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HEALTH GOVERNANCE AND FINANCING IN KARNATAKA: REFLECTIONS ON EQUITY, INFRASTRUCTURE, AND POLICY INITIATIVES

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----------ABSTRACT----------

Karnataka has made substantial progress in health infrastructure and service provision, adopting a three-tiered rural healthcare model, and implementing various state and national health programs. This paper highlights disparities in healthcare access and health outcomes across social categories and regions within Karnataka, with special attention to rural and urban areas. Through an analysis of health expenditure, poverty, and inequality indicators, the paper tries to explore the limitations and strengths in health service delivery in Karnataka. The findings underscore the need for an equitable distribution of resources, targeted health services for socially vulnerable populations, and a systematic investment in healthcare financing to reduce the burden of out-of-pocket expenses on individuals. Further, it tries to provide insights for policymakers to address persistent challenges in healthcare equity and to enhance the state's overall health outcomes through comprehensive, inclusive strategies.

INTRODUCTION

Good health is a fundamental desire for all, as it protects individuals from disease, disability, and premature death. Research indicates that health plays a critical role in driving economic growth, as a healthier population contributes more effectively to a nation's development. Public spending on health and improvements in income among disadvantaged groups are essential factors that can elevate the health status of a community. Achieving positive health outcomes also requires equitable access to health services, along with support for essential activities such as nutrition and education. In a country like India, where social and economic disparities are prominent, the government's role in ensuring accessible and quality healthcare is vital. Under the Indian Constitution, the responsibility of providing healthcare is shared among central, state, and local governments, although primary responsibility for healthcare delivery rests with the states. India's healthcare system is structured into a three-tier system, with central, state, and local governments coordinating their roles and responsibilities through a Union List, State List, and Concurrent List. The central government focuses on overarching health policies, guidance, and coordination, while states manage public health, sanitation, hospitals, and dispensaries. Certain responsibilities, such as population control, family planning, medical education, food safety, and regulation of drugs, are shared by both the central and state governments under the Concurrent List. The 73rd and 74th Constitutional Amendments in 1992 strengthened local governance by establishing the three-tier Panchayati Raj system for rural areas, with Village Panchayats, Taluk Panchayats, and District (Zilla) Panchayats, and granting statutory recognition to urban local bodies. This decentralization empowered local authorities to address health needs at the grassroots level. District Panchayats oversee health initiatives in rural areas, while urban health administration falls under the jurisdiction of municipal and city councils, ensuring that healthcare governance reaches communities across both urban and rural settings. This decentralized structure aims to enhance the effectiveness and inclusivity of India's healthcare system, allowing targeted responses to the health needs of diverse populations.

Poverty and Equity

While Karnataka has made progress in healthcare advancements, notable disparities in access to services and health outcomes persist, often along socio-economic and regional lines. Marginalized communities, particularly in rural and impoverished areas, experience unequal access to healthcare resources, affecting overall health indicators across the state. In response to these disparities, Karnataka has implemented various health initiatives designed to improve equity and accessibility. Programs like Ayushman Bharat-Arogya Karnataka aim to provide affordable healthcare services to low-income groups, while initiatives such as the Janani Suraksha Yojana focus on maternal and child health to reduce mortality rates in vulnerable populations. These efforts should be continued

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and strengthened, as there are significant disparities between rural and urban areas and among different social groups. Table 1 presents living standards, inequality, and poverty across social categories in Karnataka and India.

Table 1: Living Standards, Inequality & Poverty Across Social Categories: Comparison of Karnataka & All-India (1999/2000)

Household type	Share in total population	Average per capita consumption (Rs. /Month	Proportion of poor population (Lorenz ratio %)	Relative inequality in consumption distribution	Share in total population %	Average per capita consumption (Rs/month)	Proportion of poor population	Relative inequality in consumption (Lorenz ratio %)
	Rural Karnataka				Rural All-India			
SC	19.65	419.39	26.87	21.63	27.17	418.51	35.82	23.76
ST	7.83	404.28	24.78	17.71	6.7	387.69	45.12	24.81
OBC	39.15	507.45	16.15	23.42	6.77	473.65	27.46	24.97
Others	33.31	560.08	12.11	25.53	59.04	577.22	15.82	26.89
All	100	499.6	18.08	24.48	100	485.88	27.73	26.58
	Urban Karnataka				Urban All-India			
SC	10.79	592.72	47.5	27.95	14.35	608.79	38.12	27.86
ST	4.5	634.2	50.93	33.49	3.4	690.52	35.29	32.61
OBC	30.65	829.05	29.09	30.92	30.38	734.82	29.69	32.46
Others	54.02	1044.02	16.81	31.56	51.7	1004.75	16.15	34.46
All	100	910.78	25.83	32.75	100	854.7	24.58	34.68

