

Health Care Expenditure In Rural India

[#healthcare expenditure rural India](#) [#rural India health costs](#) [#medical expenses India villages](#) [#out-of-pocket health spending India](#) [#healthcare access rural areas India](#)

Explore the critical issue of healthcare expenditure in rural India, examining the financial burdens and challenges faced by communities in accessing medical services. This analysis delves into the various factors influencing rural India health costs, including out-of-pocket spending, lack of insurance, and the availability of quality facilities. Understanding these medical expenses in India's villages is crucial for developing sustainable strategies to improve healthcare access in rural areas India and reduce the financial strain on vulnerable populations.

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Health-care Expenditure in Rural India

In India there is a high incidence of morbidity and malnutrition coupled with low standards of public health and expensive medical care. Despite several policy initiatives and many attempts to promote a healthy society, health remains an issue of concern. Policy-makers recognise that the country suffers unacceptably high levels of disease and premature death. A 2005 report from the National Commission on Macroeconomics and Health (NCMH) claims that private out-of-pocket (OOP) health expenditure often has a catastrophic effect on the consumption of basic goods and services for low-income households, forcing many below the poverty line and often blocking private intergenerational flows, severely affecting family members including the co-residing elderly, especially women. As poverty, malnutrition and enormous disparities are widespread, particularly in rural areas and urban slums, reliance on private health providers is fraught with serious economic consequences. Disease prevalence among these groups is particularly high. The market plays an increasingly important role in delivering health and diagnostic services. Infrastructural bottlenecks faced by central, state and local government health services force public health service users to access private medical care and incur very high out-of-pocket (OOP) expenses. All these issues are in direct contradiction to India's National Population Policy (2000) and National Health Policy (2002). This book highlights some of these neglected issues, and focuses largely on private expenditure on drugs and medicines for the treatment of ailments both with and without hospitalisation. It examines private OOP health expenditures in rural and urban households after breaking them down into the various healthcare service components including drugs and medicines (which constitute about 75 to 80 percent of OOP health expenditure), and assesses the extent of capital sample households borrow to finance medical expenditure and the effect on their basic food and non-food consumption requirements.

Paying Out-of-Pocket for Drugs, Diagnostics and Medical Services

Master's Thesis from the year 2019 in the subject Health - Public Health, grade: 7, , course: PUBLIC HEALTH, language: English, abstract: In India, healthcare costs are increasing and India's health financing system is exacerbating economic burden on household because of health expenditure and influence treatment-seeking behaviors. As a result, health inequity and unequal access, come up as

the main concern for the Indian Health care system. This study aims to report the bottlenecks in health financing functions resulting in financial barriers in health care access. Literature review and desk study were done by reviewing, analyzing the data from national health account and National Family Health Survey conducted during 2012-13 to 2015-16 and analysis of studies done on health system and Health financing functions in India were included. The OASIS framework used to guide the study.

The Unmet Objective of Health Financing in India. Affordable Health Care for All

It is a pleasure to have first edition of the book "Out of pocket expenditure for healthcare of sick infants among urban slum and rural community members in Odisha, India" which will be helpful to students and teacher doing research in interdisciplinary subject in science in large extent. This book has been written to help students in their special paper public health at PG level.

OUT OF POCKET EXPENDITURE FOR HEALTHCARE OF SICK INFANTS AMONG URBAN SLUM AND RURAL COMMUNITY MEMBERS IN ODISHA, INDIA

This Book Should Be Of Immense Use To Students, Researchers And Laymen Interested In The Health Care System Of Assam In Particular And India In General.

Public Investment in Primary Health Care

Entertaining, provocative, lively, well-written text, which is must read for people who are passionate to drive change in health care. • Well- researched book on health care reforms that captures wealth of insights, serving as comprehensive source of up-to-date information and facts • Offers interesting insights into the health of India's population and makes a passionate appeal for political priority to be given to universal health coverage and for an upstream pre-emptive approach to health • Contains thought provoking ideas and reform proposals, which are of global relevance • Must read for everyone interested in the Health Care System of India

