Healthcare Policies and Electoral Politics in West Bengal: 2011-2021

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Abstract

It goes without saying that health is an important parameter for measuring human development in any country. Though people in general are concerned about health (or by ill health), still healthcare policies have seldom been at the centre of electoral agenda in India – a country boasting to be world's largest democracy and having a highly politicised electorate. This paper seeks to explore if healthcare policies in the last decade affected elections in West Bengal – a state that was under a communist government for the last 34 years. How healthcare issues were projected by various political parties in their respective election manifestos and how the common people perceived the situation of healthcare and the impact of such perception (if at all any), during elections, would be explored. If there has been a break after the outbreak of the COVID19 pandemic would also be explored.

Keywords: *healthcare, elections, election manifesto, Trinamool Congress, Left Front, Bharatiya Janata Party, West Bengal, COVID19*

1.Introduction

Healthcare might be referred to as the efforts made or services provided to maintain or restore physical, mental, or emotional well-being of an individual or of a community by trained and licensed professionals or by allied professionals.[1] The Constitution of the World Health Organisation (1946), International Covenant on Economic, Social and Cultural Rights (1966), Jonathan M. Mann et al. (1991), Brigit Toebes (1999), Sabine Klotz et al. (2017), Eduardo Arenas Catalan (2021) and other important works have tried linking the availability of healthcare or the right to access good health as fundamental to the well-being and dignity of every human being. On the other hand, the universal tone of right to health, might get lost, if right to health is implemented to specific cases, like when dealing with right to health specifically in the context of Tuberculosis, HIV/AIDS etc. Further, many point out that 'right to health', though extensive is narrower when compared to human rights-based approach (Hunt 2016). Healthcare is crucial for the development of human capital. In a welfare state citizens enjoy political and social rights and have various forms of social protection like having access to health and education etc. (Giraudy and Pribble 2019). Borell*et al.* (2009) in their study of welfare regimes in Europe, found out that the countries with lowest health inequalities were the ones labelled as Social Democratic ones. Needless to say, health inequality and economic

[1] See https://www.merriam-webster.com/dictionary/health%20care ; https://medical-dictionary.thefreedictionary.com/health+care . Lastaccessed 23.06.22.

inequality, go hand in hand. Lack of access to healthcare, or government facilities leads to unfreedom and reduces socio-economic rights of the people, citizens and non-citizens alike. Further, India has adopted various interventionist policies in certain aspects of healthcare, but on the other hand, the notion that the state should be held accountable for providing public healthcare has not become ingrained in Indian political culture and much of the problem lies here (Mehta 2003).

Research Gap: Academic work on elections in India have highlighted on various issues like horse trading, criminalisation of politics, possible future problems like delimitation etc. (Kumar 2022), but manifestos have remained a neglected area. When election manifestos have been studied, focus has been on national parties and not emphasis has been given to regional parties. The focus has also been on various socio-economic factors, in which health is not prioritised (Tiwari 2019). This article seeks to contribute in one of the most neglected areas of research on elections in India (which is election manifestos), and focuses on health, which again does not get due attention in election manifestos.

Motivation and Objective: This neglect has motivated the current researcher to investigate if health and healthcare policies have become important agenda in elections at the regional level, especially in West Bengal in pre-COVID times and after the outbreak of the pandemic. The objective of the study is to examine how various political parties have portrayed healthcare issues in their individual election manifestos, if they have proposed any change in policies or promised to introduce something new etc. Second, the public perception of the current state of healthcare and the impact of such perception (if any) on elections, have also been probed. It was also considered imperative to investigate if there was any change in focus in election manifestos and the general perception of the public following the COVID19 pandemic.

