

Development Dialogue
On
Towards Refurbishing HealthCare System in Bihar
Organised by A N Sinha Institute of Social Studies in collaboration
with UNICEF , 9th April 2018

Bihar is consistently lagging behind other states in respect of demographic transition, primarily attributed to lagged pace of fertility transition. Early pregnancy, relatively longer reproductive span, low birth spacing, etc. resulted in high fertility and consequently poor health outcomes. Poor health accompanied by nutritional deficiencies leading to high infant & child mortality which in turn forces people to have more children. The state thus appears to be in a vicious circle of high fertility and poor health. What is therefore warranted is to break the vicious circle to achieve the safe range of fertility rate with better health status. Although there is an improvement in health indicators with implementation of healthcare programmes, the latest evidences from NFHS-4 indicate Bihar is still lagging behind national average and many states. The physical and mental health of people will be put in jeopardy and the benefits of demographic dividend will be unable to realise in this kind of scenario. It is needless to mention that how formidable challenge it is posing to the health care system in the state.

This is where one underlines the importance of supply side management. The welfare oriented policies of government must ensure adequate infrastructure, equitable access to them and efficient delivery system in the public sector domain. However, the state remains far below the desirable level leading to result in a gap in the supply side. The gap is being filled up as it appears by the private sector that seems to be responsible for high out of pocket expenditure to a significant extent. Along with this, the socioeconomic structure of the state creates huge inequity in accessing health care services. This accentuates impoverisation and widens inequality in health care access. It is pertinent in this context is to look into the structural bottlenecks that make health delivery system inefficient. Unless the political economy of the health care system of the state is addressed systematically, it may be difficult to develop its roadmap. While it is necessarily feasible given a budgetary limit which is of course, very low at present & therefore must be raised to a point to adequately met the basic requirements of health care. It is in this concern one may learn few lessons from a country like CUBA which itself is cash-starved could be immensely rewarding in providing credible support to develop a feasible health care model for rural Bihar.

The present development dialogue is being organised, against this backdrop. The principle concern is how to develop an appropriate health care system in the state of Bihar. The objective is to work out ways and means to bring about a breakthrough in the crippled health system to fasten the pace of fertility decline and to improve the health status of people. The following questions will be addressed in the discussion: Why is it that the state of Bihar lags in healthcare? What causes the state to remain poor in health outcomes? Is it mainly related to demographic dynamics of the state or an outcome of the structural bottlenecks of the health care system? Does insufficient public expenditure, inefficacy of health programmes encouraged the growth of private health sector that accentuates poverty and inequality in health care use? What are the structural causes of inequalities in healthcare access and how the health system should address such inequalities?