

## Inclusive Policy and Programme: Inclusive Healthcare

Jose Chacko Madhavassery, M.A. Economics, UGC NET

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Inclusive growth is the policy adopted by the Indian government during 11<sup>th</sup> plan and India will continue this policy in the 12<sup>th</sup> plan. Towards faster, sustainable and Inclusive growth is the objective of Twelfth five year plan. Inclusive growth means development of all sections of the population including children, women and other vulnerable groups. It also gives importance to equitable distribution of fruits of development among all these sections. India is aiming for Inclusive growth in several fields like education, health, energy and resources, telecom and technology, finance and infrastructure.

Development is not complete without human development. A sound economy requires healthy workforce which may reduce the problem of absenteeism and would naturally increase the growth rate of the economy. Developing nations like India gives more importance to enhance the social welfare and wellbeing of the people. So we have adopted Inclusive health programme which is a part of social Inclusive programme adopted by the government. Inclusive health means bringing poor, women, children, mentally and physically challenged people and other social vulnerable groups under the umbrella of health care or \*<sup>1</sup>equitable allocation of health care resources with benefits accruing to every section of the society. As a result of this inclusive health programme, the HDI of India has improved from 134 rank in 2007 to 119 rank in 2010 with 0.519 points.(But this has again come down to 134 rank in 2011 which is bit worrying).The

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<sup>1</sup> AIMA report August 2011 :Inclusive health care Management for sustainable development definition on Inclusive health

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average <sup>2</sup>HDI growth of India is 1.56 percentage which is better when compared to other developing nations. The census report shows that there has been a decadal fall in the growth rate of Indian population from 21.5% in 2001 to 17.64% in 2011. So we have about 35.4% of people in the age group of 15-34 in 2011 and the proportion of working age population between 15-59 years has increased by more than 58 %. So India would be one of the youngest nations in the world by 2020 and the average age would be 29 years old. Whereas developed nations like Germany, Japan, USA and Western Europe are facing the problem of <sup>3</sup>greying of population. India should utilize its <sup>4</sup>demographic dividend which is an opportunity for us. So India should give special focus to social sector.

India has increased its spending in social sector for various programmes like education, poverty alleviation, employment generation, health and social welfare. India has also given special focus for the development of North eastern state and for the improvement of the health of vulnerable groups like SC/ST, women, children etc. Our spending on social sector has increased from 9.47 % in 2006-2007 to 12.52 % (2008-2009) and it has increased to 13.20 % in 2011-12 (BE) out of total expenditure.

Under social service, out of total expenditure it was 1.86 % for health and family welfare which has increased to 2.15 % in 2011-12 (BE). Education, sports and youth affairs was given the top importance which was 4.28 % in 2006-07 and it has increased to 4.63 % in 2011-12 (BE).

India has given focus to North Eastern states from 2009-10 onwards .0.02 % of total expenditure was allocated for their development which has increased to 1.56 % in

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<sup>2</sup> Human development index is a composite statistic of life expectancy, education, and income indices to rank countries into four tiers of human development.

<sup>3</sup> Growing number of older people in population

<sup>4</sup> Rising share of working age people in population

2011 -12 (BE).For the welfare of SC/ST's and OBC we have allocated 0.34 % in 2006-07, which has increased to 0.67 % in 2011 -12.As percentage of GDP total expenditure on social service is 26.97 % in 2011-12 and in the sector of education we are spending only 3.25 % .In the health sector we are spending less than 1 % of total GDP.But western nations are spending more than 5 % of GDP on health.

### Major Problems of the Health Sector

Indicators	1991	Current level
Crude Birth Rate (per 1000 population)	29.5	22.1(2010)
Crude Death Rate(per 1000 population)	9.8	7.2(2010)
Total Fertility Rate per woman	3.6	2.6(2009)
Maternal Mortality Rate per 100000 live birth	NA	212(2007-09)
Infant Mortality Rate	80	47(2010)
Rural	-	51
Urban	-	31
Child Mortality Rate 0-4 years (per 1000)	26.5	14.1(2009)

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children)		
Life expectancy at birth	59.4 (1989-93)	63.5 (2011)
Male	59	62.6
Female	59.7	64.2

India is spending only 0.9 % of its GDP on health but still India houses 21 % of global diseases including communicable diseases. For every 1000 Indians there are 0.9 beds and 0.6 physicians per 10000 population. China has 4.1 beds for 1000 population. In India only 13 % of rural population has access to primary health care center (PHC) and only 9.66 % to a hospital.

The share of public health spending is very low and the quality of health care facilities in the public sector is not very impressive. Infrastructural facilities of government hospitals are very low. These hospitals also face the problem of shortage of staffs including doctors, nurses and other health care professionals. On the other side private hospitals are equipped with better facilities and are providing quality services.