2.The Situation in India:

Independent India, keeping in line with the Montgomery-Chelmsford Constitutional Reforms of 1919 (whereby public health, sanitation etc was transferred to the provinces), declared health as a state subject. In India, Right to Health or healthcare does not expressly feature as a fundamental right, but finds mention in the section titled 'Directive Principles', especially in Articles 39 (E), 42, 47. It falls under the category of social and economic rights, which in most cases are obligatory in nature, on the part of the state and are not justiciable in nature. The aim of the above-mentioned articles has been the attainment of equality and nowadays Right to Health is seen as an extension or an integral part of Right to Life as guaranteed under Article 21. Healthcare policies, in India, have largely been framed through the Planning Commission and got reflected in various five-year plans, despite health being a state subject. Though the states enjoy autonomy, when it comes to health, however, the government at the centre has been framing policies, providing frameworks, making laws that impact the whole of India.

It needs to be mentioned that independent India has witnessed the framing and implementation of only three National Health Policies in 1983, 2002 and 2017 respectively, in the last 75 years of its existence. Important landmark, in terms of healthcare in India, was the signing of Alma Ata declaration in 1978, which focussed on Primary Healthcare, giving the call for 'Health for All'. The Sixth Five-Year Plan was influenced by the declaration, which re-prioritised health services to rural areas and training a large cadre of community health workers. Along with that 'immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs…', were also considered to be crucial (Alma Ata Declaration 1978, 2). Later though Millennium Development Goals (MDG) and Sustainable Development Goals (SDG) focussed on health as an important indicator of development, India moved away from its commitment at Alma Ata. With the liberalisation of the Indian economy, government spending had reduced, which has impacted the healthcare sector, increased out-of-pocket spending for common

people, which in turn has led to health inequities. A mixed healthcare system comprising both private and public institutions, have existed in India for a long time, but what changed since 1990s is the fact that public hospitals started opening up to private investments and had introduced user fees (Qadeer 2000). Thus, from the goal of universal healthcare (as reiterated in the Alma Ata declaration), India has shifted to 'selective' healthcare. Reduction in state spending also coincided with the UN system, specially WHO witnessing financial problems. This resulted in the dependence on World Bank, Multi-National Corporations and contributions of member states (Qadeer, Saxena, Arathi 2021).

As per the figure from the Ministry of Health and Family Welfare (2015), India was spending only 1 percent of its Gross Domestic Product (GDP) on health while it bore one-fifth of the global disease burden (TOI, June12, 2017). Underspending in healthcare has been a feature in India. Even before the onslaught of liberalisation, healthcare expenditure in India, as part of the GDP was 1.03 percent, wherein the states spent more than the centre (spending 0.91 percent against 0.09 percent) (Reddy and Selvaraju 1994, 16). Clubbed with the fact that there is an over emphasis on preventive rather than on curative care, healthcare has suffered and the situation has been worse for the vulnerable sections hailing from the Scheduled Tribes, Scheduled castes and other backward sections of the society. Jain and Chowdhury (2019), highlighted the problem to the above approach by citing the case of Falciparum Malaria, which requires strong coordinated effort at the community level, constant surveillance and monitoring and trained community workers to prevent it, but once already infected requires intensive care, like blood transfusions, arrangements for dialysis etc., which is difficult in forest areas where mostly indigenous population inhabit.

2.1 Problem Areas:

The health scenario in India is full of contradictions. While there are multiple super-speciality hospitals run by mainly private entities in urban areas, there are government institutions in rural areas marked by abseentism (Rao et al 2011; Dutta et al 2011). Though Jawaharlal Nehru, India's first Prime Minister wanted the spread of modern biomedicine or allopathy in the country, the reality is that, even today large section of the population still has to depend on indigenous medical practitioners including *ojhas, hakims, vaids.* Unavailability or scarcity of qualified doctors force people in rural areas to seek services of quack doctors. Even after 75 years of India's independence, many people do not have access to modern biomedicine. Access is another factor that affects the quality of healthcare that one receives. In Community Health Centres (CHC) there has been a dearth of specialists like gynaecologists and paediatricians (Sharma 2015, 2381). The growth or development in health in India has been slow and there exist health inequities across states and also within states and the chasm between rural and urban spaces have been widening, when it comes to healthcare access and delivery (Baru *et al* 2010, 49). Poor spending clubbed with poor provision of healthcare services by various government facilities, are issues worth becoming strong agenda for the opposition. Needless to say, health inequality and economic inequality, go hand in hand. Unfortunately, in India welfare activities are perceived as patronages or benevolent actions by the government and not as rightful demands of citizens, and perhaps the problem lies here.

