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ROLE OF STATE IN ENABLING HEALTHCARE COORDINATION IN INDIA DURING COVID-19 PANDEMIC

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Abstract

One of the most persistent and perpetual issues related to a sound and good living is the issue of health. Healthcare governance well designed and effectively executed can ensure people's right to a sound health. India has an extensive healthcare system, but it is still inceptive and lack of human resources, infrastructure and investment. India's healthcare system is associated with various issues, including low number of institutions and inadequate human resources for quite a while now. With the Covid-19 pandemic just around the corner, India's healthcare system has collapsed under the weight of the pandemic. The government of India has released Covid-19 Emergency Response and Health System Preparedness immediately after the declaration of the World Health Emergency in the world. However, India's healthcare sector is not equipped for the unprecedented rise of its devastation. Moreover, the significant inefficiency, dysfunctioning and acute shortage of the healthcare delivery system in the public sector are not able to meet the growing needs of the population.

Key words: *India, Healthcare system, Pandemic, Infrastructure, Emergency etc.*

Introduction

An available, affordable, and accessible health care system can only be achieved with an effective and sound system of Health Governance. An effective system of healthcare governance is instrumental in providing quality health care to the people. In countries like India, where basic health care remains a distant dream to many, the issue of receiving proper and quality health is a far cry. India spent only 1.28 percent of its GDP on health in 2017-18, one of the lowest in the world. India even after independence did not consider its priority to beef up defenses against contagious diseases. Very few investments were made regarding an overarching public health infrastructure. Given that the success of such measures is inherently negative. The public healthcare system in India is under-resourced, both from the infrastructure and staffing sides which poses a challenge to India in dealing with the present pandemic (COVID 19) situation. It requires special mention that a health right is an indispensable form of human right that enunciates the fact that everyone has the right to the highest attainable standard of physical and mental health.

Governance in the health sector refers to a wide range of steering and rule-making-related functions carried out by governments/decisions makers as they seek to achieve national health policy objectives that are conducive to universal health coverage. Governance is a political process that involves balancing competing influences and demands. Beyond the formal health system, governance means collaborating with other sectors, including the private sector and civil society, to promote and maintain population health in a participatory and inclusive manner.[1] It includes: Policy making and implementation, Public health legislation, Policy, Strategy, Funding, Organization.[2]

Discussion

The issue of health is an important agenda of the Indian government. Health policies are formulated following the five-year plans. In the fifties and sixties, the entire focus of the health sector in India was to manage epidemics. Mass campaigns were started to eradicate the various diseases. These separate countrywide campaigns

with a techno-centric approach were launched against malaria, smallpox, tuberculosis, leprosy, filaria, trachoma, and cholera. Cadres of workers were trained in each of the vertical programs. Till 1983 India didn't adopt a formal or official National Health Policy. Before those health activities of the state were formulated through the Five-year Plans and recommendations of various Committees. For the Five Year Plans, the health sector constituted schemes that had targets to be fulfilled. Each plan period had several schemes and every subsequent plan added more and dropped a few.[3] The health care system was conceived after the independence in 1947 as a three-tier system that could cover the entire country. It was to have a primary care system at the village level, a secondary care system to cover smaller urban centers and tertiary care for specialized treatment. Over the years, though, the emphasis moved to for-profit tertiary care hospitals, mainly in big cities, with state-of-the-art that provided care mainly to the urban rich.

The healthcare allocation in the Union Budget of 2020-21 is just a modest increase of 5.7 percent to Rs 67,484 crore from the revised estimate of Rs 63,830 crore in the previous year and falls short of the target of spending 2.5 percent of GDP on healthcare. According to Dr. Azad Moopen, founder chairman of Aster DM Healthcare, "It is unfortunate that the allocation of Rs 69,000 crore for the sector is only just one percent of GDP, which will be highly inadequate for any major leap forward in the sector". A minimum increase of allocation in healthcare does not lead to too much increase in the health sector and thus on healthcare will continue to lag.[4]

