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PUBLIC HEALTH FOUNDATION OF INDIA

ASSESSMENT OF THE ESIC BENEFICIARIES: - REVENUE AND EXPENDITURE OF ESIC OVER THE YEARS

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PART A

INTRODUCTION

- Humans have always been living in societal setup and are thus known as **Social Animal**. A person has so many social duties to fulfill, like looking up after their children, their education, marriage, taking care of their parents, spouse, etc. Due to which, there has been an increased demand for a robust social security system to provide the worker with adequate medical, cash benefit, etc. in the time of need.
- ILO describes ‘Social security as a right which responds to the universal need for protection against social sides and life risks. Social security systems that guarantee health protection and income security, contributing to the reduction of inequality and poverty, and promoting social inclusion and human dignity’.
- One such Act is the **Employees State Insurance Corporation Act of 1948** (ESIC) which is first and oldest legislation schemes providing social security and medical benefits for the blue-collar workers of India.

ESIC Act of 1948 and benefits provided

- The Employee State Insurance Corporation Act was the first social security scheme which focused on providing financial aid and certain medical benefits to the labor-class post-independence.
- It came into being on 24th February 1952 and was inaugurated by the then Prime Minister Pandit Jawahar Lal Nehru in Kanpur. He was also the first honorary beneficiary under the Scheme.
- In its 68 years of existence, ESIC has successfully catered to several benefits which include Health security insurance covering sickness, temporary and permanent disablement and from certain occupational hazards.

Eligibility Criteria:-

- Employees earning more than a specified amount of wage monthly. (Present limit is Rs 21000 per month).
- The contribution rate of employees (as of 01.07.2019) is 0.75% of the wages and that of employer's is 3.25% of the wages paid in respect of the employees. Employees those who earn upto Rs 176/- a day are exempted from payment of contribution.

Salient features

It is applicable to whole India, provided that the State Government shows its intention to implement the provision of the act in their State.

The following list of establishments come under ESI Coverage, with the condition that they should have 10 or more employees.

- Shops
- Hotels and Restaurants engaged only in sales
- Road Motor Transport Establishments
- Cinema Theatres
- News Paper Establishments
- Private Educational Establishments run by individuals, trustees, societies, or Medical Institutions (including Corporate, Joint Sector, charitable, trust etc.)

- ESI Act is not applicable to: -
  - Seasonal Factories
  - Government owned factories where employees are getting better benefits
  - Indian Army, Navy, Air Force.
  - Factories with less than 10 workers are employed
  - Factories less than 20 workers working without the aid of power.
  - Mines

Benefit: -	Features
Medical Benefit	Full medical coverage to the insured person and the family at annual premium of Rs 120/-
Sickness Benefit	Cash benefit to the insured person of about 70% of the wages for a span of certified sickness of 91 days.
Maternity Benefit	The insured person will receive cash benefit for the period of 26 weeks during the pregnancy.
Dependent Benefit	The family or spouse of the insured person receives 90% of the wages monthly post the death of the IP.
Disablement Benefit	The insured person is entitled to 90 % of the wages for as long as the disability continues in terms of Temporary disablement Benefit. The insured person is entitled to 90% of the wages monthly depending on the extent of disablement.
Others	These include funeral charges and confinement charges given to the IP's wife or insured women as reimbursement where ESIC facilities are not present

SOCIAL SECURITY BENEFITS PROVIDED UNDER THE ESIS ACT

Literature Review

- The standing committee of labor in their recent report of 2017-2018 stated:
    - Duality in the functioning of ESIC
    - Revenue is double of the expenditure
    - No proper screening of individual as beneficiaries
- Another study conducted out by the Environic trust in 2019 drawed the same conclusion and pointed out the massive arrears outstanding each year as well.
- “Employees Awareness on ESI benefit” (Saranya, 2018) work published on the IJSRD divulged into the aspect of employee's awareness and satisfaction level towards the benefits provided by the ESIC.
- Other studies done on the perception, satisfaction and awareness of the people of the ESIC scheme are as follows:
- Effectiveness of Medical Benefits under ESI Scheme: A Study on the Employees of Organized Sector in Kolkata published in Social Research Foundation by Deblina Mitra (2017)
- Another similar study published in the journal JETIR February 2020 edition (Prakash, 2020) on the “Employees’ awareness and utilization towards ESI Benefit”.

