



## **Healthcare and democracy: Can healthcare become an election issue in India**

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## Foreword

As we wait for the lockdown to end, my thought travel back to how we got here in the first place. This historic event which has seen most of the world and at least a billion plus in India, locked inside their homes, waiting for the worst of the pandemic to move away. But could we have prepared better. To get answers to this my quest starts way before Corona ever became a household name. It starts from how we choose our representatives in Government. India is the largest democracy in the world. Every five years we choose our representatives in a widely publicized electoral campaign influenced that has political parties and candidates discussing their election manifestos. Traditionally election outcomes have been deeply influenced by caste based, dynasty based or religious ideologies.

The other day I was reading the newspaper and one article caught my attention. It was an article attributed to Dr Devi Shetty the founder of Narayana Hrudayala, where he said that Healthcare will become a poll issue. The article was carried in the Times of India Sunday Edition. The article got my thought process going and I started thinking it would be a good idea to analyse past election manifestoes and see how much space has been given to healthcare in them.

I started with 2014 elections, because it was that kind of election that changed the direction for Indian politics. It brought to power the BJP in a overwhelming majority and left many questions for the congress party.

In the decade thought we have seen a marked shift in how political party campaigns are increasingly focused on values and outcomes such as job opportunities, infrastructure development, subsidies and sanitation. Interestingly, healthcare has not been projected as a key developmental pursuit by any political party, despite this being a key indicator of the status of nations. Developed economies usually have free or highly subsidized healthcare for its citizens, whereas developing countries do not.

India is positioning itself as a powerful player in the global arena through strategic moves in defence and security, space travel, nuclear power, technology, and business. Yet, our focus on developing a robust healthcare system remains inadequate.

Why is healthcare not a key election issue in India? What is the political vision for providing healthcare to citizens? Do citizens think about healthcare when voting for political parties and candidates?

To get answers to some of these questions, we analysed the manifestos of key political parties to see whether public health had a place in their election manifestos.

Well and then what do we see. Clearly most parties have allocated roughly around 2% of their manifesto to healthcare. This is interestingly in line with the GDP spend on Healthcare. Most of it has been vague promises on free medicines and local

clinics. But there is no mention of investments in public health, nutrition, sanitation etc. While most parties have talked about treatment, no one is discussing how to prevent diseases. Maybe what does not happen, holds no value in the minds of the electorate. Also most of the focus is on central government schemes, built on tax payer money, with no local implementation plan. The one thing we have learnt over the years is that in India the key to success is implementation.

Now let's see how the manifestos have raked up

## **INTRODUCTION**

The parliamentary democracy of the Indian government follows a multi-party system across the political spectrum. During national election, political parties commit to work for the betterment of its citizens by promising them a vision for the future . The type and the nature of promises are explained in their election manifestos which also reflect the intentions of the political parties. Despite being the second most populous country in the world, healthcare policy tends to get minimal space in election manifestos when compared to other issues facing the citizens. Since independence, only three National Health Policies (in the years 1983, 2002 and 2017), have been announced by the government.

While the major national political parties have framed healthcare as a "rights" issue in their manifestos, they have not mentioned the details of how these policies will be actioned at a ground level. This study is a qualitative review to analyse the health promises made by major national parties in their 2014 election manifestos and comparing it with the outcomes over five years ending 2019 for those parties that won elections and governed the public

We identified the following parties for our analysis

1. Bhartiya Janata Party (BJP)
2. Indian National Congress (INC)
3. All India Anna Dravida Munnetra Kazhagam (AIADMK)
4. Trinamool Congress (TMC)
5. Aam Aadmi Party (AAP)

The BJP and INC have emerged as two of the largest parties in India. We chose the AIADMK and TMC, as they were being led by women at that time and it would have been interesting to see if women politicians had a different perspective on health.

We wanted to include Bahujan Samaj Party (BSP) as well, but we could not find the manifesto in public domain. AAP was considered in the analysis as it was a recently formed political party that emerged from a citizen movement demanding a corruption free India.

