

INEQUALITY KILLS

India Supplement 2022

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ABBREVIATIONS


ASER	Annual Status of Education Report
AY	Assessment Year
BE	Budget Estimate
ESIC	Employees' State Insurance Corporation
FAO	Food and Agriculture Organisation
FY	Financial Year
GDP	Gross Domestic Product
GST	Goods and Services Tax
GTR	Gross Tax Revenue
IMF	International Monetary Fund
INR	Indian Rupee
JNU	Jawaharlal Nehru University
LFP	Low-fee private
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIC	Middle Income Countries
MSME	Micro, Small and Medium Enterprises
NCRB	National Crime Records Bureau
NEP	National Education Policy
NFLMW	National Floor Level Minimum Wages
NSS	National Sample Survey
OECD	Organisation for Economic Co-operation and Development
OOPE	Out-of-pocket expenditure
PC	Primary care
PDS	Public Distribution System
RE	Revised Estimate
RTE	Right to Education
SC	Scheduled Caste
ST	Scheduled Tribe
UDISE	Unified District Information System for Education
UGC	University Grants Commission
UHC	Universal Health Care
USD	United State Dollar

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EXECUTIVE SUMMARY

This brief is the India Supplement to the global Oxfam Davos report of 2022, and discusses India's governance structures that promote the accumulation of wealth by a few, while failing to provide safety nets to the rest of the population.



THE NUMBER OF INDIAN BILLIONAIRES GREW FROM 102 IN 2020 TO 142 IN 2021, THE WORST YEAR YET FOR INDIA DURING THE PANDEMIC. THIS WAS ALSO THE YEAR WHEN THE SHARE OF THE BOTTOM 50 PERCENT OF THE POPULATION IN NATIONAL WEALTH WAS A MERE 6 PERCENT.

The combined wealth of the richest hundred Indians on the Forbes list stands at more than half a trillion USD.

Meanwhile the abolition of 'wealth tax' in 2016, steep cuts in corporate taxes, and an increase in indirect taxation has removed the rich from being the primary source of tax revenue. A 2021 OECD report for G-20 countries highlighted how there's an inherent need to move beyond just improving individual taxes and looking at reformulating 'tax systems' to promote inclusive, sustainable, and equitable growth. Unfortunately, not only has the taxation policy of the Indian government been pro-rich, it has also deprived India's States of important fiscal resources—both particularly damaging in the context of the COVID-19 crisis.

The pandemic revealed how dependent Indian States are on the Union government for technical expertise

and financial support, despite a federal structure supported by India's Constitution. In spite of health being a State subject, during the pandemic year, the Centre continued to retain more resources in non-divisible pools rather than devolving them to manage the pandemic. The recent Pandora Papers investigation also highlights the loopholes that India's rich exploit to conceal their assets and evade taxes. In 2021, the Central government also allocated smaller amounts to the critical health and education sectors than ever before. The inadequate governmental expenditure on health, education and social security has gone hand-in-hand with a rise in privatisation of health and education, thus making a full and secure COVID-19 recovery out of reach for the common citizen.

It is imperative that the government revisits its primary sources of revenue generation, adopting more progressive methods of taxation and assessing its structural issues that permit such wealth accumulation by the rich. Additionally, the government should also redirect revenue towards health, education and social security, treating them as universal rights and as a means of reducing inequality, thereby avoiding the privatisation model for these sectors.

We call upon the government to recognise the unequal lives that Indian citizens live by measuring it and legislating to protect their interests. We call upon the government to redistribute India's wealth from the super-rich to generate resources for the majority by reintroducing the wealth tax and to generate revenue to invest in the education and health of future generations by imposing a temporary one percent surcharge on the rich for health and education.

INSIDE INDIA'S INEQUALITY CRISIS: A COUNTRY OF BILLIONAIRES

Today, we the undersigned millionaires, ask our governments to raise taxes on people like us. Immediately. Substantially. Permanently.....Tax us. Tax us. Tax us. It is the right choice. It is the only choice. Humanity is more important than our money.¹

These words from the 'Millionaires of Humanity' are from an open letter of a coalition of 50 millionaires across the world, urging their governments to tax them in light of the COVID-19 crisis and its impact on the global economy. Conspicuous by their absence are billionaires from India where the growing wealth- and asset-related inequalities in every sphere of life—be that access to education, health or opportunity—have now, in the global pandemic, become even more apparent than they were earlier. Profit is the bedrock of capitalism and the pandemic offers us a unique opportunity to turn away from this singular pursuit of profit to one of welfare. However, this will require courage to confront the inequalities of wealth and power that has led us to this point. In order to do that, one must recognise that the bulk of India's citizenry lack affordable healthcare, decent homes, good education for their children, and that it still suffers from decades of precarity in their livelihoods.

Since 2015, more and more of India's wealth has gone to its richest one percent.



IN 2020, INDIA'S TOP 10 PERCENT HELD CLOSE TO 45 PERCENT OF THE COUNTRY'S TOTAL NATIONAL WEALTH.

The richest 98 Indian billionaires had the same wealth (USD 657 billion) as the poorest 555 million people in India, who also constitute the poorest 40 percent. Of the 100 Indian billionaires on Forbes' list, only three were women; only one, Savitri Jindal, made it to the top 10. India had the third highest number of billionaires in the world, just behind China and the United States.² It now has more billionaires than France, Sweden and Switzerland combined, indeed there has been a 39 percent increase in the number of billionaires in India in 2021. This surge

comes at a time when India's unemployment rate was as high as 15 percent in urban areas and the healthcare system was on the brink of collapse.³

As per the Forbes billionaires report, in October 2021, the collective wealth of India's 100 richest hit a record high of USD 775 billion⁴ and more than 80 percent of these families saw an increase in their wealth as compared to 2020, approximately three-fifths of (61 percent) of these billionaires added a whopping USD 1 billion or more to their collective wealth.⁵ Meanwhile, 84 percent of households in India suffered a decline in their income in the beginning of the pandemic.⁶ That wealth inequality is growing appears to be a reality.

