000 live births in the highest wealth quintile.**

3

In India, **36% of children under the age of five years are stunted** (too short for their age). This is a sign of **chronic undernutrition**. 32% of children under age five years are underweight

5

67% of children had some degree of anaemia (haemoglobin levels below 11.0 g/dl).



4

Only **11%** of all children aged 6-23 months were fed the minimum acceptable diet as per Infant and Young Child Feeding Practices



In the Modi years, between 2015-16 and 2019-21, the prevalence of anaemia among children aged 6-59 months increased from **59% to 67%** and continued to be higher among rural children

6

7

Exposing the facade of "development model" The prevalence of anaemia among children aged 6-59 months is highest among children in Gujarat (80%)



FAILURE OF AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA

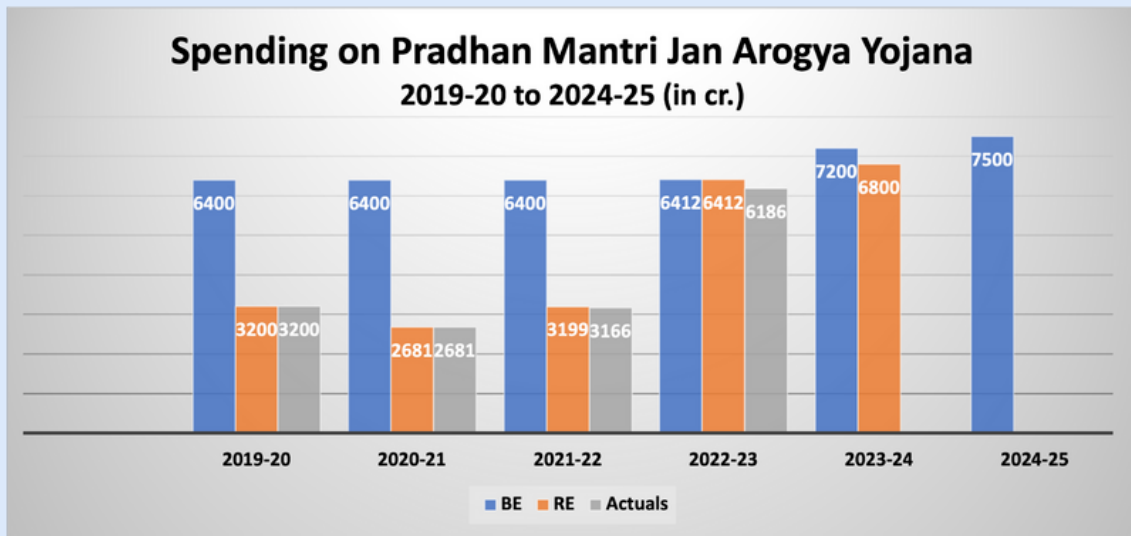


Despite low spending, the budget allocations made to PMJAY have been steadily increased since 2019-20. In the 2024-25 Budget, allocations to PMJAY account for 8.2% of the total health budget.



1

Spending on Pradhan Mantri Jan Arogya Yojana
2019-20 to 2024-25 (in cr.)



2

With close to 33 crore cardholders and 6.5 crore beneficiaries, the total count of **empanelled hospitals under the program remains significantly low** at 29,958 hospitals. Among these, 17,229 are public hospitals, while 12,729 are private hospitals.

As per data available on the website, out of the total 29,958 hospitals, only 18,367 have been active in the last six months, i.e., currently, **only 60% of hospitals are participating in the programme.**

3

4

Between 2022-23 and 2023-24, approximately 17 crore Ayushman cards were issued. But the **increase in new cardholders far exceeds the number of newly empanelled hospitals.** The 2023 CAG Report also found that the availability of Empanelled Health Care Providers (EHCPs) per lakh beneficiaries was low.

The CAG Report found that **1,57,176 PMJAY IDs appeared more than once.** Close to 5,000 accounts had an erroneous Aadhaar Number, and close to **7,49,820 beneficiaries were linked with a single mobile number.**

5

Highlights

- Data from the NFHS 5 reveals that close to 60% of women in India can not access affordable health services due to a lack of proper infrastructure and healthcare workers. According to available data, 40.4% of women said they weren't able to access medicines, and 39.2% were not able to access health care providers. 31.2% of women stated that there were no female service providers at health centres.
- According to an RTI reply, fewer than 12% of hospitalised COVID-19 patients received free treatment under the Ayushman Bharat-PMJAY scheme.
- According to the Centre for Disease Dynamics, Economics and Policy, over 60% of all healthcare facilities in the country are privately owned, of which 33% are located in rural areas.



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