

HEAL THE NATION BEFORE HEALING THE REST OF THE WORLD

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

‘It is time to go all out to address national health-care workforce challenges’ | Photo Credit: Getty Images/iStockphoto

Bolstering health human resources has been a prime focus of many of the Union government’s recent initiatives and policy pronouncements. The [Union health Budget 2022](#) made handsome appropriations for the same, much in line with the Fifteenth Finance Commission’s recommendations which laid a conspicuous emphasis on utilising existing capacities at the district and sub-district levels to train different cadres of health-care personnel. Much to the ecstasy of public health advocates, the Health Ministry recently released a set of implementation guidelines for a long over-due Indian public health cadre.

A more recent announcement, however, raises concerns over the coherence of India’s vision with respect to health human resources. The Centre under the Ayushman Bharat Digital Mission and the “Heal by India” initiative is reportedly developing an exhaustive online repository of all categories of health-care professionals in the country. Though such an innovation is much needed because of the currently fragmented nature of such data, one of its proposed primary purposes is to aid external stakeholders, viz. foreign employers and patients in finding a right Indian match for their respective needs. It is an atavistic return to the widely shunned principles of liberalisation in health care, which is not only gratuitous today but also menacing.

The concerns are legitimised by the current estimates and future projections of health manpower in the country, which paint a not-so-salutary picture. A World Health Organization (WHO) 2020 report projected a requirement of nearly two million more doctors and nursing professionals for India in order to attain the minimum threshold ratio of health-care professionals to the population.

As per a study by WHO and the Public Health Foundation of India, over and above a veritable shortage of health-care personnel and their skewed skill-mix across a number of States, their current pace of growth is unlikely to result in any significant improvement in the density or skill-mix of health-care professionals by 2030. Such inadequacies are further compounded by the legions of health-care professionals who remain inactive and outside the labour force. In the face of these colossal challenges, the current measure which aims to subtly reinforce medical tourism and worsen the out-migration of health-care professionals from the country is utterly counter-intuitive.

In the mid-1990s, the General Agreement on Trade in Services (GATS) aimed to create an unprecedented scope for cross-border trade in medical and health-care services. While the health equity implications of this neoliberal offshoot are well known and its central tenets have been widely criticised, health care particularly in the post-COVID-19 era has been a fertile ground for countries to project soft power — at times even at the expense of the nation’s own health interests. A crucial distinction must always be drawn between exporting products such as vaccines and that of health-care professionals.

While the first is characterised by a much simpler transactional math, training health-care manpower entails large subsidies (even a fraction of which is hardly recovered through remittances and skill transfers), thus entailing a net drain of resources from the native country.

A similar draw on scarce national health-care resources is laid through medical tourism which is almost always to the detriment of health equity, particularly in developing settings such as India. The magnitude of these could be somewhat attenuated by the use of telemedicine and virtual platforms, though the larger concerns shall persist. While neither medical tourism nor out-migration can or need to be dispensed with in their entirety, to pursue them actively when the country is reeling under acute shortages in an aspirational decade for health care is least warranted.

It is also hard to justify an immediate need for this measure. While an online health-care professionals repository will certainly aid foreign stakeholders in finding their right choices, there is neither a strong demand-side desperation nor a significant supply-side scarcity preventing a market to function well in its absence. For instance, a recruiter from a developed country willing to hire Indian nurses and remunerate them handsomely will not be hard pressed to find suitable candidates regardless of the assistance rendered by an online repository, and the latter would only be marginally helpful.

Rather, it is at the national and sub-national levels that such an exhaustive and updated registry of health-care professionals is the need of the hour, for addressing the many challenges and disparities in health manpower availability, distribution, and skill mix. This would also come to strongly complement measures such as an integrated public health cadre and the initiatives to train, deploy and retain more local manpower.

In health care, which is characterised by perennially scarce resources and a surfeit of challenges, everything revolves around identifying the priorities right. And no amount of political or geopolitical expediency or cultural chauvinism should be allowed to undercut national health interests. It is time to go all out to address national health-care workforce challenges and heal the nation before embarking on a healing cruise of the world.

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