



Modi's health reforms: between hope and hype

On Sept 6, Narendra Modi's National Democratic Alliance Government completed the first 100 days of its second term in office. *Patralekha Chatterjee* investigates its performance on health.

On May 23, Prime Minister Narendra Modi and his nationalist Bharatiya Janata Party (BJP) won a sweeping mandate for a second 5-year term, under the campaign slogan *Sankalp Iti Bharat, Sashakt Bharat*—determined India, empowered India. Modi's campaign promises included continuation of his flagship schemes, the *Swachh Bharat* (Clean India) Mission and *Ayushman Bharat* (Healthy India), making the National Nutrition Mission a mass movement, strengthening the capacity of government-run *anganwadis* (child-care centres), and setting up a new Ministry of Water Power that would work towards ensuring piped water for every Indian household by 2024.

Clean India

The *Swachh Bharat* Mission was launched a few months after Modi first came to power in 2014, with a main goal of ending open defecation in rural India by Sept, 2019. When the mission was launched, sanitation coverage in rural areas was just 38%. A massive programme of toilet building was launched. "In 60 months, 600 million people have been given access to toilets, more than 110 million toilets have been built. The whole world is amazed to hear this", Modi told a cheering crowd in Ahmedabad in Gujarat, his home state, on Oct 2, this year. Official figures say that household toilet coverage in rural India today has reached 100%. The government says that the behaviour of hundreds of millions of people has changed with respect to toilet access and usage. In recognition of the scheme, the Gates Foundation gave its annual Global Goalkeeper award to Modi in 2019. On Oct 2, the 150th anniversary of the birth of Mahatma Gandhi, and the deadline for rural India to be free of

open defecation, Modi declared that the aim had been achieved.

A visit to a village in Muzaffarnagar in Uttar Pradesh, a 4-h drive from Delhi, found otherwise. Farzana Ali*, 20 years of age, lives in Bhainsliwala. She walks to a nearby field every day to relieve herself. There is no toilet

"...health benefits generally associated with sanitation cannot be assumed simply by construction of latrines."

in the thatched hut she lives in, nor piped water. With a tiny child in her arms and another clinging to the white scarf that covers her head, Ali points at a cluster of trees at a distance. That's where many women in her village, young and old, go to defecate, she says. They call it the jungle. Ali has never been to school. Her husband works as a daily wage labourer.

Like many women in the village, Ali said she had submitted the necessary forms to get the toilet subsidy she is entitled to under the *Swachh Bharat* Mission a year ago. "But I have not received the 12 000 rupees from

the government to build a toilet...In the night, when I go to the jungle, I carry a torch, and when it rains, I carry an umbrella. Yes, sometimes I am scared to walk in the dead of the night but what to do?" Ali told *The Lancet*. 56 families of 356 from Bhainsliwala and nearby Samasnagar were yet to benefit from the *Swachh Bharat* Mission, according to a local grassroots activist. Rupesh Kumar, a government functionary who was holding public meetings in the area, told *The Lancet* that those who had not yet received the toilet subsidy would soon get the amount due to them. He could not give a specific date when that would happen.

Data gaps

Aashish Gupta, a research scholar at the University of Pennsylvania, points out that, although the central government has given guidance on the criteria used to declare whether a village is free from open defecation, states have the power to decide the verification mechanism and many rely on self-declaration. "In practice, villages are declared open-defecation-free based on a self-declaration. The

*Her name has been changed to protect her identity

For more on the **Clean India campaign** see <https://swachhbharat.mygov.in/>

For more on the **Healthy India campaign** see <https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission>

For more on the **National Nutrition Mission** see <https://www.india.gov.in/spotlight/poshan-abhiyaan-pms-overarching-scheme-holistic-nourishment>

For the **WaterAid assessment of toilets** see <https://www.wateraidindia.in/sites/gf/files/jkxoo336/files/quality-and-sustainability-of-toilets.pdf>

For the **WHO study on the potential impact of Swachh Bharat** see https://jalshakti-ddws.gov.in/sites/default/files/WHO_study_on_lives_saved.pdf

