

## Challenges Faced by India in Containing COVID-19

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### **Abstract**

*In this paper we will discuss the challenges faced by India to fight against novel coronavirus. We shall also discuss the impact of COVID-19 on Indian economy and its poor people and migrant workers. We will see that the impact is significant if the virus is not contained soon. COVID-19 has affected countries globally due to lockdown measures and it is bound to create a ripple effect worldwide. World Health Organization (WHO), on 11th March, 2020, declared COVID-19 as a global pandemic when more and more countries experienced community transmission and clusters of cases and affected around 110 countries with 1,18,000 cases worldwide. The Prime Minister of India, Shri Narendra Modi, announced a nation-wide lockdown on 24th march 2020 which is taking a toll on the lives of poor and daily wage earners. India's health spending as a share of GDP is very less as compared to other countries. Short supply of personal protective equipment (PPE) for the frontline medical staff like masks, goggles, face shields, copper equipment, gloves and disinfectant wipes is a big concern amid this pandemic outbreak making the health care workers vulnerable. Short supply of such equipment has led to black-marketing of such products and even inflated prices of products like hand sanitizer and face masks. Some manufacturers are also coming up with fake products. There are many migrant workers stuck in metro cities without any shelter, job or income. In this paper, we will discuss the measures taken by different states in India to tackle such problems and how India can prepare itself for future health calamities and pandemics.*

*Keywords: COVID-19, Coronavirus, India, health, migrant workers*

### **ABBREVIATIONS**

WHO: World Health Organization

GDP: Gross Domestic Product

OOPE: Out-Of-Pocket Expenditure

CHE: Current Health Expenditure

PPP: Purchasing Power Parity

EAG: Empowered Action Group

GSDP: Gross State Domestic Product

UHC: Universal Health Coverage

### **INTRODUCTION**

Health care sector has made huge progress over the last centuries, but infectious diseases like malaria and influenza still possess great threat to modern societies. COVID-19 is a newly discovered infectious disease caused by the novel coronavirus. On 14<sup>th</sup> May, 2020, it has reportedly infected 4,248,389 people over 213 countries with death toll reaching 294,046. As per situation report-114 published by the WHO, USA is on the top list with 1,322,098 confirmed cases and 80,695 deaths while India reported 81,997 confirmed cases with 2,649 deaths as of 14<sup>th</sup> May, 2020 [1]. The WHO director-general, Dr. Tedros Adhanom Ghebreyesus, stated that COVID-19 was not just a health crisis, but a crisis that will hurt every sector. World Health Organization (WHO), on 11th March, 2020, declared COVID-19 as a pandemic when more and more countries experienced community transmission and clusters of cases [2] and affected around 110 countries with 1,18,000 cases worldwide [3]. As per WHO, a pandemic is a global spread of new disease.

To prevent the spread of the contagion India's prime minister, Shri Narendra Modi, announced a nation-wide lockdown on 24th march 2020 invoking the examples of other coronavirus hit countries. A lockdown may minimize transmission of coronavirus, leading to severe acute respiratory syndrome. These social distancing measures will help in flattening the curve (slow down the rate of infection). However, without a supporting health infrastructure, the casualty rate is likely to rise. Short supply of personal protective equipment (PPE)

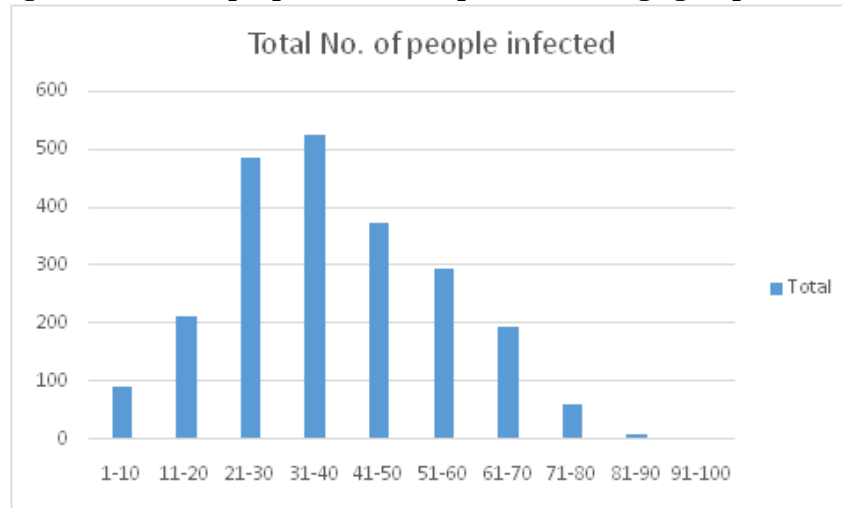
for the frontline medical staff like masks, goggles, face shields, copper equipment, gloves and disinfectant wipes is making the health care workers vulnerable. Indian doctors are not even getting most basic protection gears to protect themselves from being infected. They are wearing helmets and raincoats to treat COVID-19 patients [4]. Safety of the health care workers is a must as they can't be manufactured urgently and neither can they put their 100% for long. In the pandemic condition, the healthcare workforce is the most valuable resource for any country.