We have missed out on some parties. I personally would have loved to see the manifesto of the Sikkim Democratic Front, as Sikkim has the best public health policies in India. This is also evident from how well, they have managed Covid19.

Also missing are the following parties- as Karnataka (JDS), Maharashtra (Shiv Sena), , Punjab (Shiromani Akai Dal), and Odisha (Biju Janata Dal). The communist parties are also missing from our analysis.

These have been done on purpose. And it is solely to remove any biases from our analysis. Some of these parties are outliers and have limited vote bank. We have only considered 2 national parties and 3 regional parties in the sample base.

## **Healthcare in India**

India spends about 1.2% of its GDP on health services and in 2018 this number went up to 1.4%.

In the 1943 the Bhore Committee was constituted to study the healthcare situation in India. The committee submitted its report in 1946. The report contained 4 volumes. These were the key recommendations of the Bhore committee report

1. Integration of preventive and curative services at all administrative levels.

2. Development of Primary Health Centres in 2 stages:

Stage 1- Short-term measure – one Primary Health Centre was suggested for a population of 40,000. Each PHC was to be manned by 2 doctors, one nurse, four public health nurses, four midwives, four trained dais, two sanitary inspectors, two health assistants, one pharmacist and fifteen other class IV employees. The first was established in 1952. Secondary health centres were also envisaged to provide support to PHCs, and to coordinate and supervise their functioning.

Stage 2- A long-term programme (also called the 3 million plan) of setting up primary health units with 75 – bedded hospitals for each 10,000 to 20,000 population and secondary units with 650 – bedded hospital, again regionalised around district hospitals with 2500 beds.

3. Major changes in medical education which included 3 months training in preventive and social medicine to prepare "social physicians"

4. Abolition of the Licentiate in Medical Practice (etc) qualifications and their replacement by a single national standard [Bachelor of Medicine and Bachelor of Surgery](#) (MBBS) degree.

5. Creation of a major central institute for post-graduate medical education and research

As you can see some of these recommendations were implemented. The AIIMS was established in 1956, a central hub of medical education and research. The Licentiate in medical Practice and Registered medical practitioners were replaced with MBBS as the minimum qualification required.

But major recommendations were never fulfilled. Especially development of PHCs remains a dream.

Fast-forward to 2016, the government launched the Ayushman Bharat scheme in 2016. This is the largest universal healthcare in the world that covers elective procedures up to the tune of Rs 5, 00,000 per annum for the family. Preceding this the government introduced price control for critical healthcare devices like stents, in order to keep the procedures below the rate card.

It is estimated that the Ayushman Bharat scheme set up in 2016 would help fuel the growth in healthcare services. The largest Universal Health scheme, Ayushman Bharat would enable about 50 Crore families to get treatment valued at up to Rs 5 Lakh per year for in house treatment at hospitals that are empanelled with the scheme. This is a cashless hospitalisation scheme. Going forward there is a provision to start mandatory screening for all citizens eligible for the scheme over the age of 30. The screening would include looking for conditions like Diabetes and Cancer.

Should the Ayushman Bharat scheme be successful, our healthcare spending may be expected to touch 1.8 per cent of GDP. In contrast, our southern neighbour Sri Lanka has been spending close to 3% of their GDP on healthcare since 2015, despite recovering from a civil war.

### **Why government spends on healthcare so woefully low in India?**

Well first I think historically we missed the boat in not implementing the Bhore Committee recommendations. While I agree that just after independence it would have been tough ask, but given that we have had many years of growth, we never focused on the delivery of health at the grassroots. This is something the PHCs would have done. While the political will to do the right things has always been missing, I also feel personally that our religious beliefs stop us from seeking health benefits.

By nature we are a fatalistic lot. Any health ailment is tied back to karma and as a culture we don't like to tempt and fight fate. This is a user expectation that is well ingrained in the minds of our politicians, who have the best sense of the pulse of the nation.

Secondly because the population is large and jobs scarce, the government or other parties have never done any research connecting Indian healthcare to productivity.

