

Human Resources in Health

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Abstract: As the issue of work force in health crops up, it is obvious that it becomes the pivot or integral issue in the health systems strengthening. The lead author of this article has the Ph.D. in Health Systems Studies & as part of strengthening the health system, the author's experience only reflects the same feeling. System strengthening is only possible if the quality & quantity of the work force is taken care of. The article details out the types of health workforce, their quantitative aspects followed by their quality related issues. The types of health workforce for this article include allopathic, AYUSH & dentist doctors, nurses, ANMs, midwives, paramedics like physiotherapists & diagnostic technicians. The issue of Human Resources in Health is an indicator for the progress on the health systems. As health sector is crucial in the cog of developmental process, having trained & skilled staff is crucial to strengthen the health sector. Here, health sector means public, private, corporate & charitable stakeholders.

Keywords: HRH, GDP, AYUSH, Ratio, CBHI.

Review Paper

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INTRODUCTION

The National Health Workforce Accounts (NHWA), 2018 cites that there are 5.76 million Health Workers in India. The breakdown of this figure shows that Allopathic doctor are 1.16 million, Nurses/Midwives are 2.34 million, pharmacists are 1.20 million, dentists are 0.27 million & AYUSH doctors are 0.79 million. WHO threshold ratio for doctor, nurses & mid wives per 10,000 populations is 44.5 [1, 2].

Currently, as of December 2022, India's doctor-population ratio is 1:834 assuming 80% availability of registered allopathic doctors & 5.65 lakh AYUSH doctors. Distribution & qualification of health professionals are an issue to be addressed in India. The

problem is stark when the issue is compared with the overall size of the health workers. There is a need to address that the policy should focus on enhancing the quality of health workers. Simultaneously, efforts for mainstreaming professionally qualified persons into the health workforce [3, 4].

LITERATURE REVIEW

A 2019 study for the first time estimates non-health workers engaged in the health sector & technically qualified health professionals who are not part of current work force. Further, the study cites that more than 80% of doctors & 70% of nurses & midwives are employed in the private sector. About 25% of the currently work force in health do not have the required qualifications as laid

down by professional councils. About 20% of adequately qualified doctors are not in the current work force [5].

Human resources for Health (HRH) are identified as one of the core building blocks of a health system. The WHO global strategy on HRH can deliver a triple return of improved health outcomes, global health security & economic growth [4].

A study done on human resources on health in 2023 mention that the total health work force is 1.3 billion. The study further mentions that the ratio of doctors & nurses/midwives to 10,000 persons are 5.0 for doctors & 6.0 for nurses/midwives. Currently, India spends 1.28% of its Gross Domestic Product (GDP) on health. The per capita expenditure per year on health care is \$2.7. India had 0.576 physicians per 1000 population in 2000. WHO recommends 1 doctor per 1000 population. Further on the issue of health insurance coverage, India had 37% of the population who had any health insurance coverage in 2018 [4].

Regarding private sector, the study cites that private sector is the dominant & perceived to provide quality care. The private sector consumes 5.1% of the GDP that is financed by Out Of Pocket Expenditure (OOPE). Currently, the Pradhan Mantri Ayushman Bharat Arogya Yojana (PM-ABAY) was launched to reduce the OOPE of the households [4].

The WHO norm says that there should be 4 nurses per 1,000 people. Currently, India has 1.96 nurses per 1,000 people. Currently, India has over 36 lakh (3.6

million) nurses which is a 3 fold increase since 2000. Here, nurses include Auxilliary Nurse Midwife (ANM), Resident Nurses (RN), Resident Matrons (RM) & Lady Health Visitors (LHV). There are 37 lakh nurses globally. One in eight nurses work in a country other than where they were born or trained. As per a 2011 report, 6.4 lakhs (0.64 million) Indian nurses work abroad. The following table gives the details of the number of nurses in India since 2000 [8-14].

