

Health manpower loss and its impact on a developing country: An Indian study

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Abstract

Health manpower is an important aspect of health care services. Like most of the countries in the world our country lacks resources for health care, hence the need for proper allocation and efficient utilization. There is no policy on health manpower or materials provided in the National Health Policy. In the absence of this there is nothing in the policy to prevent brain drain of doctors trained on public money. As a developing country, we can ill afford to have the dubious distinction of Indian doctors accounting for highest Educational Commission for Foreign Medical Graduates certifications and verification of credentials. The government should urgently address the need for arresting the trend of brain drain among Indian doctors

Key words: Educational commission for foreign medical graduates, health manpower, National health policy

INTRODUCTION

For any country socioeconomic development is largely dependent on the health status of its citizens. Human health and well-being form the end goal of development. Considering the variables that are frequently used to measure health as of today India does not present a rosy picture as shown in Table 1.

In September 2002, representatives from 189 countries adopted the United Nations Millennium Declaration, which lists the goals in the area of development and poverty eradication. These are popularly known as “Millennium Development Goals (MDGs).” The goals are listed in Table 2. These goals are meant to assist in the development of national policies-related to health programs. Governments have set a date of 2015 to meet these MDGs.^[2,3]

Health manpower is an important aspect of health care services. Like most of the countries in the world our country lacks resources for health care; hence, the need for proper allocation and efficient utilization. India is producing annually, an average of 26,449 allopathic doctors.^[4] The ratio of doctor per 1000 population in India is 0.7 as against a suggested norm of 1/3500 population. The number of doctors working in rural India in primary health centers as on March 2007 is 22,608.^[5-7]

Our financial resources are considered to be inadequate to furnish a National Health Service. Approximately, 80% of health facilities are concentrated in urban areas. The rural areas where nearly 72% of the population lives do not enjoy adequate health facilities.^[1]

A new National Health Policy was evolved in 2002 with an objective to achieve an acceptable standard of good health among the general population of the country.^[8] The goals are listed in Table 3.

On review of this National Health Policy 2002, it is clear that there is no policy on health manpower or materials provided. In the absence of this there is nothing in the policy to prevent brain drain of doctors trained on public money.

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A study of the 2008 Annual Report of the Educational Commission for Foreign Medical Graduates (ECFMG), which is the US agency for assessment of international medical graduates ready to enter US graduate medical education programs, reveals the extent of the trend among Indian doctors to go abroad. Aggregate data from the last 25 years reveal that the top five countries of medical schools for applicants achieving certification have been India, Pakistan, Philippines, Grenada, and China as shown in Table 4.^[9]

Graph 1 shows top five countries of medical school certificates based on aggregate data over 25 years period.

Graph 2 shows top five countries of citizenship of certificates based on aggregate data over 25 years period.

Indian medical graduates also account for a major share of Federation Credentials Verification Services with >1000 completed requests of the 3132 requests in 2007 and 4851 requests in 2008 received world over by the ECFMG.^[9]

Table 1: All-India health statistics

	Rate
Death rate/1000 (2006)	7.5
Rural birth rate (2006)	25.2
Infant mortality rate (2006)	57.0
Life expectancy at birth 2001-06	
Male	65.8 years
Female	68.1 years

Table 2: Health-related millennium development goals in India

Goal	Goal
Goal 1	Eradicate extreme poverty and hunger
Goal 4	Reduce child mortality
Goal 5	Improve maternal health
Goal 6	Combat HIV/AIDS, malaria and other diseases
Goal 7	Ensure environmental sustainability
Goal 8	Develop a global partnership for development

HIV/AIDS - Human immune deficiency virus/Acquired immune deficiency syndrome

CONCLUSION

Whenever the Government of India revisits its National Health Policy it is imperative that unrealistic goals and targets, which are enlisted in previous policies, be restricted. Adequate and practical measures need to be undertaken to arrest the trend of brain drain of Indian medical graduates, especially those trained on public money.

Table 3: National health policy-2002, goals to be achieved by 2015

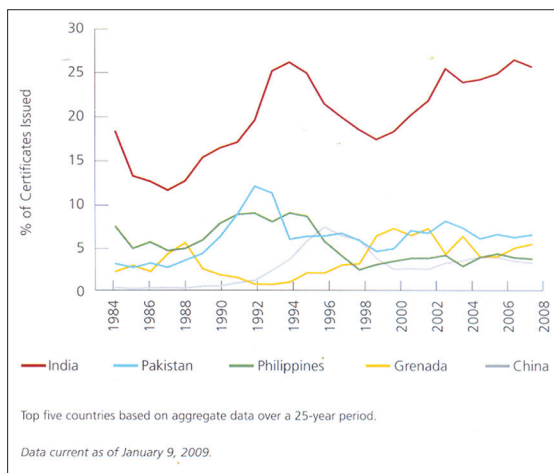
	Year
Eradicate polio and yaws	2005
Eliminate leprosy	2005
Eliminate kala-azar	2010
Eliminate lymphatic filariasis	2015
Achieve zero level growth of HIV/AIDS	2007
Reduce mortality by 50% on account of TB, malaria and other vector and water borne diseases	2010
Reduce prevalence of blindness to 0.5%	2010
Reduce IMR to 30/1000 and MMR to 100/lakh	2010
Increase utilization of public health facilities from current level of <20% to >75%	2010
Establish an integrated system of surveillance, National Health Accounts and Health Statistics	2005
Increase health expenditure by government as a percentage of GDP from existing 0.9% to 2.0%	2010
Increase share of central grants to constitute at least 25% of total health spending	2010
Increase state sector health spending from 5.5% to 7% of the budget	2005
Further increase to 8% of the budget	2010

TB - Tuberculosis, IMR - Infant mortality rate, MMR - Maternal mortality ratio, GDP - Gross domestic product, HIV/AIDS - Human immune deficiency virus/ Acquired immune deficiency syndrome

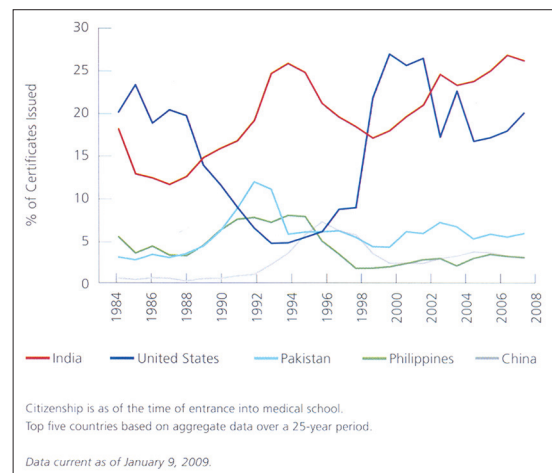
Table 4: Standard ECFMG certificates issued in 2008

Country of citizenship	Number	Percentage
India	2695	26.2
Pakistan	618	6.0
Philippines	330	3.2
Grenada	04	<0.1
China	323	3.1

ECFMG - Educational commission for foreign medical graduates



Graph 1: Top five countries of medical school certificates 1984-2008

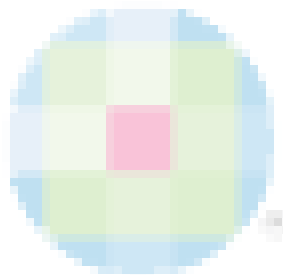


Graph 2: Top five countries of citizenship, certificates 1984-2008

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