



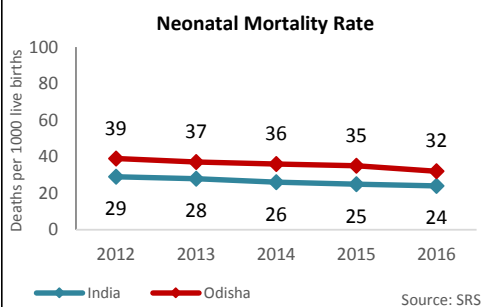
NATIONAL HEALTH POLICY-2017

- **Antenatal care** coverage to be sustained above 90% and **skilled attendance** at birth above 90% by 2025.
- Reduce **Under Five Mortality** to 23 by 2025 and **MMR** from current levels to 100 by 2020.
- Ensure availability of **paramedics and doctors** as per **Indian Public Health Standard (IPHS)** norm in high priority districts by 2020.
- More than 90% of the newborn are **fully immunized** by one year of age by 2025.

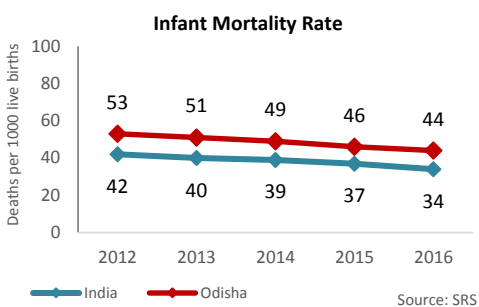
- To achieve and maintain a cure rate of >85% in new sputum **positive patients for TB** and reduce incidence of new cases, to reach elimination status by 2025.
- Increase **health expenditure by Government** as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
- Increase State sector **health spending to > 8%** of their budget by 2020.
- Decrease in proportion of households facing **catastrophic health expenditure** from the current levels by 25%, by 2025.

HEALTH IN ODISHA

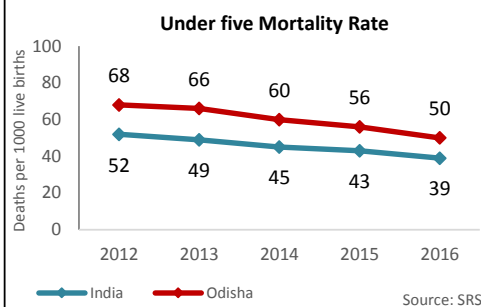
Odisha reported highest NMR in India; Rate of decline very low.



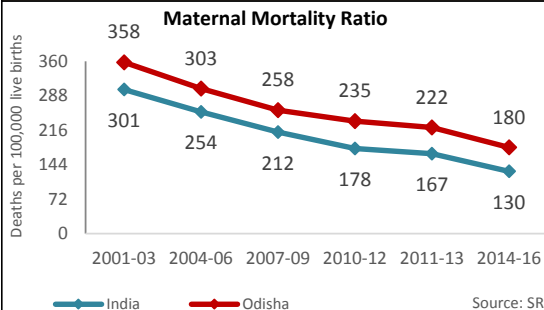
Odisha reported 2nd highest IMR in the country; Rate of decline low.



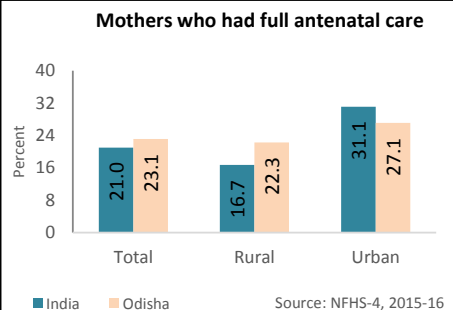
Odisha reports 3rd highest U5MR in India; Rate of reduction is also slower.



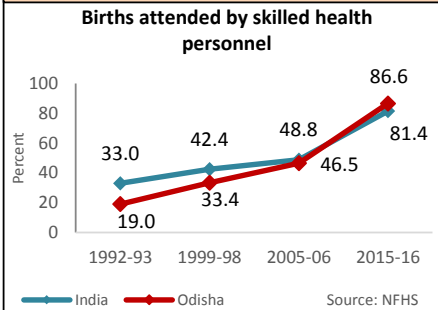
Odisha reports 4th highest MMR in the country; Rate of decline slower; India Odisha gap is high.



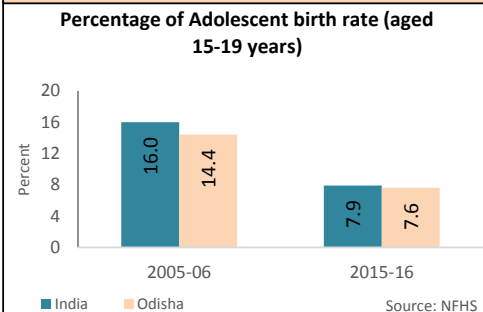
At least 1 in 4 women did not get full ANC in Urban Odisha; Rural-urban gap visible.



