



A cardinal omission in the COVID-19 package

The Government's COVID-19 health package II again overlooks the need for and availability of health human resources.

Centre's financial package

1. In July 2021 the Union government announced the India COVID-19 Emergency Response and Health Systems Preparedness Package: Phase II', with the stated purpose to boost health infrastructure and prepare for a possible third wave of COVID-19.
2. Through this financial package, there is a plan to increase COVID-19 beds, improve the oxygen availability and supply, create buffer stocks of essential medicines; purchase equipment and strengthen paediatric beds.
3. However, the package barely has any attention on improving the availability of health human resources.
4. Even before the novel coronavirus pandemic, as reported in rural health statistics and the national health profile (both official government documents), there are vacancies for staff in government health facilities, which range from 30% to 80%, depending upon the sub-group of medical officers, specialist doctors to nurses, laboratory technicians, pharmacists and radiographers, amongst others.
5. In addition, there are wide inter-State variations, with States that have poor health indicators with the highest vacancies.

Workforce shortage

1. Sixteen months into the pandemic, though there has been occasional recognition of the shortage in the health workforce and a few commitments to fill the vacancies; very few are known to fructify, even partially, at both the Union and State levels.
2. As an example, the Union Ministry of Health in May 2020, announced recruiting 300 epidemiologists; it is not known what the status is.
3. Among the States which announced filling vacancies of health staff, attention has mostly been narrow — on select subgroups such as doctors or nurses, and not holistic, and promises remain unfulfilled.

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4. The COVID-19 package II (which focuses on health infrastructure strengthening) needs to be urgently supplemented by another plan and a similar financial package (with shared Union and State government funding) to fill the existing vacancies of health staff at all levels.
5. Alongside, an objective approach to assess the mid-term health human resource needs could be the Indian Public Health Standards (IPHS), which prescribe the human resources and infrastructure needed to make various types of government health facilities functional.
6. Once such a need is assessed, the Union and State governments would have to come up with another financial package for human resources to complement the COVID-19 health package II. That alone can make health facilities functional in a sustainable manner.

India's health system will not benefit from ad hoc and a patchwork of one or other small packages. It essentially needs some transformational changes. The COVID-19 package II appears insufficient and seems to be based upon a misguided assumption that infrastructure is equal to health services. Governments (both Union and State) seem to be on the path to repeat four-decade-old mistakes.