### **Major Health Indicators of India**

Source: Ministry of health and family welfare

Due to the stress given to Inclusive health we can find that major health Indicators have improved slowly

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## Health care Infrastructure in India

Facilities	Number
SC/PHC/CHC	1,75,277
Government hospitals(rural and urban areas)	12,760
AYUSH hospitals and dispensaries	24,943
Nursing personnel's as on 31.12-2012	1,702,555
Doctors Modern System	8,16,629

Source: Rural Health statistics in India 210

National Health Profile 2010

# AIMA report August 2011 Inclusive health care Management for sustainable development

### **Budget Highlights 2012-13 for Health Sector**

Health care spending has increased to Rs 30,702 crores. All health care services are exempted from tax. About Rs 300 crores has been allocated to promote higher production of nutri-cereals like bajra, jowar, ragi, millet etc. Rashtriya Swasthya Bima Yojana –health insurance for the poor has been extended to cover <sup>5</sup>MNREG workers, mine workers and beedi workers. <sup>6</sup>ICDS has been allocated RS 15,850 crores. Multi sector plan to fight malnutrition in 200 high burden districts and a hike of about 58 percent of budget allocation was made for this scheme. National Mid Day Meal scheme in school has increased allocation from Rs 10,380 crores in 2011-12 to Rs 11,937 crores in 2012-

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<sup>5</sup> Mahatma Gandhi national rural employment guarantee scheme

<sup>6</sup> Integrated child development scheme

13.Rajiv Gandhi Scheme for Empowerment of Adolescent Girls has allocated Rs 750 crores.

### **New Integrated vaccine unit**

The budget has proposed a new integrated vaccine unit near Chennai and it could achieve vaccine security and keep the pressure on disease eradication and prevention.

### **<sup>7</sup>NRHM**

The budget has increased allocation for NRHM from Rs 18,115 crores in 2011-12 to Rs 20,822 crores in 2012-13

**National Urban health mission** is being launched to encompass the primary health care needs of people in the urban areas.

**Pradhan Mantri Swasthya Suraksha Yojana** aims at setting up of better medical institutions. Under this programme it has planned to upgrade 7 government medical colleges. This programme will enhance the availability of affordable tertiary health care.

### **Inclusive Healthcare Programmes**

#### **NRHM**

NRHM is implemented through Accelerated Social Health Activist (ASHA).The scope of ASHA activists included prevention of iodine deficiency disorders; ensure 100 percent

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<sup>7</sup> National rural health management is an Indian health programme for improving health care across India.

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immunization and better spacing of children. At the community level more active role is given to ASHA workers as they are the conveners of health and sanitation committee. As their remuneration is based on performance based payments they will work efficiently.

## **AYUSH**

Ayush has sanctioned Rs 42.19 crores up to December 31 2011. Special focus has been given to North east states to set up new hospitals by 31 December 2011.

**Rashtriya Swastya Bima Yojana** was launched in 2007 to provide smart card based cashless health insurance cover of Rs 30,000 per family per annum especially for BPL families in the unorganized sector.

## **Women and Child Healthcare Programmes**

**ICDS** programme has allocated up to Rs 14,048 crores up to 2011 December.

**RSEAG** was launched on 19 November 2010 to empower adolescent girls of 11-18 years of age to improve their nutrition, health status, life skills, and vocational skills. About Rs 750 crores has been allocated under the scheme.

**Rajiv Gandhi Creche Scheme for Children of Working Mothers (0-6 years old)** About 85 crores was allocated for this scheme in 2011-12.

**Janani Suraksha Yojana** was launched to improve the health status of mothers and to lower maternal mortality rate and to increase institutional deliveries.

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<sup>8</sup> Rajiv Gandhi scheme of empowerment of adolescent girls

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**Janani Suraksha Karyakram** aims at giving free entitlements to pregnant women and sick new borns. A sum of RS1437 crores has allocated to states during 2011-12.

**Integrated Child Protection Scheme** was launched in 2009-10 to provide a safe and secure environment for the comprehensive development of children. About Rs 213.40 crore was allocated in 2011-12.

**Support for Training and Employment of Women (STEP)** was launched to improve the skills of poor women in various sectors like agriculture, fisheries, animal husbandry, handlooms etc... About 11.5 crore was allocated in 2011-12.

**Rashtriya Mahila Kosh-** About Rs 315.32 crore was allocated for this scheme in 2011-12.

### **Programmes for Persons with Disabilities**

**Deen Dayal Scheme** aims at running special schools for persons with disabilities and for their development. Rupees 120 crore was allocated for the scheme in 2011-12.

These are some of the major Inclusive health programmes in India to improve the health status of Indians.

### **Recommendations**

Government should increase allocation on education. It has to be made more than 5 % of GDP. Now it is about 3.5% of GDP. Government should give more importance to female education. Studies made by experts finds that maternal mortality rate; child

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mortality rate and Infant mortality rate are very low in countries where females are educated eg-Kerala.

Special focus should be given to start health education in schools and colleges to prevent communicable diseases. Public sector must lead the health sector rather than the private sector. This is because Inclusive health care can only be ensured if poor and downtrodden class gets better care. This can be ensured only by government health care institutions. Public and private sector must joint hands in ensuring Inclusive health services for the population. Government must also force private hospitals to treat poor patients at subsidized rates if proper treatments for diseases are not available in government sector. Government has to spend more on Infrastructure development of the health sector. Government should train the existing and new health care professionals to use modern equipments and facilities. Government should ensure quality services in government hospitals at low rates. Government has to invest for human development if they want to make India a healthy, wealthy and developed nation.

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Jose Chacko Madhavassery,M.A. Economics, UGC NET  
Guest lecturer in Economics

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St Dominic's College  
Kanjirapally 686507  
Kerala  
India  
[josemadhavassery@yahoo.com](mailto:josemadhavassery@yahoo.com)