Chapter 7

SUMMARY, SUGGESTIONS AND CONCLUSION

“Investing in health will produce enormous benefits.”

~ Gro Harlem Brundtland

7.1 Introduction

Mumbai is a city with a glorious past, an imperfect present and an uncertain future; uncertain despite the hope and vision of becoming a city of the future. It is a city, of the ‘haves’ and ‘have-nots’. Both the groups are within the same geographical territory but occupy entirely different economic, physical and social spaces. It is a city of extremes, home to the some of the world’s richest and also the desperately poor. It's a city of stark rich-poor divide where skyscrapers, upscale malls exist with sprawling dilapidated slums. Both depend on each other despite their economic and social asymmetry. Mumbai’s functional capabilities are severely strained despite a continuous but slow, deliberate makeover process. The city continues to see population increases despite it stretched almost exhausted resources like – drinking water, sanitation and transportation or other basic services.

Significantly, Mumbai needs to concern itself with the health of its population because inspite of being India’s financial capital, more than half the city’s population live in slums, in invisible urban poverty – where poor incomes, consequent malnutrition and unhygienic living conditions have adverse impact on health. Selective, fragmented strategies and lack of resources for the health system have increased the challenges faced by the people. The present public health system in Mumbai is inefectually equipped to address people's growing health care expectations. As most of the tertiary health facilities are located in the Island city, access to medical care is problematic due to locational reasons, apart from

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282 Ibid.
overcrowded trains, bad roads, rising transportation costs and indirect expenses due to wage loss, etc. As many of the patients fear loss of daily wages, they turn to private medical practitioners, which lead to underutilization of the existing health infrastructure at the primary level contributing to avoidable waste. This in turn results in very high out-of-pocket medical expenses and can push many into the debt-trap and poverty every year. Three broad factors can be attributed to this failure – lack of political will and poor governance; lack of a strategic vision for public health care; and dismal management.

This chapter is divided into the following: Section 7.1 brings in the introduction to the chapter. Section 7.2 deals with the significant findings of the study and conclusions based on the research question. Section 7.3 offers the suggestions and recommendations brought out by the study. Section 7.4 examines the limitations of the study. Section 7.5 highlights the expected contribution of the study while Section 7.6 states the possible scope for further research based on the study. Section 7.7 gives the conclusions based on the research questions.

The study aims to examine whether the social sector expenditure during the study period has shown improved budget allocations for sub-sectors within the social sector especially that of health, which helps to promote Human Development in the India, in the state of Maharashtra and Greater Mumbai. The present study aims to examine whether during the study period, there has been improvements in the budgetary allocations for the social sector expenditure especially for sub-sectors within the social sector like health.

**Research Questions**

The purpose of the study was to examine whether the public health care expenditure is keeping pace with the growing needs of the population of Mumbai and also to understand the perception of the public health care users’ towards these facilities. As such the present study specifically covers the following two research questions given below:-

**Research Question 1**: Is the public health care expenditure keeping pace with the growing health care needs of the population of Mumbai?
Research Question 2: What is the perception of the public health care services users’ towards the public health care facilities in Mumbai?

Objectives of the Study
In the light of these broad Research questions, the objectives of the study are as follows:
1. To examine the government policy on public health care in the post-independence period.
2. To examine the pattern and trends of public health expenditure in Mumbai, since 2005.
3. To study the growth in the public health care infrastructure in Mumbai, since 2005.
4. To study the users’ perception regarding accessibility and quality of public health care services provided by the public hospitals in Mumbai.
As the previous chapters have already looked into the initial four objectives, this chapter will focus on the last objective.
5. To suggest policy measures for improving the public health care benefits.

7.2 Summary of Significant Findings of the Study
A brief summary of the empirical findings of this study’s objectives are as follows:

7.2.1 General Findings regarding the Public Health Expenditure by the Government of India and State Government of Maharashtra:

1. During the period under study, there was a consistent rise in absolute social sector expenditure by the general government (Centre and State) even during the global crisis of 2008-09 and Euro Area crisis of 2011-12. As a percentage of the GDP, social services expenditure increased from 5.65 per cent in 2005-06 to 6.7 per cent in 2015-16 (BE) and as a percentage of the total expenditure, expenditure on social services increased from 21.1 per cent in 2005-06 to 24.9 per cent in 2015-16 (BE).

2. While, expenditure on health care as a percentage of the GDP increased from 1.27 per cent in 2005-06 to 1.3 per cent in 2015-16 (BE) and as a percentage of the total expenditure, expenditure on health care increased from 4.7 per cent in 2005-06 to 4.9 per cent in 2015-16 (BE). But expenditure on health care as a percentage of the social
service expenditure decreased from 22.4 per cent in 2005-06 to 19.5 per cent in 2015-16 (BE).

3. One of the key findings point to the fact that budgetary allocations by the Central Government has remained very low at around 1.3 per cent of GDP which is about 4.9 per cent of total government expenditure. The general government’s expenditure on health care forms only 19.5 per cent of the social service expenditure.

4. Each State Government has its own independent health care policy. During the period under study, there was a consistent rise in absolute social sector expenditure by the state government of Maharashtra. As a percentage of the GSDP, social services expenditure increased from 4.09 per cent in 2005-06 to 4.31 per cent in 2015-16 (BE) and as a percentage of the total expenditure, expenditure on social services increased from 27.52 per cent in 2005-06 to 34.95 per cent in 2015-16 (BE).

5. While, the expenditure on health care as a percentage of the GSDP increased from 0.44 per cent in 2005-06 to 0.48 per cent in 2015-16 (BE) and as a percentage of the total expenditure, it has increased from 2.94 per cent in 2005-06 to 3.90 per cent in 2015-16 (BE). While the expenditure on health care as a percentage of the social service expenditure increased from 10.66 per cent in 2005-06 to 11.17 per cent in 2015-16 (BE).

6. A key finding of the study, points to the fact that budgetary allocations to health care by the State Government have remained extremely low at around 0.48 per cent of GSDP and about 3.9 per cent of the total government expenditure and only 11.17 per cent of the social service expenditure. State government spending on health care in Maharashtra is less than one per cent of GSDP. At the state level these key figures are even less than the general government’s allocations to health and as such can be considered one of the most important limitation to attaining desired health outcomes.
7.2.2 General Findings regarding the Pattern and Trend of Public Health Expenditure by the Municipal Corporation of Greater Mumbai (MCGM), since 2005:

1. One of the key findings of the study, shows that the percentage of public expenditure incurred on health to the total public expenditure incurred in Greater Mumbai has more or less remained steady during the period 2005-06 to 2015-16. Under MCGM, health expenditure as a percentage of the total expenditure is around 10.02 per cent in 2015-16 (BE).

