



SHRI RAM COLLEGE OF COMMERCE



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STRIDES

A STUDENTS' JOURNAL OF SHRI RAM COLLEGE OF COMMERCE

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Principal's Message

The mission statement of the College, signifying the existence and its road map to the achievement of its vision, reads as:

"To achieve and sustain excellence in teaching and research, enrich local, national and international communities through our research, improve skills of alumni, and to publish academic and educational resources"

To achieve and promote excellence in publications and applied research, the College has taken the initiative to launch a new journal exclusively to publish students' research papers and articles. It will be an add-on to the enriched catalogue of College publications and academic literature.

The journal has provided an opportunity to the students of our college to focus on research. Since the students were not opened to the research methodologies at the undergraduate level, they were mentored by experienced senior faculties of our College. Simultaneously, their articles were also reviewed by the referees and tested for plagiarism before publication. After reporting all the suggestions recommended by the referees, the articles were revised and then finally published. The College had successfully released the foundation issue of the journal **"Strides – A Students' Journal of Shri Ram College of Commerce, Volume 1, Issue 1, 2016-17"** on the occasion of 91st Annual Day



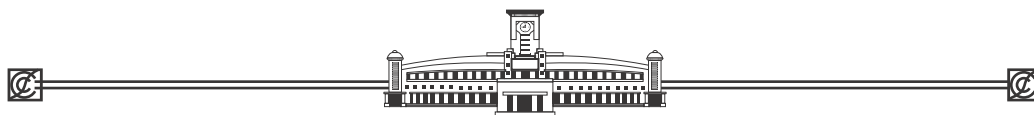
of College held on 13th April 2017. The Journal was released by Shri Prakash Javadekar, Honb'le Minister of Human Resource Development, Government of India.

The college has already applied for seeking International Standard Serial Number (ISSN) for the Journal. The application for ISSN is still under process.

I would like to congratulate the students whose papers are published in this issue of the journal and simultaneously encourage all the students to contribute their research papers and articles for the successive issues of the Journal.

Best wishes for their future endeavors.

Prof. Simrit Kaur
Principal



Visit: <http://www.srcc.edu/publications/students-publications>

Editor's Message

Shri Ram College of Commerce is well known for its academic excellence and dedicated approach towards dissemination of knowledge in the academic world. The College appreciates the role of research in education and is committed to developing an inclination towards research in both faculty and students. In this pursuit, the College has taken the initiative to launch a new Journal named 'Strides – A Students' Journal of Shri Ram College of Commerce' to encourage students to pursue research under the guidance of the faculty of Shri Ram College of Commerce.

It is a bi-annual journal launched exclusively to publish academic research papers and articles by the students on contemporary topics and issues in the area of commerce, economics, management, governance, policies etc.

In order to maintain high standards of publication, the Committee on Publication Ethics (COPE) has been constituted. The COPE shall be the apex authority to take all decisions related to publication of research papers and articles in Strides. The decision of the COPE shall be final and binding.

To maintain high academic standards, academic ethics and academic integrity, a rigorous process of double blind review of research papers is followed along with screening for plagiarism of each



manuscript received by the college for publication. The research work published in Strides is original and not published or presented at any other public forum.

The foundation issue of the Journal i.e. **"Strides – A Students' Journal of Shri Ram College of Commerce, Volume 1, Issue 1, 2016-17"** was successfully released on 91st Annual Day of the College held on 13th April 2017 by Shri Prakash Javadekar, Hon'ble Minister of Human Resource Development, Government of India.

The successive Issues of 'Strides – A Students' Journal of Shri Ram College of Commerce' shall be bi-annually released.

Dr. Santosh Kumari
Editor



Visit: <http://www.srcc.edu/publications/students-publications>

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Healthcare and The Indian Economy

HEALTH IS WEALTH- There are many pillars of a growing economy- Education, Employment, Infrastructure and Healthcare. This research paper revisits the Healthcare system in India and directly draws the link between growing economy and the ever-growing healthcare system in India. We look forward to cover varying aspects of healthcare system of our country and also look at opportunities at our disposal including aspects relating to medical tourism, increased employment opportunities in this sector, a look at the new health policy of the government, how an economy of a country and health of its people is related and the new health policy.

