

ROLE OF HEALTHCARE AND EDUCATION SECTOR IN ECONOMIC GROWTH

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INTRODUCTION

A country's transition from developing to developed category depends on infrastructure, as infrastructure supports primary (agriculture), secondary (industry) and tertiary (service) sectors. Infrastructure can be classified as economic and social infrastructure. Economic development depends not only on economic infrastructure like a well-developed transport and communication network or the extension of irrigation facilities in dry areas but also on social infrastructure. In a broad sense, economic development depends on expansion of not only society's production capacity but also on social and economic opportunities. Therefore, not only economic infrastructure but also human capabilities play a central role in economic development. Human capabilities depend on social infrastructure.

Social infrastructures are foundational services and structures that support the quality of life of a nation, region, city or neighbourhood. This includes any infrastructure that goes beyond basic economic functions to make a community an appealing place to live. It includes healthcare (hospitals), education (schools and universities), public facilities (community housing and prisons) and transportation (railways and roads). All of these structures serve as the backbone for communities and societies.

A country's level of human and economic development is closely related to its level of achievement in physical and social infrastructure. While physical infrastructure is an important determinant of domestic production, good social infrastructure is vital for human development as well as economic progress through better educated, better skilled and healthier citizens.

The main constituents of social infrastructure are Education and Health. The education and health are considered as investments in human capital for economic development as compare to physical means of production, such as factories and machines. The economic attainments of Europe, North-America, Japan, and East-Asia are inconceivable without their attainments in human capital; hence the importance of social infrastructure. Therefore, it can be surmised that investment in human capital through education, training, health, and medical facilities yields additional output and economic returns. Economic growth theory also sees human capital as important source of economic growth. Further, to achieve rapid economic growth, it is essential that the population should be well educated and trained to be able to work

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effectively. It is also essential to reduce poverty. No amount of welfare measures can help a poor illiterate person the way education can by enabling him to become more productive and skilled. Therefore, effective education for the masses is crucial for reducing poverty and sustaining high rates of economic growth over long periods by providing a well- skilled labour force. The role of physical infrastructure in promoting economic development has been well-documented in the literature¹.

HEALTH

Health denotes the condition of a person's body or mind, it includes mental health, physical health and healthy environment for protecting the around health of a human being. A good health means state of being free from illness or injury². This conceptual idea reflects the general meaning of the health is that if any human being is not in good health it means he is ill, but this is not the general aspect of the health, it is a confusing definition of health. In real sense the absence of illness does not mean that one is in good health. According to the Constitution of the World Health Organization (WHO), "health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". Health is one of the fundamental rights of every human being without distinction of race, political belief, economic and social condition".³ Good health is very essential for survival, long life and new product of progressive ideas; it is a motional requirement for the development of the society, by good health individual may perform excellent activities in all the spares of individual and collective life so that the society consistently rises to higher levels of endeavor and achievement.

Conceptualization of right to health is the path for achieving the other basic rights which are related to economic, social, cultural, earn livelihood, build housing, take food, hygiene, proper work condition, and exercise of various freedoms such as right to happiness, right to equality, right to education, right to protection, right to practice any religion and to form association, right to social security, right to fair and humane treatment, right to civilized treatment in custody and in prison, right to impartial and speedy justice and protection of human rights in every circumstances of the society.⁴ The health of a person is itself wealth of society, thus conceptually health includes the wealth, because by good health one may capable, competent, ability, skill, power, talent and knowledge for the earning of different kind of wealth.⁵

¹ In paper by Pradeep Agarwal on *Infrastructure in India: challenges the way ahead*

² Oxford Advanced Learner's Dictionary, (2007) p. 597

³ World Health Organization, Preamble, par. 1,2 adopted by the International Health Conference (New York)

⁴ The general meaning of conceptualization is to form an idea in mind. It means due to good health of women new creative ideas may be formed for exercise of freedom of speech and expression, form associations and unions, to move freely without physical hindrance and obstacles and comfortably reside and settle in any place of the world subject to the legal provisions of the domestic legislation.

