

Chapter 1

Introduction

1.1 Background of the Study

Robert Solow (1956) indicate the investment create the physical capital formation which create the economic activities. But Modern growth theories refers to the people potential to gain sustainable development and growth through invest in human capital formation. But in term of health, people invest in health for their better development and economic growth which maintain sustainable growth. Some theory criticise the new growth theory as well as Romer (1986) growth theory says that the positive expected from the investing in people expected from investing in people prevent decreasing marginal capital productivity. This theory is vital role play in economic growth and human capital formation process for a research. If getting better output of investing in people then should be main service as health care, health food for survival and better standard of life. International study analysed that growth of income and health care, nutrition, per capita income, through can assist decreasing the poverty comparison to producing goods and services.

In board level aspects of health sector has made an important place in theoretical and empirically based literature. Other word developing people regarding better health opportunities and improve health standard for society and nation which increase the productivity. Investing in people is needed to get development goals like economic growth, life expectancy, poverty reduction, healthy food and best health service. Human development index has prominent index which is showed development and growth is based on internationally. It is including health factor i.e. quality of education, health, life expectancy etc. World Bank and related research analysed and says that growth in the economy is creating of human capital. But UNDP (1990) and WHO says that fully focused on health status (welfare), which creates economic growth.

Health expenditure and economic growth is two way approaches as empirical and theoretical. Literature is controversial issue regarding health expenditure and economic growth, sustainable development and economic growth and health expenditure. Literature analysed invest in productivity and create more GDP and income which enable to person money spend on health services which get better life. If better health status with increasing income then effect on GDP and reduce burden and

diseases. Public health expenditures not affect only income but also find out social, economic, demographic, political, environmental, educational and cultural factors.

Health is a basic human right, an important aspect of life and is widely prominent that improved health not only lowers mortality, birth rate, infant mortality rate, life expectancy and level of fertility, but also contributes to increased productivity and growth (Bloom and Canning, 2001). Health better means welfare level better. It is effect on poverty, employment. But strong relationship between health and economic growth determine the society and economic welfare of the country. At present time human capital formation effect and create economic growth regarding to health status at macro and micro level (Webber 2002). Health element is basic need of human life. Health provide different type of benefits as productivity, saving, good health as mentally, spiritually etc. but finally says that disabled and old age person health to give facility according to demand. It is basic need. But health do negative influence on economic growth (Zon, 2001). Literature shows that health care status and its effect of poor population of the region. The find out that the quality of public service regarding health is low. Quality of health is negative effect of people health. This suggested that the state government control the low quality and provide regular health facility. (Banerjee, 2004)

The impact of the distribution of income on individual health and health inequality, with individual health model as a function of income and distribution of income. It was demonstrated that the impact of inequality could generate non-concave health production possibility frontier (Wildman, 2003). The impact different policies are considered and its argued that if the distribution of income affect individual health, any policy aimed at equalizing health, which does not account for inequality, will lead to unequal distribution of health. Health effect and on individual's wellbeing and economic growth at different level (Frank, 1994). This is associated with health and Growth and development but it is not confirmed, that argue the two way path. It based on empirically (Ramirez 1997). In simple word say that welfare and wellbeing it is not end of life. Health and economic growth close and very complex relationship which vital role plays in policy implementation.

In term of Income, it is indicate the much gap between health of the poor at local level or national level as well as international level. Income is playing a vital role in living of standard and achieving better health. Maximum survey analysed on growth determinants focus on income which last stage of achieving living of standard, poverty. It is all achieving are important. In the sense of determinants is

income is GDP and health determinant is infant mortality rate where all determinants effect of each other (Sen, 1990). It is direct benefit for society, and national welfare level.

