

# India

*Overpopulation, pollution, poverty, a numerous of government programs, and positive outlook on technology.*

# Senior Citizens Saving Scheme (SCSS)

This is a government-backed savings instrument offered to Indian residents above the age of 60.

- The deposit matures in five years and can be extended once for an additional three year period.
- One can avail this scheme either through a public/private bank or through the Indian Post office.
- Interest rate for January to March 2019 has been set at 8.6 per cent and is reviewed by the government every quarter.
- The accrued interest is compounded and credited quarterly.
- A minimum deposit of Rs 1,000 and a maximum of Rs 15 lakh can be made via this scheme.
- Investments made under this scheme are eligible for tax exemptions.
- If, for some reason, you wish to withdraw money before the scheme matures, then there will be a penalty charge of 1.5 percent of deposit amount deducted in case the withdrawal is before two years, and 1 per cent after two years.

DISTRICTSINFO



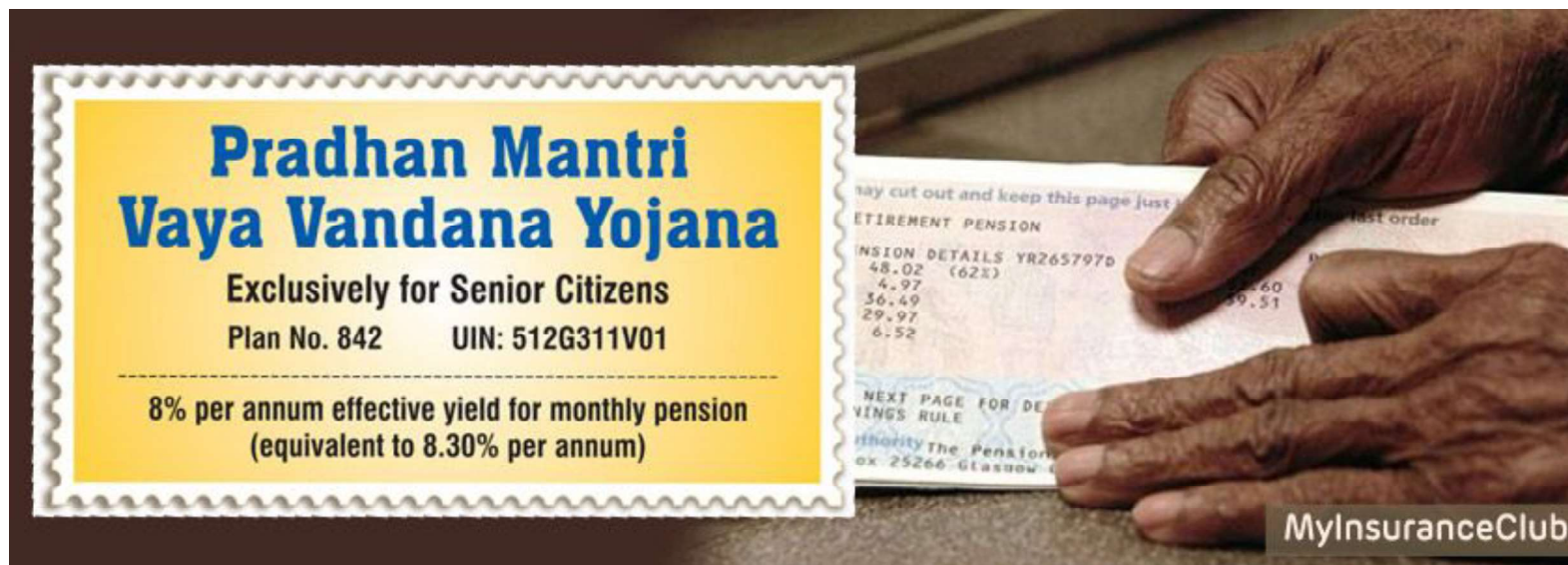
## Senior Citizen Savings Scheme (SCSS)

Source: India Post Office

# Pradhan Mantri Vaya Vandana Yojana (PMVVY)

The scheme is managed by the Life Insurance Corporation of India (LIC).