Through various vertical programmes Indian government from time to time has tried managing diseases like AIDs, tuberculosis, malaria, through the use of drugs and vaccines and also regulating fertility in women. But in doing so, it overlooked issues like anaemia, diarrhoea, pneumonia and other issues emanating from poverty and poor living conditions that cumulatively affect health of a large section of people (Qadeer 2005, 91). Full vaccination rates, consisting of Bacillus Calmette-Guerin (BCG) vaccines against tuberculosis, measles, diphtheria, whooping cough, tetanus, polio is also low among tribal population in India (51). Among other South Asian countries, India has the highest percentage of children who are less

than 5 years, experience stunting. The percentage of children having received full vaccination, by the time they turn one year, is the lowest in case of India (36.3%), while Nepal has recorded the highest figures (80.7%) (Thresia 2018, 61-62). Though figures for mothers who received antenatal check-up, iron and folic acid tablets, protection, against neonatal tetanus, had improved when comparing figures of NHS 4, however, use of iron and folic acid tablets was far from the national goal (NFHS 5 2021 and Pal *et al*. 2013 1213). Let us have a look at the figures dealing with anaemia in adults and children:

Table 1: Looking at NFHS 5 and NFHS 4.

Anaemia in children and adults	**Total NFHS 5- 2019-21 (In percentage)**	**Total NFHS 4-2015-16 (In percentage)**
Children aged 6-59 months	67.1	58.6
Non-pregnant women between 15-49 years	57.2	53.2
Pregnant women between 15-49 years	52.2	50.4
All women between 15-49 years	57.0	53.1
All women between 15-19 years	59.1	54.1
Men between 15-45 years	25.0	22.7
Men between 15-19 years	31.1	29.2

*It needs to be mentioned that in 2016 there was 1.09% population growth and in 2020 it was 0.99% (figures compared to previous years)[2]. Source: NFHS 2021.

In addition to the information available above, it needs mentioning that women from scheduled caste and scheduled tribe background, who are also between 15 -49 years, report high percentage of anaemia. For scheduled caste (SC) women, it is 59.2 percentage (any anaemia) and for scheduled tribe (ST) women, the percentage is as high as 64.6 (NFHS 2021,432). Even in children from these two marginalised sections of the society, a high prevalence of anaemia (69.5 percentage for SC and 72.4 percentage for ST) can be noted (408).

3.Situation in West Bengal:

Keeping the broad framework of Central Five-Year Plans in mind, state plans have been framed in various states in India. Though being committed to goals, visions as set forward by the centre, the local needs and aspirations were sought to be accommodated in the state plans. Thus, echoing the sentiments of the First Five-Year Plan, the First State Plan urged that development should be on the lines of the socialist pattern of society, which implied that economic development would include improving nutrition levels, healthcare, sanitation etc. (GoWB, 1956,1). In the following decades, numerous acts were enacted, through which government took control over the management, properties etc of numerous medical institutions like various district and sub-divisional hospitals[3]. When the Third Five-Year Plan failed, it affected the economic situation in West Bengal. Around this time Congress lost power in the state and the party got divided. After a short rule by the United Front Government where the breakaway Congress group and CPI(M) had come together, Left Front came to power in 1977 and remained in power till 2011.

