



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

International Journal of Current Research
Vol. 10, Issue, 11, pp.75258-75264, November, 2018

DOI: <https://doi.org/10.24941/ijcr.32973.11.2018>

RESEARCH ARTICLE

PUBLIC EXPENDITURE ON HEALTH SECTOR IN INDIA

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ARTICLE INFO

Article History:

Received 30th August, 2018

Received in revised form

28th September, 2018

Accepted 30th October, 2018

Published online 29th November, 2018

Key Words:

Public health, Health expenditure, Health financing indicators, Public expenditure, Private expenditure, State and Central expenditure.

ABSTRACT

Health policy is an essential pillar of human welfare. Given the high degree of externality, the State has to play a significant role in health and healthcare provision. Unfortunately, evidence shows that public spending on healthcare in India is low and out of pocket spending by people is more than four times the government spending. While the low level of public spending on health is a known fact, reliable data on the actual public expenditure on health and its trend over time is not easily accessible. The National Health Accounts, the most authoritative and comprehensive source of health expenditure information in India, is highly infrequent. The subsequent use of partial data sets available on public health expenditures leads to flawed policymaking and less than desirable public health outcomes. In India, the Constitution assigns a predominant role in providing social infrastructure to the States. More specifically, Entry 6 of the State List in the Seventh Schedule of the Constitution assigns legislative responsibility to the States on matters related to "Public health and sanitation; hospitals and dispensaries". Similarly, Entry 17 assigns the responsibility for water supplies to the States. Other interrelated matters such as medical education and medical professions are placed in Entries 25 and 26 of the Concurrent List. The health expenditure estimates have been prepared by the World Health Organization under the framework of the System of Health Accounts 2011 (SHA 2011). The Health SHA 2011 tracks all health spending in a given country over a defined period of time regardless of the entity or institution that financed and managed that spending. It generates consistent and comprehensive data on health spending in a country, which in turn can contribute to evidence-based policy-making.

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Citation: Vijaya Lakshmi Devi, G. 2018. "Public expenditure on health sector in India.", *International Journal of Current Research*, 10, (11), 75258-75264.

INTRODUCTION

Health spending measures the final consumption of health care goods and services i.e. current health expenditure including personal health care curative care, rehabilitative care, long-term care, ancillary services, medical goods and collective services prevention and public health services as well as health administration, but excluding spending on investments. Health care is financed through a mix of financing arrangements including government spending and compulsory health insurance as well as voluntary health insurance and private funds such as households' out-of-pocket payments, NGOs and private corporations This indicator is presented as a total and by type of financing and is measured as a share of GDP and total health spending and in USD per capita. Major policy initiatives and reforms relating to health emanate from the Ministry of Health and Family Welfare, which plays a crucial role in financing this sector. The Union Ministry of Health and Family Welfare consisted of three departments.

The department wise breakup of the Health Ministry's budget suggests that over one-third of the budget is spent by the Department of Health while roughly two-thirds goes to the Department of Family Welfare.

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.
- Health-related expenditures include expenditures on health-related functions such as medical education and training, and research and development.

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Objectives

- Evaluate data on central government spending on health as a fraction of total Union government expenses and as a fraction of GDP.
- Provide comprehensive and comparable data on healthcare spending in different Sectors and its trend over the last decade in per capita terms, and as percentage of the Gross State Domestic Product (GSDP).
- Report the share of 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 or has only resulted in the State governments substituting their own expenditures when Union grants are received.
- This will also help understand whether the grant design is appropriate or requires revision.

