Session: Policies and planning for labour market transformation and employment for health:

Effectiveness of new roles/mid level care providers
INDIA- COUNTRY EXPERIENCE

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Are you connected?

Everything that is in heavens, on earth and under the earth is penetrated with connectedness, penetrated with relatedness.'

- Hildegard of Bingen,
  German Christian mystic of the tenth century AD
# India’s organized Human Resources for Health: WHO, WHAT AND HOW MANY

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimate</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Doctors</td>
<td>Nearly 1 million [9.59 Lakhs] (as per IMR) of which 70-80% estimated to be available</td>
<td></td>
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<tr>
<td>AYUSH</td>
<td>0.77 million [7.71 lakhs] (NHP 2017)</td>
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<tr>
<td>Nurses</td>
<td>&gt; 2.7 million [27.21 lakhs] (NHP 2017)</td>
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<tr>
<td>Pharmacist</td>
<td>0.74 million [7.41 lakhs] (NHP 2017)</td>
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<tr>
<td>ASHAs &amp; frontline providers</td>
<td>1 million [10 lakhs]</td>
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<tr>
<td>Registered AHPs</td>
<td>0.7 million [7 lakhs]</td>
<td></td>
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<tr>
<td>Unregistered</td>
<td>0.3 million [3 lakhs]</td>
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<tr>
<td>Informal providers</td>
<td>1 million [10 lakhs]</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>Approx. 8.2 million [81.92 lakhs]</strong></td>
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India has: Healthcare facilities under public sector
- Sub-Health Centres (SHCs): 0.15 million
- Primary Health Centres (PHCs): >25,000
- Community Health Centres (CHCs): >5000
- Hospitals: 12,760
  (inclusive of Sub district, district and medical college hospitals)

*However, 80% of care is provided by the private sector*

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**Educational Institutions**

- **439** Medical institutions
- **305** Dental institutions
- **1008** Pharmacy colleges
- **8207** Nursing and midwifery institutions
- **>1400** Allied and Healthcare institutions

*Note: Due to unavailable data, all of these are best estimates and the actual numbers may be higher and a live detailed study will have to be undertaken. However, the data presented here is the best available.*
Quantum of Health Burden: what they are expected to handle?

NCDs were responsible for 72.23% of deaths worldwide in 2016 and 61% of deaths in India (6 million died of NCDs in 2016)

Out of seven regions - Second largest number of deaths happened in SEAR due to

**Diabetes (1.2 million) of which:**

1 million deaths were in India

[2015]-IDF

17.5 million people die each year in India from cardiovascular diseases

74% of urban Indians are at risk of cardiovascular diseases.

India is home to second largest number of adults living with Diabetes (69.2 million) worldwide, after China. 2015

In 2015 over 0.15 million fatalities were recorded in 0.5 million RTAs across the country

Trauma and accidents are also major cause for DALY

As per National Mental Health Survey of India (2015-2016), it is estimated that 15% (150 million) of Indian adults need one or more interventions
Quantum of Health Burden: what they are expected to handle?

Incidence and prevalence of infectious diseases remains a challenge to be dealt with.

Malaria prevalence: 0.67 million cases in 2017 with 84 deaths**
About 95% population in the country resides in malaria endemic areas, Dengue and Chikungunya at surge during peak season

TB prevalence: 19 million cases in 2016 II Drug resistant TB a major threat
40% of the Indian population is infected with TB bacteria* (estimated), the vast majority of whom have latent TB rather than TB disease.

