

WORKING TOGETHER FOR HEALTH

WORLD HEALTH DAY

7 APRIL, 2006

A REPORT OF THE PROCEEDINGS

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Executive Summary

The World Health Report 2006 was released on April 7th, the World Health Day, at a special function held in Vigyan Bhavan, New Delhi. The Report was released by Smt. Panabaka Lakshmi, Hon'ble Minister of State for Health and Family Welfare. Several dignitaries and delegates from the government, WHO and allied health organizations attended the function. In their speeches the Minister Smt. Lakshmi, the Health Secretary Sh. Prasanna Hota, Joint Secretary Sh. B.P Sharma and the Director General of Health Services Dr. R.K Srivastava lauded the timely focus of the World Health Report on human resources for health and commented on its relevance for the human resources scenario in India. Dr. Paramita Sudharto, Acting WHO representative to India, delivered a statement on behalf of WHO and Mr. Sunil Nandraj, National Professional Officer with WHO, introduced the audience to highlights of the World Health Report 2006. A technical session held after the inaugural session included a review of the National Rural Health Mission by Sh. B.P. Sharma, along with a panel discussion and audience interaction to discuss the situation of human resources for health in India.

The speeches and the panel discussion outlined and emphasized the numerous challenges that India was facing with respect to its health workforce. These challenges were similar in many ways to the global human resource challenges in the health sector. There were shortages of adequately trained and skilled human resources, severe distributional inequities between different regions and rural and urban areas, and skill imbalances. These problems were compounded by low motivation levels of the health workforce as a result of years of under investment, poor working conditions, inadequate incentives and lack of clear and coherent human resource policies. The speakers unanimously hoped that the World Health Report would serve as a kind of roadmap and provide useful suggestions to deal with many of the human resource issues in India. In her ministerial address, Smt. Panabaka Lakshmi said that many innovative strategies were being attempted that WHO should document and disseminate all over the country. The Secretary Sh. Hota called upon WHO to unleash a process together with the government, that would take forward the theme of human resources all through the year and beyond. Sh. B.P. Sharma's presentation on the National Rural Health Mission illustrated some of the strategies that would be implemented to cope with shortages and unequal distribution of health workers. For example the NRHM envisaged multiskilling of PHC doctors to cope with specialist shortages, an expanded role for AYUSH doctors, increase in the number of nurses appointed at different levels of the public health system, increased contractual appointments, a specially trained cadre of village health activists, and training and certification of informally trained private rural practitioners.

The World Health Day celebrations in the capital concluded with the formation of a human chain at the National stadium near India Gate. This event was presided by Sh. Oscar Fernandes, Minister of State for Youth affairs and Sports, Dr. Paramita Sudharto, and Dr. Marzio Babilie, Chief Health Section, Unicef. Health posts were constructed to provide free health care at the venue and at the end, all those gathered at the National Stadium including health workers, medical students and the general public came together and joined hands to express solidarity and togetherness for human resources for health in India.

Proceedings at Vigyan Bhavan

Inaugural Session

Mr. B.P. Sharma, Joint Secretary, delivered the **Welcome Address** for the proceedings. Mr. Sharma extended his heartiest welcome to all the dignitaries and delegates present. He also welcomed the World Health Report (WHR) 2006 with its current and timely focus on human resources for health, particularly on the issue of global shortages and their impact on essential health interventions such as reductions of maternal and infant mortality and HIV/AIDS. He said that this was a timely initiative to come together and address and reduce shortages. It was also important to improve the skill mix of the available workforce, improve their levels of motivation, correct their entry, compensation and accompanying frameworks as well as the working environment of each individual. The health delivery system in India was faced with the heavy task of recruitment of ASHAs (in the National Rural Health Mission), nurses and specialists. Mr. Sharma said that against the larger context of human resource challenges the strategies suggested in the WHR 2006 would be extremely relevant and provide a roadmap for the future scenario of human resources in India.

Following the Welcome Address, all the dignitaries were formally welcomed with floral bouquets by Ministry staff.

Dr. Paramita Sudharto, Acting WHO Representative to India, then made a **statement on behalf of the WHO**. Greeting all the dignitaries, health officials and health workers she stressed that human resources were the most important part of a country's health system and the health system was dependent upon an efficient, motivated and vibrant health workforce. She pointed out that the theme for the World Health Day, *Working together for health* – highlighted the challenging and often inspiring work carried out by health care workers, often in spite of adverse conditions. She made a special mention of the often 'invisible backbone' of the system – para-medical, management and support workers and said that the World Health Day 2006 provided an opportunity to celebrate the remarkable contribution of all types of health workers to human health and development.

