

**National Workshop on Human Resources for Health  
Options and Challenges  
5-6th April 2007, IHC, New Delhi  
A Report**

The Ministry of Health and Family Welfare, GoI in collaboration with WHO – Country Office for India organized the a two day National Workshop on Human for Health: Options and Challenges on 5-6th April 2007 at India Habitat Centre, New Delhi.

The workshop sought to identify and agree on priorities for coordinated action in improving human resource policy and practice. Further, it sought to enhance the understanding of successful approaches towards development of workforce development in the health sector. This included sharing of best practices, strategies and the evidence base and achieving consensus amongst key stakeholders on a strategy for building up, nurturing and managing human resources in health sector.

The participants of the workshop include representatives of governments – Central Ministry, State Governments, Planning Commission and other institutions, professional councils, bilateral and multilateral agencies, human resources specialists, academic institutions, training institutions, health worker organizations and health professional organizations amongst others.

The workshop was inaugurated by the Hon' ble Union Minister for Health and Family Welfare, Dr. Ambumani Ramadoss. In his inaugural address, the Minister put forth a wide range of issues related to human resources in health sector including the diversity of health personnel, shortages of health personnel especially in critical areas like specialist dentists, anaesthetists etc, disparity in medical colleges in the country, rural-urban divide, migration of health personnel, medical tourism, role of professional councils and training of health personnel amongst others. He called for greater action/initiatives in areas like GIS mapping of health personnel upto block and village levels to enable policy making and programme designing. While mentioning the initiatives of the government for tackling shortages and rural urban divide, he emphasized the need for more innovative ideas for setting up medical institutions in underserved areas, and to retain the trained highly skilled workforce as well as to attract those who have migrated. He called for reciprocal recognition of foreign degrees as well as greater regulation to achieve high standards of education and training. He underlined the need for providing greater opportunities for medical research and initiatives for producing greater number of critical health personnel including faculty for medical and health institutions as well as need for . There is need to develop a cadre of health mangers, hospital administrators and public health specialists too, as well as create district cadres for health staff.

The other dignitaries at the inaugural function included, Dr. Paramita Sudharto, Ag. WHO Representative to India, Dr.R.K.Srivastava, Director General Health Services, MOHFW, GOI; Smt. Anita Das, Secretary (AYUSH), Government of India and Shri Naresh Dayal, Secretary (Health & Family Welfare), Government of India. Smt Ganga Murthy, Economic Adviser, MOHFW, GOI delivered the vote of thanks.

**Dr Sudharto**, in her address spoke about the diversity and pluralistic nature of health workforce in the country and presented the current scenario of health personnel in the region and the country. While acknowledging that human resources are the heart of health systems, she stressed the need to maintain quality of human resources for health and develop ancillary personnel like health educators, managers, statisticians and other support staff. She reiterated that WHO is committed

to partnering with MOHFW & other relevant stakeholders in addressing this critical issue of human resources in health.

**Dr. Srivastava** noted that the gap between the required manpower and available manpower in health sector in India is critical; the shortages needs to be addressed through a holistic approach. He called for improving the standard and quality of health personnel produced to meet international standards. He noted that there is lack of full fledged policy about entry, enhancement of capacities of the workforce and exit and said that if such a policy is put in place, it will yield good results in the effective management of health workforce in the country.

**Mrs. Das** in her address observed that in addition to creation of educated and well trained doctors, nurses and paramedics, we need to build capacities among managers, health educators, community, parents, families and individuals in order to meet the challenges of shortages of manpower in health sector. Further, she remarked that attitudinal changes and building partnerships are key to improving performance of health personnel and in turn that of health systems. Convergence and mainstreaming amongst the allopathic and Indian systems are important aspects of human resource management.

**Mr. Dayal** noted that the workshop is very topical and timely as it is a critical juncture when the government is working towards increasing the public health expenditure from 0.9% of GDP to about 2-3% of GDP. To be able to spend this kind of budgets to deliver health services, we would require large and various types of manpower in both rural and urban areas. He outlined various initiatives undertaken by the flagship programme of National Rural Health Mission to meet the critical challenges of HRH in terms of shortages of skilled manpower at various levels. Observing that migration of health personnel and demand from across the globe especially south west Asian countries, he said that we should be able to produce more health personnel as we have a large young population and this would also provide them employment opportunities. More institutions will require more number of faculties and hence he said that we need to amend our policies and systems to attract well trained highly qualified Indian doctors who have gone abroad. State governments need to maintain the standards of medical colleges as large investments have gone into building them. There is also need to adequately compensate the doctors through appropriate institutional mechanisms.

On occasion of the workshop, two documents – Health Sector Reform in India: Initiatives from States-II, MOHFW, GOI and Too Many There.. Too Little Here... Health Workforce in India by WHO India Country Office were released by the Hon' ble Union Minister for Health and Family Welfare.

The technical sessions spanning over a day, covered various aspects of human resources in the health sector and included a galaxy of speakers.

**Ms. Sujatha Rao, Additional Secretary & Director General, NACO** highlighted the importance of human resources for achieving health sector goals and said that it is a key driver of health costs. Her presentation touched upon the factors that determine HRH and put forth findings and recommendations from National Commission on Macroeconomics of Health. Sharing a situational analysis of the state of Andhra Pradesh, she pointed at issues related to HR in health sector such as lack of faculty in medical colleges, poor salaries, large scale vacancies and wastage. Finally she presented some options for consideration to address the issues raised.

