ORIGINAL RESEARCH

Public Health Human Resource In India: Current Situation And Way Forward

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Abstract
In the developing countries, the progress of public health has remained relatively slow, partly owing to inadequate emphasis on public health human resource (HR). In India, despite recommendations of several expert committees, a uniform all-India public health cadre has yet not been formed. This article reviews the current status and initiatives being taken for the public health HR in the Indian health care system. In the backdrop of the present health priorities, authors discuss various issues and challenges in establishing a dedicated public health cadre and the way forward for a robust public health system in the country.

Keywords: Health Planning, Human Resource Management, Public Health Cadre.

Introduction

Improving health is important for sustained growth and development. Public health is a shared responsibilityinvolving equitable access to essential care and collective guard against various public health threats globally.To achieve "Health for All", Member States of World Health Organisation (WHO) adopted the Alma-Ata Declaration in 1978, which recognised"Primary Health Care" as key strategy and emphasised onmaking fullest use of available resources(WHO 1978). The United Nations Millennium Declaration in 2000 led to establishment of "Millennium Development Goals" for development and poverty eradication, havingimportant direct and indirect effects on health and also requiring more human resource (HR) for public health, particularly in developing countries(United Nations Development Programme 2003).To attain the goal of "Universal Health Coverage" (UHC), Member States of WHOadopted a resolution in 2005 encouragingcountries to develop their health financing systems (WHO 2005).As a signatory, India tooneeds to fulfill these international commitments, for which a strong public health system with fitting health HR is desired.

The public health HRis a crucial component of the public health system forfacilitating health care delivery and appreciating impact of the wider determinants of health. In the developing countries (like India), the progress of public health has remained relatively slow, partly owing to inadequate emphasis on public health HR(WHO 2006).In India, quantitatively inadequate health HR is an acknowledged weakness of the public health system, especially in the rural areas.TheHealth Survey and Planning Committee (1961) recommended creation of an All-India Health Service to deal with health problems comprehensively.In 2011, aHigh Level Expert Group (HLEG) on UHC gave specific recommendations for strengthening public health HR to provide easily accessible and affordable health care (Planning Commission 2011).However, a uniform all-India public health cadre has yet not been formed.

Current Indian Public Health Care System

Under the Constitution of India, health is a state subject and items like sanitation, public health andhospitals fall in the State List. However, certain health related items (like population control and family planning, food adulteration, drugs, medical education andcompilation of vital statistics) are in the Concurrent List and international health is a part of inthe Union List. The Ministry of Health and Family

Welfare, Government of India acts as a coordinating agency between the state health departments and various central agencies (such as Planning Commission, Medical Council of India, Union Public Service Commission etc) dealing with health and related issues.Moreover,various other agencies (includingprivate health care providers, non-governmental organisations and development partners)also deal with these issues by working either alone or together with the aforesaid public agencies.

Thehealth care system in this country is a mix of public and private sectors. In the public sector, networks of health care facilities at the primary, secondary and tertiary levels (run mainly by State Governments)provide free or very low cost medical services. On the other hand, theprivate health care sector is large and coversthe entire gamut from the individual doctors to thesuper-specialty hospitals. At present, less than 30% of outpatient and less than half of inpatient health care capacity of India is in the public sector, and the greater part of the population depends on private health care provisions which often entail heavy financial burden (Planning Commission 2013). During the Tenth Five Year Plan, the National Rural Health Mission (NRHM) was launched in 2005 under which a new cadre of Accredited Social Health Activists was formedto create awareness on health and facilitate better utilisation of health care services in the rural community. Besides, more health HR for the programme implementation and financial management was also engaged. The Eleventh Five Year Planemphasised to mainstream theAyurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems under NRHM to actively supplement the efforts of the allopathic system and revitalise the local health traditions.Withthelaunch of National Health Mission (NHM), subsuming the NRHM and the National Urban Health Missionas its Sub-missions and covering both rural and urban areas, the public health HR is being streamlined furtherunder the Twelfth Five Year Plan (Planning Commission 2013).

The Indianpublic health system is based upon the concept of primary health care.At a local level in the urban areas, there are dispensaries, hospitals and other health facilities to provide primary health care services to the urban population. In the rural areas, there are Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs) and Rural/Sub-District Hospitals to cater to the rural population. At district and higher levels, there are District Hospitals, specialist hospitals, state-leveland national level hospitals and teaching institutions/medical colleges, which provide secondary and tertiary levels of health care, with mainly high-end curative services and research-based activities.