A study in the UK found that those who smoked are twice as likely to take time off work, and a study of Transport for London found workers with obesity (BMI>30) take an average of three sick days more annually than those of normal weight (BMI<25), and those with severe obesity (BMI>35) take six days more.

While in India such studies are not included while making policy, it creates a different dynamic as there would be more people to work while the jobs are lesser than expected. So it easier to offer freebies like free rice in order to sweep the whole issue below the carpet.

Even a scheme like health insurance is not very well understood by the citizens. Organisations like LIC have provided insurance with sum guaranteed upon maturity. This is very different from health insurance which covers you only if you fall sick and are admitted to the hospital. As there is no sum guaranteed at the end, the common

man is reluctant to invest into these, not understanding that his health is more important than the sum guaranteed.

So a combination of our beliefs, lack of education and inability to tie back health to productivity, has led us to the current situation.

## **Analysis of the political parties manifesto**

We looked at the 2014 election manifestoes of five major political parties and analysed promises specific to healthcare policy. We have also analysed and recorded the actions taken by these parties in the states where they are in power to see the correlation between what has been promised and what was delivered.

We first looked at the space dedicated to healthcare in the election manifesto.

<i>Parties</i>	Percentage of the manifesto dedicated to Healthcare
<i>BJP</i>	2.3%
<i>INC</i>	2.1%
<i>AIADMK</i>	6 %
<i>TMC</i>	5%
<i>AAP</i>	4%

For this analysis we have used basic text analytics. We compared the sections dedicated to healthcare and compared the percentage of the words used in the section to the total number of words used in the manifesto. This method gave us a sense of how much space was dedicated to healthcare in the manifesto.

On first glance looks like there is not much to choose between the BJP and INC. Both have roughly spared about 2.1%-2.3% to healthcare.

By this analysis, it appears that women politicians are more concerned about healthcare. If healthcare was a key election issue, the TMC and AIADMK would be strong contenders to win the general elections.

## **BHARTIYA JANTA PARTY (BJP)**

### **MANIFESTO 2014- *Ek bharat, Shresth Bharat , Sabka Saath, Sabka Vikas***

#### **Salient Points**

#### **HEALTH SERVICES**

Healthcare constitutes nearly **2.3%** of the manifesto on text analysis. The key promises made were

- Health Assurance to all Indians - reducing out of pocket spending on health care.
- AIIMS-like institute in every state.
- Promote Yoga and Ayurveda - integrated courses, standardization and validation
- Pre-emptive care model - thrust on child health and prevention
- School Health Program - health and hygiene part of school curriculum
- National eHealth Authority – framework for leveraging telemedicine and mobile healthcare
- Universalization of emergency medical services - 108
- Mission mode project to eradicate Malnutrition.
- Mission mode drive for Swachh Bharat by Gandhiji's 150th birth anniversary in 2019. •
- Open defecation free India.

#### **The BJP led government's performance from 2014-19**

##### **Increasing Access**

- *Mission Indradhanush* impacted more than 25.3 million children and 6.8 million pregnant females by providing lifesaving vaccines in 4 phases which was started in 2014. The two phases of Mission Indradhanush increased in immunisation coverage by 6.7% in a year.

- National Rural Health Mission (NRHM) is now renamed as *National Health Mission* as it has incorporated the National Urban Health Mission into it.
- *Ayushman Bharat* – A centrally sponsored scheme was introduced in 2018 under Ministry of Health and Family Welfare (MOHFW) for New India 2022. It is viewed as a National Health Protective Mission and includes:
  - National health protection scheme for 40% of population and that means 5 lakhs per family per year for secondary and tertiary care. It also includes E-cards generation and recruit more private hospitals to be enrolled into this scheme.
  - Wellness centre (Rs.1200 crore allotted) for 1.5 lakh health and wellness centre.

### **Reducing Cost**

1. In February 2017, the cost of a bare metal stent was reduced to Rs.7260 and that of drug eluting and biodegradable stents to Rs.29600. This is 85% lower than the prevailing market prices.
2. The health services provided by the government successfully eliminated maternal and neonatal tetanus in 2015.