Comparability posed by public health expenditures Multiplicity of governments, agencies, and departments:

Thus, the Union government also spends a substantial amount on public health. Much of this expenditure is in the form of transfers for Centrally Sponsored Schemes such as National Health Mission (previously, NRHM). Similarly, institutions declared to be of national importance by the Parliament, such as All India Institute of Medical Sciences (AIIMS), and institutions for professional and technical training and research are in the domain of the Union government. Separately, many of these expenditures occur outside of the health ministry at the Union level and health departments at State levels. For example, public expenditure on drinking water, sanitation and nutrition occurs outside the Ministry of Health. Moreover, the Ministry of Defense and the Ministry of Railways also finance and run institutions that deal with healthcare. Next, there is the additional complexity of local government spending on health. In States like Karnataka and Kerala, the State government expenditure includes A Qualitative and Quantitative Analysis Takshashila Working Paper 2018-01 Of Public Health Expenditure in India July 2018 13 transfers to Rural and Urban Local Bodies for health spending. Some local bodies also incur health expenditure from their own resources. Below depicts the sources of public health expenditures in India . As there are several intergovernmental transfers through various routes, coming up with a robust estimate of expenditure needs a careful exclusion so as to circumvent any overestimation. Notionally, all States now follow the same accounting practices from the major head to the minor head levels, which should make aggregation of comparable data easy. But that's where the similarities end. There is no consistency in the expenditures listed under the sub-minor heads, detailing heads, and object heads, making comparison difficult.

Health Financing Indicators: Health financing indicators enable comparison of health expenditures with other countries and across various rounds of National Health Accounts estimates within the country. Health financing indicators commonly used and the relevant description are presented here.

- **Total health expenditure (THE) as percent of GDP and per capita:** The constitutes current and capital expenditures incurred by Government and Private Sources including External funds. THE as a percentage of

GDP indicates health spending relative to the country's economic development. THE per capita indicates health expenditure per person in the country.

- **Current health expenditures (CHE) as % of THE:** CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures. CHE as percent of THE indicate the operational expenditures on healthcare that impact the health outcomes of the population in that particular year. System of Health Accounts 2011 (SHA 2011) Framework disaggregates capital and current expenditures.
- **Government health expenditure (GHE) % of THE:** GHE constitutes spending under all schemes funded and managed by Union, State and local governments including quasi-governmental organizations and donors in case funds are channeled through government organizations. It has an important bearing on the health system as low government health expenditures may mean high dependence on household out of pocket expenditures.
- **Out of pocket expenditures (OOPE) as % of THE:** Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care. This indicates extent of financial protection available for households towards healthcare payments.
- **Social security expenditure on health as % of THE:** Social Security Expenditures include finances allocated by the government towards payment of premiums for union and state Government financed health insurance schemes (RSBY and other state specific health insurance schemes), employee benefit schemes or any reimbursements made to government employees for healthcare purposes and Social Health Insurance scheme expenditures. This indicates extent of pooled funds available for specific categories of population.
- **Private health insurance expenditures as % of THE:** Private health insurance expenditures constitute spending through health insurance companies where in households or employers pay premium to be covered under a specific health plan. This indicates the extent to which there are voluntary prepayments plans to provide financial protection.
- **External/Donor funding for health as % of THE:** This constitutes all funding available to the country by assistance from donors.
- **GHE as % of general government expenditure (GGE):** This is a proportion of share of government expenditures towards healthcare in the general government expenditures and indicates Government's priority towards healthcare.
- **Household health expenditure as % of THE:** Household health expenditures constitute both direct expenditures (OOPE) and indirect expenditures (prepayments as health insurance contributions or premiums). This indicates the dependence of households on their own income/savings to meet healthcare expenditures.
- **Union and State government health expenditure as % of GHE:** The Union Government Health Expenditures includes the funds allocated by different Ministries and Departments of Union Government towards healthcare of general population and its employees (including funds allocated to local bodies).

Similarly the State Government Health Expenditure includes the funds allocated by different Departments under all the State Governments towards healthcare of general population and its employees (including funds allocated to Local bodies and also the funds allocated for health by Local Bodies from their own resources). This indicates the share of the Union Government and State governments in the government health expenditure which is an important indicator in a federal structure in India.

- **AYUSH as % of THE:** AYUSH stands for Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy. It includes all the expenditure on non-allopathic care that comprises a range of long-standing and still-evolving practices based on diverse beliefs and theories. This indicates the share of expenditures under AYUSH system of medicines in the total health expenditure.
- **Pharmaceutical expenditures as % of THE:** This includes spending on prescription medicines during a health system contact and self-medication (often referred to as over-the-counter products) and the expenditure on pharmaceuticals as part of inpatient and outpatient care from prescribing physicians. This indicates the share of pharmaceuticals expenditures in the current health expenditure.

