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WOULD AYUSHMAN BHARAT WORLD'S LARGEST HEALTH SCHEME PROVIDE BETTER CARE TO THE POOREST OF INDIA?

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ABSTRACT

The public health sector in India is the largest and fastest growing sector according to reports of NRHS, Government of India. But it faces immense challenges like high out-of-pocket expenditure, low quality treatment, shortage of staff and medicine, low financial protection, under health insurance coverage and poor infrastructure. To get treatment at corporate hospitals, People of India have to borrow the money or sell their assets to meet the medical expenditure. Government of India has launched a new scheme Pradhan Mantri Jan Arogya Yojana (PM-JAY) in 2018. It is also known as AYUSHMAN BHARATH. An attempt is made in this paper to find out whether this scheme would provide better care than another schemes. It is prepared based on secondary data which was collected from various reports of National Health Mission, National Rural Health Mission, National urban Health Mission, Pradhan Mantri Swasthya Suraksha Yojana and other annual reports for a period of 2004-05 to 2018-19. It is found out the total treatment cost is 70% has to be meet by the patients and the out of pocket expenditure Compound Annual Growth Rate is 11.4%. It concludes that India lags behind in all public health parameters despite introducing this scheme.

Key words: Out-of- Pocket Expenditure, Source of Finance, Public Apathy, shortfall of functionaries and Infrastructure.

India has achieved significant public health gains and improvements in health care access and quality over the last three decades. The health sector is amongst the largest and fastest growing sectors, expected to reach US\$ 280 billion by 2020. At the same time, India's health sector faces immense challenges. It continues to be characterized by high out-of-pocket expenditure, low financial protection, and low health insurance coverage amongst both rural and urban population. It is a matter of grave concern that incurs a high out-of-pocket expenditure on account of health and medical costs. 62.58% of our population has to pay for their own health and hospitalization expenses and are not covered through any form of health protection. Besides using their income and savings, people borrow money or sell their assets to meet their healthcare

needs, thereby pushing 4.6% of the population below the poverty line. The Government of India is ensuring that its population has universal access to good quality health care services without anyone having to face financial hardship as a consequence. This paper presents central government budget allocations, and other public health indicators. It examines the what extent the new scheme Pradhan Mantri Jan Arogya Yojana (PM-JAY) would help the poorest of India.

Health and health care development has not been a priority of the Indian state. This is reflected in two significant facts. One, the low level of investment and allocation of resources to the health sector over the years – about one percent of GDP with clear declining trends over the last

decade. And second the uncontrolled and very rapid development of an unregulated private health sector. Despite the fact that health is a state subject, though, the Central government through the Council of Health and Family Welfare and various Committee recommendations has shaped health policy and planning in India.

Apart from all earlier policies, National Health Policy (NHP) 2017 has been formulated in March 2017. the policy aims to improve health status through concerned policy action in all sectors and expand preventive, primitive, curative, palliative and rehabilitative services provided through the public health sector with focus on equality. The policy aims to achieve universal health coverage by providing primary health care by utilizing the existing infrastructure and by collaborating with the non-governmental sector. It also aims to achieve improved access to secondary and tertiary services through a combination of public hospitals and private care providers, especially the not for profit providers.

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 (NHM) received the highest allocation at Rs 30,130 crore and constitutes 55% of the total Ministry allocation (see Table). 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.

Table : Major allocations under the Ministry (Rs. Crore)

Major Heads	2016-17 Actual	2017-18 Revised	2018-19 Budgeted	% Change	% of Ministry's budget
NHM of which:	22454	30802	30130	-2%	55%
NRHM	19826	25459	24280	-5%	
NUHM	491	652	875	34%	
OTHERS	2137	4691	4975	6%	
AUTONOMOUS BODIES(AIIMS PGIMER etc.)	5467	6971	6900	-1%	13%
PMSSY	1953	3175	3825	20%	7%
National AIDS & STD Control programme	1749	2163	2100	-3%	4%
Rashtriya Swasthya Bima Yojana	466	471	2000	325%	4%
Family Welfare Schemes	575	788	770	-2%	1%
Others	6331	8924	8875	-1%	16%
Total	38995	53294	54600	2%	100%

Note: NHM: National Health Mission, NRHM: National Rural Health Mission, NUHM: national urban Health Mission, PMSSY: Pradan Mantri Swasthya Suraksha Yojana.

