

# STRENGTHENING ACCESS TO HEALTHCARE - THE CASE FOR SKILLING ALLIED HEALTH PROFESSIONALS IN INDIA

Article


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*The Indian healthcare system is severely understaffed, with only 20 healthcare workers deployed for every 10,000 Indians, against a WHO-recommended minimum of 44.5. Allied Health Professionals (AHPs) are the backbone of the healthcare system, providing crucial support to doctors, nurses and patients at various stages of treatment. India currently needs nearly 65 lakh AHPs to serve its growing population. Skilling initiatives for AHPs could employ several million Indians and facilitate improvement in healthcare service delivery; it is hence an important area that demands ecosystem-level interventions.*

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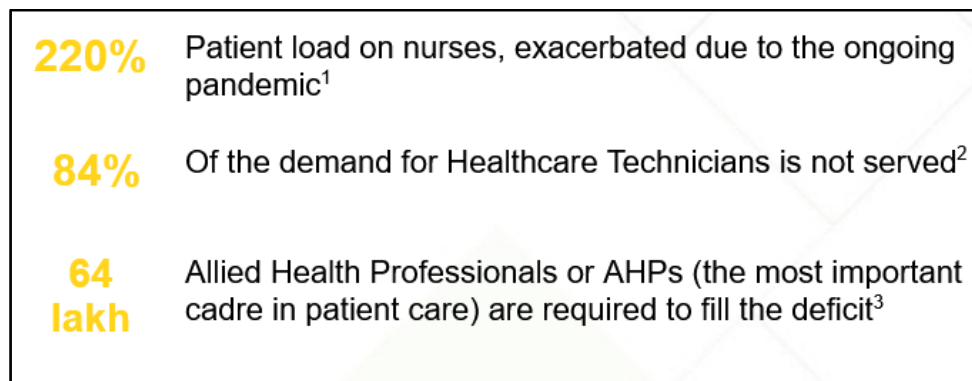
The overburdening of India's healthcare infrastructure, especially during the second wave of the CoViD-19 pandemic in 2021, has made it evident that the healthcare system is grossly understaffed to meet the needs of a growing population. The unavailability of staff was one of the contributing factors to the crisis, which resulted not only in suboptimal care for CoViD patients, but also the lack of attention to patients of other diseases. This has put into sharp relief the need for investing in skilling healthcare professionals at all tiers of service delivery.



A widely overlooked aspect of healthcare is the category of healthcare workers termed as Allied Health Professionals (AHPs). This cadre includes technicians, therapists, social health activists and caregivers who provide support with diagnostic, therapeutic, pharmaceutical, counselling, rehabilitation and health management systems. Despite the crucial ancillary support that these workers provide to doctors, nurses and patients, their role as the backbone of the healthcare system often goes unnoticed.

It has been estimated that India is short of over [64 lakh AHPs](#). With only [8 doctors, 6 nurses, and 8 allied health workers](#) per 10,000 Indians, the overall density of healthcare workers falls considerably short of the WHO-recommended minimum of 44.5 professionals for a population of this size. There is an urgent need to close this glaring gap, hence mandating the need to increase skilling of AHPs.

This existing shortfall, as well as the emphasis on preventive measures over curative medicine, opens up the opportunity to expand the cadre of AHPs, thereby creating more jobs in the healthcare sector in India. Building this tier of healthcare workers holds the opportunity to address the burgeoning healthcare needs of the nation while also providing gainful employment, especially for women.



SOURCES: [GE HEALTHCARE](#); [NSSO 2017-18](#); [THE PRINT](#)

Allied Health Professionals are [defined](#) as “Individuals who are involved with the delivery of health or healthcare related services, with qualification and competence in therapeutic, diagnostic, curative, preventive and/or rehabilitative interventions. They could work in interdisciplinary health teams in varied healthcare settings that include doctors, nurses and public health professionals to promote, protect, treat and/or manage a person’s physical, mental, social, emotional, environmental health and holistic well-being.”

AHPs include professionals from a range of auxiliary activities in healthcare, such as physiotherapists, occupational therapists, medical laboratory technicians, radiology technicians (in areas such as diagnostic imaging, radiotherapy and radioisotope treatment), geriatric caregivers, speech therapists, audiologists, and clinical technicians.



DIVERSE ROLES IN THE ALLIED HEALTH PROFESSIONAL SPACE

## WHY IS THERE A GROWING DEMAND FOR AHPS?

The healthcare service system buckled under undue stress during the second wave of the pandemic, with nearly all professionals devoting their energies to critical patients of CoViD-19.

This led to a diversion of the medical personnel available to serve sections with non-communicable diseases, in addition to the long-term complications resulting from coronavirus infection itself. Service delivery is hampered significantly by the lack of qualified non-diagnostic professionals, technicians, community care experts and counsellors.