The lockdown situation is also taking a toll on the lives of poor and daily wage earners. Although, the government is ensuring that they will be taken care of through their various relief packages. However, it won't reach each and every individual and even the government is facing problems with funds. Many migrant workers in India are stuck in the metro cities homeless and without any job or savings. We have seen them coming out in the streets of Delhi and Mumbai to appeal the government to send them back to their hometown. This is making it difficult for the government to follow social distancing measures to contain the spread of the disease.

### DEMOGRAPHIC IMPACT OF COVID-19 IN INDIA

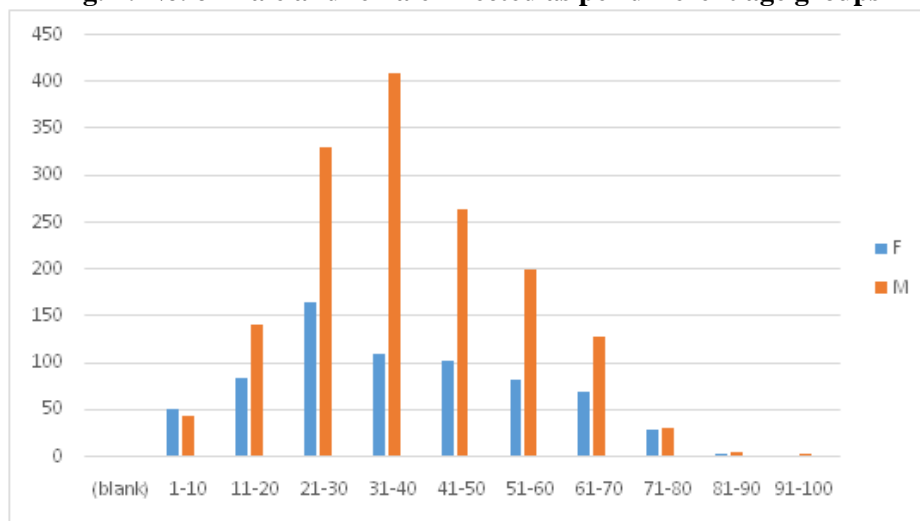
As we can see from figure 1 below, COVID-19 has hit the people aged between 31-40 more as compared to other age groups. This may be because they have more travel history. From, figure 2, we can see that males are more infected by COVID-19 as compared to females.

**Fig.1: Total no. of people infected as per different age groups in India**



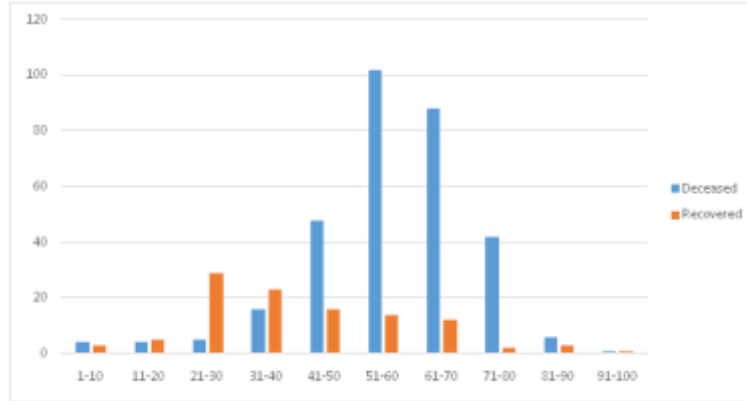
Source: <https://www.covid19india.org/demographics>

**Fig. 2: No. of male and female infected as per different age groups**



Source: <https://www.covid19india.org/demographics>

**Fig. 3: No. of people deceased/recovered due to COVID-19 as per different age groups in India**



Source: <https://www.covid19india.org/demographics>

**Table1: No. of people deceased/recovered as per gender**

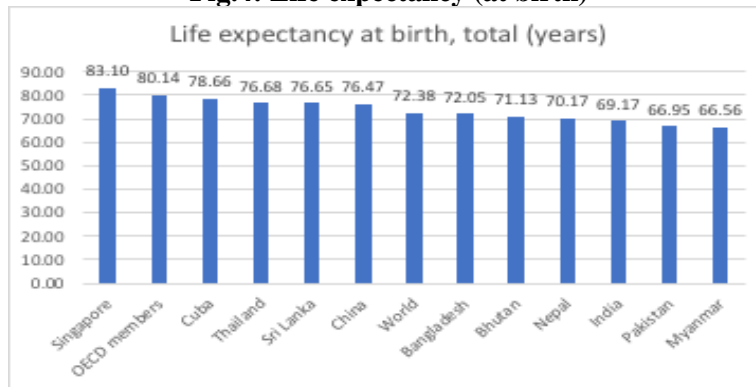
Gender	Deceased	Recovered	Grand Total
F	110	42	152
M	206	66	272
Grand Total	316	108	424