About one-fifth of the increase in the rise of the richest 100 families was accounted for from the increase of the wealth of a single individual and business house—the Adanis.⁷ Gautam Adani, ranked 24th globally and second in India, witnessed his net worth multiply by eight times in a span of one year; from USD 8.9 billion in 2020 to USD 50.5 billion in 2021. According to the real time data by Forbes, as of 24 November 2021, Adani's net worth stands at USD 82.2 billion.⁸ This tremendous growth in a span of eight months, during India's deadly second wave, also includes returns from Adani's newly bought Carmichael mines in Australia,⁹ and a 74 percent acquired stake in the Mumbai airport. At the same time, Mukesh Ambani's net worth doubled¹⁰ up in 2021 to USD 85.5 billion from USD 36.8 billion in 2020.¹¹

The Reserve Bank of India's forecast for India's GDP growth was projected in the range of (-)8.7 percent to (-)7.0 percent in 2020-21.¹² To make things worse, more than 120 million jobs were lost, including 92 million from the informal sector in the same year.¹³ The fact that the government's employment programme, MGNREGA, witnessed the highest number

of enrolments in 2021 is testimony to the dire need of employment and income security for India's absolutely poor.¹⁴ Studies show that there has been a substantial increase in food insecurity in the country. According to the World Food Programme,



INDIA IS HOME TO A QUARTER OF ALL UNDERNOURISHED PEOPLE WORLDWIDE.¹⁵

The 2021 FAO report on *The State of Food Security and Nutrition* in the World states that there are over 200 million undernourished people in India.¹⁶

Income and power inequality manifest themselves in unequal access to and in a reduced ability to negotiate education, health and other dimensions of well-being, for most marginalised citizens of India. In India, our system of governance perpetuates the myth

of greater expansion and profits, leading to the greater good of all. This report demonstrates that wealth and inequality of power has made the pandemic deadlier, more prolonged, and more damaging to the livelihoods of the poor than ever before and that this has been made possible systematically due to institutional structures that continue to perpetuate this inequality.

We examine three strategies that work in tandem with each other to produce unequal economic outcomes. These are: a) India's tax regime, b) a declining emphasis on social sector spending, and c) a push towards the increasing privatisation of public goods. To be sure, there are other regulatory structures that inhibit wealth and power equality in India. The three boxes in this document on Minimum Wages, The Gender Wage Gap and India's Role in the Pandora Papers highlight legislations and realities that illustrate this point well.

Box 1: India's Battle with Minimum Wage; A Win for Few and a Loss for Most

Wage employment can be sub-divided into regular/salaried and casual wage employment. The last category usually consists of workers from economically poor households, who often are also those belonging to caste or religious minorities and are also very likely to be women. While there has been an increase in regular/salaried employment, much of this work is of contractual nature, i.e., short-term or fixed-term contracts and is precarious in itself.¹⁷ In India, the main legislative instruments regulating wages are: Minimum Wages Act, 1948; Payment of Wages Act, 1936; Payment of Bonus Act, 1965; and Equal Remuneration Act, 1976.

According to the Minimum Wages Act of 1948, the purpose of seeking employment is to sell labour to earn wages so as to attain a 'decent' or 'dignified' standard of living. The wage or income that a worker obtains from his /her work is therefore, what enables him /her to achieve a fair standard of living. The Act states that one seeks a fair wage, both, to fulfil one's basic needs and to feel reassured that one receives a fair portion of the wealth that one works to generate for society. The same Act also states that society has a duty to ensure a fair wage to every worker, to ward off starvation and poverty, to promote the growth of human resources, and to ensure social justice without which, likely threats to law and order may undermine economic progress.

The Constitution of India makes it mandatory for the government to create an economic order in which every citizen finds employment and receives a 'fair wage' and in 1948, a Central Advisory Council created a Tripartite Committee on Fair Wages for this purpose. The Committee consisted of representatives of employers, employees and the government. Their task was to enquire into and report on the subject of fair wages to labour. The Committee on Fair Wages defined three different levels of wages —

a) a living wage b) a fair wage and c) a minimum wage. The Committee was of the view that a minimum wage must provide not 'merely for the bare sustenance of life, but for the preservation of the efficiency of the worker' which includes some measure of education, medical support and basic amenities. The authority of fixing this wage lies with the government — Central or State as does the authority to revise this.

The Code on Wages, 2019 which aims to regulate wage and bonus payments is relevant to the informal sector workers (ISW) particularly because of the clause on minimum wages. The Code prohibits all employers from paying wages below the minimum standard which the centre or the state governments notify and states that the minimum wages will get reviewed by the respective governments at an interval not beyond five years. However, the minimum wage is not uniform across India. It differs based on the state, area within the state based on development level (zone), industry, occupation, and skill-level. Moreover, the lack of regulatory mechanisms in the informal sector makes it difficult to monitor if the workers receive their due wages.

India's national minimum wage (called the National Floor Level Minimum Wage (NFLMW)) has remained the same since 2020 at INR 178 per day.¹⁸ The Satpathy Commission¹⁹ in January 2019 recommended changing the minimum wage to INR 375 per day, and NFLMW to INR 9,750 per month with certain regional variations, based on consumption expenditure and employment data.²⁰ However, the Ministry of Labour and Employment just increased the NFLMW by a meagre 1.13 percent, from INR 176 per day in 2019 to INR 178 per day.

Breaking down the overall minimum wage increase offered in wage categories — when one examines the most recent notice²¹ on minimum wages of unskilled workers — in Category A (the highest paid), we find that even for this category, the raise is only by 1.4 percent i.e. a wage of INR 411 per day will now increase to INR 417 per day. Similarly, the minimum wage of semi-skilled worker increased by just 1.3 percent, going up from INR 449 per day to INR 455 per day; and that of skilled/clerical workers increased from 1.6 percent, from INR 488 per day to INR 495²² per day. These perfunctory increases do little to help India's wage inequality. For instance, data from the last census shows that while the average worker was being paid INR 247 per day in 2011–12, the median wage shows that half of India's wage earners earn half of the already measly average, i.e., INR 150 or less.

Census data also shows that regular salaried workers earn more than double the daily wage earnings. As per another report by Oxfam India, the top 1000 companies in India have not been complying with national wage laws²³. Decent wages remain hard to come by for most Indians.

India, along with Sub-Saharan Africa, accounts for the highest increase in global levels of poverty. According to a Pew research report, the estimated number of the poor in India was projected to be 59 million in 2020,²⁴ however, this number doubled to 134 million during one year of the pandemic. This has had devastating consequences on India, with the poorest and most vulnerable bearing the hardest blows.