India's struggle to treat corona virus patients is the result of chronic underinvestment in healthcare. The Indian government estimates it spends only about 1.5 percent of its gross domestic product (GDP) on public health. That figure is higher than it was – about 1 percent in the 1980s and 1.3 percent five years ago – but India still ranks among the world's lowest spenders in terms of percentage of GDP. Public healthcare, in the last decade, has been a low priority for India with just 1.29% of the country's GDP in 2019-20 spent on healthcare. Contrast this with the global average of 6%. India's public expenditure on health as a percentage of the GDP is far lower than countries classified as the "poorest" in the world, as admitted by the Union Ministry of Health and Family Welfare.[5]

In the 2019 Global Health Security Index, which measures pandemic preparedness for countries based on their ability to handle the crisis, India ranked 57, lower than the US at 1, the UK at 2, Brazil at 22, and Italy at 31, suggesting it is more vulnerable to the pandemic than countries that have seen a high number of fatalities so far. India's investment in the health sector, dedicating only 1.3 percent of its GDP, is now making it vulnerable to COVID-19. It contrasts with other developing countries like Brazil, which spends 7.5 percent of its annual GDP on health; Bhutan, which has allocated 3.6 percent; and Bangladesh, which dedicates 2.2 percent. Among developed nations, South Korea has kept its healthcare expenditure at a whopping 8.1 percent, Japan 10.9 percent, and the US at 8.5 percent.[6]

Lack of adequate manpower fostering serious drawbacks in India's healthcare system

One of the core challenges of the Indian healthcare system is insufficient manpower. This problem became more vulnerable during this pandemic situation. India has a severe shortage of healthcare workers. There is 1 doctor for every 1,445 Indians as per the country's current population estimate of 135 crore, which is lower than the WHO's prescribed norm of 1 doctor for 1,000 people. India has 1154686 registered doctors in the specialty of modern medicine. At present, in India, on average, a government doctor attends to 10926 people, more than 10 times what the WHO recommends. In Bihar, one government doctor serves 28,391 people. Uttar Pradesh is ranked second with 19,962 patients per doctor followed by Jharkhand (18,518), Madhya Pradesh (16,996), Chhattisgarh (15,916), and Karnataka (13,556).[7]

A Confederation of Indian Industry (CII) report has said that the covid-19 pandemic is a "wake-up call" for India's health system. India's public healthcare system is chronically underfunded, and there are big gaps in primary healthcare delivery. The report titled 'strengthening public health delivery' stated that all public health activities required for covid-19 epidemic control – including testing, early detection of cases, and various preventive measures are being carried out by Primary Health Centre (PHC)-level staff, despite often being overburdened due to inadequate staffing in many states.[8]

As the primary health centers are already overwhelmed due to the public health crisis and face a severe shortage of resources, the report highlighted that inadequate health services due to lack of basic supplies and equipment, shortage of skilled workforce medical and Para-medical staff who are overburdened with long hour duties has further worsened the situation. The medical and paramedical staff includes doctors, nurses, midwives, auxiliary nursing midwives, ASHAs, and Anganwadi workers. India's healthcare infrastructure is incapable of dealing with this crisis today. Shortages in medical supplies and an inability to provide adequate testing are the major issues. [9]

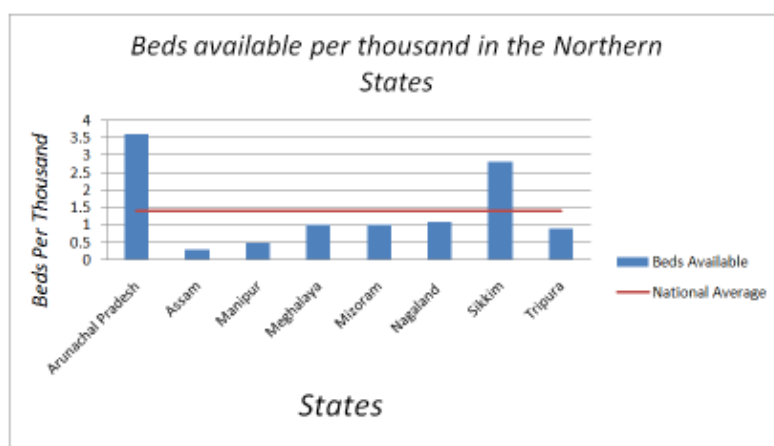***Deficient infrastructure tremendously affecting the healthcare system:***