Public Health Cadre to streamline theHealth Human Resource

In the Eleventh Five Year Plan, there was an increased focus on health HR and a dedicated public health cadre was envisaged to manage NRHM (Planning Commission 2008). However, review of this period has shown that despite considerable improvement in health personnel in position, there remained significant gap between staff in position and staff required at the end of the Plan; and the envisioned public health cadre also remained far from reality. These shortages are attributed to delays in recruitment, postings not being based on work-load or sanctions, and lack of sound HR management policies(Planning Commission 2010, 2013).

With a view to provide easily accessible and affordable health care to all Indians, Planning Commission's HLEGonUHC gave specific recommendationstoaugmentpublic health HR(Planning Commission 2011).Availability of skilled HR remains a key constraint in expanding health service delivery, necessitating an expansion of public sector institutionsfor desired capacity building and skill development.Incorporation of high-quality training, appropriate career structure and recruitment policy to attract committed professionals for a dedicated public health cadre has been advocated (Babu 2011). Anurgent need for such cadre has also been envisagedinthe Twelfth Five Year Plan focusing on the strategies to deliver preventive, curative and public health services (Planning Commission 2013).

Public Health Cadre: Current Status and Initiatives

There is no uniform organisational or structural framework for public health personnel in India, with wide variations across different States and Union Territories (UTs). Most of them have no designated public health cadre while some have incomplete framework with no well-defined structure. In the Central Health Service (CHS) cadre, there is a designated sub-cadre of medical specialists in public health, but its strength is too small; and there is no designated sub-cadre of medical officers or non-medical professionals in public health in this service. Currently, only Tamil Nadu has a dedicated public health cadre. The erstwhile public health cadre in some states has been merged with the regular medical cadre owing to reasons of administrative convenience and indifference accorded to such public health cadre.The creation of a new public health cadre has the potential to result in an efficient public health management system delivered by teams of well-qualified and competent workers who are otherwise not burdened with providing treatment and care services. Recognising that, the Government of India and several State Governments are planning to introduce a dedicated cadre of public health professionals into their health workforce. A distinct Public Health Act is not in place in most of the

States/UTs. Presently only Tamil Nadu, Assam, Goa and UT of Daman and Diu have public health legislation while a few others are in the process of drafting the same. Allocations of NHM funds to the States/UTs are now being made performance-linked, with their programme implementation plansaccountingfor rational and equitable deployment of public health HR (even on contractual basis) and also earmarkinga portion of funds for developing public health cadre in the respective states/UTs(NHM 2014).

Current status of public health HR and initiatives taken towards establishing a public health cadre in some of the States arediscussed below:

Tamil Nadu

Under the State Health Department in Tamil Nadu, there is a separate Directorate of Public Health which isorganisationallyon an equal footing with the other two Directorates (Directorate of Medical Services and Directorate of Medical Education). It has its own dedicated budget and workforce. It is staffed by professionally trained public health managers,specialists, medical officers, nurses, other paramedical staff and grass root workers who have their own career paths, incentives and promotional avenues.

The public health managerial cadre receives orientation training towards administrative and management roles and towards examining health issues from a broader, population-wide perspective. The medical graduates are also given pre-placement training in public health and they must obtain a postgraduate diploma/degree within a time frame of four years, which is then further associated with progressive responsibilities and career growth. Their subordinate officials and staff too have specified job roles, responsibilities and functions.

Each of these public health managers is first posted as Municipal Health Officer(MHO) who is the in-charge of public health services of a city or a large town. The MHO is promoted as Deputy Director of Health Services (DDHS) who is the in-charge of a whole district. The DDHS is then promoted to the Directorate at the State level.The DDHS is supported at the district level by an Entomologist (District Malaria Officer), a Statistician, a District Maternal and Child Health (MCH) Officer and a Technical Assistant. Below this level is the Block PHC (equivalent to a CHC) headed by the Block Medical Officer, and further below is the PHC headed by the Medical Officer; they are supported by the clinical and public health staff. The public health staff consists of a Community Health Nurse and a Block Health Supervisor who supervise the squads of female MCH workersand male health inspectors respectivelydown to the level of Sub-Centres. The system has appropriate provisions for supervision, monitoring and evaluation at all levels.