The NCRB reports that

DAILY WAGE WORKERS TOPPED THE CATEGORIES OF PEOPLE WHO DIED OF SUICIDE IN 2020, FOLLOWED BY SELF-EMPLOYED AND UNEMPLOYED INDIVIDUALS.²⁵

A system which supports the proliferation of new billionaires also fails to deliver to those in the country who need it the most.

Box 2: The Pandora Papers: Revealing the Tip of an Iceberg

In October 2021, over 380 Indians (among others) were named in the Pandora Papers, a large (11.9 million documents) collection of leaked files, detailing the existence of 29,000 offshore companies and private trusts from Vietnam to Belize and Singapore, set up by 14 global corporate services firms, created solely for the purposes of tax evasion. The papers named India's ultra-rich and explained to India's have-nots, how the rich have been evading taxes by taking their accumulated undeclared wealth abroad. More than INR 20,000 crore, worth of undeclared foreign and domestic assets, till early 2021 were documented. This was at a time when the global pandemic had unleashed its second wave.

The papers reveal how people have set up complex multi-layered trust structures for estate planning. Estate planning is a legitimate and legal act under the Indian Trusts Act, 1882 and recognises offshore trusts. A 'trust' can be set up offshore, wherein the trustee holds assets on behalf of individuals/organisations that are to benefit from it. The use of offshore trusts, as revealed in the Panama Papers, has been to pass on wealth inter-generationally bypassing death/inheritance tax, which is the only tax left for India's ultra-rich to pay after the abolishing of estate duty and wealth tax.

Inequality is not natural, but is rather the manifestation of biased economic and social policies. Changes in the structure of the economy or broader changes in non-economic, political, social, cultural, or other spheres have a major impact on inequality.²⁶ 'Human capital' inequality negatively influences economic growth rates because inequality transfers income from low-saving households in the bottom and middle of the income distribution, especially in countries like

India, to higher-saving households at the top of the pyramid. The sum total of the effect of this wealth transfer is a reduction in consumption spending, which slows demand and demand-driven growth.²⁷ Economist and Nobel Laureate Abhijit Banerjee makes the same observation when he suggests that the only way to reverse India's economic slow-down is to stimulate demand, or put more money in the hands of the people.²⁸

BENEFITS FOR BILLIONAIRES AND THE TAX PANDEMIC FOR INDIA'S POOR

Progressive taxation ensures that the tax burden is higher for the wealthy than it is for those with lower incomes. The idea behind such a system is that it allows for the wealthy to in some sense, fund via taxes, a basic standard of living for lower-income families, paying for basics such as shelter, food, health, education and transportation among other things. A progressive taxation system allows low-income households to spend a significant portion of their meagre income on cost-of-living expenses,

and as such is one of the least distortionary policy tools available to help control the rise in inequality by redistributing the gains from growth.²⁹

This tool needs to be put to use now, given that the COVID-19 pandemic, which may have started as a health crisis, is now an economic one. A 2021 OECD report for G-20 countries called for a fundamental restructuring of the fiscal policies of all G-20 countries to 'build back better'.³⁰ The previous year, 2020, saw a number

of countries looking to use progressive taxation, taxing the richest to fund recovery. Countries such as Argentina have passed a one-off wealth tax on the wealthiest Argentinians which brought in around USD 2.4 billion to help address pandemic costs of the people of Argentina and were levied up to 5.25 percent on their total assets.³¹ Indeed, the IMF supports the idea of levying higher taxes on the rich to 'pay for the enormous cost of tackling the COVID-19 pandemic'.³²

A similar tax on the rich in India would go a long way in generating much-needed resources to fund essential public services like health and education, especially during the pandemic. For instance,



A 4 PERCENT WEALTH TAX ON 98 RICHEST FAMILIES IN INDIA CAN TAKE CARE OF THE MINISTRY OF HEALTH

AND FAMILY WELFARE FOR MORE THAN 2 YEARS, THE MID-DAY-MEAL PROGRAMME OF THE COUNTRY FOR 17 YEARS OR THE SAMAGRA SIKSHA ABHIYAN FOR 6 YEARS³³. SIMILARLY, ESTIMATES SUGGEST THAT A 1 PERCENT WEALTH TAX ON 98 RICHEST BILLIONAIRE FAMILIES CAN FINANCE THE AYUSHMAN BHARAT SCHEME FOR MORE THAN SEVEN YEARS OR THE DEPARTMENT OF SCHOOL EDUCATION AND LITERACY OF THE GOVERNMENT OF INDIA FOR ONE YEAR.

In another estimate, it was found that by taxing just these super-rich families only 1 percent of their wealth, India could fund its entire vaccination programme cost of INR 500 billion (USD 6.8 billion).³⁴ These asks have been backed by Indian citizens as well.³⁵

Instead, the burden of taxation in India currently rests on the shoulders of India's middle class and the poor³⁶ and not addressing the proposal for a one-time tax on the wealthy, for COVID-19 recovery, has resulted in the government using the only other available option i.e., raising funds through indirect tax revenue which penalises the poor. Even before the pandemic hit, in FY 2019-20, tax collection was lower than in previous years. The fall in tax collection was mainly on account of the cut in corporate tax rate, announced in September 2019.³⁷ The reduction of corporate taxes from 30 percent to 22 percent during the year 2019-20 (to attract foreign direct investment) has resulted in a loss of INR 1.5 lakh crore, which has contributed to the increase in India's fiscal deficit.

Box 3: India's Persistent Gender Wage Gap

Several studies point to the narrowing of India's historic gender wage gap.³⁸ However, there are as many studies that continue to document a persistent and sizeable wage differential between the genders when examined by levels of education, types of unemployment, work industries and geographies. Development economists have also used earning functions of male and female workers, decomposing wage differentials into two component parts called the 'endowment effect' in the literature reflecting innate productive capacities and the other termed as a 'discrimination effect' because its reason is unexplained.

Perhaps the most disturbing aspect of these studies is that the ostensible discrimination component is large, suggesting that women who do participate in formal labour markets simply get paid less because they are 'women'. In 2008, economists Madheswaran and Khasnabis³⁹ found that discrimination was widening for salaried women and in 2014 Duraisamy and Duraisamy⁴⁰ found that wage differentials between the genders varied widely, depending on the work type chosen — reinforcing the social norm that some professions are indeed still considered to be the domain of men alone.

