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Findings

Despite significant progress, India's health achievements are dismal, characterised by inequalities related to caste, class, gender, religion, etc. Given the market failures, externalities, and the merit-good rationale for the public provision of health services, the need for State intervention is hardly disputed. Our analysis has found that higher public health expenditures (as a proxy for increased public investment in health) improve health outcomes. For better policy design and outcomes, a more comprehensive, standard, and realistic healthcare spending definition must be worked out.

Women's empowerment is critical for implementing interventions, influencing decisions, and stakeholder participation. Female-headed families have better access to clean drinking water, clean toilets, greater vaccination and treatment of diseases, and availing surgical interventions. Education was also found to play a crucial role in enhancing health outcomes. The relatively more affluent classes had similarly better access to all tiers of healthcare- primary, secondary, and tertiary. Households' access to health cards provided by the Government and insurance (both public and private) also improved the odds of availing of treatment. Media plays a vital role in creating awareness and dissemination of information regarding health to the population.

Besides physical capital creation, social capital investment is a must. Funds earmarked for research, training, and upgrading skills of health personnel need to be increased. The strategy

for universal provision to ensure equity and inclusion needs to balance public and private sector partnerships. The mutual dependence of the two sectors must be recognised in line with recent healthcare developments worldwide. Successful implementation and accountability should be enforced by emphasising grassroots community mobilisation. A health index-based criteria to decide where and how to invest should be explored.