

Health Scenario of India; A Comparative Study with Brics Countries



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Abstract

Healthy citizens of an economy only, can be converted into the productive human capital. And to make sure that HEALTH FOR ALL must be at priority is the more government responsibility than the private sector. In all over the world after covered the journey of Millennium development goals (MDGs) in 2015 and further the movement towards achieving Sustainable development goals (SDGs) till 2030. Now the issue of Universal health coverage (UHC) has been the prominent and the most important issue in the world. Since the establishment of the BRICS association in 2001, the member countries have faced enormous changes in approx each and every aspect including economy, polity and social. The paper is an attempt to make a serious understanding of the way of Universal health coverage of the member countries and identifying the challenges, the association is going to face in achieving Universal health coverage to its people. By making a comparative study of the some prominent health indicators the paper try to identify the way India stand along with its other member countries in the BRICS association.

Keywords: Universal Health Coverage (UHC), Out-Of-Pocket Expenditure (OPE), Immunization, Undernourishment.

Introduction

Public Health has become one of the most prominent issues in all over the world nowadays and this necessity of the availability of public health has been increasing day by day as the world is growing and India is not the exception of it. India is one of the most rapidly growing developing countries in the world hap 1.3 billion population of the world. India is one of the second largest populated countries in the world. Out of which 70% and 30% population lives in rural and urban area respectively¹. With such a huge population the need of the people and the expectations of the world automatically increases and that's why in present scenario the Indian government is delivering efforts towards achieving Universal Health Care (UHC) and aimed to increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5% by 2025². In India 70% of healthcare expenses in India are met by out of pocket (OOP) expenditure by the individual, due to which about 7% population is pushed below the poverty threshold every year³. This huge expense on healthcare which the people in India themselves have to bear, deteriorates the economic condition of them. On one side they have to bear the economic burden and on the other side they continuously have to bear the work loss burden. From this regard the more serious attention on public health has become the necessity for the sustainable and inclusive growth. This paper aims to understand the health scenario of India and attempts to understand the health status of the country with the comparative study of the BRICS countries and tries to analyze where do India stand in achieving universal health care to its people.

Objectives of the Study

The study is based on two objectives.

1. To study the health status of India and other BRICS countries.
2. To study the steps taken by the BRICS countries in achieving the universal health coverage (UHC).

Review of Literature

Bus Mercy Paul et al (2014) explains in their paper, BRICS can guide to the potential of achieving a healthier world. BRICS countries have some good examples in health politics, which can be e exchanged within the group. Acharya Shambhu et el (2014) supports that on the basis of the countries capacities and comparative advantages, inter- BRICS Corporation has the potential to bring about global changes and

make a positive contribution to the health of the population, not only in BRICS but also in the rest of the world. Larionova. M et al in their research paper recognized the value of cooperation among BRICS members to resolve their shared challenges. Their article indicates that their dialogue on health has positive dynamics.

Hypothesis

We are moving forward by taken a hypothesis.

1. There are poor health conditions in India.

Methodology

The study is based on quantitative and qualitative analysis, drawing on the full set of the value of some selected health indicators of BRICS countries. Basically secondary data has been used as an Input and the data is collected from the World Bank open data bank. The data were collected on several parameters first the current health expenditure as percentage of GDP, which indicates the percentage of GDP BRICS countries are expanding on their health facilities. Second, life expectancy at Birth which aim to indicate the direct relation of health scenario of a country because only healthy individual could be hope to live a significantly good expectation to live. The third is the immunization, DPT this includes the vaccination against diphtheria, tetanus and pertussis vaccination which, if have a high value means the country is performing well on this front. Fourth, is the prevalence of anemia among pregnant women, which if has a high value shows the poor condition of women and downs the expectancy of normal delivery in that country. Fifth, is the prevalence of undernourishment which shows the percentage of total population which is forced to live an undernourished life which directly affects human productivity in that country. sixth, is the out- of- pocket expenditure of percentage of current health expenditure which indicates the scenario of Health Insurance in that country, if the out- of -pocket expenditure has a high value it means in that country there is a low population have approach to health insurance and most of the health expenses have to bear by the citizens themselves.