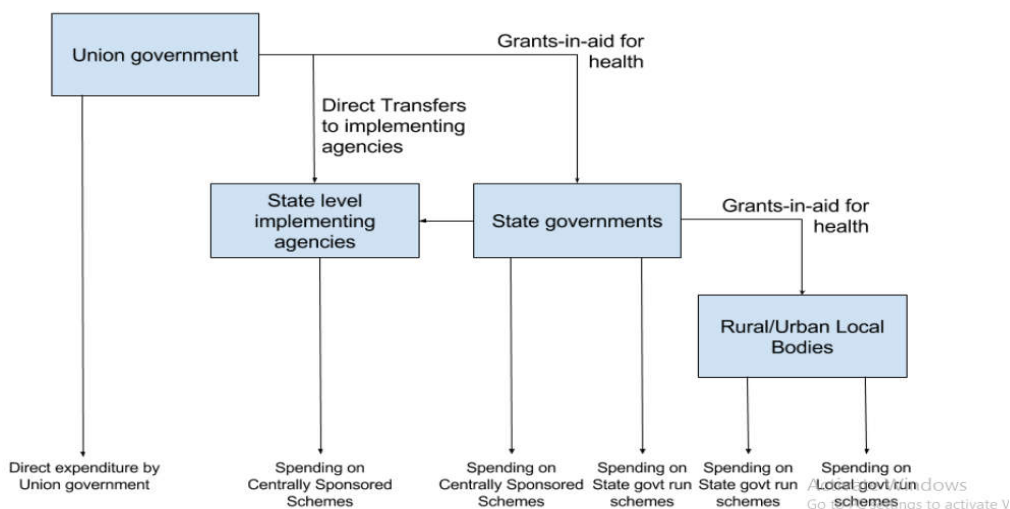
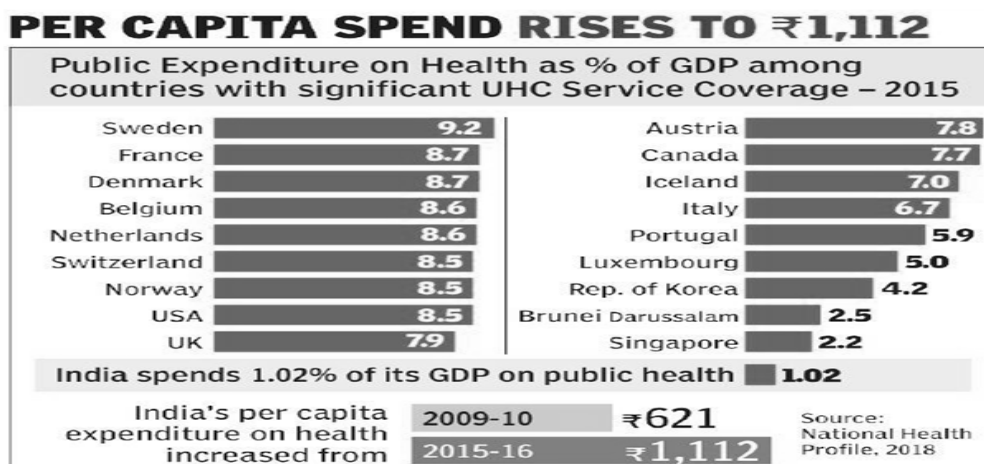
Expenditure Estimates by Primary, Secondary and Tertiary Care: It is important to present the NHA estimates according to primary, secondary and tertiary care for policy relevance in India. An attempt is made to arrive at these expenditure categories using the healthcare functions vs. healthcare provider matrix (HC X HP). The categorization of health care expenditures into Primary, Secondary and Tertiary care from NHA India 2014-15 is presented for government, private and combined allocations in Expenditures regarded as Governance and Supervision and those not elsewhere classified are also mentioned. Note these expenditures are comparable only to NHA Estimates 2013-14 and not NHA Estimates 2004-05. Spending on health and allied fields shows a remarkable variation across India's States (Tables 6 and 7). Among major States³⁴, Rajasthan had the highest per capita expenditure on health and allied fields – at Rs 2,026 per person in 2014-15. This was over three times that of the per capita expenditure of Bihar, which was at Rs 617 for the same year. Rajasthan, Gujarat and Tamil Nadu have the highest per capita expenditure on health and allied fields in 2014-15, with Bihar, Uttar Pradesh and Jharkhand having the lowest. In 2005-06, Haryana, Rajasthan and Gujarat showed the highest expenditure per capita, with Bihar, West Bengal and Madhya Pradesh being the lowest. The smaller, hilly States are more sparsely populated than most major States – and have different challenges in deploying State infrastructure and services on health. Thereby, they incur different costs, and the Union government plays a larger role in expenditure on what are called 'Special Category States'.