Health Care Reforms in India - E-Book

Seminar paper from the year 2016 in the subject Health - Miscellaneous, grade: 1,75, , language: English, abstract: This paper is a written composition about the Indian health care system, its flaws and possible methods for improvement. The health care of every country is utterly significant for the well-being of every citizen. Gandhi recognized the importance of health. And he was right. Health has to be achievable for every person. A good health care system provides help when needed and moreover also often bears the costs of the treatment. When a good system is given, the life expectancy increases, because many diseases are recognized earlier if a doctor is visited. With the growth of the population the significance of the health sector increases continuously. Even when no medical treatment is needed, many people feel safer when they have the guarantee to get one if it is required. This gives a secure feeling to the inhabitants of the country. It makes the citizens believe in their own government. Although a well-organized health care system has so many advantages for all of the population, sadly most of the Indians do not have medical insurance at all. Good health care needs to be affordable and available for every single inhabitant of a country. Therefore you need proper infrastructure and a very thorough organization. In my thesis paper I will explain the current situation in medical care in India and the problems connected with it. I will list the reasons that led to this state and picture their influence on India. After that, I want to shortly summarize the problem India has with its healthcare system. As a next step, I will be explaining the German healthcare system with the German health insurances. In addition I want to list some advantages and disadvantages the German insurance system has. In the next paragraphs I will check whether the German system is adaptable to India to improve the Indian health care situation. For that two different projects in India will be explained to illustrate the attempt to improve the system. The answer whether the German health care system would be possible in India will be stated in the last part of the paper, the conclusion.

Can the German health care system be adapted to India?

A collection of articles by eminent Indian health economists and health policy analysts, providing reviews of many aspects of health financing in India, including public health expenditures at national and state levels; the development and functioning of public and private hospitals; health insurance; the private health sector; household health exp.

Paying for India's Health Care

In Indian context.

Rural Infrastructure

One of the most urgent development challenges facing many low and middle income countries is the need for adequate financing systems to pay for health care provision to the estimated 1.3 billion impoverished people living in rural areas or working in the informal sector in urban areas. This publication considers ways of improving the financing of health care at low income levels, as part of a global strategy for increased investment in health and poverty reduction. Topics discussed include: global and regional trends in healthcare financing; strengths and weaknesses of community-based health financing, and experiences in Asia and Africa; country case studies using household survey analysis from Senegal, Rwanda, India and Thailand; deficit financing; and the impact of risk sharing on achieving health system goals.

Health Financing and Costs

Study of the rural private practitioners in India.

Health Financing for Poor People

This report discusses several different approaches that support reforming health care services in developing countries. For some time now, health care services have been supported by government funds. As demands for improving health care services continue to increase additional demands will be placed on governments to respond. This, however, will not be easy. Slow economic growth and record budget deficits in the 1980's have forced reductions in public spending. Alternative approaches to finance health care services are needed. Such possible changes could involve: decentralization of federal government involvement; the promotion of nongovernment involvement; the imposition of user fees; and, establishing health insurance. Finally, the role of the Bank in pursuing new financing strategies is discussed.

Achieving Healthcare for All in India

India will face one of the toughest struggles against diabetes in the region and will be the largest contributor to regional mortality with 9,83,000 deaths attributable to diabetes. Type-II diabetes mellitus (DM) is a major public health problem with more than 471 billion USD spent on healthcare for diabetes. The WHO predicts DM to become the seventh leading cause of death in the world by 2030. An estimated 3.4 million people have died from the consequences of high blood sugar in 2004. Out of all the deaths caused by DM, 80% of them occur in low and middle-income countries. DM is an expensive disease as per capita cost of managing the disease is 2-4 folds higher than the non-diabetics. Treatment costs increase with disease duration, presence of complications, hospitalization and urban settings. Healthcare expenditures on diabetes accounted for 11.6% of the total healthcare expenditure in the world in 2010. By 2030, this amount will exceed USD 490 billion. The direct cost on diabetes healthcare is usually very high for people in developing countries. Present study focuses on studying economic impact of DM in urban and rural field practice area of Sri Siddhartha medical college and examining of the financial coping mechanisms. OBJECTIVES: 1. To estimate the total expenditure incurred by Diabetics and its socio economic impact on their families. 2. To estimate the magnitude of Catastrophic Hospital Expenditure (CHE) due to type-II Diabetes Mellitus. 3. To assess the financial coping mechanisms of households with Type-II Diabetes mellitus. MATERIALS AND METHODS: The cross sectional study was conducted in urban and rural field practice areas of Sri Siddhartha Medical College in Tumkur. 180 study subjects each from urban and rural field practice area were included in the study and systematic random sampling method was used to include the study subjects. RESULTS: Mean total diabetic expenditure was higher among urban study subjects at 778 rupees per month while it was lesser among the rural study subjects which was 285 rupees per month. This was statistically significant. Total monthly indirect diabetic expenditure was higher among urban population (190 rupees) as compared to rural study subjects who spend around 145 rupees. This was also statistically significant. Catastrophic hospital expenditure was experienced by 27 % of study subjects, higher in urban area (30%) than rural area (24%). Mobilising savings and using cash were the commonest coping up strategies adopted by diabetics. CONCLUSION: Mean total direct cost incurred by diabetic study subjects per month was higher in urban area (778 Rupees) than rural areas (285

Rupees). Diabetics from both urban and rural areas spend most on purchase of oral medication (64% and 61% respectively). Mean indirect cost of diabetes per month was higher in urban areas (190 rupees) than in rural area (145 rupees) with major indirect loss coming from loss of wages. Catastrophic hospital spending was experienced more by urban area diabetics (30%) than among rural diabetics (24%). However catastrophic hospital spending increased among hospitalized study subjects from both urban and rural area (84% among urban and 83% among rural areas).

