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AYUSH PROFESSIONALS TO BRIDGE GAPS OF HUMAN RESOURCE FOR HEALTH

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ABSTRACT

Human resource for health is one of the most vital facets of the healthcare system. In the Indian context, healthcare services system is perceived as suffering a deficit in appropriateness, number and availability of resources, especially in rural and tribal areas. Towards improving this scenario there have been consistent public policy efforts. “Ayushman Bharat” Pradhan Mantri Jan Arogya Yojana being most recent one launched in 2018 towards improving the public healthcare delivery system. Following the national trait of Ayushman Bharat, Maharashtra state health society took steps towards strengthening the delivery of primary health care through the establishment of "Health and Wellness Centres (HWC)" as the platform to deliver comprehensive primary health care through “Community Health Officer (CHO)” recruitment. The article analyses scope and concerns of utilizing AYUSH professionals towards bridging gaps of human resources for health by exploring the current policy adopted for recruitment of CHOs under National Health Mission (NHM) of Maharashtra state.

Key Words: AYUSH professionals, Health and Wellness Centres, Human resources for Health.

INTRODUCTION

Health care services are not only deficit in appropriateness, quality and resources but also suffer from lack of community participation and scarcity of human resources for health especially in rural areas. The conditions are not different at the Maharashtra state level despite the fact that it is one of the producers of a higher number of doctors, and other staff through huge educational infrastructure. Towards improving the scenario there have been persistent policy efforts starting from establishing health care services system post-independence, adopting National health policy 1983, National policy on ISM & H 2002 to the launching of NRHM to most recent Ayushyaman Bharat. Despite that, there has been a persistence of gaps in human resource for health with state-level differences. In this context, this article is an attempt to analyses the scope and concerns around utilizing AYUSH professionals towards bridging this gap. To begin with, let us understand the status of human resource for health.

Human resource for health

It is 'the stock of all individuals engaged in promotion, protection or improvement of population health'.[i] It is one of the most vital facets of the healthcare system, forming an important aspect of health policy. It comprises of doctors, dental practitioners, nurses and midwives, pharmacist, paramedical staff, administrative staff, community-level health volunteers, Auxiliary health professionals, traditional practitioners and faith healers. However, in Indian context it has always been characterized by scarcity especially in a rural area, which is further worsened by the unwillingness of Allopathy graduates to serve in remote and rural areas, leaving a majority of Indian masses depriving of healthcare services.[ii, iii] This dearth of human resource for health is evident through 52 rankings of India amongst 57 countries facing human resource for a health crisis.[iv] Furthermore, there are other issues of distribution of doctors, rural-urban disparities, and willingness to serve in interior areas, their capacities and even the quality for that matter. However, Deo observed 'Shortage of doctors for primary health care has been hyped.'[v] It is much evident where states like Maharashtra producing surplus doctors even counted only that of MBBS

where along with that there is a substantial number of AYUSH professionals available and performing as human resource for health as discussed below.

AYUSH Human Resource

It is evident that there is a comparable number of AYUSH doctors engaged in delivering health services to people which helps in improving doctor-patient ratio both at the national and independent state level also. As depicted by the Health Profile of India 2019, along with total 1154686 registered allopathic doctors, there is a comparable number of AYUSH doctors 799879 available in delivering health services to people in the Indian context. This number of Ayush doctors is majorly contributed by Ayurveda and Homoeopathy with 51.71 and 43.71 percentages respectively and remaining and 4.57 per cent by Unani doctors and other AYUSH professionals. [vi]

Similarly, at Maharashtra state level 153147 registered Ayush doctors are available in comparison to 173384 registered allopathic doctors. This number of Ayush doctors is majorly contributed by Ayurveda and Homoeopathy with 51.71 and 43.71 percentages respectively and remaining and 4.62 per cent by Unani doctors.[vii] These numbers are suggestive of the substantial contribution of these Ayush doctors serving Indian masses as there is a paucity of allopathic doctors especially when it comes to serving in rural areas. Down the line, there is a need recognizing and utilizing this valuable human resource properly towards improving health system functioning.

Policies towards AYUSH Human resource for Health

In the context of medical pluralism, several policies are adopted by government post-independence which shaped human resource for health.[viii] However, there was no attempt at radical restructuring of health care services as per the framework provided by the Bhore Committee.[ix] As a result of these policies most of the human resource for health is employed in the private sector. As asserted by Rao et al, India has not created a coherent human resource policy for health despite many policy recommendations in committee reports or plan documents.[x] However, with the launch of the National Rural Health

Mission (NRHM) efforts were initiated towards improving the availability of the human resource.

