Strengthening Primary Healthcare System - Bihar Case

What is the issue?

- Nearly 150 children in Bihar recently died due to acute encephalitis syndrome (AES).
- This brings to light the worrisome capacity of the State's healthcare apparatus to handle such disease outbreaks and calls for concerted actions.

What are the healthcare concerns in Bihar?

- **PHC personnel** - In Bihar, one PHC (primary health centre) caters to about 1 lakh people rather than the norm of 1 PHC per 30,000 people.
- Furthermore, it is critical for such a PHC, catering to more than 3 times the standard population size, to have at least 2 doctors.
- However, three-fourths of the nearly 1,900 PHCs in Bihar have just one doctor each.
- Muzaffarpur district has 103 PHCs (about 70 short of the ideal number) with 98 of them falling short of the basic requirements mandated.
- There is a one-fifth shortage of ASHA personnel, and nearly one-third of the sub-health centres have no health workers at all.
- **PHC functioning** - Even those PHCs with adequate supplies remain under-utilised.
- Selective healthcare services by PHCs, like family planning and immunisation, have resulted in the perception that PHCs are incompetent as centres of general healthcare.
- This leads patients either to apex government hospitals situated far away or to unqualified private providers.
- This results in patients losing time in transit and landing up in a hospital in a critical and often irreversible stage of illness.
- **Malnutrition** - Bihar reels under the highest load of malnutrition in India.
- But, around 71% and 38% of funds meant for hot, cooked meals and take-home ration, respectively, do not reach the beneficiaries.
- Meals were served for just more than half the number of prescribed days, and only about half the number of beneficiaries on average actually received them.

How should AES outbreak be dealt with?

- AES is largely preventable both before and just after the onset of the disease.
- It is largely treatable with high chances of success on availability of medical intervention within 2-4 hours of symptoms.
- Therefore, the first signs of an outbreak must prompt strong prevention measures.
- Robust health education drive and replenishing primary health centres (PHCs) are essential.
- Besides these, extensive deployment of peripheral health workers (ASHA workers) and providing ambulance services should be ensured.
- These are essential to facilitate rapid identification and management of suspected cases.
- Vacant doctor positions in PHCs must be urgently filled through deputation.
- Furthermore, short-term scaling-up of the Poshan Abhiyaan and the supplementary nutrition programme are imperative.
- Nearly every one of these elements lies undermined in Bihar.

What should the long-term priorities be?

- Merely strengthening the tertiary care sector will be inefficient and ineffective.
- A narrow focus on the hospital sector will wastefully increase costs, ignore the majority of cases, increase the number of cases that are in advanced stages, and continue to strain public hospitals.
- Instead, revamping primary health infrastructure should be the key priority for a susuatinable and effective health response.
- The upcoming measures and efforts should involve -
    i. building more functional PHCs and sub-health centers
    ii. scaling-up the cadres of ASHA workers
    iii. strict monitoring of nutrition programmes
    iv. addressing the mal-distribution of doctors and medical colleges
- Decades of hospital-centric growth of health services have eroded faith in community-based healthcare.
- In these circumstances, even easily manageable illnesses increase demand for hospital services rather than PHCs.
- There is thus the need to work on inculcating confidence in community-based care.
- Besides these, enhancing the technical capacity to better investigate the causes of outbreaks as the recent one and operationalising a concrete long-term strategy are crucial.

Source: The Hindu



SHANKAR
IAS PARLIAMENT
Information is Empowering