Deshpande in 2015⁴¹ demonstrated that the gender wage gap also varies widely by education, with women in higher education and earning quintiles occupying managerial positions being able to better recognise wage discrimination. In 2011, Belser and Rani,⁴² found that the lower end of the labour market wage distribution consists of mostly women and recently Deshpande in 2021⁴³ found that many women have simply gone on to self-select themselves out of the labour market altogether.

During the financial year 2020-21, taxes from goods and services halved in the June quarter compared to the same period last year, income tax collections fell 36 percent and corporate taxes came in 23 percent lower.⁴⁴ On the non-tax receipts front, the proceeds from disinvestment in 2020-21 have fallen far short of the estimated target of INR 2.1 lakh crore, which was more than three times the disinvestment proceeds of 2019-20. Put together, these statistics show that the pandemic weakened the capacity of the government to generate revenue from both tax and non-tax sources. How did the government then raise revenue during the pandemic period? Data demonstrates that the Gross Tax Revenue (GTR) during the first eight months of 2020-21 was INR 10.26 lakh crore, 42 percent of annual estimation, 12.6 percent lower when compared to the same period of the previous year. This decline was a result of the reduction in all direct taxes and major indirect taxes, except excise duty. In particular, the shortfall in direct tax collection contributed to 92 percent of the shortfall in GTR.⁴⁵

The shortfall in direct tax was compensated through an increase in the share of indirect tax. In FY21, the share of income tax (23.2 percent) in the GTR exceeded the contribution from corporate tax (22.6 percent). The Central Goods and Services Tax (C-GST) also contributed a similar share (22.5 percent). The contribution from union excise duties rose sharply from 12 percent to 19.2 percent compensating for the loss in share from corporate tax which fell sharply from 27.7 percent to 22.6 percent.⁴⁶ The Centre earned nearly INR 8.02 lakh crore from taxes on petrol and diesel during the last three fiscal years, of which more than INR 3.71 lakh crore was collected in FY21 alone.⁴⁷ This compensating of revenue through an increase in union excise duties on petrol and diesel (together called excise) resulted in a rise of the prices of essential commodities such as foodgrains and vegetables⁴⁸ which affected the poor much more than they do the wealthy.

Table 1: Changes in Receipts – A Comparison of Prior Years

YEARS	INCOME TAX	CORPORATE TAX	GST	EXCISE DUTY
2019-20	4.10	-16.08	2.96	3.64
2020-21	-6.95	-19.91	-13.97	50.76
2021-22	22.71	22.65	22.31	-7.20

Source: Authors' calculations using Union Budget data

Excessive reliance on revenues from the GST risks increasing inequality in the future.⁴⁹ Data shows that GST collection in the current fiscal year (April 2021-March'22) post the COVID-19 outbreak increased

the most amongst all sources.⁵⁰ However, increases in indirect taxes have not been solely brought upon by the pandemic; the last four years, for instance, have seen a whole spate of cesses and charges for everyone.

Table 2: Direct and Indirect Taxes (% Of Gross Tax Revenue)

YEARS	INCOME TAX	CORPORATE TAX	GST	CUSTOMS DUTY	EXCISE DUTY
2018-19	22	32	28	6	11
2019-20	24	28	30	5	12
2020-21	24	23	27	6	19
2021-22	25	25	28	6	15

Source: Authors' calculations using Union Budget data

THE SHARE OF INDIRECT TAXES INCREASED BY UP TO 50 PERCENT OF THE GTR IN FY 2019, AS OPPOSED TO 43 PERCENT IN FY 2011.

The combined share of customs and excise duties and value-added tax reached an all-time high of 10.5 percent of GDP during 2016-17, with the previous high of 10.1 percent in 1987-88. This high was following a three-year-long steady increase in customs or excise duty on commonly used goods, such as petroleum products, metals and sugar, automobiles and consumer durables. These increases coincided with a steady increase in Service Tax to 18 percent in 2017 (under GST) from 12.4 percent in 2014.

Not only were indirect taxes used to fund India's COVID-19 recovery, the Centre delegated its responsibilities under the Disaster Management Act, 2005 to State governments. Unfortunately, India's State governments were not in a position to deal with the situation without the necessary infrastructure, both human and physical, and adequate financial resources. Data shows that Union government policies were, and continue to be, structurally so designed as to undermine India's State-led federal structure by creating a dependency on the Central government for technical expertise and financial support.⁵¹ In spite of health being a State subject, the Centre retained more resources in non-divisible pools⁵² rather than devolving them to manage the pandemic.

Table 3: Share of Central Tax in Non-Divisible Pool (%)

YEARS	SHARE OF CENTRAL TAX IN NON-DIVISIBLE POOL (%)
2018-19	15.2
2019-20	9.8
2020-21(BE)	15.3
2020-21(RE)	23.5
2021-22(BE)	20.2

Source: Budget In The Time Of Pandemic – An Analysis Of Budget 2021-22 by CBGA

The increase in the resources in the non-divisible pool during 2020-21 (RE) is on account of two cesses levied on fuel i.e., Special Additional Duty of Excise on Motor Spirit, and Road and Infrastructure Cess. Collection from these sources, as stated earlier, grew from INR 1.66 lakh crore in the Budget Estimate (BE) to INR 3 lakh crore in the Revised Estimate (RE), which is also due to the increase in duty announced on fuel mid-year, post the budget.

In 2021-22 budget, the government announced a new cess in the form of an Agriculture Infrastructure and Development Cess. The collection from health cess was estimated to be INR 800 crore in 2021-22. While cesses and surcharges add to the Union government's resources, these do not strengthen States' finances,⁵³ given the fact that the benefits of these fiscal increases are more politically determined than by what decentralisation demands.

DEPRIORITIZING SOCIAL SPENDING

The responsibility of the government towards reducing inequality does not end at ensuring equitable modes of revenue generation. It is critical to ensure that the revenue generated is used for the collective public good. Thus, revenue must be redirected towards the social sectors of health, education and social security. Additionally, these funds ought to be spent equitably and services must be delivered in a manner that addresses existing social, economic, gender and other inequalities within society. Doing this is the joint responsibility of Central and State governments.

Given the federal nature of the Indian state, State governments are crucial to the enactment and implementation of social welfare laws in India,

particularly in the areas of skill creation, mobilisation and preservation.⁵⁴ It is also partly owing to this situation that there exists a huge variation in the social investment trajectory of the country. However, India is not the only country in the world to have a federated structure; other countries manage to implement social security regimes, ensuring a basic uniformity in entitlements for all citizens with the support of their respective central governments. In India too, the role of the Central government has been paramount, especially in terms of budgetary allocations to 'social welfare', controlled by the Central government through the declaration of the annual Union budget. Unfortunately, the outlays for the social sector have not been prioritised.

