



HEALTH FOR ALL

State of key Milestones & Evidences in Odisha



As per the notion of Universal Health Coverage (UHC), everyone should have access to quality health care services. Even the clause for financial risk protection is also given equivalent importance. Despite of race, caste, age, gender, socio-economic and ethnic background health care facilities necessitate equal opportunity to avail, access and accept the public health and health care facilities for all without any discrimination. In the context of Odisha, numerous efforts have been given by both national and state government to improve the status of health. Even national and state health programmes targeting specific group of population have been implemented in the state. However, the state has yet to achieve the quality and adequate health care facility to the people.

Key pointers from The National Health Policy 2017

- The policy aims “Universal Health Coverage” along with quality health care services for all at affordable cost.
- The policy anticipates significant reduction in out of pocket expenditure due to health care cost.
- The policy seeks to move away from Sick- Care to Wellness. Achieve the highest possible level of good-health and well-being.
- The policy recommends free diagnostics, free drugs and free emergency and essential healthcare services in all public hospitals.
- The policy assigns explicit quantitative targets for reduction of prevalent diseases, improvement of health status and to strengthen the health system performance.
- The policy affirms commitment to preventative care to achieve optimum levels of child & adolescent health.
- The policy forecasts school health programmes as a major focus area and proposes hygiene to be a part of school curriculum.
- The policy supports voluntary service in rural & underserved areas on pro-bono basis by recognized healthcare professionals.
- The policy gives emphasis on YOGA in schools and workplaces in support of good health.
- The policy emphasises in conception of women-friendly public hospitals for better diagnosis and treatment.
- The policy advocates for greater focus on occupational health at workplaces and institutions.
- The policy promotes deployment of digital tools for improvement of outcome in health care system.
- The policy emphasises on allocation of major proportion (two-thirds or more) of resources to primary care followed by secondary and tertiary care.
- The policy aspires to provide most of the secondary care at the district level which is currently concentrated at a medical college hospital.

In recent years, several milestones such as Indian Public Health Standards (IPHS), Millennium Development Goals (MDG), Sustainable Development Goals (SDG) etc. have been initiated to achieve health for all. Even, at different period, some time bound targets and guidelines for health have been set. Although the state has not able to achieve the proposed targets but quite a lot of improvement is seen during last 10-15 years. Currently the national Health Policy, 2017 has come and the state is also in the process of preparing its own health policy.



Gujrat- 35
Punjab- 23
Westbengal- 26



Gujrat- 122
Punjab- 155
Westbengal- 117

Status of Odisha

- Under Five Mortality Rate (NFHS-4) 48
- Maternal Mortality Rate (SRS-2018) 180
- Infant Mortality Rate (NFHS-4) 40
- Neo-natal Mortality (SRS-2016) 24
- Percentage of children under 5 years who are stunted is (NFHS-4) 34.1
- Percentage of children fully immunised (NFHS-4) 78.6
- Mothers who had ANC in 1st trimester (NFHS-4) 64.1%
- Mothers who had at least 4 ANC visit (NFHS-4) 62%

National Health Policy 2017

- Reduce Under Five Mortality to 23 by 2025.
- Reduce MMR to 100 by 2020.
- Reduce infant mortality rate to 28 by 2019.
- Reduce neo-natal mortality to 16 by 2025
- 40% reduction in prevalence of stunting of under-five children by 2025.
- More than 90% of the newborn are fully immunized by one year of age by 2025.
- 90% antenatal care coverage by 2025.

The desired health status set by the national policy is still miles away for Odisha. Few states are very nearer to the target, while Odisha needs huge effort both in terms of program planning, resource allocation and implementation. At the same time political commitments to address the health issues in the state is very much necessary.

ACCESS TO HEALTH

There is significant evidence that health care utilization is lower in rural areas in compare to urban areas. Distances to health care centres in rural areas often put them in difficulties and most of the time it creates life threatening situation. Similarly, expenditure on transport is a major cause of the out-of-pocket expenditure for health. Even assured healthcare facility which could be accessible to the people is a crucial issue, specifically in rural region of the state. Therefore, providing transportation to avail health care services for the rural people could reduce the risk of death and even can prevent delay in treatment.

Policy

At least one functional ambulance at CHCs and PHCs level

State

There are 920 ambulances (102 ambulances – 472 numbers out of 500 is operational and 108 ambulances – 420 in the state).

Only 83 FRUs (PHC: 0, CHC: 29, SDH: 25 & DH: 32) are there (RHS, 2018).

Evidences from the ground

- 108/102 ambulance service does not reach in time.
- Only 60 % coverage from home to institute and 40% from institute to home.

