

# Healthcare Infrastructure in Odisha: A Review

Miss Rutusmita Mishra<sup>1</sup>, Mr. Amiya Ranjan Jagadev<sup>2</sup>

<sup>1</sup>Lecturer at S.C.S (A) College, Puri.,

<sup>2</sup>Lecturer at S.C.S (A) College, Puri.

<sup>1 2</sup> P.G. Department of Geography, Puri, Odisha.

**Abstract**—From social point of view, good health is a pre-requisite for human productivity and development process. It is essential for economic and technological development. At individual level, health is man's greatest possession, it lays a solid foundation for his happiness. There can be no contradict opinion on the fact that health is a basic input in national progress and in terms of resources for economic development; nothing could be of greater significance than the health of the people. So, for building up a healthier nation, the availability of healthcare infrastructures like availability of medical beds, hospital availability and access to sanitation facility are of highly importance. Improvement in health status would make a positive impact on economic development. Better health can increase the number of potential man hours for production by reducing disability as well as by reducing mortality. Better health status may result in more productivity per man as well as more men available for work. Therefore, the promotion of good health must be a prime objective of every country's development programme. It is a precursor to improve the quality of life for major portion of mankind. The preamble to the World Health Organization states that the enjoyment of highest attainable standard of health is a fundamental right of every human being and the government of every state is responsible for the health of their people and that they can fulfill that responsibility of taking appropriate and social welfare measure.

**Index Terms**—WHO, Fundamental Right, Preamble

## I INTRODUCTION:

Health has found an important place in the constitutions of all nations of the world. Therefore, both developed and developing countries have started paying adequate attention on improving the health status of people in the last three decades or so. A considerable portion of the Gross National Product (GNP) has been earmarked for health promoting activities and health infrastructure such as structuring medical institutions and increase in number of medical

personnel. Different professional groups define the concept of health in different ways. The most widely accepted definition of health given by World Health Organization is as follows.

“Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”. (WHO, 1948)

This definition contains all components of healthy life in terms of physical, mental and spiritual context. It is widely believed that there is a strong correlation between health and development. Their degree of association is bidirectional in which health influences economic development and in turn is influenced by the development process. The role of the government in providing adequate health services which are accessible and affordable to all sections of its population is of critical importance. Most of the health problems exist among the poorer sections of the population which needs some kind of an intervention from the government.

## II SCENARIO OF HEALTHCARE AND HEALTHCARE INFRASTRUCTURE IN ODISHA

Despite gradual improvement in health status over many years, preventable mortality and morbidity in Odisha are high. The root causes of poor health continue to be poverty, social deprivation, low levels of literacy and inefficient health systems and infrastructure for health care and control of diseases, particularly communicable diseases. Socio-cultural inequities and barriers, insufficient assertion and demand for health care, inadequate geographic spread of service outlets and poor-quality health care reduce access to and effectiveness of public services. In Odisha the health care services are one of the most backward and inadequate. Odisha is one of the most

backward states in India and still 32.6 percent of its population lives below poverty line (Economic survey, 2013-14). Regarding the various health indicators, Odisha is being the worst performer state in India especially in Infant mortality rate (around 53), Death rate (8.5%), Life Expectancy (male-64.3 and female-67.3), maternal mortality (258/1000 live birth), and accessibilities and utilization of public health care infrastructures (<20 percent) (Human Development Report 2004, Odisha). The above-mentioned health indicators are not same in all over the state and it is more severe in the inlands (south western and KBK region-Kalahandi, Balangir and Koraput) region of Odisha.

### III REVIEW OF LITERATURE

This review of existing literature provides a review of related studies in the light of the objectives of the study spelt out earlier. It gives an overview of selected studies on availability and accessibility of basic health care infrastructures to understand the issue involved and identify the appropriate methodology for this study. These studies are related to various aspects of health infrastructures like medical institution availability, Hospital beds availability, health care services availability and inequality in health and immunisation by different socio-economic sections of the society. Similarly, maternal and child health, household and government health spending and lastly utilization of health care services in Odisha are also considered in this study. Few studies are also related to health conditions of the people and provision of health services in Odisha. The literature on the health infrastructure is very limited and those available mostly address the theoretical and policy aspects of accessibility to health care services.