The window of globalization was formally opened in India during 1991, when the new central government introduced market-friendly structural adjustment programme of the IMF to formally integrate the Indian economy with the global economy. Lots of changes have been introduced since then and the worst suffers has been the social sector in the country. There has been a sharp contraction of government spending on social sector infrastructure and greater reliance was placed on private initiative and private sector expenditure on health and education- the two most important social sectors in the country covering the welfare of millions of our people. Health of the population is indicative of the ability of the people to participate in the labour process and live a decent nutritionally efficient, disease- free wealthy life, which contribute to human development and welfare. While the link between per capita income of states and per capita health expenditure is found to be strongly co-related, the efficiency of outcomes and the distribution of health facilities across regions and income groups have remained poor and the scenario has deteriorated since the introduction of economic reform measures in India. To link the performance of the health sector in India to the forces of globalization is not easy and seem tenuous, it would be possible, however to compare the pre and post- reform period's performance of the health sector to gauge the economic reform on that sector.

1.2 Conceptual Background of Health

“Health” word came in 12th century. Its meaning is wide and refers to free from illness or injury, but not proper meaning. It is wide word to directly states that who function maintain the human body healthy that means good health. In term of human being as good physical condition, mentally, intellectual and physically is healthy, it fulfil the health meaning.

“Health is refers to the complete mental, in form of physical, and social well-being. And it not merely the absence of disease and burden or infirmity (WHO).”

“Health is a state of being, sound, or whole, hale, in body, mind, or soul; especially, the state of being free from body disease or pain or mentality (Webster dictionary).”

“More than just a state of physical health, wellness also encompasses emotional stability, clear thinking, and the ability to love, creates, embrace change, exercise intuition and experience a continuing sense of spirituality (Alliance for integrative medicine).”

“Health is an active and continues process of making aware of and becoming choices toward a more fruitfulness existence (National wellness institute).”

“Health is continuous and active, lifelong process of becoming aware of choices and taking decisions toward a more balanced and healthy life. Wellness consist choices about our living of standard and our needs that determine our lifestyles (Arizona state university).”

In term of medical – Health is the rule of an organism or one of its parts in which it indicate its vital function normally or properly the state of being sound in body or mind dental health, mental health , who specially freedom from physical disease and pain .

Finally, says that Health is multidimensional concept which includes spiritual physical, intellectual, emotional, occupational and social and real life based concept. It is active process which is aware, healthy and gets successful existence. Good health is base of human life. But health without not survives in environment. A sick person, in spite of education, money cannot enjoy life and not contributes to nation, society. It is use of natural resources, far to illness of children and joins to school and role of productivity. For example- health is good then work will be good. Work is good then will be productivity good. Productivity is good then GDP will be good. It is vice –versa of growth to health. It means bidirectional relationship of each other. But in this my research find out which type of relationship of each other. It is a function of life which life or organization of circulation is continuing working. We can say in general term health in real sense is fulfilof mental, physiological and physical of people to enjoy of life and fullest ofproductive capacity. According to Richard Doll the abovedefinition is a fine and inspiring concept but health is a relative concept and differsfrom communities to communities and from time to time. Besides, there are many others who haverisen objections to the word ‘complete’ in the definition of health. Therefore, healthhas to be defined from a practical point of view.

Good health indicate the that people live on social environment and inbest performance of body and mentality of peopleindicate the state of pleasantperformance of the body and mentally ofa person in

relation to one's material and social environment that enable a person to live happy life and to achieve maximum productive ability. Reddy K. N. has proposed that basically health should be clear in terms of different health indicators such as life expectancy, infant mortality, crude death rate, etc. The lower life expectancy rates in developing countries are mostly attributable to infant and child mortality rates which are several times higher than those in developed countries.

Human development index includes life expectancy as one of the factor to assess worth of people life in an society. Good health is very important for on the road to recovery life expectancy of people. In fact, health is a purpose of number of variables such as medical care, income, education, age, sex, race, marital status, environmental pollution and also certain individual behaviour like smoking habits, exercise and the like. Health status is often used to explain wages, productivity, school demonstrate, fertility and the demand for medical care. The results are quite insightful to the particular measures of health. Younger, 2001.