Note: Evidences are as per the study findings of Issues and Challenges of Primary Health Care Facility:

Perception of Primary Health Care Facility: Perception of Service Providers and Beneficiaries in Balangir and Kalahandi Districts of Odisha, Centre for Youth and Social Development, Bhubaneswar, Odisha, 2017

INFRASTRUCTURE

Infrastructure forms a critical part of health service delivery particularly for the Maternal, Neonatal and Child Health (MNCH) in rural areas. To an extent the state government succeeded in generating infrastructure in urban areas. At the same time, it failed to do so in rural areas, where the population comprises around 70% of the state's total population. There are 32 district hospitals, 33 sub-divisional hospitals, 377 CHCs, 1288 PHCs and 6688 sub-centres in the state to provide health care. However the infrastructure facility in PHCs and sub-centres is very poor (RHS, 2018).

Policy/Standard

- Shift from normative approach to targeted approach to reach under-serviced areas
- Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025 (1 Sub-centre per 3,000 population, one PHC for 20000 population and one CHC for 80000 population in difficult/tribal and hilly areas,).
- Facilities in the health institutions as per IPHS norm

Evidences from the ground

- Unavailability of habitable staff quarters is one of the reasons for doctor's absenteeism
- Around 30 percent PHCs do not have functional toilet and about 46 percent PHC are not equipped with safe drinking water
- Very unclean environment in govt. hospitals
- Very difficult to stay for 24 hour after delivery due to unavailability of facility.

Current Scenario

- 29 percent Sub-centres are running in rented houses (RHI, 2016).
- 30.1 percent of sub centres are without regular water supply and 48.9 percent are without electricity (RHS, 2018).
- 47.9 percent PHCs are equipped with labour room, 4.5 percent are without electricity, 5.3 percent are without regular water supply (RHS, 2018).
- Not a single sub-center is functioning as per IPHS norm (RHS, 2018).
- Average rural population covered by health centres are, sub-center: 6276, PHC: 32164, CHC: 111387 (RHS, 2018).
- Only 1 bed for 2232 population. (As per WHO norm there should be 1 bed per 1000 population)

Note: Evidences are as per the study findings of Issues and Challenges of Primary Health Care Facility: Perception of Service Providers and Beneficiaries in Balangir and Kalahandi Districts of Odisha, Centre for Youth and Social Development, Bhubaneswar, Odisha.

HUMAN RESOURCES

Health care facility largely depends upon trained human resources including doctor, specialists, pharmacist, nurses, attendant etc. The state is facing shortage of human resources in health institutions at all level. There is a huge challenge for the state to address the shortage of human resource with limited resource and limited facility to produce health care professionals.

National Health Policy- 2017

Appointment of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020

Voices from the ground

- The villagers prefer to go to CHC or DHH for treatment of any ailment due to unavailability of an MBBS doctor in PHC
- Unavailability of laboratory technicians leads to unavailability of diagnostic services at the PHCs.

The situation

- Doctor (Allopathic) to population ratio in the state is 1:2749.
- 80 percent physician post in CHCs, 90 percent Surgeon, 67 percent Obstetricians and Gynaecologists, 34 percent laboratory technician posts are laying vacant (RHS, 2018).
- 40 percent shortfall in nursing staff and 85 percent shortage of radiographers (RHS, 2018)

Note: Evidences are as per the study findings of Issues and Challenges of Primary Health Care Facility: Perception of Service Providers and Beneficiaries in Balangir & Kalahandi Districts of Odisha, Centre for Youth and Social Development, Bhubaneswar, Odisha.

OUTREACH

Providing good quality of health infrastructure and human resource in hilly and tribal areas has remained a challenge for the state. The difficult geographical condition, existence of insurgent groups and unavailability of other basic facilities are making health outreach more difficult. To cover inaccessible areas in the state, Mobile Health Units are provided by the state government. Similarly sub-centres are functioning at the community level to provide basic health services.

- 242 Mobile Medical Units (MMUs) are operational (RHS, 2018).
- 8108 ANM are in position against a requirement of 7976 (RHS, 2018).
- 96 Sub-centres are running without ANM or Male/Female Health Worker (RHS, 2018).
- National Health Policy 2017 - enhanced outreach of public healthcare through Mobile Medical Units (MMUs).
- Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025.

Voices from the ground

- Incentives under different schemes like JSY, MAMTA etc are not provided on-time.
- Mobility problem for ANM due to large operational area
- ASHAs are not getting incentive at right time, so lacking interest
- General medicines are not available in Sub-centres.

