International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

The Case for a Public Health Cadre-Himachal Pradesh

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Abstract
The evolving health landscape in India necessitates robust public health systems capable of addressing emerging infectious diseases, the rising burden of non-communicable diseases, and health inequalities. Despite significant efforts, the Indian healthcare system faces persistent challenges, particularly in hilly states like Himachal Pradesh, where geographical and resource constraints hinder healthcare delivery. The creation of the Public Health Management Cadre (PHMC), as advocated by the National Health Policy 2017 and operationalized through guidelines issued by the Ministry of Health and Family Welfare (MoHFW) in 2022, is a strategic initiative to strengthen health service delivery.
This study seeks to assess the existing clinical and public health cadres in Himachal Pradesh, evaluate barriers to their implementation, and identify career progression pathways for healthcare professionals in the state. The research will also explore the roles of national and state-level bodies in operationalizing PHMC guidelines and provide actionable recommendations for enhancing public health service delivery. By examining workforce challenges and proposing targeted solutions, the study aims to support the development of a dedicated, multidisciplinary public health workforce capable of addressing the unique healthcare needs of Himachal Pradesh.

Keywords: Himachal Pradesh, Public Health Management Cadre (PHMC), Trained Healthcare, Career Progression, Human Resource for Health.

Introduction:

Globally, the decreasing trends of mortality and morbidities have prolonged life expectancy from 66.8 years (in 2000) to 73.4 years (in 2019). This can be attributed to ever-evolving health systems, improved access, and utilization of public healthcare services. (1) Since independence, the Indian public health system made significant efforts to control, eliminate and eradicate various diseases, however, the system is still grappling to combat new & emerging infectious diseases, addressing health inequalities. The proportion of burden of a few infectious and associated diseases in India is still higher than the global average, and the increase in DALY rate for the most prevalent non-communicable diseases, i.e., diabetes and ischemic heart disease has been reported to be 80% and 34% respectively. (2) Health care delivery system in India is constrained by factors, such as lack of sufficiently trained human resource, inadequate physical infrastructure, management of drugs and reagents, surveillance, and data reporting mechanisms.

The COVID-19 pandemic has further highlighted the need for augmenting capacities and capabilities of the current system. (3)

In order to strengthen the public health landscape in India, Bhore Committee (1943), Mudaliar Committee (1959), Eleventh Five Year Plan and Twelfth Five Year Plan envisioned the need of separate Public Health Cadre to address the need for a multidisciplinary workforce for the addressing improvement the of population health needs.(3) National Health Policy, 2017 further advocated that a multidisciplinary workforce is required to ensure 'health for all' and support the delivery of all national health programs. In the pursuit to fulfil this commitment, the creation of Public Health Management Cadre (PHMC) in all states was proposed by the Ministry of Health and Family Welfare (MoHFW), with a vision to augment the capacity and capability of public health system for disease burden estimation, planning for preventive health services and strengthening public health surveillance to reduce as well as tackle public health emergencies. In pursuance of this goal, the guidance booklet for implementation of PHMC was released by MoHFW in the year 2022. The guidelines have suggested the implementation of four cadres that include a specialist cadre, a public health cadre, a health management cadre, and a teaching cadre.

Health is a state subject in India; therefore, the state governments are entrusted with institutionalization of PHMC. States like Tamil Nadu, Maharashtra, and Odisha, besides others have their respective established cadres for public health. However, increasing recognition of social determinants of health calls for robust public health functions, convergent actions, and multidisciplinary workforce for management of health and hospitals. The limited availability for professionals trained in management, epidemiology, health policy, health economics in the health system, highlights the need for revisiting the existing cadres and development of new frameworks for strengthening and evolving the public health systems. (4)

