## **Misguided Priorities - Union Budget 2018–19**

## JDenis Rajakınar

A close examination of the recent trends in government finances suggests that the expenditure pattern of the government does not provide any assurance for the future in terms of building adequate social capital. The regressive nature of taxation policy in recent years along with reduced government spending has put additional burden on out-of-pocket expenditure of individuals.

If the size of goes ment is measured by expressing total government receipts and expenditure as a percentage of gross demostic product (GDP) at market price, we would see that it has been reducing innecent times. Receipts and expenditure together constituted 30% of GDP in 2011–12, and declined to 28% of GDP in 2014-15. It remained marky at that level, thereafter (Table 1). This is budgeted to go down to 258% of GDP in 2018-19. Except in 2014-15, total receipts generally remained higher than total expenditure. According to budget estimates, total receipts as percentage of GDP is expected to be fractionally lower than total expenditure.

Inhotheceipts and expenditure, the revenue component is dominating Revenue receipts remained at about 88% of GDP between 2011–12 and 2014-15, and this marginally rose to 9% in 2017-18. It is expected to go up to 92% in 2018-19. This is largely because of the increased collection of tax revenue that went up from 69% of GDP in 2015-16 to 7.6% in 2017-18, and is burgeted to go up further to 7.9% in 2018-19.

At the same time, the size of montax revenue has come downin 2017-18 due to reduced dividend and surplus from government owned institutions, including Reserve Bank of India  $(RBI)^1$  and nationalised banks. There has also been a decrease in the revenue from other communication services such as the collection of license fees from telecom questors and spectrum usaged targes. Imparticular, the government expects to realise license fees and spectrum drags to the tune of  $\frac{3}{2}$ 30/337 care in 2017-18 against budget estimates of  $\frac{3}{2}$ 44/342 care and actual collection of  $\frac{3}{2}$ 70/241 care in 2016-17. Revenue target from communication service is pregard at  $\frac{3}{2}$ 48/661 care in 2018-19

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SINo	<b>Maj</b> or <b>Hads</b>	2011-12	201213	201314	2014 15	2015 16	201617	2017 18RE	2018 19BE
<u> </u>		7,22		<b>Patnake</b>		2020 20	2020 21	ALT 202	7020 2022
1	Revenue Receipts	86	88	90	88	87	90	90	92
2	TaxReverue	7.2	7.5	73	72	69	72	76	7.9
3	NontakReserve	14	14	18	16	18	18	14	1.3
4	<b>Dividendard Profits</b>	058	054	081	072	081	081	063	057
5	Other Non Tax Resence	058	063	077	068	083	088	069	065
6	<b>Other Communication Services</b>	020	019	036	025	040	046	018	028
7	Capital Receipts	65	59	50	39	42	39	42	36
8	Recoveries of Loan	022	015	011	011	022	012	010	007
9	Disinvestment Receipts	021	026	026	030	031	031	060	043
10	<b>Bonoving and other Liabilities</b>	59	49	45	41	39	35	35	33
11	Total Receipts	151	147	141	127	129	130	134	128
12	Total Experditue	149	142	139	133	130	129	132	130
13	ReverueExperditure	131	125	122	11.8	11.2	11.1	116	<b>11</b> .4
14	Interest payments	31	31	33	32	32	32	32	31
15	Capital Experditure	18	17	17	16	18	19	16	16
16	Reserve Deficit	45	37	32	29	25	21	26	22
17	Effective Reverue Deficit				19	1.5	10	1.5	1.2
18	Gross Fiscal Deficit	59	49	45	41	39	35	35	33
19	Gross Primary Deficit	28	18	1.1	09	07	04	04	03
						Growth	ate .		
1	Reverue Receipts		170	154	85	85	150	95	146
2	ТакВежне		17.8	100	108	44	167	153	166
3	NontakRevene		129	448	-05	270	86	-135	39
4	<b>Dividendand Profits</b>		62	682	-07	248	97	-135	08
5	Other Non Tax Revenue		237	37.8	-27	351	174	-132	57
6	Other Communication Services		86	1122	-237	800	27.4	-562	583
7	Capital Receipts		23	-31	-141	203	32	185	-55
8	Total Receipts		107	80	05	121	116	138	63
9	Total Expenditue		81	106	67	76	103	123	101
10	ReverueExperditure		85	103	69	48	99	150	102
11	Interest payments		147	195	7.5	97	88	104	85
12	Capital Experditue		52	125	48	286	125	-39	99
13	Gross Fiscal Deficit		-50	26	16	43	05	11.1	49
	CDP		138	130	110	104	108	100	11.5

