Primary neglect

The large number of unfilled vacancies in Primary Health Centres in many States is proof that any plan to provide universal health coverage in India is going to be a major challenge. Availability of human resources for health, be it doctors, nurses, or support staff, is far from optimal. In the WHO’s Global Atlas of the Health Workforce for 2010, India is 52 among 57 countries facing a critical HR crisis in health. A well-functioning health system should have at least 23 health workers per 10,000 people, while the statistic for India is 19. Even this national performance is not uniform, as the statistics on PHCs show. It is unconscionable that as per 2011 figures, some States have staggering levels of vacancies of doctors at the most basic access level. Chhattisgarh tops the list with 71 per cent; West Bengal, Maharashtra, Uttar Pradesh, Madhya Pradesh, Gujarat, Odisha and even Tamil Nadu have significant number of vacant doctor posts. These statistics strengthen the argument that many more medical and nursing colleges, and institutions for health worker training should be opened on a war footing. It is true that legislation in this regard is pending, and the Parliamentary Standing Committee on Health and Family Welfare has recently submitted its report. The Centre must now move forward through democratic consensus involving stakeholders.

The litany of human resource shortages is not peculiar to the PHCs. Vacant posts are found in the even more basic unit of Health Sub-Centres (HSCs), besides hospitals at higher levels. What this highlights is the patchy performance of the National Rural Health Mission in several States. Unfortunately, these States have failed to grasp the importance of PHCs and HSCs to reduce the country’s notorious maternal and infant mortality rates. Unless they act with determination, it will be impossible to achieve the growth in primary care so essential to cater to a much higher population just a decade from now. The Planning Commission’s High Level Expert Group on universal health coverage projects a need for 3.14 lakh HSCs (more than double the present number) and over 50,000 PHCs by 2022. To staff them with trained manpower, a robust plan to augment human resources must be pursued. Towards this end, the National Commission for Human Resources for Health Bill, 2011 provides an enabling framework. Yet, it can make progress only when all stakeholders, including the medical community and civil society, are agreed on the way forward. What is unarguable is the need for a rapid scaling up of training facilities for doctors, nurses and auxiliary workers, and filling up of vacancies in all States. Without this, universal health coverage cannot make much headway.

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