



# **DAILY EDITORIAL ANALYSIS**

**TOPIC**

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**WORKFORCE CRISIS IN INDIA'S  
HEALTHCARE SYSTEM**

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## WORKFORCE CRISIS IN INDIA'S HEALTHCARE SYSTEM

### Context

- Recent strikes by National Health Mission (NHM) staff and ASHA workers across multiple states, including Chhattisgarh, Haryana, and Kerala, have highlighted a deep-rooted crisis in India's public healthcare workforce.

### Workforce in India's Primary Healthcare System

- Accredited Social Health Activists (ASHAs):** They are community health volunteers under the National Health Mission (NHM).
  - They act as a bridge between the community and the health system and provide maternal and child health services, promote immunization, and support disease surveillance.
  - They are classified as **volunteers and are paid performance-based incentives** averaging ₹5,000–₹10,000 per month.
- Anganwadi Workers:** They operate under the **Integrated Child Development Services (ICDS)**, and are aimed to deliver early childhood care, nutrition, and pre-school education.
  - They are crucial in tackling malnutrition and promoting child development.
- Primary Health Centre (PHC) Doctors:** They serve as the first line of clinical care in rural and semi-urban areas, and are responsible for outpatient services, public health programs, and emergency care.
- Auxiliary Nurse Midwives (ANMs):** They provide maternal and newborn care, immunizations, and family planning services, stationed at Sub Health Centres and PHCs.
  - They play a vital role in rural outreach and preventive care.
- National Health Mission (NHM) Contractual Staff:** They include nurses, lab technicians, pharmacists, and support staff, employed on short-term contracts with limited job security.
- Community Health Officers (CHOs):** They were introduced in 2018 to strengthen Health and Wellness Centres.
  - They are contractually employed and paid through a combination of fixed salaries and incentives, drawn from dental, nursing, or AYUSH backgrounds.
- Village Health Nurses:** They often work alongside ASHAs in tribal and remote areas.
  - They collect health data, conduct home visits, and support immunization drives.

### Workforce Crisis in India's Healthcare System

- Shortfall of Staff:** The World Health Organization (WHO) recommends a minimum of **44.5 health workers per 10,000 population**.
  - However, according to NITI Aayog, India lags at **around 22 per 10,000**.
  - Approximately 10–15% of Auxiliary Nurse Midwife (ANM) posts and 20–25% of doctors' posts remain vacant.
  - Similarly, the **shortfall of nurses and midwives** remains acute, with **over 20% of primary health centres (PHCs)** functioning without a single staff nurse.
- Undervalued and Underpaid Staff:** The Accredited Social Health Activists (ASHA) continue to face delayed payments and limited career progression despite being designated as 'change agents' under the **National Health Mission (NHM)**.
- Volunteerism of ASHAs and AWWs:** Volunteerism has created significant inequities, as responsibilities of **ASHAs and AWWs** have expanded over time to include non-communicable disease (NCD) screening, palliative care, and population surveys, increasing their workload without proportional remuneration.
- Migration and Brain Drain:** Over 69,000 Indian-trained doctors and 56,000 nurses work in OECD countries.
  - Poor working conditions, low pay, and limited research opportunities push skilled professionals abroad.

- **Gender Dimension:** Women dominate frontline roles (ASHAs, ANMs, AWWs) but face systemic undervaluation and pay inequity.
  - ♦ Lack of safety, transportation, and maternity benefits make retention harder in rural areas.

### Related Efforts & Initiatives

- **National Health Mission (NHM) Expansion:** The NHM has significantly boosted human resources in public health, contributing to reductions in maternal mortality, tuberculosis, and sickle cell anemia.
  - ♦ Investments in training and recruitment of ASHAs, ANMs, and contractual staff have expanded service delivery in remote regions.
- **Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** Focuses on strengthening primary and critical care infrastructure.
  - ♦ Includes funding for block-level public health units, integrated district labs, and health centers.
- **Regulatory Reforms for Workforce Development:** India's intervention at the WHO Executive Board emphasized shifting from a siloed medical model to a multidisciplinary framework.
  - ♦ New guidelines aim to build a competent, compassionate, and dynamic health workforce.
- **Healthcare Workforce Mobility Platform:** Promotes global collaboration and mobility of Indian healthcare professionals under the 'One Earth One Health' initiative.

### Way Forward: Strengthening Healthcare System

- India needs to reimagine its approach to public health workforce planning. Key reforms should include:
  - ♦ **Revisiting Recruitment Models:** Move toward sustainable employment structures that blend stability with flexibility.
  - ♦ **Rationalising Incentives:** Develop transparent and fair payment systems linked to workload and performance.
  - ♦ **Career Pathways:** Create structured growth opportunities for community health cadres.
  - ♦ **Balancing Contractual and Regular Staff:** Avoid over-reliance on temporary appointments for essential services.
- **Addressing Violence Against Health Workers:** Legislative reforms are being considered to protect healthcare professionals from rising incidents of workplace violence.
  - ♦ It includes better security protocols and legal safeguards.
- A resilient and motivated health workforce is essential for achieving comprehensive primary healthcare. It is time for both central and state governments to confront the systemic inequities that have long plagued India's frontline health system.

### Conclusion

- India's healthcare workforce crisis is not merely a statistical shortfall—it reflects deeper systemic inequities and governance challenges.
- Addressing it requires **coordinated national action**, **policy coherence**, and **community engagement** to ensure that every citizen, regardless of geography or income, can access quality healthcare.

Source: IE

### Daily Mains Practice Question

**[Q] Discuss the key factors contributing to the workforce crisis in India's healthcare system. What policy measures are urgently needed to address these challenges and ensure equitable healthcare delivery?**