For the **Gates Foundation review of Swachh Bharat** see https://jalshakti-ddws.gov.in/sites/default/files/BMGF_Health_Impact_Study_final.pdf

For the **UNICEF study of the economic effects of Swachh Bharat** see https://jalshakti-ddws.gov.in/sites/default/files/UNICEF_Economic_impact_study.pdf



Prime Minister Narendra Modi addresses a rally

Sanjeev Kumar/Hindustan Times/Getty Images

For the trial of rural sanitation in Odisha see [Articles](#) *Lancet Glob Health* 2014; 2: e645–53

For more on coercion and threats related to open defecation see <https://riceinstitute.org/wp-content/uploads/2019/01/Changes-in-open-defecation-in-rural-north-India-2014-%E2%80%93-2018.pdf>

For the [Global Nutrition Report](#) see <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>

For India's [Comprehensive National Nutrition Survey](#) see <https://nhm.gov.in/showfile.php?lid=712>

declaration is often done once all eligible households have received toilets. But a large number of households could still not have toilets because they were not eligible to receive the toilets and a village may still be declared open-defecation-free."

In India, having a household toilet does not always mean that everyone is using it, and there are few data available that disaggregate use by individual. "The National Annual Rural Sanitation 2018–19 survey seems to have asked details of all household members but to the main respondent, not individually. That's the closest to disaggregated data", said Avani Kapur, director of the Accountability Initiative and Fellow at the Delhi-based Centre for Policy Research.

She also told *The Lancet* that "Several studies have also pointed out that in the rush to build toilets fast, there has been insufficient focus on raising sanitation awareness, particularly with respect to toilet technology and safe disposal". A 2017 assessment by WaterAid of the toilets built during the *Swachh Bharat Mission*, covering more than 1000 households across eight states, noted that "choice and construction were many times suboptimal, unsuited to the local geography and not adhering to design parameters."

Stanford epidemiologist Stephen Luby said that it is much easier to build toilets than it is to ensure that they are maintained, that they

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do not further contaminate the environment, and that people use them. "I do not consider it credible that open defecation has been eliminated in rural India. This would be a degree of behaviour change on a scale without precedent in the history of public health", Luby told *The Lancet*. "The primary barrier to a credible assessment is the disincentive to report less-than-targeted figures on an issue that has been politicised", he added.

Health impacts

The Indian Government has relied on two main studies of the health impact of the *Swachh Bharat Mission*, says Kapur. The first was a "what-if" study by WHO, which stated that, if achieved by October, 2019, "100% coverage... could avert up to 300 000 deaths due to diarrhoeal disease and protein-energy malnutrition". It also predicted the near elimination of diarrhoea cases caused by unsafe sanitation in

India. The other is a review of health data in selected districts, published by the Bill & Melinda Gates Foundation in 2017. It noted that diarrhoeal morbidity was significantly higher in the areas that were not free from open defecation compared with those that were. A 2017 UNICEF study showed that installation of a household toilet also had economic benefits—it reduced medical costs and increased property value.

However, a 2014 cluster-randomised trial on the effectiveness of a rural sanitation programme in Odisha, concluded that health benefits generally associated with sanitation cannot be assumed simply by construction of latrines.

There are further concerns about the long-term operation of the toilets and the effects on health, according to Kapur. "Many toilets are new, so haven't had to be emptied yet; if not done correctly or safely, that's when the health impact could be catastrophic. There are relatively few studies studying that as we don't even have regular reliable data on health and nutrition outcomes." Though illegal, manual cleaning of excreta from dry toilets continues; there are more than 54 000 such cleaners, mostly Dalits (formerly called Untouchables), according to official data from July, 2019.

Coercion and violence

The pressure to meet the targets and change behaviours is leading to coercion and violence. In September, this year, two Dalit children, a 10-year-old boy and a 12-year-old girl, were allegedly beaten to death for defecating in the open in Bhavkhedi village, in Madhya Pradesh, central India. The family of the children told reporters that they did not have a toilet at home; the father alleged that caste discrimination was rampant in the village and that his family often had to wait near the local hand pump before being allowed to collect water. Two people have been arrested. India



A toilet block in a village in India

banned caste-based discrimination in 1955, but centuries-old attitudes persist, and lower-caste groups, including Dalits, are among the most marginalised communities. In response, the government sent out an advisory that no coercion should be used in implementing the *Swachh Bharat Mission*.