INTRODUCTION

A nation will be prosperous when its human capital is fully utilized. It can be fully utilized only when it performs well in all the parameters of Human Development Index which measures the overall well-being and prosperity of human resource of a particular country. It consists of three parameters which are Healthcare, Education and Income level. Healthcare is one of the most important indicators of well-being, development and prosperity. Our Research paper elaborates extensively on the Healthcare system in India.

The history of healthcare in India is long drawn. From plastic surgery being performed by Shushruta way back in 6th century B.C to the invention of one of the most superior forms of medicine- Ayurveda. The Indian system of medicine didn't only phantom on illness and

standalone treatment but also combined concepts such as diet, beliefs, and culture into treatment of people. Fashioned on these multi-dimensional approaches was the Indian system of healthcare. The healthcare system in India has evolved since then but today the situation is grim and the public healthcare system is in shackles. Despite India's impressive economic performance after the introduction of economic reforms in 1990's, progress in advancing in health status of Indians has been slow and uneven. More than 250 infant deaths in a month in Gorakhpur and more than 600 deaths of children in a hospital in Ranchi and numerous cases like these have time and again proved that health care system in India needs a serious rethinking. Growing population and rising middle class in recent years has been marked by a "dual disease burden" i.e. a continuing rise in communicable diseases and a spurt in non-communicable or "lifestyle" diseases, which accounted for half of all deaths in 2015. Despite problems healthcare has become one of India's largest sectors, both in terms of revenue and employment.

WHERE DOES INDIA STAND?

India has a lot of catching up to do with its neighbors, including China, Bangladesh, Bhutan and Sri Lanka in terms of healthcare. According to the Global Burden of Disease Study (GBD) published in the medical journal- The Lancet, it has finished a dismal 154th among 195 countries on the healthcare index. India has a score of 44.8 and lags behind Sri Lanka (72.8), Bangladesh (51.7), Bhutan (52.7) and Nepal (50.8) and ranks above Pakistan (43.1) and Afghanistan (32.5). The HAQ index, based on death rates for 32 diseases that can be avoided or effectively treated with proper medical care, also tracked progress in each nation compared to the baseline year 1990. As per the study, India has performed poorly in tackling cases of tuberculosis, diabetes, chronic kidney diseases and rheumatic heart diseases. The journal lists India among the biggest underachievers in Asia in healthcare access. When we compare India to other BRICS and SAARC nations, we score lowly in almost every single welfare indicator. Some of the third world countries outperform India in healthcare. India ranks a low 187 out of 194 countries on health expenditure as a percentage of the GDP. India spends just 1.3 per cent of its GDP on healthcare. This figure is much lower compared to BRICS countries - Brazil spends around 4.66 per cent, Russian Federation 3.15 per cent, South Africa around 4.33 per cent and China around 3.1 per cent. Around 62% of the health expenses incurred by Indians is met using personal savings, called "out-of-pocket expenses," compared with 13.4% in the U.S., 10% in the UK and 54% in China. Among SAARC countries, Afghanistan spends 8.2 per cent, Maldives 13.7 per cent and Nepal 5.8 per cent.

Population Foundation of India (PFI) has said low spending by the country in the (health) sector has caused growing inequities, insufficient access and poor quality of healthcare services.

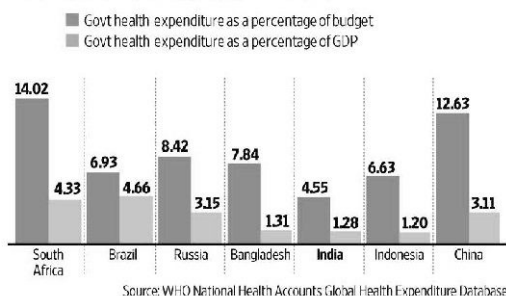
Table-1: South Asia and China- Selected Health Indicators

Indicators	India	Bangladesh	Bhutan	Nepal	Pakistan	Sri Lanka	China
Life expectancy (years)	65	69	67	69	65	75	73
Infant mortality rate (per 1000 live births)	47	37	42	39	59	11	13
Under 5 mortality rate (per 1000 live births)	61	46	54	48	72	12	15
Maternal mortality rate (per 100000 live births)	200	240	180	170	260	35	37
Access to improved sanitation (%)	34	56	44	31	48	92	64
Infant immunization (DPT) (%)	72	96	95	92	80	99	99
Infant immunization (measles) (%)	74	96	95	88	80	99	99

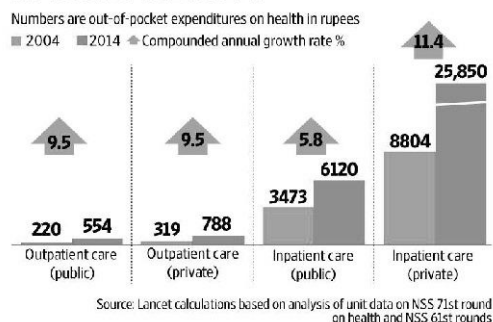
Sources- Human development report 2013 and World Development Indicators.