- How Equitable is Employees‘ State Insurance Scheme in India?: A Case Study of Tamil Nadu by Dash and Muraleedharan (2011) , tried to assess the utilization pattern of the ESI facilities and the extent of ESI Scheme to lower the out of pocket expenditure of the IPs.
- Sekar and Jeyakodi (2012) in their article “A Study of the Performance of ESI Sickness Benefit Schemes in Madurai District” have writ
- A Study on the Working of the Employees State Insurance Corporation by Jose, K Mathew in 2013 examined the effectiveness of the benefits provided by the Corporation to the insured persons and it was found that the ESI Corporation is not giving adequate information to the employee, employer and IPs about the benefits of the Scheme, the quality of medical care is very poor, the amount of cash benefit is very less and is received very late en that majority of the IPs are ignorant of the benefits that they are entitled to, under ESI scheme.

OBJECTIVE: -

Broad objective: -

The objective of the study is to segregate and list the various revenue sources and the expenditure incurred by the corporation over the year since its inception and interpret the patterns wherein the corporation is lacking to implement effect and efficient ways to provide social security to the labor class.

Specific Objective: -

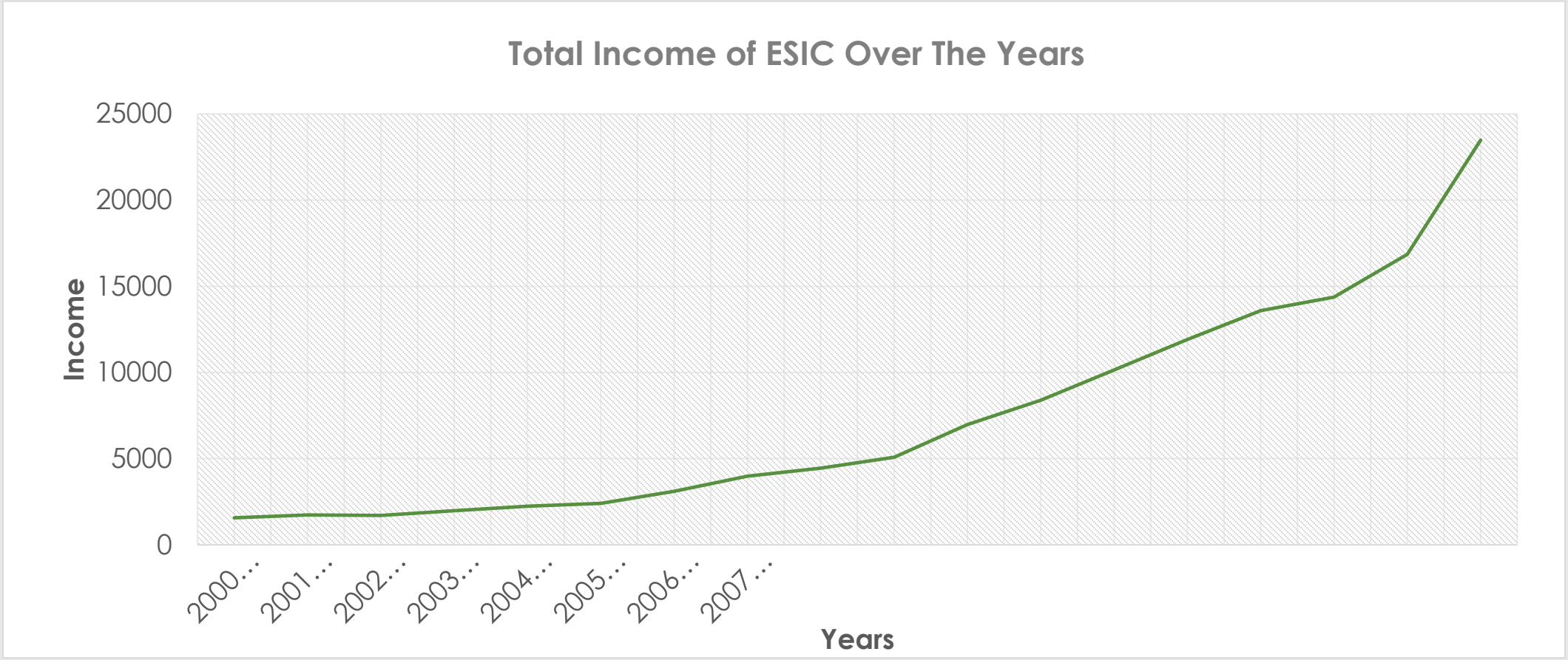
- Assessing the gaps for low rate of expenditure in ESIC.
- Income and Revenue trend and pattern.
- Descriptive Analysis of revenue and expenditure trend over the years.
- To review the corpus of unrecoverable arrears over the years.
- Comparative study analysis on the returns and investments on ESIS.