Highlighting the need for health workers in preventing and treating disease, she outlined the several challenges facing the health sector at present: how to deal with the inadequate number of health workers, including support staff, trainers and managers, and at the same time how to bring about work efficiency and effectiveness and avoid wasting of available resources. Dr. Sudharto explained that the WHR 2006 estimated a global shortage of more than 4 million doctors, midwives, nurses, pharmacists, dentists and support workers. While the WHO South East Asia Region housed a quarter of the world's population, it had only 12 per cent of the global health workforce. On the regional average, there were only 29 essential health service providers per 10,000 population; well below the global average of 62. In addition, the Region also faced imbalances in the distribution of these health workers, mainly between rural and urban areas.

Dr. Sudharto emphasized the diversity and continuum of the health workforce in India that included a range of trained and qualified biomedical specialists, super specialists and paramedical and allied health workers as well as practitioners of traditional systems, informally trained providers and various types of community and household based healers. This was a substantial workforce if considered in its entirety. However, she also pointed out that there were information gaps with respect to the current workforce in India as the exact and updated number and mix of available workers remained unclear. The Medical council of India had 643, 520 registered doctors, amounting to 1 doctor per 1598 persons, which suggested a short supply further compounded by distributional inequities. However if the nearly 5 lakh AYUSH practitioners in the country were also taken into account, the picture would be different.

Reiterating the need for well trained, well motivated and responsible health staff for responding to priority diseases and for meeting the Millenium Development Goals, Dr. Sudharto expressed concern at the poor working conditions of many in the work force, their declining morale and the consequent deterioration of health services and erosion of public trust in the health system. Migration of health workers to developed countries severely affected the health workforce as many left for better incomes, and for more conducive working environments.

Notwithstanding these, attempts were underway to address these critical issues. Dr. Sudharto lauded the launch of the National Rural Health Mission as an important step in this direction. She also lauded the production of a large and respectable number of skilled health professionals, the growth of medical tourism, the sizeable number of people in cutting edge health research in India, and the role of the Indian pharmaceutical industry in areas like Anti Retro Viral (ARV) drugs. Various State Governments were also beginning to address issues relating to human resources through formulation of transparent transfer policy, job descriptions, etc.

Dr. Sudharto summed up the critical HR issues as the availability of human resources, the numerical and distributional imbalances, inadequate training and capacity building, inefficient skill mix of health personnel, personnel management issues, lack of support and poor working environment, lack of opportunities for personal development and other factors leading to inefficient delivery of care. Information on human resources was fragmented and difficult to obtain. Hence, there was a need to pay attention to HRH policy, planning and management issues in a consistent and planned manner. At the same time, solutions to these problems did exist, and new ones were being actively sought. Innovative and effective ways to educate, support and manage the health workforce, and to encourage private-public partnerships were already reaping benefits.

Dr Sudharto called upon the health community, international agencies, politicians, academia, and civil society, to join hands to celebrate the World Health Day 2006 and to implement the best ways forward for human resources in health. She reiterated WHO's commitment to partnering with the Ministry of Health and other relevant stakeholders in addressing critical human resource issues in the health sector.

The next address was by **Dr. R.K. Shrivastava**, Director General of Health Services. He commended the present theme of human resources in health for the World Health Day. Although quite different from previous themes that focused on clinical conditions, the present theme was exceptionally meaningful as it drove home a global message that health issues could not be seen in isolation from the critical issues of human resources.

Dr. Shrivastava reminded the audience that isolated and disconnected efforts in the past had not succeeded, whereas the success of fighting the SARS epidemic had amply demonstrated how strong partnerships could contain a dangerous and threatening health situation. He observed that health was widely dependent upon trained workers and that development of health workers had to be responsive to local needs- there was nothing like a set type of trainers or a training place. He was particularly concerned that there was no live register for maintaining accurate records of practitioners or paramedics. Dr. Shrivastava requested that a proper agenda and guidelines be set up for addressing the issues related to human resources. The WHR 2006 was very relevant and had come at the right time for India. He hoped that it would provide help in better planning and management of human resources in the country.

Speaking next, Mr Sunil Nandraj, National Professional Officer with the WHO India Country Office presented the highlights and **key messages of the World Health Report 2006** (see Appendix 1). He began by outlining a series of global consultations and reports that had provided the momentum for adoption of the theme of human resources in health by the global health community. These consultations took place between 2004 and 2006 in Asia, Africa, Europe and the pan American region. Mr Nandraj's presentation highlighted aspects of the WHR 2006 that brought out the definition and significance of health workers, the estimates and region wise distribution of the global health workforce, challenges facing the workforce and strategies for enhancing their effectiveness.