In Himachal Pradesh, majority of the population relies on the public healthcare system. Public health services are being provided in the state through a network of 97 community health centres, 570 primary health centres, 84 sub divisional hospitals and 9 district hospitals.(5) It plays a critical role in providing accessible and affordable healthcare services. However, service delivery in the state is challenging, owing to the hilly terrain, lack of trained doctors and specialists and inadequate infrastructure especially in hard-to-reach areas of the state. (6) According to Rural Health Statistics 2021-22, 501 doctors and 18 Specialists are in position in PHCs and CHCs against the required strength of 553 and 372 respectively. (5) The existing clinical workforce is also burdened with managerial tasks which involve planning and implementing healthcare programs, strategizing surveillance and immunization as well as designing comprehensive strategies to address the local needs of the population. This reduces the capability of the clinical staff to perform their dedicated tasks, thus emphasizing the need for a dedicated workforce as envisaged in the PHMC guidelines. There is a need for appropriate block and district level structures to accommodate the public health and management professionals with defined pathways for career progressions and recruitment process to attract young, trained, and dedicated professionals in the system. In light of the recent policy decision, it is important to understand the existing cadres (medical, public health and management professionals) and existing provisions for career progressions in the hilly areas like Himachal Pradesh. The purpose of this study is to assess the existing clinical/public health cadres, barriers or challenges involved in the implementation of these cadres and the identification of the roles of National level and State level bodies for the implementation of this cadre in the state of Himachal Pradesh. It also aims to recommend actionable steps to implement PHMC as per the national guidelines.

Rationale

The Indian healthcare system, particularly in hilly regions such as Himachal Pradesh, faces distinctive challenges, including a shortage of trained healthcare professionals, limited infrastructure, and geographic barriers that affect healthcare access. The clinical workforce is often overburdened with managerial tasks, detracting from their core clinical duties and reducing overall healthcare service efficiency. The National Health Policy 2017 and subsequent PHMC guidelines (2022) advocate for the establishment of a dedicated public health management cadre to strengthen disease surveillance, preventive services, and healthcare program implementation. Although states like Tamil Nadu and Maharashtra have successfully institutionalized similar cadres, Himachal Pradesh faces unique barriers related to recruitment, retention, and career progression of healthcare professionals.

There is an urgent need to understand the existing workforce structure and identify gaps in cadre implementation to develop an actionable roadmap for operationalizing PHMC in Himachal Pradesh. This study addresses these gaps by assessing the current cadre framework, examining challenges in implementation, and recommending strategies aligned with national guidelines to build a robust, multidisciplinary health workforce capable of meeting the state's healthcare needs.

Methodology:

This is an exploratory qualitative study of the public health system of the Himachal Pradesh, conducted in May 2023. It allows an in-depth insight into the institutional structures, existing health cadres in the state and understanding of the barriers or challenges that can be attributed to the management of human resources in the state. A semi-structured questionnaire was designed for situational analysis and for documenting the progress of the states towards development of Public Health Management Cadre. Twelve (n=12) in-depth interviews and one focus group discussion were conducted with experts representing the various Directorates involved in health system of the state (n=8). In-depth interviews involved medical superintendent, chief medical officer, medical officers, nurses, pharmacists and ANMs.

The participants were identified through purposive and chain referral sampling based on their professional role and expertise. Additional data was also collected to gain qualitative insight into the key challenges in terms of availability, density, and clarity of roles in the existing structures of healthcare workforce. Purposively, three facilities were selected across Shimla district for interactions with healthcare workers across distinct levels:

1. UPHC Anabelle
2. CHC Mashobra
3. Deen Dayal Upadhyay Zonal Hospital

As the study was an exploratory study to observe the existing Public Health Care System in the State of Himachal Pradesh and accordingly propose the strategies to implement the Public Health Management Cadre in order to provide opportunities to all categories of public health workforce to achieve their potential through appropriate career development and progression pathways (7). However, the methodology of the study faces certain limitations, including potential **sampling bias**, as purposive sampling focuses on participants with specific expertise, excluding broader representation of the healthcare workforce. Additionally, the study is confined to Shimla district, which may not adequately reflect the diversity of healthcare challenges and practices across other districts in Himachal Pradesh.

Results:

Interactive Systems Framework (ISF) in implementation research is used to translate promising innovations into new settings. It has been utilized for the purpose of understanding how public health management can be introduced, the principles can be implemented and expanded within the existing settings of Himachal Pradesh. This framework is essentially helpful for exploring the adoption, dissemination, and implementation of new policies. In this study, it did not guide data collection, however, it provides useful structure for adapting an innovation to a particular situation. The study findings have been included in the study's structure, which has three key elements.

a) Synthesis and Translation System.