2. On a whole the total public expenditure on health by MCGM, irrespective of revenue and capital accounts, has increased gradually for the period under study, at the average annual growth rate (AAGR) of 17.1 per cent with a compound annual growth rate (CAGR) of 16.4 per cent. As stated earlier, since 2007-08 the MCGM has followed the preparation of its Balance sheet according to the National Municipal Accounting Codes system which follows the double entry accrual accounting system, with reclassification of the different accounts in different codes and therefore detailed information about the various heads of expenditure are available only from 2007-08.

3. Revenue health expenditure under MCGM has grown at the average annual growth rate of 14.7 per cent with a compound annual growth rate of 14.5 per cent.

4. The study also reveals that the bulk of the revenue expenditure is incurred on establishment expenses, viz. salary and pension expenditure. Establishment expenditure has been increasing over the period of time from 2007-08 to 2015-16 (BE) and has ranged from 65.85 per cent to 77.47 per cent. A major part of the revenue budget on health is allocated for the establishment expenditure, which is used for paying salaries, dearness allowance, conveyance allowance etc. The data further shows that establishment expenses forms a large proportion of overall revenue expenditure. This high level of salary and pensions costs to the MCGM influences the year after year, resources availability for transfer to the capital account. This in turn, limits the value of capital works that may be carried out without receipt of grants/loans from external sources.
5. Another finding of the study shows the major component of the revenue health expenditure was incurred on administrative expenditure. It has also been increasing over the period of time from 2007-08 to 2015-16 (BE) and has been in the range of 3.13 per cent to 5.91 per cent. It increased from 4.05 per cent in 2007-08 to 5.91 per cent in 2015-16 (BE). Although these are very much required for the smooth functioning of the government machinery, such high levels of these expenditures leave very little for the necessary expenditure like operation and maintenance expenditure. The study shows that the operation and maintenance expenditure has also been decreasing from 22.56 per cent in 2007-08 to 17.92 per cent in 2015-16 (BE).

6. Interest and Finance Charges which consist of interest on loans, bank commission and charges etc. have decreased for the period under study which shows less debt burden for the municipal body. It has decreased from ₹ 44.67 crores in 2007-08 to ₹ 1.25 crores 2015-16 BE and as a per cent of the revenue health expenditure it has fallen from 5.16 per cent in 2007-08 to 0.05 per cent in 2015-16 (BE).

7. Programme expenditure for various programmes like Pulse Polio Programme, Mother-Child Programme etc., as a percentage of total health expenditure is less than 1 per cent for the period and this is worrisome as such programmes are required to ensure better health care for the underprivileged sections of the society as well as to promote preventive health care. Revenue, grants, contributions and subsidies which includes grants to hospitals and societies, statutory contributions to government medical institutions etc. and helps to promote better health in the society has increased from 1.76 per cent in 2007-08 to 2.43 per cent in 2015-16 (BE).

8. Capital health expenditure under the MCGM has grown at the average annual growth rate of 8.3 per cent with a compound annual growth rate of 7.4 per cent.

9. The capital health expenditure of the MCGM from 2007-08 to 2015-16 reveals that the major component of the capital health expenditure was incurred on main tertiary hospitals which was 32.66 per cent in 2007-08 and has decreased to 30.76 per cent in 2015-16 (BE). The capital expenditure on the four teaching hospitals which was 9.75 per cent in 2007-08 has decreased to 3.81 per cent in 2015-16 (BE). Analysis of the data for the time period shows that the combined capital expenditure of the teaching
medical hospitals with the main hospitals was more than 40 per cent of the total capital health expenditure. The combined capital expenditure for these hospitals ranged from 24.08 to 43.22 per cent for the same period.

10. The capital expenditure for the various peripheral hospitals ranged from 19.29 per cent to 42.97 per cent, for the time period of 2007-08 to 2015-16 (BE). According to the budget estimates of 2015-16 it was a meager 19.29 per cent. This is alarming as most of the peripheral hospitals are located in the diverse suburbs of the city and suffer from various infrastructure and manpower issues. The nearby residents thus, opt for public health care at the tertiary hospitals which are already overcrowded. The Capital expenditure for specialty hospitals for 2007-08 to 2015-16, ranged from 2.08 to 6.76 per cent and was just 6.03 per cent in 2015-16 (BE).

11. The capital expenditure on the health department, which provides various preventive and curative facilities to the people of Mumbai, has been in the range 13.63 per cent to 31.15 per cent for 2007-08 to 2015-16. According to the budget estimates of 2015-16 it was 27.02 per cent.

12. The capital expenditure on environment has been a very small percentage of the total capital expenditure and ranges from 0.23 to 1.58 per cent for 2007-08 to 2015-16 and was just 0.77 per cent in 2015-16 (BE). This is a small amount to spend on environment as the health of the city depends on the health of its citizens, especially Mumbai, which is inundated by various types of pollutants affecting the health of its residents.

13. In absolute terms, the MCGM has presented a budget for the year 2015-16 wherein its expenditure was ₹ 33514.15 crores. Out of this expenditure, it has allotted ₹ 3359.78 crores for health and medical education for the total population of 12.4 million. This percentage works out to be nearly 10.02 per cent of the total expenditure. Out of the ₹ 798.54 allocated for capital expenditure, it has allotted a little more than ₹ 215.77 crores for the Public Health Department, ₹ 154.07 crores for its peripheral hospitals, another ₹ 48.16 crores for the various specialty hospitals. However, it is spending a whopping ₹ 245.61 crores for the main hospitals with another ₹ 30.39 crores for the teaching medical colleges. Yet, this is a matter of
concern as most of the specialty hospitals and tertiary hospitals are concentrated in the Island City which forces people from the Suburbs to travel for advanced treatment.

7.2.3 General Findings regarding the Public Health Infrastructure in Mumbai, since 2005:

1. The public health care facilities in Mumbai are concentrated in the Island City and were built between 1950 and 1980, for a population of seven million people. Presently, approximately twelve million people avail the same. The public health care infrastructure is pressurized due to overcrowding, severe lack of manpower and other medical amenities. The study findings show an overall shortage of capacity in health care facilities in the city of Mumbai. According to figures collected for the study, from the Municipal Corporation of Greater Mumbai’s public health department, the city’s civic hospitals have around 11,218 beds, which is grossly inadequate for the population of 12.4 million which shows an average bed to population ratio of 1: 1,109. In other words, there is one bed for 1,109 citizens at the various MCGM hospitals of Mumbai. The World Health Organization recommends five hospital beds per thousand of population.  