The National health policy 2017 emphasis on the 'Health in All" and increased the rate of healthcare expenditure to 2.5% of GDP but this pandemic situation triggered a reality check on the Indian Healthcare system. Many questions are put across as to how the Government of India is ready to address this and prepared to translate the goal of NHP -2017 into reality. The Center for Disease Dynamics, Economics and Policy (CDDEP) and Princeton University have estimated the existing state-wise availability of hospital beds, intensive care units (ICUs), beds, and ventilators across India based on data available on the website of the Central Bureau of Health Intelligence(CBHI)under title" National Health Proûle 2019". According to CDDEP report published on (20 April 2020) and National Health Proûle 2019,

    (i)   The total hospitals in India are 69,265, i.e., (public hospitals—25,778 and private hospitals—43,487)

    (ii)   The total hospital beds—1,899,228 (Public sector-7, 13,986; and Private sector—1,185,242);

    (iii)   The total number of ICU beds—94,961(Public sector—35,699 and Private sector 59,262);

    (iv)   Total ventilators—47,481 (public sector—17,850; private sector—29,631).
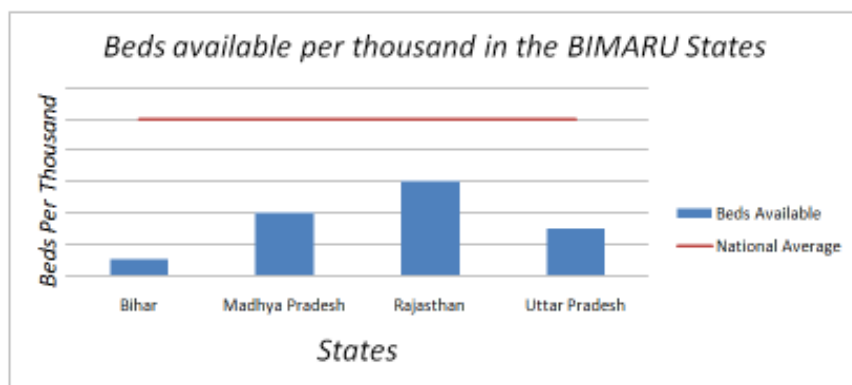
      As mentioned above, the information suggests that maximum of the healthcare centers in India lie in the private sector. In India, the available government

hospital beds and ICU beds are 0.51 and 0.025 per 1000 population, respectively; whereas, the available private hospital beds and ICU beds are 0.85 and 0.04 percent per 1000 population, respectively.[10]
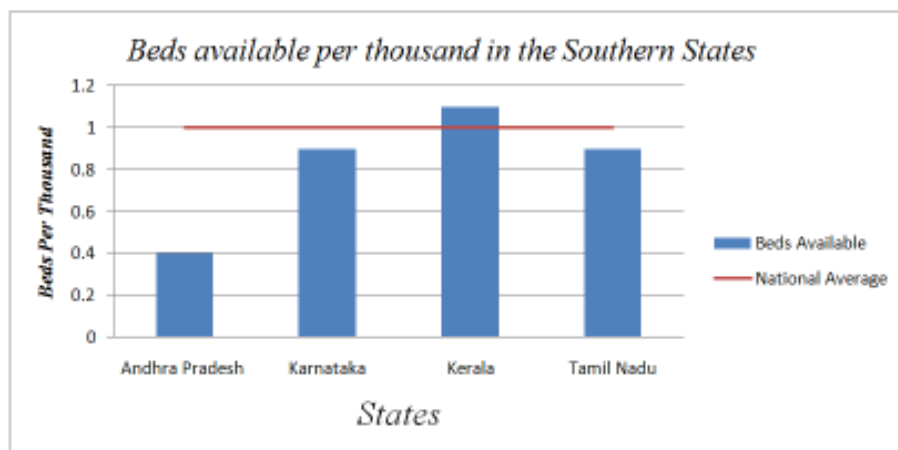
In India, there is a major shortage in the availability of beds in hospitals. According to the Raghuram Rajan commission, some states like Jharkhand, Assam, Haryana, Bihar, Gujrat, Odisha, Madhya Pradesh, Maharashtra, and Manipur which is home to more than 70% of the total Indian population has the population to bed ratio even lower than the national average but some states like Kerala, Sikkim, and Tami Nadu has the better population to bed ratio. Bihar (one of the least-developed states) has 0.12 beds per thousand people, which is the state with the fewest beds per person. In the Northeastern part of India, Assam and Manipur have 0.32 and 0.48 beds, respectively, which is below the national average of 1.13 beds per thousand people. Other states of the Northeast and Southern India have a better capacity to serve patients – near to or above the national average which is shown in the graph (1&2) below. The states of Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh (the BIMARU states), where one in every four persons is below the poverty line, have less capacity than the national average and more than half of India's population lives in these (four) states.[11]