This is integral to understanding how the innovation (Public Health Management Cadre) would fit the local context, in this case, Himachal Pradesh (HP). The results of the situational analysis and in-depth interview helped in synthesizing the state specific data on the existing cadres. The existing cadres in the state include – General Duty Medical Officer (GDMO), Nursing, Teaching and AYUSH cadres. There is no separate cadre for specialist doctors in the state. All these cadres in HP are being regulated by their respective directorates.

Workforce Gaps:

The existing structural organograms in each cadre are as follows:

1. General Duty Medical Officer (GDMO) Cadre

It includes both MBBS qualified as well as specialists and post graduate allowances are being provided depending on whether the candidate has obtained a degree or diploma. Recruitment of GDMOs is done through Public Service Commission, State government and through outsourcing. In-service candidates are sponsored to pursue MD/MS. There is no assured mechanism of time bound career progression or periodic financial increments. The provision for financial benefits for GDMOs at 4,9 and 14 years was functional till 2022 in (Figure 1)

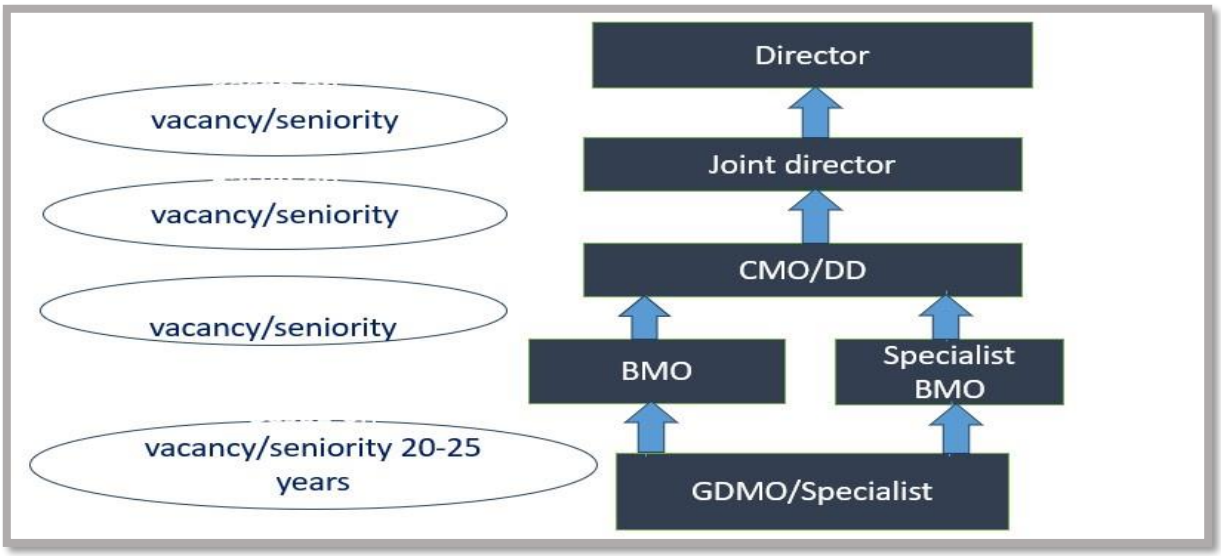

Figure 1: General Duty Medical Officer Cadre

2. Teaching Cadre (Figure 2)

It includes MBBS candidates with a post-graduate degree occupying an academic position. There is an

assured and time bound mechanism of career progression wherein the designation of the candidates is changed when a fixed term is completed. However, the pay grade is only changed after the announcement of a vacancy