Source: Demand No.42 &43, Ministry of Health and Family Welfare, Union Budget 2018-2019.

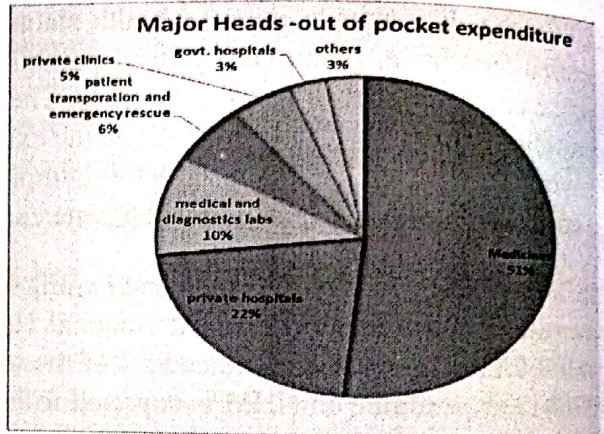
Government of India has much focused on Rashtriya Swasthya Bima Yojana (RSBY) by allocating Rs 2000 crore (325% more than the last year budget), and for National Urban Health Mission Rs 875 crore (34% more than the last year budget) and Pradan Mantri Swasthya Suraksha Yojana Rs 3,825 crore (20% more than the last year budget). IN REALITY, budget allocations have been reduced to NHM (2%), NRHM (5%), National AIDS and STD control program (3%) , family welfare scheme (2%)

and others (1%), THOUGH the Government of India focused in providing quality health care to the Below Poverty Line (BPL) families.

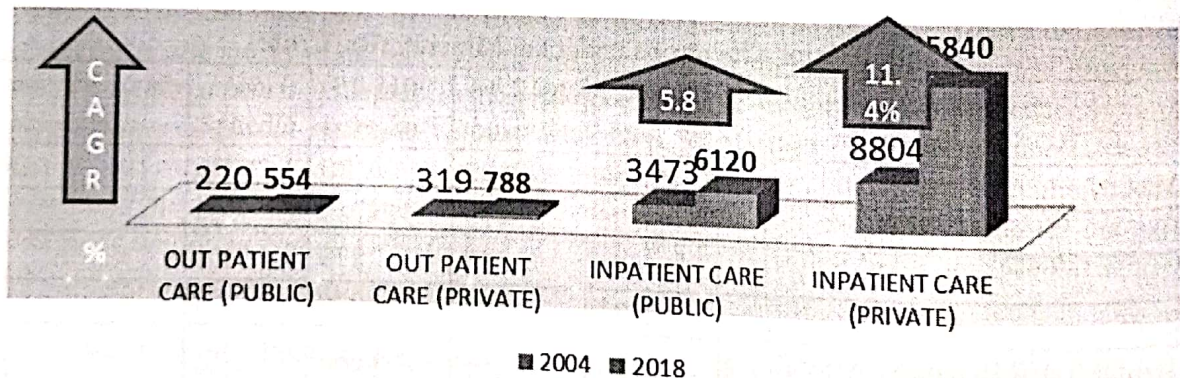
UT OF POCKET EXPENDITURE

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. 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%)



OUT-OF-POCKET COST OF 2004 AND 2018

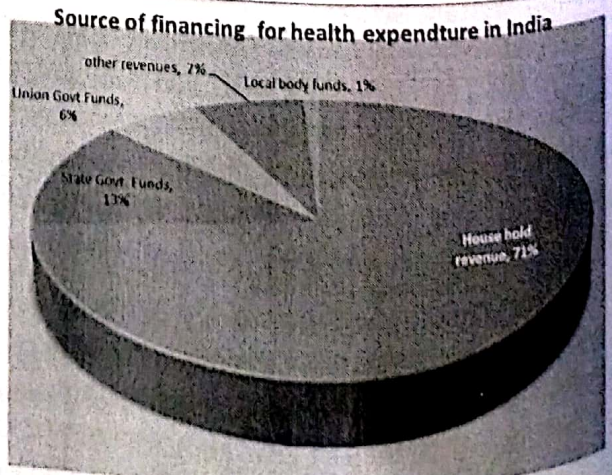


It is also noticed that the out of pocket cost is increasing year after year and THE Compound Annual Growth Rate (CAGR) has been calculated for a period of FOURTEEN years from 2004 to 2018, it shows, there is a 11.4% of Compound Annual Growth Rate is noticed in case of inpatient care in private hospitals, 5.8% Compound Annual Growth Rate is noticed in the public health care centers. The Governments (Central/State) job is to reduced the burden on diseased peoples but unfortunately it has been burdening day by day to the poor patients in India.