The above table clearly indicates that countries like Nepal, Bangladesh and China outperform India in almost all of the health indicators. India needs to up its game by investing heavily in its health sector for overall economic development.

NO COUNTRY FOR SICK PEOPLE



THE COST OF FALLING ILL



MILESTONES

The Indian healthcare system is not all about failures. There is also a positive side where in, the healthcare system in India has achieved what used to once look like unachievable.

After Independence when India wasn't just suffering the ravages of partition but was also in the throes of a severe health care crisis with famines, drought, epidemics, maternal mortality, and almost absent health care service. While we still have a long way to go, our country has made great strides in ensuring universal healthcare to its people.

In recent years India's public spending on health has increased to nearly 15% of the total health-related costs of its citizens. Some of the milestones are discussed below-

- **LIFE EXPECTANCY-** At the time of independence the average life expectancy in India was just 32 years, today the average lifespan of an Indian is over 66 years.
- **SMALL POX -** Immunization programs launched at the start of the 1970s were hugely successful and India was declared small pox free in 1975.
- **POLIO-** Till the early 1990s, at least 200,000 to 400,000 cases were reported annually, today that figure is 0.
- **MATERNAL MORTALITY-** The maternal mortality rate was recorded as 437 per 100,000 births in 1992, a figure that is believed to have dropped to approximately 135 today.

OUR EXPERIENCES

We visited Gharunda in Haryana and Sahibabad in Uttar Pradesh to assess health conditions there and see how rural and semi-urban healthcare system work. We found two contrasting situations.

Our visit to Sahibabad which is close to Ghaziabad in Uttar Pradesh showed us how people trusted the government hospital but also complained about non-availability of doctors at all the times and how the hospital is over-burdened due to absence of additional beds. There are quite a few private healthcare centers in Sahibabad which offer quality services but at exorbitant rates which is used only by well-to-do people. Sahibabad as a region has a mixed populous in terms of presence of both middle class and poor people. Our experiences and visits to Sahibabad highlighted few key features about the real Health Industry situations of our country. Sahibabad's demographics are a replica of a normal village or sub-urban area in India with approximately 3 income-levels and 3-4 religious backgrounds. This village was chosen by us because of two major reasons, the demographics present a perfect sample village for research and also because there are both government and private players along with elite private class health care units. The presence of both the sectors at the same time, has a great advantage and helps us to satisfy two goals at the same time i.e people's preferences for a particular sector and reasons for the same too. After 4 rounds of rigorous survey and analysing data of 380 respondents, we realised that people usually prefer Government services in the rural areas because of few major reasons like credibility, perception of people that in a country like India healthcare is a public sector enterprise which means

affordable services are still a government responsibility with a view of mass inclusion. The only prevalent reason for shift to private sector is quality and waiting period in terms of time spent due to shortage in infrastructure.

This gave us two major insights: Even after so much of backlash from capitalists, media houses; the rural masses still trust government and are dependent on it for services and resources.

The major issue in this sector apart from quality is infrastructure in terms of beds, medicines etc which can be solved with a comprehensive transparent system. A ray of hope- this visit helped us remove the negativity and apprehensions with regard to our country's government sector that can be revived through substantial efforts.

After visiting Gharunda in Haryana to assess the healthcare system, we were shocked to see the heart breaking reality in the villages there. We visited a cluster of 30 villages in Gharunda which are among the poorest of the poor villages in the state. These villages lack basic services in terms of no presence of quality education, roads, communication and healthcare. The villagers have to travel miles to the visit PHC's in the Gharunda town or travel all the way to Karnal, foregoing day's income for a basic checkup. 80% of the people in these villages are economically poor and are daily wage laborers. These villages lack PHC's and there are no hospitals in the near vicinity of these villages. Owing to the presence of hard water, there are a lot of water-borne diseases too. The positive side remains in terms of presence of local Anganwadi centres in which immunization of children is taken care of. These villages also face sanitation problems and perform really poor on socio-economic indicators.