These gaps become even more prominent in rural areas, particularly in underserved districts. However, the success of last-mile operations in universal immunisation and improvement in maternal and child health is evidence that AHPs are a crucial cog in the healthcare machinery. The pervasive role of AHPs in large-scale CoViD-19 testing, treatment, and post-CoViD rehabilitative care further emphasizes the need for ramping up the supply of skilled health workers in the system.

With rising household incomes, increased prevalence of lifestyle-related disorders, improved insurance penetration, and a mostly-young population that would require geriatric care in the coming decades, there is an urgent need to train a considerably large cadre of allied health professionals in order to create a multi-disciplinary, team-based healthcare mechanism. The prevalence of technology in diagnosis also calls for qualified professionals to assist doctors and nurses at various stages of treatment.

## GAPS AND OPPORTUNITIES IN THE CURRENT ECOSYSTEM


With only 2 lakh AHPs against a demand of over 65 lakhs, India faces a whopping 95% gap in the number of allied health workers that are needed to serve the population.

Total Supply of AHPs 2,83,378		Total Demand of AHPs 65,48,754	
<b>62,65,376 Demand Supply Gap</b>			
Discipline	Demand	Supply	Gap
Ophthalmology	1,45,236	17,678	1,27,558
Rehabilitation	18,62,584	40,265	18,22,319
Surgical & Intervention	2,05,088	7,215	1,97,873
Medical Laboratory	76,884	15,214	61,670
Radiography & Imaging	23,649	4,352	19,297
Audiology & Speech Language	10,599	3,263	7,336
Medical Technology	2,39,657	3,587	2,36,070
Dental Assistance Technology	20,48,391	6,243	20,42,148
Surgery & Anaesthesia	8,62,193	4,050	8,58,143
Misc	10,74,473	1,81,511	8,92,962
<b>Total</b>	<b>65,48,754</b>	<b>2,83,378</b>	<b>62,65,376</b>

SOURCE: [PHFI OCCUPATIONAL MAPPING REPORT, 2012](#)

The shortage of allied health professionals is more pronounced, when superimposed with the [skewed access](#) to healthcare in various parts of the country. It is further exacerbated by the urban-rural divide, with a greater concentration of healthcare workers being seen in urban agglomerations.

AHPs and Community Health Workers – composed of ASHA (Accredited Social Health Activists), ANM (Auxiliary Nurse Midwife), AWW (Anganwadi Workers) and MLHP (Mid-Level Healthcare Providers) – constitute a majority of all healthcare workers. However, only about half of them are adequately qualified as per NHA (National Health Workforce Accounts) [standards](#). These lacunae have persisted primarily because of the absence of a central regulatory authority to standardize these job roles, design and approve training modules and award certifications to AHPs. It is only as recently (as of March 2021) that an important policy-level initiative was enacted in the form of the [National Commission for Allied and Healthcare Professions Bill, 2021](#), that provides for addressing issues of standardization and



regulation in the area. The bill recognizes 53 job roles for AHPs under ten categories, such as Medical Laboratory and Life Sciences, Occupational Therapy, and Community Care & Behavioural Health Sciences, among others.

At the same time, the Ministry of Skill Development and Entrepreneurship (MSDE) also pushes for private sector participation through the establishment of the Healthcare Sector Skill Council (HSSC), which is aligned with the National Skill Development Council (NSDC) and envisions a robust ecosystem for education and skill development in paramedics and allied healthcare space.

One of its major initiatives has been the launch of customized certification programmes in six National Occupational Standards- (NOS) based jobs to form a pool of skilled healthcare professionals for tackling the after-effects of the pandemic. The HSSC has also facilitated industry partnerships under various government schemes to scale skilling programmes across the country, in order to fulfil the healthcare deficit. The MSDE and the Ministry of Health and Family Welfare also jointly launched the 'Skill for Life, save a life' initiative, that aims to train 14 lakh candidates in ten areas by 2025.

## THE WAY FORWARD

The glaring deficit of AHPs coupled with the ecosystem trends pushing the demand for the healthcare workers posit a strong case for healthcare skilling. The immediate imperative for the public and private sector is to expedite the standardization of AHP training programmes, which enables a nation-wide dissemination of skilling initiatives with predefined quality benchmarks.