money towards their health from their own pocket and the following chart shows the sources for huge out- of- pocket cost along with other expenditures.

SOURCES OF FINANCING

It is noticed that patients are spending huge

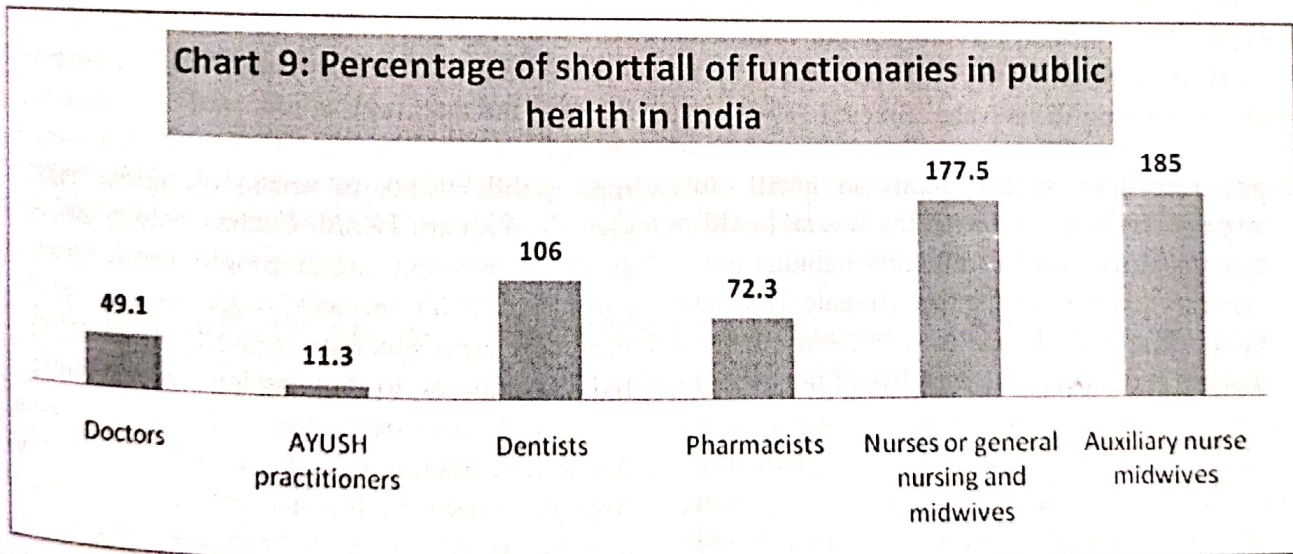


Out of the total income of the patients, 71% is diverted towards his/her health and 13% of funds contributed by the State Governments, Central Government contribution is 6% and local bodies and others contributing remaining expenditure. It resulted to 86% of rural population and 82% of urban population is not covered under any health scheme. 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 balance 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.