2. The city of Mumbai faces along with the issue of inadequate health care facilities the additional problem of inequitable spatial distribution of these facilities which provide secondary and tertiary health care. The study findings show that in Mumbai, there is highly skewed distribution of health care facilities, as the suburbs have an extremely skewed ratio of population per hospital bed. As per the latest Census reports, majority of the Greater Mumbai’s population (i.e. 75.21 per cent of the population), are in the Western and Eastern Suburbs and have access to only 4223 municipal beds (i.e. 37.34 per cent of the total municipal beds in Mumbai), while the remaining 24.79 per cent of the population residing in the Island city has access to 6995 municipal beds (i.e. 62.36 per cent of the total municipal beds). Therefore, access to public health infrastructure is not equitable and is more heavily tilted towards the Island City.

3. Presently even though there are many peripheral hospitals in the city and suburbs, many patients prefer to visit the main municipal hospitals as they are better equipped than the peripheral hospitals, thereby increasing the burden on them. The study points to the fact there is an urgent need to decrease the patient load on the main civic hospitals and to increase the number of public hospital beds in the Suburbs.

4. There also urgency for super-specialty hospitals in the Suburbs as at present there is only R.N. Cooper Hospital in Andheri, which has been converted into a super-specialty hospital with 650 beds with all emergency medical facilities. This puts a pressure on the health care system as people flock to these already overburdened facilities in the Island City.

5. The study points out that many patients are referred from hospitals in nearby districts which increases the burden on these hospitals. These hospitals instead of developing their hospitals regularly refer patients to hospitals in the city, which increases the patient-load and affect the quality of health care in the city.

6. The research findings also showed that the lack of facilities and optimal utilization of peripheral hospitals has a direct impact on the main hospitals. As a result of lack of qualified doctors and other amenities in many peripheral hospitals, patients are often referred to the main civic hospitals. The study also highlights the fact that a lack of medical personnel in many of the civic health care facilities influences the quality of health provided to the population. Most of the peripheral hospitals, though busy, are mostly under-utilized, due to the dearth of full-time specialists doctors and honorary specialists, who often avoid taking responsibility due to “lack of modern facilities”. In fact, even in specialty hospitals, there is lack of lifesaving equipment like ventilators and specialized doctors. In certain instances, although lifesaving equipment procured at great cost is locked up and not installed or made functional.

7. Another finding of the study pointed to the need to develop the primary health facilities. The MCGM has an extensive network of primary health care infrastructure in the form of 183 Health Posts, 175 Dispensaries and 30 Municipal Maternity

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Homes. These primary health facilities instead of focusing on primary care are more concerned about government programs like immunization, Maternal and Child Health (MCH) and directly observed treatment (DOT) for TB. As a result people are forced to attend private clinics and nursing homes despite financial difficulties.

8. Most of the needy patients were unaware of the various government insurance schemes meant to provide free health care like Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) run by the Government of Maharashtra for the poor people of the state. The high share of OOP expenditure has been linked to different inequity problems such as catastrophic health expenditure which often force the poor to reduce their household expenditure on other necessities and impoverishment. Hence, patients have to be made aware of the various government insurance schemes.

7.2.4 General Findings regarding the Users’ Perception about the Accessibility and Quality of Public Health Care Services provided by the Public Hospitals in Mumbai:

1. The analysis of the data collected for study, showed that the majority of the respondents in the sample were males and most were in the age groups of 18 to 35. The study findings showed that the majority of the respondents were Hindus followed by Muslims, then by Christians and others belonging to religions like Buddhism, Jainism etc. Most of the respondents were married and the many of respondents had less than three earning members in their family. Many of the patients were employed or self-employed while a small percentage of the respondents were students. The non-earners included housewives, the unemployed and retired persons.

2. The study finding showed many of the respondents had monthly income which was below ₹ 10000 and many of the respondents were working as daily wage earners and thus had low income levels. A large majority of the respondents had received just primary education and the proportion of patients with graduate education was barely 20 per cent. The study regarding the area of residence of the respondents indicates that the largest numbers of patients were those who lived for most of the year in Mumbai.
3. A majority of the respondents had ration Cards as well as Aadhar Cards, while only a few had PAN cards and this showed quite a disparity in the income levels of the respondents who visited the public health care facilities of Mumbai.

4. A majority of the respondents preferred to visit local private doctors or clinics for treatment on falling sick. The study highlighted the fact that patients preferred the private hospitals due to key reasons of convenient timings and location of the private health care facilities, the cleanliness of these facilities, lack of public hospitals near the vicinity of their residence, long waiting time at the public hospital etc.

5. The research also showed that many of the respondents delayed treatment for their sickness. Many stated that in case of minor illness like cough, fever, headache, diarrhea etc., they consumed medicines prescribed by local chemists or took care of their ailments by following any traditional home remedy. Many of the respondents stated that any illness resulted in a loss of subsistence as they have to stay at home to recover and this has adverse financial implications for their families.

6. Majority of the respondents stated that during minor illness they stayed at home for a day or two and in case of protracted chronic illness they had to stay for longer periods. Thus, it was seen that for many of respondents prefer to delay treatment or go for home remedies, fearing the loss of livelihood while undergoing medical treatment.

7. The study findings showed that majority of the respondents spend on an average around ₹300 on the medical bills in a month. Thus, it can be concluded that many of the respondents had borrowed money to meet their medical expenses or of their family members at least once. The study revealed that a majority of the respondents borrowed money from various informal sources like family members, friends and even private money-lenders.

8. The field survey highlighted the fact that many patients require some source of financing to meet the medical expenses. Hence the findings support that majority of the respondents felt that expenditure on medical care treatment can push many households into debt. Thus, the study revealed that many of the respondents had no
source for reimbursing the medical expenses incurred on treatment and many a time had to either delay treatment or stop altogether due to lack of sufficient funds.

9. Another finding also shows that half of the patients were visiting these hospitals directly, resulting in the overcrowding in many of the tertiary hospitals. Another particularly significant finding shows that the majority of the out-patients were still to meet the referred specialist due to the long queues and often found the long queues and waiting time quite distressing. The study highlighted that a majority of the patients were required to do diagnostic tests which would help their treating physicians to arrive at right medical treatment or procedure and they were able to get these tests done within the hospital itself.