### **Improving Quality**

- Keeping in mind the importance of hygiene in improving the health, '*Swachh Bharat*' Abhiyan is run to ensure its success and clean India by Gandhiji's 150<sup>th</sup> birth anniversary. Many Sulabh Sauchalay were installed in the past years to improve the sanitary conditions. Many garbage pickup trucks are running over the country to help segregate the waste and manage it to keep the streets clean. Main aim is to create open defecation free India.
- The manifesto mentions beginning of integrated courses for Indian system of medicine and modern science and ayurgenomics and Ayurveda medicine. The introduction of bridge courses is proving to be a positive enforcement. The bridge courses run for 6 months and give the practitioner to prescribe allopathic medicines.

## Our Analysis

- Manifesto is not clear on tackling the communicable and non-communicable diseases like malaria and cancer.
- The goal to set up AIIMS like institute in every state has been taken forward. 6 new AIIMS as apex centres of tertiary care have been initiated. 18 more are coming up. However, it lacks mechanism to improve current situation of premier hospitals.
- Putting controls on prices of drugs, devices and procedures is a negative move in our opinion. This might benefit in the short term, but in the long term, better prices help attract the best in class talent, and creates the demand for innovation. Price control has never helped any market.
- Also we feel the growth of healthcare would be spurred by localised growth and has to be determined by local issues. A centralized planning will not help the growth in healthcare.
- While the government has focused on certain key foundational issues like cleanliness and immunization, the economics of most policies leaves a lot desired.
- In most cases the government is on the right track, but just needs to figure out a way to get the finances right. A deeper analysis is in the table below

Promises made in Manifestos	Progress so far
<b>Mission Indradhanush</b>	Launched Intensified Mission Indradhanush on October 8, 2017. Reached 3.4 crore children and 90 lakh pregnant women. The government close to the target of total immunisation.
<b>National Health Mission (Administers core health programme) &amp; National Health Authority (administers PMJAY)</b>	<ol style="list-style-type: none"> <li>1. The 2019-20 interim budget has raised the allocation for the NHM to Rs 31,745 crore. Though the allocation is raised, the government <b>did not consider the prevailing inflation rate.</b></li> <li>2. Ayushman Bharat: Health and Wellness centre: While cashless admissions and procedures have been working well, The PHCs that were proposed to serve as wellness centres, still have poor infrastructure, deficit of HR, few without equipment or drugs. Insurance scheme: The</li> </ol>

	PMJAY has been allocated Rs 6,400 crore which may prove inadequate for the scale of the program.
	3. There is also a requirement for higher levels of investment and human resources in this endeavour, not just a targeted package of curative services that the PMJAY aims to provide.
	4. Offers flexibility to the states to provide Healthcare facilities under Public- Private Partnership (PPP) model
<b>Swachh Bharat Mission</b>	Scope of hygiene increased from 40 per cent to 98 per cent after the launch of the Swachh Bharat Abhiyan.

In conclusion the BJP is keen to make changes to healthcare, but they need to fix the economics of these programs. We assume that now they are back in power, BJP and allies would do its best to implement the program and see it through. Also Covid19 will ensure that prevention and wellness will take centre stage.



## **INDIAN NATIONAL CONGRESS**

### **MANIFESTO 2014**

INC manifesto is a more realistic approach of improving the conditions of Indians, as opposed to the BJP manifesto which aims at creating an ideal state in India. The manifesto focused on the strengthening of the primary facilities and building strong ground level care.