RESULTS

- India currently spends a little over 1% of GDP on health, far below Singapore which has the lowest public spend on health at 2.2% of GDP among countries with significant universal health coverage (UHC) service, according latest national health profile (NHP) 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.

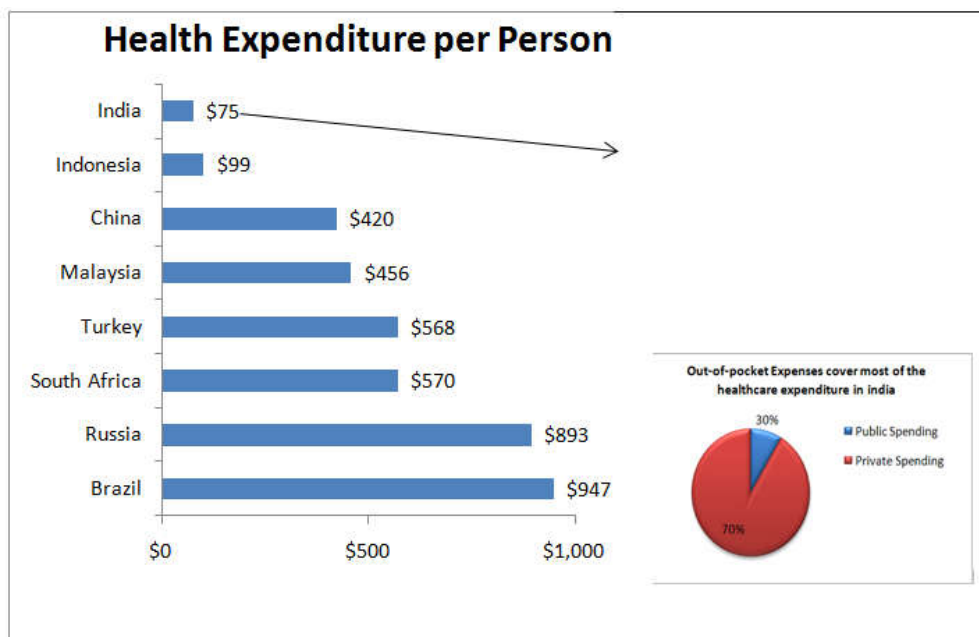
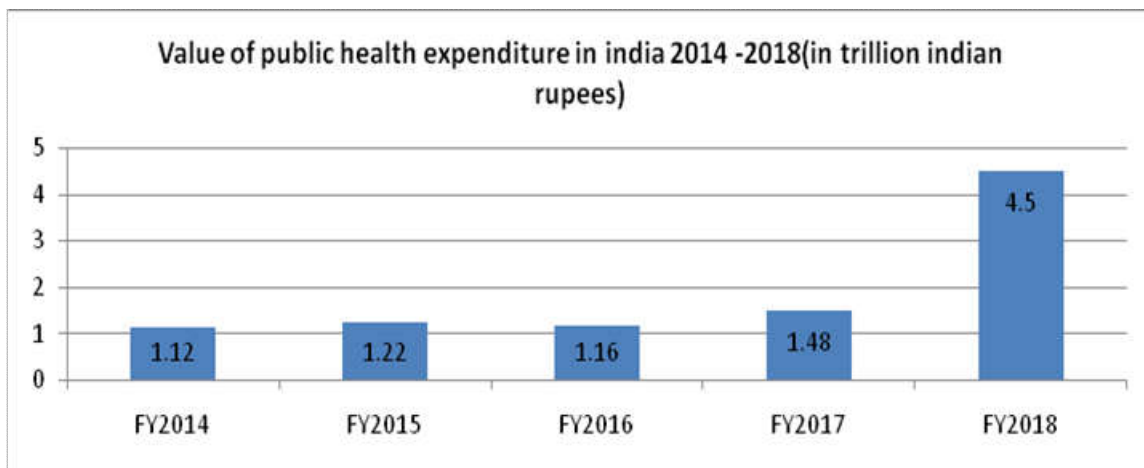
- Switzerland spends \$6944 on health per capita, whereas the us spends \$4802 and UK spends\$3500. According to NHP (2018), around 43 crore individuals or 34% of the population were covered under any health insurance in 2016-17.
- Launching the NHP, health minister said NHPS will significantly bring down the out of pocket expenditure on health. Though the latest NHP data do not give figures for 'out of pocket' expenditure, whose 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%.the world health organization has revised health expenditure data using the new international classification for health expenditures in the revised system of health accounts.
- Global health expenditure database in this new version is the reference source for health expenditure for international comparison imbedded in a standardized framework. Total public expenditure on health in 2015-16 was Rs 140,054 crore.
- In the Budget this year, the government allocated only 1.3 percent of the GDP for public healthcare, which is much lower than the global average of 6 percent. This, even as the country continues to deal with a severe scarcity of doctors in basic healthcare facilities, rendering helpless citizens without any options but to pay more in the rural and urban private hospitals.
