

# Served by Indians: For India to be a services superpower, diversify beyond IT to medical services

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I have spent most of my early years, growing up in rural India, around farmers. I cannot recall, looking back at those years, a single example of a farmer becoming financially secure.

We are still a rain based economy. No rain, no crop, no money; too much of rain, no crop, no money; adequate rain, bumper crop, prices drop, no money. It is only a matter of time before a farmer goes bankrupt. Even though farming contributes only 13.7% of GDP, it is responsible for 50% of employment. By contrast, only 2% of US jobs are from farming. The conclusion is inescapable: we need to look at alternative jobs for farmers' families.

Contrary to popular perception, the health sector at \$8 trillion is the world's largest industry (IT is \$3.4 trillion, oil \$2 trillion, automobiles \$2 trillion). In the US and UK the health sector is the largest employment generator today. UK's National Health Service is the world's fifth largest employer.

*Illustration: Chad Crowe*

India's iconic manufacturer Maruti directly employs only 13,500 employees for a revenue of Rs 66,500 crore, while Narayana Health directly employs 15,500 employees for a revenue of Rs 1,878 crore. Thus the health sector creates disproportionately higher number of jobs for companies' top line, especially for semi-skilled and unskilled youth which is the need of the day.

In Mangalore there are agencies that recruit and provide "40 day ladies" to take care of new born babies and their mothers; they earn Rs 55,000 for just 40 days of work and their only qualification is that they were once mothers themselves. These jobs which have flexible schedules are ideal for women from rural India. Let's assume that only 10% of Indian expectant mothers can afford this service, and we are talking about a few lakh well-paying and flexible jobs. To scale this up we just need short term training, and an interactive portal to promote and monitor.

For optimum care, behind every doctor there are four nurses, four technicians and five administrators. Most of them require a licence to practise, restricting supply. According to the US bureau of labour statistics, out of the 20 fastest growing US occupations nine are in healthcare. Unfortunately, none of the nine training and licensing systems exists in India.

Recognition by the statutory body is important for skill building. The greatest challenge to training the rural poor is the cost of training. There are at least 5,000 hospitals across India capable of training home health aides. But government or donors must reimburse the cost of training the rural poor by grants or educational loans.

India needs two million nurses and the rest of the world nine million. The nursing profession is not attracting talent in India because of lack of career progression. In the US 67% of anaesthetic procedures are done by nurse-anaesthetists. In India a nurse who has worked in intensive care for 20 years is legally not allowed to prescribe even a pain killer. A 25-year-old nurse intensivist can easily earn a lakh rupees a month in India. All it requires is regulatory changes to make healthcare delivery inclusive and not the exclusive domain of doctors.

According to the World Bank there will be a demand for 80.2 million health workers across the world in just 13 years. Healthcare jobs are not attractive for people from wealthy countries. We should train rural youth to become doctors, nurses and paramedics for the world. There are 45,000 doctors and nurses from Cuba working in Central America earning about \$8 billion a year. Philippines receives \$29.7 billion in remittances, mostly from its 1,50,000 nurses and 18,000 physicians working abroad.

We should convert 600 district hospitals as medical nursing and paramedical schools to train 5 million doctors, nurses and paramedics for the global requirement. They can remit about \$100 billion of precious foreign currency every year over a period of time. It doesn't cost Rs 400 crore to build modern medical schools. There are 35 medical schools in the Caribbean region training doctors for the US. These medical schools occupy about 50,000 sq ft rented space in shopping malls, where most of the teaching is done by Indians.

We can start by converting 60 district hospitals in “Naxalite” affected regions as medical schools with less than Rs 50 crore investment to train doctors, nurses and paramedics. They should be trained primarily to pass the entrance exams of the US and UK. It’s important to train children from poor families to become doctors because outstanding doctors across the world with magic in their fingers generally come from deprived backgrounds.

Unfortunately, Indian medical education has become an elitist affair. By creating a parallel medical education predominantly for the Western market we can demonstrate high quality affordable medical education, at the same time making a big impact on our rural economy.

We should make India the service provider for the world, as China has done for manufacturing. Remuneration for overseas health workers is significantly higher than most other professions. A 24-year-old nurse from Kerala, working at our hospital in Cayman Islands, recently took her parents on a holiday to Disneyland. India, with over 2 million beds, can easily train the global requirement of health workers just by changing our policies governing medical and nursing education.

Like ‘Make in India’, our slogan should be ‘Served by Indians’. We missed the Industrial Revolution, let us not miss the healthcare revolution which doesn’t need money. It just needs youth with passion and compassion, which we have in abundance.

DISCLAIMER : Views expressed above are the author's own.