#### **HEALTH SERVICES**

- It comprises nearly 2.1% of the entire manifesto.
- The increase in health expenditure to 3% of GDP seems to be one of the most interesting goals in the manifesto. While the INC was in power for 10 years, the healthcare spending increased from xx% to 1.2% of GDP. In light of that, 3% GDP appears ambitious.
- Mostly the focus of the manifesto is on carrying out the work started by National Rural Health Mission, where the outlay was close to Rs 27,000 crores.
- The Janani Suraksha Yojana scheme that encouraged institutional deliveries was started in 2005 – 06. Until 2014, more than 12 million deliveries have happened through this scheme.
- Right to health – Making Healthcare a universal fundamental right
- The striking and the important feature of the manifesto is that it included anaemia and malnutrition.
- It committed to increase the institutional delivery rates and decrease in the infant mortality rate and maternal mortality rate. This is something the UPA government has achieved in the last 10 years, Infant mortality is down from 55 to 40 per 1000 live births and the Maternal Mortality rate also down by 50%
- The INC included provision of comprehensive care and support to all living with HIV/AIDS. Considering the increasing number of patients with this condition, it would have been very helpful in their upliftment.
- INC committed to achieve a fertility rate of 2.1 between 2017 and 2020
- One of the different (from BJP manifesto) and important goal was considered in INC manifesto that is to strengthen the primary health force, fill vacancies and improve their competence.

- It assured strengthening of primary care infrastructure to a point of community health centre and continuity of care.

## Our Analysis

The manifesto is very careful not to make any drastic changes to the existing healthcare policies. Yet, the policy doesn't promise any measures that can help leap frog India to the next level of care. While INC had been in power for the last 10 years, they did not feel it was possible to make drastic changes to the policies followed by them.

## **ALL INDIA ANNA DRAVIDA MUNNETRA KAZHAGAM**

### **MANIFESTO 2014**

### **HEALTH SERVICES**

- Health was given almost 6% coverage in the manifesto, one of the highest among all political parties analysed as part of this effort.
- The manifesto has been divided into three parts for healthcare
  - People – Doctors
  - Insurance and payments
  - Hospitals and PHCs

## Promises vs results from AIADMK Government

Promises	Results
<p>Availability of doctors</p> <p>In order to ensure that competent doctors and medical personnel are appointed in time in Government Hospitals, a <i>Medical Recruitment Board</i> was constituted in Tamil Nadu</p>	<p>Following the rule of reservation, this Board has so far selected and appointed 2,334 doctors.</p>
<p>Health Insurance</p> <p>For the welfare of the poor, <i>Comprehensive Health Insurance Scheme</i> is being implemented. Under this new Insurance Scheme, each family gets a coverage of Rs. 1 lakh per year. For certain specified treatments, a sum of Rs. 1.50 lakh was given. Under this scheme, 6.01 lakh poor people have received treatment to the extent of a sum of Rs. 1,291.41 crores</p>	<p>So far 2,32,000 persons have been treated in Government Hospitals at a cost of Rs.460.33 crore.</p> <p>The <i>Dr. Muthulakshmi Reddy Maternity Benefit Scheme</i> is being implemented for the welfare of poor pregnant women. The maternity benefit under this scheme has been increased from Rs. 6,000/- to Rs. 12,000/-.</p>
<p>Healthcare Infrastructure (Hospitals and PHCs)</p>	<p>In order to ensure that medical facilities available to the rural population are on par with those available to the urban population, 58 Primary Health Centres (PHCs) in rural areas have been upgraded as 30 bedded hospitals. In 42 PHCs, Maternity and Child Care Units have been established at a cost of Rs. 20 crore.</p> <p>In addition, 47 PHCs have been established at a cost of Rs. 28 crore. New equipment has been provided to 27 District Hospitals at a cost of Rs. 13 crore.</p>

However, there were certain drawbacks in the manifesto as well:

- Comprehensive details are not disclosed like the construction and location of PHCs and facility upgradation, if any. Also, it is limited to the maternity and child health services.
- The *Comprehensive Health Insurance Scheme* has provided Rs 1 lakh per year per family and does not include which class/region the party has targeted in this scheme. This is a limited amount and would not cover the needs of each member in the family. [However, in 2018, under the *Pradhan Mantri Jan Arogya Yojana Scheme (Under Aayushman Bharat)*, which the Tamil Nadu scheme is linked from September, beneficiaries selected based on level of deprivation in rural regions and on occupation in urban regions get a cover of up to Rs 5 lakh per annum.]