Note: REstants for Revised Estimates, and BE stants for Budget Estimates Source: Author's estimates based on data extracted from Union Budget 2018-19 It is not dear why such vast reduction in reverue from communication services has occurred despite rising teledensity and denand for a wide range of telecomservices. As for capital receipts, they are mostly accounted by bonowing and other liabilities representing gross fiscal deficit. The proceeds from disinvestment had really doubled from 031% of GDP in 2016-17 to 06% in 2017-18 and are budgeted to remain at 043% of GDP in 2018-19. Of the total revenue to the government, tax revenue has increasingly become a major source, it used to account for 53 1% of total revenue in 2015-16 and 56 2% in 2017-18. It is further expected to go up to 61.7% in 2018-19.

**Declining Corporate Taxes** 

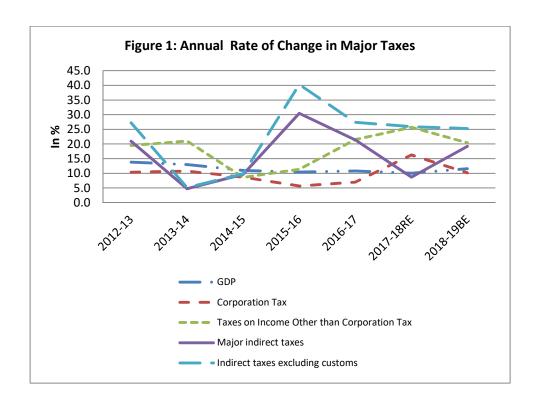
Direct taxes such as "corporation tax" and "incone tax other than corporation tax," used to be the major source of gross tax reverue accounting for about 55% of GDP till 2016-17 and 6% in 2017-18 This has been burgeted to remain manify at the same level (Table 2). As a procentage of GDP, corporation tax collection exceeded that of other direct taxes by manify or exporating point in 2011-12. This gradually reduced to 0.7 percentage point in 2017-18, and to 0.5 percentage point in 2018-19. If this trend continues, the importance of corporate tax will be replaced by incone taxes other than corporate taxes.

	Major Heads	2011-12	2012 13	201314	2014 15	2015 16	201617	2017 1SRE	2018 19BF
1	Gross TarkRevenue	102	104	101	100	106	11.2	116	121
2	CorporationTax	37	36	35	34	33	32	34	33
3	Taxes on Invone Other than Corporation Tax	19	20	21	21	21	23	26	28
4	Custons	17	17	15	15	1.5	15	08	06
5	UnionExcise Duties	17	18	1.5	15	21	25	17	14
6	Service Tax	1.1	13	14	13	15	17	05	
7	Goods & Service Tax							26	40
	Memo:								
8	Majordirect taxes (2+3)	56	56	<b>56</b>	55	<b>54</b>	55	60	61
9	Majorinductums (4+5+6-7)	45	48	44	44	52	56	56	60

The nagritude of differences between najor direct taxes and indirect taxes has of late become narginal. Indirect taxes have grown by nearly 1.2 percentage points from 44% of CDP in 2014-15 to 56% in 2016-17. With the introduction of goods and services tax (CST) from 1 July 2017, the tax account in a north is payable by the tenth day of the succeeding north. Thus, tax collectables in March 2018 will be paid in April 2018. The budget would have nade provision for this. Had this been included along with the CST of the current fiscal year; the size of indirect taxes would have been higher than the estimated 55%.

