

Delhi's health system: Inadequate progress for a global city

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Delhi. Credit: New York University

Over the past decade, India has emerged as one of world's most

important engines of economic growth. In the health sector, India is often associated with its accomplishments in promoting innovation in the delivery of health services and production of pharmaceuticals and drugs. At the same time, in comparison to other large middle-income nations such as Brazil, Russia and China (BRIC), India has failed to assure minimal standards of sanitation and public health. In a paper just published by the Royal Society for *Public Health*, Gusmano, Rodwin and Weisz document Delhi's health system exceptionalism.

In spite of recent investments in [health care](#) and [public health](#) in India's global capital city, this original research contribution finds that the capacity to leverage these investments to improve access to effective care have not been sufficient to overcome the crushing poverty and inequalities within Delhi. The Lancet reported, in 2009, that more than half of Indian households have no toilets, over 200 million people have no access to safe drinking water and WHO estimates that 900,000 people die from contaminated water and polluted air. More recently (2013), the Planning Commission reports that progress in meeting [millennium development goals](#) has been slow. In contrast to other BRIC nations, public expenditure on health care as a percent of GDP (1%), is the lowest. Total expenditure (public and private) is just 4 percent of GDP, which places India as the lowest spender. Moreover, out-of-pocket expenditure as a share of total [health care spending](#) (58%) places India as the BRIC nation that relies most heavily on patient payment at the point of consumption. Gusmano, Rodwin, and Weisz find that large and growing numbers of residents die prematurely each year due to causes that are amenable to public health and healthcare interventions.

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and Rodwin, co-direct the World Cities Project, a collaborative venture of their respective institutions. More specifically, their article finds that:

- Between 2004 and 2013, a time when the economy of India was growing rapidly, rates of premature deaths due to causes for which there are effective treatments (amenable mortality), increased by about 25% in the capital city of Delhi. The leading causes of death were septicemia and tuberculosis. Maternal mortality is well above the global level for other middle-income countries.
- During this same time period, cities in other [middle income countries](#), including Moscow, Sao Paulo, and Shanghai experienced a decrease in amenable mortality of at least 25%.
- Delhi, and the rest of India, is unlikely to make substantial improvements in these outcomes unless they substantially increase public health spending, monitor health system performance, and improve government capacity to adopt policies and implement a range of programs that address the causes of extreme deprivation.

More information: M.K. Gusmano et al, Delhi's health system exceptionalism: inadequate progress for a global capital city, *Public Health* (2017). [DOI: 10.1016/j.puhe.2016.12.023](https://doi.org/10.1016/j.puhe.2016.12.023)

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