HEALTH SYSTEM IN ODISHA: ISSUES AND CHALLENGES

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ABSTRACT

This paper has analyzed the health structure of Odisha. It has tried to find out the growth of health services and infrastructure in Odisha. The health care performance in Odisha has been improving but compare to other state and all India average; it is still lacking. The IMR, MMR rate of Odisha is still highest in India. The factors responsible for Odisha health system is its poor health structure as well as awareness or health consciousness. The private hospital in the tribal region almost absent; where as in coastal area more private hospital is presence. The hill region people are mostly depending on government hospitals. The role of ASHA workers and AYUSH playing a crucial role in development of health sector. The impact of NRHM has brought changing the rural health status.

Introduction

The Indian health system requires attention for better health and healthcare, especially for poor people. Health system as a network of several functions that have a bearing on health (Sujatha, 2014)[1].The aim of the health system is the development of health by providing health services. It is only possible if we pay enough attention to the existing health system. Furthermore, The Commission on Macroeconomics and Health of theWorld HealthOrganization (2001) have prioritized that it is the improvement in the health care that will improve health as well as economic growth of less-developing countries, as Banerjee et al. (2004) shows[2]. As mentioned, health is one of the important indicators of well-being,and health status is a critical component of human development (Sujatha, 2014). According to the liberal school of thought, health status is an intrinsic value for any democratic state, and that the state must initiate and invest in several social welfare measures to strengthen health and education (*ibid*).As studies show, there are many factors associated with the problem of health and health status of the peoplein the country.Therefore, to address the multiple factors concerning health issues, the health care system is required to meet the health needs of the nation.It is the availability of the health service as per the need and place, which defines a good health system. A well-functioning health system is the combination of resources, organization, financing, and management directed towards the delivery of health services to the population (Sujatha, 2014). Furthermore, for the effective health system, WHO emphasized on the well-functioning of the health system, working in harmony, andis built on having trained and motivated health workers. There must beawell-maintained infrastructure, a consistent and reliable supply of medicines and technologies, proper funding, robust health plans, and evidence-based policies[3].The exact configuration of services is subject to variation,and it depends on particular countries. Nevertheless, a robust financing mechanism is required in any case. Through this mechanism, government agency prepares plans for the medical investment. There isnominal amount of GPD is being allocated on the health and family welfare. Furthermore, a substantial medical investment hasbeen done in various components of healthcare system, such as health investment, professionalization, pharmaceutical industry, and preventive and promotive healthprogrammes and initiatives[4].

Though health is a state's matter,has been being ignored by the states since long.Public health has been neglected since the independence. Although infant mortality and maternal mortality rate have been declined, and the life expectancy has increased over the period (Amtith, 2007)[5]. Though the health status of people has been improved, there are the major health issues, particularly concerning to the marginal sections of the society who are suffering from the inactiveness of the government towards the health system.One of the important concerns of the government across the globe is bringing the reduction in the mortality of women. It is optimistic that the various health programmesbrought the decline in the Maternal Mortality Ratio in Indiafrom 167 in

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1 Sujatha, V. (2014) 'Health Status and the Public Health System in India', *Sociology of Health and Medicine: A Perspectives.* New Delhi: Oxford Press, pp: 187-246.

2 Banerjee, A. *et al.* (2004) 'Health Care Delivery in Rural Rajasthan', Economic and Political Weekly. Vol. 39, (09), pp: 944-949.

3 www.who.int/healthsystems/en/

4 The paper has extracted The paper has extracted from the PhD work submitted by Nayak, Bibekananda to CSSS, Jawaharlal Nehru University, New Delhi

5 Amrith, S. (2007) 'Political Culture of Public Health in India', *Economic and Political Weekly.* Vol. 42, No. 2. pp. 114-121.

2011-2013 to 130 in 2014-2016.[6] Contrary,the nutritional health status among women and children residing in the rural setting of India has not increased so far.It is still a severe health problem among women and children coming from the backward socio-economic community[7].

Development of Public Health Services in Odisha: An Over View

People before the nineteenth century had either no access or very reluctant to accept the modern medical health system due to the reasons, like educational backwardness, traditional belief system, fear of infectious disease, and most important the unavailability of allopathic hospitals. The practice of witchcraft etc. was widespread. Then, Ayurveda played a significant role in providing the systematic treatment. It's not the case that pre-independent India had no systematic form of healthcare; there is the system of hospital and dispensaries givingbasic facilities (using modern medicine). These hospitals came under the districts boards.There is drastic growth in the modern medical institutions post-independence,primarily due to the increasing faith of common people in modern medical facilities. Post-independence saw a tremendous amount of support from the state in the development of modern medicine along with Ayurveda and Homoeopathy. Orissa, as a state, formed on 1st April 1936 with the six districts at that time. The southern part of Orissa was under the observation of the Public Health Act and rules of Madras Presidencytill 1939.