- Under this scheme the beneficiary is assured of 8 per cent per annum return on the deposit. The 'pension', or the return will be payable for a period of 10 years and the beneficiary has the option of choosing the tenure of payment.
- One can subscribe to this until 30 March 2020.
- Under this scheme there is a cap on the amount that can be invested, an individual can invest upto Rs 15 lakh and a minimum of Rs 1,000.
- The scheme has no tax benefits.
- In case of death of the beneficiary before the completion of the tenure, the principal amount will be credited to the nominated beneficiary's account.
- This scheme also has the provision for a premature exit in case of critical illness of self or spouse. In such a case 2 per cent will be withheld as a penalty charge.



# Varishta Pension Bima Yojana

Launched by the Life Insurance Corporation of India (LIC), this scheme provides its beneficiaries with a steady 8 per cent per annum interest rate for a period of 10 years.

- Unlike other schemes, one doesn't have to go through any medical check-ups to avail its benefits.
- This scheme, however, has a lock in period of 15 years.
- If the policyholder is diagnosed with a critical illness then one can make an early withdrawal.
- Under this scheme the beneficiary will also get tax exemptions.
- If for some reason you are not satisfied with the scheme then you have 15 days from the start date to cancel it.
- You can opt to get the pension payout monthly, quarterly, half-yearly or annually.
- This is a single premium policy and the premium will vary depending on the pension amount you want.
- Single premium of Rs 6,66,665 enables the policyholder to receive Rs 5,000 per month and an annual premium of Rs 6,39,610 affords the pensioner a sum of Rs 60,000 per annum.



# Rashtriya Vayoshri Yojana (RVY)

Launched in 2017 by the Ministry of Social Justice & Empowerment of Government of India.

- This scheme is only available to those senior citizens who are below poverty line, that is, are BPL cardholders.
- Senior citizens suffering from low vision, hearing impairment, loss of teeth, and locomotor disability will be provided with assisted-living devices.
- A committee chaired by the Deputy Commissioner or District Collector with the help of the State governments identifies those who are eligible for this scheme.
- 30% of the beneficiaries from each district will be women.
- Walking sticks, elbow crutches, walkers, hearing aids, wheelchairs, and artificial dentures are some of the aids that are provided under this scheme.
- The scheme will be implemented in 260 districts and benefit almost 5 lakh plus beneficiaries in 2019-2020.



*Ministry of Social Justice & Empowerment*

# Indira Gandhi National Old Age Pension Scheme

Introduced in 2007 by the Ministry of Rural Development of India, this scheme is popularly known as National Old Age Pension Scheme (NOAPS).

- This scheme provides social assistance benefits to senior citizens, widows, and those with disabilities.
- Under this scheme the beneficiary will receive a monthly pension.
- The interesting part about this scheme is that it is a non-contributing scheme, which means that the beneficiary does not have to contribute any amount to receive the pension.
- The beneficiary must be a BPL cardholder and have no regular source of financial support from any other source.
- If the beneficiary is between 60 to 79 years old, a monthly amount of Rs 200 is given and for those above 80 years, a sum of Rs 500.
- The pension amount will be credited to the bank account as furnished by the beneficiary or post office account.



*Indira Gandhi National Old Age Pension Scheme is part of the National social assistance program (NSAP)*



# Megacity Kolkata joins WHO Global Network of Age-friendly Cities and Communities

In 2012, on the International Day of Older Persons, WHO welcomes Kolkata, India as the 105th member of its Global Network of Age-friendly Cities and Communities. Kolkata is the first city to join from WHO's South-East Asia Region. Other member cities include New York, La Plata (Argentina), Canberra and Geneva.

“We live in a rapidly ageing world. For communities to thrive, they need to tap into the experiences of older people and ensure that infrastructure meets their needs,” says Dr John Beard, Director of the Department of Ageing and the Life-course at WHO.

In the years that followed, Kolkata - a megacity with more than 15 million inhabitants, many of them very poor - will join other Network members in assessing its age-friendliness and developing a plan to adapt structures and services to be more accessible to and inclusive of older people.