Source: <https://www.covid19india.org/demographics>

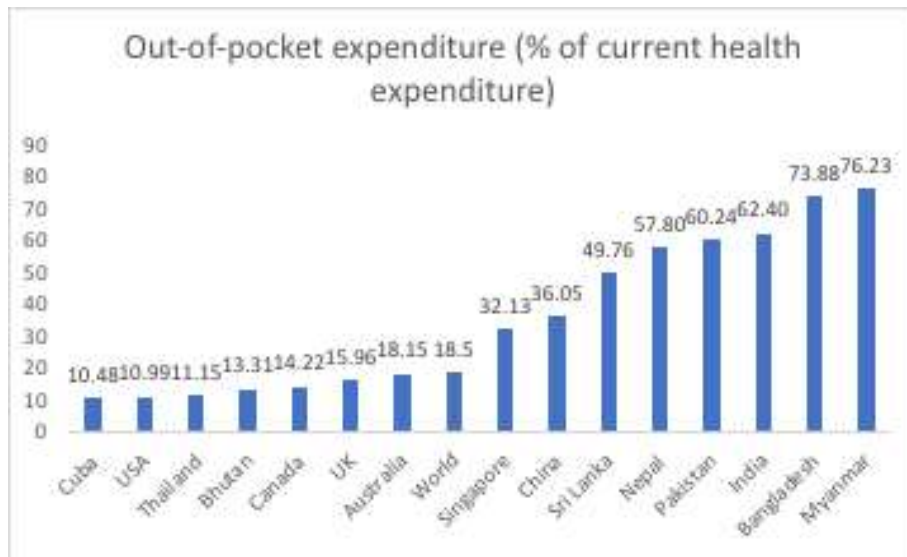
### HEALTH CARE INDICATORS IN INDIA COMPARED TO OTHER NATIONS

Health sector have always been neglected in India. India shows low numbers in terms of health indicators. As of 14<sup>th</sup> May April, 2020, number of confirmed coronavirus cases in India is 78,003 with 2,549 deaths due to it [5]. India is the second most populous country in the world and thus inequality is bound to exist within income groups. India ranks 115 among 157 countries in terms of Human Capital Index (HCI), much below other lower income countries like Vietnam, Sri Lanka, Philippines, Indonesia, Kenya, Bangladesh and Myanmar [6]. In the next section we will compare various health indicators of India with developed countries like UK, Canada, USA, Singapore etc. and neighboring countries like Pakistan, Nepal, China, Bangladesh, Myanmar and Bhutan. We will see that India's numbers lag behind the world average. From Table 1 in the appendix, we see that Current Health spending Per Capita, PPP (in \$) was just \$233 in India whereas, world average was \$1355, while United States spent the highest amount per capita, PPP i.e. \$9941 on health care in 2016. Out-of-pocket (OOP) expenditure as a percentage of current health expenditure was 62.40 in India, much higher than the developed nations like USA, UK, Canada and neighboring countries like China, Sri Lanka, Nepal and Pakistan, while world average was 18.6 in 2017. Hospital beds (per 1000 population) was just 0.7 per 1000 population in India, much lower than the developed nations like USA, UK, Canada and neighboring countries like China, Sri Lanka, Bhutan and Myanmar, while world average was 2.7 per 1000 population in 2011. Current Health Expenditure as a percentage of Gross Domestic Product was 3.53% in India, much lower than the developed nations like USA, UK, Canada and neighboring countries like China, Myanmar, Nepal and Thailand, while world average was 9.9% in 2017 [7].