Of the various indirect taxes, customs dity is expected to be in the address of GDP in 2017-18 compared to 1.5% in 2016-17. This is budgeted to go down to 0.6% of GDP in 2018-19. Thus, bulk of indirect taxes has been accounted by union excise daties and service taxes (dubbed together and now known as GST, with an exception that union excise daties continue to be levied on fever items such as not or spirit, high speed diesel oil, our level, and so on). Tax policies that in nease government's reliance on indirect taxes are regressive in character; as such policies impact every or equally (Rajakunar and Krishnawany 2015).

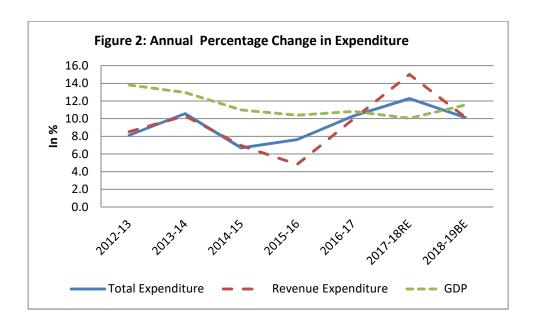
This cupled with increased reliance antawas an incone other than corporation tax signed charges in government taxation policies that aim to tax individuals at the time of earning an incone, and at the time of spanding. The rate of growth of taxas an incone other than corporation tax and major indirect taxas has far exceeded the rate of growth of GDP (Figure 1), whereas corporate taxas grewat a pace slower than that of GDPs growth. In a nutshell, the recent fiscal policy relies more on tax revenue collected, either directly or indirectly, from individuals. This will have a direct bearing on the consumer surplus.



## **Subdued Government Spending**

Not only have tax policies become regressive innecent times, government spending has remained subclad as well. As a procentage of GDP, total expenditure of the government was 149% in 2011–12, lower than that of total receipts by a fraction of O.2 percentage points (Table 1). This has been steadily declining over the years to 129% in 2016-17, and stood at 132% of GDP in 2017-18. According to the budget estimates, total expenditure is expected to be 13% of GDP in 2018-19 a further deterioration in government spending in the ensuing fiscal year. No major charge is noticed in the case of capital expenditure, which howeved around 1.7% of GDP. Therefore, reduction in the size of revenue expenditure has chagged the overall size of governments pending

Reverue experiture has greedown by 2 percentage points between 2011–12 and 2016-17 from 131% of GDP to 11.1% It is budgeted to remain marginally higher at 11.4% in 2018-19 The rate of growth of total experiture and reverue experiture remained less than the growth of GDP (Figure 2). Although revised estimates for 2017–18 show that these experitures have grown more than GDP, they are expected to be lower than GDP growth according to budget estimates for 2018-19



The government appears to have remained firm in its fiscal consolidation starce, goss fiscal deficit has been steadiastly brought down from 59% of CDP in 2011–12 to 35% in 2017–18, and further to 33% in 2018-19. While growth in tax reverues (direct and indirect) mostly from individuals has outpreed CDP growth, growth in government expenditure has remained subdividuals the cutpreed CDP growth. This has jointly contributed to the reduction in gross fiscal deficit as a percentage of CDP.

**Reduced Thrust on Social Capital** 

Instrict adverce to fiscal condication, the government is losing the thrust on building social capital by means of spending This is amply dear when we express various heads of expenditues, under both reverse and capital, as a percentage of CDP (Table 3 p.81).

