Key recommendations of the report related to Workforce – And Comments:

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A: Health Workforce

- Health workforce crisis
- Availability
- Accessibility
- Conclusion: Health workforce strategy and plan of action.

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Health workforce crisis

- “HWF is one of the corner stones of health system”
- “India faces massive, crippling crisis in HWF” – disadvantaged affected the most.
- Acute shortage of health workers – in some categories more that 50% posts are vacant, - specialists…. Even MOs (MBBS) not available.

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Many more issues – how health workforce is treated. How do they teat the clients……dignity, politeness…. Not touched upon due to limitation of space…

4

Availability – SBA & Managers

- ANMs as SBA as per GOI –
- ANMs – multipurpose – shortened training

- But ANM skills lacking, - not as per international definition of SBA.

- ANM not staying at place of posting –
- Mainly doing FP and Immunization and now sending women for JSY… not many del or PNC by ANM
- "M" is missing from ANM – midwifery is forgotten

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Technical managers/ experts

- Very few – 3 at national level - CGHS
- No state had fulltime dedicated manger/director for maternal health
- No midwifery manager at national or state level….
- Extremely week national/state management capacity
- Country of 1 billion needs 100 MH mangers !!! Will not cost much –
- No MH experts in National institutes and planning commission……

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Accessibility

- Profound inequities in Indian health systems
- Poor women have low access – NHFS data….

- Some initiatives by Govt:
  - EmOC providers – MO training in EmOC
  - 20,000 Obgyns in India but – distribution unequal.
  - Training for Anesthesia – great need - & problem.

  - JSY – ASHA – GoI needs to be complemented for this BUT -

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Facilities for deliveries are very variable.

- Some are "inspiratational" – others are "dilapidated, ill-equipped, understaffed, offering extremely poor service"

- "Scheme which gives incentives to pregnant women to use facilities which do not have services the women need is Offensive, unethical and in violation of their rights to health"

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Some suggestions for improvement

- Mandatory rural posting before graduation
- Incentives for post-qualification to server in rural areas – financial and non-financial….
- PPP – eg: Chiranjeevi in Gujarat –
- Private doctors to give modest time to rural health services – “a day a month” –
- “great majority of private practioners are not discharging their important HR responsibility.”

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Conclusion: Health workforce strategy and plan of action

- India has no work plan for 10 years for HRH
- First step – establish urgently, high-profile, independent task force on HRH – focusing on rural and under served areas
- Develop long term work plan and strategy for HRH term – at state and national level.

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My analysis – root cause of HRH crisis in India

- No long term vision, mission or leadership
- Very short tenures of politicians, bureaucrats – limited vision, too much power with too little time
- No HRM unit or cell or body to do the long term or short term plan –
- busy in short term training – without follow up

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Way forward

- Restructure and develop Maternal health division at GOI, State govt and research training institutions
- Develop long term MH strategy – 15-20 years - Midwives, EmOC, NN care…..
- Get out of “incentive” mentality – go to quality orientation
- Massive increase of resources – about 10 times what is spent now
- Monitoring of process and outcomes – maternal and NN death audits…..

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Thanks

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