Health used but the direction of the effect generally confirms a priori preconditions. Thus, health does not mean just doctors and hospitals, but everything that influences the well-being of a human being. The health of a people can effect economic activities and growth with productivity. Health sector create first and basic need of better health for the young and citizens of a country, who are productive human resource of economic growth and development. Health plan strategy is close connecting comparison to real plan action with better objective. Which boost the social and economic welfare of people? Population need is to improve their health status to achieve better living, such that gain better health. Because they need and want to desire of enjoy life, in term of production view point lead the productivity (GDP). It is extremely suffering to analysis the specific distribution and contribution each activity produce to health activities. The relationship between a health service and healthcare and health status is combination by each other in our environment therefore positive effect to the dimension of society and economic and natural system. Some study and researcher find out relationship between health and economic growth and development. But some study controversy. If not available of health services and not rich people not maintain health. Its suffering the sick and not sufficient facilities of health care. Therefore work is inefficient. Then future come the problem of illiteracy, and unemployment. Poor patients do not maintain the ability and capacity to spend health expenditure from

their self resources. Poor patient face the problem guidance and complete treatment and high cost. Therefore patient face the problem related to health in life time. And people cannot enjoy life

1.3 Health is Wealth

‘Health is Wealth’ and Good health of population is the ‘Wealth of Nation’. People think that resources term, resources used with cost effectiveness and efficient. It refers to increase productivity. Two concepts measured regarding human resource. First is human resource in India is massive and copiousness. Human resource makes a presser relatively produce goods and service involve in India’s growth and development. Every people born in nation is human resource who will produce the goods and services and cooperative of a nation. Obviously increase the productivity then will India’s development and growth.

However, the responsibility of health refers latent resource in to workforce involve with the non government organization, private and Government sector. School children’s face the problem from poor health then children’s lacks attendance in the school. Therefore will reduce, work efficiency, the productivity, in the sense of GDP. Workers face the problem because not healthy. Workers face the problem insufficient food so less work productivity comparison to healthy worker. Presently, India is youngest populations in the world but it is not able to take productivity benefits because problem of health, poverty, employments. All problem main reason is food malnutrition, not sustainability. The sustainability of fast growth rate is need to big investment concept apply in health expenditure and health care of the population.

Healthcare in India consist state and central government. Every State Government with ‘rising of the standard of living, health status and level of nutrition’ of its human.and ‘the improvement of health as basic and mandatory and primary duties.’ “The National Health Policy was approved by the Parliament of India in 1983 and updated in 2002.” Today Govt. is main focus of “health care of India vision of 2020”. In health care of India vision 2020 suggested four criteria which makes for a just health care system good and as an ideal?First access to sufficient level and less cost. And second fair and clear contribution of financial cost for access and which maintain quality of health care and system of health facility. Third is effective and efficient training providing which accountability and competence empathy, quality of health care, cost benefit analysis fulfil? Forth is awareness of unsafe group as

women, children, aged, disabled person. These policies main motive to achieve “Health for All” within a specified time period, but actuality is different after decades of their implementation. In the silence of policy implementation and a proper policy blueprint and not proper staff and finance which poor service in government hospitals. Therefore people take facility in private hospital but all people or poor people not afford finical position for private hospital.

Government hospitals, some of which are among the best hospitals in India, provide best treatment and facility as disease and drugs. Essential and basic drugs are provided free of charge to all patients in Government hospitals. For example AIIMS provide treatment either free or at minimal charges and at minimum cost as fees of rupees 10, medical advice free. But hospital treatment costs depend on money of the patient and use of service in itself (patient).

1.4 Conceptual Keywords

Health Economics: It is refers to study of how resources not available of easy ways and how to optimal utilization of resources. It special reference to health care as well as health related service, health care promotion, cost and benefits, improvement of health etc. all health will be related issue effect directly and indirectly help to society.

Health: It is multidimensional concept .it refer to complete of physical, mental, spiritual and social well-being. It removes to disease. It is indicators life expectancy, infant mortality rate, birth rate etc. It necessary and basic need of human life.

Human Development Index (HDI): It is refers to measures the child welfare and standard of living through literacy, life expectancy, education etc. According to UNDP human development report declared in 24july 2014, India ranked 135 inhuman development index.

Health index: It is measures of health standard and it is an indicator of that can help estimate the infant mortality rate, birth rate, death rate, disease etc. It value lies 1 to 0. If health index value lies nearest to 1 means health is good. If index value nearest to 0 means health situation is bad.