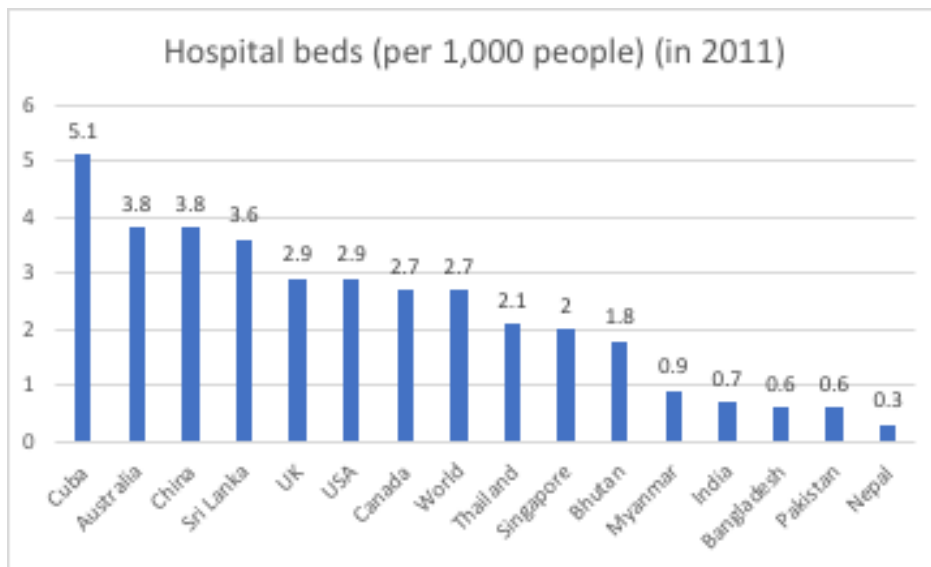
**Fig.4: Life expectancy (at birth)**



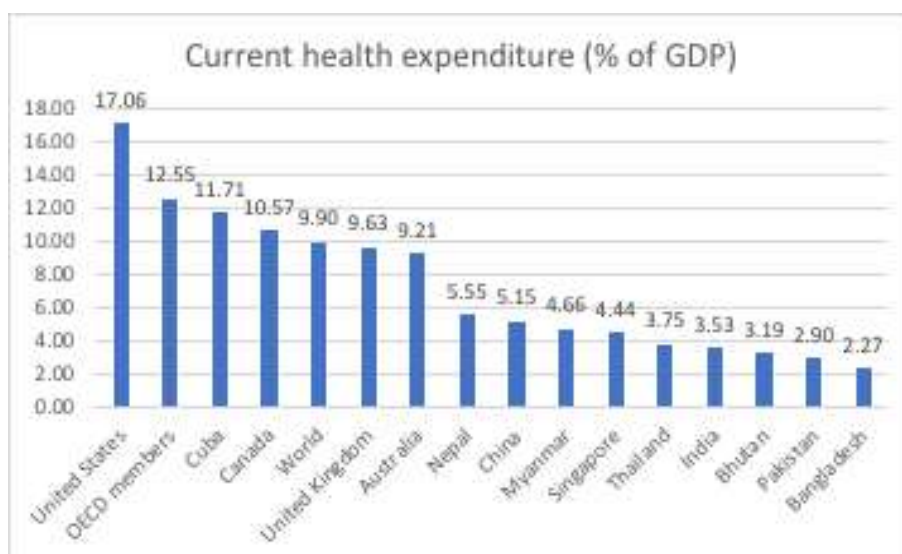
**Fig.5: OOPE (as % of CHE)**



**Fig.6: Hospital beds (per 1000 population)**



**Fig.7: Current health expenditure (% of GDP)**

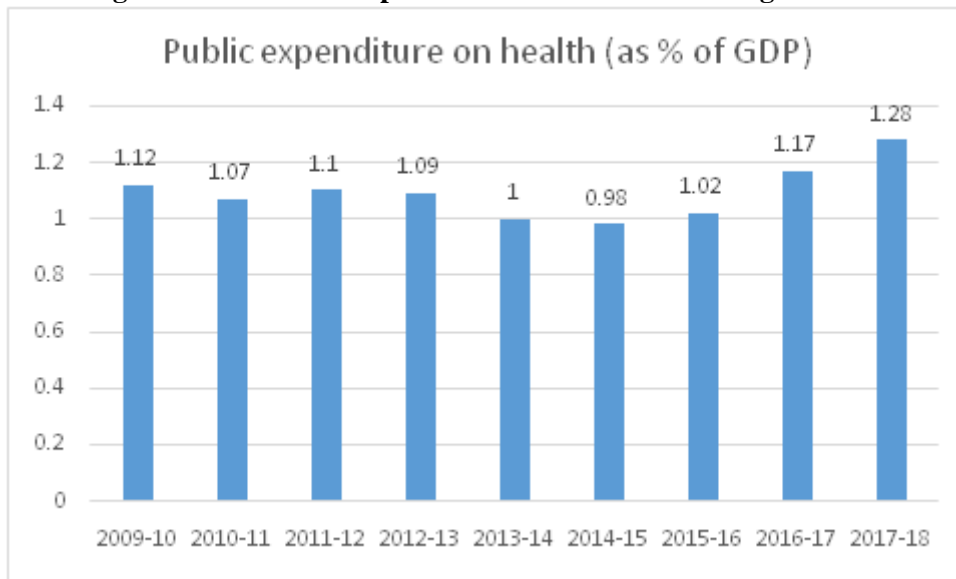


When health systems of developed countries like US and UK with great health care indicators have failed during COVID-19 outbreak, India's low numbers may just be because of low tests. Where total COVID-19 tests per 1000 people is 28.81 in Italy and 28.24 in USA, India lags far behind with just 1.27 tests per 1000 people as on May 12, 2020 [8]. Some countries which have successfully managed COVID-19 are Germany, Japan, Singapore and South Korea. They first performed large number of COVID-19 tests on its population, followed by contact tracing and finally isolated and quarantined people with positive results and people who came in close contact with the infected individuals. US had just tested 5 people per million population when South Korea had tested around 4000 people per million of its population, although both the countries reported their first case around January 20) [9]. Lockdown might be the last option but India has limited resources and spends meagerly on health care. Thus, being the cheaper option, India might have chosen to lockdown the economy first.

### HEALTH SPENDING WITHIN INDIA

In 2015-16, government spending on health care was 1.02% as a share of GDP which is more or less the same since 2009-10 (Fig. 8). The centre-state ratio in total public expenditure on health was 31:69 in 2015-16. In the year 2016-17, only 34% of Indians had health insurance coverage out of which 80% of persons were covered under Government sponsored health schemes. Among the states, public health expenditure as a percentage of GSDP was highest for North Eastern States at 2.76% whereas, 1.36% and 0.76% for EAG (including Assam) and non-EAG states [10]<sup>1</sup>. If we look at the coronavirus cases across country, we see that Maharashtra is the worst hit with 25922 confirmed cases and 975 deaths as on 14<sup>th</sup> May, 2020. Second on the list is Gujarat with 9267 confirmed cases and 566 deaths as on 14<sup>th</sup> May April, 2020 [5](appendix Table 2). COVID-19 average fatality rate in India is 3.3 percent, Fatality Rate due to coronavirus in Maharashtra was 3.8% and Gujarat was 6.1%, Madhya Pradesh was 5.5% and as high as 9% in West Bengal as on 14<sup>th</sup> May, 2020 (as per the number of confirmed cases and deaths in Table 2 in appendix).