*Source – Data used from the Ministry of Health and Family Welfare and RBI's population data

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The number of beds are used as an indicator of health infrastructure in general and the poor bed availability points to India's failure to expand its health infrastructure in keeping with the growth in population. Moreover, the significant inefficiency, dysfunction, and acute shortage of the healthcare delivery systems are leading people to struggle to save their lives. More than 80 percent of the population still does not have any significant health insurance coverage and about 68 percent of the population has limited or no access to essential medicines. The low level of public spending on health is the main cause for the poor quality, limited reach, and insufficient public provisioning of healthcare.

Millions of India's poor population rely on the public health system, especially in rural areas. The private health sector has been growing over the past two decades, especially in India's big cities, where an expanding class of affluent Indians can afford private care and it also accounts for 55 percent of hospital admissions. The pandemic has exposed the pathetic condition of India's healthcare system. During the second wave of Covid 19 or the ongoing condition, various challenges are comforting the healthcare system of India? The shortage of Oxygen supply, healthcare personals and shortage of vaccines, etc. There have been a lot of reports of a shortage of oxygen supply in Delhi, Maharashtra, etc. Maharashtra, which is home to India's financial capital Mumbai, is the hardest-hit state and also the epicenter for the second wave. The lack of oxygen to treat people with Covid-19 has drawn international attention. Many nations have also offered critical aid, including Belgium, Uzbekistan, Germany, France, Thailand, and the United Arab Emirates.

India's response while dealing with the pandemic

India's first Covid 19 case was detected just as the same day when WHO declared Covid 19 as a health emergency in the world. India alertly implemented surveillance as early as on January 17, even before the first cases officially detected. This was following by a series of travel advisories and restriction and a effort to repatriate and quarantine Indian nationals arriving from abroad. India has done various effort to deal with the situation when the pandemic out breaks starting from the 'Janata Curfew '. India went into full lockdown on March 24, at that time, India had just

500 confirmed Covid -19 cases and fewer than 10 deaths. The sudden lockdown had a severe impact on millions of low-income migrant workers and daily-wage earners. With no saving and little guidance or financial help from the government, these workers and their families faces food insecurity and hardships that led many to walk hundreds of miles to reach their villages. Migrant flight has serious implication on the already fragile rural health infrastructure.

After the end of first, Government of India loosen its restrictions and opened up every sector. At the end of February, India's election authorities announced key elections in five states where 186 million people were eligible to vote for 824 seats. Beginning 27 March, the polls would stretch over a month, and in the case of the state of West Bengal, be held in eight phases. Campaigning had begun in full swing, with no safety protocols and social distancing. No one was ready for the second wave. It caught everybody by surprise. In a very short time, it's turned into a major crisis. In less than a month, things began to unravel. India was in the grips of a devastating second wave of the virus and cities were facing fresh lockdowns. By mid-April, the country was averaging more than 100,000 cases a day.[1]

The second wave of the pandemic has hurt so hard in the healthcare system of India. It is worse than the first wave of the pandemic. It was largely because the crisis was made worse by a slow response from the government. Though some major steps have been taken in dealing with the first wave of the pandemic, the second wave turns out to be more challenging.