Health Expenditure per Capita: It is refers to total of health expenditure as well as private and public divided by total population. Haryana per capita expenditure is Rs. 734 in year 2013-14.

Primary Health Care (PHC): It was introduced by Bhore Committee in 1946. The first point of access to a qualified doctor of the public sector in rural areas. It covers a population of 20,000 in hilly and tribal areas and 30,000 in plan areas. PHC in India is provided through a network of over 147,069 health sub-centres, 23,673 PHCs and 4,535 CHCs.

Community Health Centre (CHC): It is one of a network of clinics staffed by a group of general practitioners and nurses providing health care services to people in a certain area. It is a secondary level of health care to provide referral as well as optional specialist health care to the rural population. It covers 80,000 population in hilly areas and tribal areas and 120,000 in plan areas.

Sub-Centre: It includes family welfare, nutrition immunization, and control of communicable disease programmes. The centre is staffed by a trained female health worker.

Dispensers: It is a place for providing medications and medical supplies. A dispensary is an office in a school, hospital or other organization.

Infant Mortality Rate (IMR): It is an indicator that measures the death of children who are less than one year of age and counts the yearly and at 1000 live births. It is calculated as total deaths of one year of age children divided by the number of live births and multiplied by 1000.

Death Rate: It refers to the total death at per 1000 population in per year. It measures in a specific time period as yearly or mid-year. It is calculated as total death divided by total population in specific area and multiplied by 1000.

Birth Rate: It refers to the total live birth at per 1000 population in per year. It measures in a specific time as yearly or mid-year. It is calculated as total birth divided by total population in specific area and multiplied by 1000.

Illness: Illness means human being ill or sick. It means not working properly mentally or physically form that is called illness or sick. It refers to anything affecting the total well-being of the patient. (Webster International Dictionary)

Gross Domestic Product (GDP): It means all the produced finished goods and services within a country's borders in a monetary value. It is calculated on an annual basis.

1.5 Relationship between Health Expenditure and Economic Growth

Health expenditure and economic growth play a vital role in each other. The health expenditure creates of formation of capital in term of human. And human capital formation creates the productivity. In term of labour quality in the various way of human capital formation which create significantly to economic development. Many other countries studies on data based and evidenced based found that labour quality narrow concept regarding to high level income and education. The main controversy is health creates the human capital formation and productivity creates the health. Healthy labour work more work with effective and efficient cost. Healthy person or labour mentally and physically more energy. Then produce goods and services by physical power and achieved high income or earning. Worker illness therefore decreases the work and productivity. And not maintain the productivity and wages in long time. Most developing cross countries involve the labour more in industrial or productivity sector. Bloom analysed that “Health is positive effecton economic development and growth.” It is suggested that health status as infant mortality, life expectancy, remove the leprosy or polio disease etc improve the total output. Any person or Govt. spends money more such that leads to human capital formation. But it is not a part of human capital. It is also important factor of growth (GDP). In underdeveloped countries, employment problem suffering, because health expenditure is not good and education sector more preference. Education sector comparison health sector is more important. Health contributes labour work as productivity. Under developing countries is maximum suffering the insufficient food. These countries face the big economic pressure and burden. This problem faces of economy that means not makes economy progressive. Therefore people face the problem regarding to insufficient balance. This output gives very weak productivity. Good health is main and basic power of human which makes strong in efficiency and physically. In developing countries millions children not goes to school, and billions people not gain sufficient food. In every year in developing countries millions death reason the health and food. In under developing and developing countries this problem is big and without health expenditure not possible. Therefore health expenditure and economic growth is each other depend and bi-direction effect to each other.