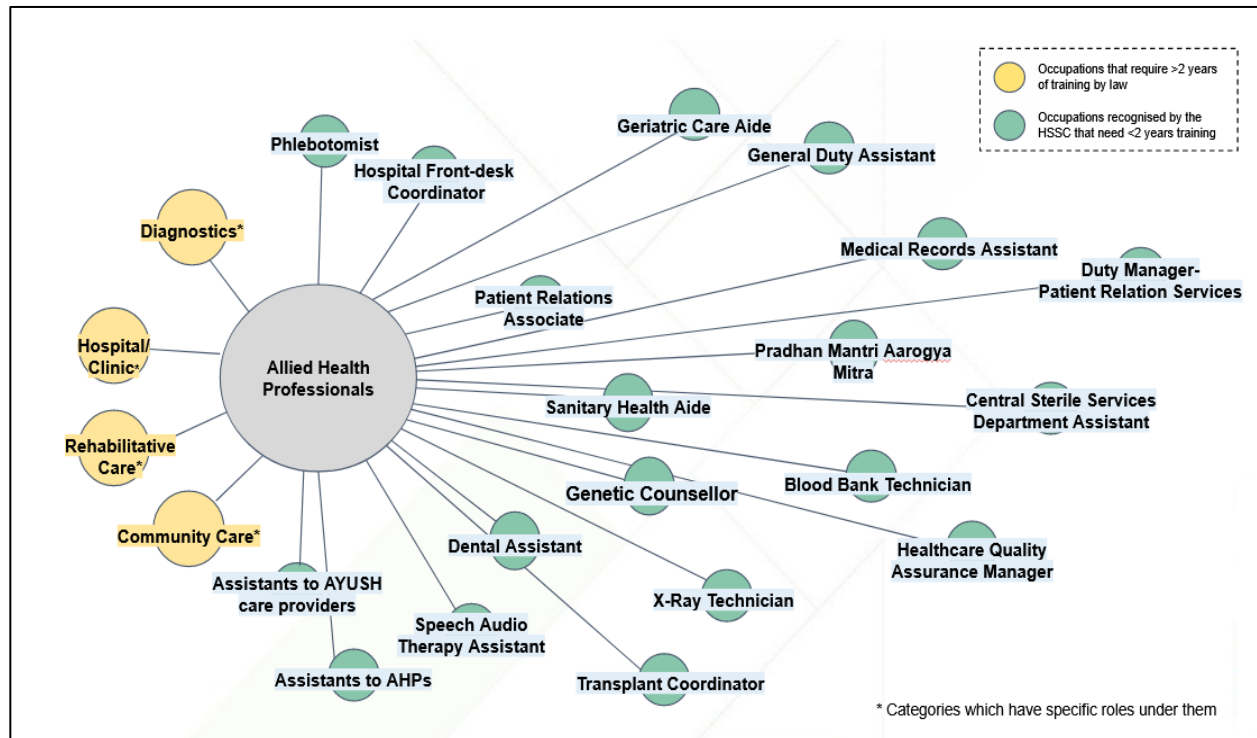
Another viable avenue could be to explore various points of intervention, *classified by qualification levels* (HSC, graduates, trained personnel, out-of-work technicians and so on), and geographies (urban/rural areas, [Aspirational Districts](#)), to design and deliver relevant training. It is also essential for skilling agencies to offer extended support, especially to women trainees, to ensure a good candidate-job fit for the long run.

Meeting a deficit of over 64 lakh AHPs requires an *ecosystem-level engagement of key stakeholders* across the continuum in urban and rural areas. Currently, several skilling agencies and foundations run certification programmes and capacity building modules aimed towards specific groups such as youth (Dr Reddy's Foundation), ASHA and ANM workers (ARMMAN), and underserved communities in urban areas (ECHO India). However, there is a need for these initiatives to be scaled up significantly. Another area that needs urgent attention is the potential of AHP skilling to increase female labour participation rate. AHP roles are seen as being women-friendly (76% of the current AHPs cadre are women<sup>1</sup>),

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<sup>1</sup> Sattva's analysis of PLFS data.

and thus have the potential to improve female labour participation rate. AHPs employed with the public health system often work in their home locations, while those working with private institutions are also provided relocation support. The inclusion of women in AHP cadres also facilitates healthcare access to women in general, who would prefer interacting with female professionals.



POTENTIAL AREAS FOR EMERGING SKILLING PROGRAMMES, AS LISTED IN THE NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSIONS ACT 2021

Skilling initiatives for the health workforce also need to be supplemented with improvements in the recruitment mechanism in public and private healthcare. There are significant barriers for skilled professionals being deployed in areas with an existing shortfall of healthcare providers, such as locational disadvantage, lack of amenities, and remuneration that is not commensurate with the volume of work. The removal of these barriers requires a policy-level push, in order to efficiently bridge the gaps in underserved areas.

Systematic efforts in skill training and deployment by government bodies, educational institutions and skilling agencies could go a long way in bridging current gaps over the next decade. Not only could these initiatives create jobs for several million Indians, but these would also result in overall improvement in the access to, and quality of healthcare service delivery in the country, accelerating the attainment of the Sustainable Development Goals in health by 2030.