Unequally distributed skilled human resources

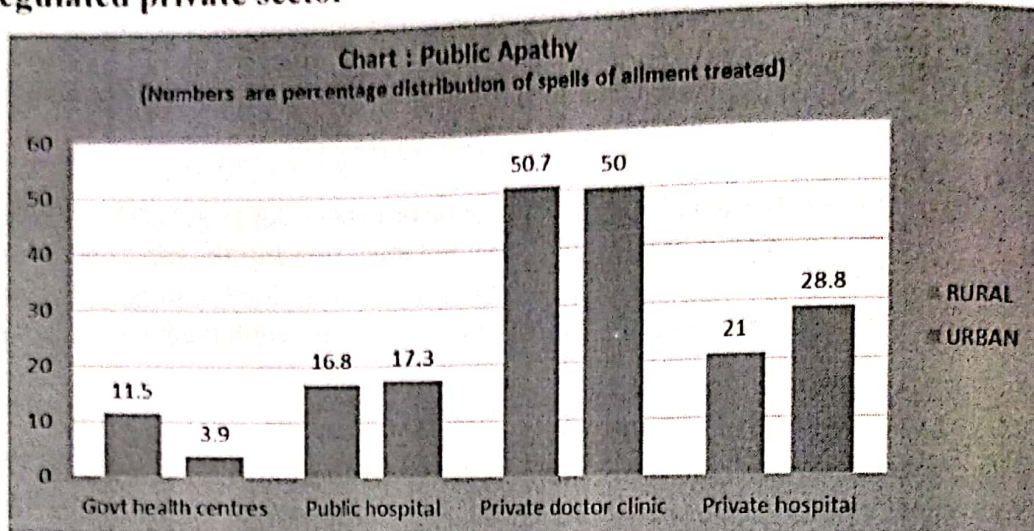
There aren't enough skilled healthcare professionals in India despite recent increases in MBBS programmes and nursing courses. Lancet says this shortage is compounded by inequitable distribution of these resources. In community health centres in rural areas of many states, ranging from Gujarat to West Bengal, the shortfall of specialists exceeds 80%. "India does not have an overarching national policy for human resources for health. The dominance of medical lobbies such as the Medical Council of India has hindered adequate task sharing and, consequently, development of nurses and other health cadres, even in a state like Kerala that has historically encouraged nurse education and has been providing trained nurses to other parts of India and other countries," said the Lancet study.



Source: 12th Five year Plan; (per 1,00,000 population)

Chart shows the shortfall of health professionals. The percentage of shortfall refers to the extra percent of personnel required as a proportion of current availability. So, in case of doctors, current availability is 57 per 1,00,000 people and 49.1% more are required to meet the target of 85. Ayurveda, yoga and naturopathy, Unani, Sidda, Homoeopathy practitioners are also required more than 50 % in each and every segment, it is more so in case of nurses 177.5 % is required.

Large unregulated private sector



SOURCE: NSSO REPORTS AND National Health accounts estimated for India 2017.

Note: Numbers are percentages distribution of spells of ailment treated.

It shows that urban people are less utilising the Govt health care centres, however, rural people are less utilising the private hospitals. In case of public hospital and private doctor clinics on an average equal number of rural and urban people are visiting the private clinics.

Despite recording several gains in health in recent years, India continues to lag several health indicators such as mortality rates and malnutrition. The country carries a disproportionate burden of the world's sick. Home to 17.5% of earth's population, India accounts for 20% of the global burden of disease, 27% of all neonatal deaths and 21% of all child deaths (younger than five years). In a paper released over the weekend in health journal Lancet, a team of researchers led by Vikram Patel, a professor at London School of Hygiene and Tropical Medicine, identified seven structural problems in India's healthcare system.

CONCLUSION

India's public health sector is facing an immense challenge and pushing 4.6% of population into poverty line. It concludes that out of total medical treatment cost more than 70% has to be borne by the patients. out of it 52% is made towards medicines, 10% is made for diagnosis and remaining 8 % is made for transportation

and others. It is astonishing to note that the Compound Annual Growth Rate of treatment cost is 11.4 %. The source of finance is household revenue. The percentage of shortfall of public health functionaries is doctors 49%, pharmacists 72.3%, nursing and allied staff 115%, other services are 118%. It is also noticed where rural public wants to access of public health services Primary Health Centers, which are not available wherein urban people wants to use corporate health services, a greater number of PHC and super specialty hospitals are available. India continues to lag behind several public health indicators despite the fact that launching Ayushman Bharath scheme in 2018. They are i) A weak primary health care sector; ii) unequally distributed skilled health human resources; iii) Large unregulated private sector; iv) Low public spending on health sector by the Governments; v) fragmented health information system; vi) irrational use and spiraling cost of drugs and vii) weak governance and accountability. It is suggested that government should establish more number of PHC in rural areas and sufficient public health functionaries must be made available and 4% GDP amount must be spend on Public Health in India to minimize out-of-pocket expenditure of the poor people in India