- In India, there is only one allopathic government doctor for every 11,082 people, which is 11 times more than the WHO recommended a doctor-population ratio of 1:1000. The situation is grim in Bihar where the population per government doctor is 28,391. It is followed by Uttar Pradesh where there are 19,962 patients per doctor, followed closely by Jharkhand, Madhya Pradesh, Chhattisgarh and Karnataka.
- The report also stated that the government is spending just Rs 1,112 per capita, for health care, which means only Rs 3 per day is spent per day for the healthcare of an average Indian. This puts India even lower than nations like Bhutan, Sri Lanka and Nepal who spend 2.5, 1.6 and 1.1 percent of their GDP on health care.
- The NHP report reflects the consistent indifferent approach of the government in terms of public health spending. The report states the country spent only 1.02 per cent of its GDP on healthcare in the financial year 2015-16. It also says that the per capita public expenditure by the government on health stands at Rs 1,112 that comes to Rs 3 per day.
- This dismal figure puts India below other low-income nations like Maldives (9.4), Bhutan (2.5), Sri Lanka (1.6) and Nepal (1.1). Globally, Sweden spends the largest chunk on public healthcare by dedicating 9.2 per cent of its GDP.
- Along with the life expectancy rate, there is noteworthy progress in health indicators such as the infant mortality rate and maternal mortality rate (MMR) in the country.
- The infant mortality rate at the national level stands at its lowest i.e. 34 per 1,000 live births, however, the gap between rural (38) and urban (23) mortality rate is still high.