Our conclusion from the visits is that regions close to cities still perform better in regard to the availability of basic health facilities. But regions in rural areas face the brunt of inadequate allocation of funds towards the healthcare sector in general. There are still scores of such villages which are completely untouched for the basic healthcare facilities and focused attention is required in this regard.

ECONOMY AND HEALTHCARE

The health of a country has profound effects. Its impact is just not limited to the people and their quality of life, but it also has the ability to increase or slow a country's economic development and growth. The health status of a population can contribute substantially towards the economic development of a country via increased productivity, improved learning, demographic effects and reduced treatment burden.

A study by Joanna Zator-Peljan reveals that economy of a country and the health of its people is co-related. Findings revealed that better health in the form of higher life

expectancy and improved child health may lead to a decrease in the impregnation rate hence adults will participate more extensively in the labor market, allowing them to obtain higher per capita income.

The health care industry is a \$100 billion industry which is growing at a speed of 15% per annum and is expected to become \$280 billion industry by 2020. It is indeed a clear signal that healthcare is going to be a major sector that stimulates economic growth and contribute to employment. Over 40 million new jobs are expected to be generated by 2020, as per a report titled 'India's New Opportunities-2020' by the All India Management Association, Boston Consulting Group and the Confederation of Indian Industries (CII).

KERALA- BEACON OF HOPE

India moved towards reliance on private healthcare without developing the support of basic public health facilities. On the contrary, in Kerala, a major expansion of public health services was accomplished before the large scale expansion of private medical care. There was universal health coverage by the state and the private care developed much later for catering to the rich. The state allowed and encouraged the auxiliary facilities of private healthcare to enrich a well functioning state system. Kerala experienced growth, which was in a way related to the development of human capabilities.

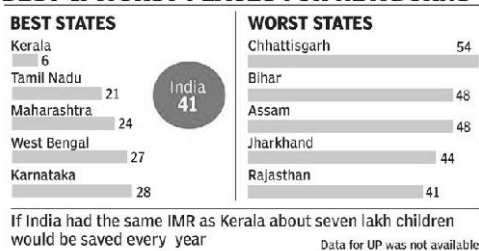
ROAD AHEAD

HEALTH ACCOUNTS

Expenditure on health care <ul style="list-style-type: none"> Kerala spends 6.5% of its GSDP Public expenditure 1.5% of GSDP 	Health-care expenses <ul style="list-style-type: none"> Households pay 76% Government 19.6%
Highest per capita expenditure on health in India <ul style="list-style-type: none"> Kerala Rs.7,636 (Public per capita spending Rs.1,765) Punjab Rs.6,000 Haryana Rs.3,600 India Rs.3,800 	Health spending <ul style="list-style-type: none"> Rs.25,000 crore Medicines 36.7% Inpatient curative services 26.6% Outpatient expenditure 9.5% Patient transportation 4%

Findings of the first ever State Health Accounts for Kerala (2013-14), undertaken by the Public Health Foundation of India (PHFI), along with the department of health, Sree Chitra Tirunal Institute for Medical Sciences and Technology, and the Health Systems Research India Initiative

BEST & WORST PLACES FOR NEWBORNS



GLOBAL COMPARISON



National Health Policy, 2017

Although it took India 15 years to frame a new health policy from 2002, It has certain merits from the economic and impact front:

- Raising public health expenditure from 1.3% of the GDP to 2.5% with special focus on

primary healthcare would benefit rural areas and also have a huge economic impact with increasing GDP and production.

- The concept of 'Health and Wellness Centers' that aim to provide a larger package for primary healthcare at the grass-root level can help develop primary centers with less capital requirements thereby increasing impact.
- Regulatory bodies to keep a check by standards, quality-check and indices would help develop the qualitative aspect as well. Apart from these the blend of MAKE-IN-INDIA concept by reforming the regulatory framework for drugs and devices manufacturing, thereby helps in reducing costs further.
- Increasing life expectancy from 66 to 70 years, 2 beds per 1000 population, reduce mortality rate of under 5 year old to 23 by 2025; are all achievable figures if requisite funds are allocated and used.