⁵ Wealth reflects the large amount of money, property, etc. and it also indicates to become rich, well educated, talent and great experience of the life and job.

Health care requires to be nurtured from the childhood, care to health is a determined factor to great extent by behaviors learned from the childhood and starting to appear throughout the world. Physical activities for the betterment and good health are also part of the conceptualization of the health. If the physical activities decreased in the adolescence and obesity has increased it is very dangerous for the good health.

Legal Aspect related to Health

The preamble to the Constitution which gives a broad direction for the Indian republic refers to social, economic and political justice and also equality of status and of opportunity. Under the term social justice, one can bring in the question of access to health care facilities and the principle of justice involved in the equality of access to these facilities. In the same way, equality of status and opportunity may be taken to refer to the equality of practice of the medical profession, access to medical educational institutions etc., in order to improve the citizens' socio-economic and health status.

The constitution of India not provides for the right to health as a fundamental right. The constitution directs the state to take measures to improve the condition of health care of the people. Thus, the preamble to the constitution of India, *inter alia*, seeks to secure for all its citizens justice-social and economic. It provides a framework for the achievement of the objectives laid down in the preamble. The preamble has been amplified and elaborated in Directive Principle of State Policy.

Article 47 of Constitution of India, casts a duty on the state to raise the level of nutrition and standard of living and to improve public health. The provision of this article provides that the state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as amount its primary duties and in particular, the state shall endeavour to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health⁶.

Healthcare at the International level

The quality of health services and medical negligence has been a matter of great concern at the International level. The General Assembly of the United Nations, has adopted various resolution to safeguard the interest of patients Article 25 of Universal Declaration of Human Rights states that : everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age other lack of livelihood in circumstances beyond his control.

Article 12 of the International Covenants on Economic, Social and Cultural Rights, 1966, *inter alia*, states, *the state parties to the present convention recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*

⁶ Legal framework for healthcare in India by S.K. Verma

The International Covenant on Civil and Political Rights 1966, the UN Declaration on Elimination of All Forms of Discrimination against Women 1967. The Convention on the Elimination of All Forms of Discrimination against Women 1979 and Convention on the Rights of the Child provide, *inter alia*, for the protection of health care rights of persons including women, children and other disadvantaged sections of society.

The World Health Organisation has also played a pioneering role for the last fifty years, in guiding health policy development and action at the global and national levels, with an overall objective of ensuring and attaining the highest standards of healthcare to all the people around the world. The preamble to the World Health Organisation Constitution⁷, *inter alia* provides:⁸

- The enjoyment of the highest standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states.
- The achievement of any state in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of disease, especially communicable diseases, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a totally changing environment is essential to such development
- The extension to all people of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health
- Informed opinion and active co-operation on the part of public care of the utmost importance in the improvement of the health of the people
- Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures.

Article 2 of the World Health Organisation constitution, delineates several functions, which directly and indirectly require the application of legal principles, such as:

- To act as the directing and coordinating authority on International health work;
- To propose 'Conventions, Agreements and Regulations', make recommendations with respect to International health matters, and to perform such duties as may assign thereby to the Organisation and consistent with its objective; and
- To develop, establish and promote International standards with respect to food, biological and pharmaceutical and consumer products.

Apart from the above, a number of International agencies to have lent support public participation in healthcare. To this end the World Health Organisation Allma Ata

⁷ The world Health Organization's Constitution came into force in 1948

⁸ Legal framework for healthcare in India by S.K. Verma

Declaration,⁹ clearly states, *the people have the right and duty to participate individually and collectively in the planning, and implementation of their healthcare.*

Column 5 is Health Indicators for India and Other Emerging and Developed Countries¹⁰