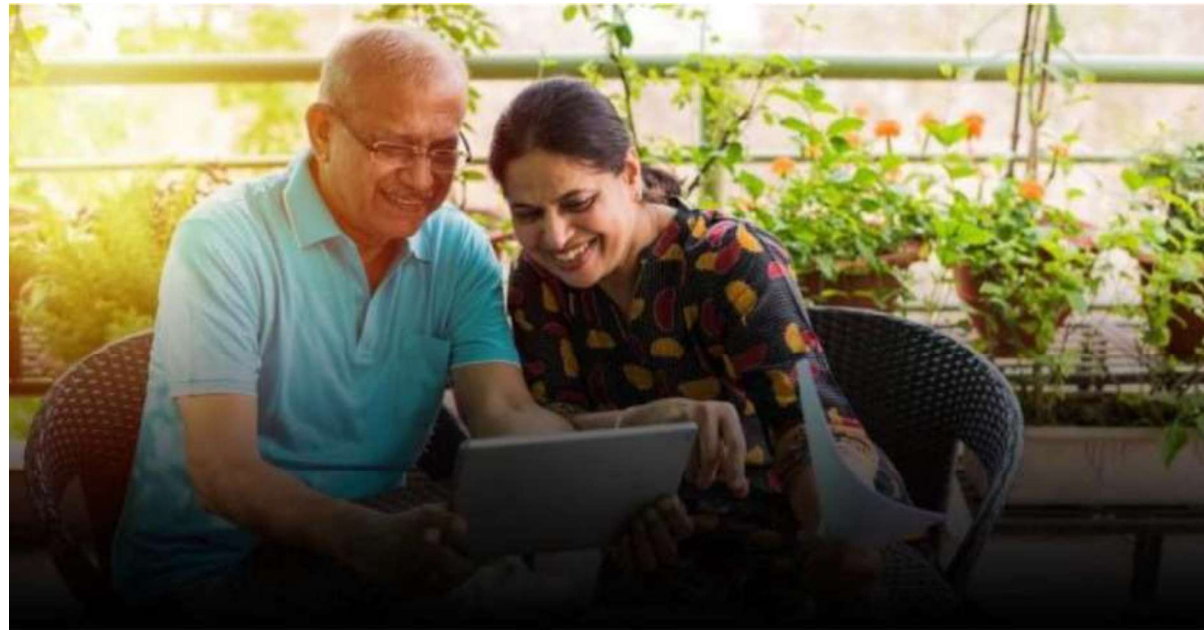


Source: [Creative Commons](#)

# India's Seniors Turn to Technology

The past few months have been particularly difficult for the elderly. Being the most vulnerable victims of the pandemic, they have been forced to confine their lives within the walls of their house. A lot of them have children either studying or working abroad and hence are forced to navigate their daily challenges and loneliness without the luxury of stepping out of their homes. Technology has played a big role in allowing these senior citizens to not simply fulfill their daily needs but also stay connected with their loved ones and community at large.

Video calling apps such as Zoom and Google Meet have allowed grandparents to virtually-bless their grandchildren on special occasions and allowed families to celebrate festivals together on the same screen. Loneliness remains a significant challenge, but video calling and social media apps allow the elderly to continue to play an active role in their family and community. During these trying times, many communities have created special WhatsApp groups and host frequent online events that range from spiritual conferences to simple cooking demos to keep the seniors in the community engaged and entertained within their homes itself.



Source: [The Better India](#)



