Health Workforce Shortage - COVID-19 Health Package II

What is the issue?

- The Union government recently announced the “India COVID-19 Emergency Response and Health Systems Preparedness Package: Phase II”,
- The package II again overlooks the need for and availability of health human resources.

What was the health policy mistake of the mid-1980s?

- In the mid-1980s, there were a number of government health-care facilities across the country.
- They came with new buildings, imported state-of-the-art medical equipment and at times ‘foreign made’ cars/jeeps (for health staff’s field visits).
- But in the years to follow, the number of patients attending the above facilities continued to be low.
- Most of such upgraded facilities had failed to meet the health needs of the poor people.
- **Reason** - While infrastructure was upgraded, there was perennial shortage of health staff.
- Doctors, nurses and others, who were supposed to be recruited by the governments were not enough in number.
- Four decades later, in the COVID-19 pandemic response, the Indian government appears to repeat the same mistake.

What is the Centre’s recent financial package?

- The COVID-19 health package II has come with the stated purpose to boost health infrastructure and prepare for a possible third wave of COVID-19.
- There are plans to -
    i. increase COVID-19 beds
    ii. improve the oxygen availability and supply
    iii. create buffer stocks of essential medicines
    iv. purchase equipment and strengthen paediatric beds
- However, the package barely has any attention on improving the availability of health human resources.

What is the health workforce scenario?

- Even before the novel coronavirus pandemic, there were vacancies for staff in government health facilities.
- It ranged from 30% to 80%, depending upon the sub-groups of medical staffs.
- Also, there were wide inter-State variations, with highest vacancies in states that have poor health indicators.

- The shortage in the health workforce continues well after the pandemic.
- There has been occasional recognition of the health workforce shortage and a few commitments to fill the vacancies.
- But very few are known to fructify, even partially, at both the Union and State levels.
- Among the States which announced filling vacancies of health staff, the focus was narrow on select subgroups such doctors or nurses, and not holistic.

What is needed now?

- TheCOVID-19 package II focuses on health infrastructure strengthening.

- But an intensive care unit bed or ventilator is of no use unless there are -
    i. trained staff to run these equipment
    ii. qualified doctors and nurses to attend to patients

- Thehealth package II thus needs to be urgently supplemented by another plan.
- The Indian Public Health Standards (IPHS) could be an objective approach to assess the mid-term health human resource needs.
- [IPHS prescribe the human resources and infrastructure needed to make various types of government health facilities functional.]
- Once such a need is assessed, the Union and State governments can come up with another financial package for human resources, with shared funding.
- This should complement the COVID-19 health package IIand help fill the existing vacancies of health staff at all levels as well.

What is the long-term priority?

- In the long term, the pandemic should be used as an opportunity to prepare India's health system for the future.
- As an initial step in this direction, the Union Minister of Health should consider getting a comprehensive review of actions.
- The decisions taken and policy promises made since the start of the pandemic and the progress on last few years'policies should be reviewed.
- This should happen through the Central Council of Health and Family Welfare, of which the Health Ministers of the States are members.

- In all, beyond the ad hoc and a patchwork of one or other small packages, India’s health system needs some transformational changes.

Source: The Hindu