**Fig.8: Public Health Expenditure in India as Percentage of GDP**



Coronavirus numbers in Maharashtra is worrisome. However, if we look at state health expenditure data among the largest states in India (from Table 3 in the appendix), Maharashtra spends the least (barely 0.6%) of its gross state domestic product, however, North-eastern states spend 2.6%, way ahead than their bigger counterparts. Among the big ones, health spending as a percentage of GSDP in Rajasthan and Uttar Pradesh was double than that of Maharashtra. Maharashtra also has big population density with largest clusters due to large number of slum-dwellers (second largest i.e. 11.94 crores population after Uttar Pradesh). Thus, Maharashtra is badly hit because of more people, slums, less money and rampaging virus.

<sup>1</sup> EAG states: as per census 2001, there were 8 Empowered Action Group States namely, Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chattisgarh, Odisha and Rajasthan).

## **CONDITION OF MIGRANT WORKERS IN INDIA DURING LOCKDOWN**

The announcement of lockdown created havoc among the migrant workers in the metro cities. They were misinformed and created panic in the lockdown situation. It is no surprise that over half of India's daily wage and migrant workers earns as low as Rs. 200-400 per day which is much lower than the prescribed minimum wage of Rs. 692 for skilled, Rs. 629 for semi-skilled and finally Rs. 571 for the unskilled ones (in Delhi) [11]. With almost 400 million informal workers, comprising daily wage laborers like construction workers, waiters, cooks etc., the lockdown has severely hit the poor population in India. Around 100 million workers had no shelter or food and there were no transportation facilities for the migrant workers to return back to their villages [12].

Due to lockdown they are completely unemployed and are eager to move to their villages as they see their survival in metro cities to be difficult. They have little savings with them which they wish to spend on their journey to home. Apparently, this is making it difficult for the government to follow social distancing measures to contain the spread of deadly virus.

Government has announced a Rs. 1.7 lakh crores package (around 1% of GDP) [13] under Prime Minister Garib Kalyan Yojana, for the poor hit by the lockdown to alleviate their pain during this pandemic but half of them are not aware of the government schemes or how to access them, many of them don't possess BOCW cards which is necessary to access the relief packages of the government. This way a large population of these workers would be excluded from the relief and they continue to face the misery that lockdown has brought them.