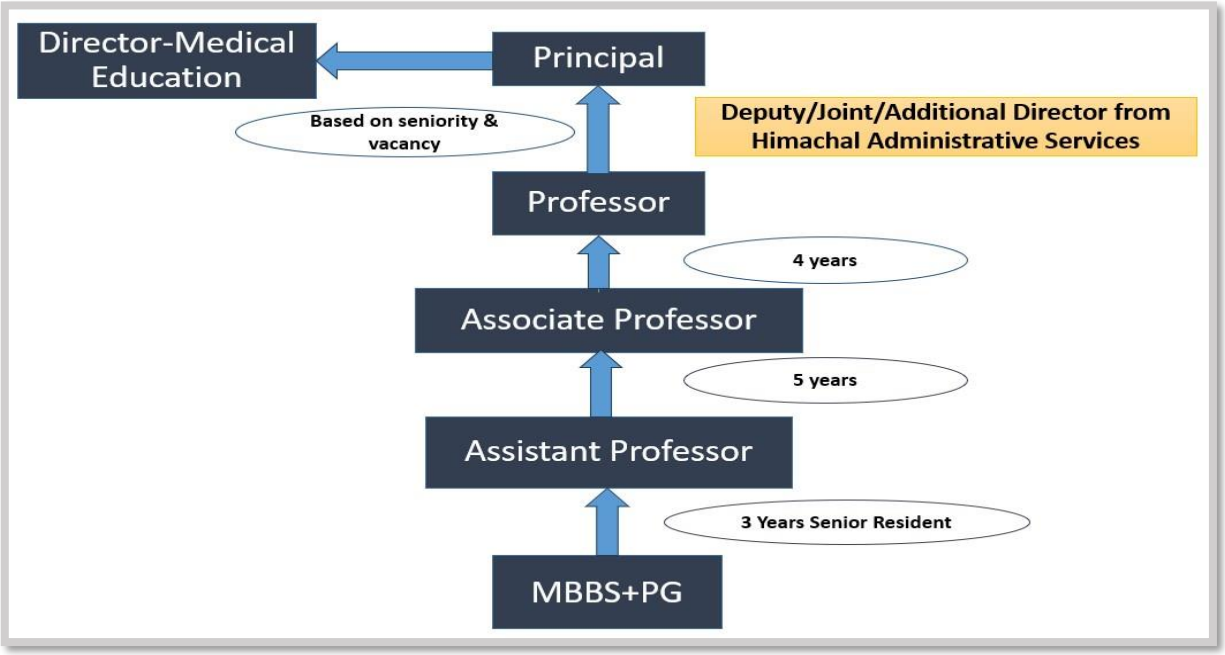

Figure 2: Teaching Cadre

There is no dedicated Public health and Health Management Cadre in the state. All the employees under NHM are contractual, led by the Mission Director, Himachal Pradesh. The gaps or challenges in the current structures were identified and the state specific findings were translated into suggested structures that could be adopted or adapted by the state, effectively putting this synthesized knowledge into use.

Barrier Assessment & Proposed Strategies:

b) Support System

In order to help the state to implement the public health management cadre, NHSRC interacted with the stakeholders on how to establish the desired mechanism for introduction of PHMC. The findings imply that the support system is critical to the implementation of this cadre. Technical assistance would be required in certain areas by the supporting body which include designing new or reforming the existing structural mechanisms and identifying strategies that help in integration of existing health cadres in the process of restructuring. There will be a need to define the terms of reference, roles and responsibilities and introduce appropriate career progression opportunities for all the in-service candidates. Public health orientation of the current health workforce is important for effective running of national public health programs and to contain any public health emergencies in the future. In order to introduce the PHMC, the supporting body would also provide guidance on how to effectively utilize the multi-disciplinary workforce consisting of but not limited to the health professionals, management experts, hospital administrators, human resource trained in procurement and finance. Support will also be provided for comprehensive mapping exercise to assess the available human resource under each cadre and all the public health qualified professionals.

c. Delivery System

The implementation team of the state consists of representatives from the Secretariat, Directorate of Health, Directorate of Dental Services and Department of AYUSH. The team shall establish a task force for the effective delivery of PHMC in line with the existing guidelines. Based on the findings of mapping exercise of existing vacant positions under each cadre and in NHM, an action plan shall be formulated for filling up these positions in a time-bound manner according to the Indian Public Health Standards 2022. Suggested structures can be utilized for guiding the implementation of the cadre in Himachal Pradesh. Revised cadre structures may follow functional requirements as per the local context and regulations of the state. Suggested structural frameworks are shown in Figure 3 and 4.