Methodology

ESI annual reports have been used to know about the sources of income of the scheme and expenditure of the ESI scheme. We investigated certain data provided by the annual reports of ESIC over the years and analyze the trends and patterns.

- **Sources of Data: -** Annual Reports of ESIC from 2000-2018, journals and articles on ESIC, literary papers on the ESIC, was collected in tabular form for descriptive analysis.
- **Study period-** The study covers a period of eighteen years from 2000 to 2018.
- **Data analysis-** The collected data has been analyzed by using Descriptive Statistics and CAGR.

FINDINGS


Total Income of ESIC Over The Years
25000
20000
15000
10000
5000
0
Income
2000…
2001…
2002…
2003…
2004…
2005…
2006…
2007…
Years

	Year	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Source of Income	Contribution	1255.44	1249.91	1302.39	1380.72	1689.08	1933.56	2453.48	3262.84	3698.53
	Interest	242.95	397.28	326.98	513.34	486.25	389.4	578.81	628.36	663.27
	Other Income	65.89	83	75.43	81.51	70.37	78.66	75.82	98.12	90.64
	Total Income	1564.28	1730.19	1704.81	1975.64	2246.06	2410.62	3108.11	3989.31	4452.45

	Year	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Source of Income	Contribution	3896	5748.77	7070.11	8111.45	9632.54	10867.1	11455.6	13662.4	20077.2
	Interest	1110.17	1132.43	1188.02	1914.49	2173.01	2606.48	2807.6	3069.19	3196.89
	Other Income	78.99	99.34	135.4	112.69	103.89	114.96	109.05	120.75	206.3
	Total Income	5085.17	6980.61	8393.55	10138.6	11909.4	13588.6	14372.2	16852.4	23480.4

SOURCE OF INCOME

- As per the data in Table and Graph in the previous slide, it is evident that the total income of the corporation has increased many folds over the years.
- The total income from all the sources have increased from1564.28 Crores in 2000-01 to 23480.4 Crores in 2017-2018
- The major portion of the income comes from the Contribution of employees and Employers, which forms almost 80% of the total income, interest on investments form another 18% of the income, and another 2% comes from various other sources.

DATE	AMOUNT (In Crores)
Amount as on 31.03.01	6388.7
Amount as on 31.03.02	7361.08
Amount as on 31.03.03	8223.81
Amount as on 31.03.04	9385.13
Amount as on 31.03.05	10739.99
Amount as on 31.03.06	12138.85
Amount as on 31.03.07	14187.67
Amount as on 31.03.08	16967.24
Amount as on 31.03.09	19583.17
Amount as on 31.03.10	21546.44
Amount as on 31.03.11	24799.36
Amount as on 31.03.12	28317
Amount as on 31.03.13	31638.57
Amount as on 31.03.14	36868.38
Amount as on 31.03.15	42767.51
Amount as on 31.03.16	49357.62
Amount as on 31.03.17	59382.98
Amount as on 31.03.18	74348.43