## **RIGHT STEPS TAKEN**

Talking about some positive side, India scored a perfect 100 on the "Oxford COVID-19 Government Response Tracker (OxCGRT)" along with other countries like South Africa, Israel, New Zealand and Mauritius. India followed the strategy of "prevention is better than cure". India was quick to activate its health management system and follow steps like issuing travel advisories, initiated screening of the people coming from affected countries in January, government tracked the travel history of foreign travelers through home visits and phone calls, announcement of proper hygiene measures through phone calls and advertisements to stay safe from this pandemic, quarantine orders for people returning from foreign countries etc. Government also announced Rs. 50 lakh of health insurance per person for the health professionals at the frontlines of fighting COVID-19 outbreak [13]. India has emerged as the largest supplier of generic medicines worldwide over the last few decades. During this COVID-19 outbreak also, India is exporting hydroxychloroquine to countries all over the world. In this pandemic situation, various non-medical equipment companies have come together to manufacture ventilators and other equipment. Indian railways have produced lakhs of masks and thousands of litres of sanitizers in March [14]. Car manufacturers like Hyundai India, Maruti and Mahindra have joined hands with other global automobile manufacturers to increase the production of ventilators [15].

## **CONCLUSION**

Thus, health infrastructure in India is in a really bad state. With changing climate and increasing globalization, new epidemics are likely to happen. So, the government and policymakers should focus on investing on education and health infrastructure and take it as a matter of priority. Government health spending as a percentage of GDP should increase. Government should encourage people to follow cleanliness and hygiene routine by implementing some awareness programs along with ongoing Swachh Bharat Abhiyan which may positively impact the health of the society. Policy makers should also focus on public private partnerships and investment in government infrastructure. One of the major measures that can be taken by the government is to focus on internalizing pharma supply chain and focus on make-in-India for medical equipment. India has emerged as the largest supplier of generic medicines worldwide over the last few decades. However, India still has to depend on Chinese medical equipment and products (for example, Penicillin-G) and finding an alternative turns out to be expensive but still progress can be made towards it. Eventually, the pandemic will go but the equipment will stay which will help in betterment of healthcare delivery in India. There are lot of jobless migrant workers due to this COVID-19 outbreak. Government can take measures to hire these workers with proper training and material to make such equipment, thus protecting the health care providers, controlling the prices and reducing dependency on imports of these equipment, thus boosting the economy. This will make the economy self-reliant and prepared for any future outbreak of pandemics.

## REFERENCES

- [1] Cited from <https://covid19.who.int>. (accessed on 14<sup>th</sup> May, 2020)
- [2] Cited from <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>. (accessed on 14<sup>th</sup> May, 2020)
- [3] Cited from <https://time.com/5791661/who-coronavirus-pandemic-declaration/>. (accessed on 14<sup>th</sup> May, 2020)
- [4] Cited from <https://curlytales.com/indian-doctors-nurses-wear-raincoats-helmets-to-treat-covid-19-patients-due-to-lack-of-protective-gear/>. (accessed on 14<sup>th</sup> May, 2020)
- [5] Cited from <https://www.mohfw.gov.in>. (accessed on 14<sup>th</sup> May, 2020)
- [6] Cited from <https://www.worldbank.org/en/publication/human-capital#Viz>. (accessed on 14<sup>th</sup> May, 2020)
- [7] Cited from <http://datatopics.worldbank.org/universal-health-coverage/coronavirus/>. (accessed on 14<sup>th</sup> May, 2020)
- [8] Cited from <https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand>. (accessed on 14<sup>th</sup> May, 2020)
- [9] Cited from <https://hbr.org/2020/03/why-is-the-u-s-behind-on-coronavirus-testing>. (accessed on 14<sup>th</sup> May, 2020)
- [10] Cited from [https://censusindia.gov.in/vital\\_statistics/AHSBulletins/files/AHSpr.pdf](https://censusindia.gov.in/vital_statistics/AHSBulletins/files/AHSpr.pdf). (accessed on 14<sup>th</sup> May, 2020)
- [11] Cited from <https://qz.com/india/1833814/coronavirus-lockdown-hits-india-migrant-workers-pay-food-supply/>. (accessed on 14<sup>th</sup> May, 2020)
- [12] Cited from <https://www.csmonitor.com/World/Asia-South-Central/2020/0413/What-a-lockdown-means-when-home-is>. (accessed on 14<sup>th</sup> May, 2020)
- [13] Cited from <https://www.livemint.com/news/india/covid-19-centre-announces-rs-1-7-trillion-package-for-migrant-workers-poor-11585207289279.html>. (accessed on 14<sup>th</sup> May, 2020)
- [14] Cited from <https://www.thehindubusinessline.com/economy/logistics/indian-railways-produced-over-28-lakh-masks-and-25000-litres-of-sanitizers-in-march/article31254823.ece>. (accessed on 14<sup>th</sup> May, 2020)
- [15] Cited from <https://asiatimes.com/2020/04/indias-carmakers-enter-global-ventilator-race/>. (accessed on 14<sup>th</sup> May, 2020)
- [16] Cucinotta, D., & Vanelli, M. (2020). WHO declares COVID-19 a pandemic. *Acta bio-medica: Atenei Parmensis*, 91(1), 157-160.
- [17] World Health Organization. (2020). Coronavirus disease 2019 (COVID-19): situation report, 114.
- [18] Lancet, T. (2020). COVID-19: protecting health-care workers. *Lancet* (London, England), 395(10228), 922.
- [19] Economic impact of epidemics and pandemics. Available from [https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/646195/EPRS\\_BRI\(2020\)646195\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2020/646195/EPRS_BRI(2020)646195_EN.pdf) (accessed on 14<sup>th</sup> May, 2020)
- [20] Understanding the coronavirus pandemic through data. Available from <http://datatopics.worldbank.org/universal-health-coverage/coronavirus/>. (accessed on 14<sup>th</sup> May, 2020)
- [21] Data on COVID-19 tests. Available from <https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand>. (accessed on 14<sup>th</sup> May, 2020)
- [22] Why is the US behind on coronavirus testing? Available from <https://hbr.org/2020/03/why-is-the-u-s-behind-on-coronavirus-testing>. (accessed on 14<sup>th</sup> May, 2020)
- [23] Coronavirus pandemic: India's poor healthcare spending is hurting the fight. Available from <https://www.moneycontrol.com/news/economy/policy/coronavirus-pandemic-indias-poor-healthcare-spending-is-hurting-the-fight-5123081.html>. (accessed on 14<sup>th</sup> May, 2020)
- [24] Coronavirus pandemic: India's measly investment in healthcare may come back to haunt it. Available from <https://www.moneycontrol.com/news/trends/health-trends/coronavirus-pandemic-indias-measly-investment-in-healthcare-may-come-back-to-haunt-it-5066611.html>. (accessed on 14<sup>th</sup> May, 2020)
- [25] Long-term impact of COVID-19 pandemic on healthcare scenario in India. Available from <https://www.expresspharma.in/guest-blogs/long-term-impact-of-covid-19-pandemic-on-healthcare-scenario-in-india/>. (accessed on 14<sup>th</sup> May, 2020)