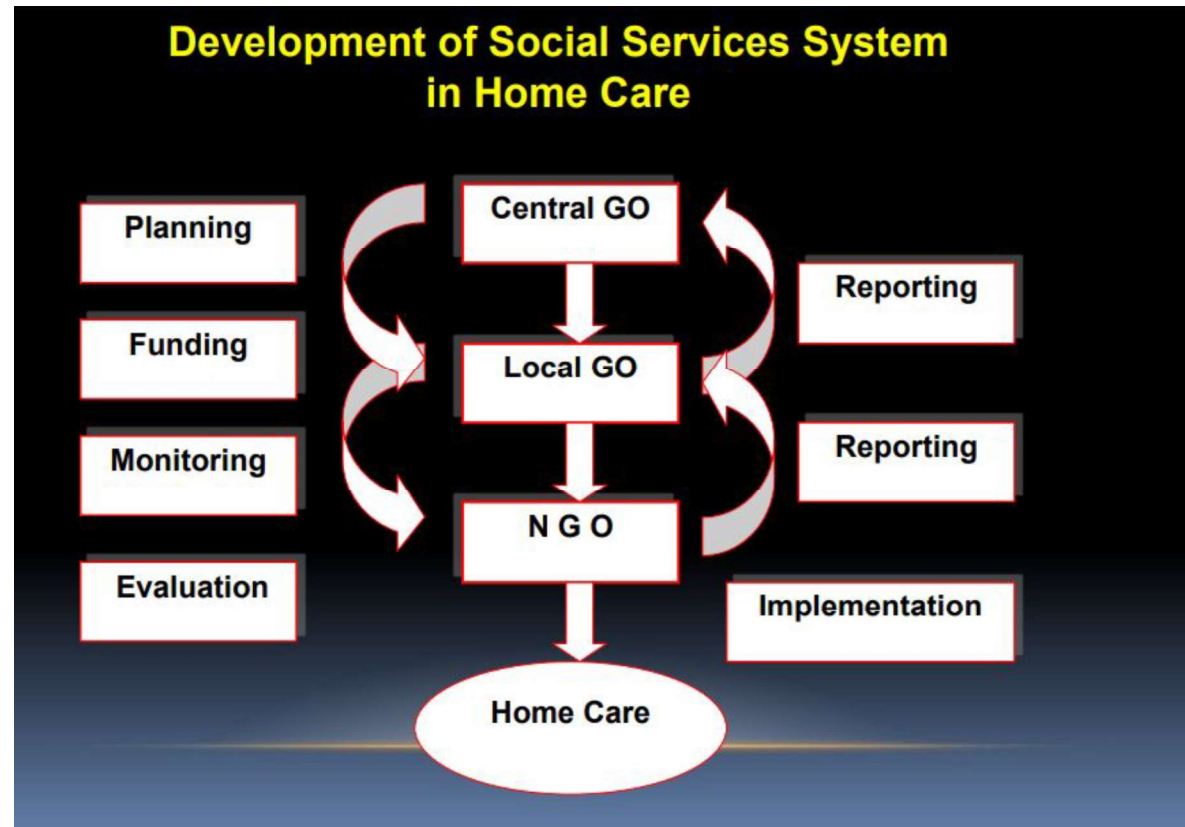
# The Department of Health, Population and National Family Planning

The Department of Health, Population and National Family Planning Coordinating Board and Department of Manpower also have programmes for the elderly. In general, services for the elderly can be broadly classified into two categories: social care (meals, recreation/sport, and spiritual guidance); and health care (health monitoring, health education, and health services). All Government programmes are coordinated by the State Ministry for People's Welfare and the Alleviation of Poverty, yet it seems that each sector works in isolation. Coordination in programme design and strategies is weak, and the capacity to build and manage programmes is limited in terms of both funds and resources.

As a result, programmes have been limited in scope and impact and fragile in terms of sustainability.

More than 400 social organizations dealing with the elderly have been registered in Indonesia. Most are run by Non Government Organisations (NGOs), and nearly all are united under the Indonesia Elderly Institute or Lembaga Lansia Indonesia. Their missions are varied: some target the better-off elderly, others are professional organizations, and a few cover the elderly among public servants, and army retirees etc.

Source: (Raharjo & Do-Le, 2001).