The WHR 2006 defined health workers as "people engaged in actions whose primary intent is to enhance health". Global evidence endorsed the significance of human resources for positive health outcomes: data showed that educated and well trained increased the probability of maternal, infant and child survival. Main challenges facing the human resource scenario were shortages in some countries and excesses in others, unequal distribution across and within countries especially due to migration, skill mix imbalances and working conditions of the health workforce, particularly with respect to compensation and other incentives, workplace safety and other HR policies. Africa had only 3.4% of the global share of the health workforce, followed by the Eastern and Mediterranean region at 3.8% and the SEAR region at 5.5%. America and Europe had the highest share of the workforce at 42.1% and 32.1% respectively. However in absolute terms, the greatest shortage was found to be in South East Asia dominated by the needs of Bangladesh, India and Sri Lanka.

The WHR had adopted a working lifespan approach to dealing with issues of human resources. It articulated the need for improved preparation of the workforce at entry level, improved management of workforce performance during the working span and improved management of exit issues including migration, retirement and other causes for

attrition. Appropriate recruitment and training was critical to preparation of the work force. Important dimensions of health workforce performance were their availability, competence, responsiveness and productivity. To enhance the effectiveness of the health workforce it would be necessary to address each of these dimensions through new and appropriate strategies related to health workers' jobs, workplaces and the support that they needed.

The WHR 2006 urged national governments to take the lead in developing and implementing HR policies and programmes tailored to local realities. Other key messages of the report were to promote partnerships and cooperation between local stakeholders backed by global and regional reinforcement and to build and nurture an essential element of trust between governments, health professionals and the communities they served.

The next **address** was by **Sh. Prasanna Hota**, Secretary Health and Family Welfare. In his speech Sh. Hota highlighted the challenges facing the human resources scenario in the country and suggested some steps to deal with these. He reinforced the importance of the theme of human resources by stating that the importance of human resources was generally well known but it needed special attention. Placing his remarks in the context of health systems and health programmes, he observed that many new programmes had been started but their results were not yet spectacular, or in proportion to the requirements of the country's health needs. In his opinion one of the main reasons was lack of optimization of human resources, imbalances in the numbers, skills and types of human resources, regional imbalances in the distribution of human resources and imbalances between the layers. These and other problems needed to be clearly and openly articulated and Sh. Hota commended the bold attempt of the National Commission on Macroeconomics and Health (instituted by GOI and WHO) in identifying and placing upfront a number of problems confronting India's health system.

Sh. Hota called upon WHO to unleash a process that would take this theme forward throughout the year and he also called upon the Directorate General of Health Services to rise valiantly to the occasion and provide a strong leadership for health services in the country. Sh. Hota expressed particular interest in investing in the training of paramedics, particularly in paramedic specializations and continuing education for paramedics. He mentioned that an attempt was underway to develop a nursing college in the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore to train psychiatric nurses. He was concerned that paramedics did not have a strong enough voice as yet, and he wanted to see processes created that would bring greater empowerment for paramedics. He also saw private sector potential for training of paramedics, such as through 3-6 month courses for general duty assistants in hospitals.

Sh. Hota commented on the regional imbalances in medical institutions and remarked that states like Bihar, Orissa and UP with a deficit of medical colleges needed special attention otherwise they would continue to remain deficient and institutions would continue to increase in those states which already had larger numbers of institutions. He

also saw a need for a greater thrust for community medicine in institutions and for codification of different medical professions

Concluding his address, Sh. Hota stressed that human resources were the fulcrum of health care and the World Health Day 2006 marked a beginning that he hoped would lead to a yeoman process in the future.

Release of the World Health Report

Smt. Panabaka Lakshmi, Minister of State for Health and Family Welfare, who presided as Chief Guest over the World Health Day celebration, released the World Health Report 2006.

In her ministerial address, Smt. Lakshmi lauded the World Health Report and its theme of human resources in health. She stated that human resources became all the more important to meet the Millennium Development Goals. She emphasized the strengthening of both medical as well as paramedical workers and advocated that human resources in India should be improved to international norms.

The minister remarked that many innovative and effective ways of addressing problems related to human resources existed and were being tried out. She called upon WHO to document some of the best practices and innovative techniques and disseminate them in India. A strong and vibrant health workforce was essential to meeting the health needs of the country and this could well be achieved with proper planning and focus on this issue.

