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Strategic issues and challenge: In healthcare and HRD in India

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Abstract

In India we are the most powerful evidence in 21 century for rapid changes in Healthcare of India and its relationship towards Human Resource Development. To be discussed in this paper. The issues like Health Finances, Health Status and HR efficiency in Healthcare. The main four key HR issues in Healthcare sector to Improving efficiency in the use of HR, Improving equity in the distribution of HR, Improving staff motivation and performance and Improving HR strategic planning capacity in Ministries of Health. The issue of Healthcare is developing fast in India due to more population. And the issues are needed to be addressed at the earliest. Qualifications, administration and skill with a blend of experience must be given top priority for Healthcare. If Healthcare issues are ignored it will lead to face many disasters in future all over country.

Keywords: Human Resource Development, Qualifications, administration

Introduction

Health is a state of complete physical mental and social well being and not merely the absence of disease or infirmity. Public health refer to all organized measured to prevent disease promote health and prolong life among the population as a whole. The population is a distinct key issue in public policy discourse in every nature of society often determining the deployment of huge society. They include it cultural understanding of ill health and well-being, extent of socio-economic disparities. The health services and quality of current bio-medical understanding about illness, health care covers not merely medical care but also all aspects pro preventive care too. Where as in India, private out-of-pocket expenditure dominates the cost financing health care, health care at its essential care is widely recognized to be a public health.

Forecasting in Health Sector

In general predictions about future health of individuals and populations can be badly uncertain. However all projections of health care in India must be end rest on the overall changes in its political economy on progress made in poverty mitigation in reduction of inequalities in generation of employment/income streams in public information and development communication and in personal life style changes.

General and private health infrastructure

Solution to public and private health infrastructure is different and both of them need attention to hospitals at district and sub-district levels must be supported by good management and with adequate funding, user fees and services, all as part of a functioning referral net work. Due to inadequate budgets many hospital facing motivated care. To solve all these problems of health disasters and few feasible steps to be taken.

Feasible Steps for better performance

PHCs were meant to be local information centers which could develop simple community. Government to provide minimum Facility to public by PHCs. Medical education has become more expensive and with rapid technological advances in medicine, specialization has more attractive rewards. Taking into account the size of the burden, the clinical and public health services cannot be shouldered for all by government alone to a large extent this health sector

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reform in India at the state level confirms this trend. The distribution of the burden, between the two sectors would depend on the shape and size of the social pyramid in each society.

Health Financing Issues

Costs of health care is an issue in equity and it has two aspects first is how much is spent by Government on publicly funded health care and on what aspects? And secondly how huge does the burden of treatment fall on the poor seeking health care? The second trend would be to concentrate on urban middle and upper classes and settled job holders with capacity to pay and with a perceived interest in good health of the family.

Insurance is a welcome necessary step and must doubt less expand to help in facilitating equitable health care to shift to sections for which government is responsible.

Health Status Issues

The difference between rural and urban indicators of health status is well known that is range from childhood gap up to 5 years. Even the averaged out good performance ideas wide variations by social class or gender or region. States have had to suffer the most due to lack of access. This is clear from the fact that compared to the riches quintile; the poorest had 2.5 times more IMR and child mortality, TFR at double the rates and nearly 85% malnutrition – particularly during the present year

Human Resource Issues in the Health Sector

1. There is still an over focus on quantities – producing (and often overproducing) health personnel without taking account of the sector's needs resulting in limited resources being spread too thinly
2. Productivity is low as health workers are underpaid and often turn to alternative (at times illegal) means of making ends meet
3. Human resource issues have become detached from the broader mainstream policy. Staff plans often represent little more than wishful thinking, bearing no relation to resource availability, and key issues and problems such as reconciling strategic management (e.g. maintaining equity) with responding to local needs remain unresolved.

The four HR areas reviewed include

1. Improving efficiency in the use of HR
2. Improving equity in the distribution of HR
3. Improving staff motivation and performance
4. Improving HR strategic planning capacity in Ministries of Health

Reducing staff numbers is often seen as one way of achieving this. Recent decades increases in staffs combined with severe financial constraints have not only squeezed salaries but also non salary items of maintaining drugs.