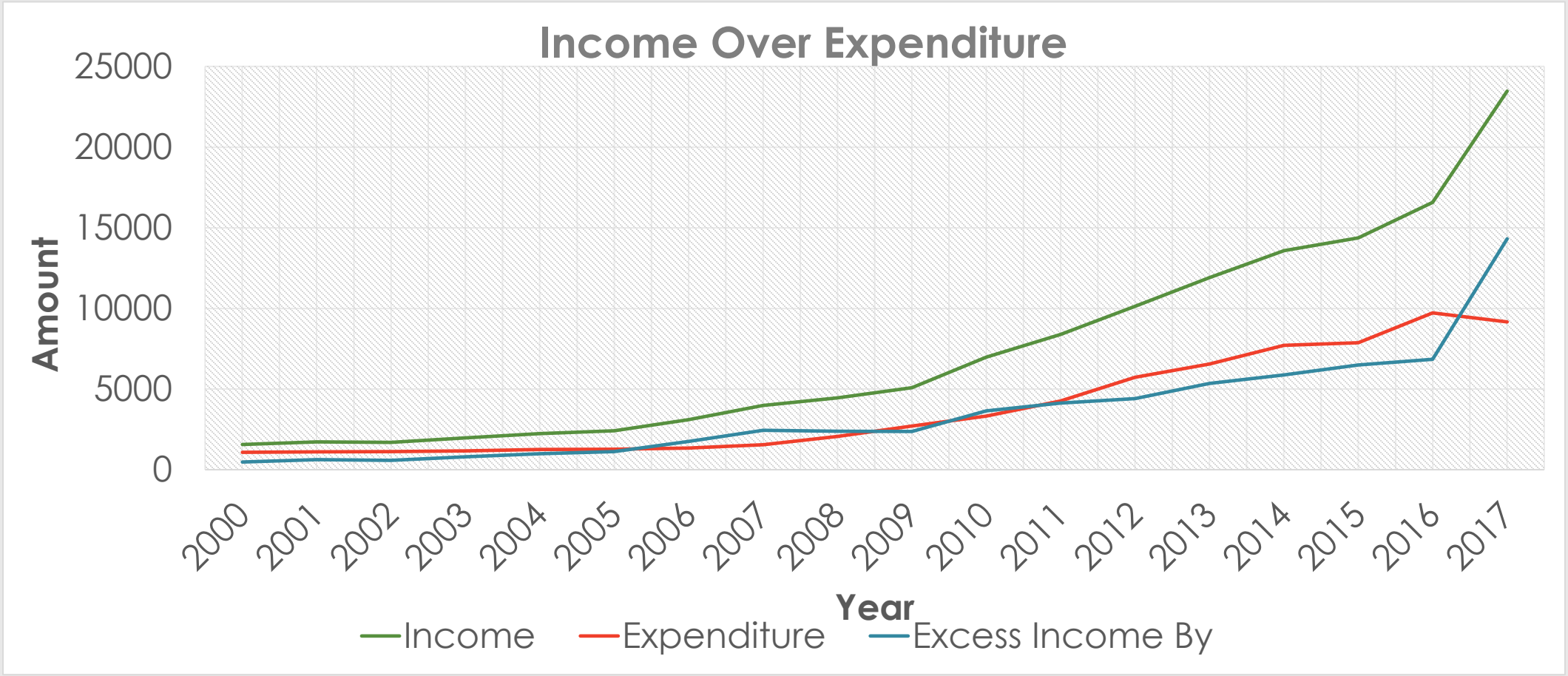
Reserve Funds

- As its evident from the data given in the Table, ESIC has huge pool of reserve funds, which is deposited as Fixed Deposits in PSU Banks and as Special deposit with the Central Government.
- The reserve fund has increased from 6388.7 Crore in 2001 to 74348.43 Crore in 2018.
- Annual growth rate of reserve fund is in the range of 15-25% over the years, which turnouts to be a very high Annual Growth Rate.
- Interest from these deposits form a significant amount as income to the ESIC

	Benefits		Other Expenditure		
Year	Medical Benefits	Cash Benefits	Administative Expenses	Total Other Expenses	Total Expenditure
2000-01	542.29	285.64	170.95	83.7	1082.5808
2001-02	543.37	300.16	176.43	84.158	1104.1219
2002-03	565.2	285.61	177.22	90.288	1118.318
2003-04	620.38	273.97	182.77	93.347	1169.66
2004-05	686.37	264.69	199.96	107.164	1258.19
2005-06	724.11	273.74	210.96	70.32	1279.13
2006-07	779.78	272.31	221.39	76.68	1350.16
2007-08	924.79	287.28	247.97	88.8	1548.84
2008-09	1123.2	380.7	412.76	152.13	2068.82
2009-10	1626.9	426.93	504.36	153.57	2711.79
2010-11	2123.7	494.1	524.2	185.62	3327.6
2011-12	2689.6	681.85	647.06	243.15	4261.68
2012-13	4058.1	761.17	826.12	83.73	5729.15
2013-14	4859.9	598.69	1028.02	98.99	6585.6
2014-15	5714.3	681.97	1210.42	111.23	7717.96
2015-16	6113	703.98	1390.63	117.08	8324.66
2016-17	6256.6	1517.9	1732.04	221.17	9727.71
2017-18	6867.7	642.84	1031.06	619.03	9161.36

