



India: Researched and compiled by the Refugee Documentation Centre of Ireland on 10 June 2010

Information on 'Access' to medical treatment in the Punjab area of India.

A 2009 paper presented to the International Conference On The Asian Social Protection in Comparative Perspective At National University of Singapore from two Indian academics from Panjab University states:

“An earlier study by the authors has found that since the start of economic liberalization, privatization, and globalization in the 1990s, the Punjab government had introduced two drastic reforms in health policy. First policy decision was the significant opening of health-care services to the private corporate sector. Private sector hospitals were given land and facilities at concessional rates and were expected in return to provide free treatment to yellow card holders (people below the poverty line) – up to 10 per cent of outpatients and 5 per cent of inpatients. The second policy decision was that the Punjab Government set up the Punjab Health Systems Corporation (PHSC) in October 1995, under the World Bank-sponsored State Health Systems Development Project II, and transferred more than 150 health-care institutions run by the government to PHSC. To mobilize more resources, the hospitals no longer provided free services and instead charged all patients a user fee, barring few categories of patients including people below the poverty line. It was 10 revealed in the study that only a negligible proportion of people below poverty line availed themselves of exemptions from user charges at government hospitals. According to field survey ignorance among the poor about free treatment and the complex and cumbersome procedure were constraining the access of the poor to the health care services (Ghuman and Mehta, 2006).”
(Health Care Services in India: Problems and Prospects, B. S. Ghuman, Akshat Mehta International Conference On The Asian Social Protection in Comparative Perspective At National University of Singapore, Singapore, 7-9 January, 2009)

Page 2 of an *IFRCRCS* document from June 2009 says

“While the political and economic position of India has improved, the country still continues to face many economic, environmental and health challenges that threaten the well-being of its population. According to the latest UNDP Human Development Index, India is ranked 132 out of 179 countries. Around 400 million of the population are still living on less than USD 1 a day, with many, especially in rural areas, lacking access to basic necessities” (IFRCRCS, (30 June 2009), *India, Appeal No. MAAIN001*).

A paper published for the *IDS* in May 2009 says under the heading ‘The Indian Health Sector’

“There has been an unprecedented structural transformation in the health care market in the last two decades. In the curative care (treatment and therapies) market, the private sector, largely unregulated, has taken a dominant role in place of a miserable public sector” (IDS, (30 May 2009), *Indian Election: a formality or a step towards change in health provision?*).

An *Economist* article in April 2009 says

“Poverty, geography and poor infrastructure mean that India faces perhaps the world’s heaviest disease burden, ranging from infectious diseases, the traditional scourge of the poor, to diseases of affluence such as diabetes and hypertension. The public sector has been overwhelmed, which is not surprising considering how little India’s government spends on health as a share of national income (see chart). Accordingly, nearly four-fifths of all health services are supplied by private firms and charities—a higher share than in any other big country” (The *Economist*, (16 April 2009), *Health care in India, Lessons from a frugal innovator*).

An article in *Time* in May 2008 begins saying:

“Most of the country lives there” Simon Robinson, (1 May 2008), *India’s Medical Emergency*, *Time*). The article goes on to say that “Sixty years after independence, India remains one of the unhealthiest places on earth. Millions of people still suffer from diseases and ailments that simply no longer exist almost anywhere else on the planet. Four out of five children are anemic. Almost one in four women who give birth receives no antenatal care” (ibid). It also says “The sorry state of India’s medical services might not matter so much if tens of millions of Indians weren’t already so sick. Part of the problem is the lack of infrastructure — not fancy hospitals or equipment but basic services such as clean water, a functioning sewage system, power. The World Health Organization estimates that more than 900,000 Indians die every year from drinking bad water and breathing bad air” (ibid).

Page 32 of a *World Bank* paper issued in December 2007 says

“India’s poverty causes its people to suffer a disproportionate share of the world’s health problems. India represents 17 percent of the total world population, 12 but the World Health Organization estimates that Indians suffered 28 percent of the world’s total years lost to respiratory infections, 24 percent of the years lost to diarrheal diseases, 21 percent of the years lost to measles, 24 percent of the years lost to nutritional deficiencies, 25 percent of the years lost to tuberculosis, 26 percent of the years lost to tetanus, and 45 percent of the years lost to leprosy.¹³ In addition, 47 percent of India’s children under the age of five are malnourished¹⁴ and 2.5 million of its people are living with HIV/AIDS” (World Bank, (19 December 2007), *Detailed Implementation Review, India, Health Sector, 2006-2007, Volume 1*).

Page 33 adds that

“India’s heavy reliance on private health spending causes significant financial burdens for those who use it. For example, the average patient who enters a hospital spends over 58 percent of his or her annual income on private health services. More than 40 percent of inpatients borrow money to cover medical expenses, and at least 25 percent of them are forced into poverty by those expenses. India’s reliance on private health spending also creates a “two-track” system that discriminates against the poor by shunting them to inadequately funded public facilities. Unfortunately, many of India’s poor disregard this low-quality treatment and underutilize available services. As a result, India’s poorest 20 percent suffer mortality and malnutrition rates at more than twice those of the wealthiest 20 percent. India’s health system further suffers from large spending and quality discrepancies between states, and between urban and rural areas” (ibid).

Page 34 summarises

“In short, India faces significant health challenges, and its health system is severely lacking, particularly for the poor” (ibid).

Page 87 of a *WHO* paper from 2007 says ‘major health problems’ for India are

“Nutritional problem among mothers and children;
Nearly one-eighth of equivalent life years continue to be lost due to various diseases;
Double burden of communicable and noncommunicable diseases” (WHO, (2007), *11 Questions about the 11 SEAR Countries, India*).

Under the heading ‘Systemic problems’ the *World Bank* says in an undated document that

“Government health care delivery is weak and of poor quality, with significant staff absenteeism and inadequate key inputs” (World Bank, (Undated), *Challenges and World Bank Support for India’s Health Sector*).

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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