10. The study also states that a majority of the respondents were charged at the public hospitals and also that the treatment costs at the hospital is cheap. Thus, this finding supports the general conclusion that the treatment at the public hospitals is very cheap and benefits the poor. The study reveals that the majority of respondents choose the public hospital due to the cost of medical care and at the same time the general impression of the hospital and its facilities also played a key role in their choice.

11. The study reinforces the importance of good interpersonal skills of the medical personnel along with their technical knowledge which helped to create a better experience for the patients. A majority of the patients appreciated that they were able to get the medicines at lower discounted cost and at the same time also valued the time the doctors took to inform them about their treatment procedure.

12. According to the study’s findings, most of the respondents stated that they got information about their illness (either of the doctors' accord or when they asked the doctors) and were able to understand it. Most of the respondents appreciated and were happy with the treatment received from their doctors.

13. The majority of the respondents felt that the nurses and other medical staff were responsive to their needs and received timely medicines. Most of them liked the fact, that the hospital had well-qualified doctors with competent and professional support staff and latest medical equipment.
14. Although many of the patients stated that they were able to get the medicines at discounted costs from the hospital pharmacies, the study showed that nearly one-fourth of the respondents had to bear the burden of inadequate provision of medicines in the hospital pharmacies. This highlights the problems faced by the patients, as non-availability of emergency drugs/ life saving drugs can create serious health problems and force them to buy these drugs from other external sources.

15. The study indicates that one of the most crucial problems faced by the respondents is the long waiting period to meet the concerned doctor. Patients complained about the intolerably long waiting period for getting appointment with the concerned doctors. One of the reasons of this particular predicament is the large number of patients and inadequate number or shortage of doctors, of specialists in particular at the public hospitals.

16. Another finding of the study showed that only around half of the respondents stated that they received the required information from the concerned reception counters and they were not satisfied with the information provided. Many found it difficult to obtain and understand the intricacies of medical treatment and procedures in these hospitals. In general, patients should be provided with detailed explanations on the tests and procedures to be conducted as well as about post-operative care. This finding is particularly significant as it shows that the respondents require more information related to their illness as well as on various government insurance schemes at the information counters.

17. The study also reveals that patients experienced a number of problems like transportation to and fro the hospital, the long wait at the hospital, especially with the sick and infirm, getting an appointment with relevant doctor, overcrowded public transportation and traffic congestion etc.

18. The study findings revealed that although the majority of the respondents believed that the public hospital had the latest equipment as well as facilities for modern diagnosis and treatment along with well-qualified doctors, they felt that the hospital timings were not convenient.
19. The study findings also highlight the view held by majority of the respondents that the hospital premises like the wards and corridors were not clean and hygienic enough. They were also not happy with the lavatory facilities and the unsanitary environs that were the result of the unhygienic conditions. Many of the respondents wanted the concerned authorities to take necessary steps to improve the lavatory facilities. Medical studies show that lack of hygienic environment at a hospital which could delay the healing process and can have adverse impact on patients with low immunity.

20. The respondents felt that the waiting area was certainly not clean and the amenities provided for their family and friends could be improved. It was observed that although the respondents perceived that the hospital provided with just the basic amenities such as seating arrangement for the patients and attendants, canteen, drinking water etc., they felt that more improvements can be brought in these amenities.

21. Majority of the respondents feel that the food was just average and while others felt that the quality and quantity of food can be further improved.

22. According to the study findings, the respondents felt that increasing the numbers of doctors and other medical support staff at the public hospitals will enable them to provide better care to the patients. Most of the public hospitals are overcrowded and this increases the workload of the medical staff. Increasing the number of the medical staff can help to reduce the patient load and thus enable them to provide better care and attention to the patients. Yet, another advantage for the patients is the reduced waiting period for meeting the concerned doctors.

Although, there is a huge network of public hospitals, municipal dispensaries, health posts and maternity homes under the MCGM, these health care facilities are inadequate to cater to needs of the 12 million people. Lack of adequate resources, proper planning are some of the reasons for these inadequacies. The study therefore, highlights the lacunas in the public health system in the city of Mumbai and also points out the diverse needs of the patients at these public health care facilities.
7.3 Suggestions and Recommendations
This section of the present chapter deals with the various suggestions and recommendations based on the significant findings of the initial four objectives, that can be useful to policy planners to frame policy measures that can help to improve the benefits and public health care outcomes.

7.3.1 To suggest Policy Measures for improving the Public Health Care Benefits
Social services expenditure creates privileges for the people and the largest beneficiaries of such investment on education, health and sanitation facilities are the poor. As health and education are the two essential sectors under the social sector, both draw a significant share of public expenditure on social sector. In this context, the focus the present study is on the social sector expenditure, especially of a key area like health as given in the budgets of India, the state of Maharashtra and in especially in Mumbai.

Investment in social sectors is not just a social necessity but also an economic essentiality and requires the political will to make it happen. Lack of desired results from the government investment in social services sector can be attributed to insufficiency of resources invested as well as due to the inefficient utilization of these resources. The government’s expenditure on health has to increase and along with the reallocation of funds to the health sector. Accessibility, affordability and availability are the key words in public health care. Yet, the researcher feels that another word, demands more attention along with the above key words, which is “Accountability”. Health schemes meant for the poor and needy are often misused or diverted in to unscrupulous hands as reported by many newspapers.285 Since such type of health scams are just the tip of the iceberg, it is necessary to ensure that the poor have at least a fighting chance against the potentially chronic diseases.

Despite being a leading state in Gross State Domestic Product (GSDP), data analysis shows that Maharashtra government’s allocation of funds for social sector in budgetary estimates for 2014-15 was about 5.17 per cent of GSDP and this has decreased to 4.31 per cent of GSDP in 2015-16. This is particularly alarming as the

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last four years many parts of the state have been experiencing drought. Given the serious problem of malnutrition in Maharashtra and prevailing drought situation in many parts of the state, essentially the State Government should have substantially increased budgetary allocations for the social sector, especially for health. The public health sector plays a vital role in providing hospitalization services to the people of Mumbai. As a result, many of these public hospitals in the city are not only overcrowded but also put tremendous pressure on the medical manpower and infrastructure. Along with the problem of inadequate health facilities in the different municipal wards of Greater Mumbai, there is also the problem of inequitable spatial distribution of the health care facilities which provide secondary and tertiary care. The following suggestions and recommendations can be constructive to policy planners for framing policy measures to solve the health problems of the city as well as to improve the benefits and public health care outcomes. Various suggestions have been presented in general and specifically based on the data analysis and the resultant findings of the study.