~=	Table 3: Trends in Major Heads of Expenditure (As%of CDP at maket price)								
SI No	Major Hards of Account	2011-12	2012 13	201314	2014 15	2015 16	201617	2017 18(RE)	2018 19(B)
A	Total Experditure(B+C)	1493	1418	1388	1334	1301	1295	1321	1304
В	RevenueExperditure	1312	1251	1221	11.77	11.17	11.08	11.58	11.44
1	General Services	561	556	570	567	557	575	578	561
2	Interest Payments	313	315	333	323	321	315	316	306
3	Persions and Other Retirement Benefits	070	070	067	075	070	086	088	090
4	Defence Service	1.18	1.12	1.11	1.10	106	108	108	1.01
5	Social Services	1,21	1.12	1.13	043	050	057	056	055
6	General Education	054	052	050	014	014	014	014	014
7	Tednical Education	008	008	008	007	007	008	009	008
8	Medical and Public Health	011	009	010	008	008	010	010	010
9	Fanily Wdfae	011	010	010	001	001	001	001	001
10	Water Supply and Scritation	011	013	011	000	900	007	9002	000
11	Formic Services	417	398	354	291	274	280	296	295
12	Agriculture and Allied Activities	162	1.54	1.41	1.36	1.46	108	123	1.28
13	FoodStoageardWachousing	085	087	083	095	102	076	087	098
14	Rual Development	043	037	034	001	300	032	034	031
15	Rual Employment	033	030	029	000	001	031	033	029
16	Special AreaProgrammes	008	001	004	004	003	008	022	023
17	Inigation and Flood Control	001	001	001	001	001	001	OOL	002
18	Energy	085	102	082	056	027	028	027	023
19	IndustryardMineals	038	033	034	040	037	045	038	037
20	Tiansport	047	031	026	022	023	020	013	016
21	RockardBridgs	043	027	021	017	019	016	011	011
22	Comunications	009	006	007	007	011	015	011	011
23	Science Technology and Environment	017	014	014	013	014	014	014	015
24	General Economic Services	013	011	011	009	009	015	011	010
25	Garts in Aid and Contributions	206	182	178	270	230	1.91	223	228
26		201	176	1.71	263	222	1.81	217	221
27	<b>Experitue</b> of UIS	000	000	006	006	006	006	006	005
28	Capital, Public Debt and Loans	1.82	168	167	1.58	1.81	1.87	163	160
C	Capital Experditue/Outlay	1.58	1.47	1.50	1.34	165	162	149	1.49
29	General Services	087	080	078	072	066	065	061	059
30	Defence-Services	078	071	070	066	058	057	052	050
31	Social Services	005	005	008	008	004	008	006	000
32		061	061	068	057	098	098	082	083
33		035	036	043	042	050	080	054	059
	InilanRailvays Comercial and Strategic Lines	023	024	024	021	025	030	024	028
35	RoadsandBridges	010	006	013	013	022	029	029	030
	ardSource Saneas Table 1.								

Three are broady four major heads under which revenue expenditure of the union government are reported, randy, garnal services, social services, economic services and garts in aid and contributions.

Geneal services are the major reverue expenditure items consisting of accounts mostly related to public administration along with interest payments and servicing of debt. Interest payments used to account for about 31% of GDP (and about 243% of total expenditure) and it remained at that level over the years. Defence spending remained at about 1.1% for a long time, and is expected to dip marginally in 2018-19. Pension and other retirement benefits show an increase from 07% of GDP in 2011-12 to 09% in 2017-18 (or from 47% of total expenditure in 2011-12 to 66% in 2017-18, budgeted to go up to 68% in 2018-19. Overall, the general services expenditure alone accounted for 56% to 58% of GDP (that is, 37.6% of total expenditure in 2011-12, and 437% in 2017-18).

Reverue expenditue of social services includes education and health related items. Spending consocial services has not only remained abysmally low but dedined Accounting for 1.2% of CDP in 2011–12, it dedined to O6 in 2017–18, and is budgeted to remain at the tlevel in 2018–19. Till 2014–15, social services expenditure used to exceed persion and other retinement benefits. Of various items reported undersocial services, education is the largest. In the endy part of this decade, spending on health enhancing measures such as medical and public health, family velfare, and vater supply and scrittation used to account for ready O3% of GDP (or 22% of total expenditure). This gad ally fell to 01% of GDP (or 08% of total expenditure) in the recent years.

Next togreal services, spending an economic services appears to be an important form of reverue expenditure. On the whole, economic services expenditure was about 42% of CDP in 2011–12 and this has gradually declined to about 3% in recent years. No major charge is provided for in 2018–19. Such reduction in the importance of economic services is largely due to the reduced share of energy, as well as roads and bridges. Individually, expenditure on rural employment accounted for the bulk of rural development spending, which remained at about 03% of CDP.<sup>2</sup>

The garts in aid are largely aids provided to state governments undervarious schemes.