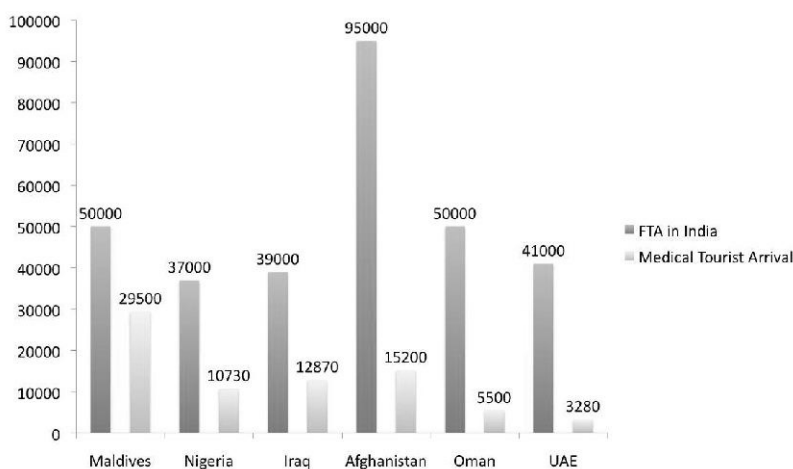
Though a positive step to start something new, the policy had certain drawbacks, ranging from:

- Low expenditure as compared to global trends, though we have increased expenditure targets but they still very low to world average of 4.9% and the WHO's optimum public spending figures.
- As compared to the fastest growing economy concept, we need to have above par life expectancy as per global records. When we aim to achieve 70 by 2025, Sri Lanka and Bangladesh have already ousted us.
- Change in status of government from service provider to 'strategic purchaser', though private players can help us increase the quantity & quality but private facilities barely exist in underserved areas where the gap in healthcare services is the worst. The provision of insurance schemes through private players too has a huge amount of risk where the underprivileged can be easily subdued.
- Indirectly the government is cutting down its health care expenditure and also the government's pledge of "health assurance" seems to be restricted to a basic package of services at the primary level to be delivered by public services targeted at the poor. There will continue to be poorly functioning and under-resourced public facilities at the secondary and tertiary levels and increasing insurance-based provision of care will mainly be outsourced to private facilities.
- This has a very negative side that though acute diseases can be curbed but the major chronic diseases still won't have a solution for the majority chunk of our population.

Thus a balance in both the primary and secondary and tertiary healthcare with more regulatory framework for private players to make the industry welfare-centric too might be something very important.

Medical Tourism:

- Tourism in India is one of the fastest revenue generating industry contributing around 5.92% of the national GDP and providing employment to over 9.24% of the total country's workforce.
- India is emerging as a leading nation for people across the world for medical treatment owing to affordable and cheap healthcare as compared to North America and Europe.
- The Indian government issued more than 1.78 lakh medical visas in 2016, including for follow up treatment, as against 1.22 lakh in 2015. It is a clear indication that India is becoming a mega hub of medical treatment to foreign patients.
- Majority of the patients coming to India for treatment are from the Middle East, Africa, Bangladesh, Afghanistan, Maldives, Pakistan, Bhutan and Sri Lanka. India's cost advantage will significantly open doors to the US and Europe over future, due to lower cost than the US and almost half that of Europe.
- More tourists are coming to India because cost of treatment here is much less compared to the US and the European countries. We are also trying to integrate medical tourism with normal tourism," said Parvez Dewan, Former Secretary, Ministry of Tourism-Government of India.



WHAT WE INFER

- Healthcare industry in India has a great future with respect to the new liberal policy and development of profit clause in the existing industry has attracted and will continue to attract big houses to invest and develop it as a competitive industry thereby benefiting the consumers in the long run.

- But, as the other side of the coin there needs to be a check on the private players to not let them overpower the welfare clause. The recent policy of the government to put a cap on the maximum price to be charged on medical devices will help increase the impact and make healthcare more accessible by the poor. Social entrepreneurship projects can play a vital role in improving the healthcare facilities in the interiors of our country.
- The startup era, with the youth and innovative ideas can make this industry even more competitive leading to better results in long run also apps can make services more accessible. It's universal that technology has a better accessibility than human reach so its beneficial too.
- The development of better health infrastructure has an additional benefit for the country and GDP, i.e. flow of foreign exchange in terms of medical tourism, a recent trend.
- Thus a liberal-cum-regulatory policy, young blood and growth trends can cast a great image on our healthcare industry benefiting the rich and poor together.

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