

Jan Swasthya Abhiyan National Convention 2025

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Thematic Note

Health Workforce in the Public Sector: The Backbone of a Healthy Society

1. Health workers at the core of an egalitarian health system

An egalitarian society is one where every person—irrespective of caste, class, gender, geography or economic status—can access dignified, quality healthcare. Such a society is impossible without a strong, publicly funded health system. And at the heart of any health system are not buildings, machines or schemes, but the people who run it.

Infrastructure gaps can sometimes be managed temporarily; medicines can be procured, buildings can be repaired. But without an adequate, motivated, and secure health workforce, the health system simply does not function. This truth was starkly visible during the Covid-19 pandemic, when, despite shortages of basic protective gear and infrastructure, health workers across India—doctors, nurses, ANMs, ASHAs, Anganwadi workers and others—continued to struggle day and night to save lives, very often at great personal risk.

Yet the same workforce that kept the system going in a time of crisis is today itself in crisis.

2. A deepening crisis for India's public sector health workforce

Across the country, health workers in the public sector face acute precarity and injustice. Large numbers are employed on short-term contracts or under various schemes, with:

- Uncertain and insecure jobs
- Low and often irregular pay
- Unsafe and hostile working environments
- Experiences of gender-based violence, harassment and discrimination
- Caste-based exploitation and everyday indignities

Doctors, nurses, allied health professionals and, most crucially, frontline workers such as ANMs, ASHAs and Anganwadi workers, who form the backbone of primary health services in rural and marginalised areas, are expected to “adjust” to harsh conditions as if this were normal. Overwork, lack of support, and continuous disrespect have led to widespread demotivation, burnout, and serious mental and physical health consequences for many.

This is not an accidental situation or the result of a few “bad employers”. It is a structural crisis.

3. Roots of the crisis: underfunding and neoliberal policy shifts

The present crisis facing the public sector health workforce cannot be understood only as a problem of “shortage of funds” or “limited vacancies”. It is closely linked to the policy shifts that followed neoliberal reforms during the 1980s and 1990s, when public expenditure on social sectors, including health, was systematically curtailed.

Decades later, India’s public spending on health still remains abysmally low. According to WHO statistics for 2021, public expenditure on health as a share of GDP is around 2%—far below what is required even for basic universal services. Countries with roughly comparable social and economic contexts, such as Brazil, South Africa and China, spend many times more as a share of their GDP on public health systems.

This chronic underfunding has produced a huge workforce deficit in the public system, while paving the way for aggressive privatisation and the growth of a commercialised private medical sector.

4. Massive shortfalls in public health workforce

The impact of this neglect is clearly visible in government data. Rural Health Statistics (2021) reveal serious shortfalls at all levels of the rural public health system:

- At Community Health Centres (CHCs), there is a shortage of:
 - 74% of required general physicians
 - 79% of required gynaecologists
 - 81% of required paediatricians
- In allied services at rural PHCs and CHCs, vacancies include:
 - 25% of pharmacist posts
 - 31% of lab technician posts
 - 28% of nursing staff posts
- At the primary level in rural areas, 35% of doctor posts and 46% of ANM posts remain vacant.

These are not just numbers. Each vacant post represents a village without reliable care, a woman who cannot safely access childbirth services, a child who goes untreated, a family forced to turn to expensive private providers.

5. Contractualisation and exploitation in the shadow of shortage

This severe shortage of sanctioned, regular posts has been accompanied by an increasing shift towards contractual, scheme-based and outsourced recruitment of health personnel. This combination of scarcity and insecurity creates the perfect conditions for exploitation.

Some of the ways this plays out on the ground include:

- Female health workers facing unsafe workplaces and harassment, often without access to effective redressal

- Doctors at PHCs working without adequate staff, basic facilities or even proper accommodation and security
- ASHA workers being burdened with extensive data entry and reporting work for digital portals, on top of their community health responsibilities, with compensation far below the value of their labour
- Health workers leaving public sector jobs or avoiding rural postings due to poor conditions, migrating instead to the private sector or to other fields

Many health workers wish to serve in rural and marginalised communities and remain committed to the ideals of public service. But the prevailing policy environment, characterised by insecurity, overwork and disrespect, pushes them out, even when they want to stay.

6. Health workers' rights as a precondition for people's right to health

India is a country where a large proportion of the population continues to live with poverty, malnutrition, precarious livelihoods and limited access to basic services. In such a context, a strong public health system is not optional—it is essential.

For this system to function, the well-being and rights of public sector health workers are non-negotiable. This includes:

- Secure and regular employment
- Fair and timely remuneration
- Opportunities for skill-building and career progression
- Safe, respectful and discrimination-free workplaces
- Adequate infrastructure and staffing support to deliver quality care

A society that expects health workers to care for everyone, including the most marginalised, cannot claim to be just while those very caregivers are denied dignity, security and justice.

Today, the struggle of health workers for decent work and rights is converging with the broader movement for people's right to healthcare. These are not separate agendas—they are deeply interconnected. Without justice for health workers, there can be no real right to health for people.

7. Our vision: a strengthened, publicly funded health system for all

To move towards a just and equitable health system, the following principles must guide policy:

- No to privatisation and PPPs that weaken public systems, fragment services and convert health into a commodity
- Yes to robust public funding: Public health budgets must be significantly increased to ensure adequate staffing, infrastructure, medicines and services at all levels

- End contractualisation and precarious employment in the public sector: All long-term contractual health workers must be regularised, with clear pathways for confirmation and promotion
- Guarantee security and dignity for every health worker, including strict measures against gender-based violence, caste-based discrimination and workplace harassment
- Recognise and fairly remunerate frontline workers such as ASHAs, ANMs and Anganwadi workers, acknowledging them as integral, not auxiliary, to the health system

When health workers are secure, respected and supported, they can serve people with greater confidence, commitment and continuity.

8. Building a united movement of health workers and people

The current crisis of the health system is not inevitable. It is the result of policy choices that prioritise underfunding and privatisation over rights and equity. To change this, collective action is essential.

Health workers' organisations, people's health movements, trade unions, women's groups, Dalit and Adivasi organisations, and wider civil society must come together around common demands to:

- Defend and expand public health services
- Ensure adequate staffing and fair working conditions in the public sector
- Oppose policies that promote privatisation, PPPs and contractualisation
- Assert healthcare as a right, not a market commodity

Health workers, health activists and the public must stand side by side to build a broad, united movement to reclaim and strengthen public health systems—systems that value both the people who seek care and the people who provide it.

9. Our collective demands

In this spirit, the following core demands emerge:

- Stop privatisation and PPPs that undermine public health services and accountability
- Increase public health expenditure substantially, with a clear focus on strengthening government health services at all levels, especially in rural and underserved areas
- End exploitative contractualisation and regularise all contractual health workers with appropriate pay scales, benefits and protections
- Ensure safe, inclusive and respectful workplaces for all health workers, with effective mechanisms to address harassment, discrimination and violence

- Guarantee security, dignity and social recognition for ANMs, ASHAs, Anganwadi workers and other frontline cadres, including statutory status and fair wages

Unless the prevailing policy framework is fundamentally transformed—moving away from underfunding, privatisation and insecure employment—neither will people receive quality, equitable healthcare, nor will health workers receive the justice they deserve.

A just health system demands justice for health workers. Only then can the right to health become a lived reality for all.