Health expenditure or health do main work in India people engaged in leprosy problem. Govt. wants far to burden of disease and eliminate of leprosy. Then increase the work productivity. But not only productivity, it improve the living standard, per capita income, GDP etc. Health expenditure and good

health is vital role play in natural resources. Many countries invest and sum of money far to disease or treatment of disease burden comparison to prevention of disease. Then health utilization of resources as labour, capital, land etc. its wide scope of natural resources. Other words use of medicine through allopathic, homeopathic etc. all medicine made by trees. Then health uses the trees through natural resources. Other, dropper rate high in school, not class attendance fulfil, therefore not learn schooling education then health increase the knowledge and skill. Participation limited by girls in school due to poor health but healthy girls more participation in school. Health doing reduce cost of medical and health care i.e. polio disease prevention. End of polio then higher productivity and reduce pain and suffering. Other example- yoga through reduce the disease. Today Govt. spends of sum of amount then cost reduces and improves the health.

In review literature analysed the Studies relationship between health expenditure and economic growth positive and statistically significant. It revealed developing and under developing countries expenditure less on health sector. But not focus on health programme, nutrition, awareness, and health care. In health sector invest then improve the productivity. Empirical literature analysed that relationship between health expenditure or health sector and economic growth. It is strong correlation in health and boosts the productivity or growth of economy.

World Bank (1993), “increase in life expectancy from 50 to 70 year would raise the growth rate by 1.4 % points per year and 10 percent decrease in malaria is associated with an increased annual growth of 0.3 % .” Good health consist of income and utilization of resources, To gain the objective of economic growth ,then developing countries take step regarding to improvement of health status such as increase life expectancy, reduce infant mortality rate. Such that achieved good health which use of natural resources and resources maintain to health. Health promotes development through increase in GDP and therefore improvement in the health status of people is compulsory for social and economic development. Improvement in poor countries, it is found that the remedial care rather than anticipatory care is given the topmost right of way.

1.6 Health Expenditure in India

The Indian constitution charges the states with “the raising of the level of nutrition and standard of living of its people and the improvement of public health”. (the constitution framework) central

government efforts at influencing public health have focused on the five year , on coordinated planning with the states, on sponsoring major national health programme. The most nation health programmes the centre and state government jointly share expenditure. Health care expenditure is very necessary social expenditure for any country. Health care, like education, housing, old age security and other social provision, has, nowhere in the world been able to make an effective contribution without the active participation of the state. However, like any other social expenditure health expenditure also requires a significant contribution from the government. Even in the most advanced countries the role of the state has been extremely critical assuming that health care become universally and more or less equitably available. Whether it is a developed country or a developing one, states role in developing a good health infrastructure and assuring good health everybody become a very critical and important. Investment in health care is necessary social investment without which is the large mass of working classes cannot realize good health and contribute the economy. According to World health organization data given:-

Table 1.1 Government Health Expenditure

Year	Central Government (Rs. Cr.)	State Government (Rs. Cr.)
2007-08	16055	30356
2008-09	19604	36346
2009-10	25652	44748
2010-11	27466	55955
2011-12	30587	62343
2012-13	35319.60	66338.31
2013-14	38910.39	87061.54

(Sources: Ministry of Health and Family Welfare)

Above table show that health expenditure Govt. spend of money in state and centre level. Govt. in year 2007-08 in allocate the money is Rs.16055crore in centre and Rs.30356 crore.

It is not more expenditure in India because India is back to china, Nepal, Bangladesh etc. And not better health status. In India though the state has a large stake in the health sector, investment has not been effectively utilize. Part of the reason is misdistribution of investment and parts other factors such as the growth of the private sector which makes for an unhealthy competition for manpower resources, etc. The unchecked growth of private health care and its absolutely unregulated functioning in India, unlike in the most other countries where a large private sector exists, has made profiting from human misery a big business. India trend in health on expenditure as percentage of GDP in India

Table 1.2: Health Expenditure as Percentage of GDP

Year	HE as % of GDP	Year	HE as % of GDP
1950-51	0.22	2000-01	0.90
1955-56	0.49	2001-02	0.83
1960-61	0.63	2002-03	0.86
1965-66	0.61	2003-04	0.91
1970-71	0.74	2004-05	1.16
1975-76	0.81	2005-06	1.23
1980-81	0.91	2006-07	1.22
1985-86	1.05	2007-08	1.23
1990-91	0.96	2008-09	1.37
1995-96	0.88	2009-10	1.45

(Sources: Ministry of health and family welfare, Govt. of India)