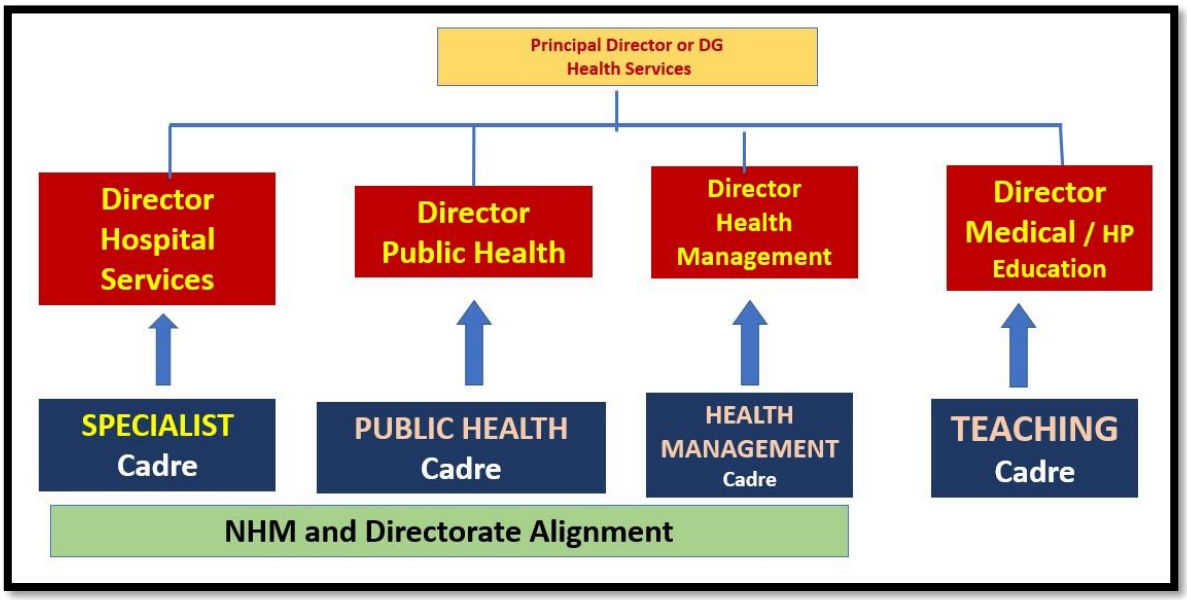

Figure 3: Suggestive Structural framework for implementation of Public Health Management Cadre (PHMC)