Gupta (2002) examines the healthcare infrastructure and healthcare status of Odisha and found that there is acute shortage of doctors, pharmacists, nurses and multipurpose health workers in Odisha because.

The National Health Policy, Govt. of India (2002), stated that public health infrastructure is unsatisfactory in Odisha. Insufficient funding, shortfall in human capital, unusable equipment and dilapidated medical buildings which display its poor health care system.

Nandan et al. (2007) states that health infrastructure aims at fulfilling contemporary health needs of the peoples by giving importance to develop a strategic planning for development of human capital in public health system.

Rammohan et. al. (2008) found negative relationship between the access to health care service and its impact on neonatal mortality all over India. They found that by strengthening the emergency care service at all hospitals, the neonatal mortality rate can be reduced.

John and Muliyl (2009) by studying the status of public health infrastructure in India concluded that there is a need to manage and strengthen the public health infrastructure to monitor and control the life styles of people for healthy India.

Kundu (2010) examines the gender disparity in access to healthcare facility in India concludes that rural Indian women are one of the most vulnerable groups in terms of seeking and receiving health care services and their condition is much worse when compared to urban women. Further a lot of economic, social and political factors inhibit women from utilizing health care facilities in India. According to him, there is a need of qualitative healthcare infrastructure to provide proper medical treatment to women and children.

Lakshman (2010) assesses the healthcare infrastructure for children population in Karnataka and found that there was unavailability, inadequacy and shortfall of doctors, hospital beds for infant cares and of modern equipment in the state.

Pradhan et. al. (2011) investigates the relationship between health infrastructure and impact on economic growth in India and finds that a good and developed infrastructure leads to positive impact economic growth by increasing Gross Domestic Product.

Kumar and Gupta (2012) throw lights on fund allocation to public health infrastructure in India and find that today the public infrastructure in India is becoming more and more inaccessible to the public. They suggest that, the central government should increase the share of healthcare expenditure from one percentage of GDP to around three percent of GDP and the state governments should also increase their

share of funds allocated for healthcare. Further they also suggest that government must focus on the healthcare infrastructure both qualitatively as well as quantitatively. A more comprehensive, coordinated, and integrated approach would yield more fruitful results and bring radical changes in our healthcare system.

Balooni et al. (2012) examines the Rashtriya Swasthya Bima Yojana (RSBY) scheme which was formulated with the aim of providing health insurance to underprivileged groups of society. They further observed that there is lack of accessibility and awareness about welfare implications, institutional constraints and rigidities at various levels, which defeat the purpose of the initiative.

Das (2012) examines the rural health infrastructures in India with an emphasis on North-eastern region. The study finds in rural India; government health care services are not adequate due to insufficient facilities and lack of infrastructure. Expenditure on health is increasing day by day for the rural person resulting in a huge burden on them. He also stated that for economic growth and development, emphasis should be given on creating better health infrastructure, establishment of awareness programmes, provision of mass education and providing safe quality of water.

Rajesh and Thomas (2012) try to focus on the healthcare infrastructure in Kerala and the impact of decentralization on it. He found that due to decentralization process, Kerala experienced remarkable better health status as compared to other states of India in past. However, in last two decades Kerala witnessed a worsening of its health status of its population due to dependency on private health care institutions, diseases due to change in life styles, diseases emerging out of environmental hygienic issues and the presence of new diseases from different sources. These factors altogether created a crisis in Kerala's health care sector.

Marikkani, et al. (2012) gives description about status of health system in Odisha by displaying financial constraint of peoples to access health care services. He focused on inequality lied in public health care system which is far from being satisfactory.

Subbalakshmi and Sahoo (2013) depicts that good health infrastructure only may not yield excellent health outcome without operational efficiency and proper utilization of available infrastructure.