- [26] Smith, K. M., Machalaba, C. C., Seifman, R., Feferholtz, Y., &Karesh, W. B. (2019). Infectious disease and economics: The case for considering multi-sectoral impacts. *One Health*, 7, 100080.
- [27] Gourinchas, P. O. (2020). Flattening the pandemic and recession curves. *Mitigating the COVID Economic Crisis: Act Fast and Do Whatever*, 31.

**APPENDIX**

**Table 1: Health indicators across countries**

Country Name (in 2017)	UHC Service Coverage Index	Population ages 65 and above (% of total population)	Life expectancy at birth, total (years)	Out-of-pocket expenditure (% of current health expenditure)	Current health expenditure per capita, PPP (current international \$)	Current health expenditure (% of GDP)	Current health expenditure per capita (current US\$)	Physicians (per 1,000 people) (in 2014)	Hospital beds (per 1,000 people) (in 2014)
Afghanistan	37.00	2.55	64.13	75.48	174.73	11.78	67.12	0.30	0.50
Australia	87.00	15.40	82.50	18.15	4816.15	9.21	5331.82	3.46	3.80
Bangladesh	48.00	5.15	72.05	73.88	94.30	2.27	36.28	0.47	0.60
Bhutan	62.00	5.92	71.13	13.31	290.42	3.19	96.80	0.31	
Canada	89.00	16.84	81.95	14.22	4928.63	10.57	4754.95	2.50	
Switzerland	83.00	18.43	83.55	28.95	8216.96	12.35	9956.26	4.11	
China	79.00	10.35	76.47	36.05	841.11	5.15	440.83	1.70	
Colombia	76.00	8.20	76.93	16.31	1039.16	7.23	459.20	1.82	1.50
Cuba	83.00	14.78	78.66	10.48	2485.81	11.71	987.63	7.48	5.20
Germany	83.00	21.37	80.99	12.67	5922.64	11.25	5033.45	4.08	
Spain	83.00	19.15	83.28	23.57	3468.69	8.87	2506.46	3.80	
France	78.00	19.67	82.53	9.38	5011.20	11.31	4379.73	3.21	
United Kingdom	87.00	18.29	81.26	15.96	4338.37	9.63	3858.67	2.78	
High income	82.30	17.61	80.69			12.53			
Indonesia	57.00	5.68	71.28	34.61	367.94	2.99	114.97		
India	55.00	5.98	69.17	62.40	253.32	3.53	69.29	0.73	
Italy	82.00	22.50	82.95	23.49	3619.70	8.84	2840.13	3.96	
Japan	83.00	27.11	84.10	12.85	4563.46	10.94	4168.99	2.34	
Kenya	55.00	2.26	65.91	24.04	158.16	4.80	76.61	0.20	
Least developed countries: UN classification	43.53	3.52	64.71			4.25			
Low income	42.23	3.28	63.39			5.25			
Sri Lanka	66.00	10.12	76.65	49.76	503.56	3.81	159.48		
Lower middle income	54.83	5.40	68.32			3.86			
Low & middle	62.61	6.93	70.80			5.39			