**Mr. Sunil Nandraj, Cluster Focal Point – HSD, WHO Country Office** highlighted key human resource issues that need to be addressed in the health sector while **Ms. Anagha Khot, Cluster**

**Assistant – HSD, WHO Country Office** emphasized that several Committees and Commissions as well as Five Year Plans, beginning from 1946 to 2005, have examined issues related to human resources in the health sector and provided several recommendations. She outlined some key recommendations and urged for review and operationalization of the same rather than re-inventing the wheel.

The technical sessions also focused on issues of migration of health professionals wherein **Dr Arvind Mathur, Cluster Focal Point, FCH, WHO Country Office** drew attention of the participants to the fact that migration is one of the causes of shortages of health personnel. Through his presentation, he highlighted the typology of migration, impact of migration in source and destination countries, trends and push & pull factors of migration. He also briefly discussed the various policy issues including challenges and options for addressing these concerns. **Dr. A.Venkat Raman, Faculty of Management Studies, University of Delhi** discussed the challenges of performance appraisal and related career progression of health personnel in public services. He presented the select findings from a study in AP and WB on annual confidential reports and promotions of health personnel. To conclude, he presented few options for way forward in the area of career progression and performance appraisal.

**Mr. Prafull D. Sheth, Vice President, FIP** presented the various human resources related issues in the pharmaceutical sector in India including the customers of human resources, size of the sector, deployment of human resources, pharmacy education in India and initiatives of Indian Pharmaceutical Association for pharmacists in public health. Lastly, he shared the concerns faced by the sector and briefly outlined select probable actions and directions.

With reference to capacity building of the health system, **Dr L S Chauhan, DDG (TB), MOHFW, GOI** spoke of issues related to human resource planning and management in RNTCP programme. He mentioned that TB control activities are human resource intensive requiring highly skilled health workforce and the challenges faced include inadequate and gaps in human resources, effective supervision and diversity of providers amongst others. He mentioned that to face these challenges, the programme has adopted various strategies like redefining organizational structures, action for human resource development at national level, capacity building of programme managers, contractual appointments to filling key human resource gap and partnerships amongst others. **Mr. Rajeev Sadanandan** spoke of managing technical support in the health sector. He highlighted the difference between technical assistance and technical support, discussed various aspects of planning, provision of technical support and retention of upgraded resources. He then went on to discuss the steps involved in managing technical assistance.

In the area of Education and Training, **Dr. Ananthanarayanan, DDG (M) Directorate General of Health Services** pointed out the changes in knowledge and skills in medical and paramedical education and discussed some of the options and possibilities to address these requirements as well as other problems like shortages. **Dr Baridalyne N, Asst Professor, Centre for Community Medicine, AIIMS** presented the current scenario of human resources in health sector and shared options for way forward including reforms in curriculum and teaching methods, reforms in examination, regulation of education and integration of training institutions at district, state and national level amongst others. **Dr. Krishna D. Rao, Public Health Foundation of India** presented a brief history of public health education in India and then discussed the various initiatives proposed by the Public Health Foundation of India to meet the current demands in public health education and training while **Dr. Vijay Aruldas, General Secretary, Christian Medical Association Of India** outlined the characteristics of paramedical health workforce and their training institutions. While presenting the problems faced, he shared the approach adopted

by CMAI to confront the challenges of developing paramedical workforce. A roadmap for streamlining this sector of health workforce was discussed including regulation and certification, focus on competencies and need for national and state bodies.

The session on sharing of State experiences included participants from States of Chhattisgarh, Tamil Nadu and Madhya Pradesh. **Dr.S.Elango, Joint Director, Directorate of Public Health, Tamil Nadu** presented best practices, strategies and initiatives in human resource development focusing on recruitment policy, re-designating paramedical workers and empowerment of female health staff. **Dr.B.B.Sarwa, Joint Director, Directorate of Health Services, Chhattisgarh** outlined the challenges in HRH in the State. He presented the experiences of designing and implementing some measures to address the problems. Initiatives in the area of HRH include three year rural practitioner course, changes in staffing pattern and multi-skilling amongst others. He emphasised the need for a multi-skilled health worker who would deliver effective comprehensive primary health care services. **Dr.R.K.Chaurasia, Registrar, Madhya Pradesh Paramedical Council** discussed the constitution, functions of the council and subjects included in the schedule. He mentioned that one of the main challenges faced by the council is the number of court cases.

The participants also participated in a **group discussion** with a view to prioritise issues related to HRH and recommend operational framework to address these issues. To facilitate the group work, an indicative list of issues was provided to the groups. The deliberations of the group work were presented before a panel comprising of representatives from the MOHFW, Secretary (H&FW) Tripura, Medical Council of India, Dental Council of India, Indian Nursing Council, Department of PSM, AFMC and Institute of Health Systems.

One of the priority areas identified was information on health personnel. For tracking the flow of health workforce, one of key actions suggested was making district as the nodal point for registration, coordination between national and state councils and demarcation of roles and responsibilities of national and state branches of councils. Other suggestions included creation of separate paramedical councils and councils for other professionals like physiotherapists etc, compulsory induction programme and creation of separate divisions for human resource development at district, state and national level.

Some of the key points that emerged from the deliberations during the workshop are mentioned below:

- Need for policy on HRH and creation of separate cell/divisions for HRH at central, state and district level.
- Need for induction training to officers across all levels.
- Relaxation of norms to set up and run educational institutions as per local need while maintaining standards and quality.
- Greater role professional bodies and associations to adhere to standards and ethics
- Separate councils for paramedical personnel and other personnel like physiotherapists, speech therapists etc.
- Adequate remuneration and good working conditions to be provided to prevent migration.
- Transparent and effective transfer policies.

The workshop concluded with a vote of thanks.