The chapter begins by summarising evidence about New Labour’s record on health inequalities and considers the implications of this given the shift from relatively high levels of public expenditure on services to a programme of austerity that framed much of the Coalition government’s agenda and policies that followed. This programme of austerity was not shared equally across the country with areas with higher levels of health inequalities tending to be most affected by cuts in spending. While the Coalition considered health inequalities to be a concern for government it did so whilst trying to refute that economic inequalities have social effects. The chapter then includes a detailed discussion of the Coalition’s health policy by exploring the Health and Social Care Act 2012; the Marmot Review; the transfer of public health responsibilities to local government; and the localism agenda. The potential implications for health inequalities are considered and the chapter concludes by arguing that immediate prospects for addressing health inequalities effectively seem to be more limited than under the previous New Labour administration.

Health Financing
K. Sujatha Rao
in Do We Care?: India's Health System

The interface between politics and economics explains why India’s public spending on health has been around 1 per cent of its GDP.
Low public spending has shifted the burden of financing to individual households, resulting in their impoverishment and denial of care. Interstate and intra-state differentials are wide with 70 per cent of maternal, infant, and child mortalities clustered in the poorer states with weak fiscal capacity. The centre-to-state resource transfer mechanism has failed to bridge the data. Besides, the system of fund allocation and utilization by public authorities is archaic, calling for systemic reforms to enhance the capacity for greater spending. Fund allocation and expenditure management should be in accordance with outcomes and the achievement of health benefits.