The milestones in the development of health services in Orissa from 1939 onwards are mentioned in Table 1. 1.

Table 1.1: Milestones in the Development of Health Services in Orissa

Year	Event (s)
1939	Orissa Service Code in force. Post of Director, Health Services and cadre of civil surgeons established
1944	Cuttack Medical College established
1959–60	Burla Medical College established
1962–63	Berhampur Medical College established
1964	State Family Planning Officer post created; basic health services scheme introduced
1970	Registration of Birth and Death Rules. Birth and death registration was now the responsibility of the Health & Family Welfare Department
1976	National Programme for Control of Blindness
1977	1/3 of PHCs converted to upgraded PHCs, Ayurvedic and Homoeopathic doctors attached to the UGPHCs.
1985	Dispensaries converted to single doctor PHCs.
Note: PHC: Primary Health Centre UGPHC: Upgraded PHC	
1983 and 2002.	National Health Policy
1989	education for health sciences
1993	Nutrition
1997	Medical Council of India guidelines, blood banking (1997),
1988 and 1994	drug policy
1998	the elderly

[6] SRS Report 2018. Government of India.
[7] National Family and Health Survey (NFHS-4) (2015-2016). Government of India.

2000	Population Policy
2001	pharmaceutical policy
2005	National Rural Health Mission (NRHM)

Source: collected from different Reports

Levels of Health Care in Odisha : Major Initiatives 2017

Preventive Health Care

According to the Department of Health and Family Welfare (2016-17), the state government emphasized on the disease outbreak management for the diseases like jaundice, dengue, swine flu, malaria (Tata trust, Daman, GFTAM), and SOPs. The government made line department andcollectors for disease outbreak management, and strengthen the review system which is fixed by monthly meeting being held at the state and district level; collector of the concerned district will doIDSP review.

Tertiary care

The state government has initiated some measures for the improvement of the tertiary healthcare. As in 2016-17, the ministry of health and family welfare established five new medical colleges. Additionally,the state government signed MoU with the government of India (GoI) for Burns Unit and Trauma care. There are guidelines on strengthening teaching system in medical colleges. The state government has given approvalforthe up-gradation of ShishuBhavan, Capital Hospital as Post Graduation Institute (PGI), and AHRCC as Center of excellence for Cancer Care.

Trend and Pattern of Health Expenditure

Expenditure on health has a direct connection with medical care. Health is one of the indicators of human development index which is significant in measuring the development of a country. Therefore, the constitution of India had directed the government to "Protect and promote the health and nutrition of all the people of the country." But the directive is likely to be fulfilled.[8]To this end, allocation of financial resources is entirely required on the supply of recurrent inputs of health system such as drugs, vaccines, and maintenance of equipment and infrastructure. Nevertheless, the trend in health expenditure relative to aggregate budgetary expenditure and the state gross domestic product is required to be analyzed.

Table-1.2:Extent of Public Health expenditure in Odisha

Year	Health Budget as percent of State Budget	Health Budget as percent GSDP
1991-1992	4.60	1.23
1992-1993	4.51	1.15
1993-1994	4.57	1.11
1994-1995	4.66	1.00
1995-1996	4.72	1.07
1996-1997	4.59	1.02
1997-1998	4.57	1.08
1998-1999	4.49	1.12

Sources: (i) Finance Account, Finance Department, Bhubaneswar, Government of Odisha.

(ii) Estimate of District Product, Directorate of Economics and Statistics,

[8]Banerji, D. (2012) 'Reconstructing the Critically Damaged Health Services System of the Country', *International Journal of Health Services,* Vol. 42 (3), pp: 4339-464.

Bhubaneswar, Government of Odisha.

The table shows that there is a squeeze on the budget allocation on health since 1990. The health budget as the percent of the Gross State Domestic Product (GSDP) has been steadily declined since the beginning of the 1990s, although there was a slight increase between 1992 and 1997. Nevertheless, it seemed stagnant.[9][10]

Table 1.3: Resources and Budgetary Allocation for the Year 2016-17.

Sl. No.	Budget Head	B. E (in Lakh)
1	Non-plan	194156.80
2	Plan	283029.78
	total	477186.78

(Source: Budget Document-Health & Family Welfare Department)

When it comes to the percentage of per capita expenditure in public health, Odisha significantly performs worse among the states. Investment particularly in bringing down thematernal mortality and morbidity rates, and child malnutrition and maternal anaemia rates; as NFHS- 3 and 4, 2015-16 data demonstrates.

