View Point

Strengthening Indian Health System: Fill the Shortfalls

Running Title-: Strengthening Indian Health System

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Abstract

An increasing demand for health care services in resource constrained conditions is a challenge. The changing pattern of diseases, emergence and re-emergence of diseases causing outbreaks and pandemics, and resistance developing against the pharmacological agents can be attributed to the quality of health care services in that geographic area. Universal Health Coverage (UHC) is ensuring that health care services are provided to those who need without any financial hardships. Hence, homogenous distribution of health care providers in every geographic area is important. Factors such as the place of job, nature of job, salary and family supporting environment are considered important. Besides that the ease of doing medical job can help in finding the facilitators and barriers in providing continuous care.

Keywords: Health System Strengthening, Homogenous distribution, Shortfalls, Universal Health Coverage (UHC)

India will be the most populous country in the world by 2023[1]. and providing health care services to one-sixth of the world's population in presence of emerging and remerging diseases like COVID-19, MPX, non-communicable diseases is challenging in resource constrain situation.The health care system may be predicted largely byidentifying and utilizing the critical resources

such as governance, land, money, health workforce, behavior and attitude of service providers, community participation and timely framed rational policies. Following Independence, India chose public sector-led healthcare model, three

tier system, comprising of Sub centers (SCs), Primary Health Centers (PHCs), and Community Health Centers (CHCs) in rural areas.Later on it was strengthened by private sector and public-private partnership model. National Health Mission is latest major reform in Indian health care delivery system in recent times for achieving the targets set for maternal and child health, communicable diseases and non-communicable diseases. India is committed to achieving many of its health targets before 2030, as set in sustainable development goal.

India's health care indicators are lower even among many developing countries in the world despite being hub for medical tourism, low cost, easy and early services availability. India is facing heterogeneous (the urban areas having more health workforce and rural areas having less workforce) shortfall of health workforce despite having 1,301,319 allopathic doctors and 565,000 AYUSH doctors, 289,000 dentists, and 3.3 million nursing personnel [2].

Health expenditures were considered nonproductive (as the health systems does not generate any revenue for the government) by the financial planners in India for decades. Issues related to low wages for healthcare workers in the public health sector, work and salary disparity at the same scale because of nature of recruitment (permanent v/s contract) are the two major non-deniable issues in both public and private sector. The country's GDP on health at present is not even the half of recommendation (5%) by World Health Organization[3]. As per authors viewpoint, availability of basic amenities such are educational institutions, markets, entertainment spots, and connectivity to nearby places, good telecommunication/internet connection are few administrative overlooked issues being faced by the health care workers posted at various health care facilities.

Governance is critical in formulating robust new policies and strengthening the existing health policies. Since 2001, Health Care System Constraints and Response System has been assessing elements of the health system horizontally and vertically across six levels that are considered to exist within any healthcare system [4]. Despite this, the health care system has gaps probably due to elements missing in this framework. One element that may be identified as'personal element' of a health workforce is always disregarded despite being crucial in delivering health services. A system failing to account for the personal element may suffer blow as 'shortfall' in the health workforce and subsequently service delivery.

Newer policies may take into consideration the 'personal element' of health workforce. Considering strong family culture that prevails in India, newer infrastructure should be built at places where health workers have access to the basic amenities needed for the growth of their family development. Giving employment preference to health workers near their homes or at places preferred by them mayprove to increase their retention at health care facility, work efficiency and thereby uplift the health services in that area. Reforming the existing health policies may help in achieving the SDG targets utilizing the available human resource.

An index for 'ease of doing a medical job'may be developed by the health care service delivery monitoring agencies which may be implemented at the international, national and state level to identify the gaps in the existing health system. For instance, stringent checklists similar to review maternal death or child death,[5,6] may also be devised for assessing the ease of doing duty at various level of health care facility across various domains including professional, personal, social, mental, and financial. In-depth root cause analysis of the shortfall in health work force is the need of the hour and framing rational policies based on the results may be stressed. There is still a scope to strengthen the system and make it efficient with existing resources.

Table 1: Shortfall in health infrastructure and Health workforce in India as on 31 March 2021

S.no	Healthcare worker	SC (%)	PHC Rural/Urban (%)	CHC Rural/Urban (%)
1	Health care facilities	24	29	35
2	Health worker Female (ANM)	4.9	21.9/30.7	-
3	Health worker Male	66.1	-	-
4	Health Assistant	-	72.1	-
5	Doctors Allopathic	-	4.3/9.8	-
6	AYUSH Doctors	-	11.4	79.5
7	Surgeons	-	-	83.1
8	Obstetricians and Gyaenocologists	-	-	74.1
9	Physicians	-	-	82.2

10	Pediatricians	-	-	80.5
11	Total Specialists	-	-	79.9/33.8
12	Anesthetist	-	-	37.2/46.5
13	Eye surgeons	-	-	18.9/10.6
14	GDMO- AYUSH	-	-	19.1
15	GDMO- Allopathic	-	-	3.1/12.6
16	Radiographers	-	-	59.8/24.8
17	Pharmacist	-	23.4/23.3	5.5/4.8/
18	Laboratory technicians	-	42.5/24.4	2.4/19
19	Nursing staff	-	15.3/15.3	4.2/3.4

Ethical Approval
Not applicable

Conflict of Interest
None

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