Gupta told *The Lancet* that in his research, his team found that some communities were more likely to bear the brunt of threats than others. "There were sometimes threats to not defecate in the open, but the threats to construct toilets were way more common. Dalits were twice as likely to have faced coercion; Adivasis (a scheduled tribe) were more than three times as likely to have faced coercion", he said.

In its re-election manifesto, the BJP promised to ensure 100% waste collection for the toilets installed under the *Swachh Bharat Mission*. "It is now very important that the *Swachh Bharat Mission* continues to focus on sustaining the open-defecation-free outcomes attained over the past 5 years, addresses any gaps, and ensures that no one is left behind by way of providing safe sanitation to all." Yugal Joshi, director of the Department of Drinking Water and Sanitation in the Ministry of Water Power, told *The Lancet*. The government plans to retrofit toilets or make provisions to empty pits every 5 years and repair defunct toilets, among other provisions.

Water availability

Limited access to water is widely perceived to be a key reason behind the low use of toilets in many parts of India, particularly in drought-prone areas of the country. In rural India, women and young girls trudge long distances to fetch water. Unsafe drinking water is behind the spread of a variety of water-borne diseases in the country.

"56% of the rural population is covered, with piped water supply

through public stand posts. However, only about 18% of households in rural India have household tap connections. This is the big challenge", Joshi told *The Lancet*. On Aug 15, 2019, India's Independence Day, Modi announced his government's aim to provide safe tap water to every household in the country by 2024. "India has started

"The aim is to improve the provision of comprehensive primary health care, including maternal and child health services, treatment for non-communicable diseases, and free essential drugs and diagnostics"

the *Jal Jeevan* (Water and Life) mission for water resource development, water conservation, and rainwater harvesting. India will spend US\$50 billion on water conservation in the next few years", Modi said at the Climate Action Summit 2019 this September.

Healthy India

Ayushman Bharat is Modi's flagship health policy. One component, *Pradhan Mantri Jan Arogya Yojana* (PMJAY), colloquially called Modicare, was launched on Sept 23, 2018, and seeks to provide 500 million poor and vulnerable Indians with an annual cover of INR500 000 for secondary and tertiary care hospitalisations. "We implemented the world's largest health assurance scheme" Modi said during a high-level meeting on universal health coverage in New York this September.

To date, about 4.7 million people have been treated under the PMJAY, says India's Health Minister Harsh Vardhan. More than 18 000 hospitals, in both the private and public sectors, are implementing PMJAY. Barring Delhi, Odisha, Telangana, and West Bengal, most states have signed onto the scheme.

"Catastrophic expenditure on health pushes an estimated 60 million Indians

below the poverty line each year", says Indu Bhushan, CEO of the National Health Authority, the implementing agency for the PMJAY. "Our focus is beneficiary empowerment and behaviour change among the poorest of the poor in the country to seek hospital treatment for serious illnesses without worrying about medical bills." PMJAY provides cashless and paperless access to services for the beneficiary at the point of service. "The scheme has done well", Bhushan said.

Ravi P Singh, secretary general of the Quality Council of India, an autonomous body that is helping with quality certification of hospitals, told *The Lancet* that the hospitals implementing the PMJAY face quality challenges, including a general lack of awareness about cleanliness, infection control, and patient safety, and insufficient infrastructure, support services, and skilled human resources. Many hospitals do not have enough funds to invest in the infrastructure required to meet minimum standards, he said.

Health and wellness centres

A second component of *Ayushman Bharat*, launched by Modi on April 14, 2018, promises that 150 000 subcentres would be upgraded to so-called health and wellness centres by 2022.

The aim is to improve the provision of comprehensive primary health



A health and wellness centre upgraded under the Healthy India campaign

care, including maternal and child health services, treatment for non-communicable diseases, and free essential drugs and diagnostics. So far, more than 21 000 such centres have been established across the country since April 14, 2018.