Category wise estimated expenditure

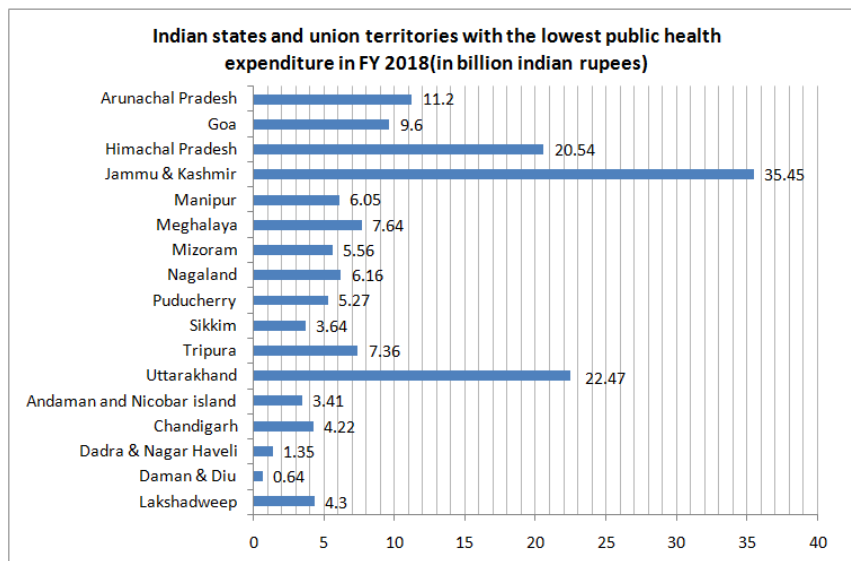
Category	Description of Expenditures Included	Govt.	Pvt.	Combined
Primary	<ul style="list-style-type: none"> Expenditures under preventive care under all healthcare providers. All expenditures at Sub Centers, Family planning centers, PHC, dispensaries (CGHS, ESIS, etc., private clinics) except for those incurred for specialized outpatient care and dental care. Expenditures for general outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures apportioned from where ever relevant. Expenditures under all pharmaceuticals and other medical nondurable goods, therapeutic appliances and other medical goods purchased directly by the households. Expenditures for inpatient curative care at all ambulatory centers including expenditures related to childbirth at Sub Centers. Expenditures under rehabilitative care at offices of general medical practitioners. Expenditures under all long term care and Expenditures under patient transportation. 	51.3	43.1	45.1
Secondary	<ul style="list-style-type: none"> Expenditures under general inpatient curative care at hospitals including related diagnostic and pharmaceutical expenditures apportioned from where ever relevant. Expenditures under dental outpatient curative care at all healthcare providers including related diagnostic and pharmaceutical expenditures. Expenditures under specialized outpatient curative care at all providers of ambulatory healthcare. Expenditures under all laboratory and imaging services and pharmaceutical expenditures under specialized outpatient curative care as apportioned from where ever relevant. 	21.9	39.9	35.6
Tertiary	<ul style="list-style-type: none"> Expenditures under specialized inpatient curative care at all providers including related diagnostic and pharmaceutical expenditures. Expenditures under specialized outpatient curative care at hospitals. Expenditures under rehabilitative care at specialized hospitals other than mental health hospitals 	14.0	16.1	15.6
Governance and supervision	<ul style="list-style-type: none"> All expenditures where both providers and functions are healthcare systems governance and administration of finances. 	10.1	0.2	2.6
Not Classified elsewhere	<ul style="list-style-type: none"> Expenditures that could not be classified under any of the above categories. 	2.8	0.6	1.1