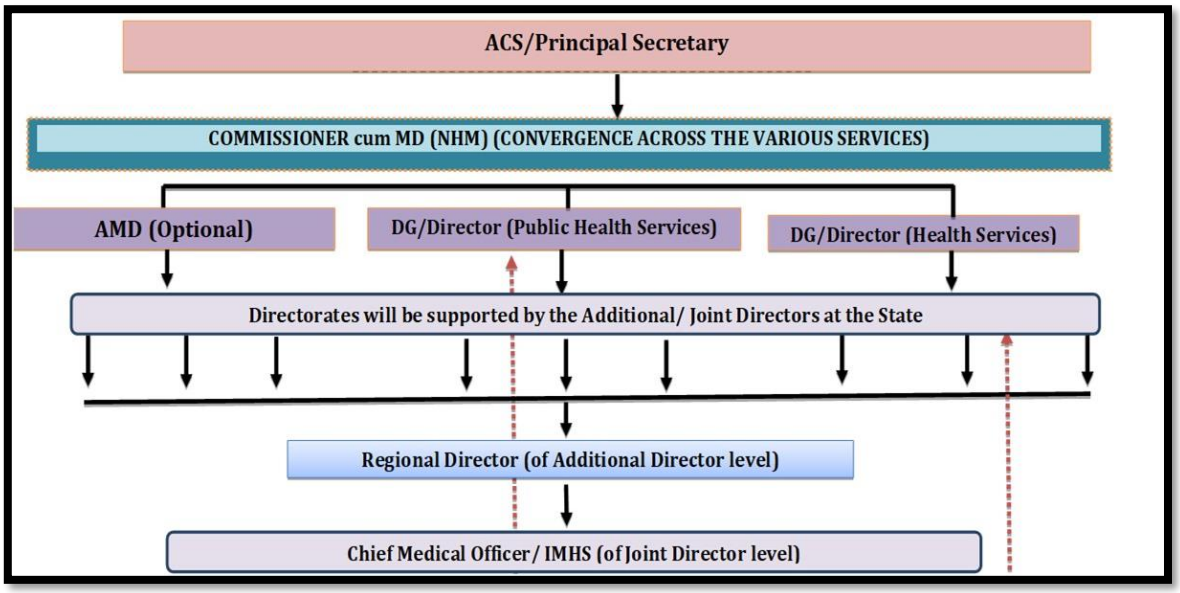

Figure 4: Suggestive Structural framework for implementation of Public Health Cadre (PHMC)

Discussion:

The achievement against MDGs and progress towards SDG targets requires skilled workforce with critical components. This shall include a judicial mix of doctors, technical experts like epidemiologists, surveillance officers or program managers and grassroot frontline public health workers to improve service delivery, accessibility, acceptability of services and impact health outcomes. Countries like **UK and Thailand have institutionalized mechanisms of public health delivery** i.e., locally accountable, decentralized public health teams and active involvement of community workers. Evidence suggests that this has a significant impact on the improvement of population health outcomes. Although health is a state subject in India, with multi-disciplinary human resource from the grass-root to administrative leadership levels, there is a need to systemically organize a separate cadre to improve health, environment and development outcomes. (8)

This study in Himachal Pradesh provides an opportunity to strengthen and transform the health system by identifying and addressing various gaps that include but are not limited to regulatory functioning of the health department at the State and Centre level and professionalization and assortment of public health & management roles. Kyrgyzstan's policy of creating a cadre of managers and planners has led to reduction of political influence and bypass bureaucracies in the health system. (9) This cadre creation in Himachal Pradesh would also be a step towards better planning, implementation of public health functions and improved population outcomes. Bangladesh has also demonstrated an effective mechanism for improved functioning of the health system by introduction of district management groups that aid in implementation of government programs in partnership with NGOs and private providers.(9)

The Interactive Systems Framework (ISF) has been employed to redesign and revamp the existing structures and implementing the Public Health Management Cadre in the state. The synthesis and translation of data suggests that there is a need to re-organize/re-define the existing cadres, in alignment with promotional and financial escalation. This is imperative in order to ensure that all health professionals have their defined roles and are able to achieve their potential through appropriate career development and progression pathways. This cadre would help the State to create a **stable recruitment policy, a suitable and consistent career structure to draw young, talented individuals from multidisciplinary fields such as economics, management, communication and others.** (10) The National Health Mission (NHM), Himachal Pradesh has also appointed and deployed public health professionals all over the state, however the inability of the healthcare system to retain this capacity needs to be addressed. The mechanism of convergence of clinical and public health cadre shall also be defined. This cadre also provides an opportunity for the state to develop or enhance public health education. Doctors can be encouraged to enroll in master's or diploma-level public health courses to build public health relevant competencies. Existing State Institute of Family Welfare can be strengthened and utilized for the same, as highlighted by the High-Level Expert Group Report on Universal Health Coverage for India. (https://nhm.gov.in/images/pdf/publication/Planning_Commission/rep_uhc0812.pdf). The findings and suggestions in our study are in alignment with other research findings that suggest a dedicated public health and management cadre, distinct from the knowledge of medical sciences. Institutional arrangements for public health delivery in Tamil Nadu, with its trained public health cadre has provided emphasis and demonstrated remarkable success in immunization coverage, antenatal and postnatal care and response to natural disasters. Maharashtra also has a stratified cadre system for public health medical officers that engages in bridging the gap between clinical care, epidemiology, and public policy. **Human resource strategies**, encompassing increase in workforce and in-service trainings, defined by a balance of both

clinical and managerial outcomes have found to be promising in improving health outcomes and performance of health organizations. (8)

To support the states in implementation of PHMC, National Health Systems Resource Centre (NHSRC) will continue to provide support and help build coalitions with agencies and experts necessary for development of public health workforce in Himachal Pradesh. This is consistent with existing body of research that outlines the role of Central level bodies in assisting the State health departments for setting up structured entry into different cadres, staffing norms and career progression pathways. (9) (11)

The **taskforce committee** for delivery, implementation and scaling up of the cadre shall involve State level and National representatives (NHSRC). Involvement of key stakeholders and institutions is fundamental to improved health service delivery mechanisms. (9) The proposed structures for the State, are in line with the recommendations of HLEG report. The report outlines the need to discontinue the practice of loading managerial functions on to the clinical care providers, and establishment of managerial cadre for greater health security and an accountable health system.