Table 1: Number of Nurses in India since 2000 till 2022 [15-17]

Year	Number of Nurses in lakhs (one lakh is 0.1 million)
2000	12.3
2010	14.4
2012	21.2
2014	24.9
2016	27.8
2018	29.6
2020	32.5
2022	36.1

Doctors cannot work without the support of nurses. They are a critical clog in the entire health work force.

Doctors who mainly contribute to therapeutic field are also a heterogeneous group in India. The following table gives the details of the qualification related details of doctors & paramedics in India.

Table 2: Health professionals, qualifications, registering agencies [13, 17]

Health Worker	Qualification	Registering Agencies
Allopathic doctor	Graduate & Post Graduates	National Medical Commission
Dentist	Graduates & Post Graduates	Dental Commission of India
AYUSH	Graduates & Post Graduates of Ayurveda, Unani, Siddha, Homoeopathy	National Commission on Homoeopathy, National Commission on Ayurveda, Unani & Siddha
Nurses	Diploma in General Nursing & Mid Wifery, Graduates & Post Graduates	Indian Nursing Council
ANM & Mid Wives	Diploma in Auxilliary Nursing & Mid Wifery	MOHFW
Pharmacist	Diploma & Bachelor in Pharmacy	Pharmacy Council of India
Physiotherapist, Diagnostics & Other Technicians	Diploma & Certificate in allied fields	Indian Association of Physioterapists & MOHFW

GDP & Health

This section discusses the GDP because it is through this allocation that staffs are hired, trained, made to perform & given environment to sustain themselves in their work places.

It is seen that the central government’s expenditure on health care is reducing since 2018-19 to 2023-24. It has come down from 2.4% in 2018-19 to

1.9% in 2023-24. Regarding percentage, it has come down from 0.3% to 0.28% in 2023-24. In 2022-23, the health spending was over ₹ 18,000 crore that came from the health cess introduced in 2018. On excluding the cess, the spending is ₹ 59,840 crore. This is less than pre COVID stage in 2019-20 & the amount was ₹ 66,042 crore. The revised expenditure for 2023-24 was ₹ 83,400 crore which included ₹ 18,300 that was collected from

health cess. The table below gives the details of the centre's outlay on in ₹ in crores [18].

Table 3: Outlay on health [18]

Year	Outlay	% of total budget	% of GDP	At2018-19 prices
2018-19	56,236	2.4	0.3	56,236
2019-20	66,042	2.5	0.33	64,958
2020-21	82,820	2.4	0.42	80,404
2021-22	86,830	2.3	0.37	74,621
2022-23	78,179	1.9	0.29	61,416
2023-24 (Revised Expenses)	83,418	1.9	0.28	65,985

Steps for Future

There are four types of risk that are related to Human Resources. The first is the hiring risk that is when hired, selection may bring in poor workers. The second is capacity building risk that is even after training, some of the staffs may not apply the contents of the training. The third is performance risk. Having hired them & trained them may not lead to their improved work performance. Lastly, having given them the triad, the fourth is the attrition risk where they may switch jobs [4].

The HRH should address to reduce these tetra risks. The hiring risk should be at the minimum & once this stage is achieved, it helps to reduce the other three risks if adequate risk management systems are in place.

Among outreach workers, there are 10.52 lakh Accredited Social Health Activist (ASHAs) in India under the National Health Mission (NHM). Similarly, there are 13,48,135 Angan Wadi Workers & 10,23,068 Angan Wadi Helpers (AWH) in the Integrated Child Development Services (ICDS) project of the Ministry of Women & Child Development (MWCD) [19, 20].

CONCLUSION

The article's analysis reflects that expanding the supply side of the health work force is the need of the hour. Among these, the supply of the nurses is critical. Along with the supply, hired staffs are to be skillful & trained. Among the skills, harnessing technology is important. There should be provision for the capacity building of less qualified care providers. Lastly, the current status of the information on health workforce needs to be streamlined & made functional.

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