ANNUAL EXPENDITURE OF ESIC

Excess of Income over Expenditure

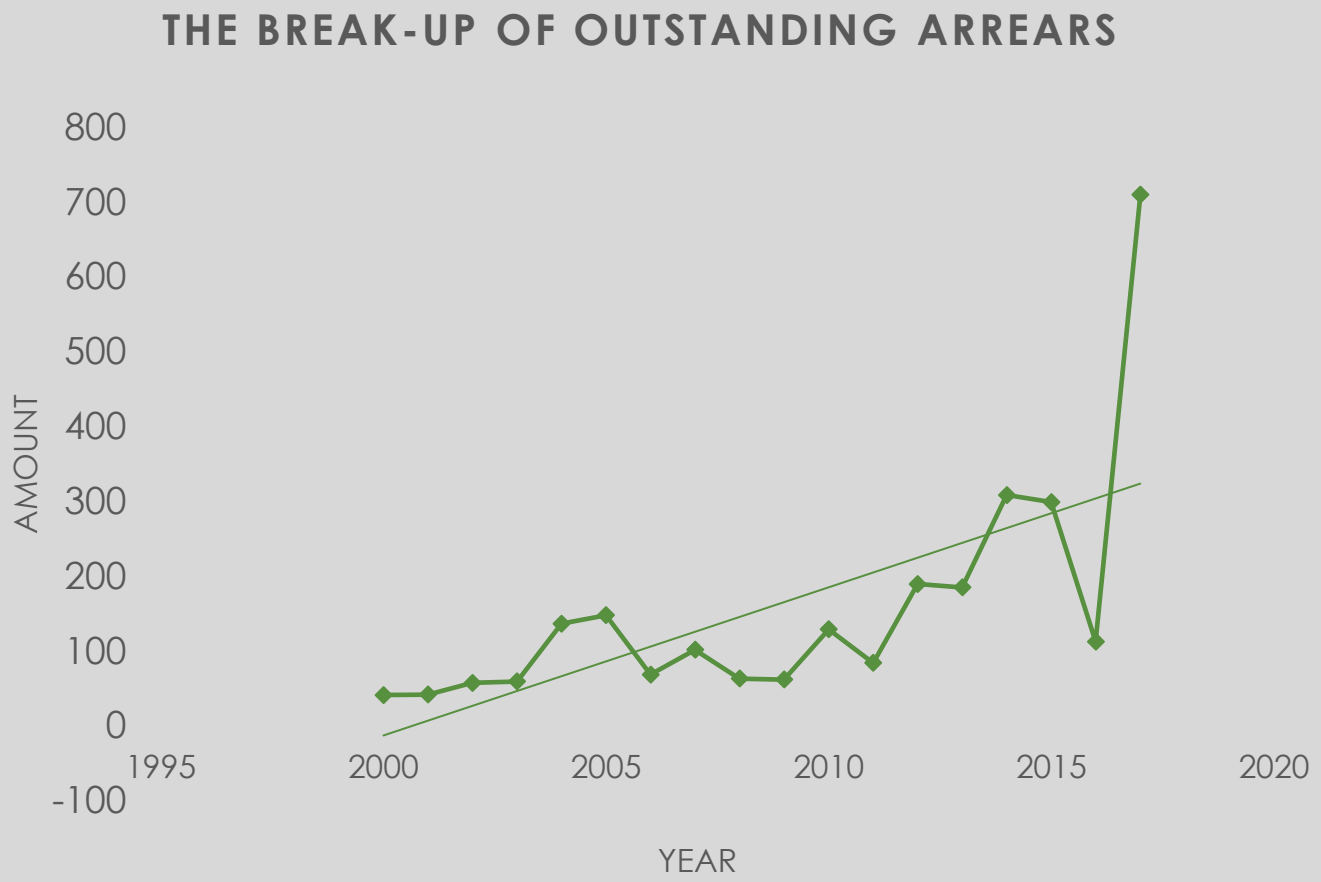


Year	Revenue Income	Revenue Expenditure	Excess Income
2000	1564.28	1082.58	481.7
2001	1730.19	1104.12	626.07
2002	1704.81	1118.32	586.49
2003	1975.64	1170.48	805.16
2004	2246.06	1258.19	987.87
2005	2410.61	1278.96	1131.65
2006	3108.11	1350.16	1757.95
2007	3989.32	1548.84	2440.48
2008	4452.45	2068.83	2383.62
2009	5085.17	2711.82	2373.35
2010	6980.61	3327.6	3653.01
2011	8393.55	4261.69	4131.86
2012	10138.63	5729.15	4409.48
2013	11909.44	6554.67	5354.77
2014	13588.58	7713.57	5875.01
2015	14372.22	7874.75	6497.47
2016	16582.38	9727.71	6854.67
2017	23480.37	9161.36	14319.01

- As evident from the table and graph in previous slides. Around 80 % of the Total Expenditure is attributed to medical benefits (54-64%) and cash benefits (18%), the rest 20 % is attributed to administrative and construction expenses of the corporation.
- It is also quite clear by the table that there is a surplus of funds acquired by the corporation as contribution from the employers and employees over the years and this margin has been increasing over the years.
- As evident from the table and graphical representation. We can observe that year by year the surplus amount is increasing. And as evident nothing is done to increase the amount of expenditure. Which is totally opposite to the vision on which ESIC was incorporated
- Expenditure has shown a decreasing trend in recent years.
- This is a worrisome scenario since the excess funds are marked as unspent funds and are not being utilized for providing the health and social security services the corporation claims at providing.

