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NATIONAL SEMINAR ON

"An Emerging Challenges and Opportunities In India Economy"

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NATIONAL SEMINAR

ON

**“EMERGING CHALLENGES & OPPORTUNITIES IN
INDIAN ECONOMY”**

Organised by

Dr. Babasaheb Ambedkar College, Aundh, Pune.

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Health Infrastructure and Economic Development in India

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ABSTRACT

The study of examines different aspects of health care service facilities and health infrastructure available in India. Major health outcomes like Life expectancy at birth and infant mortality rate depend on available health facilities like hospitals, beds and health trained personnel. Life expectancy in India has increased and IMR declines over the years, except states like Bihar, Jharkhand. India has achieved a considerable progress in providing health infrastructure and its access to health care services to the mass population. However, less developed states like Bihar need more attention to improve health infrastructure and distribution of health facilities. In this context, we also highlight the department of Ayurveda, Yoga and Naturopathy and Homoeopathy, abbreviated as AYUSH which is a Governmental body in India purposed with developing, education and research in Ayurveda, which mostly prevails in under-developed state like Bihar. Our empirical results provide the evidence of strong association between health infrastructure and economic development in India.

INTRODUCTION

Good health is a state of physical and mental wellbeing necessary to live a meaningful and productive life. Hence, health has become an important indicator of human development.

It is true that a healthy person is an asset for himself and for the economy also. To achieve 'good health for all' the country should promote health care services, prevent diseases and help people to make their healthy choices. In a society, 'good health for all' ensures economic progress. Good health promotes efficiency in workforce, enhances their skills and aptitude and is necessary for high life expectancy. Good health is absence of disease and also it represents both physical and mental capability to enjoy life. Good health is achievable under the condition of deliverable effective health care services which is possible only if available good health infrastructures.

Health infrastructures are "the basic services or social capital of a country, or part of it, which make economic and social activities possible" structures that support public health, having both tangible and intangible aspects and existing inside and outside the government sector. Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country.

Health care is a social determinant which is influenced by social policies. To achieve good health for people, especially the poor and the under privileged, the Government of India has focused on improving primary health services and ready to provide more accessibility and affordable to the poor people. In last few decades, India has achieved considerable progress in providing access to health care services to the people. Recently, the health infrastructure of country has expanded manifold. Now, the question arises whether health infrastructure is sufficient and properly distributed in India.

Disparity in health exists in India because of uneven distribution of health infrastructure across Indian States. Now we examine the disparity in health infrastructure in India focusing on three major channels – a) Institution, b) Knowledge capacity and c) health

care service. All these connect the issues of economic development – with special focus on India.

This study is organized as follows: next section provides a brief review of literature. After spell out of the objective of the study, Data and methodology section describe data and provide primary observations. Analysis section explains the results and finally this study concludes with remarks.

BRIEF REVIEW OF LITERATURE

Literature mainly highlights the relationship between human health capital and economic development, health care service and labour productivity, etc.; however, a few have focused on health infrastructure and development. Effective health care service truly depends on allocating or distributing proper health infrastructure.

Bhandari and Dutta (2007) study the health infrastructure in rural India, focusing on family welfare, medical education, and control of drugs, prevention and control of major diseases. Bhandari and Dutta (2007) consider physical infrastructure in terms of considering health centers, dispensaries hospitals etc. This paper includes medical and trained staff in discussion on rural health infrastructure and identifies the critical gaps between requirement of infrastructure and services.

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Colgrove, Fried, Mary, Northridge and Rosner (2010) investigated the public health and infrastructure for the US economy in 21st-

Century. They highlighted that health infrastructure is crucial for public health care and services. In this paper, they argued that schools of public health (SPHs) are also essential to the nation's health, security, and well-being.

Ademiluyi and Aluko-Arowolo (2009) studied the infrastructural distribution of healthcare services in Nigeria. They examine the biomedical or western orthodox health care with its expansive bureaucratic ethos within the concept of hospitals structure in Nigeria. They observed that distribution of medical care delivery in Nigeria is biased towards urban area. Medical care services are favoured to the urban population at the cost of rural settlers. Infrastructure distribution of health care in rural areas of Nigeria are neglected to satisfy the urban areas, where the educated, the rich and Government functionaries reside.

Laxmi and Sahoo (2013) examine the relation between health infrastructure and health indicators of Andhra Pradesh for the period of 1980-2010. They develop a health infrastructure index focusing on hospitals, nursing home, beds, doctors and government hospitals etc. They investigate health sensitivity in response of health infrastructure estimating its elasticity coefficient.