Delhi

In Delhi, there is no separate directorate or department for public health activities and various national and other health programmes are implemented under different modes by the Government of National Capital Territory of Delhi, the Municipal Corporation of Delhi (now trifurcated) and other agencies (like Railways, Employee'sState Insurance Corporation etc). Although some of the public health services have been integrated with the clinical services being provided at different levels of health facilities, more systematic and coordinated approach is needed to regulate and strengthen the public health system in Delhi.

West Bengal

In 2004, a public health administrative cadrewas established in West Bengal to revamp the public health planning and management capacity. It oversees the medical facilities (up to the secondary level) as well as the public health services. However, its success is quite limited while the medical and public health services remain combined.

Karnataka

This State does not have any public health cadre at present.In 2010, the Karnataka Knowledge Commission emphasised the importance of public health services and recommended to the State Government to introduce a public health cadre in the State Health and Family Welfare Department. This cadre has been envisaged to provide competent and committed medical personnel as well as improve the quality of service delivery in the public health system. The Commission has also favoured introduction of an HR development division in the Department andestablishment of a school of public health for this purpose.The State Government is planning to enhance the infrastructure and HR quality at the PHCs tomeet the Indian Public Health Standards (IPHS)(*The Hindu* 2010).

Kerala

At present, there is no public health cadre in Kerala. However, the State Health Department is all set to introduce a dedicated cadre of public health management professionals within the system. It is proposed to develop a cadre of public health specialists within the system which would contribute for its further improvement. As part of the capacity-building exercise, a state-sponsored two-year professional course – Master of Public Health Administration – has also been launched exclusively for those in Health Service(*The Hindu*2013).

Haryana

TheHaryana Government is planning to introduce a new public health cadre to reach the rural community, improve delivery of health services, and increase intersectoral coordination on health issues. It

is also planning to revise the norms of staffing in hospitals formore effective service delivery (*Webindia123*2013).

Issues, Challenges and the Way Forward

There is considerable gap between the health HRin position and that required for public health sector. In India, the current availability of health HR is suboptimal with a density of 57 Physicians, 44 AYUSH doctors, 7 Dentists, 61 Nurses, 30 Auxiliary Nurse Midwives and 41 Pharmacists per lakh population (Planning Commission 2013). Most of the medical personnel are working in private sector.The shortage of health HR in public sector is attributed to lack of sound HR management policies, delays in recruitment andirrational distribution of available HR.

The norms for public health service providers were set long ago and are considered inadequate for today's requirements and expectations. Norms under IPHS also need periodic revision based on the rapidly changing times.

Availability of skilled HR is a key constraint in expanding health service delivery. An expansion of public sector medical schools and public health institutions is required for need-based training in public health through regular and periodic orientation and re-orientation programmes.

Besides shortfall of doctors in the public health system, absenteeism and high attrition rates are also serious issues (Chaudhury et al 2006; Planning Commission 2013; WHO 2006). Those who are working currently are over-burdened as they are required to perform various jobs related to public health. Most of this burden can be reducedif shared by a dedicated public health cadre.

Legislative and regulatory bodies for public health services (such as the Public Health Act) need to be established uniformly throughout the country, which should empower the public health HR sufficiently to detect and contain public health problems.

For the existing public health managers, there are certain issues related to their orientation trainings, incentives, responsibilitiesand appraisals. The public health HR should also be provided equitable and timely promotional avenues.Inafull-fledged public health cadre, there should be defined and documented specific job roles, responsibilities, functions and measures for supervision, monitoring and evaluation. To manage the NHM effectively, the envisioned public health cadre needs to be established on priority basis.

Conclusions

Availability of public health HRis inadequate in India, with most of the States/UTs lacking a dedicated public health cadre. To smoothen the progress of convergence and development of public health systems responsive to the well being of all, a comprehensive strategy is needed that must include strengthening of the public health HR in a systematic, organised and well-planned manner.Creation of a new public health cadre would result in an efficient public health management system delivered by teams of well-qualified and competent workers who would be able to deal with the changing public health priorities.Issues and challenges in this process can be addressed through judicious and conscientious measures of policy formulation, administration, regulation and innovation.

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