This has virtually remained at about 2% of CDP. Thus, there appears to be no perceptible transfer.

of responsibilities from the union government to submittional governments. Although capital expenditure has remained at around 1.5% of GDP, there is an increased spending on transport aimed at improving facilities of Indian railways and roads and bridges. Capital expenditure for social services constituted only a fraction of GDP.

The above and sist shows that government expenditue has been reducted and much of the reduction has taken place in their spending on social and economic services. Thus, the entire responsibility of building up social capital is now left to private initiatives. On the supply side, infrastructure has to be built by private players, and on the demand side, households are made to incur frequent and higher out of product expenditure to access these services.

**Ignoring Primary Healthcare** 

It is in this context of reduced government responsibility of building social capital that one needs to closely look at the National Health Protection Scheme (NHS) amounted by the finance ministerin the Union Budget 2018-19 speech. The NHS aims to provide an insurance coverage of ₹5 kalch per family annually for secondary and tentiary care hospitalisation for 10 core "poor and where all efamilies."

The NHS is essentially abrahthirs unance over. The business of health insurance is yet to make a meaningful breakthrough in the country, as is evident from the low level of health insurance penetration. Gross health insurance premium measured as percentage of GDP was 0.15 in 2011–12 and has inneceed to 0.18 in 2015-16<sup>3</sup> Prima facie, introducing NHS is under idly a velocone step towards achieving inclusive healthrane.

International trace the active in the health cases, stem Prinary health case is posicial through subcerties and prinary health certies (PHCs) in rural areas and family welfare certies in urbanaers. These certies are designed to cater to the miltiple needs of materity and childrane, achinistering immunisation, treatment of communisases, and so on Immost of the cases, these certies are the first point of certact between the patient and the physician. Secondary healthcare involves referral from prinary healthcare certies and such care is generally provided in district hospitals and community health certies at the block level. Tertiary healthcare is basically specialised consultative care provided in advanced medical research colleges and institutes, based on referrals from either prinary or secondary care certies.

As the NHS aims to cover both secondary and tentiary healthcase, it requires that the primary healthcase centres should have adequate facilities to achies preliminary requirements. However, the present status of health infrastructure and health personnel do not aspire any confidence in the delivery of primary healthcase. Rural PHCs, for instance, suffer from several deficiencies in health infrastructure (Table 4) and health personnel (Table 5). These statistics represent situations at the all-limital level. The conditions vary considerably from state to state, with some states performing quite well and his front.

It is videly accepted that providing preventive care is the main function of the PHCs. Any should in these centres needs to be an ented and failure to do so will be in inical to achieving desirable cutomes at the secondary and tentiary healthcare level. Given the intented ambiticus coverage of the NHS in terms of number of pasons and sumasured, the government will have to commit agreat deal of resources, though Union Burget 2018-19 purportedly makes a modest beginning. What is none important to achieve better health cutome is to ensure that all PHCs, be it in much cruban areas, do not suffer for the want of adequate health pason relaministructure facilities. Any initiatives to reclass the healthcare system in the country should begin from PHCs that suffer from sheer neglect. Without having attained satisfactory levels of providing primary healthcare services to all, committing large resources to NHS may find little justification.

Table 4: Status of Facilities Available in Rural Co		
Types of Facilities	Number	%to respective total
Sub Certies		
Number of Sub Centres Functioning	156231	1000
With ANM Quarter	86525	554
With ANM living in Sub Centrer Quarter	48781	31.2
Furtioning as per IPH 5 noms	17204	11.0
Without Regular Water Supply	31985	205
Without Electric Supply	37387	239
Without All-Weather Motorable Approach Road	15536	99
Prinary Health Certres (PHCs):		
Number of PHCs Functioning	25650	1000
PHCs furdicing an 24X7 basis	10044	392
WithLabourRoom	17688	<b>690</b>
With Operation Theatre	9422	367
Withatleastfourbeds	19559	<b>76</b> 3
Without Electric Supply	920	36
Withut Regular Water Supply	1695	<b>6</b> 6