It needs mentioning that the Left Front government had a long-drawn plan with regard to land reforms and decentralisation of power in the state through the Panchayati Raj institutions etc., but it did not have a long-term plan with regard to the social sector including health and

[2] See https://www.statista.com/statistics/271308/population-growth-in-india/. Last accessed 30/4/22

[3] For details see http://www.wbassembly.gov.in/OtherPDF/Act_1947_2018.pdf . Last accessed 23.06.22.

education. Though on some fronts, there was progress (reducing infant mortality rates, increasing life expectancy etc.), the rise of unions for healthcare workers protected the providers even when they remained absent from their centres of posting, in government hospitals in rural area or primary health centres (Banerji 2006, 866). When the whole country went through the crisis of balance of payment, the Left parties had blamed the Congress for not exploring alternative paths and settling for liberalisation of the economy. CPI(M) led Left Front government in India, was hopeful that West Bengal would show the path to stability for the whole country.[4] However, after liberalisation of the Indian economy, the state of West Bengal could not remain unaffected. Noting that the share of health in the revenue budget had substantially declined, a limited package for public health measures, was arranged for the state by World Bank. It also suggested introducing user fees in government facilities, contracting out some services etc. (World Bank 1996).

The above suggestions got reflected in later policies of the state. The State Health System Development Project (SHSDP) which was implemented in late 1990s through early 2000s, played important role in trying to strengthen health infrastructure in the state. But SHSDP II introduced reforms whereby, government policy proposed the provision of 'affordable health and preventive services', through the involvement of multiple providers like NGOs, donour agencies etc. (Roy and Gupta 2011,75). Further, the SHSDP funds were misused, just like in other states. Medical equipment worth at least Rs 55 lakhs that was purchased and supplied without first determining its needs was left unused and dumped in a number of hospitals throughout the state, resulting in the wasteful use of loan funds that carried high interest costs (Chakraborty 2008).

In their document, 'Thirty years of the Left Front Government in West Bengal', it was noted that unlike other states, West Bengal did not adopt neo-liberal policies and did not privatise everything. It was also noted that 80 percent of the indoor patients were treated in government hospitals in West Bengal[5]. During the first decade of the new millennium, the thrust of the state government was on 'equitable and universal access to quality health services to all, especially poor and the neediest' (Department of Health and Family Welfare, Government of West Bengal, 2008, 'Foreward'). Despite such claims, a report of the Planning Commission (2009), noted that there was scarcity of healthcare workers in areas disturbed by Maoist activities. Poor and tribal people lived and still continue to live in these areas, which also witnessed hunger deaths in the state. Utilization of healthcare services was also low, as reflected in the study by Ray, Basu and Basu (2011). Distance, non-availability of the medicine, less awareness about health etc. might be reasons for low utilization.

For the same services that were being directly supplied by public sector hospitals and those being offered by public providers under the Public Private Partnership (PPP) model, different user fees were implemented in the early months of 2010. When the number of 'mandatory' tests rose from 29 to 44 at the same time, the costs were likewise adjusted. During this time, the institutions running on the PPP model charged more than the purely government run ones. (Roy and Gupta 2011,75). Before the 2011 elections, election manifesto of the current ruling party noted that that out of 2386 hospitals, only 385 were public (only 16 percent were run by the government) and called the then incumbent government of 'Criminal Neglect' of state's responsibility towards the poor (TMC 2011,23).[6] Before delving deep into claims and counter-claims during elections, let us glance at the table below.

[4] See the speech of Partha De in the Official Report, West Bengal Legislative Assembly, 98th Session, vol 1, July -September, 1991.

[5]https://www.cpim.org/content/thirty-years-left-front-government-west-bengal. Last accessed 23.06.22.

[6]https://aitcofficial.org/wp-content/uploads/2014/10/Manifesto-WB-Assembly-2011-Eng.pdf

Table 2: Vital statistics in the year 2011 and 2016:

		2011				2016		
	Rural	**Urban**	**Total**	**All India**	**Rural**	**Urban**	**Total**	**All India**
Birth Rate	18.1	11.5	16.3	21.8	16.9	11.8	15.4	20.4
Death Rate	6.1	6.5	6.2	7.1	5.7	6.1	5.8	6.4
Infant Mortality Rate (per 1000 live births)	33	26	32	44	25	22	25	34
General Fertility Rate	68.3	41.8	60.8	83.9	58.7	41.1	53.4	74.4

Compiled from Health on the March 2011-12, p25, 263 and Health on the March 2016-2018, p 27, 305.
(Calculated per 1000 population)