Health Status of India

India is a developing economy and is the second largest country from the point of view of population. Being a developing economy it has its unique challenges as social, economic and political as well. That's the reason why the country demands more attention not only on program formation-level but also on its level of program implementation. Whereas the matter of public health issue in the country is concerned India, since the first health policy in 1983 and second health policy in 2002 after 15 years in 2017 a new health policy get its form. The health policy of 1983 and 2002 have served well in health sector of India but now 15 years after the last health policy, the scenario has changed and this change has been understood in four major ways⁴.

1. The health priorities are changing although maternal and child mortality have rapidly declined and growing non-communicable diseases and some infectious diseases.

2. The second important change is the emergence of a robust health care industry estimated to be growing at double digit.
3. The third change is the growing incidence of tragic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty.
4. The fourth one is a rising economic growth enables enhanced fiscal capacity.

So due to the above-mentioned changes in the health requirements the country demands some serious and effective steps taken in this direction. Whereas the so far health status of the country is concerned various health related programmes have been launched in the country such as Rashtriya swasthya bima yojana (RSBY), Jannani suraksha yojana, Pradan Mantri Swasthya suraksha yojana (PMSSY), Jannani shishu suraksha karyakaram etc. And the impact of these programmes is shown in the form of improving health status of the country. According to the World Bank, infant mortality in India fell from 66 to 38 per 1,000 live births from 2000 to 2015. Life expectancy at birth has increased from 63 to 68 years, and the maternal mortality ratio has fallen from 374 to 174 per 100,000 live births over the same period⁵. India is a growing economy of the world and is the member of many blocs as ASEAN, SAARC, BRICS, G77, G20 etc. among all of these economic blocs BRICS is the most growing association of five countries as Brazil, Russia, India, China and South Africa. The basic motive of this paper is concerned with the analyzing the health status of the BRICS countries and would attempt to analyses where do India stands in achieving the Universal health coverage to its people.

What is BRICS?

BRICS is an economic association which took its form in 2001 with the four most emerging economies Brazil, Russia, China and India and the term was coined by Goldman Sachs later in 2010 South Africa became the member of the group⁶. Since its first summit, in 2009, BRICS has established more than thirty cooperation areas; the most prominent are Economic and Financial cooperation, Health, Science, Technology and innovation, Security and Business⁷. From all these areas the paper is concerned to understand the comparative status of health in the BRICS nations.

Health in The BRICS

Health appears for the first time as a discussion point in the Sanya declaration at the third BRICS summit in 2011 in China, with regard to HIV/AIDS. Since then the group has held annual meetings devoted to health. In 2012 the BRICS health ministers also decided to meet every year on the side-lines of the world health assembly. Whereas the question of universal health coverage (UHC) is concerned with the respect of BRICS countries its achievement depends on how we define it and the definition varies with the member countries. China recently revised its understanding of UHC to mean coverage of health services and since 2009, started a series of reforms to achieve UHC by 2010⁸. Brazil has extended health care coverage particularly to the

poor and reached 100 million people through its tax financed unified health system, as well as its conditional cash transfer programme, the Bolsa familia, and its flagship family health strategy but while access to services maybe Universal, the quality is an even. Russians face uneven access to drug and care, the best services are nearly always found in the cities. The BRICS countries are no different to most other developing countries in this regard. Russian Health-Care particularly access to prescriptions medicines is apparently a top priority for the government, who has committed substantial funding to this and improving the quality of Health Services. India has a National Health Insurance program that has helped to expand coverage to more than 140 million people since its launching in 2008. Recently the Indian government launching of ambitious Ayushman Bharat- Pradhan Mantri Jan ArogyaYojana (PMJAY) in which the cover will provide up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization. Over 10.74 crore vulnerable entitled families (approximately 50 crore beneficiaries) will be eligible for these benefits⁹. Universal health coverage (UHC) has been a major topic of discussion and debate in the recent past globally, especially since the passage of a UN General Assembly resolution on Universal health coverage (UHC) in December 2012¹⁰. In the 8th BRICS health ministers meeting at Durban the health minister J.P Nadda highlights the achievements of India in the health sector he stated that India's achievement in reducing the maternal mortality ratio (MMR) by 77%, from 556 per 100000 live births in 1990 to 130 per 100000 live words in 2016 was our greatest achievement which will put the country on track to achieve the sustainable development goals (SDGs) target of MMR below 70 by 2030¹¹.