Mr. Rajesh Bhushan, Director International Health, MOHFW, drew the inaugural session to a close with a **vote of thanks**. He thanked all of the dignitaries and delegates present for attending the WHD function. Summing up the proceedings and the speeches he commented that these were generally exciting times for those working in the health sector as several changes were underway and strong efforts were being made to improve the country's health system and human resources.

Technical Session

A technical session took place following a short tea break after the inaugural session. The technical session included a presentation followed by a panel discussion and an open interaction with the audience.

NRHM presentation

Joint Secretary Sh.B.P. Sharma set the background for the technical session by providing a comprehensive overview of the National Rural Health Mission (NRHM). (See Appendix 2). The presentation provided an outline of the main challenges of shortages, inadequate skill levels and inadequate training infrastructure, in the context of the health

workforce in the country. Mr. Sharma explained details of how the NRHM strategy planned to tackle some of these challenges. The highlights included:

A network of village health activists called ASHAs would be trained to provide preventive and some curative services in villages. ASHAs would be linked with the public health infrastructure, in particular the PHCs. Around 4 lakh ASHAs would be trained by 2008.

Each sub-centre would have an additional ANM. Sub-centres would be linked to caseloads rather than to population norms. Sub-centers would also have access to some untied funds and to drug support.

The number of resident staff nurses in Primary Health Centres (PHCs) would be increased from 1 to 3, including 1 public health nurse.

Shortages in the number of doctors would be addressed through better utilization of AYUSH doctors. There would also be block pooling of doctors from PHCs and CHCs.

Quality standards for PHCs were under preparation.

The number of Rogi Kalyan Samitis would be increased to improve public accountability of the public health system.

Each CHC would have 4 specialists – one each in general medicine, surgery, paediatrics and gynaecology. The number of staff nurses would increase from 7 to 9. Contractual appointments would be tried, but retention was likely to remain a problem in such appointments.

Specialists' shortages were likely to continue, but more positions would be sanctioned, retirement age would be increased and more contractual staff would be appointed.

Medical officers would be multi-skilled in disciplines where there was a shortfall – like psychiatry and paediatrics.

A significant amount of investment was required for renovations of district hospitals, particularly in the northeastern states.

Public private partnerships would be encouraged for training of ANMs, to cope with the enormous shortfall in the institutional training capacity of ANMs.

Public health managers would be appointed – one for each CHC, one at the sub-divisional hospital and 7 for state hospitals. As training capacity for such staff was limited, existing human resources could be trained through short-term courses.

As informally trained private practitioners provided a large portion of curative health care in rural areas and as the nearest doctor in rural areas still continued to be at the PHC,

which was often quite far from some villages, an attempt would be made to improve the services provide by the informal sector. This could be in the form of developing certificate courses for accrediting such providers and might imply an amendment to the existing Medical Council of India Act.

Medical Colleges could be involved in the management of public health facilities.

Norms could be relaxed for setting up new medical colleges in the high focus states without compromising on quality.

Panel discussion

After Mr. Sharma's presentation on the NRHM, panelists from the government and the non-government sectors presented their viewpoints.

Dr. Shiv Lal, Director National Institute for Communicable Diseases, emphasized the need for a greater number of public health managers in the field, for rationalization of PHC doctors' postings and for a greater number of trained specialist paramedics in the field.

Dr. I.P. Bhagwat, a National Consultant on NGOs with the National AIDS Control Organization presented the NGOs' perspective. Briefing the audience to the human resource problems in the NGO sector he said that staff recruitment and retention was a challenge as not enough people were willing to opt for working in the voluntary sector. Professional managerial capability in NGOs was limited and there was lack of macro level appreciation of the bigger picture. NGO programmes were not always replicable or sustainable and NGOs were not the answer to all of community problem. They needed more training and capacity building. Notwithstanding these challenges, there were several examples of successful NGO partnerships with the public sector in many areas of social development. Dr. Bhagwat reflected that it was important for both sets of partners to learn from each other and that the government needed to provide supportive supervision and monitoring to NGOs instead of inspections. Please see Appendix 3 for Dr. Bhagwat's presentation.

Dr. Ichhpujani, Deputy Director General, MOHFW, discussed the important 'Ms' that were central to the delivery of quality health care. The first M denoted optimal Manpower. The second M stood for Materials and implied that even if human resources were appropriately trained they would not be able to practice their technical skills if there was a shortage of drugs. On a similar note, the third M stood for Machines or tools and the fourth denoted Motivation.