HEALTH

The chronic neglect of the healthcare system in India is clear when one looks at the poor budgetary allocations to the sector made by successive governments.



OTHER MIDDLE-INCOME COUNTRIES (MICS) LIKE BRAZIL (9.51), CHINA (5.35), RUSSIA (5.32) AND SOUTH AFRICA (8.25) HAVE ALLOCATIONS MUCH HIGHER THAN INDIA (3.54).⁵⁵

This consistently poor spending on health has also created gross inequalities in the healthcare system that have been described in past Oxfam India reports.⁵⁶ Unsurprisingly, the poor state of public-funded healthcare in the country has pushed the majority of the population to resort to the private sector to obtain healthcare.

THE LIFE EXPECTANCY OF A DALIT WOMAN IS APPROXIMATELY 15 YEARS LESS THAN THAT OF AN UPPER CASTE WOMAN.⁵⁷ ADDITIONALLY, RESEARCH SUGGESTS THAT RELATIVE TO HIGHER-CASTE HINDUS, ADIVASI LIFE EXPECTANCY IS MORE THAN FOUR YEARS LOWER, MUSLIM LIFE EXPECTANCY IS ABOUT ONE YEAR LOWER, AND DALIT LIFE EXPECTANCY IS MORE THAN THREE YEARS LOWER; ECONOMIC STATUS EXPLAINS LESS THAN HALF OF THESE GAPS.⁵⁸

While Universal Health Care (UHC) has been acknowledged globally as critical for ensuring citizens' wellbeing, India's public health system has languished. As per the Rural Health Statistics 2019, there is a shortfall of 43,736 sub-centres (23 percent), 8,764 Primary Health Centres (28 percent) and 2,865 Community Health Centres (37 percent) across the country. The Economic Survey 2020-21 suggests that the current out-of-pocket expenditure (OOPE) in India, which is at 60 percent of all health expenditure, can be reduced to 30 percent by increasing health expenditure to 2.5-3 percent of the GDP. Unfortunately, in addition to the meagre allocation, even the existing public

funds for health have been invested specifically in secondary and tertiary care, and not in delivering true Primary Care (PC), this is despite the fact that experts acknowledge that primary care is the cornerstone of achieving equitable delivery and access to quality healthcare by all.⁵⁹ While healthcare of its citizens has suffered, India has become a medical destination for curative healthcare (for lifestyle diseases, for instance) with world-class care and drugs at a price significantly lower than in developed countries.

Research suggests that higher investment in healthcare and education could have reduced the spread of COVID-19.⁶⁰ We also know that the experience of the pandemic has been unequal. A survey by Oxfam India highlighted that the experience of vaccination was unequal; 80 percent people believed that it is more difficult for a daily wage worker to get the vaccine as compared to a salaried, middle-class person.⁶¹ While patients turned to private hospitals

DURING THE SECOND WAVE OF THE PANDEMIC, ANOTHER OXFAM INDIA RAPID SURVEY FOUND THAT MIDDLE CLASS CITIZENS SPENT UP TO INR 400,000 PER DAY FOR HOSPITALISATION AT PRIVATE HOSPITALS.⁶²

EDUCATION

Education is critical in the fight against inequality; increased spending on education has been identified by the International Monetary Fund (IMF) and Organisation for Economic Co-operation and Development (OECD) to be a vital part of a package of policies critical to tackling inequality.⁶³ Globally, countries with higher mean years of schooling tend to have lower income inequality,⁶⁴ although the picture is complicated with a range of other factors. An IMF cross-country analysis found that spending on education is 'always inequality reducing'.⁶⁵ However, education systems often risk reproducing inequality prevalent in society. In India, the median number of years of education girls from the poorest families receive is zero, compared to 9.1 years for girls from the richest families.⁶⁶

Despite this recognition of the value of spending on education, India's governmental expenditure on education has stagnated, remaining around 3 percent of GDP between 2014-15 to 2018-19,⁶⁷ against the historic target of 6 percent of GDP.



OTHER MICS LIKE BRAZIL (6.1), RUSSIA (4.7), AND SOUTH AFRICA (6.8) ALLOCATE FAR MORE IN COMPARISON.⁶⁸

Amidst the pandemic, when there was need for increased investment to help all students continue their education in the face of mass school closures, India saw a 6 percent cut in allocation to the education sector.⁶⁹

Even before the pandemic hit, India's education system was grossly unequal. While higher education is closely linked to social mobility, only 7.9 percent of the population above 15 years of age held a graduate degree in 2017-18.⁷⁰ The probability of having a middle and secondary public school remains lower in villages with a majority of Scheduled Caste (SC) and Scheduled Tribe (ST) communities, despite the progress made under *Sarva Shiksha Abhiyan* to cover the entire country by building new schools, especially in areas inhabited by SC and ST communities.⁷¹ While 25.5 percent of schools across India comply with school-related minimum norms (such as those related to enrolment and infrastructure) as per the RTE Act, this pattern is extremely unequal varying from 63.6 percent in Punjab to 1.3 percent in Meghalaya⁷².

The COVID-19 outbreak increased education inequities in the country by closing schools and shifting education to digital platforms while making the learning process rely more than ever on families, rather than on teachers. This has hit India's marginalised communities hardest. The pandemic has not only pushed vulnerable sections into poverty, but has also disproportionately affected girls, making them more vulnerable to child marriage, early pregnancy and gender-based violence.

A study published by Road Scholarz found that



ONLY 4 PERCENT OF RURAL SC/ST STUDENTS WERE ABLE TO STUDY ONLINE ON A REGULAR BASIS DURING THE PANDEMIC

compared to 15 percent of other rural children; 43 percent of SC/ST students were not able to study at all, as opposed to only 25 percent of dominant caste

students.⁷³ India's Annual Status of Education Report (ASER) 2020 survey showed that children of families with education up to the 10th standard are almost twice as likely to have access to a smartphone for instruction and to receive family support for learning; those from poor families were left without access to effective modes of education delivery.⁷⁴

The pandemic also saw many children pushed out of school and into child labour. A study by Aide et Action on the impact of the pandemic found that 50 percent of migrant children were engaged in work to help their parents and 67 percent accompany their parents on worksites.⁷⁵

BETWEEN JUNE AND OCTOBER 2020, CHILD MARRIAGES REPORTEDLY INCREASED BY MORE THAN 33 PERCENT

compared to the same period in 2019.⁷⁶ On the contrary, wealthier parents who have been able to help their children with online learning, have been able to send their children back to school without any interruption.