Demand for Curative Health Care in Rural India

Safeguarding the Health Sector in Times of Macroeconomic Instability presents the results of an international initiative to document the effects of how health systems in the developing world have responded to macroeconomic austerity and adjustment measures. Are these systems flexible and resilient to changes or are they rigid? In which circumstances and under which conditions do health systems respond favourably or unfavourably? What are the success stories? Country studies from Burkina Faso, Zimbabwe, India, Thailand, Mexico, and Colombia discuss lessons learned and identify policy measures for safeguarding the health sector. This book provides a fresh look at the relationships between macroeconomic policy and interventions, health sector reform, and the health system in general, presenting new and detailed observations to inform policy choices within the health-care sector worldwide. It is unique in its focus on health systems and services (including financing, quality, accessibility, and utilization), rather than on health status. It will be of interest to academics, researchers, and students studying or active in health sciences and international development studies; professionals and practitioners in donor organizations, development organizations, and NGOs worldwide; and policy advisors and decision-makers in the health-care sector.

Comparison of the Health Sector in India, Indonesia, and Thailand

As education and health are two major areas of concern in the context of social sector development and human development achievements, this book explores their situation in India. The liberalisation of the Indian economy had a major impact on the growth rate of its Gross Domestic Product (GDP), with the economic growth of the country jumping from the so-called Hindu growth rate of 3.5% to 8–9% per annum. The literacy rate increased to 74.04% in 2011 from 12% in 1947, while the universalization of elementary education has been achieved to a great extent, and dropout rates have decreased. However, despite considerable progress, exclusions and wide disparities still exist. Combining access with affordability and ensuring quality with good governance and adequate finance are still of great concern. On the health front, significant achievements have also been made, with a number of diseases eradicated or on the verge of elimination. There has been a substantial drop in the Total Fertility Rate (TFR) and Infant Mortality Rate (IMR), and life expectancy has increased from 36.7 years in 1951 to 67.14 in 2011. The crude birth rate has been reduced from 40.8 in 1951 to 20.6 in 2012, and the crude death rate from 25.1 to 7.43 in the same period. These achievements are impressive, but at the same time our failures appear even more glaring. As such, this volume brings together contributions from eminent Indian scholars on a range of social issues, including linkages between growth, poverty and the social sector; the efficiency of social sector spending in India; disparity in health statuses; IPR protection in health innovations; pollution and health; the universalisation of elementary education; problems faced at the higher levels of education; and issues of child labour.

The Rural Private Practitioner

Health at a Glance compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

Financing Health Services in Developing Countries

Countries could potentially spend significantly less on health care with no impact on health system performance, or on health outcomes. This report reviews strategies put in place by countries to limit ineffective spending and waste.

Socio Economic Impact of Type II Diabetes Mellitus

The health systems we enjoy today, and expected medical advances in the future, will be difficult to finance from public resources without major reforms. Public health spending in OECD countries has grown rapidly over most of the last half century. These spending increases have contributed to ...

Safeguarding the Health Sector in Times of Macroeconomic Instability

The quality of medical care received by patients varies for two reasons: differences in doctors' competence or differences in doctors' incentives. Using medical vignettes, the authors evaluated competence for a sample of doctors in Delhi. One month later, they observed the same doctors in their practice. The authors find three patterns in the data. First, what doctors do is less than what they know they should do-doctors operate well inside their knowledge frontier. Second, competence and effort are complementary so that doctors who know more also do more. Third, the gap between what doctors do and what they know responds to incentives: doctors in the fee-for-service private sector are closer in practice to their knowledge frontier than those in the fixed-salary public sector. Under-qualified private sector doctors, even though they know less, provide better care on average than their better-qualified counterparts in the public sector. These results indicate that to improve medical services, at least for poor people, there should be greater emphasis on changing the incentives of public providers rather than increasing provider competence through training.

Healthcare Issues in Large Federal Countries

This book provides a multi-disciplinary framework for developing and analyzing health sector reforms, based on the authors' extensive international experience. It offers practical guidance - useful to policymakers, consultants, academics, and students alike - and stresses the need to take account of each country's economic, administrative, and political circumstances. The authors explain how to design effective government interventions in five areas - financing, payment, organization, regulation, and behavior - to improve the performance and equity of health systems around the world.

Social Sector in India

This new edition of *Health at a Glance* presents the most recent comparable data on the health status of populations and health system performance in OECD countries.