Dash (2013) states that health infrastructure of Odisha is far from requirement and health outcomes are far from satisfactory. The paper highlights key issues such as inadequate, inequality and insufficient affordability of health care services in Odisha.

Sheet and Roy (2013) concentrate on human health status by describing health as a primary need for human being which reflects economic strength and workability of peoples. Similarly, the paper states that a well-managed and efficient health care infrastructure system ultimately accelerates the pace of development.

Chakravarthi (2013) emphasizes on Public Health care status in India and synonymously found that, corporate hospitals are making a significant presence within the health care industry in India rather than public hospitals. The paper states that to strengthen the public health care industry, there is a need to focus on availability of doctors and nurses, medical practice in general and ethical practice, in particular, international political economy of health care and the kind of private equity inflow from foreign investors which could become a medium for entry of foreign multinational healthcare companies to bring positive changes in healthcare infrastructure of India.

Raut and Sekher (2013) emphasize on Decentralization of Health Care systems in Indian context and its relationship with improvement in healthcare service delivery, utilization and outcomes in rural areas of Odisha and Gujarat. The study observes that Gujarat is more decentralized in terms of health facilities and systems compared to Odisha. So, there is a need to focus on the status of education, sanitation, awareness better coordination among health workers and successful decentralization in Odisha.

Baig et. al. (2014) analyse the impact of Public Private Partnership (PPP) on primary healthcare condition of Odisha by taking Kendrapara district of Odisha into account. The study observes that majority of out-of-

pocket expenditure comes with purchase of medicines from outside and PPP model could not succeed in addressing this component. Public Private Partnership managed institutions could yield better performance. While his study has thrown light on the need for generating further evidence about sustainability, financial strength, costing and management structure of PPP models in the state, effectiveness in monitoring the delivery of programme, and level of involvement of local stakeholders in decision making in state.

Bhattacharya and Halder (2014) examine the Reproductive and Child Health (RCH) status and health infrastructure status of West Bengal. They found that there exists a large-scale inter-district disparity and inequality in rural health care infrastructure. The paper states that there is a wide range of inequality found in health care system of West Bengal.

Khan and Banerji (2014) discuss the developments in Indian health care sector and rising demand of health care sector. They surprisingly stated that instead of public sector hospitals, Private sector hospitals are started to come with the concept of Corporate Social Responsibility (CSR) by giving more subsidized rates so that the poor people can afford for the necessary treatments.

Similarly, Roy, et al. (2004), Sen, et al (2002), Mishra, et al (2008), Radhakrishna and Ravi (2004), Timothy, et al, (2004), Roy, et al (2004) focus on social and economic inequality in health and nutrition by different sections of the society.

The above discussion shows that the past research studies deal with the social and theoretical issues on health services and neglected the service side, particularly the availability or non-availability of health care infrastructures and proper services to peoples. The present study attempts to explore the issues related to poor accessibilities and non-availability of health care infrastructures in all districts of Odisha. The objective of this study is to identify an appropriate methodology, which can be used for evaluating the factors which are responsible for the poor health care accessibilities and ultimately for the poor health status of peoples in Odisha. The present study attempts to deal with accessibility to health care

services and status of health care infrastructures at each district of Odisha strictly. The study also tries to find out the relationship between health infrastructure and health status in Odisha. Odisha is selected for the study because Odisha is characterized by a state showing poor health status of inadequate population as compared to other states of country till now.

#### IV CONCLUDING REMARKS

Though there has been improvement found in the health status of the people, but it is not significant or eye-catching. Some possible strategies are need to be adopted by the state to improve the health status. Both the government organizations and non-government organization should put their combined effort to bring reforms in the health system in the rural areas of Odisha. There should be more allocation of funding for development and improvement of major health infrastructures in state. There should be construction of more PHC's and CHC's in districts which have growing concentration of peoples. Special attention must be given towards provision of healthcare facilities, safe water supply, cleanliness and sanitation. Quality healthcare must not be only available to richer people but it has to be affordable for poor section. Health care being a right of every citizen, it must be accessible to all both physically and economically. So, there is a need of space specific health policy and programmes in Odisha.

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