While the expansion of the schooling net was responsible for enhanced enrolments, this figure could be at risk. The UDISE data for 2019-20 shows a decline of over 43,292 schools from 2018-19.⁷⁷ This could be at least partly attributed to the ongoing policy of school mergers/consolidation, but there is no official explanation from the government about this trend. School mergers continued even during the course of the pandemic. The Madhya Pradesh government proposed the merger of schools which risked shutting down 90 percent of government schools.⁷⁸ Closures and mergers of schools have hit India's poor and marginalised communities hardest. India's target of 6 percent expenditure on education (as percentage of GDP) is, thus, important to achieve to reduce the inequities in education that have been exacerbated by the pandemic.

SOCIAL SECURITY

Expenditure on social security schemes for workers⁷⁹ (under the Ministry of Labour and Employment) and the centrally sponsored scheme of National Social Assistance Programme⁸⁰ is abysmally low at 0.6 percent of total union expenditure in 2021-22, or INR 20,574 crore, a decline from 1.5 percent of total expenditure from previous year⁸¹. These schemes cover the workforce in the organised and unorganised sector, as well as widows, persons with disability and the elderly. Reviewing budgetary allocations towards social security for these segments of India's population in particular is important because, the allocations clearly reflect the commitment of the government to assist the vulnerable.

The pandemic also saw a stated focus on the 'gig economy' and its workers,⁸² leading to an announcement in the 2021-22 budget suggesting the extension of social security in the form of ESIC and other safety nets. The budget mentioned the registration of informal labour, including migrant labour, and their inclusion in a database suggestion that this step would help in formulating policies for health, housing, upskilling, insurance, credit and food schemes;⁸³ a year later, little seems to have moved on this front. The *e-Shram* portal, which aims to register all such migrant and gig workers had only been able to register 24 percent of such workers in three months, due to barriers of Aadhar and low awareness of benefits⁸⁴ and it remains unclear what purpose it will serve in real material terms, without changes in laws that bring such workers under the ambit of social security schemes. The push for registration and creation of ID

cards of migrant workers to access social security, has also failed to provide any material benefit to the working class. This is because digitisation does not solve larger problems of the wage regime and social security.⁸⁵

Oxfam India's rapid survey in the cities of Delhi, Mumbai, Pune and Bangalore in 2021 found that awareness and access of informal sector workers⁸⁶ on government schemes of food security, health, etc., was extremely low.⁸⁷ Awareness of PDS among respondents was at 66 percent, but



ONE-THIRD OF THE RESPONDENTS WITH A RATION CARD WERE UNABLE TO BUY RATION AT A PDS OUTLET.

Only eight percent had heard of Ayushman Bharat and just one percent had a health card. Additionally, the awareness of labour codes was close to zero. While none of the respondents had heard of the Social Security Code,⁸⁸ less than one percent had heard of the Wage code.⁸⁹ To those who are not only unaware of existing labour rights but are continuously denied access, awareness generation can prove to be a stepping stone towards improving access.

Inadequate expenditure on health, education and social security go hand-in-hand with the rise in privatisation of the provision of essential goods, thus increasing inequality in the country. We explore this in detail in the next section.

PRIVATISATION OF PUBLIC GOODS

The manner in which a government provides public goods such as education, health, social safety, food and drinking water has a profound impact on its citizens' quality of life. When a government delivers top-quality education, provides healthcare, food

and drinking water, builds roads and other systems of transportations among others, it ensures that all its citizens (including the vulnerable) have access to what is necessary to guarantee a reasonable quality of life for all.

Only the state can deliver such a service that benefits everyone and this can only be sustained through public finance. Kallhoff writes:

*[if] available at all, [such services] will be available to all citizens and not to a selected group alone. Due to this structure, public goods strengthen social inclusion and a sense of solidarity. In particular, public goods have immediate anti-segregational effects... a joint commitment to make collective achievements available to each citizen.*⁹⁰

In contrast, relying on private actors to deliver essential services, risks undermining social cohesion and equal access. Viewed this way, privatisation is, in fact, a key driver of economic inequality. This section will focus on privatisation of two public goods—education and health—which should have been the obligation of the government to provide to all.

GETTING AN EXPENSIVE EDUCATION

Article 21A of the Constitution makes it the responsibility of the state to deliver education. Article 46 encourages the state to adopt educational, economic and welfare policies to protect weaker sections, particularly Scheduled Castes (SC) and Scheduled Tribes (ST) from social injustice and exploitation. However, despite this commitment, India has seen a rapid growth of private education.

The strong foothold of the private sector in education is apparent when we look at the numbers. In tertiary education, private institutions are almost twice that of government institutions, making subsidised public higher education a relative rarity in India.⁹¹ In the case of higher education, public-funded education sees only 32 percent enrolment whereas its private counterparts see 68 percent enrolment.⁹²

THE PROPORTION OF INDIA'S CHILDREN ATTENDING A GOVERNMENT SCHOOL HAS NOW DECLINED TO 45 PERCENT; THIS NUMBER IS 85 PERCENT IN THE USA, 90 PERCENT IN ENGLAND, AND 95 PERCENT IN JAPAN.⁹³

While government schools are frequently vilified for their poor quality, there are various issues in the functioning of private schools that are not adequately problematised. Private schools are

increasingly characterised by arbitrary fee hikes and gross overcharging, leading to huge out of pocket expenditure for parents. According to a study,



SENDING A CHILD TO A PRIVATE SCHOOL IS APPROXIMATELY NINE TIMES THE COST OF A GOVERNMENT SCHOOL,

including all indirect costs associated with schooling, such as buying books and transportation.⁹⁴ The costs associated with private schools lead to exclusion of the most disadvantaged groups from its ambit.