Without All-Weather Motorable Approach Road	1361	53
With Telephone	13918	543
_	16688	651
WithComputer		
Referral Transport	14171	552
RegistaedRKS	22077	861
No of PHCs Fundicing as per IPHS noms	3308	129
Commrity Health Centres (CHCs)		
Number of CHC's Functioning	5624	1000
Withall four Specialists	454	81
WithcomputerAccountant	4843	861
Withfurctional Laboratory	5308	943
Withfurctional Operation Theatre	4696	835
Withfurtional Labour Room	<b>518</b> 6	922
WithfurtiaringStabilizationUnits forNewBorn	2237	398
With New Born Care Corner	4722	840
Withat least 30 beds	4083	726
Withfurtional X-Raymachine	3122	555
Withquaters for specialist Doctors	2816	<b>5</b> 01
Withspecialist Doctors living inquaters	1770	31.5
Withrefenal transport available	5217	928
WithregisteredRKS	5116	91.0
Funding as per IPHS nons	912	162

Notes ANMis Auxiliary Nuse Midvife; RKS is Rogi Kalyan Saniti and IPHS is Indian Public Health Standards Source Ministry of Health and Family Welfare (2017)

To cordule, taztion pricies of government in the recent period are regressive in their dracter and this has been accomparied by reduced thrust on government spending on social services, thus putting arbitrional burden counts of pocket expenditure of individuals, particularly for accessing better healthcare services. Though the NHPS could arrelicate access to super special healthcare facilities, attention should be prid on improving primary healthcare services that suffer from several deficiencies. Lack of provision for adequate primary healthcare services can jeopardise the interred outcome of the NHPS and will, improvey, contribute to social capital from a time the country.

Table 5: Vacant and Shortfall in Health Personnel in Rural Areas (As cn 31st Mach, 2017)					
Тургос Матромет	Vacart	Shortfall			
Highth Worker [Fenale] / ANMAtSubCertie	26172	6104			
Health Water [Fenale] / ANMAt Sub Certies & PHCs	28741	10112			
Highth Water [Mile] At Sub Certies	3348	99572			
Health Assistants [Female] / LHV at PHCs	7552	11712			
Health Assistant [Male] at PHCs	10731	15592			
DotosatPHCs	8286	3027			
SugarsatCHCs	2138	4866			
Obstetricians & Gyrnecologists at CHCs	1816	4170			
Physicians at CHCs	2150	4780			
Padanians at CHCs	2046	4554			
Total Specialists at CHCs	8105	18347			
RalogalesatCHCs	2061	3629			
Plamacists at PHCs & CHCs	4582	7092			
Laboratory Technicians at PHCs & CHCs	5753	12511			
NusingStaffatHCs&CHCs	11298	13191			
Note Vacart means Sanctioned/ess In Position, and Shortfall Position PHCs are Primary Health Centres and CHCs are Community F Notes ANM is Auxiliary Nuse Midwife, LHV is Lady Health	- Health Centres				

Public Health Standards

Sauce Ministry of Health and Family Welfare (2017)

<sup>1</sup> Suplus transferred by REI rose shaply from ₹33,010 crore in 2012-13 to ₹52,679 crore in 2013-14, and further to ₹65,896 crore in 2014-15. Write it remained at that level in 2015-16, it went down dustically to ₹30,668 crore in 2016-17 (REI 2017, Table XI, p

References

Notes

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<sup>&</sup>lt;sup>2</sup> Actual expenditue under the Mahatma Cardii National Rual Employment Guaratee Scheme amounted to ₹32,4634 croe in 2014-15 and ₹32,31071 croe in 2015-16 In these two years, the expenditue under this head was reported as a transfer to state plans schemes, unlike the usual practice of reporting them under development heads of the union government's schemes. As a result, the share of expenditue of rual employments how dad astic fall in these two years. This constituted about 2% of total expenditue.

<sup>&</sup>lt;sup>3</sup> Gross health insurance premium comprises of government sponsored schemes, government insurance schemes, family/floater insurance, and individual insurance. It includes premium collected by health insures, including standalone health insures, impivate and public sectors (Handbook of Indian Insurance Statistics, Insurance Regulatory and Development Authority of India).