Source: Poverty and inequality in India - statistics & facts | Statista

Table 1 highlights significant disparities in consumption and inequality across social categories and between rural and urban areas in Karnataka compared to national averages. In rural Karnataka, the average per capita monthly consumption is higher than the national rural average across most social categories, indicating relatively better economic conditions. However, socially disadvantaged groups, such as Scheduled Castes (SC) and Scheduled Tribes (ST), have lower consumption levels compared to Other Backward Classes (OBC) and "Others," suggesting persistent socio-economic disadvantages. Inequality, as measured by the Lorenz ratio, is lower in rural areas, particularly among SC and ST groups, indicating a somewhat more equitable distribution of consumption within these groups. In urban Karnataka, per capita consumption is higher across all social categories than in rural areas, reflecting better income-generating opportunities in cities. However, urban areas also exhibit higher levels of inequality, especially among ST and "Others," with a Lorenz ratio slightly lower than the national urban average. This rural-urban divide, along with disparities among social groups, suggests the need for targeted policies to enhance income and reduce inequality, particularly for marginalized communities and urban residents. Addressing these disparities through focused interventions could help Karnataka move toward more equitable and inclusive growth.

Health Infrastructure and Health Achievements in Karnataka

Government of Karnataka has given much priority to the health sector. It aims at providing comprehensive healthcare and services to the people. The state follows a three-tier rural public health infrastructure– primary, secondary and tertiary. At the primary level of health system, the State has Sub-Centres, Primary Health Centres and Community Health Centres. At the secondary level there are the District Hospitals. At the tertiary level the health system in Karnataka has medical colleges and specialty hospitals. Table 2 shows details of Primary Healthcare Centres.

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Table 2: Details of Primary Healthcare Centres

Centres	Personnel	Tasks
Sub-Centres It is a peripheral unit of the healthcare system and the first contact point between the primary healthcare system and the rural population.	There is one female health worker/ auxiliary nurse midwife (ANM) and one male health worker in every sub-centre including ASHA Health Workers	They are required to carry out tasks related to interpersonal communication in areas like maternal and child health, immunization, nutrition, family welfare, diarrhea control and control of communicable diseases. Sub-centres are equipped with basic drugs needed for treating minor illnesses of general public.
Primary Health Centres The first contact point between the rural population and the medical officers	Centre is managed by a medical officer who is supported by para-medical and other staff including ASHA Health Workers	Provide preventive, curative and rehabilitative healthcare
Community Health Centres (CHCs) Provide referral as well as specialist healthcare to the rural population	It is managed by medical specialists like surgeon, physician, gynacologist and padiatrician. The specialists are supported by paramedical and other staff.	CHCs are hospitals equipped with OT, X-ray, labour room and laboratory facilities. These centres are also equipped with facilities for obstetric care and specialist consultations.

The state has made substantial progress in building credible health infrastructure at different levels. The state has a wide institutional network providing health services both in urban and rural areas. Table 3 shows infrastructure services of public health available in the State.

Table 3: Infrastructure of Public Health Services in Karnataka (2021-22)

Type of Institution	Nos
Sub-Centers	8871
Primary Health Centers	2359
Community Health Centers	207
Taluk / General Hospitals	146
Autonomous & Teaching Hospitals	36
Other Hospitals under Health & FW	11
District Hospitals	15
Indian System of Medicine Hospitals	2600

Source: Govt of Karnataka,2022

Table 3 reveals that there are 15 district Hospitals, 11 other Hospitals and 36 Autonomous and Teaching Hospitals and 146 Taluk/General Hospitals in the state. As per the norms required, there are 8871 sub-centers, 2359 primary health centers, and 207 community health centers catering to the health needs of the rural population. Apart from all these institutions, there are Government, Government Aided, and Unaided AYUSH Medical Institutions functioning in the state.

The Department of Health and Family Welfare implemented various national and state health programmes of public health importance and also provided comprehensive health care services to the people of the State namely Janani Suraksha Yojane, Arogya Kavacha, Arogya Sahayavani-104, Nagu-Magu Dialysis Centres, Telemedicine, Rashtriya Bal SwasthyaKaryakram, Ayushman Bharat -Arogya Karnataka, Janani Suraksha Vahini, ASHA, Janani Shishu Suraksha Karyakrama, Jyothi Sanjeevini Scheme for State Government Employees, Rastriya Swasthya Bhima Yojane (RSBY) for secondary care. State also is pioneer in introducing few innovative programmes like Bike Ambulances (First Response Unit), Vatsalya Vani. Government of Karnataka has taken initiative in mainstreaming of AYUSH (Ayuerveda, Yoga, Unani, Sidda, Homeopathy) in National Health Care under NRHM in right earnest. Table 4 shows macro health indicators for India and Karnataka. It can be observed from the table that the state of Karnataka is doing better than the national average except in the case of Crude death rate. This reflects the progress of the state in achieving various goals that have been pronounced in the National Health Policy.