Increasing evidence shows that not only is the quality of private schooling suspect⁹⁵ but that it also leads to exclusion of Dalits, Adivasis and girls. A study in Uttar Pradesh showed that in the richest quintile, the likelihood of a child attending Low-Fee Private (LFP) Schools is 10.7 percent that for a poorest child.⁹⁶ Further, research shows that LFP schools are likely to be established in areas where good public infrastructure already exists, which defeats the argument that private schooling has increased access.⁹⁷

Further, the lack of regulation means that 17 percent of rural students enrolled in private schools are studying in unrecognised institutions (NSS 71st Round)⁹⁸. An array of instances of financial irregularities in private institutions have been reported which involves misuse of subsidies provided by the government as well as cases of land capture. Unqualified teachers, lack of a decent teacher wage and poor, unsafe, learning environments are also issues that continue to plague private schools, particularly LFP schools that constitute the largest growing segment of private schools in the country. While some States such as UP and Bihar have fee regulations for private schools, there is a need for a comprehensive, regulatory framework that covers all aspects of functioning of private schools.

Despite this, 'the haste with which several successive governments have been seeking to privatise education demonstrates that private interests are interfering with social welfare. The net result of privatisation in education will end up making education a commodity rather than a tool to eliminate social privilege.'⁹⁹ More recently, the National Education Policy (NEP), 2020 continues this trend by encouraging States to incentivise private/philanthropic activity in education, developing Public-Private Partnership (PPP) policies at State level and proposes a 'light but tight regulatory' structure, but it remains unclear what this specifically will mean.¹⁰⁰

Many of the challenges with respect to private education have come to the forefront during the pandemic. Oxfam India's survey on private schools in 2020 found that in the midst of the pandemic, 40 percent of private schools hiked their fees. In the 2021 survey, 52 percent of the parent's reported paying hiked fees for the AY 2021-22 and 35 percent children couldn't continue their education over non-payment of fees. The survey also found that 38 percent parents had to pay illegal charges as capitation fees at the time of admission and 57 percent parents had to pay additional charges that were not part of the declared official break-up of fees. Moreover, the survey shows that parents spend a substantial part of their household income (15 percent and above) on private school fees.

In fact, students have been turning away from private schools re-enrolling in government schools. This has reduced the enrolment of children in rural private schools from 32.5 percent in 2018 to 24.4 percent in 2021 among children aged 6-14, while that in rural government schools has increased to 70 percent.¹⁰¹ According to one report, 'the shift in enrolment pattern makes it amply clear that public sector education institutions are important not only because they help people absorb economic shocks but also because they ensure steady availability of a basic service like education even during exigencies'.¹⁰²

In higher education, the University Grants Commission (UGC) has also taken steps to ease the entry of private players into the public higher education system. The Human Resource Development Ministry (HRD), granted autonomy to 60 educational institutions inciting protests in 2018; a decision which was called an 'ill-conceived decision' by teachers and students alike. In this list were leading universities such as the Jawaharlal Nehru University (JNU), Aligarh Muslim University (AMU) and Banaras Hindu University (BHU) among other State and deemed universities.

Indian universities are already reeling under paucity of funds, asking universities to generate their own funds (autonomous and no longer entitled to government funding) will naturally lead to the yielding of academicians and departments to the interests of industry. In India, privatised public universities are expected to become progressively more focussed on revenue generation which would have clear implications on the fee-structure. Protests across universities and institutions against fee hikes have already spread through Indian academia. In late 2019, JNU was in the news when students and teachers came out to the streets to oppose its fee hike. The fee hike will nearly double the annual fee for JNU students living in hostels from the current INR 27,600-32,000 annually up to INR 55,000-61,000.¹⁰³ The fee hike will reportedly impact 40 percent of its economically vulnerable students.

The state of schools as well as higher education reveals that the private delivery of education is exclusionary and fails to be sustainable. A continued

rise in the cost of private education will impact the poor and the marginalised, who will have to succumb to high-interest education loans or forego their aspirations. This unequal access between the haves

and the have-nots to quality education will deepen the already existing inequalities in opportunities with long-lasting impact of unequal outcomes of employment and livelihood.

RECEIVING HIGH COST HEALTHCARE

Publicly funded primary healthcare is rooted in the idea that everyone has the right to access free, good quality primary health care, irrespective of their ability to pay. Doing so is critical to ensure every citizen has access to the healthcare in a manner that also addresses the social, economic and other barriers that prevent the realisation of good health. Research has shown that the growth of the private health sector in low- and middle-income countries risks undermining universality by disproportionately serving higher income groups and providing low quality healthcare with lower efficiency but higher costs. It is also found to frequently violate medical standards of practice and record poorer patient outcomes, although it has an edge in terms of timeliness and providing a hospitable environment to patients.¹⁰⁴ This is particularly significant in a country like India, where 27.5 percent of the population lives below the poverty line.¹⁰⁵

Since the 1990s, the dependence of Indians on private healthcare has risen sharply.

IN 1986-87, NEARLY 40 PERCENT URBAN POPULATION WAS DEPENDENT ON PRIVATE HEALTHCARE, WHICH ROSE TO 68 PERCENT IN 2014.

This also shows a corresponding three-fold increase in the OoPE of households with people spending INR 3,561 per hospitalisation in 1995-96, to INR 18,268 in 2014.¹⁰⁶ More recently,



OoPE DROVE 55 MILLION¹⁰⁷ INDIANS INTO POVERTY IN 2017.

Data from the National Sample Survey (NSS) (2017-18) shows that OoPE in private hospitals is almost six times of that in public hospitals for inpatient care, and two or three times higher for outpatient care.¹⁰⁸

Reliance on private medical care risks the exclusion of socially marginalised groups from accessing healthcare, thereby exacerbating existing health inequalities. A healthcare sector, driven by market considerations, influences consumer choice and creates demand according to profitability for the providers, thus excluding those with poorer purchasing power such as those who constitute India's marginalised groups. To make matters worse, health is increasingly being viewed as an area of investment with good returns for the private sector. The Indian health industry is expected to touch USD 372 billion by 2022.¹⁰⁹

The country has also seen an exponential rise in government-financed health insurance schemes. This is based on the belief that the private sector has already gained a strong foothold which leads to the government's desire to increasing 'public funding for the purchase of private healthcare, implemented through health insurance companies'.¹¹⁰ As of 2020, there were eight operational central insurances in the country, and 49 State-specific insurances in India.¹¹¹ The main drive of these schemes is to reduce the OoPE on healthcare and to achieve Universal Health Coverage as opposed to Universal Health Care (UHC).