No		2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Major States											
1	Andhra Pradesh	1.28	1.39	1.50	1.85	1.76	1.61	1.57	1.52	1.48	NA
2	Bihar	2.21	2.12	2.24	1.89	2.01	1.86	1.84	1.80	1.81	1.56
3	Chhattisgarh	1.83	1.71	1.74	1.69	1.86	1.57	1.65	1.52	1.54	1.67
4	Gujarat	1.21	1.23	1.20	1.33	1.39	1.47	1.23	1.47	1.36	1.30
5	Haryana	1.55	1.61	1.79	1.79	1.74	1.54	1.38	1.24	1.24	1.05
6	Jharkhand	1.98	2.33	2.41	2.63	2.18	1.95	2.18	2.05	1.58	1.52
7	Karnataka	1.23	1.10	1.30	1.28	1.64	1.61	1.78	1.66	1.38	1.40
8	Kerala	1.22	1.24	1.63	1.45	1.49	1.32	1.48	1.50	1.45	1.29
9	MadhyaPradesh	1.68	1.47	1.64	1.42	1.69	2.05	1.98	1.87	1.84	1.52
10	Maharashtra	1.08	0.95	0.93	0.85	0.87	0.90	0.96	0.92	0.84	0.82
11	Orissa	1.64	1.57	1.79	1.90	1.78	1.60	1.56	1.46	1.78	1.56
12	Punjab	1.24	1.04	0.99	0.93	0.92	1.07	1.08	1.11	0.99	0.90
13	Rajasthan	2.45	2.52	2.63	2.91	2.95	2.24	2.20	2.17	2.46	2.52
14	Tamil Nadu	1.34	1.16	1.15	1.30	1.40	1.56	1.40	1.40	1.50	1.29
15	Uttar Pradesh	2.00	2.32	1.98	1.83	1.89	1.74	1.39	1.67	1.64	1.51
16	West Bengal	0.97	0.93	1.00	1.10	1.32	1.26	1.25	1.19	1.13	1.10
Other States											
1	Arunachal Pradesh	7.84	8.48	8.77	6.54	7.30	6.28	6.31	6.91	7.26	6.14
2	Assam	1.85	2.12	2.40	2.87	3.85	2.99	3.72	3.40	2.79	2.64
3	Himachal Pradesh	3.41	4.14	3.78	3.54	3.39	3.64	2.97	2.96	2.92	2.67
4	Jammu and Kashmir	4.56	5.36	5.85	4.16	5.95	4.80	5.22	4.31	4.19	4.03
5	Manipur	3.61	5.70	4.88	5.58	6.40	8.88	6.60	5.11	4.85	5.18
6	Meghalaya	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.10
7	Mizoram	8.27	8.09	8.87	6.91	10.68	7.38	6.51	6.20	5.57	4.45
8	Nagaland	4.24	4.84	5.14	3.85	4.37	4.64	4.28	4.39	3.42	3.15
9	Sikkim	7.47	7.33	6.72	6.90	4.15	3.66	4.01	3.66	3.16	2.63
10	Tripura	3.26	2.86	2.80	3.44	4.04	3.31	4.01	3.69	3.97	3.22
11	Uttarakhand	2.77	2.50	2.15	2.01	1.51	1.59	1.61	1.57	1.56	1.72
12	Goa	2.19	2.06	1.90	2.09	2.11	2.00	1.86	1.80	1.70	1.54
13	Puducherry	NA	NA	NA	NA	NA	3.35	3.44	2.75	2.65	2.19



Healthcare financing schemes

NHA Code	Financing schemes	Rs. Crores	%
HF.1.1.1.1	Union Government (Non-Employee)	22836	5.1
HF.1.1.1.2	Union Government (Employee)	8533	1.9
HF.1.1.2.1.1	State Government (Non-Employee)	50686	11.2
HF.1.1.2.1.2	State Government (Employee)	1985	0.48
HF.1.1.2.2.1	Urban Local Bodies	3988	0.9
HF.1.1.2.2.2	Rural Local Bodies	2962	0.7
HF.1.2.1	Social Health Insurance	12395	2.7
HF.2.1.1.1	Employer-Based Insurance (Private Group Health Insurance)	8899	2
HF.2.1.1.2	Government-Based Voluntary Insurance(Government Financed Health Insurance)	4590	1
HF.2.1.1.3	Other Primary Coverage Schemes (Private Individual Health insurance)	8772	1.9
HF.2.1.2.1	Community-Based Insurance	84	0.02
HF.2.2.1	Non Profit Institutions Serving Households (NPISH)	8588	1.9
HF.2.2.2	Resident Foreign Agencies Schemes	1441	0.3
HF.2.3.1.2	Enterprises	13102	2.9
HF.3.3	All Household Out-Of-Pocket Payment	302425	67
	Total	451286	100