4. Elections and Healthcare:

Participation in elections can take into account 'demographic, socioeconomic and sociopsychological factors such as religiosity, party identification, political interest and a sense of political efficacy' but seldom has health related factors been explored (Mattila et al 2013). Their study based on European social survey (ESS) data revealed that poor health affected political participation. Similar observations were made by Blakely, Kennedy, Kawachi (2001) and Denny and Doyle (2007). Denny and Doyle (2007) in their study on Ireland pointed out that the quality of health services and personal health were important issues for voters in Ireland. According to Kristin Elizabeth Solberg (2009), health challenges have not been given importance in election campaigns or manifestos in India. Though increased spending on health, health insurance for the poor etc. are some of the promises made by most of the parties irrespective of the orientations (Left, Right or Centre), but they are never at the centre of any elections.

Subham Kaithya and Uma Kambhampati (2022) point out that for an incumbent party, visible public goods may act as a positive factor vis-à-vis public goods that are comparatively less visible. They argue that the presence of sub-centres or other facilities at the community level matter more than the quality of treatment. Going by the above understanding, goods like food grains distributed through PDS have more visibility than healthcare benefits because common people depend on the PDS every month, but it is a rarity that every month, one needs to visit a healthcare facility. Thus, the latter is of less importance during elections.

If politicisation of voters had reached such a stage, where they could treat healthcare as a right, then things would have been different in India. Higher literacy rates, more political awareness regarding the right to healthcare and right to access healthcare facilities, better sense of hygiene and sanitation had resulted in better health service delivery by government institutions for a long time in Kerala (Moni Nag, 1989). Such level of sensitisation in other parts of the country or even in West Bengal could without any doubt, lead to health becoming a central issue during elections. But as Nag's study revealed, such a development did not take place in West Bengal during Left Rule.

5. Elections and Healthcare in West Bengal:

5.1. 2011 and Change of Government:

While the world saw another economic crisis, in the form of European debt crisis, the state of West Bengal witnessed a change of guard. After 34 years of rule, the Left Front lost power. The Trinamool Congress (TMC) led government, of which Congress was also a part, came to power in 2011. In 2011, the contest was mainly between Left Front and Trinamool Congress (though Congress was a minor partner). The election manifesto of the Left Front highlighted the milestones that the government had succeeded in attaining and the goals it wanted to achieve if re-elected. The manifesto stated that if re-elected, it would come up with a State Health Mission Plan and would also promulgate a Public Health Act with the aim of 'prevention and free treatment of diseases' that affect common people. It also talked of providing health insurance to poor families (CPI[M] 2011,14). In order to improve the health of mothers and children, the services of private players would also be solicited, the manifesto stated. Realising that the opposition would be critical of the few medical colleges in the state, it also promised setting up a medical college and nursing college in every district of the state, medical services were sought to be improved and the upgradation of all block level hospitals into rural hospitals, was also promised.

TMC's manifesto was divided into two parts – A and B. Part A dealt with the "sorry" state of affairs under the Left Front and highlighted among other things that rural hospitals accounted for less than 25 percent of government run facilities wherein 72 percent of the population resided in rural areas. Highlighting the paucity of healthcare workers, the manifesto was critical of the presence of only nine medical colleges in the state. In order to improve the health scenario, TMC propagated the setting up of a four-tier healthcare system, 'through revamping of Primary Health Centres, District Hospitals, Sub-divisional Hospitals and Super- Speciality Apex Hospitals' (TMC 2011,43). Apart from this, TMC's manifesto also talked of courting private players for investing in healthcare and spoke of providing insurance to poor families. The thrust of TMC would be improving community health services and thereby emphasis was given on increasing and strengthening Primary Health Centres and Sub-centres.