Total health expenditure means total private and public health expenditure which calculate the Ministry of health and family welfare of India. It's included health services family welfare and planning, food activates which related to nutrition. In health expenditure not includes the water or sanitation sector. But it more matter to water and sanitation sector, but it's not included. In year 1950-51 percentage of GDP is 0.22. After that year increase continuously till on year 1986.As after 1986 decrease the percentage of GDP is 0.96, 0.88 respectively year 1990-91, 1995-96. In again year 2000-01 increase

0.90 after that decrease in 2001-02. After 2001-02 increase continuously till on 2010, but not include year 2006-07, this time period decrease of percentage of GDP. Health expenditure in India is 1.45 percentage of GDP in 2010. India health expenditure is more than other countries as Sri Lanka but less than America and other European countries. In India less health expenditure percentage of GDP but health status is good, presently some problem face in India. India health expenditure is less than effect of other factors as GDP, education, productivity etc.

As per 12th Five Year Plan document, the total public money funding to plan and non-plan, on core health to increase to 1.87 per cent of GDP by the end of the 12th Plan. In term of other widely in health care, government expenditure as amount of GDP is to increase to 2.5 per cent by the end of the 12th Plan.

1.6 Health Expenditure in Haryana

Haryana exist a sprat state in 1966. Haryana has made awful progress in health development. According to census 2011 person is 2, 53, 51,462 live in Haryana. In 2007-08 life expectancy was 65.50 year and 70 year male and female respectively. Today projected life expectancy (2011-15) is 68.9 and 71.3 year respectively. In 1966 death rate of Haryana was 9.21 and 2007-08 was 6.9. According to 2011 sample registration system is death rate 6.5. It is good death rate. Because comparison to past year. Birth rate was 33.34 in 1966 and 2007-08 was 23 per thousand. According to 2011(SRS) birth rate is 21.8 per thousand then good positions of birth rate and death rate. Infant mortality rate was 44(2011).Allopathic medical institute up to 31st march 2013 as hospital is 56, CHC is 109, PHC is 357 and dispensaries 63 , urban health post 16 and post-partum centre 37, district T.B. centre 15, sub centre 2630. In 2010 patient treatment outdoor and indoor is 18955488 and 1801813 respectively. Patient treatment graph is increasing. In 2012 outdoor patient was 6722218. Patient treatment ratio is good. The Beds per thousand populations is 0.39.Bed ratio is not good. It means one-third bed available. Nurse- bed ratio-1:7, Doctor: Bed ratio- 1:4, nurse bed ratio and doctor bed ratio is not good; therefore health status is not good in Haryana.

Table 1.3: Per Capita health Expenditure of Haryana

Year	RS.	Year	RS.
1966-67	1.92	2003-04	184.57
1976-77	11.23	2004-05	185.90
1981-82	22.73	2005-06	199.40
1986-87	41.26	2006-07	243.27
1991-92	69.59	2007-08	228.72
1996-97	94.81	2008-09	271
1998-99	175.02	2009-10	399.85
1999-2000	144.07	2010-11	442.08
2000-01	166.83	2011-12	490.28
2001-02	165.09	2012-13	642
2002-03	186.90	2013-14	734

(Source: Indiatat.)

Table 1.4 reveal that per capita health expenditure of Haryana. Per capita health expenditure is continuous increasing from year 1966 to 2013-14. It is directly refers to that good performance of health per capita expenditure on health. In year 1966-67 is Rs. 1.92., it is refers to Rs.1.92 per person expenditure on health as yearly. After that increase continuously is Rs.11.23, 22.73, 45.26,69.59, 94.81, 175.02, 144.07 in year 1976-77, 1981-82,1986-87,1991-92,1996-97,1998-99,1999-2000

respectively. In year 2000 it was Rs. 166.83 and increases continuous till 2013-14. At present status of per capita health expenditure is good.