## **Our Analysis**

- Tamilnadu is one of the most progressive states with good, social and health infrastructure.
- It was the first state to come up with mid-day meal scheme, which has been running in the state for the last 30 years. This has led to playing a strong foundation for nutrition among children which has now percolated to strong health numbers for subsequent generations.
- A lot of focus for the AIADMK Manifesto has been on mother and child. This may sound like a limited focus but in our opinion the government needs to focus on foundational issues in healthcare. Mother and Child is one such issue.

## **ALL INDIA TRINAMOOOL CONGRESS (AITC)**

### **MANIFESTO 2014**

Of the 62-point manifesto of their party, the one thing that caught our attention was the focus on *'Health for All'* in a time bound manner. Some of the key aspects covered under this were

- Comprehensive change in providing health services to each village will be at the heart of this 'health for all' programme.

- Mother and child care will be at the heart of 'health for all'.
- Many more maternal care wards will be set up in different district and State hospitals.
- Every senior citizen, below a certain level of family income, will be provided with free medical care.
- Our commitment is to cover every Indian with health insurance on a compulsory basis in a time bound manner.
- Special focus will be given on preventative care and research on traditional medicines.
- A big push will be given to produce significantly larger number of doctors, nurses, paramedics, diagnostic technicians, trained dais, etc.
- A massive emphasis will be given to the entire vertical of health for all with a commitment to spend a significantly higher proportion of the GDP for health care.
- Therefore, this AITC manifesto got 4-5% of the total space for health care.

**Incidentally West Bengal was one of the few states in the country not to opt in for Ayushman Bharat along with Odhisha. Instead West Bengal Launched its own scheme called Swasthya Saathi**

- 1) Basic health cover for secondary and tertiary care up to Rs. 5 lakh per annum per family.
  - Up to Rs 1.5 Lakh through Insurance Mode and beyond 1.5 lakh to 5 Lakh through Assurance Mode
  - The scheme was rolled out from 01.02.2017. NIC was insurance partner in 9 District and UIIC in 11 Districts up to 28.02.2018. The scheme was implemented under assurance mode for the month of march, 2018. From 01.04.2018 Bajaj Allianz selected as Insurance Partner in 18 Districts and IFFCO TOKYO in 5 Districts
  - Paperless, Cashless, Smart Card based care.
  - There is no cap on the family size and Parents from both the Spouse are included. All dependent physically challenged persons in the family are also covered.
  - All pre-existing diseases are covered.
  - The entire premium is borne by the State Government and no contribution from the beneficiary.

- Online Swathyasathi Smart card is provided to each family on the day of Enrolment. Smart Card captures the details of the family members, Photographs, biometric, address, Mobile Number, SECC ID, ADHAAR No ( if available)
- Management of the scheme is in paperless IT platform from day one.
- Online empanelment & gradation of Hospitals based on the services and infrastructure available
- 100% online Pre-authorisation with turnaround time of 24 Hrs.
- SMS triggers and instant alerts to the beneficiaries on blocking of card.
- Real-time uploading of E-health record of the beneficiaries on discharge
- Claim reimbursement to the hospital with TAT of 30 days else interest are being charged for delayed payment.
- 24X7 toll free Call Centre (18003455384) with feedback option
- Online grievance monitoring Mechanism
- Online triggers and alerts to detect probable frauds with escalation matrix..
- Android based Swasthya Sathi Mobile app for assistance to the beneficiaries

## Promises Vs Results

Promises	Results
Healthcare for All	Swasthya Saathi Scheme launched which provides cash less in-patient treatment to all up to Rs 5,00,000 Lakhs an Annum

Increasing the number of doctors, nurses and para clinical staff	More nurses have joined government service but they are mostly from the private hospitals, overall no significant growth of doctors or nurses in West Bengal
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#### Our Analysis

- West Bengal has decided to boycott the Ayushman Bharat scheme more out of political reasons rather than due to anything else
- They have created their own scheme which seems to be comprehensive
- On the other hand this suffers from the similar issues as the BJP scheme where it fixes the price of the procedures leading to short term benefits but a long term deterioration in services
- This is evident from the attrition of nurses from private nursing homes in Kolkata

### **AAM AADMI PARTY (AAP)**

#### **MANIFESTO 2014**

*Aam Aadmi* Party announced its manifesto for the 2014 Elections. It laid its foundation of the Manifesto on "*Swaraaj*", or rule of the people. It talked about how *Swaraaj* can bring an end to corruption and ensure accessible justice for the people.