Health at a Glance 2019 OECD Indicators

Egalitarian concepts of fairness in health care payments (requiring that payments be linked to ability to pay) are compared with minimum standards approaches (requiring that payments not exceed a prescribed share of prepayment income or not drive households into poverty). The arguments and methods are illustrated using data and out-of-pocket health spending in Vietnam in 1993 and 1998.

Tackling Wasteful Spending on Health

The 2020 edition of *Health at a Glance: Europe* focuses on the impact of the COVID 19 crisis. Chapter 1 provides an initial assessment of the resilience of European health systems to the COVID-19 pandemic and their ability to contain and respond to the worst pandemic in the past century.

Fiscal Sustainability of Health Systems Bridging Health and Finance Perspectives

This report focuses on health sector reform and outlines some broad measures for reform in this sector. It evaluates policy options and presents the theory and evidence to support these policy choices. This report also offers specific proposals to improve health policy and strengthen implementation across India. It is a product of extensive consultation and research undertaken by more than a dozen institutions.

Money for Nothing

Contributed research articles.

Getting Health Reform Right

This book presents the first comprehensive review of all major government-supported health insurance schemes in India and their potential for contributing to the achievement of universal coverage in India are discussed.

Health at a Glance 2017 OECD Indicators

World Health Statistics 2015 contains WHO's annual compilation of health-related data for its 194 Member States and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets. This year it also includes highlight summaries on the topics of reducing the gaps between the world's most-advantaged and least-advantaged countries and on current trends in official development assistance (ODA) for health. As in previous years World Health Statistics 2015 has been compiled using publications and databases produced and maintained by WHO technical programmes and regional offices. A number of demographic and socioeconomic statistics have also been derived from databases maintained by a range of other organizations.

Paying for Health Care

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

Health at a Glance: Europe 2020 State of Health in the EU Cycle

This 2007 edition of Health at a Glance provides the latest comparable data and trends on different aspects of the performance of health systems in OECD countries.

Primary Health Care Delivery in Rural India

The quality of medical care is a potentially important determinant of health outcomes. Nevertheless, it remains an understudied area. The limited research that exists defines quality either on the basis of drug availability or facility characteristics, but little is known about how provider quality affects the provision of health care. The authors address this gap through a survey in Delhi with two related components. They evaluate "competence" (what providers know) through vignettes and practice (what providers do) through direct clinical observation. Overall quality as measured by the competence necessary to recognize and handle common and dangerous conditions is quite low, albeit with tremendous variation. While there is some correlation with simple observed characteristics, there is still an enormous amount of variation within such categories. Further, even when providers know what to do they often do not do it in practice. This appears to be true in both the public and private sectors though for very different, and systematic, reasons. In the public sector providers are more likely to commit errors of omission-they are less likely to exert effort compared with their private counterparts. In the private sector, providers are prone to errors of commission-they are more likely to behave according to the patient's expectations, resulting in the inappropriate use of medications, the overuse of antibiotics, and increased expenditures. This has important policy implications for our understanding of how market failures and failures of regulation in the health sector affect the poor.

Better Health Systems for India's Poor

Economic shocks pose a threat to health and health system performance by increasing people's need for health care and making access to care more difficult - a situation compounded by cuts in public spending on health and other social services. But these negative effects can be avoided by timely public policy action. While important public policy levers lie outside the health sector, in the hands of those responsible for fiscal policy and social protection, the health system response is critical. This book looks at how health systems in Europe reacted to pressure created by the financial and economic crisis that began in 2008. Drawing on the experience of over 45 countries, the authors:' analyse health system

responses to the crisis in three policy areas: public funding for the health system; health coverage; and health service planning, purchasing and delivery 'assess the impact of these responses on health systems and population health' identify policies most likely to sustain the performance of health systems facing financial pressure' explore the political economy of implementing reforms in a crisisThe book is essential reading for anyone who wants to understand the choices available to policy-makers - and the implications of failing to protect health and health-system performance - in the face of economic and other forms of shock.--

Health for the Rural Masses

Have gaps in health outcomes between the poor and better off grown? Are they larger in one country than another? Are health sector subsidies more equally distributed in some countries than others? Are health care payments more progressive in one health care financing system than another? What are catastrophic payments and how can they be measured? How far do health care payments impoverish households? Answering questions such as these requires quantitative analysis. This in turn depends on a clear understanding of how to measure key variables in the analysis, such as health outcomes, health expenditures, need, and living standards. It also requires set quantitative methods for measuring inequality and inequity, progressivity, catastrophic expenditures, poverty impact, and so on. This book provides an overview of the key issues that arise in the measurement of health variables and living standards, outlines and explains essential tools and methods for distributional analysis, and, using worked examples, shows how these tools and methods can be applied in the health sector. The book seeks to provide the reader with both a solid grasp of the principles underpinning distributional analysis, while at the same time offering hands-on guidance on how to move from principles to practice.

Government-Sponsored Health Insurance in India

World Health Statistics 2015