According to data shared by the Union ministry of health and family welfare, more than 70% of India's cases are being traced back to six states - Maharashtra, Tamil Nadu, Karnataka, Kerala, Uttar Pradesh and West Bengal. Maharashtra was reporting almost 8 lakh cases every fortnight between April 8 and May 4, being at the top among states reporting high cases. Karnataka, UP and Kerala also added more than 4 lakh cases in a fortnight during that period. Delhi with three lakh cases was at the fifth position during April 21-May 4. Uttar Pradesh also has high of 3 lakh during the same period.[2]

There have been many cases of oxygen shortage in various stats. Delhi was one of the top states which has severely affected by the shortage of oxygen supply. The Delhi government as well as the chief minister requested the central government to supply them with sufficient number of oxygen supply. According to the New York Times Article (dated 31st 2021) stated that officially by late May, about 27 million infections had been confirmed and more than 300,000 people were dead, but experts said the actual figures were most likely much higher. At one point, India had been responsible for more than half of the world's daily Covid-19 cases and set a record-breaking pace of about 400,000 a day.[3] During this pandemic situation it can be observe that there are many reasons which collectively worsened the situation in India. Low level of testing , implementation , failure in containing the spread during lockdown , insufficient infrastructure, inadequate manpower as well as insufficient funding have serious impact on the health services. Unfortunately, the current approach in the healthcare sector appears to be 'business as usual' and the real threat has been that policy administrators have overestimated their ability and underestimate the virus and also the Indian citizens have taken the virus lightly and not followed strict compliance to Covid-19-appropriate behavior.

From the above discussion, it is very much clear that the Indian public healthcare system is not adequately sufficient to deal with the present health crisis. 30% of Indians do not have access to primary healthcare facilities. Millions Indian falls below the poverty line each year because of healthcare expenses. About 70% of Indians spend all their income on healthcare and drugs. The inability of the part of government is reflected in rather a poor visualization of the health system. Primary health centres (PHCs) in villages are supposed to screen and refer medical cases to hospitals in local districts or on to state-level specialist hospitals. However, PHCs are not sufficiently present and where the present is acutely undermanned. Moreover, as many as 18% of PHCs are entire without doctors. The only redeeming feature of the system is the committed cadre of Auxiliary Nurse Midwife (ANMs) who work at PHCs, and the accredited social health activists (ASHAs).

Ironically, India has been a success in eradicating smallpox and polio through targeted public intervention. India's Universal Immunization Programme

is renowned as one of the largest public health interventions in the world. The growing number of people requiring medical intervention is putting relentless pressure on the healthcare system, hospitals, and public healthcare agencies who are hard-pressed for time, investments, equipment and facilities, and train bed resources in successfully treating people.

Conclusion

The challenges that are presently faced by the healthcare system of India are emblematic of larger problems that will arise in near future. The ongoing inefficiency in the healthcare system of India is not only due to the present pandemic situation, there has always been incompetency on the part of the government to deal with a good healthcare facility around the country. This problem is not new to our concern but an age-old problem which India is facing for a long time. This isn't the first time that oxygen supply is scarce. Year after year, India's northern state of Uttar Pradesh sees outbreaks of Japanese encephalitis among children, a disease spread by the bite of a mosquito. In 2017, 30 children died suddenly at a hospital, likely due to a disruption in oxygen supply, though that could not be conclusively proven. It is, however, a reminder of what is happening in hospitals across India that have been running out of high-flow oxygen, resulting in deaths. Not only the supply of Oxygen there have been many issues that are creating a huge deadlock for the system. The issue of healthcare never had been in a forefront of any government since independence. There has been very limited investment in the healthcare system in comparison to many other countries of the world, even it is very less than its neighboring countries. The infrastructure, as well as the manpower in the healthcare system of India, is very much negligible. People of the ages are suffering due to insufficient healthcare. However this pandemic situation has worsened the healthcare system of India, it exposed the vulnerabilities of the system.

Notes:

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