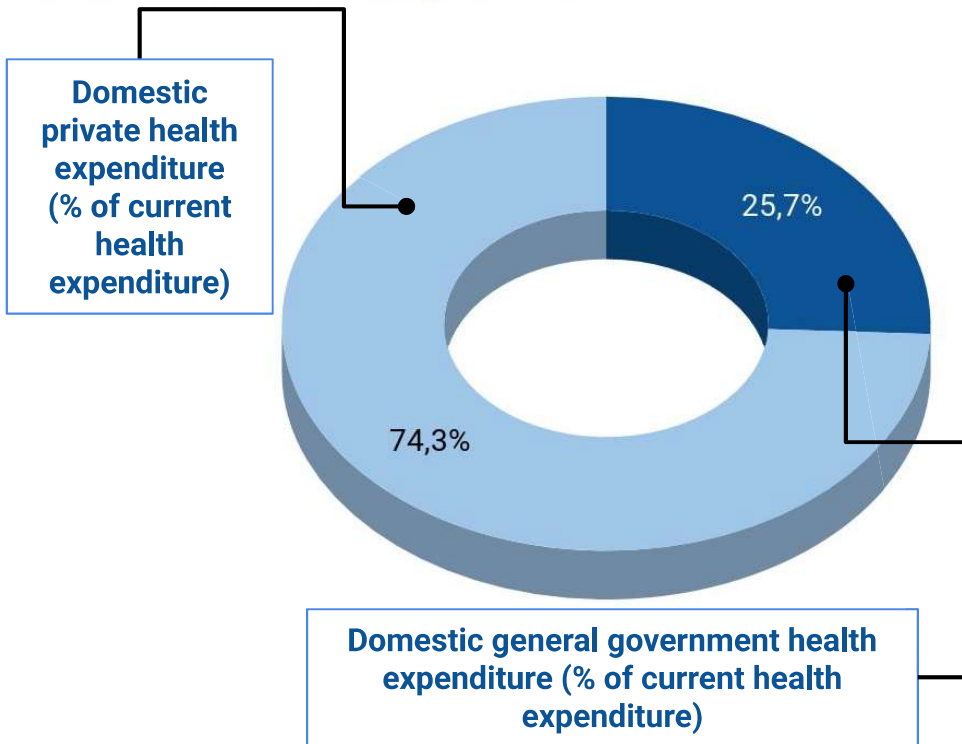
HALE	Both Sexes HALE (2016)	59.3 years
	HALE/Life Expectancy Difference 2016	9.26
Economy	GDP per Capita, Current Prices (2016)	1.73 thousand (\$)
	Annual GDP Growth (2016)	8.2 %
Healthcare	Current Health Expenditure per Capita (2016)	0.06 thousand (\$)
	Public Health Care Expenditure 2016	3.66 % of GDP
Retirement	Age Dependency Ratio 2016	52
	Population over 65, 2016	5.8 %
	Number of WHO Age Friendly Cities and Communities	0
General Health Status	Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016	5.7
	Annual Cigarette Consumption (Units per Capita) 2016	89
	Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate)	19.7 % of adults