Table 1.4: Health Expenditure of Haryana

Year	PHE (Rs.Cr.)	Year	PHE(Rs.Cr)
1991-92	103.82	2002-03	298.42
1992-93	122.38	2003-04	314.96
1993-94	116.5	2004-05	336.32
1994-95	154.3	2005-06	403.24
1995-96	133.96	2006-07	431.66
1996-97	158.27	2007-08	519.08
1997-98	195.54	2008-09	687.87
1998-99	259	2009-10	1001.64
1999-00	250.57	2010-11	983.95
2000-01	263.9	2011-12	1144.4
2001-02	272.67	2012-13	1476.84

(Sources: Statistical Abstract of Haryana)

Table 1.4 revealed that health expenditure trend indicate that the health expenditure in year 1991 was Rs.103.82 crore (included revenue expenditure on health and capital expenditure on health with medical and health expenditure only). And again 1993-94 reduce the health expenditure is Rs.122.38 to Rs.116.5 crore. That means government was not aware this issue that time period. In year 1994-95 is 154.3 crore, after that time in 1995-96 reduce from (1994-95) 154.3 to 133.96. But 1996 -97 is Rs. 158.27 and as 263.9, 403.24, 431.66, 1001.64, 1476.84 in year 2000-01, 2005-06, 2006-07, 2009-10, 2012-13 respectively. Percentage of development in health expenditure increase. That means good

performance. Thus government achieve efficiency and sufficiency and development and government more focus in health sector. The entire table shows that health expenditure is progressive and if continuous increase then will be better comparison to back year.

1.8 A Case Study with Special Reference to Mahendergarh District

There are two General Hospital in Mahendergarh at present situated at Narnaul and Mahendergarh. There are five CHC situated in the district. CHCs are located at Kanina, Mahendergarh, Ateli, Nagalchaudhary, Nagalsirohi. There are 25 PHC situated in the districts. PHC are located at Sirohibihali, Bayal, Sihma, Budhwal, Kanina, Ateli, Nangalsirohi, Chaudhary, MundiyaKhera, Balahakalan, Rampur, Pali, Mahendergarh, Sehlong, Satnali, Chhilonizampur, Malrawas, Bamanwas, Mandhana, Satnali, Deochana, Madhogarh, Antri, Bhojawas, Dhanonda, Mirjapur-Bachhaud, Nangal. Number of dispensaries in Mahendergarh has declined from 5 in 1991 to 3 in 2011.

There are number two CHC in year 1991. There are three CHC in Mahendergarh during period from 1992 to 2004. After that its 5 till on 2011. Number of sub-centre in year 1991 to 2003 is 115. And in year 2003 to 2008 is 103. Number of medical staff in 1991 is 455 and year 2003 to 2006 is 529 and 2011 is 1044, it's continuously increase. Number of institution area cover per square kilometre is 13. Number of patient treatment by allopathic institution in 1991 is 273996 and in year 2000 is 258592. And 2007 is 433825. And 2011 is 527017. Its increase is continuously. Number of total beds in year 1991 is 202 and in year 1994 to 2002 is 318 and it's after that in year 2003 to 2011 is 322. Ayurvedic institution is average on 24. But in 2011 is 25, its slight change. Number of homeopathic institution in year is 1991 to 2005 is 20 and in year 2011 is 23. Number of hakim and dispensaries person in year 1991 is 47 and 2011 is 36. It is decline. Total number of birth in Mahendergarh district in year 1991 is 14374 and year in 2000 is 16769 and year is 2011 is 16761. It slight increase. Total number of death in year is 1991 is 3749 and in year 2000 is 4382 and 2011 is 5298.

Table1.5: DDP of Mahendergarh

Year	Rs.(lakh)	Year	Rs.(lakh)
1993	8077	2003	182570
1994	10988	2004	201635
1995	30053	2005	220700
1996	49117	2006	239764
1997	68182	2007	258829
1998	87247	2008	277894
1999	106311	2009	296958
2000	125376	2010	316023
2001	144441	2011	335088
2002	163506		

(Sources: Researcher Calculation)

Table1.5 shows that District domestic product of Mahendergarh district. In year 1993 is Rs.8077 in lakh, and in year 1994 is Rs.10988, year 1994 to 2000 is continuously increase from Rs.10988 to 125376 in lakh. In year 2001 is Rs.144441 lakhs and in year 2005 is Rs.220700 lakhs. In 2011 is 335088. It's continuously increasing from year 1991 to 2011. It is good growth of District domestic product.