Outstanding Arrears

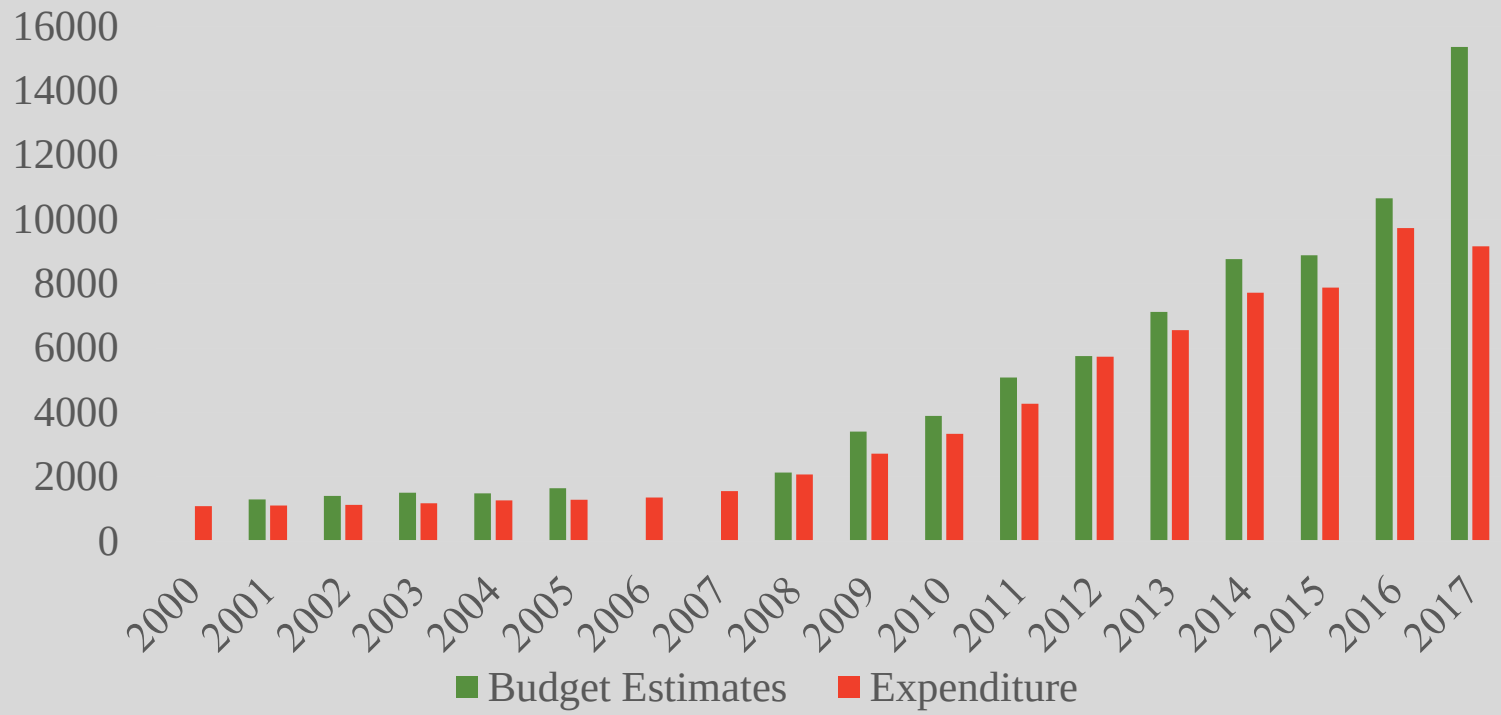
Year	The break-up of outstanding arrears
2000	41.37
2001	42.01
2002	57.61
2003	59.61
2004	136.66
2005	148.20
2006	68.64
2007	101.81
2008	63.29
2009	62.07
2010	129.29
2011	84.39
2012	189.8
2013	185.24
2014	308.64
2015	299.33
2016	112.88
2017	710.45



Except for the years 2000-2003,2006, 2008, 2009 and 2011, all the remaining year has seen an enormous amount of arrears which could not be recovered. This is indicative of a faulty recovering mechanism.