Indicators	Year	India	China	East-Asia	BRCS	Developed
Life expectancy at birth, total(years)	2011	66	75	73.5	67.1	80.5
	2000	61.6	71.2	70.6	65.4	78.5
Physicians(per 1000 people)	2011	0.65	1.82	0.99	2.2	2.8
	2000	0.6	1.1	0.61	1.7	2.6
Hospital beds(per 1000 people)	2011	0.9	4.2	3.8	4.7	7.02
	2000	0.6	2.5	2.3	5.3	7.9
Health expenditure, public(percent of GDP)	2011	1.2	2.9	2.2	3.7	8.7
	2000	1.3	1.8	1.6	2.8	6.7
Health expenditure, public (percent of Government expenditure)	2011	8.1	12.5	9.9	11.0	18.4
	2000	3.9	11.1	7.5	9.7	16.2
Health expenditure per capita, PPP (Constant 2005 International\$)	2011	141.0	432.0	677.6	933.4	4679.6
	2000	69.4	107.0	272.9	380.5	2741.9
Improved water source (percent of Population with access)	2011	91.6	91.7	94.0	94.4	99.5
	2000	81.0	80.0	89.8	88.8	99.2
Improve water source, rural (percent of rural population with access)	2011	89.5	84.9	89.9	85.2	97.5
	2000	77	70	82.2	76.0	97.1
Improve sanitation facilities (percent of population with access)	2011	35.1	65.1	84.4	72.6	99.8
	2000	25.0	44.0	79.0	66.3	99.5

⁹ Alma Ata Declaration adopted in 1978

¹⁰ *Supra note 1*

Improve sanitation facilities, rural (percent of rural population with access)	2011	23.9	55.8	80.7	55.1	99.3
	2000	14.0	35.0	74.0	48.8	98.1

Not just medical facilities but even drinking water supply and especially sanitation in

India continues to be inadequate, though there is some improvement. The share of Indians with access to improved sources of water has increased from 72 per cent in 1990 to 81 percent in 2000 to 91.6 per cent in 2011. Although these numbers do not look so bad by

International comparison (averaging from 91 per cent for China to 99 per cent for developed countries; see Column 5)¹¹, it has to be noted that even those with access to improved water in

India typically gets water for only a few hours a day (only two Indian cities have water supply) and even the 'improved source' is often not entirely safe for drinking.

However, it is the level of sanitation that is a real cause of concern and requires major effort by various levels of government and communities for improving coverage. Thus, at the national level, improved sanitation facilities were available to only 17 per cent of population in 1990, 25 per cent in 2000, and even in 2011 it was only at 35 per cent (compared with about 70 per cent in other emerging economies and 99 per cent in developed countries; see Column 5). Poor sanitation is particularly dangerous to health, as it is very likely to lead to infection of water sources and water supplies reaching the poor—leading to a large number of waterborne diseases like diarrhoea, cholera, typhoid, etc. (endemic in India) and endless health problems including poor absorption of nutrients from food. This leads to a large number of health problems for the poor. Combine this with highly inadequate public health facilities and you get the nightmare that the poor in India face—poor health, malnutrition, frequent infections, and resulting acute medical and financial distress. Thus, poor sanitation facilities (lack of toilets, poor waste disposal) are a major source of misery for the poor and in very urgent need of serious attention from all levels of government (local, state, and national).

Additional financial and managerial resources need to be provided for this are needed, as

India's level of investment in water, sanitation, and public health has been low by International standards.

EDUCATION

Education is a most powerful weapon which you can use to change the world. In the present age of globalization and technological developments, the paramount pre-requisites for

¹¹ In paper by Pradeep Agarwal on Infrastructure in India: challenges the way ahead

endurance in society are education as it plays a pivotal role in the process of overall growth of human beings. Mahatma Gandhi placed the concept of education before the country in 1937 stating, “By education, I mean an all-round drawing out of the best in child and man-body, mind and spirit.”¹²

India has a vast population of young people. Even after 66 years of independence, a surprisingly large proportion of our youngsters are not getting sufficient education or vocational training. On the one hand, this keeps a large number of them in poverty and misery for lack of productive skills; on the other hand, it reduces the rate of economic growth because of the lack of enough sufficiently skilled workers in many areas, which reduces our International competitiveness. Thus, India requires strong educational infrastructure to keep pace with the growing economy and provide it with quality manpower. Education can accelerate economic growth and investment and is a key indicator to quality of life and the Human Development Index (HDI).