Conclusion:

The study underscores the critical need for a dedicated Public Health Management Cadre (PHMC) in Himachal Pradesh to strengthen and transform the health system. Drawing lessons from successful models in countries like the UK, Thailand, Kyrgyzstan, and Bangladesh, as well as states within India such as Tamil Nadu and Maharashtra, it is evident that a well-organized and professionally distinct public health cadre can significantly enhance health outcomes. By addressing regulatory gaps, professionalizing public health roles, and fostering career development, Himachal Pradesh can establish a stable recruitment policy and career structure, attracting young talent from multidisciplinary fields.

Also, as envisioned in **the National Health Policy (NHP) 2017** and exacerbated by the COVID-19 pandemic, there is an urgent need for policymakers to implement Public Health Management Cadre (PHMC). Establishing PHMC offers a transformative opportunity to address these issues by integrating multi-disciplinary professionals, demarcating clinical and public health functions, and strengthening capacities for managerial roles. By fostering career development pathways and improving workforce retention, PHMC can ensure better utilization of available specialists, enhance public health surveillance, and enable the public health system to effectively respond to emerging diseases, epidemics, and other complex health challenges. Policymakers must prioritize the swift operationalization of PHMC to build a robust, equitable, and resilient health system aligned with the NHP's vision of universal access to quality healthcare.

Engaging diverse stakeholders is essential for the successful implementation and scaling up of the Public Health Management Cadre (PHMC), as each group can contribute uniquely to strengthening the cadre and enhancing the public health system. The private sector, for instance, brings valuable expertise in management, technology, and innovation that can be leveraged to provide specialized training for PHMC personnel. Additionally, corporate social responsibility (CSR) initiatives can be tapped to fund capacity-building efforts, support technology adoption, and promote research to advance the objectives of PHMC. Academic and research institutions can help in developing training programs tailored to the required competencies of PHMC personnel. By fostering collaboration among private entities, academic institutions, and other stakeholders, the PHMC can evolve into a sustainable, inclusive, and comprehensive framework, addressing India's complex and dynamic public health challenges.

The implementation of the PHMC, supported by the Interactive Systems Framework (ISF), offers a strategic pathway to redefine existing cadres, align promotional and financial incentives, and integrate clinical and public health functions. Strengthening public health education, encouraging advanced public health training for doctors, and utilizing existing institutions like the State Institute of Family Welfare will be pivotal.

With the support of the National Health Systems Resource Centre (NHSRC) and a taskforce committee comprising state and national representatives, the establishment of the PHMC is poised to create a more accountable, efficient, and resilient health system. This initiative aligns with the broader goals of achieving Sustainable Development Goals (SDGs) by improving service delivery, accessibility, and acceptability, ultimately leading to better population health outcomes in Himachal Pradesh.

Recommendation:

- Establish a Task Force Committee, chaired by the Secretary of Health or an equivalent authority, to oversee the implementation of the Public Health Management Cadre (PHMC) in accordance with national guidelines.
- A systematic mapping of sanctioned positions at the state, district, and block levels should be conducted to eliminate programmatic silos and gradually separate the responsibilities for clinical service delivery and program management.
- State should focus on capacity-building initiatives for the health workforce, including short courses designed to address identified competency gaps in public health positions.
- Develop transparent selection criteria and clearly define Terms of Reference (TORs) for administrative positions and ensure these are publicly available to promote transparency in the selection process.
- The State can collaborate with national institutions offering public health courses to provide training that would enable the sharing of knowledge and resources, ensuring the effective delivery of public health functions.
- Designations should be revised timely and appropriately with each promotion. For instance, a Medical Officer (MO) who receives a promotion may be designated as a Senior Medical Officer (SMO) or as a higher-level position such as Senior Specialist Medical Officer (Sr SMO).

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