Ayushman Bharat is undoubtedly the largest health insurance scheme in the world, with an insurance cover up to INR 500,000 per family per year, for secondary and tertiary care in hospitals. Its target beneficiaries

are BPL households. Despite being publicised as the largest health insurance scheme across the globe, the Confederation of Indian Industry (CII) and Boston Consulting Group (BCG) reports that only 25 percent of the beneficiaries eligible have so far enrolled themselves under the scheme. The report states,

‘IN THE LOW INCOME SEGMENTS, 66 PERCENT OF THE RESPONDENTS ELIGIBLE UNDER PMJAY HAVEN’T ENROLLED THEMSELVES DUE TO LOW AWARENESS WHILE IN HIGH-INCOME SEGMENTS, AWARENESS IS PARTICULARLY LOW IN TIER-2 CITIES, WITH ONLY 41 PERCENT PARTICIPANTS AWARE ABOUT HEALTH INSURANCE’.¹¹²

Moreover, the Government Funded Health Insurance Scheme (GFHS), with its limited coverage of inpatient care, is ineffective in reducing OoPE, which is largely incurred from out-patient care.¹¹³ This is particularly true for ‘the relatively larger population of poor and other economically vulnerable (second poorest quintile and middle class) sections [who] bear a high burden of health spending on account of outpatient care’, particularly drugs.¹¹⁴ Moreover, in rural and hard to reach areas where access to healthcare infrastructure is itself a concern, insurance has little to offer.

The impact of the privatisation of healthcare and the inadequate prioritisation of the government in strengthening the public healthcare system became visible during the pandemic too. The failure to regulate resulted in massive profiteering by many private health establishments. The rates of health services and facilities for COVID-19 increased manifold, making it difficult for even the middle-class to afford. For instance, Max Healthcare in Delhi set the cost for an ICU bed with ventilator at INR 72,500 a day excluding medicines and consumables. The raging rates forced the government to cap the rates of COVID-19 tests and treatments during the second wave of the pandemic in April 2021. Despite the capping of prices for private hospitals across the country, treatment at a private hospital still remained unaffordable for the poor and uninsured, leading to catastrophic OoPE and debts.



THE COST OF TREATMENT OF COVID-19 AT A SUPER-SPECIALTY PRIVATE HOSPITAL CAN GO UP TO 83 TIMES THE MONTHLY INCOME OF THE 13 CRORE PEOPLE IN INDIA LIVING IN EXTREME POVERTY AND 31 TIMES THE AVERAGE MONTHLY INCOME OF AN INDIAN CITIZEN.¹¹⁵

Economists at State Bank of India (SBI) believe that healthcare expenditure will rise to form 11 percent of Private Consumption Expenditure (PCE) from the current 5 percent as a result of COVID-19.¹¹⁶ Such increase in health expenditure will disproportionately impact the poor and the middle class.

The rich already have world-class healthcare at their disposal in India, considering the public funds for health that have been invested specifically in secondary and tertiary care as opposed to Primary Care (PC). In order to maximise profits, private hospitals in India have worked very hard to attract foreign patients. This move comes with rigorous governmental backing through fiscal and policy incentives, as NHP (2002) writes: ‘to capitalise on the comparative cost advantage... in the secondary and tertiary sector, the policy will encourage the supply of services to patients of foreign origin on payment. The rendering of such services on payment in foreign exchange will be treated as ‘deemed exports’ and will be made eligible for all fiscal incentives extended to export earning.’

As such, the private health sector in India has emerged as a medical destination for curative healthcare with world-class care and drugs at a price significantly lower than in developed countries. The government’s focus on ‘a heavily medicalised and high-tech curative medical interventions’ has derailed the goal to make quality and affordable public healthcare accessible to all, irrespective of their ability to pay.¹¹⁷

WAY FORWARD

The growing inequality in the country with the wealthiest 10 percent amassing 45 percent of the national wealth, while the poor struggle for access of health, education and social security calls for specific policy responses to tackle the issue. Given the above, Oxfam India believes, the following measures should be implemented:



RECOGNISE INEQUALITY IS REAL AND AGREE TO MEASURE IT. India needs to better track policy impact by improving mechanisms for its measurement. There is an immediate requirement to start disaggregating more public statistics by income and introduce regular collection of data on income and wealth inequality, while ensuring that this data is made freely available in the public domain. At least two surveys should be conducted over a ten-year period, using a reasonably comparable methodology capturing income and wealth inequalities.



REDISTRIBUTE INDIA'S WEALTH FROM THE SUPER-RICH TO GENERATE RESOURCES FOR THE MAJORITY: It is time for India to reintroduce a wealth tax to generate much-needed resources to fund the recovery from the pandemic. Tax compliance by wealthy individuals must also be drastically improved, instead of imposing indirect taxes on India's poor and middle class. Evidence¹¹⁸ shows that the threat of an audit shows the most pronounced effect on compliance and can be complemented by shaming tax evaders or by the imposition of penalties, and should take precedence over a reduction in direct tax rates which has ambiguous effects on compliance and adverse effects on revenue.



GENERATE REVENUE TO INVEST IN THE EDUCATION AND HEALTH OF FUTURE GENERATIONS: A temporary 1 percent surcharge on the richest 10 percent population could help raise an additional INR 8.7 lakh crore, which could be utilised to increase the education and health budget. The primary outcome of the pandemic must be a quality, publicly funded and publicly delivered healthcare system that works for all and not just the rich. A secondary outcome should be an education system which addresses the needs of everyone, not just those privileged to attend elite private schools or have access to digital technology. There is also an urgent need to improve medical infrastructure by implementing India's patent rights charter (PRC), standardising diagnostic procedures, building rural clinics and developing streamlined health IT systems in tandem with adopting a family-health approach, making greater investments in healthcare and training and paying frontline healthcare workers adequately.



ENACT AND ENFORCE STATUTORY SOCIAL SECURITY PROVISIONS FOR INFORMAL SECTOR WORKERS: While the government is recognising gig economy workers, it also needs to focus on laying the legal groundwork of basic social sector protections for 93 percent of India's workforce.



CHANGE THE RULES AND SHIFT THE POWER IN THE ECONOMY AND SOCIETY. It is time to reverse social and economic policies that have contributed to the poor development outcomes for India's marginalised communities. It is time to reverse privatisation and commercialisation of public services, address jobless growth and bring back stronger social protection measures for India's informal sector workers.

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