IMR declined to 34 per 1000 live births last year from 37 per 1000 live births in 2015

Percentage of deaths of less than one week to total infant deaths - 52.2%

Maternal deaths are still among the highest in the world at 17% globally...our maternal mortality rate is 174 per 1 lakh live births*** (2015)
45,000 plus mothers die every year; 5 mothers per hour

‘A sacrifice to give life – a preventable tragedy’
### Key HRH in Public health sector in rural areas

<table>
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<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td><strong>DOCTOR</strong></td>
<td>Performs screening and diagnosis, preventive and promotive education, and curative treatment</td>
<td>WHO norm – approx. 3 per 1000 Status - 1.7</td>
</tr>
<tr>
<td><strong>NURSE</strong></td>
<td>Assists doctors in delivering care, special focus on MCH services in rural areas, and ward management and prescribed care delivery in hospitals</td>
<td>Need based Status- approx. 0.5 per 1000</td>
</tr>
<tr>
<td><strong>PHARMACIST</strong></td>
<td>Identifies and dispenses prescribed drugs</td>
<td></td>
</tr>
<tr>
<td><strong>LAB TECHNICIAN</strong></td>
<td>Collects samples for diagnostic procedures</td>
<td></td>
</tr>
<tr>
<td><strong>FRONT LINE WORKER</strong></td>
<td>Mobilizes community, educates and counsels, delivers interventions and public health programs</td>
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**WHO NORM** 1 per 1000

**STATUS** 0.7 per 1000
**Leaning of CHW: challenges of their disproportionate burden**

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<th>‘ASHA’ under NRHM</th>
<th>‘Anganwadi’ under ICDS</th>
<th>‘ANM’</th>
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<tr>
<td><strong>Awareness</strong> reg. nutrition, basic sanitation, hygienic practices, healthy living</td>
<td>Elicit community support</td>
<td>Elicit community awareness and support through ASHA</td>
</tr>
<tr>
<td><strong>Counselling women</strong> on birth preparedness, imp of safe delivery, breast feeding, complementary feeding, immunization, contraception, STDs</td>
<td>Health and nutrition education and counselling, organise non formal pre-school activities, home visits, assist PHC staff, guide ASHA, case referral</td>
<td>Guiding and supervision of ASHA activities in community (including training), organise <strong>Health days</strong> at Anganwadi centre</td>
</tr>
<tr>
<td><strong>Primary medical care</strong> for minor ailment such as diarrhea, fevers</td>
<td>Weigh and record each child every month</td>
<td>Monitoring records of eligible couple register in villages, promoting use of IFA, TT injections etc</td>
</tr>
<tr>
<td><strong>DOTS provider</strong></td>
<td>Supplementary nutrition provider</td>
<td>Overall supervisor of health preventive and promotive aspects</td>
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**Leaning of CHW: challenges of their disproportionate burden**

- **‘ASHA’ under NRHM**
  - Awareness reg. nutrition, basic sanitation, hygienic practices, healthy living
- **‘Anganwadi’ under ICDS**
  - Elicit community support
  - Health and nutrition education and counselling, organise non formal pre-school activities, home visits, assist PHC staff, guide ASHA, case referral
- **‘ANM’**
  - Elicit community awareness and support through ASHA
  - Guiding and supervision of ASHA activities in community (including training), organise **Health days** at Anganwadi centre
  - Monitoring records of eligible couple register in villages, promoting use of IFA, TT injections etc
  - Overall supervisor of health preventive and promotive aspects
PA and NPs: Emerging cadres of hope among mid level providers

**Physician Assistants**
- PAs in India predominantly work in tertiary care private healthcare institutions in various specialties, inspired by US model was introduced by a Cardiologist in 1992
- A curriculum is being standardized for the program, with scoping in primary care as well
- Evidence of effective patient management in OPDs and wards as well as act as surgical assistants and perform harvesting during cardiac procedures

**Nurse Practitioner**
- in Primary Health Care’ is a registered nurse who provides primary health care, implements National Health Programmes, supervise and manage PHC and to provide technical guidance to ANMS & LHV's and other health personnel.
- Curriculum for NPs have been designed and launched- critical care and primary care
- Bridge course for Community Health Nursing has also been introduced
- Live register launched in 2016
Allied health workers and professionals: opportunities for multidisciplinary teams

