

Bihar's Poor Health Infrastructure | Bihar | 29 Nov 2024

Why in News?

Recently, the Bihar government faced criticism for poor performance as the <u>Comptroller and Auditor General (CAG)</u> 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, <u>AYUSH</u>, 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 <u>Gross State Domestic Product (GSDP)</u> 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 <u>National Health Policy 2017</u>, to address infrastructure and equipment gaps.

Sustainable Development Goals (SDG) Performance:

- Bihar scored 66 out of 100 under <u>SDG-3 (health sector)</u> in <u>NITI Aayog's SDG India Index</u> <u>Report (2020-21).</u>
- The state's performance on health indicators like <u>Maternal Mortality Rate</u>, <u>Neonatal</u>
 <u>Mortality Rate</u>, <u>and <u>Total Fertility Rate</u></u> was far below the SDG targets and national

Comptroller and Auditor General

About:

- The CAG of India, as per <u>Article 148 of the Constitution</u>, heads the <u>Indian Audit and Accounts Department (IA-AD)</u>. 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 <u>Supreme Court</u>, <u>Election Commission</u>, and <u>Union Public Service</u> <u>Commission</u>.
- 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 <u>President of India</u> 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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