## Longevity-Related Indices

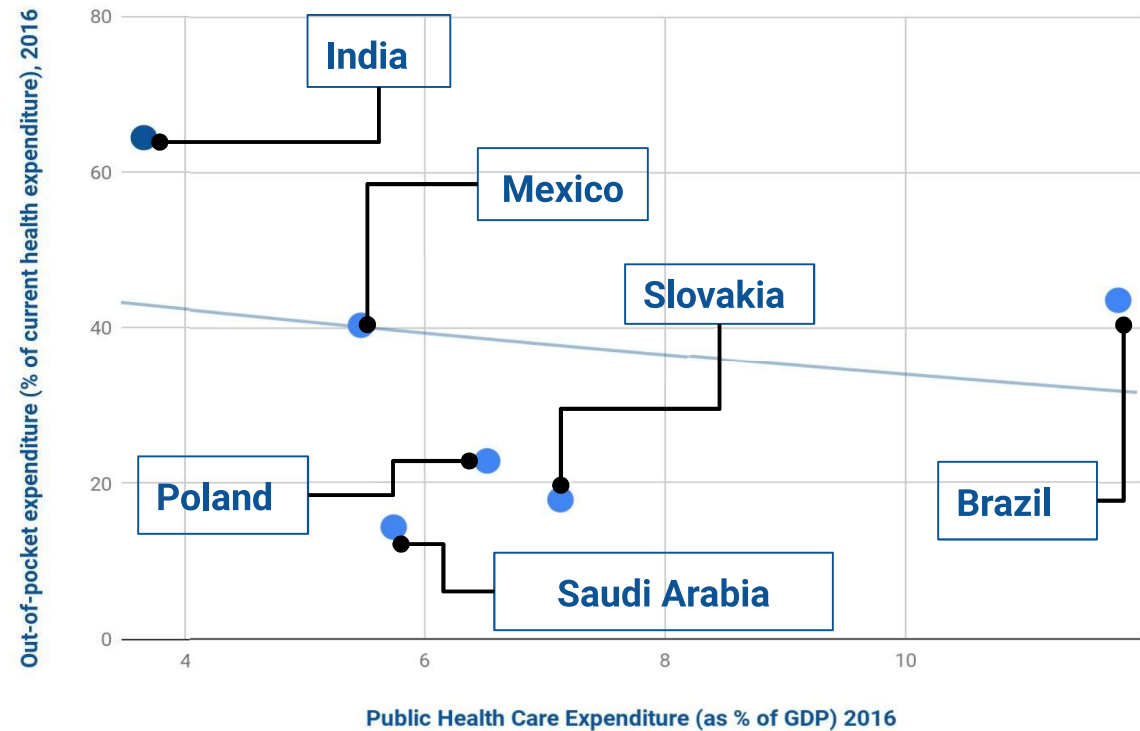


- The Healthcare Access and Quality Index -2016: **41**
- Human Development Index 2016: **0.64**
- E-Government Development Index 2016: **0.46**
- Corruption Perceptions Index 2016: **40**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **7.81**

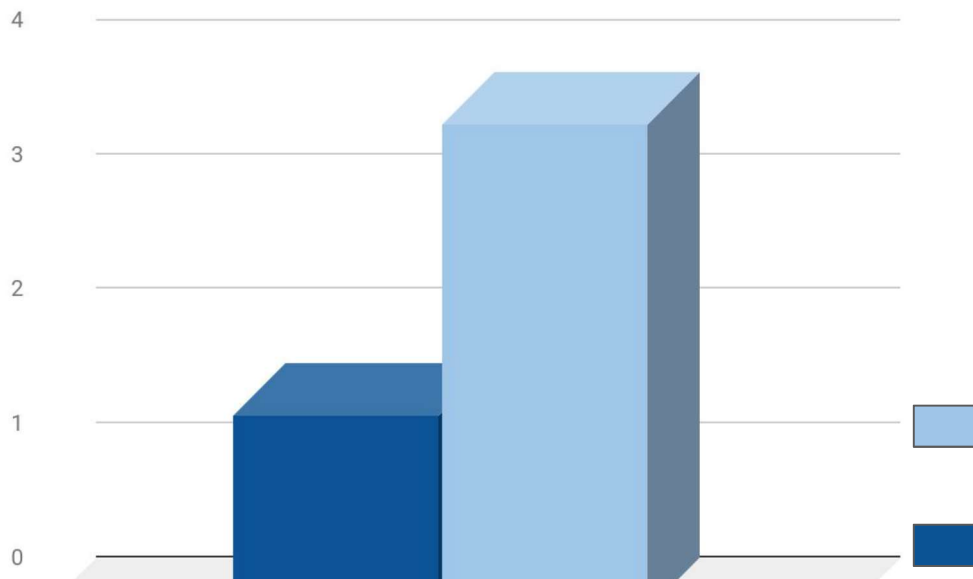
## Current Healthcare Expenditure



## Countries with Low HALE and Life Expectancy and Medium Gap



## Effectiveness ratios



The country faces public health challenges, particularly for the poor. These include child undernutrition, growth in obesity, diabetes, and tobacco use, leading to cancer and other diseases. There are targets to improve public health: accessible and affordable nutritious food, sanitary facilities, health centres in rural areas, affordable health care.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

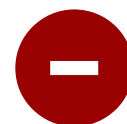
HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

# SWOT Analysis of Healthcare in India



## STRENGTHS

- Vaccination coverage of the population reaches 75% but is lower than in the OECD countries.
- Life expectancy at birth has increased significantly through the past decades for 25 years.
- There was a significant cut in the infant mortality for the few past decades.
- The smoking rates in India are twice lower than in the OECD and are just 10.7.
- India provided the activities to improve access to the clean water up to 93%.



## WEAKNESSES

- Total health expenditures in India are 4% of GDP and it is less than half of the OECD average.
- The value of healthcare spending per capita is critically small.
- Public spending on health in India accounted for only 33% of total expenditures while out-of-pocket one were 60% of total expenditures on health in 2012.
- There is a relatively low amount of doctors and nurses in India compared to OECD countries.
- Relatively low level of access to basic sanitation facilities and poor supply of improved water sources.
- High burden of communicable diseases.