Physiotherapy
N ≈ 0.15 million

Optometry
N ≈ 45,000-60,000

Radiography and Radiation therapy
N ≈ 40,000-50,000

Occupational Therapy
N ≈ 20,000

Medical Lab Technology
N ≈ .15 million

Nutrition Sciences
N ≈ 3000

Renal Technology
N ≈ 2000

Surgical and anesthesia related technology
N ≈ 5000

Physician Assistants
N≈ 1000-2000

Neurosciences Technology
N ≈ 3000

Non-direct and Administrative services
NA

Eye care professionals
0.15 million

Trauma Care Services
NA

Cardiology, vascular and pulmonary Technology
N ≈ 2000

Allied Health Professions (Other groups)
Painting the picture: What this could look like at Primary and tertiary care settings

FOCUS ON ORAL CARE, EYE CARE, NUTRITION, MENTAL AND PHYSICAL HOLISTIC HEALTH

**Redefining Primary care**
Focus on preventive and promotive - Screening, health education and referral

**Tertiary care settings**
Focus on curative and rehabilitative services

Along with other speciality services
Evidence of best practices in India

Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India*

- A trained lay counsellor-led collaborative care intervention can lead to an improvement in recovery from CMD among patients attending public primary care facilities.
- Collaborative approach includes three members – lay health counsellor (no health background with 2 month training), primary care physician and visiting psychiatrist.
- Lay counsellor also the case manager for patients (non drug treatment), provided psychoeducation, coping exercises, encouraged adherence to treatment etc.

- Evidence of better and improved outcomes with use of Counsellor in public primary care facilities

*A cluster randomised controlled trial by MANAS
Setting and moving the agenda: Goals and progress in the past 4+ years

REGULATION-

- Allied and Healthcare Professions’ Bill, 2017 has been proposed and is being finalized by the Ministry of Health and Family Welfare.
- Covers over 15 professional categories and 64 job profiles and with a scope to include more unregulated professions in near future.

STANDARDIZATION –

- Course content, duration of graduate and post graduate courses, career pathways, job roles etc.
- National Curricula Redesigning Taskforce established in 2014, with more than 170 experts from over 65 of the top institutes from across India and the world.
- 77 individual sessions across 32 regional and national consultations.
- Eight (8) professions comprising of total 20 professional level’s course sent to UGC (MHRD) for dissemination.
- Focus on standards for new cadres – Nurse practitioners, Physician Assistants, Integrated Behavioral Health Counsellors, to name a few.

OTHER INTIATIVES

- Live register for allied and healthcare professionals.
Setting and moving the agenda: Goals and progress in the past 4+ years

**SKILLING** –

- MoU signed between MoHFW and MSDE for skilling initiative in healthcare (July 2015)
- Target 0.1 million skilled professionals annually
- **SKILLS FOR LIFE, SAVE A LIFE** initiative launched on 6th June 2017
- Ten short term skill based courses were formally released –
  1. First Responder
  2. EMT- Basic
  3. Dietetic Aide
  4. Diabetes Educator
  5. Phlebotomist
  6. Sanitary Health Inspector
  7. General Duty Assistant
  8. Geriatric Care Assistant
  9. Home Health Aide
  10. Medical Equipment Technology Assistant

- 1000 participants registered for First Responder course
- Over 200 trained in last two sessions
- 35 CTI and SIHFWs oriented
- ToT conducted for master trainers from 18 States
**Proposed Allied and Healthcare Professions’ Bill**

**CATEGORIES OF ALLIED AND HEALTHCARE PROFESSIONALS TO BE COVERED UNDER THIS ACT (SCHEDULE)**

1. Behavioural Health Sciences
2. Cardio-vascular and Pulmonary Technology
3. Medical Laboratory Sciences
4. Medical Radiology, Imaging and Therapeutic Technology
5. Neuroscience Technology
6. Non-direct and Administrative Services
7. Nutrition Sciences
8. Occupational Therapy
9. Ophthalmic Science
10. Renal Technology
11. Physician Associate and Assistants
12. Physiotherapy
13. Primary, Community and other miscellaneous Care givers
14. Surgical and Anesthesia-related Technology
15. Trauma and Burn Care Services