1.9 Significance of Study

Health expenditure is play vital role in economic growth. It improve the nation wealth and growth and development. India is the fastest growing economies. And Haryana is one of the most progressive state in Indian economy. In 1968, medical institution was 785 and which 656 was in rural area and 129 was urban area. In 2011 health institution 3244 which was 2953 in rural area and 291 in

urban area. But not quality in health status. In Haryana different factor that contribute poor health and facility and services. According to statistical abstract of Haryana, doctor nurse ratio is 2.56. It means 2.56 or 3 nurse per one doctor that's not good as well as doctor patient ratio is 1: 9585.06 and doctor bed ratio is 1:6.30 and bed patient ratio is 1: 1522.64.,thus Haryana health status is poor and government not better facility provide for nation or society. As Mahendergarh district was also not good health facility and services in government institution. People face the big problem as not available doctors, bed facility etc.

Thus people want to make and increase the socially, physically and economically productive life. But every people not rich then not afford or gain good health facility and services. Therefore this moral responsibility of every citizen and government that diseases free life and life expectancy high of human life. Government should spend more in health expenditure in form of physical, mental, education, health institution, infrastructure, staff services which create good human capital formation and growth and development of society and nation. And my study find out trend and pattern of health status which contrasts the standard of people and Haryana government provide better health facility and service which improve the health status.

1.10 Scope of Study

Health is important role in economic point of view. Healthy people are assets for economics and human capital. But ill and disabled person is burden. In other words health reduce the burden of human and production losses, illness, use of natural resources, income, per capita income, productivity, enrolment of children and getting more learning. All dimensions create and develop the economic growth for society. Health and economic growth is very close and complex relationship. And it is the fundamental human right which improve the quality of health care, health facilities, living of standard, safe drinking water, etc.

Health expenditure and economic growth is a direct relationship. Health expenditure more spend of money in public then will people healthy. Because Govt. or public spend of money on healthy therefore people will not ill. Then do good work and its increase the productivity or work without illness or disease. It will improve the life expectancy, reduce infant mortality rate, reduce the death rate, etc. It directly and indirectly improves the health which contributes for economic and sustainable development. And other word, if worker do good work according to physical capacity then will gain

the human capital. But it not easily possible, it possible depends on healthy people. Health not achieve only personal objective but also achieved Govt. objective as end of disease, good water facility, use of swage, improve water management system. Good health useful in economic growth as these points following:-Worker productivity: According to World Bank (2009-14) 48, 12, 35,954 labour force work in India. Labour force means who people supply of labour for the production of goods and services. In India people engaged in leprosy problem. Govt. wants far to burden of disease and eliminate of leprosy. Then increase the work productivity. But not only productivity, it improve the living standard, per capita income, GDP etc.

Utilization of natural resources: Health expenditure and good health is vital role play in natural resources. Many countries invest and sum of money far to disease or treatment of disease burden comparison to prevention of disease. Then health utilization of resources as labour, capital, land etc. its wide scope of natural resources. Other words use of medicine through allopathic, homeopathic etc. all medicine made by trees. Then health uses the trees through natural resources.

In use of multidisciplinary: Health increases in literacy, for example healthy children's (1-6 year) enrolment of school, its help for society and economic development. Other, dropper rate high in school, not class attendance fulfil, therefore not learn schooling education then health increase the knowledge and skill. Participation limited of girls in school due to poor health but healthy girls more participation in school. And other word health is important role play through multidisciplinary.

Reduce cost of medical and health care: health doing reduce cost of medical and health care such that polio disease prevention in India. End of polio then higher productivity and reduce pain and suffering. Other example- yoga through reduce the disease. Today Govt. spends of sum of amount then cost reduces and improves the health.

1.11 Objective of the Study

1. To examine the causal relationship between health expenditure and economic growth in Haryana.
2. To study the recent trend and pattern of health and economic growth (GSDP) in Haryana.
3. To study the recent trend and pattern of health and economic growth in Mahendergarh District.