As per the post-poll survey done by *Lokniti* and Centre for the Study of Developing Societies (CSDS), in 2011 elections, health and hygiene were important to only 2.7 percentage of the total people interviewed in the state, which was a total of 5166. Price rice (11.8), development (9.5) were important concerns for the people interviewed, while a total of 25.5 percent either did not want to answer or were unsure. When asked if the former Chief Minister did well, with regard to health facilities in the state only 11.6 percent stated that it had improved. What becomes apparently clear is that among the respondents, only 2.7 percent voted keeping in mind the issue of health and hygiene in the state, so whatever the claims of the ruling party might have been or whatever the counter-claims of the opposition might have been, it did not enjoy the central position in the election.

After taking oath, Mamata Banerjee had kept the ministry of health and family welfare, with her, an act which was criticised by the opposition (*The Times of India*, November 13, 2011). However, she had emphasised that for better implementation of policies, close nexus between health officials and the government had to be maintained. She also spoke of giving primacy to local residents while appointing in various posts in various healthcare facilities[7]. As was evident from the election manifestos of both CPI (M) led Left Front or TMC, both groups clearly wanted a partnership with private players, for delivering healthcare services to the most marginal sections of the society. During the first tenure of TMC government, institutions continued functioning under the PPP model with a few more additions. However, the problem being that privatisation of diagnostic services and withdrawal of state funding have actually

[7]https://ehealth.eletsonline.com/2011/06/health-sector-reforms-announced-in-west-bengal/. Last accessed 30.7.22.

reinforced the standing of the private sector within the public sector, giving it more legitimacy to operate. PPP services' increased user prices are a reflection of the private service providers' sustainability worries in rural areas, where the market is ostensibly small (Roy and Gupta 2011).

5.2. 2016: Re-election of TMC:

Notwithstanding the corruption charges levelled against some of the TMC leaders, TMC again came to power in 2016, this time without an alliance with the Congress. The passing of the Food Security Act at the Centre, and effective distribution of foodgrains through the Public Distribution System (Nath 2018), *Kanyashree* scheme, providing cycles to girls under *Sobuj sathi* scheme, *Khadyasathi* scheme (for *Jongolmahal*) and various other steps were held responsible by the Left Front, for the TMC to be re-elected. Though reiterating the Front's stance on healthcare, including their aim to provide quality healthcare to all with special emphasis on the health of the poor, the manifesto also tried to reveal the corruption of the incumbent TMC government. After the election, the Front also noted the increase in vote share of Bharatiya Janata Party (BJP), which won three seats in the Assembly elections [8]. Though much of the manifesto was dedicated to how the party would deal with 'illegal' immigrants, the manifesto of BJP also mentioned issues related to finance, agriculture, industry and education, culture, health, corruption and criticised the ruling party on all such counts[9].

If in 2011, TMC's manifesto began with stating 'the wrongs' of the then incumbent government, 2016 manifesto began with stating 'the right steps' the government has taken and how better the state is functioning. Their manifesto stated that the government was hopeful that the MoU signed between businessmen hailing from the state and foreign businessmen would benefit a wide area including health, education, mining etc. (AITC 2016,9). It further stated that keeping in mind the goal of providing healthcare to all, 109 Fair Price Medicine Shops, have started operating, offering a discount ranging from 48 to 77.2 percent. Further 79 Fair Price Diagnostic Centres were also under operation (34). The manifesto also claimed the opening up of 36 Critical Care Units (CCUs) and 17 High Dependency Units (HDUs) in districts and sub-districts, 307 new Sick New-born Stabilisation Units (SNSU), new Neonatal Intensive Care Units (NICU) and new Paediatric Intensive Care Units (PICU). Apart from these new Super-speciality hospitals and new Medical Colleges were set up, stated the manifesto, with the aim of increasing seats of doctors and nurses, that would rectify the paucity of healthcare workers (35-40).