**Specific Suggestions based on findings of the study:**

1. **Increase in Fund Allocation to the Health Budget at the Central and State levels:**

The key to success for any health improvement schemes lies in the allocation of funds. The problems that ail the health system like continual shortage of medical staff, inadequate facilities etc. in the public health care system can only be cured by adequate public funds. The WHO recommends that countries should spend at least 5 per cent of GDP for better health outcomes. The Indian government immediately needs to raise public health spending to at least 2.5 per cent of GDP, if the government’s promise of universal health coverage is to be achieved by 2020. Indeed, this step is required make considerable progress towards meeting the health care needs of 1.25 billion of its citizens as 70 per cent of this is being dedicated to primary health care, 20 per cent to be spent on secondary health care and 10 per cent on tertiary health care.286 These plans will have to be brought forward as quickly as possible and if possible to be increased to at least 3 per cent of the GDP. It would be beneficial if the Union Budget had made provisions to improve the medical

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infrastructure across the state. More funds could be allocated towards medical research as well.

2. Increase funds allocation to the health budget at the Municipal level:
Mumbai, the financial capital of India faces escalating demands on its public health system due to the growing needs of its population. In 2015-16, only ₹ 3359.78 crores out of the total MCGM budget of ₹ 33514.15 crores, was earmarked for health care. This is just a meager 10.02 per cent of the total expenditure of the MCGM, which has increased over the years and is particularly insufficient as well as meager considering the growing population needs. In order to improve the health care facilities, as well as to fill up the vacancies for doctors and nurses and to provide quality health care at reasonable costs to patients from all classes, a substantial increase in the health expenditure level allocation of at least 15 per cent of the MCGM budget is required. Such a significant increase in public health care funding will be required not only to bridge the current gap and counter the effects of the chronic under-funding of the last many decades. Special attention needs to be paid to keep in check the salary component of expenditure along with the administrative expenditure and at the same time increase the operations and maintenance component of expenditure like renovation of the health facilities, medicines and consumables that directly benefit the patients.

3. Bring Financial Order and keep Checks on the Certain Components of the Health Budgets:
Expenditure on health needs has to be seen as an investment that yields a handsome rate of return, in terms of increased productivity. Hence, to meet the rising health care needs of the population of the city, the MCGM has to increase budgetary allocations under the health budget. At present, the health budget analysis shows that the bulk of revenue expenditure of the MCGM on health is incurred on establishment expenses, viz. salary and pension expenditure followed by other administrative expenditures. Although these are very much required for the smooth functioning of the government machinery, they leave very little for the necessary expenditures like operation and maintenance expenditure, which are equally important for providing better health for the general public. In fact, the study shows that the operation and maintenance
expenditure has shown a declining trend and this pattern needs to be changed if the government has to increase the health benefits to the population of Mumbai.

4. Increase the Programme Expenditure to support the Various Health Programmes:
The Programme expenditure which is made of expenditures on various health programmes like Pulse Polio Programme, Mother-Child Programme etc. as a percentage of total health expenditure is less than 1 per cent for the study period. This is worrisome as such programmes are required to ensure better preventive health care for the underprivileged sections of the society. Hence, the municipal body should ensure that more funds are to be set aside for such programme expenditures.

5. Invest in Capital Infrastructure to Modernize the Equipment at the Public Hospitals:
The municipal body has to allocate necessary funds to the public health care sector as per the health requirements of the city’s burgeoning population, as well as ensure that these budgetary provisions are properly implemented. Although, many new promises are made in the budgets like constructing more hospitals, acquiring advanced machinery such as MRI machines and increasing the bed strength, these are yet to become a reality. It is mandatory that budget requirements have to be carefully studied and then implemented.

6. Increase Fund Allocations to the Peripheral Hospitals to Bring Equity in the Distribution of Health Care Services throughout the City:
Most of the city’s health care infrastructure, especially the advanced health care facilities like the specialty hospitals and tertiary hospitals are concentrated in the Island City and not in the Suburbs of Mumbai. The existing infrastructure for health in the city is inadequate and more hospital beds are required to meet the demands of the population, but lack of space and resources are the biggest obstacles. At present, the municipal hospital bed strength under the MCGM is around 11,218 beds in various municipal hospitals. Although, the MCGM budgets propose to enhance the infrastructure of the various peripheral hospitals and also increase the number of new hospital beds in Western suburbs and Central Suburbs, these are yet to happen.
7. Increase Budgetary Allocations to add to the number of Existing Primary Health Care Facilities in the City and also in Slums:
Medical facilities should be provided to the people at their doorsteps, so that morbidity and mortality rates are brought under control. As per the Rindani Committee guidelines, for every 50,000 persons, one dispensary has to be created, but at present the number for these municipal dispensaries are far less. Currently, the number of municipal dispensaries is around 175 and it caters to a population of 12.4 million, which means one dispensary for every 71103 people. The MCGM should plan the infrastructure and operational procedures of these health care facilities, in such a manner that it is focused on patient’s safety and health needs. These health care facilities should provide primary care physicians as the first place of call, wherever possible, to ensure that the patients are informed of the diagnosis, treatment options and prognosis.

8. Establish more Super-Specialty Hospitals in the Suburbs:
Underprivileged sections of the society depend on the public sector health infrastructure as the services provided by the private sector hospitals are beyond their reach. There is an urgent need for super-specialty hospitals in the suburbs as at present there is only R.N. Cooper Hospital in Andheri, which has been converted into a super-specialty hospital with 650 beds with all emergency medical facilities. Hence, the MCGM will have to invest more funds to establish more super-specialty hospitals in the suburbs, with the latest medical facilities like CT scan, MRI machines, modular operation theatres and all other emergency facilities, along with ICUs. It is also necessary to develop super-specialty departments like neuro-surgery, cardiology and cardiac surgery, knee and hip replacement, nephrology, urology etc. The need of the hour is to strengthen the peripheral hospitals so that the tertiary centres can focus on treating the very complicated and serious cases.

