

India's Opportunity to Address Human Resource Challenges in Healthcare

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Abstract

India's health indicators have improved in recent times but continue to lag behind those of its peer nations. The country with a population of 1.3 billion, has an estimated active health workers density of doctors and nurses/midwives of 5.0 and 6.0 respectively, for 10,000 persons, which is much lower than the WHO threshold of 44.5 doctors, nurses, and midwives per 10,000 population. The issue is compounded by the skewed inter-state, urban-rural, and public-private sector divide. Calls to urgently augment the skilled health workforce reinforce the central role human resources have in healthcare, which has evolved into a complex multifactorial issue. The paucity of skilled personnel must be addressed if India is to accelerate its progress toward achieving universal health coverage and its sustainable development goals (SDGs).

The recent increase in the federal health budget offers an unprecedented opportunity to do this. This article utilizes the ready materials, extract and analyze data, distill findings (READ) approach to adding to the authors' experiential learning to analyze the health system in India. The growing divide between the public and the burgeoning private health sector systems, with the latter's booming medical tourism industry and medical schools, are analyzed along with the newly minted National Medical Council, to recommend policies that would help India achieve its SDGs.

Categories: Public Health, Epidemiology/Public Health, Health Policy

Keywords: working conditions, indian public health standards, auxiliary nurse midwives, human resource, health sector reform, india, health policy

Introduction And Background

India's health indicators have improved in recent times but continue to lag behind those of its peer nations. The country has an estimated active health workers' density much lower than the WHO recommended thresholds [1]. The issue is compounded by the skewed inter-state, urban-rural, and public-private sector divide. The paucity of skilled personnel is a multi-factorial issue and needs to be addressed if India is to accelerate its progress toward achieving universal health coverage and its sustainable development goals (SDGs).

The authors describe these issues by providing an overview of the public and private sectors and the growing divide between them due to their divergent strategies, with the latter now having a booming medical tourism industry and a burgeoning number of medical schools. They identify the opportunities available within the newly created National Medical Council and the recent increase in the federal health budget [2]. The recommendations made to address the paucity of quality health personnel include the creation of transparent governance, strengthening the health infrastructure, upskilling the existing workforce, and creating partnerships with the much larger private sector. The methodology used is the READ approach [3], which is a systematic approach for document analysis in health policy research, consisting of reading one's materials, extracting the data, and analyzing it to distill the findings. An extensive literature search was performed, and 56 articles published in peer-reviewed journals between 2005 and 2021 were selected and analyzed. The corresponding authors' experiential knowledge served as the foundation for the analysis.

Review

Overview of the public and private health sectors

The government-funded health sector, which is the provider of healthcare to vulnerable populations, has been chronically underfunded with 1.28% of the GDP. This translates to a healthcare expenditure of \$2.7 per citizen per year. As a consequence, India has 0.7 public hospital beds per 100,000 people [2] now and 0.576 physicians per 1,000 population in 2000 [4], compared to the World Health Organization's recommended doctor-to-population ratio of 1:1,000 [5]. Since the inception of the National Health Mission (NHM) in 2005, the government has aimed to increase the quantum of services provided, but a lack of focus on quality has failed to make a dent in healthcare indicators [6]. At best, 37% of the population had any health insurance coverage in 2018 [7].

This has contributed to the for-profit private health sector becoming the dominant provider of healthcare for it is perceived to provide quality care [8]. It consumes 5.1% of the GDP, which is financed by Out-Of-Pocket (OOP) expenditure. This sector spans a wide range, from world-class health facilities, such as Narayana Health, an internationally accredited, high quality, tertiary healthcare service provider, to individual informal provider clinics, which are establishments providing medical care, often manned by a solo provider who does not have a formal medical qualification or registration. World-class health facilities exist in urban

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