The party was inclined to reduce common man's expenses on medication by introducing generic medicines. The idea may have been inspired by the Rajasthan public health system which had already been promoting generic medicines.

Of the 32 points covered in the manifesto Education and Health was clubbed under a single heading and covered 5 descriptive points.

#### **HEALTH SERVICES**

Thus, we can easily conclude that 3-4% of the total space was given to healthcare sector in their manifesto.

- Introduce a comprehensive legislation 'Right to Healthcare' enabling access to high quality healthcare for all the citizens of the country irrespective of whether they are rich or poor.

- Improve accountability of public health systems towards its users by decentralization of funds, functions and functionaries to the appropriate level of local government.
- Guarantee that all essential drugs are available on a regular basis to public health facilities and made available free to cost to the people.
- AAP will incentivize states to adopt a transparent procurement system for bulk procurement of generic drugs.
- Improve the accountability of Private health providers by making it mandatory for private hospitals to display and observe a charter of patient's rights and to display rates and charges of various services.
- AYUSH and local health traditions to have a significant role in public healthcare; greater public investment into research into these systems of medicine.
- Investing in human resources by ensuring that all vacancies are filled at the PHCs.
- Developing a well-trained cadre of frontline grassroots workers.

### Our Analysis

- AAP seems to have done a good job with the Mohalla Clinic concept.
- These clinics that cater to almost 14 million people in Delhi, provides free diagnosis, consultation and medicines. Today more than 450 Mohalla clinics are in operation while the aim was to set up more than 1000 such clinics by 2020.
- Again Public Health seems to be suffering, whether it is the pollution control especially during the winters, water borne diseases or with nutrition, which the poorer parts of Delhi truly suffer.

### Conclusion

In Conclusion these are our key observations

- Upon analysis of all these manifestos the one thing that clearly stands out is that healthcare is not an election issue. Parties have a good pulse of their

local constituents and most of them have skilfully ignored healthcare as we as the people have not demanded them.

- The amount of space dedicated to the healthcare policies ranges from 2%-6%. The national parties have given about 2.1-2.3% and the regional parties have given much more space to health in their manifesto.
  - Even when they refer to health, it always comes to the point of giving care and intervention. Focus mostly on hospitals, beds, drugs and devices. The public health issues, like sanitation, nutrition, and disease surveillance among others.
  - Personally I feel the neglect that the PHCs and CHCs have gone through over the years has not been addressed till date and the manifestoes from 2014 are a great indication of that. Even in Ayushman Bharat these have not been addressed. The Wellness program in Ayushman Bharat is still anyone's guess. While the insurance part of the program is doing well, the wellness program is suffering.
  - Regional parties led by women seem to be devoting higher time and space to healthcare. Both the AIADMK and TMC led by women leaders in 2014 and very well aware of the situation of their respective states, have given it thorough consideration. Tamilnadu already leads on many parameters. Our analysis shows that West Bengal definitely needs more attention to healthcare.
  - Health Infrastructure remains poor. There is no change to it as per the manifesto. Whether people have accepted their fate or they don't feel the need for better sanitation, clean water or pure air, is a question that we as the electorate should ask ourselves.
  - Health is not a subject that helps you win elections, while caste and religion is losing its charm, its jobs and development that wins elections these days. While that is the new driver, health languishes as one of the last factors as a driver for elections.
- (Ends)

### Acknowledgements

We at Healthcare India would like to acknowledge the research and support provided by Nikita Surpatne who while she was a second year student at Goa Institute of Management, Healthcare Management, had worked on this research report.

All the analysis on this paper is subjective and is totally based on my opinion as a healthcare professional, both as a care giver and later as a management consultant who has worked extensively in healthcare. The objective is to state as is the interpretation of the promises in the manifestoes by the major political parties in India.

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