- With an 11-point decrease between 2010-12 and 2011-13, the national MMR stands at a rate of 167 per 1,000,000 births. The state of Assam (300) has the highest MMR, while Kerala the lowest (61).
- Total public expenditure on health for the year 2015-16 stood at Rs 1.4 lakh crores.
- Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 1112 in 2015-16. Public expenditure on health as a percentage of GDP was 1.02% in 2015-16. There is no significant change in expenditure since 2009-10.
- Urban and rural health services constituted 71% of the public expenditure on medical and public health in 2015-16.
- The North-Eastern states had the highest and EAG states (including Assam) had the lowest average per capita public expenditure on health in 2015-16 (excluding UTs).
- The North Eastern states had the highest public health expenditure as a percentage of GSDP in 2015-16 (2.76%). The value was 1.36% for EAG (including Assam) and 0.76% for major non-EAG states.
- Based on Health Survey (71st round) conducted by NSSO, Average medical expenditure incurred during stay at hospital from Jan 2013 – Jun 2014 was Rs. 14,935 for rural and Rs. 24,436 for urban in India.
- Average total medical expenditure per child birth as in patient over last 365 days (survey conducted from Jan to

Jun 2014) in a public hospital in rural area is Rs. 1,587 and in urban area is Rs. 2,117. Around 43 crore individuals were covered under any health insurance in the year 2016-17. This amounts to 34% of the total population of India. 79% of them were covered by public insurance companies. Overall, 80% of all persons covered with insurance fall under Government sponsored schemes.

- Public insurance companies had a higher share of coverage and premium for all types of health insurance policies, except family floater policies including individual policies.
- Compared to countries that have either Universal Health Coverage or moving towards it, India's per capita public spending on health is low.
- Public insurance companies had a higher share of coverage and premium for all types of health insurance policies, except family floater policies including individual policies. Compared to countries that have either Universal Health Coverage or moving towards it, India's per capita public spending on health is low.\

The statistic shows the public health expenditure in India from the financial years of 2014 to 2018. In 2014, the value of public health expenditure was around 1.1 trillion Indian rupees. This value increased to around 1.58 trillion Indian rupees in 2016.

Expenditure Estimates by Healthcare Financing Schemes:

Healthcare financing schemes are the structural components of the healthcare financing systems. They are financing arrangements through which funds flow from source for provision of healthcare services to the population. Table 3 shows the distribution of expenditures by healthcare financing schemes, followed by the description of all financing schemes relevant in Indian context. Detailed description of these schemes is provided in the National Health Accounts Guidelines for India 2016.

Healthcare financing schemes: According to the United Nations, in India, about 48 out of every 1,000 newborns die before reaching the age of five. It is one of the highest under-five child mortality rates in South Asia (behind Afghanistan at 91 and Pakistan at 81). In terms of numbers, India has the largest share of global under-five deaths at 1.3 million annually. About five percent of the Indian government's annual expenditure goes towards healthcare. According to the World Health Organization (WHO), most of the healthcare expenditure in India - which averages \$75 per capita - comes from the private spending of households.

The statistic shows the Indian states and union territories with the lowest public health expenditure for the financial year 2018. In this period, the union territory with the lowest expenditure was Daman and Diu with around 0.6 billion Indian rupees., while Sikkim was the state with the lowest public health spending with 3.64 billion rupees.

Conclusion

Good health is both an end in itself and also contributed to economic growth. Meeting the health needs of the population requires a comprehensive and sustained approach. Our health services in eleventh plan promised to be affordable and of reasonable quality. Eleventh plan promised to strengthen all the aspects of the healthcare system-preventive, promotive, curative, and palliative and rehabilitative.

This must be accompanied by the emphasis on access to clean drinking water, sanitation, diet, hygiene and feeding practices, which will significantly affect the health status of the people. Public health spending will be raised to at least 2 percent of GDP during the eleventh plan. From the analysis of public expenditure in India, it is found that India spent only 1.41 per cent of its GDP on health and allied fields in 2005-06, which increased to 1.62 per cent in 2010-11 and then reduced again to 1.40 per cent in 2014-15. States contribute between 70 and 75 per cent of the overall public expenditure on health and allied fields. In 2014-15, major States spent anywhere between Rs 617 and Rs 2,026 per capita on health and allied subjects. Less populated, hilly or small Indian States spent between Rs 2,289 and Rs 7,409 per person. The per capita expenditure on health and allied subjects is correlated to per capita state GSDPs. States with better basic health outcome indicators such as IMR also show higher per capita expenditures, even though it can be argued that States with dire health outcome challenges need better resources.

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