Over the past decade or so, both central and state governments have implemented new initiatives and increased spending to encourage greater enrolment and attendance at the school level. This has led to some improvement. Despite this, the performance of the education sector has been woefully inadequate. In April 2010, the Right to Education (RTE) Act was passed. With its implementation, the universalization of primary (standards one to eight) education was given new impetus. The RTE Act makes education a fundamental right of every child between the ages of 6 and 14 and specifies minimum norms in elementary schools. It requires all private schools to reserve 25 per cent of seats for poor children (to be reimbursed by the state). It also prohibits donation or capitation fees. The RTE Act requires surveys that will monitor all neighborhoods, identify children requiring education, and set up facilities for providing it.

Legal Aspect related to Education¹³

The constitution of India came into force on the 26th of January, 1950. Originally, Article 45 therein states, “The state shall endeavor to provide, within a period of ten years from the commencement of this constitution, for free & compulsory education for all children until they complete the age of fourteen years.” This was the only constitutional provision with a time- frame. The time frame ended in 1960.

To strengthen the position of education, the Government of India took an essential initiative through the enactment of the 86th constitution (Amendment) Act, 2002. This attempt to achieve and facilitate the realization of free & compulsory education between the age of 6 and 14 years as a fundamental right (Article 21-A), despite the Amendment, the present system is facing wide ranging problems, which in turn is hampering the spirit of the enactment.

¹² National Colloquium on Human Rights: Issues & Challenges in India.

¹³ Justice A.K. Patnaik

Column 1 provides on Education Sector characteristics measured by enrollment, literacy rate, pupil-teacher ratio, public spending, etc., to take stock of the current situation in India and compare it with International standards and achievements. First, we look at adult literacy rates. Even in 2011, India's Adult Literacy rate (only 63 percent) was way behind that of China, East Asia, and BRCS Countries (about 94 percent) and developed countries (98 percent). India's literacy rate gap with China and East Asia has stayed nearly the same for the last 10 years. The gap is narrower among the youth but still substantial- 81 percent of India but about 99 percent for the rest of the emerging and developed Countries. In addition to literacy rate, average years of Schooling per adult is an important and commonly used indicator to measure educational attainment. It was only 4.4 years in India, about half of the average for other emerging countries (China at 7.5, East Asia at 8.5 and BRCS countries averaging 8.8 years) and even less than half of the developed countries (about 10.7 years of schooling per adult on average¹⁴.

Column 1 India and the World: Comparison of the Access to and Quality of Education¹⁵

Indicators	Year	India	China	East-Asia	BRCS	Developed
Literacy rate, adult total (percent of people ages 15 & above)	2010-11	62.8	94.3	94.9	93.2	98.3
Literacy rate, youth total (percent of people ages 15-24)	2010-11	81.1	99.4	98.5	98.6	99.5
School Enrollment, primary (percent gross)	2010-11	112	111.2	104.5	112.5	104.7
School Enrollment, secondary (percent gross)	2010-11	63.2	81.4	82.0	92.4	104.1
School Enrollment, tertiary (percent gross)	2010-11	17.9	26.8	49.0	35.9	67.7
Average years of schooling	2010-11	4.4	7.5	8.5	8.8	10.7
Public spending on education, total (percent of GDP)	2010-11	3.3	-	4.3	5.3	5.2
Public Expenditure per student, primary (percent of GDP per	2010-11	7.3	6.0	15.9	53.2	21.4