Over Estimation of the yearly ESIC Budget

Year	Budget Estimates	Expenditure	Difference
2000	--	1082.58	--
2001	1287.39	1104.12	+183.27
2002	1401.02	1118.32	+282.7
2003	1498.2	1170.48	+327.72
2004	1484.07	1258.19	+225.88
2005	1644.91	1278.96	+365.95
2006	--	1350.16	--
2007	--	1548.84	--
2008	2130.71	2068.83	+61.88
2009	3399.05	2711.82	+687.23
2010	3890.71	3327.6	+563.11
2011	5079.7	4261.69	+818.01
2012	5749.63	5729.15	+20.48
2013	7119.18	6554.67	+564.51
2014	8759.6	7713.57	+1046.03
2015	8877.37	7874.75	+1002.62
2016	10654.47	9727.71	+926.76
2017	15361.01	9161.36	+6199.65



The excess in estimates infers a lack in judgement and proper evaluation on the part of the corporation to decide the budget for the upcoming financial year and hence there exist a great deal of disparity among the actual expenditure and budget estimates made.

Conclusion & Recommendations

- The currents situation of the ESIC, directs us to derive the following deductions: -
  - The corporation utilizes only 40-62% of the total income, and rest of the amount is left as surplus which can be due to improper planning and implementation.
  - The budget drawn up every year has been done without any deliberation or evaluation of the need.
  - Most of the funds are being utilized under administrative and construction purposes.
  - The excess funds are untouched and yet these are not being carried over to the next financial year and utilized.
  - This indicates to a faulty recovery system and department which has not been able to work efficiently.
  - There’s very low disbursement of cash benefits which has decreased from 19% in 2007-08 to 7% in 2017-18 of the total expenditure.
  - There is a huge amount of funds earmarked as reserve funds which go unutilized. For e.g. around 73000 Crore of reserve fund as of 31.03.2018, which is due to low rate of expenditure due to which the amount is left as surplus.

Recommendations

- The huge reserve funds should be utilized for making the existing facilities more efficient and beneficial for the IPs
- A rigorous surveillance mechanism to monitor the schemes expenses towards the medical and cash benefits and monthly or quarterly audit systems audit systems should be in place to monitor the outflow of funds.
- The budget estimate can also be revised based on the half yearly analysis
- Reducing the contribution percentage given by the employers and employees as monthly premium.
- Providing world class medical services and benefits than building upon the infrastructure.
- An audit system to check the genuineness of employees who are eligible for the scheme, to avoid fraud.

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LUX ET VERITAS

PART B

Essentials of Global Health

SUBMITTED BY:

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COURSE DESCRIPTION

Essentials of Global Health targets at developing a comprehensive knowledge base as to what is global health is and how it works. The entire course is structured in such a way that which is easy to grasp and comprehend. The course is designed in a way which will allow us to learn about the global health systems in place in an easy and structure manner.

The course deals with pertinent aspect of the current health care systems across the globe. It ponders over the questions as to what are the various disease from which people get sick, disabled or die from; what are the causative reasons or agents of these diseases and conditions; who are the people most affected by these conditions and how does these affect us as a whole globally.

and consistently. Each chapter has links to the other which makes it easy to co relate every topic with ease. It deals with understanding the global health issues prevalent in various countries and what can be done to tackle these issues.

OBJECTIVES OF THE COURSE

- Understanding the key Health concepts related to Global Health.
- Understand the issues and problems pertaining to the global Health and try and analyze the situation in various perspective.
- Discuss the burden the diseases in various regions of the World.
  - based on the various socio and demographic aspects like sex, age, and location.
  - Its risk factors and how to deal with them in a cost-effective way.
- Asses the Health disparities, concentrating mainly towards the low income and marginalized countries.
- Outline the key actors and organizations in global health and the way they cooperate to address critical global health concerns.
- Understand and analyze the key global Health challenges that may arise in the future and how to tackle them in a sensible and cost-effective way.

COURSE CONTENTS

Introduction

- Key perspectives on Global Health and determinants of health
- Social determinants of health
- The global health context and who pays
- The State of the World's Health

The Burden of the Disease

- Demography and Health
- The DALY
- What Do People get Sick, Disabled, and Die From?
- Key Risk Factor

Health systems and the value for money in Health

- Value for money in Global health
- The organization and aims of Health systems
- Ethical priority setting in health
- Health expenditure, the quest for UHC and pharmaceuticals

Cross cutting themes in Healthcare

- Health disparities
- The environment and health and climate change and health
- Nutrition and global health

Cross cutting themes in Global Healthcare

- Women's health
- Child's health
- Childhood immunization
- Adolescent health
- Complex humanitarian Emergencies

Critical causes of illness and death

- Emerging and re-emerging IDs and Anti-microbial resistance
- HIV
- Tuberculosis
- Malaria

- Neglected Tropical Diseases
- Non-communicable Diseases, Cardiovascular Diseases, and diabetes
- Cancer and diabetes
- Tobacco and Alcohol
- Mental health’
- Injuries

LEARNING METHODOLOGY

The entire course has been designed and conceptualized with the help of the following:

- Video lectures
- Required Readings
- Recommended readings
- Recommended videos

Video lectures: - there are certain videos which talk about the central theme of each session and are descriptive in nature. These video sessions are the class sessions delving into the topics of the week by the course lecturer.