income									
Middle income	65.11	7.38	71.70			5.39			
Myanmar	61.00	5.56	66.56	76.23	287.64	4.66	58.04		
Malaysia	73.00	6.43	75.83	37.95	1138.96	3.86	384.07		
North America	84.51	15.56	78.91			16.56			
Norway	87.00	16.83	82.61	14.18	6518.87	10.45	7936.38	4.43	
Nepal	48.00	5.66	70.17	57.80	150.07	5.55	47.92	0.60	
OECD members	81.59	16.82	80.14			12.55			
Pakistan	45.00	4.31	66.95	60.24	160.56	2.90	44.59	0.81	0.60
Philippines	61.00	4.94	70.95	53.05	371.74	4.45	132.90		
South Asia	52.88	5.69	69.17			3.46			
Singapore	86.00	10.58	83.10	32.13	4269.96	4.44	2618.71	2.04	
Thailand	80.00	11.44	76.68	11.15	670.88	3.75	247.04		
South Asia (IDA & IBRD)	52.88	5.69	69.17			3.46			
Upper middle income	76.72	9.62	75.52			5.84			
United States	84.00	15.42	78.54	10.99	10246.14	17.06	10246.14	2.58	
Vietnam	75.00	7.03	75.24	45.26	375.64	5.53	129.58	0.78	2.60
World	65.69	8.65	72.38			9.90			

Source: <http://datatopics.worldbank.org/universal-health-coverage/coronavirus/>

**Table2: Coronavirus cases in India as on 14<sup>th</sup>May, 2020**

States/ UTs	Total Confirmed cases*	Cured/Discharged/Migrated	Deaths**
Maharashtra	25922	5547	975
Gujarat	9267	3562	566
Tamil Nadu	9227	2176	64
Delhi	7998	2858	106
Rajasthan	4328	2459	121
Madhya Pradesh	4173	2004	232
Uttar Pradesh	3729	1902	83
West Bengal	2290	702	207
Andhra Pradesh	2137	1142	47
Punjab	1924	200	32
Telangana	1367	940	34
Jammu and Kashmir	971	466	11
Karnataka	959	451	33
Bihar	940	388	7
Haryana	793	418	11
Odisha	538	143	3
Kerala	534	490	4
Chandigarh	187	28	3

Jharkhand	173	79	3
Tripura	155	16	0
Assam	80	39	2
Uttarakhand	72	46	1
Himachal Pradesh	66	39	2
Chhattisgarh	59	55	0
Ladakh	43	22	0
Andaman and Nicobar Islands	33	33	0
Meghalaya	13	10	1
Puducherry	13	9	1
Goa	7	7	0
Manipur	2	2	0
Arunachal Pradesh	1	1	0
Dadar Nagar Haveli	1	0	0
Mizoram	1	1	0
Total	78003#	26235	2549

Source: <https://www.mohfw.gov.in>

**Table 3: Health Expenditure in India across states (2015-16)**

Health Expenditure State-wise (2015-16)				
Expenditure incurred on healthcare and family welfare				
STATE	as % of GSDP	as % of Total State Expenditure	Public Expenditure on Health in Rs. Crores (Medical & public health + Family welfare)	Per Capita Health expenditure in Rs. crores (Total state health expenditure/population)
Maharashtra	0.6	5.08	10052	1011
Karnataka	0.69	5.03	6015	1124
Gujarat	0.72	5.86	7199	1189
Tamil Nadu	0.74	4.99	8525	1235
Non-EAG States	0.76	5.34	67162	1172
Delhi	0.76	11.45	3759	1992
West Bengal	0.8	5.33	7976	778
Telangana	0.82	4.8	3948	1322
EAG States + Assam	1.36	5.05	44831	871
Uttar Pradesh	1.42	5.07	13796	733
Rajasthan	1.44	5.61	7818	1360
North East States	2.76	6.3	3453	2878

Source: <http://www.cbhidghs.nic.in/WriteReadData/1892s/Chapter%204.pdf>