Comparative Analysis of Health Scenario in India and Other Brics Countries

BRICS is the most growing association of the world and the increased globalization has meant that BRICS has become an important source of global growth and political influence. BRICS economies have grown rapidly with their share of global GDP rising from 11% in 1990 to almost 30% in 2014. BRICS account for over 40% of the world population, hold over US\$4 trillion in reserves and account for over 17% of global trade¹². This important contribution of BRICS in world economy make is important to have a comparative study of the member countries from the point of view of health indicators in the countries. There are many indicators on health available from World Bank and world health organization (WHO) the study would attempt to compare the health indicators in the member countries.

Countries Profile

Brazil

Brazil is the largest country in Latin American region in terms of area. The country has economically active population around 53% in 2010 the unemployment rate was around 8.3 % as per 2009 in 1990 the Brazil share of world GDP was

3.3% in 2010 the share got reduced to 2.9 .The country's prominent contributor towards GDP was its agricultural sector but with the opening up of economy, services sector got the much-needed boost.

Russia

Russia is the largest country in the world in terms of area. Russia was one of the most powerful countries during the Second World War period the total population of the Russia was 143 million as per 2010 the population who are economically active 53% as per 2011 the Russia's share of world's GDP was 2.5% in 2010 the share got up to 2.9 % Russia stood at 6th position in 2010 for its GDP contribution when it comes to the World Trade during the period 1990 to 2010 Russia's trade grow from 1.5% to 2.3 % the amount.

India

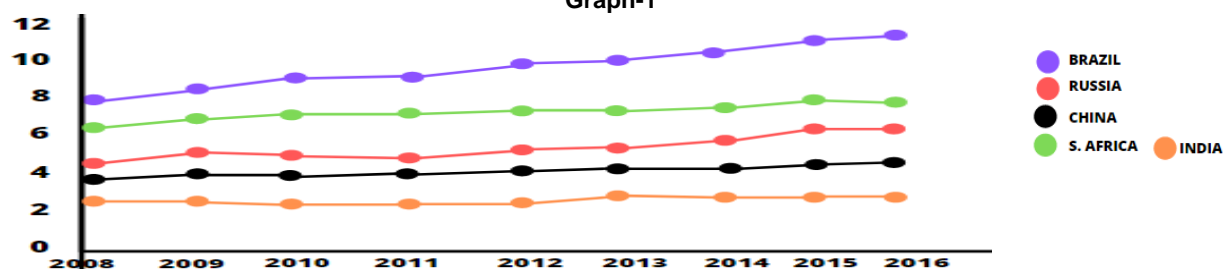
India is the second largest country in Asia in terms of the area. Taking the population into account it is second largest nation globally. The economically active population was around 40% as per 2009. In 1990 the India's share of world's GDP was 3.1 % in 2010 the share increased up to 5.4 %. India stood at 4th position in 2010 for its GDP contribution when it comes to World Trade during the period of 1990 to 2010 India's trade grow from 0.5% to 1.8%.

China

China is the largest country in Asia in terms of the area. Taking the population into account it is the largest nation globally. The economically active population was around 57% as per 2011. In 1990 the China's share of world's GDP was 3.9%, in 2010 the share increased up to 13.6%. China stood at second position in 2010 for its GDP contribution. When it comes to World Trade during the period of 1990 to 2010 China's trade grow from 2.1 % to over 9% China has a strong economy which is expected to dismiss USA as a largest economy by next decade however when it comes to individual living standards, China needs a dramatic shift in order to match with the developed/industrialized Nations.