Reducing staff numbers is never easy as such measures are unpopular and carry high political costs.

Changing the skill is another approach. Greater use of nurse practitioners can reduce staffing costs without reducing quality. Training centers and continued professional development also need to be considered.

Flexibility in employment arrangements

This could involve time base approaches (changing shift patterns, working hours, etc) or contract based approaches (temporary staff, fixed term contracts or even contracting out services – usually ancillary services, Sometimes clinical services and on occasion whole parts of the service may be contracted out to NGO, mission or even private providers)

Equity in staff distribution

Primary health care services is the best way of improving health status of the population.

Medical staff would often prefer to work overseas or, failing that, work as a private practitioner in an urban setting. Incentives such as remote area allowance themselves ineffective unless salary levels are also increased. Since a provider has little experience in health care delivery, the government is in difficult to provide service coverage targets against which performance of providers can be assessed.

Basic training of health personnel

There are two main approaches to improve basic training. The first involves reviewing and adapting training curricula following better appraisal of service needs and second approach has been to create primary care specific professionals.

Staff Performance

Individual staff performance is a key element in overall system performance. Adequate good salary is not found in developing countries, secondary-requisite is for staff to have the means to do their work, especially drugs, transportation and communications, three elements often missing in rural areas.

Incentives for good performance are very weak health service usually lacks the necessary HR management skills to establish good systems. Health workers must also possess the requisite skills. In many developing countries this is hardly ever the case for various reasons. First, training budgets are often centralized and training provided is often programming specific and unrelated to the specific needs of staff.

The Challenge of Health Care Reforms

Training is certainly an important component of HR management, without strategic HR planning, HR policy development and HR management, good performance in the health system will not be achieved. As with other management functions in the health sector, reforms are likely to require HR management to move from the personnel administration function that usually does some simple human resource planning, to a function with a much more strategic approach. the monitoring of the staffing situation, but will also demand the development of strategic choices based on information from the monitoring process.

Current scenario in health sector

An optimistic scenario will be premised on an average 18% in the year 2008 rate of economic growth during this decade and 20% in the year 2020 per annum thereafter if so, what would be the major fall out in terms of results on the health scene? In the first place, longevity estimates can be considered along the following lines China in 2015 had a life- expectancy at birth of 69 years (M) and 73(F) whereas

India had respectively 55 (M) and 58 (F). More importantly, healthy life expectancy at birth in China was estimated in the World Health Report 2015 at 60 (M) and 62 (F) whereas in Indian figures were 53(M) and 51.7 (F). If we look at the percentage of life expectancy years lost as a result of the disease burden and effectiveness of health care systems. Clearly, an integrated approach is necessary to deal with avoidable mortality and preventive steps in public health are needed to bridge the gaps, especially in regard to the Indian women. This leads us to the second question of the remaining disease burden in communicable and non-communicable diseases, the effective of interventions, such as, immunization and maternal care and the extent of vulnerability among some groups.

As regards TB it is possible to arrest further growth in absolute numbers by 2006 and thereafter to bring it to less than an million within internationally accepted limits by 2020. Taking the third aspect viz fairness in financing of health care and reformed structure of health services, an optimistic forecast would be based on the fact that the full potential of the vast public health infrastructure would be fully realized by 2006. Finally it is proper to remember that health is at bottom an issue in justice. It is in this context that we should ask the question as to how far and in what way has politics been engaged in health care? the record is disappointing. Most health sector issues figuring in political debate are those that affect interest groups and seldom central to choices in health care policy.

Conclusion

The task of ensuring the availability of doctors, specialists and health department to build capacity for rural health care in India is huge, but doable. The challenges include shortages, of man power, compounded by insufficient investment, inadequate pre-service training, migration, work overload, freeze in salaries and work environment issues. The overall shortages are aggravated by skewed distribution within the country, cost reduction improvement performance changes in health. Model and movement of health personnel from rural to urban areas reorientation of medical and paramedical education, ensuring proper utilization of the trained manpower and standardization of trainings, effective human resource management information systems are also important. It is also essential to link HRH to the NRHM in addressing human resource issues and also sufficient manpower and investment is needed.

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