*The numbers of categories may increase in future*
Proposed Allied and Healthcare Professions’ Bill

Frame Policies and standards for governance of education and services

Provide strategic framework for rational deployment, performance management, task shifting and career pathways in the States

Regulate the professional conduct, code of ethics and etiquette

Create and maintain national register including provisional registration

Provide for/cause to be provided for uniform exit/ licensing examination

Provide for/cause to be provided for uniform entry exam with common counseling (for admission)

Provide minimum standards of education, courses, curricula, facilities, fee, staff ratio etc.

*The numbers of categories may increase in future

FUNCTIONS OF CENTRAL COUNCIL
Past efforts for regulation of allied and healthcare professions in India: Paramedical Act 2007

Original bill shaped and approved by the cabinet to govern the disciplines of Physiotherapy and Occupational Therapy—subject to development of financial memorandum with Finance Ministry.

- Draft bill subjected to IAP and MoHFW
- DGHS directed to redraft the bill and consider international regulatory models and suggested one council for all allied health (paramedical) professions. Also suggested two separate registers to be maintained for PT and OT.
- Secretary opined to have one umbrella act to enable setting up three separate councils for lab technology, radiology and one for PT & OT.
- Objection by PT and OT to club under the 'Paramedics'.
- Separate bill for PT and OT proposed by the Secretary, Action awaited on the same.
- Umbrella Act re-proposed.

Timeline:
- 2004: Original bill shaped and approved by the cabinet to govern the disciplines of Physiotherapy and Occupational Therapy.
- 2004: Draft bill subjected to IAP and MoHFW.
- 2005: DGHS directed to redraft the bill and consider international regulatory models and suggested one council for all allied health (paramedical) professions. Also suggested two separate registers to be maintained for PT and OT.
- 2006: Objection by PT and OT to club under the 'Paramedics'.
- 2007: Separate bill for PT and OT proposed by the Secretary, Action awaited on the same.
- 2007: Umbrella Act re-proposed.

Bill Lapsed with dissolution of 14th Lok Sabha.

DGHS suggested names for inclusion in the composition, matter with MoHFW to give final shape.

Paramedical and Physiotherapy Central Councils Bill 2007 introduced in the Lok Sabha—referred to Parliamentary Standing Committee for examination.
Recent efforts for regulation of allied and healthcare professions in India: Allied and Healthcare Professions’ Act, 2017

Cabinet approves Scheme on NIPS and RIPS

Project for Situation analysis initiated JAN /2011

Report 'From Paramedics to Allied Health Professionals', first of its kind landscaping report released by Honorable Minister DEC /2012

First Consultation on NBAHS AUG /2013

Submission of MoA and RR for NBAHS NOV /2013

MoHFW established NIAHS TSU for technical assistance to MoHFW on AHP and HRH FEB /2014

Cabinet Note for NBAHS submitted

A&HP Draft Bill developed

Allied and Healthcare Professions Bill, 2017 approved during inter-ministerial consultations 2015

2010 2011 2012 2013 2014 2015 2017
A TRANSFORMATIVE APPROACH:
SHIFTING THE PARADIGM FROM HIERARCHICAL, TOP DOWN APPROACH TO
A MULTI-DISPLINARY, PROFESSIONAL EMPOWERMENT APPROACH

1. Investigate cost savings and cost-effectiveness potential with skill mix and division of labor
2. Reduce compensation differential and promote team approach
3. Rationalise use of terminology (team approach does not distinguishes -no one superior or mid or inferior)
4. Leverage the escalating demand for preventive and promotive health care
5. Leverage traditional medicine practitioners and mid level care providers - play major role in communities
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Everything that is in heavens, on earth and under the earth is penetrated with connectedness, penetrated with relatedness.’

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