South Africa

South Africa is the 24th largest country globally in terms of area. It has a population of 50 million as per 2010 data the economically active population was around 35% as per 2011 in 2000 in 1990 the South Africa's share of words GDP was 4.9% in 2010 the share got reduced 2.7% South Africa Store at 26th position in 2010 for its GDP contribution. When it comes to World Trade during the period of 1990 to 2010 South Africa trade was constant. South Africa was invited to join BRICS as it is one of the largest economy in the sub Sahara region and it accounts for almost 25% of the region of total GDP. South Africa is rich in natural resources especially gold, diamonds and Platinum.

Comparing Health Indicators**Current Health Expenditure as % of Gross Domestic Product (GDP)****Graph-1**

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

Total health expenditure as percentage of GDP is the percentage of total general government expenditure that is spent on health¹⁴ which is an important policy variable in any country have a serious impact on the strength of the health structure of the country. In the above table we are observing

Life Expectancy at Birth, Total (years)**Table -1**

Countries	2008	2009	2010	2011	2012	2013	2014	2015	2016
Brazil	72.97	73.30	73.62	73.92	74.21	74.48	74.75	74.99	75.23
Russia	67.95	68.68	68.84	69.68	70.07	70.58	70.74	71.18	71.65
India	65.79	66.24	66.69	67.13	67.54	67.93	68.27	68.61	68.90
China	73.83	74.12	74.41	74.771	75.01	75.32	75.63	75.93	76.21
S. Africa	55.36	56.46	57.67	58.90	60.06	61.10	61.97	62.65	63.15

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

Life expectancy at birth actually refers to the average number of years a newborn is expected to live if mortality patterns at the time of its birth remain constant in the future¹⁵. In the above table we are seeing that an average Indian lives less than the other citizens of the BRICS countries except South

Immunization, DPT (% of children ages 12-23 months)**Table-2**

Countries	2008	2009	2010	2011	2012	2013	2014	2015	2016
Brazil	99	99	99	99	95	97	93	96	89
Russia	98	98	97	97	97	97	97	97	97
India	70	74	79	82	82	83	85	87	88
China	97	99	99	99	99	99	99	99	99
S. Africa	82	81	77	75	71	81	85	85	76

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

Child immunization, DPT, measures the percentage of children ages 12-23 months who received DPT vaccinations before 12 months or at any time before the survey. A child is considered adequately immunized against diphtheria, pertussis (or whooping cough), and tetanus (DPT) after receiving three doses of vaccine¹⁶. The above table

(4) Prevalence of anemia among pregnant women (%)**Table-3**

Countries	2008	2009	2010	2011	2012	2013	2014	2015	2016
Brazil	38.8	38.4	38.1	37.8	37.6	37.4	37.2	37.2	37.3
Russia	23.1	23	22.9	22.9	23	23.1	23.3	23.6	24
INDIA	52	51.7	51.4	51.1	50.9	50.6	50.4	50.2	50.1
CHINA	24.7	24.8	25.5	26.5	27.5	28.6	29.8	31.1	32.4
S. AFRICA	29.8	29.3	28.9	28.5	28.3	28	27.9	27.9	28.1

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

that in all the BRICS countries India is lacking behind in making an increase in the percentage share on health expenditure from the gross domestic product of the country. Brazil from all the other member countries are doing far more better in the field of health expenditure followed by South Africa.

Africa. The average Chinese and Brazilian citizen expects to live more than an Indian citizen. In the above table the data is given from 2008-2016 which shows India need to revise its health policy in this terms.

shows that in 2008 India has 70% immunized children under 12-23 months which became 88% in 2016. Except South Africa India is lacking behind the all other BRICS countries which is need to be improved because an immunized child only can sustained a health life further.

Anemia in pregnancy is defined by the World Health Organization (WHO) as a hemoglobin concentration below 11 G/Dl. it continues to be a major health problem in many developing countries and is associated with increased rates of maternal and parental mortality, premature delivery, low birth weight and other adverse outcomes. More than half of the pregnant women in the world have hemoglobin

levels indicative of anemia¹⁷. The above table shows India, among all other BRICS country has on an average 50% anemic women during their pregnancy. This is a very horrible picture of the developing country like India because an anemic mother can never be bearing a healthy baby who becomes the future of that economy.