Strengthening Human Resources Allocation

According to the Department of Health and Family Welfare (2016-17), the state government initiated many policies and programs. For example, it has emphasized on the increase of MBBS & Post-Graduation seats- a total of 64 PG and eight super specialties seats have been increased in different subjects during the year in all the Govt. Medical Colleges. Additionally, a proposal to increase the number of MBBS seats from 150 to 250 at VIMSAR, Burla is underway. In SCB MCH& MKCG Medical Colleges, Berhampur UG seats have been increased to 250 seats.

Place-Based Incentive

The State Govt. has emphasized on the place-based incentive to Doctors who are serving in rural and interior areas with specific focus on KBK &KBK and regions. All the 1751 Health institutions, such as 32 District hospitals, 27 SDHs, 377 CHCs, and 1226 PHCs,etc., are categorized or mapped as V 0 to V 4 based on vulnerability parameters. The entire scheme is made in a way to be more objective oriented as well as lucrative. The State Government is funding the entire expenditure of about Rs. 42.00 crore on this scheme. One crore of corpus fund has been allotted to each KBK & KBK and districts for human resources management. The State Govt. has also increased the consolidated monthly remuneration of doctors engaged on contractual basis against the vacant posts of Asst. Surgeons/Specialists in different health institutions of the State. Hike of Rs. 15000 to Rs. 20000 over and above the existing remuneration made.

AYUSH

Requisition has been sent to OSSC for the recruitment of 800 Ayush Assistant.The recruitment process is underway by OPSC for filling up 179 posts of AMO and 263 nos. of HMOs post. Besides, the amendment has been made in Odisha Ayurvedic Medical education Service Rules 2013 aboutthe age limit for the position of lecturers. A new rule is underway, i.e., Odisha Ayush Ministerial Service for the offices subordinate to Directorate of Ayush is to be placed before the Cabinet for approval. Unani Medical officers' rules are under process.

Health Infrastructure in the Odisha

The health is directly related to the well-being and the development of human; it is the subject of utmost concern for the state. Post-independence, Odisha gradually raising the standard of health services in the state along with the proper infrastructure. Pre-independence, India (all the province) was an underdeveloped country in terms of providing the health services, and a lot of

[9]Government of Orissa (2003c), Budget at a Glance 2002–2003, Finance Department, Government of Odisha.

[10] Government of Orrisa (2004) 'Human Development Report 2004', Accessed at-file:///F:/JUNE_2018/2018_June/Bibekananda%20Sir/health%20and%20family%20welfare%20odisha/human_development_report_2004_orissa_full_report.pdf. (Accessed on 12th July 2018)

factors could be attributed to this failure[11]. Health and Family Welfare department under the Government of Odisha has been endeavoring to expedite the infrastructure development of the health facilities to ensure adequate, qualitative, preventive, and curative health care to all, particularly to the disadvantaged social groups such as Scheduled Tribes (STs), Scheduled Castes (SCs), and Backward Classes of the state.

Table 1.4: Health Infrastructure in the State

Sl no	Health Facility	Number [s]
1	Medical College and Hospitals	3
2	District Hospitals (in 30 districts + capital hospital, BBSR & R.G.H. RKL)	32
3	Sub-division hospitals	27
4	Community Health Centres	377
5	Other Hospitals	79
6	Infectious Disease hospitals	5
7	Cancer Institute	1
8	Training Centres	5
9	Primary Health Centres (New)	1226
10	Sub-centres	6688
11	A N M Training School	19
12	G N M Training School	8
13	M P H W (Male) Training School	3
14	Ayurvedic Hospitals (not attached to college)	2
15	Ayurvedic College & Hospitals	3
16	Ayurvedic Dispensaries	619
17	Homeopathic College and Hospitals	4
18	Homeopathic dispensaries	561
19	Unani Dispensaries	9

Sources: SHRMU, 2015

Moreover, the number of health institutions in the rural setting is almost stagnant since 1990. There has been no vital improvement in health infrastructure (Dash, 2012). According to the Indian Public Health norms, there would be one sub-centreon five thousandpeople, in the general case; however, in the case of tribal or hilly areas, the number is three thousand. Similarly, one primary health centre on 30,000 people in general, and on 20,000 people in the case of hilly regions. In rural Odisha, there are only 6,688 sub-centres against the requirement of 7, 283 [12].

[11] Health in Odisha Assessed at- https://archive.india.gov.in/knowindia/state_uts.php?id=80. (Assessed on 3rd May 2018).