## OPPORTUNITIES

- The wide range of policies provided by the government to make better sanitation in India and reduce the infant mortality and children's diseases.
- Preventive interventions such as improving access to a clean water supply, reducing the spread of HIV/AIDS through better sexual education, and vaccination campaigns for other diseases will each deliver significant returns.
- India is one of the BRICs countries that is developing rapidly, so it can afford to direct more funds to the healthcare to make it as effective and reliable as in other OECD countries or countries with the same income.



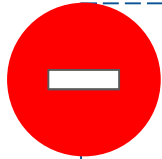
## THREATS

- High level of ambient air pollution.
- Chronic diseases are the main reasons for deaths and account almost 50% of total deaths in India.
- The burning of solid fuels is a great risk factor.
- Ischemic heart diseases, lower respiratory infections and chronic obstructive pulmonary diseases are the main reasons for the death in India that can cause a stroke.
- Dietary iron deficiency, headache disorders and low back pain are the most reasons for the disability-adjusted years.
- Socio-economic inequality and high level of poverty.

# Analysis of Strengths and Weaknesses of Health Care System in India



- India is a popular destination for medical tourists, given the relatively low costs and high quality of its private hospitals. International students in India should expect to rely on private hospitals for advanced medical care.
- In advanced regions there are usually big hospitals stuffed with all medicines and well-trained personnel that can provide innovative and cost-effective treatment.
- There was a training for the managers of primary health centres and district hospitals to provide efficient administration of the hospital in order to achieve good patient outcomes.
- There was a significant growth in the private sector in order to meet the growing needs and expectations for the outcomes of the population.



- Spending on pharmaceuticals in India is the highest component of the total spendings on health and is 45%.
- The health care system in India is universal. That being said, there is great discrepancy in the quality and coverage of medical treatment in India. Healthcare between states and rural and urban areas can be vastly different. Rural areas often suffer from physician shortages, and disparities between states mean that residents of the poorest states.
- 11% of the lowest economic quintile and 16% of highest one don't undertake any sufficient physical activity.
- Only 16% of households have the access to free or partially fee healthcare and the HAQ index is 41.2.
- The quality of the delivered services varies by the region and the area. 41% of people in rural area and 45% in urban area were not satisfied by their treatments.
- 10% of primary health care centres are without a doctor, 37% are without a laboratory technician and 25% without a pharmacist.
- Lack of adequate coverage by the health care system in India means that many Indians turn to private healthcare providers, although this is an option generally inaccessible to the poor.



# Recommendations for India

- **Utilising opportunities of current development of health industry in India.** India is a land full of opportunities for players in the medical devices industry. India's healthcare industry is one of the fastest growing sectors and it is expected to reach \$280 billion by 2020. The country has also become one of the leading destinations for high-end diagnostic services with tremendous capital investment for advanced diagnostic facilities, thus catering to a greater proportion of population.
- **Increase the level of health awareness in both urban and rural areas.** The answers may lie in low educational status, poor functional literacy, low accent on education within the healthcare system, and low priority for health in the population, among others.
- **Improve the access and quality of healthcare services.** The government must encourage discussion on the determinants of access to healthcare. It should identify and analyze possible barriers to access in the financial, geographic, social, and system-related domains.
- **Make healthcare affordable and treatment reliable for all population.** The solutions to the problem of affordability of healthcare lie in local and national initiatives. Nationally, the Government expenditure on health must urgently be scaled up, from <2% currently to at least 5%–6% of the gross domestic product in the short term. This will translate into the much-needed infrastructure boost in the rural and marginalized areas and hopefully to better availability of healthcare– services, infrastructure, and personnel.
- **Combat with undernourishment, poverty and socioeconomic inequality.** Results of our study shows an evident linkage of health and wealth. Healthy Longevity in India should be started from the provision of basic services for all population, including adequate sanitation facilities, improved water sources, effective prevention and treatment. The focus also should be made on both healthcare status of adults and children to create favorable conditions for growth of future generations.