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Table 4: Health Indicators: India and Karnataka (2017)

Indicators	India	Karnataka
Crude birth rate	20.2	17.4
Crude death rate	6.3	6.5
Under 5 Mortality Rate	37.0	28.0
Infant Mortality Rate	33.0	25.0
Neonatal Mortality Rate	23.0	18.0
Early Neonatal Mortality Rate	18.0	13.0

Source: Office of the Registrar General & Census Commissioner, 2017

Table 5 reflects birth rate, death rate and natural growth rate for India and Karnataka. In case of death rate, the state is ahead of the national average otherwise with regard to other indicators, state is placed in a much better position.

Table 5: Estimated Birth Rate, Death Rate, Natural Growth Rate and Infant Mortality Rate (2019)

India/Karnataka	Birth Rate			Death Rate			Natural Growth Rate			Infant Mortality Rate		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
India	19.7	21.4	16.4	6	6.5	5	13.8	14.9	11.4	30	34	20
Karnataka	16.9	17.8	15.4	6.2	7.1	4.6	10.7	10.6	10.8	21	23	18

Sample Registration Bulletin (censusindia.gov.in)

Karnataka has been achieving progress in terms of health indicators during the last few years. Table 6 shows progress of the health indicators. It can be observed from the Table that the Birth Rate per 1000 population has been marginally declining. Same is the case with Death Rate. It is interesting to note that the Total Fertility rate has gone down below 2. Greater improvement seems to have happened with regard to Maternal Mortality Rate, Infant Mortality Rate, Under five Mortality and Life Expectancy.

Table 6: Achievement of the Family Welfare Programme in Karnataka

Sl No	Indicator	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1	Birth Rate (for 1000 Population)	18.8	18.5	18.3	18.3	18.3	18.1	17.6	17.6	17.6	17.2
2	Death Rate (for 1000 Population)	7.1	7.1	7.0	7.0	7.0	6.8	6.7	6.7	6.7	6.3
3	Total Fertility Rate	2.0	1.9	1.9	1.9	1.8	1.8	1.8	1.8	1.8	1.7
4	Maternal Mortality Rate (for every 100000 live births)	178.0	144.0	144.0	144.0	133.0	108.0	108.0	108.0	108.0	92.0
5	Infant Mortality Rate (per 1000 live births)	35.0	32.0	31.0	31.0	31.0	24.0	24.0	24.0	25.0	23.0
6	Under-Five Mortality Rate (per 1000 children)	40.0	37.0	37.0	37.0	35.0	32.0	29.0	29.0	51.8	29.5
7	Eligible Couples protected (%)	72.0	66.4	66.9	63.0	63.0	63.0	63.0	63.0	63.0	68.7
8	Average life expectancy (Years)										
	Male	63.6	63.6	63.6	63.6	69.0	69.0	69.0	69.0	67.9	67.9
	Female	67.1	67.1	67.1	67.1	73.5	73.5	73.5	73.5	70.9	70.9

Source : Economic Survey 2020-21

Thus, it appears that Karnataka has adequate health infrastructure, which has contributed to the state's progress in providing health facilities. However, there are disparities in health outcomes across rural areas. Some studies highlight challenges in accessing health facilities, particularly in rural regions.

A thorough understanding of the financial flows within the healthcare sector has become a crucial tool for policy-making in recent years. Earlier efforts in developing countries primarily focused on estimating health expenditures from the public sector due to data limitations. Given the limited resources available to the healthcare sector, it is critical to use these resources efficiently. To gain a comprehensive understanding of health expenditure, it is essential to consider not only the spending by the public sector but also the contributions from the private sector. However, financing remains a challenge as healthcare spending is limited, and there is a significant burden of out-of-pocket expenses on individuals (Annigeri, et al, 2021).

Concluding Observations

Health is crucial to human development and welfare. A healthier population contributes to economic progress, as individuals live longer and are more productive. Despite progress in many health indicators, the state of Karnataka still has a long way to go in achieving the desired health goals, as outlined in SDG Goal-3, which aims to ensure a healthy life for all age groups. The state faces issues such as uneven access to quality public health facilities, particularly for the rural population. In certain rural areas, there is also poor utilization of the primary healthcare system. If the government can overcome these challenges, Karnataka could become one of the top states in the country for providing uniform healthcare to its people. In terms of financing healthcare, there is a need to enhance the resource envelope to meet the health needs of the population. Currently, the burden of healthcare expenditure is shifting heavily to households. Therefore, the government must step in significantly to provide both preventive and curative services. Additionally, external sources should be effectively tapped to generate additional resources for healthcare.

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