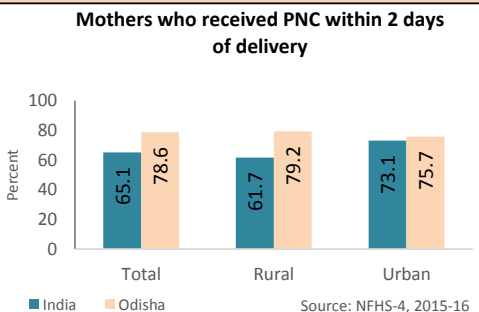
Progress rate in SBA supported deliveries in Odisha better than India.



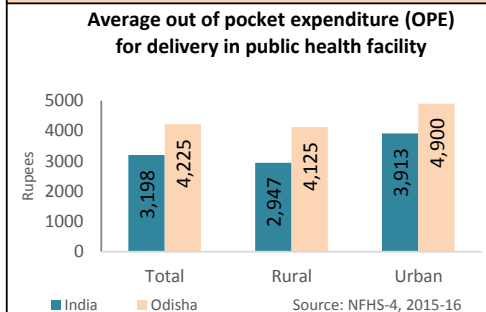
Visible decline in adolescent birth rate at national & state levels.



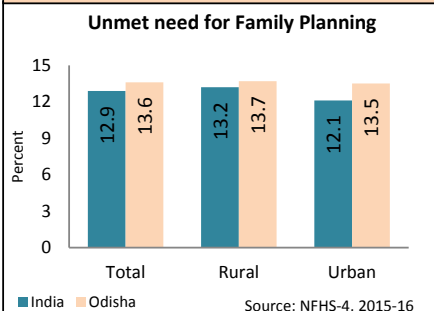
Odisha reported better access to PNC within two days of delivery.



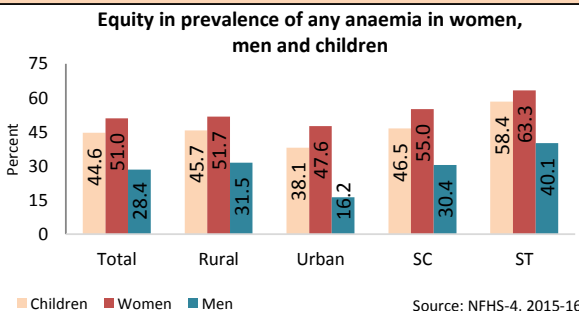
Odisha ranks 11th highest in OPE for delivery in public health facility in India.



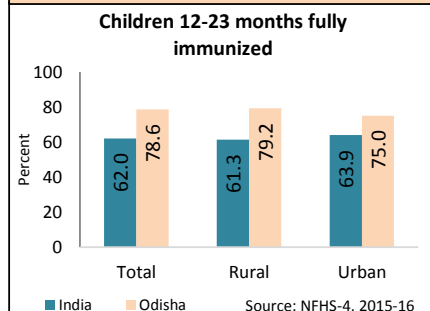
Unmet need for family planning higher than India; Rural-urban gap insignificant.



Anaemia among STs is highest across all categories; Gap between anaemia in women & men significant.

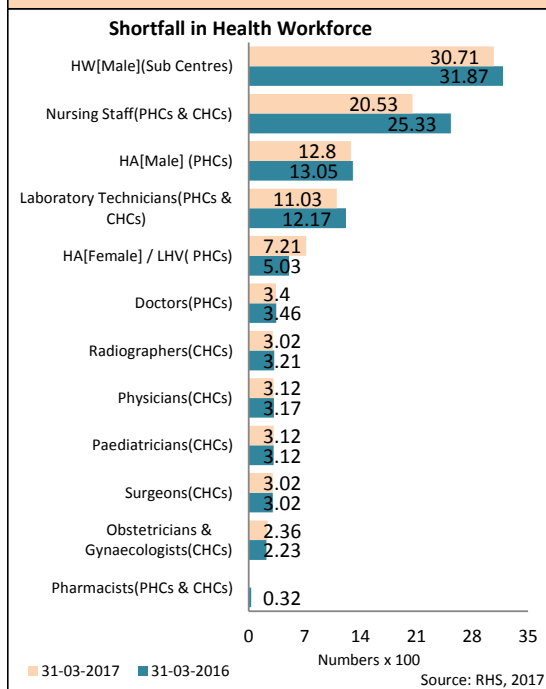


Full Immunization in Urban Odisha lags behind rural Odisha.

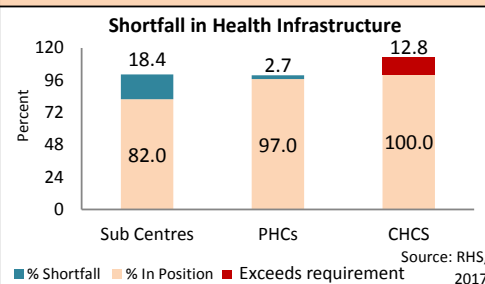




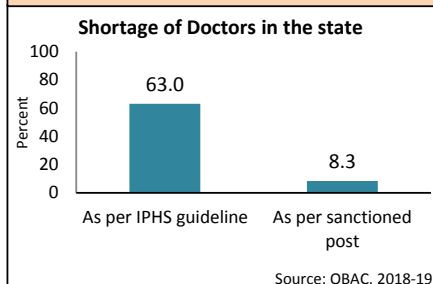
Despite high mortality rates & high disease burden evident across ages and categories, there continues to be shortfall in health workforce.



