

***Public Health Accounts during Economic Reforms**

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* As a part of Economic Reforms and the Health Sector in India , A study sponsored by UNDP / GOI, New Delhi in Centre for Multi-disciplinary Development Research (CMDR), Dharwad.

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Economic Reforms consisting of liberalization, Privatization and Globalization (LPG) of economic activities have been causing significant changes in the very structure of the functioning of different sectors. In fact, a distinction normally made between reforms and innovations needs to be appreciated in this connection. A reform is an initiative having a comprehensive coverage affecting the very structure of different activities in the system. An innovation on the other hand, does not have such a far-reaching and comprehensive coverage. Obviously, the LPG initiatives are in the nature of reforms rather than mere innovations.

That economic reforms have such far-reaching effects involving different sectors of the economy is well brought out from the experiences of other countries undergoing reforms over the period of time. In some countries reforms have been initiated right from 1980's. As a result, rich information is available about the nature of changes taking place in such countries.

In the present paper, an attempt is made to bring out the changes in the structure of governmental expenditures relating to one of the sectors of the economy in India during economic reforms. This paper is part of a bigger project on Economic Reforms and Health Sector in India, which focuses particularly on the changes in three selected states of Karnataka, Maharashtra and Orissa. In the present paper, we propose to examine changes in the public sector health accounts relating to only one state viz., Karnataka. While the term health accounts refers to both the receipts side and expenditures side the present paper refers only to the expenditures side and that too the expenditures of the public sector.

Following are the specific objectives of the present study on Public Health Accounts during Economic Reforms :

- i. To present the structure of governmental accounting system relating to the health sector particularly the expenditure side of accounts in each of the selected states. We have selected one of the developed states of the country, viz. Maharashtra, one of the medium developed states, viz. Karnataka and one of the less developed states, viz. Orissa.
- ii. To present functional classification of governmental expenditures on health and medical care for selected years during the pre-reform and reform periods.
- iii. To present object wise classification of governmental expenditures on public and medical care for selected years during the pre-reform and reform periods.
- iv. To bring out the changes in the structure of public health accounts during the reform period and comment on their implications.

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Public Health Statistics during the 1950s

Introduction

The 1950s were a period of significant public health progress. The development of antibiotics, particularly penicillin, revolutionized the treatment of bacterial infections. Vaccination programs for polio, measles, and diphtheria became widespread, leading to a dramatic decline in the incidence of these diseases. The establishment of the Centers for Disease Control and Prevention (CDC) in 1946 provided a central authority for coordinating public health efforts across the United States.

Public health statistics during this decade reflected these successes. Life expectancy at birth increased significantly, and the infant mortality rate fell sharply. The data also highlighted emerging health concerns, such as the rise in chronic diseases like heart disease and cancer, which would become leading causes of death in the following decades.

The 1950s also saw the beginning of the "Great Migration" of African Americans from the rural South to the urban centers of the North and West. This demographic shift had profound implications for public health, as it introduced new health challenges to urban areas, including overcrowding, poor sanitation, and the spread of infectious diseases like tuberculosis. Public health officials began to focus on addressing these disparities and improving the health of the urban population.

In addition to infectious diseases, the 1950s marked the beginning of a new focus on chronic diseases. The rise in heart disease and cancer was linked to changes in lifestyle, including increased consumption of fatty foods and sedentary behavior. Public health campaigns began to promote healthier living habits, such as regular exercise and a balanced diet, to reduce the risk of these diseases.

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1. The data presented in this report is based on the Public Health Statistics for the United States, 1950-1959, published by the U.S. Department of Health, Education and Welfare. 2. The Centers for Disease Control and Prevention (CDC) was established in 1946 as the National Center for Zoonotic Diseases, and was later renamed in 1968.