The *Lokniti*, CSDS post poll survey revealed that compared to the earlier survey (done in 2011), there has been a decline in respondents who thought that the issues of health and hygiene were central issues in an election. This time round, a meagre 0.6 percent (against 2.7 in 2011) respondents thought that health and hygiene were important yardsticks (Lokniti-CSDS 2016, 14). Further, the survey revealed that that no more than around 20 percent respondents benefitted from the fair price drug stores in several medical facilities. Despite that 35.5 percent respondents stated that medical services in hospitals had improved and Mamata Banerjee was viewed as the best Chief Minister of the state (36.7 percent), bypassing Jyoti Basu (24.7 percent) (35). The very idea of 'good health' is also dependent on the availability of food, clean drinking water, improved drainage system etc. In this direction a lot was achieved by the government as 65.3 percent respondents stated that they had received foodgrains under the *Khadyasathi* scheme. Though, what was promised with regard to health in earlier manifesto,

[8]See https://cpim.org/sites/default/files/documents/2016-june-election-review-adopted.pdf. Last accessed 26.7.22

[9] For details see https://www.business-standard.com/article/elections/bjp-releases-manifesto-for-polls-says-will-drive-out-infiltrators-from-bengal-116040200619_1.html. Last accessed 2.6.22.

was yet to be fulfilled, but distribution of foodgrains to people in the *Jangalmahal* and its acknowledgement in an independent survey, might be a small positive step.

In December 2016, TMC government launched the *SwasthaSathi* scheme offering basic health cover for secondary and tertiary care for up to Rs 5 lakh. Under this scheme, a smartcard was provided in the name of the family's female member, enabling government-funded cashless treatment. Private hospitals were required to charge subsidised rates for treatment under the scheme. Though initially introduced for poor families, the scheme was extended for all families in 2020. The enrolment procedure for which required state government representatives visiting every household following the *DuareyDuareyPashchimbongo Sarkar* initiative (West Bengal Government at every doorstep). Further, amidst reports of irregularities on the part of private hospitals and nursing homes, West Bengal Clinical Establishments (Registration, Regulation and Transparency) Bill 2017, was passed, was passed by the West Bengal Legislative Assembly. Many reports of extortion, reports of other irregular activities by various private nursing homes in several districts had prompted this action. During this time attempts were also made to strengthen primary health care and ANM II (Auxiliary and Nursing Midwives) were appointed from the locality in various sub-centres.

5.3. 2021: Election in COVID times:

Whatever steps were taken towards a better healthcare, proved to be insufficient when the COVID 19 pandemic broke out. No prior knowledge about the virus plus poor awareness made it even more difficult for the healthcare system to cope. The focus of government hospitals remained on containing the spread of the virus and during this time services for non-COVID critical patients suffered a lot. During pandemic, even pregnant women were urged to have deliveries in private nursing homes with which government hospital doctors are associated. In such cases women care workers like ASHA *didis*, who get incentives based on every institutional delivery, they suffered (*The Wire* October 15, 2020). On the other hand, these women were the first point of contact as they worked at the community level, identifying infected patients, spreading awareness about the virus.

The pandemic acted as a reality check for the healthcare policies in action as well as the overall healthcare system. When elections took place amidst the ongoing pandemic, it saw the issue of health getting more focussed than on earlier occasions. The manifesto of the Left Front stated the need to create mass movements, to make health a fundamental right. Further, the harassment of healthcare workers during the pandemic also prompted them to state that new laws were needed to protect the healthcare workers. A part was also dedicated for preventing future epidemics and other diseases. The high bill amount which was charged by private institutions, also prompted the Front to state that social control over private investment in healthcare was going to be important (Left Front 2021,4-5).

In the BJP manifesto, among 12 issues highlighted, the issue of health was one of them. Criticising the incumbent government for its inability to handle the pandemic situation, it pledged to create three AIIMs, improve access to health services for all, increase seats for doctors and nurses in various medical colleges and nursing colleges, provide free healthcare under *Ayushman Bharat* upto Rs. 5 lakh in the state, if elected to power. The TMC manifesto reiterated its earlier commitment to create medical colleges in every district, increase in seats for training doctors and nurses and bring every family within the scope of *SwasthaSathi* scheme. It also pledged to increase spending on health and education from 0.83 percent to 1.5 percent of state GDP. Like Left Front, the manifesto stressed on health being a fundamental right and emphasised the need for an inclusive approach of ‘health for all’ (AITC 202131-33). Despite the elections being conducted amidst the COVID 19 pandemic, only 0.6 percent valid respondents thought that health and hygiene and COVID 19 pandemic or lockdown were important issues in 2021 election (Lokniti-CSDS 2021 ,5). After 2016 elections, the incumbent

government could fulfil its prior commitment of providing health insurance to the poor and the needy. Accordingly, the *Swathya Sathi* scheme came into effect and as per post-poll report, 65.8 percent reported to have benefitted from the scheme.