But not all health and wellness centres are working optimally. At one centre in Uttar Pradesh visited by *The Lancet*, equipment had been provided, but not the human resources to use them. “We now have medicine supplies, but there is no laboratory technician. We are conducting tests for hypertension, diabetes, and so on; we have supplies for the laboratory but because of the lack of a laboratory technician, many other tests can’t be done here”, a staff member told *The Lancet*.

National Nutrition Mission

Almost a third of the world’s stunted children live in India, according to the 2018 Global Nutrition Report. The recently released Comprehensive National Nutrition Survey India 2016–18, the first ever nationally representative nutrition survey of children and adolescents in India, indicates that 35% of children younger than 5 years and 22% of school-age children were stunted; 24% of adolescents were thin for their age.

The Modi Government’s pledge to counter the malnutrition crisis—a National Nutrition Mission (the *Poshan Abhiyan*)—was established in November, 2017, with a 3-year budget of INR90 billion (\$1.27 billion). The aim is to reduce stunting, under-nutrition, and low birthweight by 2%, and anaemia among young children, adolescent girls, and women by 3%. The National Nutrition Mission also strives to reduce stunting from 38% to 25% by 2022. Programmes include collecting real-time data on malnutrition and coordinating the various schemes that currently exist, incentivising states to meet targets, measuring children’s height

at child-care centres, and involving communities and civil society organisations in monitoring activities. It is too early to say whether there will be any tangible progress.

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As Dipa Sinha (Ambedkar University), put it, “The National Nutrition Mission has done a good job as far as making a noise about nutrition is concerned. This is important because people were not even talking about it. Hopefully, this will result in people also being more vigilant and demanding accountability. The challenge is to convert all this into action on the ground.”

“Previous governments had acknowledged the problem but hadn’t given it as much visibility from a political standpoint”, according to Purnima Menon, senior research fellow at the International Food Policy Research Institute’s Asia office in New Delhi. “The challenge that lies ahead for the Mission is getting the implementation right—both in terms of reach and quality. The other challenge for the Mission is that, of course, the public health systems are only part of the picture. How do you ensure quality in nutrition-related efforts among private providers? How do you unblock the big gender-related barriers to achieving better results (eg, early marriage, early child-bearing, lack of support for women, limited involvement of men in child-care and feeding or in supporting women)?”, Menon adds.

The National Nutrition Mission hopes to address some of these challenges through technology. The digitisation of physical registers in childcare centres has started and workers in those centres are being trained to use a new software application to strengthen service delivery. Such steps could help to

collect data more efficiently and quickly.

Funding

Big plans need money. While unveiling the National Health Policy in March, 2017, former Health Minister Jagat P Nadda said: “Resources are never a problem. It is the government’s wish that health be given priority”. But many health experts say the ambitious schemes need a lot more money than has been budgeted so far. “Unfortunately, there is a credibility problem with respect to many government announcements. One major reason for this credibility gap is the failure to follow up these policies with a significant expansion of the health budget”, said Thiagarajan Sundararaman, former executive director of the National Health Systems Resource Centre in India. At present, India spends just over 1.15% of its gross domestic product on health. The 2017 National Health Policy proposed raising spending to 2.5% by 2025.

“The 2018–19 budget indicated 1200 crores (\$169 million) for health and wellness centres and 2000 crores (\$281 million) for PMJAY. In 2019–20, [the government] allocated 1600 crores (\$225 million) for health and wellness centres and 6400 crores (\$900 million) for PMJAY” said Sundararaman. He said that there are fears that the budget increase is a token gesture. “The current rate of increase barely compensates for inflation, and is certainly far short of what would be expected.”

The first 100 days of Modi’s second term in office was celebrated with rallies, press conferences, and a special booklet—100 Days of Bold Initiatives and Decisive Actions—showcasing the government’s achievements. There are plenty of new policies and programmes and Modi has proclaimed that more progress is on the way. Whether the government will deliver on all its promises remains to be seen.

Patralekha Chatterjee