9. Effectively Manage the Existing Infrastructure through Optimal Utilization of Peripheral Hospitals:
Many of the city’s peripheral hospitals are under-utilized for want of requisite facilities. Lack of diagnostic facilities as well as doctors have led to a less than optimal utilization of peripheral hospitals and this has a direct impact on the city's three major hospitals - KEM, Sion and Nair, each of which has a medical college and
super-specialist doctors. Therefore, to decongest the main civic tertiary care hospitals, the MCGM must make the optimal utilization of the peripheral hospitals through a linkage programme, where super-specialists like neurosurgeons, spine and ENT doctors, among others, visit peripheral hospitals every week to conduct surgeries. Specialists from departments like general surgery, pediatrics, cardiac and respiratory medicine from tertiary hospitals can treat patients and perform surgeries at peripheral hospitals. In order to effectively manage and optimally utilize these hospitals, the specialists must be adequately helped by support staff and equipment.

This will help to reduce the patient inflow from distant places to the main civic hospitals and also ensure optimum utilization of infrastructure available at the peripheral hospitals. It is time for the civic body to ensure the proper functioning of the peripheral hospitals - to share, not add to the civic burden of the major hospitals. On one hand, the peripheral hospitals suffer as a result of being ill-equipped and on the other hand, the quality of treatment at the main hospitals is compromised by overloading them. In both the cases, the patients stand to lose. In order to ensure the optimal utilization of peripheral hospitals and to effectively manage the existing infrastructure, the Out Patient Department (OPD) of the public hospitals should be open in late evening hours also. This can aid the patients, who are otherwise forced to approach private hospitals to avail the medical services.

10. Reduce Vacancies by Attracting More Skilled, Qualified Medical Consultants to Work in Hospital and Clinics under the MCGM:
At present, there is an acute shortage of trained medical personnel in the various the peripheral hospitals in the city. The 18 Brihanmumbai Municipal Corporation peripheral hospitals in the city are facing an acute staff shortage of specialty medical consultants. There is dearth of full-time specialists and honorary specialists is mainly due to “lack of modern facilities” in the various peripheral hospitals. As a result, this has lead to excessive work pressure on existing staff at peripheral hospitals. Work load in a particular department of a hospital affects the quality of care, so that administrators have to take necessary steps to maintain correct work load in the hospital. Adequate number of medical staff is to be provided, as otherwise the doctor-patient ratio, nurse-patient ratio will not maintained properly and may have adverse effects on well-being of the patients. The civic body needs to hire senior
doctors with a number of perks like higher salaries, better work timings, weekly off, allowance for private practice after duty hours etc.

11. All the MCGM hospitals must have medical stores which will provide generic drugs at reasonable or subsided rates:
Generic medicines are those unbranded medicines that are comparable to a brand/reference listed drug product in dosage form, strength, quality and performance characteristics and intended use. These are equally safe and having the same efficacy as that of branded medicines in terms of their therapeutic value and usually are much cheaper than their branded equivalent. Such drugs can help to address the challenge of unaffordable health care. It will be a massive help to the patients and their relatives if the peripheral hospitals are able to provide cheap generic medicines. All the MCGM hospitals should have pharmacy stores which will provide these generic medicines at lower or reasonable prices, as this will help those patients who cannot afford to buy medicines from privately-run chemist shops. Hence, ensuring the availability of generic drugs at all public hospital pharmacies can help to reduce out-of-pocket expenditure of patients.

12. Increase the Number of Medical Personnel in Causality & Emergency Area:
The patients come to the Causality and Emergency area at all hours of the day and often are in severe pain or trauma. Lack of medical personnel in this area adds to their troubles and mental stress. Hence, it is a necessity to increase the number of medical personnel in this highly critical area of the hospital, to provide emergency medical aid to the patients.

13. Increase Facilities in the Waiting Areas for Patients:
The hospital authorities should provide adequate seating arrangements, minimizing the waiting time to consult the doctor, providing magazines and health education programmes during the waiting period, providing adequate fans and ventilation, along with safe drinking water facilities, clean toilet facilities, good patient information system etc. in the waiting areas for the patients and relatives.
14. Increase Better Responses from the Reception Counter:
Reception is the very first point that the people come into contact within a hospital and therefore, it is the duty of personnel at the reception counter, to guide the patients and to provide them with proper information. Hence, the reception staff must be tolerant, accessible and friendly towards the patients and their relatives, providing them with proper guidance and care inside the hospital.

15. Encourage the Awareness on Medical Insurance Schemes like RGJAY:
Affordability of medical care is a vital focus of all health care reform efforts. As health care costs continue to escalate, it puts more financial pressures on families due to out-of-pocket expenditure, which result in many households making difficult trade-offs with their family necessities, cut down other expenses and/or delay getting medical care. Most of the needy patients are not aware of Government Insurance Schemes which provide them with free health care, leading to high share of OOP catastrophic health expenditure and impoverishment. Hospitals need to have more information counters that will inform the poor patients about the various government insurance schemes like Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY).

16. Increased Stress on Hygiene and Sanitation to ensure Cleanliness within Hospital Premises:
Most of the hospitals under the MCGM show a lack of cleanliness and hygiene. Sanitation and hygiene of wards and lavatories, supply of bed pans, clean hospital interiors, use of anti-pesticide measures etc. often impact the patients’ well-being and health at the hospitals. The MCGM hospitals need to put increased stress on hygiene as well as cleanliness and should plan to keep the hospitals spick and span. The cleanliness of lavatories should be improved and they should be cleaned at least twice a day. Employment of additional staff or outsourcing of the jobs to private agencies for cleaning can help to maintain better sanitation and hygiene within the hospital premises.
17. Provide Tasty, Nutritious and Reasonably Priced Food at the Hospital Premises:
Tasty, nutritious and reasonably priced food available at the hospital premises helps the patients and their relatives. Thus, streamlined dietary services and supply of quality food products improves and aids in the patient’s recovery process.

General Suggestions based on findings of the Study:

1. Urgent Need to Implement the Various Public Health Care Reforms:
Public health care sector reforms have to be brought in by the government to ensure more public funding on health care, focus on both preventative and curative health care and guarantee even more access to health care for the underprivileged sections of the society. The government needs to invest in ‘Swastha India’ by uplifting existing public health infrastructure, creating new primary health centres, promoting public-private partnership models, enabling indigenous medical systems, encouraging national research and development in the field of cheap yet effective medicines. In order to meet primary health care needs in the country, the government should provide essential and generic drugs and diagnostics free of cost for all and at the tertiary care level, patients with geriatric and chronic care concerns should be provided with drugs and diagnostics either free or at subsidized rates for most and payment charged from the well-off sections of the society.