6. Discussion

Election manifestos might be treated as blueprints of future policies, that a political party wishes to undertake in the future. Manifestos are sometimes a helpful tool in electoral campaigns. During an election season, manifestos that outline a political party's promises provide a helpful insight into what is the goal of the particular party, based on which voters can make their judgments. Studies on election manifestos in Europe reveal (Joaquin 2011, Naurin 2013) that there is a high-rate compliance. However, lack of accountability might be one of the reasons why the compliance level is not that impressive in case of India. Highlighting the decline in relevance of election manifestos, Dr Manoj K Jha, Rajya Sabha Member from Rashtriya Janata Dal (RJD), stated during the zero hour, that election manifestos should be made legally binding (*TheHindu*, April 5, 2022).

It would also help in terms of policy making, if long-term goals and short-term goals are separately spelt out. Further, terms like 'inclusive growth', 'healthcare for all', 'free healthcare for the poor' though much used by various political parties, including the ones discussed in this article, are too vague and there is no direction given on how these outcomes will be attained, which makes the whole process problematic. All the election manifestos discussed above, had featured health as an important component, since 2011 to 2021, though their emphasis had varied. The health agenda on the manifestos are always crucial in paving the ground for important policy initiatives to be undertaken by the respective parties with the aim of improving the healthcare system of the state. Though all of them hinted at the need to increase spending, there was only one in 2021, that had spelt out how much more money needed to be spent to improve the health infrastructure in the state.

Since India had opened up its economy in the 1990s, there has been a decline in state spending, which has necessitated the involvement of private players in various sectors, including healthcare. In the manifestos of the three political parties discussed, all of them, including the manifesto of the Left Front had talked of involvement of private players in improving and strengthening healthcare delivery in the state. Further, all of them talked of insurance to be provided to the poor, here too private players were thought to be playing crucial roles. The government would reimburse the insurance companies.

7. Conclusion

Since February 2020, at least 80 countries and territories had decided to postpone national and regional elections or referendums due to the ongoing pandemic. Another 160 countries and territories had decided to hold national and regional elections despite pandemic related concerns. [10]What remains interesting is the fact that despite the ongoing COVID 19 pandemic, despite so many deaths, hospitals being filled with COVID patients, healthcare system struggling hard to cope with the ongoing pandemic, the forced lockdown, leading to a near collapse of the economy – all these factors were not perceived to be important during 2021 elections. Then one cannot help but wonder if things that affect us immediately, on an everyday

[10]See https://www.idea.int/news-media/multimedia-reports/global-overview-covid-19-impact-elections. Last accessed 30.1.22.

basis like price rise, water crisis etc, are only perceived to be important factors in an election? It also needs mentioning that despite having anti-incumbency wind in the state, the incumbent government saw a rise in vote share as well as an increase in number of seats[11].

It also becomes evident that all political parties, be it regional or national, all tend to follow the path defined by the shift that took place in 1990s, with liberalisation of the economy, the traces of which could be felt even in earlier times. The degree to which the state governments function autonomously might vary and herein lies the 'X' factor that differentiates one administration from another. To what extent policies would change after the outbreak of the pandemic, or if there would be changes, how long will it take for us to feel the impact are questions which cannot be answered in haste.

Declaration: This article is part of the doctoral thesis titled, 'Healthcare Policies in West Bengal 1991-2015: A Case-Study of Women Careworkers in Select Formal and Informal Sectors.

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[11]See https://www.ideasforindia.in/topics/governance/2021-west-bengal-assembly-election-did-the-covid-19-surge-matter.html. Last accessed 3.4.22.

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