Required Readings: - there are several selected numbers of readings dedicated to each of the sessions individually which are central to the understanding the context of the topic. All the topics provided in the reading material have been clearly marked and mentioned on which part of the reading material the student must put emphasis on or focus most on.

Required readings: - Global Health 101, third edition is a comprehensive introductory textbook that closely follows the contents of essentials of Global Health.

Journals and articles: - There are specified reading material marked for each session. Mostly the reading material consists of published articles, journals from the Lancet website and sections from the official WHO website. For reading up these materials as well, it has been indicated which parts to be read and how such emphasis to be given on which all sections

Recommended Readings: - The additional articles and journals and books indicated as recommended readings are being given to enhance our understanding of the topic and gain the much-needed knowledge about the topics.

Recommended Videos: - there are some videos which are additional to course. These videos are talks and sessions held by guest lecturer who play an important role in the Health care sector and has done significant contribution to the field.

These are meant to help the learner get a better feel for the topic which is being covered. Most learners will find the videos brief, easy and enjoyable to watch, and very enlightening.

KEY LEARNINGS

Introduction

The course introduction is provided with introducing us to some of the basic concepts of Global Health, perspectives for considering global health issues and the key actors in global health.

- **Key perspectives on Global Health and determinants of health**
- **Social determinants of health**
- **The global health context and who pays**

The Burden of the Disease

It focuses on the “burden of diseases” globally. In doing so it will cover the world’s condition presently in terms of Health. The entire world is divided and studied according to the WHO or World bank classification in the entire course.

We study the key demographic factors which are responsible for the conditions prevailing to health in various countries. It also deals with the reasons or the causative factors, risk factors and determinants of the disease and the disabilities suffered by the people globally can be attribute to.

- **The State of the World’s Health**
- **Demography and Health**
- **The DALY**
- **What Do People get Sick, Disabled, and Die From?**
- **Key Risk Factor**

Health systems and the value for money in Health.

It also explores various ways in which one can successively achieve to use methods and services which are sustainable, inexpensive, and effective when dealing with providing good health care facilities and infrastructure to the people of various communities.

- **Value for money in Global health**
- **The organization and aims of Health systems**
- **Ethical priority setting in health**
- **Health expenditure, the quest for UHC and pharmaceuticals**

Cross cutting themes in Healthcare

It also indulges a considerate amount of time into maternal and child health and dedicates a separate session on the importance of child immunization and touches bases upon the important immunization vaccines for a growing baby.

- **Health disparities**
- **The environment and health and climate change and health**
- **Nutrition and global health**

Cross cutting themes in Global Healthcare

This session talks about the various health disparities which is prevalent all over the world and a better way to deal with them which is cost efficient and effective. The session also focusses on the environmental and climate factors responsible for playing a role in the Health of the people.

It also talks a substantial amount about the importance of maternal health and nutrition as well as the child nutrition. These are the building blocks for a strong and healthy population in any country.

- **Women's health**
- **Child's health**
- **Childhood immunization**
- **Adolescent health**
- **Complex humanitarian Emergencies**

Critical causes of illness and death

This session deals with communicable diseases like Tb, HIV, malaria etc and some of the neglected tropical disease. It also investigates certain non-communicable diseases like cancer, heart failure and diabetes and the causes behind them.

Each of these diseases are studied in dept and analyzed for its causative agents, its disease burden, and determinants and risk factors for the condition.

- **Emerging and re-emerging IDs and Anti-microbial resistance**
- **HIV**
- **Tuberculosis**
- **Malaria**

Critical causes of illness and death Part II

More detailed study is done regarding the non-communicable diseases and explored in terms the reasons of the world moving towards more non communicable diseases hence increasing the burden on the world, its determinants and the risk factors etc. this session also deals with the effective ways to deal and minimize these diseases in a effective way.

- **Neglected Tropical Diseases**
- **Non-communicable Diseases, Cardiovascular Diseases, and diabetes**
- **Cancer and diabetes**
- **Tobacco and Alcohol**
- **Mental health’**
- **Injuries**

Thank You