After the panelists' comments the floor was thrown open to the house for comments, observations and questions. A lively discussion ensued. Doctors, pharmacists, voluntary sector personnel, public health specialists and people from allied health fields sitting in the audience, asked a variety of questions and made valuable suggestions.

There were many suggestions for tackling the shortages of doctors and specialists in rural areas. These included:

- Reducing discrimination against those who do not possess an MD qualification in the passing of the Diploma of National Board (DNB), a postgraduate medical examination. Participants and panelists agreed that Diploma holders were more likely to go back to CHCs than those who had an MD qualification.
- Increasing the current ratio of students to teachers in medical institutions.
- Substantially increasing financial incentives for doctors posted in rural areas.
- Facilitating the availability of loans to private doctors to set up practices in rural and underserved areas and using health insurance money to pay doctors.
- Improving prospects for vertical growth in the public health system.
- Paying more attention to the large network of pharmacists in the country. A group of pharmacists present in the audience expressed their concern that there had been no references at all to the role of pharmacists during the day's proceedings. They said that they would like to extend all possible help on behalf of pharmacists in the country.

Professionals in the audience also raised concerns about the small proportion of medical professionals in the country who were available to work in the public health delivery system. For example, out of around 6 lakh doctors in the country not even 10% were employed in the public sector. Mr. B.P. Sharma responded that this was partly due to the limited number of sanctioned positions in the public health sector. Participants further pointed out that there was an acute shortage of trained public health professionals in the public health sector. They also wanted to know from the government representatives whether and how the lessons learned from previously unsuccessful Community Health Worker/Volunteer/Village Health Guide Schemes had been incorporated into the new ASHA scheme so that it would not meet with a similar fate. Ms. Jalaja and Mr. Sharma explained that a Task Force had been set up to review the earlier schemes and provide feedback into the new ASHA scheme. The ASHA scheme was different from earlier schemes in that only a female would be selected as an ASHA and instead of a fixed salary she would receive a performance-linked remuneration.

Ms. Jalaja, the panel moderator, invited Dr. Sudharto of WHO to share her views with the group. Dr. Sudharto complimented the comprehensiveness of the National Rural Health Mission and agreed that there were many challenges on the road ahead. She shared with the group that WHO had conducted a small assessment of the situation, based on secondary data sources, and she hoped this assessment would enrich the current understanding. She suggested that WHO staff could sit with the Ministry and plan how WHO would lend its support to the government.

Ms. Jalaja, Additional Secretary, concluded the panel discussion with a few remarks. She commented on the serious shortages caused due to migration of health professionals from low resource countries to richer and more developed countries. She also identified a number of human resource policy needs at the state and district levels. The public health infrastructure in India was very large and states needed to put in place matching human resource policies that were clearly articulated and well thought through. Manpower needs had to be documented so that they could be taken into account. Ms. Jalaja stressed that devolution of financial and other powers to the district and panchayati level was essential and it had to be supported by adequate training and capacity building of panchayati raj institutions. She saw a need for two types of cadres of doctors – a clinical cadre and a district cadre, somewhat similar to what had been tried in Chattisgarh, and called for greater local recruitment incentives. She said that there was at present poor synergy between health services and it was crucial to consider ways of integrating these. She also observed that donors were gradually turning away from supporting social sector programmes and there was some thinking that everything could be left to the private sector. Ms. Jalaja then thanked everyone and drew the day's proceedings to a close.

The Human Chain for World Health Day

Later in the afternoon, another event was organized to celebrate the World Health Day. WHO collaborated with UNICEF to form a one km long symbolic human chain at the National Stadium near India Gate in New Delhi. Health Posts were also set up at the venue to provide free health care to people.

Mr. Oscar Fernandes, Minister for Youth Affairs and Sports, Dr. Paramita Sudharto, Acting WHO Representative to India and Dr. Marzio Babilie, Chief Health Section, Unicef, graced the occasion and addressed the large crowds gathered at the National Stadium. Mr Fernandes congratulated and thanked doctors and health workers all over the country who had helped in the fight against major diseases like leprosy and TB. Dr. Sudharto hailed the role of the entire health workforce, and acknowledged all health workers beyond doctors who were helping to improve the health of the Indian population. Dr. Babilie promoted healthy lifestyles that combined good diets with exercise and good mental health. He also emphasized the significance of maternal and child health and called for greater commitment to these.

Several doctors and health workers were honoured and felicitated for their work during this celebration. Finally, all those gathered in the stadium – schoolchildren, medical students and service providers came together and joined hands to walk around the stadium in an act of solidarity for the health workforce.