National Health Mission (NHM) and AYUSH. NHM being the latest was started with the launch of NRHM in 2005 which has strategies like the revitalization of local health tradition and mainstreaming of AYUSH. There was a perceived need of integrating these valuable human resources for developing comprehensive healthcare and strengthening the existing health services system. This is the reason that 'Mainstreaming of AYUSH' has been very much vital strategy towards bridging the gaps in human resources for health.[xi] However, there were administrative and managerial issues like disparity in pay scale, poor infrastructure made available for Ayush professionals, allocation of financial resources and accommodation from existing health care delivery system structure which is predominantly allopathic.[xii,xiii] Moreover, mainstreaming does not amount to any recognition to AYUSH systems therapeutic value. [xiv]

Recent policy of AYUSHMAN BHARAT

"Ayushman Bharat" Pradhan Mantri Jan Arogya Yojana is most recent policy launched in 2018 towards improving the public healthcare delivery system. As mentioned by National Health Authority, 'it is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service which aims to undertake path-breaking interventions to holistically address health at primary, secondary and tertiary level. Towards providing Comprehensive Primary Health Care (CPHC), covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services it started creating "Health and Wellness Centres (HWC)".[xv] Following the national trait of Ayushman Bharat, Maharashtra state health society took steps towards strengthening the delivery of primary health care through the establishment of HWCs as the platform to deliver comprehensive primary health care through "Community Health Officer (CHO)" recruitment.

CHO recruitment in Maharashtra

As per Notification for recruitment of CHOs by NHM through Ayush professionals at Health and Wellness Centres, it was for recruiting 5716 CHO posts in various subcenters from 21 districts of Maharashtra namely Gadchiroli, Osmanabad, Nandurbar, Wardha, Bhandara, Satara, Chandrapur, Sindhudurg, Nanded, Jalgaon, Latur, Ahmednagar, Palghar, Gondia, Nashik, Pune, Amravati, Thane, Raigad, Yavatmal and Nagpur. As per the advertisement, the required qualification criteria is BAMS/ BUMS Registered under Part A, A-1, B or D of the Schedule, Maharashtra Council of Indian Medicine. Subsequently, after conducting the exam these Ayurveda professionals were offered six months bridge course with prior entrance text. After completion of the course exit exam was conducted followed by their recruitment as in-charge of HWCs. This recruitment is again purely on contractual with a base salary of rupees 25000 consolidated plus performance-based incentive up to 15000.[xvi,xvii]

The approach of State towards AYUSH human resource

The approach of the state towards AYUSH human resource has always been secondary preference with use and throw approach which is evident through the utilization of AYUSH professionals as per the need, and convenience. Historically, Maharashtra government's move was towards utilization of Ayurveda personnel at places where the allopathic MO doesn't want to work which further fails to offer at par status to these alternative medical professionals. With 1981 GR it opened opportunities for BAMS graduates to function as a Medical officer to the level of Grade II MO, at PHCs and PHUs in the state.[xviii] It is further evident through 1995 recruitment of *'Bharari Pathak'* medical officers where around 170 BAMS doctors are offering healthcare services in sixteen tribal districts which are very inaccessible including Naxalite affected areas. The order of making them regular never got materialized and they were offered with a mere honorarium of 16000 which was raised to 24000 (including 6000 contributions from Tribal department) in 2015. Those BAMS medical officers continued their agitations demanding for raising salaries. It similarly happened in 108 Emergency Ambulance services recruitment where unexpectedly despite their payments are said to be less than regular drivers of the health services department.

The similar trend was followed in recent recruitments at HWCs, where BAMS doctors are offered contractual employment opportunity.

Towards fulfilling the healthcare needs of masses and reduce the gaps of unavailability of MBBS graduates state has persistently adopted the policy of allowing cross-practice by AYUSH professionals and utilizing them for allopathic healthcare delivery at less expenses. As a result, AYUSH doctors routinely practice allopathic medicine which has established as a culture and get social sanction in the context of scarcity of human resource for health.

DISCUSSION:

The portrait of availability of trained doctor for serving Indian masses seems nice but there are issues in utilising them as vital human resource for health. Primarily this is because in the current health care services system and going further in the health system as a whole, there is very little scope for Ayush doctors in the context of the dominant allopathic system. Where general health services system fails to accommodate and even absorb these practitioners of alternative systems of medicine for practicing their own system.[xix]

Following mainstreaming, with the creation of CHO post, public health policy has created scope for AYUSH Professionals for engagement with health services system in the public domain. However, the basic approach does not show any significant change where they are not recruited on regular basis, creating marginality towards there professionals and offering very less salaries as compared to their allopathic counterparts recruited on regular basis.

At the same time, the set eligibility criteria have created discrimination within AYUSH with rejecting the scope for homoeopathy professionals in recruitment where Ayurveda, Unani and Nursing graduates at the national level were only considered eligible. Likewise, at the Maharashtra state level, only BAMS and BUMS are considered eligible qualifications; completely overlooking BHMS qualification in the recruitment process. It may find ironical in the context where there are significantly comparable numbers of registered homoeopathy doctors contributing around forty-four per cent to total registered Ayush doctors in the state of Maharashtra. In this ignorance towards homoeopathy graduates

during the recruitment process of HWCs cannot be justified particularly in Maharashtra state as it has already permitted homoeopathy doctors to practice allopathy subject to completion of a one-year pharmacology course. And there seems no logic of leaving them apart as in private domain along with all the other alternative medical practitioners, homoeopathy graduates routinely practice allopathy.

CONCLUSION:

There is need recognizing this valuable human resource available in the form of alternative medical professionals and creating more professional opportunities. The adopted recruitment policy for recruitment of CHOs will be discriminatory, rejecting the opportunity to homoeopathy professionals hence there is need of reviewing policy decisions creating scope for all AYUSH professionals towards contributing as a valuable human resource for bridging gaps of human resources for health.

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