

# Union Health Budgets since COVID-19

## Lost Opportunity in Reshaping Healthcare

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Union budgets lost a crucial opportunity to reshape India's healthcare after the covid-19 pandemic. Public expenditure on health is diverging from the National Health Policy targets. The primary sector bears the greater brunt of low budgetary allocation. Lack of course correction will further worsen common people's health and economic well-being.

After the health crisis created by the pandemic and subsequent realisations of the structural weaknesses of the health systems, a lot of enthusiasm and expectation had formed surrounding the 2021–22 health budget. The country on the one hand required continued covid-19 mitigation measures as the effect of the pandemic is expected to remain for the next few years. On the other hand, there could not have been a better time to give a major push towards fulfilling India's renewed pledge to its long-time commitment to significantly increase public expenditure on health (to 2.5% of GDP) and strengthening its weak primary healthcare, as articulated in the National Health Policy (NHP) 2017 (GoI 2017). The finance minister, in her opening comments of the budget speech, emphasised that the first of the six pillars of Union Budget 2021–22 is "Health and Well-being" and allocation for it has been increased by a massive 137% in the budget of 2021–22 compared to budget estimates (BE) of 2020–21. An increase in government spending on health of such magnitude was exactly what the doctor ordered for the health sector.

**Little allocation for health in 'Health and Well-being':** The break-up of allocations under "Health and Well-being" (Table 1, p 26) reveals that there are major non-health components included in this category, like the entire budgetary allocation of the Department of Drinking Water and Sanitation, nutrition as well as finance commission grants made by the Ministry of Finance (MoF). Sinha (2021) points out that these, while important for quality of life, cannot be considered health expenditures. Also, transfer to states by the MoF for covid-19 vaccination is a temporary expenditure. The usual health allocation (BE) under the Department of

Health and Family Welfare (DoHFW), Department of Health Research (DoHR), and Ministry of AYUSH increased by 11% in nominal terms between 2020–21 and 2021–22, which is a meagre increase in real terms after accounting for consumer price index-combined (CPI-C) inflation of 6.6% for 2020–21, according to the Macro-Economic Framework Statement of Union Budget 2021–22 (GoI 2021).

Compared to the pre-pandemic level allocation in 2020–21, the health expenditure under the Ministry of Family and Health Welfare (MoHFW) has increased by approximately 33% in nominal terms in the three years from ₹67,112 crore in 2020–21 (BE) to ₹89,155 crore in 2023–24 (BE) (Table 2, p 26). Gleaning from the macro-economic framework statement of union budgets of the relevant years, there is an estimated 18.6% CPI-C (data not shown) during these three years. Hence, in real terms, the health expenditure under the MoHFW has increased by approximately 14.4% in the three years since the pandemic. As noted earlier, the MoF transfer to the states stopped in 2023–24 (Table 2). This increase is meagre compared to the target set by the NHP 2017.

### Health Expenditure Is Way Off-target

Going by the 2020–21 actual expenditure of ₹80,604 crore, the additional health expenditure incurred by the MoHFW in the wake of the pandemic in 2020–21 (that is, the difference between BE and actuals in 2020–21) was ₹13,582 crore which was merely 0.07% of projected GDP (first revised estimates [RE] 2020–21). Surprisingly, even such a meagre increase was rolled back in the 2021–22 budget. Even though the actual expenditure was higher than the budgeted amount, the increase in actual expenditure in 2021–22 compared to 2020–21 under MoHFW was only 4.7% in nominal terms, which accounting for inflation is a reduction in real terms. Thus, even during the peak pandemic year, instead of investing to strengthen general healthcare to mitigate the health burden of the pandemic, the reliance was primarily on the standalone vertical vaccination programme for which ₹35,438 crore were transferred by the MoF to the states in 2021–22.

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**R Barnett**



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