2. Introduce a Health Cess to Finance the Various Public Health Care Policies:
Introduction of a ‘Health Cess’ may look difficult to achieve, but the governments can consider health cess on products and services considered to be detrimental for health or society such as alcohol, tobacco, fatty, salty and sugary foods etc. Such new ‘sin tax’ or ‘health cess’ on ‘demerit goods’ like tobacco and alcohol, can bring in additional revenue which can aid the government’s efforts in increasing the investment in public health. Globally, this is considered as a key means for the government to generate additional revenue to be utilized for health programmes.

3. Allocate Resources to revamp the existing primary health care facilities in line with “Mohalla Dispensaries” in New Delhi:
The MCGM has an extensive network of primary health care infrastructure in the form of 183 Health Posts, 175 Dispensaries and 30 Municipal Maternity Homes.
Currently, these primary health care facilities are equipped to carry out very simple procedures. These primary care facilities are more concerned about government programs like immunization, Maternal and Child Health (MCH) and directly observed treatment (DOT) for TB, but early good primary care is hardly administered there. As part of efforts to decongest the big hospitals and make health care accessible to all, plans must be made to revamp the primary health facilities on line with the “Mohalla dispensaries” in New Delhi. The first tier will have Mohalla clinics in localities, which will be people's first contact point with the public health care system. In cases of specialized care, the medical officers at these clinics will refer the patients needing a specialist to the next level, the polyclinic. The polyclinics will refer only patients who require surgery or hospitalization to a multi-specialty hospital. This will ensure that the poor people can get treatment, along with the added advantage that crowds from hospitals will also decrease, increasing their efficiency. The idea behind the concept is to make health facilities available at close proximity for the residents of a colony rather than make the sick travel to the hospital. Such clinics will have computerized receipts and maintenance of medical records.

4. Increased Allocation of Funds in the Health Budget to Fight Communicable Diseases:

In the overcrowded megalopolis of Mumbai, inadequate sanitation and congested living conditions have contributed to the spread of many preventable communicable diseases like pneumonia, tuberculosis, malaria, dengue, chikungunya and Hansen's disease/Leprosy etc. Mumbai, due to its complexities, thick population density, slums and higher prevalence of TB infection is more prone to TB cases and currently the city has approximately 30,000 plus cases of drug sensitive TB and 6,000 plus cases of drug resistant TB. Many of these patients are treated in by doctors from the private sector and many are subjected to tests rampantly and unwisely leading to incorrect diagnosis and treatment of tuberculosis. This has resulted in rise of Multi-Drug Resistant (MDR TB) and Extensively-Drug Resistant TB (XDR TB) cases in Mumbai. Increased funds need to be allocated under the health budget to fight these types of communicable diseases as well as run public health campaigns to educate the

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population on preventative measures and prompt clinical care for those already infected to prevent its spread.

5. Allocation of Funds to Combat the Burden of Non-Communicable, Life Style Diseases through Multi-Disciplinary Clinics:
Currently, there has been an increase in the numbers of patients with Non-Communicable Diseases (NCDs) like atherosclerosis, stroke, obesity, diabetes and cardiac diseases. These diseases affect both the rich and the poor. Therefore, the MCGM must spend more and focus efforts on preventive health care by the way of education and other strategies to make people aware about threat posed by Non-Communicable Diseases. There is an urgent need to emphasize on health promotion and preventive measures to reduce exposure to risk factors to NCDs. At the municipal level, it is possible to restrict the human and economic burden of these diseases by ensuring resources directly or indirectly towards disease prevention, screening, treatment and care. In order to combat the burden of non-communicable diseases, the MCGM has to increase the multi-disciplinary clinics which deal with these illnesses like “Stroke Clinics”, “Geriatric Clinics”, “Oral Cancer Screening Centre” etc. in all major hospitals. These types of clinics should be available in most peripheral hospitals which can help in early screening through proper diagnosis facilities and help in providing timely treatment as well as prevention of these diseases.

6. Allocation of Funds for Computerization of Database:
Funds are to be allocated for creating a centralized medical database as well as to update the existing databases by complete computerization of hospitals, dispensaries, maternity homes and medical colleges. The civic body has to improve the management information systems to ensure that data is available at all times to the health professionals. Emphasis should be on data collection and the need to maintain good documentation. It is necessary to build an e-Health system through a central data server containing all health and demographic data of the city’s population and linking it to the Health Management Information System (HMIS) projects of all health institutions in the city, right down to the level of sub-centres. The e-health initiative has two arms; a central data server which holds the health data of all citizens and the second part of the project is the computerization of all health institutions to link all
public hospitals. Patient data, medical education and public health information has to be available readily. With computerization, each patient will have a unique identification number and all test results, case papers and diagnostic imaging results will be stored in a centralized computerized system. This will help to circumvent repetitive drudgery for the patients, who have to carry their records from one department to other within a hospital or between two or more hospitals or dispensaries. Such computerization will help to build a database which can ensure that information is quickly available for policy matters. It will also enable strengthening of medical education as student doctors will be able to access live patient case scenarios from the data.

7. Policy Changes to Incorporate both Preventive and Curative Aspects:
Changes will have to be brought in the health policy to give equal stress on the preventive and promotive aspects along with the curative aspects. Presently, the resource allocations for promotive and preventive care are very less in contrast to curative care. Hence, adequate investments in preventive health care interventions will promote better health care and development of all as well as better protection of the health of the population. It is time to think of a more effective approach to the investment in health that can ensure on optimal resource allocation between curative and preventive care.

8. Use Technology to connect and also to increase the efficiency of the Health Care Facilities:
Although the MCGM has a good infrastructure in place with a large number of primary health care facilities like municipal health posts and dispensaries already setup, yet not all of them function efficiently. Latest technology can help to connect these primary health care facilities with the tertiary health care system. Technology comes in form of telemedicine can help, where a doctor sitting in a primary health care facility can communicate with another doctor in a tertiary care hospital very effectively. Such technological advancements can help both the patients and doctors.

9. Develop Adequate Resources to meet the Growing Needs of the Population:
Along with the development of physical infrastructure, the MCGM should also create an adequate supply of human resources. Patient workload has increased and there is a
need to create more doctors, and hence there should be an increase in the number of medical seats. To tackle the problem of shortage of doctors in the hospitals, the MCGM should create additional seats at various undergraduate and post-graduate levels in the already existing medical colleges and also explore the possibility of starting medical colleges at the district level on a Public-Private Partnership (PPP) model. The MCGM is the only municipal corporation in the country running four medical colleges and one dental college including the newly started Hindu Hrudaysamrat Balasaheb Thakre Medical College.