Note: Evidences are as per the study findings of Issues and Challenges of Primary Health Care Facility: Perception of Service Providers and Beneficiaries in Balangir and Kalahandi Districts of Odisha, Centre for Youth and Social Development, Bhubaneswar, Odisha.

PUBLIC FINANCING FOR HEALTH CARE IN ODISHA

Healthcare in India suffers from serious mismatch between declared objectives versus actual reality and within that, health care financing does not figure in the consideration set amongst policymakers. The failure of public investment in health is reflected in the worsening situation in terms of costs of care and impoverishment due to rising healthcare costs. Because of the limited availability of healthcare coverage and low public expenditure on health in India, an estimated 60-70% of healthcare services are paid out-of-pocket, often driving many to poverty.

State Budget for Health (2018-19)

- 1.40 percent of GSDP and 5.15 percent of state budget
- NHM constitutes about 21 percent of total budget
- 16 percent of department budget towards capital expenditure
- Rs 304 Cr for Medicine
- Rs 691 Cr for Mukhya Mantri Swasthya Seva Mission

National Health Policy 2017

- Health expenditure by Government as a percentage of GDP to 2.5 percent by 2025
- Increase health spending to more than 8 percent of state budget by 2020.

Key Issues

- Sub-optimal allocation
- Huge gap between budgeted amount and actual expenditure (15% to 20%)
- More Dependency on Centre
- Not able to reduce Out of Pocket expenditure

Task before the State

- Need to Double the health allocation to achieve the target under national Health Policy-2017
- More investment required on human resource
- Minimizing the under-utilized amount
- More allocation for out-reach activities

HEALTH CARE MANAGEMENT

Proper management of health care institutions, periodical tracking of quality of services and maintain a robust data base is the key to get more return from the investment. Maintaining standards for diagnostics and treatment is also necessary to retain acceptance of the people on public health facility. Similarly proper supply chain management system for drugs and equipments is also necessary for providing un-interrupted services in the public health institutions.

Aspiration

- Increase utilization of public health facilities by 50% from current levels by 2025
- Ensure district-level electronic database of information on health system components by 2020
- Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020
- Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.

General Demand's

- Regular supply of Drugs (minimum twice a month) to CHC& PHC
- Medicines for NCD need to be supplied to CHC&PHC
- If patients have to purchase medicines from outside because of non availability in health centre, the cost should be reimbursed.

STRENGTHEN THE REGULATORY SYSTEM

The dependency on private health care providers and its higher cost of health care services plunges a large number of households below the poverty line every year. To counter this, government need to come up with a policy where the public health system must be properly regulated, with a strong system of monitoring and accountability of private health care providers to check any irrational practice. The Clinical Establishment Act should make provisions for observance of patient's rights in all clinical establishments, regulating the rates of various services, eliminating kickbacks for prescriptions, diagnostics and referrals, and establishing government supervised independent grievance redressal mechanisms for patients. Standards would be designed in a manner that would prevent corporatization of health care. Various types of 'PPPs' which weaken public health services should be eliminated.

CONCLUSION

Over the years, health care sector in Odisha has gone through various improvements both in terms of quality and adequacy of services. However, the state still place itself at the bottom in terms of different health indicators. The health sector targets in different plan, program and commitments are not achieved yet. Acute staff shortages along with high absenteeism, lack of infrastructure, lack of basic services, and unavailability of skilled professionals are posing major obstacles in addressing healthcare needs of Odisha. At the same time suboptimal investment in addressing health care strained the system to perform weakly. There is an urgent call for systematic intervention, more investment and proper management of healthcare system in the state.

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OBAC Odisha Budget and Accountability Centre

OBAC, working on budget research, budget literacy and its process, evidence based advocacy for pro-poor budgeting and policy practices, has been operating in the State since 2003 as a constituent unit of CYSD. The centre promotes accountability tools like Community Score Card, Citizen Report Card, Social Audit, Expenditure Tracking and community led monitoring for enhancing the effectiveness of public service delivery and encourages participation in decentralised planning and budgeting in Odisha. The centre has been holding Pre-Budget Consultation since 2007 on a sustained basis.

The key areas of the centre are:

- Macro State Budget Analysis
- Social Sector Budget Analysis (Health, Water & Sanitation, Food & Nutrition Security, Education, Social Security)
- Budget for Disadvantaged groups (Women, Children, STs & SCs)
- Agriculture and Livelihoods
- Decentralized Planning & Budgeting
- Citizen Led Accountability of basic services (PDS, ICDS, Maternal Health, Water & sanitation etc)

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