

HEALTH INSURANCE CARE FOR THE INDIAN POOR

Though India Registered robust economic growth of more than 5% per annum in the X Plan period, its performance in terms of human development indicators is abysmal, thus challenging the common belief that there exists a positive linkage between good health and economic development. United Nations development Programme has ranked India at the 127th Position in terms of human development among a group of 177 world countries and the ranking remained stationer for the past few years. Health Indicators in India have seen substantial improvements in recent decades but quality and affordable health care services continue to elude the urban and rural poor. Health status of population is now considered an important indicator of development, and health is increasingly being seen as a development issue, rather than just a medical one. Health is an essential requirement along with food, shelter and education and is a precondition for productivity and growth.

World Health Organization in its report "Macroeconomics and Health" 2001 has strongly advocated health intervention for the well being of individuals, societies and the nations politics besides for achieving equity and faster economic growth in Third World Countries. Poor health and reduced access to health service are considered as major proportions of poverty. Poverty creates ill health; ill - health causes impoverishment and debility, thus perpetuating vicious circle of poverty in developing countries. Though there are a plethora of health insurance schemes such as Employment State Insurance Scheme (ESIS), Central Government Insurance Scheme such as Employment State Insurance Scheme (ESIS), Central Government Insurance Scheme, Railways Health Insurance Service, Servicemen Contributory Health Insurance, Health Insurance Package Scheme for handloom weavers and handicrafts artisans, Employees Group Insurance, Mediclaim Policy floated by a number of insurance companies,

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Community Health Insurance Schemes, Students Health Schemes, Universal Health Insurance Schemes for below poverty line (BPL) population introduced by the Government of India in 2003 and several other state sponsored health insurance schemes provided health service only partially even after paying hefty premium insurance amount, leaving the majority of the rural and urban poor in the informal sector at the mercy of costly private medical practitioners. Provision of health insurance care to the Indian poor through the existing costly insurance schemes is seen by many as unaffordable, thus making the goal of Health for All elusive and challenging even after 55 years of planned economic development.

CROP INSURANCE IN INDIA

Introduction

Agriculture is subject to vagaries of Nature such as flood, drought, cyclone, and lightning. In the face of uncertainty and risk faced by the farming community, various schemes have evolved over time in different countries to protect farmers against risks, such as guaranteed prices, subsidised credit and crop insurance.

Crop insurance - a caring principle

In general, the principle of crop insurance may be outlined as follows:

- (1) Uncertainty faced by individual farmers is transferred to the insurer through their participation in large numbers for which benefit, the insured farmers pay a risk premium.
- (2) Total loss is shared by all the participating farmers over a wide area i.e. horizontal spreading of risks over a wide and vertical spreading over many years.

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