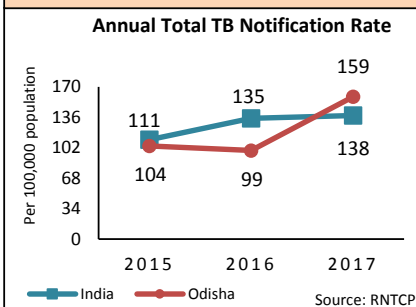
Infrastructure shortfall in Sub Centres is 18%. CHCs exceed the requirement.



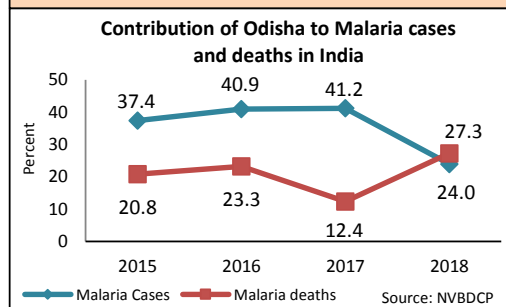
There is gap between sanctioned posts and IPHS guidelines.



A sharp rise in TB notification rate reported in Odisha in 2017 that outnumbers national average.

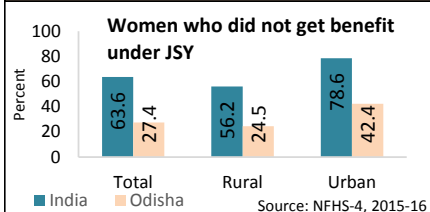


With highest number of Malaria cases (3rd highest in 2017), Odisha reports highest number of Malaria deaths in the country.



PROGRAMMES, SCHEMES AND BUDGET

Access to benefits under JSY is much better than India; Why does this not reflect in much higher OPE in delivery?



Rashtriya Swasthya Bima Yojana.

Annual Insurance coverage is Rs. 30,000/- per family on floater basis.
Target (2016-17) - 64 lakh families (52 lakhs BPL & 12 lakh MNREGA families)
Achievement (2016-17) - 44 lakh families (36 Lakhs BPL & 44 lakh MGNREGA families).

Source: Annual Report 2016-17, Dept. of Health & Family Welfare

Budget Allocation

Source: OBAC, OBAC, What does your budget say (2018-19)

Scheme/Program	2016-17	2017-18 (RE)	2018-19 (BE)
NHM	Rs. 1167.9 Cr.	Rs. 1024.5 Cr.	Rs. 1320.5 Cr.
RSSY/RSBY	Rs. 74 Cr.	Rs. 100 Cr.	Rs. 100 Cr.
OSTFS	Rs. 35 Cr.	Rs. 60 Cr.	Rs. 60 Cr.

NHM- National Health Mission; RSSY-Rashtriya Swasthya Suraksha Yojana; RSBY-Rashtriya Swasthya Bima Yojana, OSTFS- Odisha State Treatment Fund Society.

Share of Health expenditure in State budget has decreased from 5.43% (2017-18 BE) to 5.15% (2018-19 BE).
Health spending as share of GSDP is 1.40% (Rs.6181.96 Crore) in 2018-19 while the National Health Policy 2017 sets target of 2.5%. It was 1.3% (Rs.5269.18 Cr. in 2017-18).
 Significant gap persists between budget estimates and actual spending for Health and Family Welfare Department.

Mission Indradhanush

Source: OBAC, 2018-19

Mission: To immunize all children against seven vaccine preventable diseases- diphtheria, tetanus, polio, measles, tuberculosis, whooping cough (Pertussis) & hepatitis B by 2020.

Vaccination as on 25th January 2018- **58.03 Lakh Children & 11.62 pregnant women** vaccinated as on 25th of January 2018.

KEY CONCERNS

- In spite of higher utilization of public health facilities (more than 70 %), OPE constitutes significant proportion (76%) of total health expenditure, which has been due to expenditure on medicines (58%) and diagnostics (12%).
- Public Health spending as share of GSDP is 1.40% (Rs.6181.96 Crore) in 2018-19 which is not adequate to provide health services at the desired level.
- Availability of comprehensive primary health services in rural areas is highly affected due to shortage of critical human resources and infrastructure. The health workforce density in Odisha is 9.6 which is way below the WHO norm of 23 health workforce per 10,000 population.

Key Policy Concerns:

- What are strategies to improve infrastructure and human resources in difficult areas?
- What are the alternative modes to ensure effective and equitable primary health care in difficult areas?
- How to design context specific primary care models and scale them up based upon existing practices within and outside the state?
- How to integrate nutrition component in the primary care approach?
- How to increase public spending on health to reduce growing out-of-pocket expenditure and how to make a balance among various priorities?
- How to increase spending on primary care and through which models?
- Is health insurance an answer to the persistent problems of health financing in Odisha?