10. Ensure quality improvements in health care by standards and accreditations: The municipal body should encourage the development of a system of accreditation of the health care facilities at the public hospitals, as this would result in improved quality standards, better amenities to patients, implementing better patient-care and management systems, standard treatment protocols and procedures, good infection control policies etc.

11. Encourage Neighboring Municipal Hospitals of Neighborly Municipalities to develop their Health Care Infrastructure: Public hospitals in nearby municipalities and districts instead of developing their infrastructure and facilities often prefer to refer their patients to the city public hospitals, which increase the burden on these civic hospitals and adversely affect the quality of health care in the city. Therefore, concerned public authorities in the nearby municipalities must take necessary steps to encourage development of their infrastructure on line with the Mumbai’s public health care facilities.

7.4 Limitations of the Study: The study attempts to examine the health care interventions by the MCGM through the expenditure on health and its impact on the health outcomes. Researcher had made all the best possible attempts for creating a comprehensive study. However, there are certain limitations to the study. The main limitations of the study are presented below:-

1. The results of the entire study are limited as it is based on the secondary data related to the health expenditure of the MCGM for the years 2005-06 to 2015-2016.
2. The response of the individuals to questions may vary according to time and place. There is also risk of ‘recall bias’ given that the respondents were asked to remember the number of times they visited to the public hospitals to get service in the last twelve months.

3. The study is based on patients’ interviews; it is not possible to verify and confirm the information provided by them through cross checking with relevant medical care records.

4. There could have been some cases of under-reporting of family income, which would have caused an overestimation of the percentage of income spent on health care. The study may have limitations as some patients and their family members’ were reluctant to give their personal information, despite the assurances given.

5. Some of the public authorities were reluctant to give the required information about the facilities.

6. The present study is constrained by the limitation of time.

7. Another limitation of the study is the limited sample size of 384 respondents, which can be considering as small in comparison to the population.

8. In this research, patients who took treatment in certain department have been contacted, who may not be representative of entire patient community of the public hospitals.

9. This study was confined to only one city and it would not be desirable to generalize the findings for the whole country.

7.5 Expected Contribution

On one hand, there is the growing population, changing life-styles and increased awareness through media exposure which have raised the health care demands. On the other hand, the low allocation of the resources towards public health by the public authorities and this is further aggravated by the inefficiencies in the public health care sector. Hence, it is imperative to take measures to augment the funding towards the public health care sector and also to make it more efficient so as to enhance the government's efforts to address the health care issues of the citizens.

Financing health care is one of the critical determinants that influence the health outcomes in a country. The health system goals of equity and accessibility necessitate adoption of an appropriate financing strategy that will ensure protection of the
The majority of individuals from catastrophic out-of-pocket health expenditure. To arrive at an appropriate strategy, policy makers would need to assess health system performance and prioritize allocation of resources, across competing ends to obtain the best possible health outcomes. This prioritization and allocation though inescapable is difficult due to the complexity of the health system.

The various suggestions and recommendations in the study would definitely assist in enhancing public health care expenditure and improving public health care facilities Mumbai. As such, these suggestions should guide the health care policies of not only the MCGM but hopefully of the state government of Maharashtra. At the same time, the results of the study will open new frontiers for other researchers to carry this study further to other regions and states of the country.

7.6 Scope for Further Research
Under the present study, the sample used was restricted to public hospitals in select wards of the MCGM. The study being limited to specific geographic areas in Mumbai may limit the generalization. Future studies incorporating more samples from other wards in Mumbai, is hereby suggested. Supplementary research is still needed on understanding the budgets of the Municipal Corporation of Greater Mumbai (MCGM) and health care financing. Additional research is needed to understand and evaluate the impact on increased expenditure on health care, which can increase the access to health care and help in the social inclusion of the poor. Comparative studies focusing on differences in utilization of health care services between public and private health care can be an enhancing factor for future study.

7.7 Conclusion
Health of the people has a great significance in terms of resources for socio-economic development. This study is an attempt to understand the expenditure on health by the Municipal Corporation of Greater Mumbai (MCGM). It is also an attempt to understand the utilization pattern of public health care services by the people in Mumbai. The findings reveal that the utilization of the public health care services depends on the availability of health care services at reasonable costs and also on the quality of health care services. Accessibility, availability, affordability are the key underlying factors of public health care that ensure basic health facilities to the poor
and the underprivileged of the society. These vulnerable sections of the society depend on the services provided by the government and lack of access, often forces them to use private health care facilities. Such out-of-pocket expenses often have serious financial implications on these people, often pushing them into debt-trap and poverty.

Availability of public health care services depends on the funds allocated to the health budget by the public authorities. On the basis of the research findings and the responses by the respondents, it is suggested that the public authorities should increase budgetary allocation to health care, which will in turn help to retain and attract more medical personnel and at the same time provide funds for the redevelopment and renovation of the existing infrastructure. The standard and quality of health care depends on the trained, skilled medical staff as well as on the physical resources like buildings, modernized equipment, clean premises etc.

The world is constantly evolving and each day brings newer challenges. As the country moves forward, the attitude and awareness of the citizens also undergo major changes and this adds to their expectations in various arenas of life. Health care needs and demands of the people have also changed in last few years, as people become more conscious about the benefits of good health. Unfortunately the public health care sector in India and even Mumbai has not been able to cope with the health care demands of the general public. The government has to take proactive steps to ensure basic necessities of life like safe drinking water, nutritious diet, proper sanitation as well as health and education to the people. It is not possible to talk about good governance without ensuring the basic necessities of life like drinking water, health and education. As the health of the citizens is influenced by sanitation, waste disposal as well as open space and town planning, there is a greater need at present to integrate health planning into every facet of civic planning.

Although there are many issues presently associated with the public health care system, these can be converted into an opportunity for growth by ensuring adequate flow of funds to the sector which will help to get adequate medical staff, infrastructure to meet the burgeoning demand of the population of Mumbai. Along with the infrastructure, qualified staff, availability of medicines at reasonable rates
etc., there is also need to bring in a change in the attitude of the public authorities towards the health care sector. Mumbai has the infrastructure that can with better planning, financial management, more commitment and accountability from the public authorities, become more efficient, effective and excellent centers of health care or be an excellent model for the Universal Health Care Access that the Centre is struggling to start. Healthy citizens are the greatest asset any country can have and any investment in health care only brings in more productive individuals to the nation’s workforce. As a conclusion, the researcher would once again like to emphasis the statement made by the conservative 19th century British Prime Minister Benjamin Disraeli:

~ “The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.” 288