



Bihar's Poor Health Infrastructure

Why in News?

Recently, the Bihar government faced criticism for poor performance as the [Comptroller and Auditor General \(CAG\) Audit Report on Public Health Infrastructure and Management of Health Services \(2016-2022\)](#) was presented to the Bihar Legislative Assembly and Legislative Council during the ongoing winter session.

- The **report highlighted critical gaps in Bihar's healthcare system**, including severe resource shortages, underutilized budgets, and systemic inefficiencies, underscoring the urgent need for structural reforms.

Key Points

- **Human Resource Shortages in Health Services:**
 - Bihar faced a 49% vacancy in key health departments, including the Directorate of Health Services, State Drug Controller, Food Safety Wing, [AYUSH](#), and Medical Colleges and Hospitals (MCHs).
 - Against the [World Health Organization \(WHO\)](#) recommendation of 1 allopathic doctor per 1,000 people, Bihar had a ratio of 1 doctor per 2,148 people (58,144 doctors available against the required 1,24,919).
 - Shortages of staff nurses ranged from 18% in Patna to 72% in Purnea, while paramedics faced shortages of 45% in Jamui to 90% in East Champaran.
 - Recruitment for 13,340 healthcare posts out of 24,496 posts remained pending as of January 2022.
- **Gaps in Infrastructure and Facilities:**
 - None of the four inspected Sub-District Hospitals (SDHs) had functional Operation Theatres (OT), breaching Indian Public Health Standards (IPHS).
 - Only 1% to 67% of pregnant women in 11 test-checked facilities received a full course of Iron and Folic Acid (IFA) tablets.
 - Maternal death reviews were conducted in only 1 out of 24 reported cases during 2016-22.
 - 19% to 100% of required diagnostic facilities were unavailable in 68 healthcare facilities.
- **Shortages of Drugs and Equipment:**
 - Essential drugs were unavailable in 21% to 65% of Outpatient Departments (OPDs) and 34% to 83% of Inpatient Departments (IPDs) during 2016-22.
 - Medical colleges reported 45% to 68% drug shortages in FYs 2019-21 due to non-supply.
- **Budget Utilization and Policy Gaps:**
 - Bihar spent only 69% of the allocated Rs 69,790.83 crore of healthcare budget between FYs 2016-17 and 2021-22, leaving Rs 21,743.04 crore unused.
 - Healthcare expenditure against [Gross State Domestic Product \(GSDP\)](#) ranged between 1.33% and 1.73%, and against the state budget, it ranged between 3.31% and 4.41%.
 - Bihar lacked a comprehensive health policy aligned with the [National Health Policy 2017](#), to address infrastructure and equipment gaps.
- **Sustainable Development Goals (SDG) Performance:**
 - Bihar scored 66 out of 100 under [SDG-3 \(health sector\)](#) in [NITI Aayog's SDG India Index Report \(2020-21\)](#).

- The state's performance on health indicators like [Maternal Mortality Rate](#), [Neonatal Mortality Rate](#), and [Total Fertility Rate](#) was far below the SDG targets and national averages.

Comptroller and Auditor General

▪ About:

- The CAG of India, as per [Article 148 of the Constitution](#), heads the **Indian Audit and Accounts Department (IA-AD)**. He/she is responsible for safeguarding the public purse and overseeing the financial system at both the central and state levels.
 - The CAG upholds the **Constitution and parliamentary laws** in financial administration and is considered one of the key pillars of India's democratic system, alongside the [Supreme Court](#), [Election Commission](#), and [Union Public Service Commission](#).
- CAG of India is governed by the **Comptroller and Auditor-General's (Duties, Powers and Conditions of Service) Act, 1971**, with significant amendments in 1976, 1984, and 1987.

▪ Appointment and Term:

- The CAG of India is appointed by the [President of India](#) by a **warrant under his hand and seal**. The officeholder serves a **term of six years or until the age of 65**, whichever is earlier.

▪ Independence:

- The CAG **can only be removed by the President following a constitutional procedure, not at the President's pleasure.**

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