¹⁴ World Development Indicators, 2012

¹⁵ *Supra note 1*

capita)						
Public expenditure per student, secondary, (percent of GDP per capita)	2010-11	13.8	11.5	17.3	45.7	26.9
Public expenditure per student, tertiary (percent of GDP per capita)	2010-11	69.8	90.0	23.3	47.7	26.3
Pupil-teacher ratio, primary	2010-11	30.2	16.8	19.4	21.7	15.8
Pupil-teacher ratio, secondary	2010-11	25.3	15.2	20.2	16.3	13.3
Research and development expenditure (percent of GDP)	2010-11	0.8	1.7	0.95	1.34	2.6
Researchers in R&D (per million people)	2010-11	136	863.0	1265.8	263.0	4269

These poor outcomes are partly due to low levels of public expenditure on education and partly due to weak institutions and governance. Thus, public expenditure on education as a fraction of GDP was again lower at 3.3 per cent in India as compared to 4.3 per cent in East Asia and about 5.3 per cent in BRCS and developed countries. Similarly, expenditure per student as a percentage of GDP per capita in primary and secondary education was significantly lower in India at 7 per cent and 14 per cent but many times higher in BRCS and developed countries (though not in China). However, the expenditure on students in the tertiary sector is significantly higher in India than in East Asia, BRCS countries, and even developed countries (with China even higher than India). This seems to be the result of continuing practically free education even at the tertiary level in India and China while the costs go up sharply. It, however, seems a misplaced subsidy, since the benefit goes largely to the middle and upper classes rather than the poor. Instead, the urgent need in India is to expand the tertiary education opportunities (even if it means raising its costs to some extent) and to improve the institutional structure to better reward excellence, which seems to be taking a backseat.

Relationship between Education & Health

In childhood, good health improves educational outcomes. Additionally, the expectation of good adult health increases schooling investments in childhood. Both health & education persist from childhood to adulthood at which point education boost health. But adults are also parents, so there circumstance in middle age spills over onto the next generation. Healthier mother have healthier children and more educated children. Conversely, parental education, promotes both the health and the education of the next generation. At this stage, the causal system repeats in the next generation.

DEVELOPMENT

Removal of poverty calls for upgrading of individuals as well as community. Upward mobility of poor from lower and undesirable economic, social and political strata to a higher echelon would be attainable only through a process of development. This upgradation is to be viewed not as a favour or bounty given but as their valuable right.

Poverty is the biggest violator of human rights. Its eradication is vital for development. Poverty is not to be addressed as a merely development project but tackled in a wide spectrum manner to achieve human dignity. The agenda must include provision of all such basic amenities like housing, safe drinking water, health care, proper nutrition, educational opportunities of basic capabilities rather than merely as low incomes. Poverty has to be eradicated through the process of human development¹⁶.

SUGGESTIONS

- All public facilities for basic health and education must be built and maintained by the Municipal Corporation to ensure Universal access. Private facilities, if any, must be built in addition to the national norms, not has a substitute for public facilities.
- Social Infrastructure must be introduced carefully near and within informal settlements to support and facilitate up gradation and improvements. Basic health & education facilities must be introduced with participation of residents of self-built communities.
- Basic social infrastructure (dispensaries, health posts, primary schools, etc.) must not be provided by land cooling. These are necessities, and are part of the welfare responsibilities of the state and cannot be left to local contingencies. These must be reserved in the development program and provided.

CONCLUSION

Infrastructure services are essential to achieve development targets in any economy some of its major dimensions include the level of economic growth, level of Education, level of health services. Health and Education along with support infrastructure such as shelter, sanitization, school and hospitals that can give economic growth a human face. By improving the quality of human resources and enhancing capability, these indicators act as stimulants to growth. As K.C. Pant rightly said, “Infrastructure sector may not always be an engine of growth directly but they are essential rails on which the wheels of Economic progress can proceed with sustained speed. Without a strong & viable infrastructure, it is difficult to achieve rapid and sustained growth of the order of 7 to 8 percent, which is necessary for progressively eradicating poverty.”

¹⁶ Textbook on law, poverty and development by Maj. Gen. Nilendra Kumar