[12] Dash, A. (2012) 'Status of Tribal Health and Nutrition: Evidence from Rural Odisha, (Ed.) by Chaudhary, S. N. *Tribal Health and Nutrition*, Rawat Publication: India. Pp: 29-278.

Health status of Odisha

For the improvement of the health status of thepopulationof Odisha, the central and the state government have taken various welfare measures and health interventions for the same over the period. There is a decline of the IMR, and MMR, and a noticeable increase in the life expectancy. The nutritional health status of the people has not been improved. Furthermore, it has become a serious health problem in Odisha today. Women and children, who live in the rural setting, have relatively been suffered from the nutritional health problem which indicates the gender and ecological dimension.

Table 1.5: Nutritional Status of Adults (age 15-49 years)

Indicators	NFHS-4 (2015-16)			NFHS-3(2005-06) Total
	Urban	Rural	Total	
Women's' BMI is below normal	15.8	28.7	26.4	41.4
Men's BMI is below normal	12.6	21.4	19.5	35.7
Women who are overweight or obese	32.0	13.2	16.5	6.6
Men who are overweight or obese	32.4	13.3	17.2	6.0

Source: NFHS-4 (2015-2016)

According to the National Family and Health survey- 4, data shows that total nutritional health status (BMI, stunting, underweight and thin) anaemia of people of the state hasbeen improved, as women's BMI below normal average is increased from 41.4 in 2005-2006 to 26.4 in 2015-2016. Men's BMI rate is fairly improved from 35.7 in 2005-06 to 19.5 in 2015-16. Although the same data also demonstrates that there isa sign of improvement of total BMI rate in the state, it has not improved the BMI rate of women and men who resided in the rural setting of the state. Total BMI rate among women in rural areas is 28.7 percent against the average of 26.4 percentof the total BMI rate of the state. It indicates that the BMI in rural areas is more than the total BMI rate of the state.

Furthermore, NFHS- 4 data shows the anaemia among children and adults in the rural Odisha is high and entrenched, although there is bit improvement in the total percentage of the state. According to NFHS- 4 data, 45.7 percent of children from the age group of 6-59 months have suffered from the anaemic in rural Odisha. Additionally, 51.2 percent of non-pregnant women of age group between 15-49 years, 47.6 percent of pregnant women age, and 51 percent of the all women of age between 15-49 years are afflicted and suffered from the anaemic.

Table 1.6: Health Indicators India/Odisha

Indicator	1980 (Odisha)	2000 (Odisha)	2012 (Odisha)	India 2000	Source
IMR	143	97	51	72	SRS 1999, 2013
MMR	738 (1992)	367	235	407	SRS 1999, 2012
U5MR	131 (1992)	104.4	-	94.9	NFHS II
CBR		24.1	19.6	26.5	SRS 1999, 2013
CDR		11.1	8.4	9.0	SRS 1999, 2013
TFR	3.0 (1992)	2.5	2.1	3.07	NFHS II
CPR	-	39	47	44	DHS 1998, NFHS III
% children aged 0–3 years Malnourished	-	54.4	-	47	NFHS II
% coverage of pregnant woman with TT	-	74.3	-	66.4	NFHS II
% institutional deliveries	-	22.6	-	33.6	NFHS II

% children aged 12–24 months fully immunized	-	43.7	-	42.0	NFHS II

Note: IMR: Infant Mortality Rate; MMR: Maternal Mortality Rate; U5MR: under-5 Mortality Rate; CBR: Crude Birth Rate; CDR: Crude Death Rate; TFR: Total Fertility Rate; SRS: Sample Registration System; NFHS: National Family Health Survey; CPR: Contraceptive Prevalence Rate; DHS: Demographic and Health Survey, Odisha Economy Survey 2014-15, Govt. of Odisha.

The institutional arrangements for medical care have also improved. The network of sub-centers, primary health centers, and community health centers have been giving comprehensive health care in a meaningful manner over the years. The introduction of the multi-purpose health workers scheme has increased the number of sub-centers, thereby reducing the population load of each basic health worker.

Conclusion

It has observed from the paper that the health structure of Odisha is improving. It has elaborated the growth of health services in Odisha. The health care performance in Odisha has been improving but compare to other state and all India average; it is still lacking. The IMR, MMR rate Odisha is still highest in India. The factors responsible for Odisha health system is its poor health structure as well as awareness or health consciousness. The private hospital in the tribal region almost absent; where as in coastal area more private hospital is presence. The non –coastal people are mostly depending on government hospitals. The role of ASHA workers and AYUSH playing a crucial role in development of health sector. The impact of NRHM has changing the rural health status. The government needs to focus on the health budget and need more allocation of fund.

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