Prevalence of Undernourishment (% of population)

Table -4

Countries	2008	2009	2010	2011	2012	2013	2014	2015	2016
Brazil	2.7	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
Russia	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
India	18.1	17.7	17.5	17.5	17.3	16.9	16.3	15.5	14.9
China	13.6	12.7	12	11.2	10.6	9.9	9.3	8.9	8.7
S. Africa	4.6	4.5	4.4	4.4	4.5	4.8	5.2	5.7	6.1

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

Population below minimum level of dietary energy consumption shows the percentage of the population whose food intake is insufficient to meet the dietary energy requirements continuously¹⁸. The above table clearly shows that India is to behind

among all other BRICS members to provide proper nourishment to its population where in Brazil there are consistently low level of undernourishment is shown in India this rate is too high than the other members which is need to work on.

Out-of-Pocket Expenditure (% of current health expenditure)

Table-5

Countries	2008	2009	2010	2011	2012	2013	2014	2015	2016
Brazil	30.50	31.05	43.81	43.11	43.71	43.97	44.61	44.68	43.56
Russia	31.55	34.58	35.33	34.19	33.40	34.83	35.83	38.61	40.49
India	69.15	66.76	65.18	62.23	63.00	69.07	67.01	64.66	64.58
China	47.37	43.46	40.80	40.27	39.24	38.116	36.57	35.09	35.91
S. Africa	10.14	09.25	08.51	08.40	08.12	08.07	07.91	07.70	07.75

Source table: world Bank open data bank at <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#>

Out of pocket expenditure (OPE) is defined as direct payments made by individuals to health care providers at the time of service use. This excludes any payment for health services, for example in the form of tax for specific insurance premiums your contributions and, where possible net of any reimbursements to the individual who made the payments¹⁹. India is the country which has a high level of out-of-pocket expenditure which is mean in this country the citizens have to bear most of the health expenditure and due to limited sources have to have compromise to their other unavoidable necessities and due to its unavoidable nature gradually goes to debt trap. The table mentions that in India there is more than 50% of total health expenditure, which the people have to bear themselves whereas in the developing or more challenging economy like South- Africa this percentage is too low which is nearby only 10% of total health expenditure.

Findings

There are a great diversity among the five countries of BRICS group in terms of the degree of development, the geo-ecological, cultural and lifestyle situation as well as in terms of language and location. It is also seen from the out-set of the selected indicators, in Brazil, Russia and China there is a predominantly good performance in general, and almost all taken health indicators are indicating bad health scenario in India and south-Africa.

Suggestions

After starting the annual summits of BRICS association in 2011, in China health appeared for the first time as a discussion point in the Sanya declaration at the third BRICS summit. The paper was about the comparing the health indicators of India and the other BRICS countries. After making this comparison we reached at some suggestions. First, India must pay attention towards the proper implication of health related programmes as we are seeing India has launched so many programmes for the health sector in spite it, the country has poor condition of health indicators among the other BRICS countries. Second, India is need to make an increase in the health expenditure which is only approx 3.50% of its total GDP which is the lowest among the other BRICS countries, due to this there is a high level of high out of pocket expenditure. Third, India has poor awareness among the people about the importance of healthy life which is indicated by the high rate of anemic women during their pregnancy, high rate of malnutrition and high rate of non-immunized children so there is a need of creating awareness programmes among the people.

Conclusion

After making a comparative analysis of the BRICS association on the respect of health scenario in the other member countries and India we reach at the conclusion that India being a growing developing country is showing some changing trends in the kind of demand of the health sector. Now at this time we

cannot follow the policy of targeting some groups and avoiding other in providing health facilities. Now the world is aimed to catch the target of sustainable development goals and for achieving it following the way of Universal Health Cover (UHC) which assures HEALTH FOR ALL in the countries. India is a country with constraint resources and unlimited goals has to have a policy of achieving this target as soon as possible because having observe the health related data available on WHO and World bank shows that India, in respect of health indicators are lacking far behind to the rest four countries of BRICS association as Brazil, Russia, China and even in some indicators to South-Africa also.

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