Majumder (2005) examined empirically the inter-linkage between infrastructure and regional development in India. Using Multidimensional approach and composite index the paper found a significant relation between infrastructural and development, which is different for regions at different stages of development. His findings also suggest that identification of specific requirements of different regions and infrastructural expansion are major requirement of balanced regional development.

HEALTH INFRASTRUCTURE AND DEVELOPMENT

Human health is important for economic growth and development. Importance of health

for socio-economic development has gained recognition in recent time. There is a strong relation between population, health and development. There is little information available regarding the quality of health care delivery in developing countries. However, health care services are improving slowly with developing health infrastructure which is not properly recorded. Health infrastructure in the most of the developing economy is poor and so society need for the betterment of health service. Health care service providers could be either private or government; otherwise, jointly they can serve for betterment of the society. However, only the government can provide proportionately health infrastructure for whole population in poor country like India. Creation and distribution of health infrastructure is the first priority in a developing economy that it ensures good health.

IMPORTANCE OF HEALTH INFRASTRUCTURE IN INDIA

India is at the point of an exciting and challenging period in its history. India today enjoys as never before, a sophisticated arsenal of interventions, technologies and knowledge required for providing health care to her people... Yet the gaps in health outcomes continue to widen. On the face of it, much of the ill health, disease, premature death, and suffering we observed on such a large scale are needless, given the availability of effective and affordable interventions for prevention and treatment. Making healthcare affordable and accessible for all its citizens is one of the key focus areas of the country today. Health infrastructure is an important indicator to understand the health care delivery provisions and signify the investment and priority accorded to creating the infrastructure in a region.

OBJECTIVE OF THE STUDY

The main objective of this study is to examine at the provincial characteristic of distribution of health infrastructural facility in

Indian States. This study investigates the disparity in health across India in three different areas, namely a) Institutional capacity building provision b) Skilled or trained personals c) Service providers. How are components of these health infrastructures distributed across states of India? This study examines state wise distribution of health infrastructure and availability of health care services in India.

DATA SOURCES AND METHODOLOGY

The present study is exclusively based on secondary data. For the analysis of health infrastructural distribution twenty-one major states have been studied for interstate comparisons. Institutions are built up for creation of medical trained personals. The state wise numbers of Medical Colleges and MBBS Seats in India for the year 2018-19 have been taken from Medical Council of India, AllIMS- All India Institute of Medical Science and Jawaharlal Institute of Postgraduate Medical Education and Research. The State wise data on Under Graduate Colleges and Post Graduate Colleges of AYUSH Hospital are collected from State Governments & concerned agencies of Government of India.

PRIMARY OBSERVATION

India has made a good progress in last few decades in health sector. Medical education infrastructures in the country have shown rapid growth in last 10 years. There are currently 420 medical colleges in the country that offer 56,838 MBBS seats between Government and private medical colleges. That makes India is the largest producer of doctors in the World. In comparison, the United States only produce 18,000 doctors a year. According to the Medical Council of India (MCI), the total number of registered doctors in the country is 936,488 and Auxiliary nurses' midwives are 756,937 & registered nurses are 1,673,338 as on December, 2019. There are 153,655 Sub Centres in a country which is the most peripheral institution. There are 25,308 Public Health Centres and 5396 Community

Health Centres in India to provide integrated curative and preventive healthcare to the rural population.

INSTITUTIONS

Health infrastructures in terms of Government and private Colleges, ANM and LHV Training School, Health & Family Welfare Training Centre (HFWTC) and Multipurpose Health Worker (M) Training Centre, doctors, nurses, etc. have a major direct and positive contribution to health outcomes of any country.

CONCLUSION

This research has reviewed the health infrastructure available in India and analyses the factors which are responsible for main health outcomes like Life expectancy at birth and infant mortality rate. LEB and IMR certainly depend on available health facilities like hospitals, beds and health personals and also on economic development. The Government should focus more on health infrastructure of these states. India has achieved a considerable progress in providing health infrastructure and its access to health care services to the mass population. In last two decades, in India, the health infrastructure has increased and improved in manifolds. Basic Health Care is necessary for all and India has achieved it too some extend. However, distribution of health infrastructure is not proper. Especially, Uttar Pradesh and Bihar are under developed compared to rest of India and they need more attention to improve health infrastructure and distribution of health facilities. Economic development has strong feedback to improve infrastructure, more specifically health facilities that certainly improves human health capital, and later it helps to improve overall human capital.

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