LexQuest Foundation

Research Brief

India's COVID-19 Challenge: Assessing Health Services' Response to a National Crisis

LexQuest Foundation

May, 2020

New Delhi, India

LexQuest Foundation

Acknowledgements:

Conceptualised and Created by:

- Akanksha Arora, Chief Executive Officer & Founder Trustee
- Tanya Chandra, Chief Operating Officer & Founder Trustee

Author:

- Twinkle Jaspal, Research Associate, Policy

About the Organisation:

LexQuest Foundation (LQF) is an independent, non-profit, research and action organisation, established in 2014, in New Delhi. We are striving to create, advocate and implement effective solutions for a diverse range of development issues.

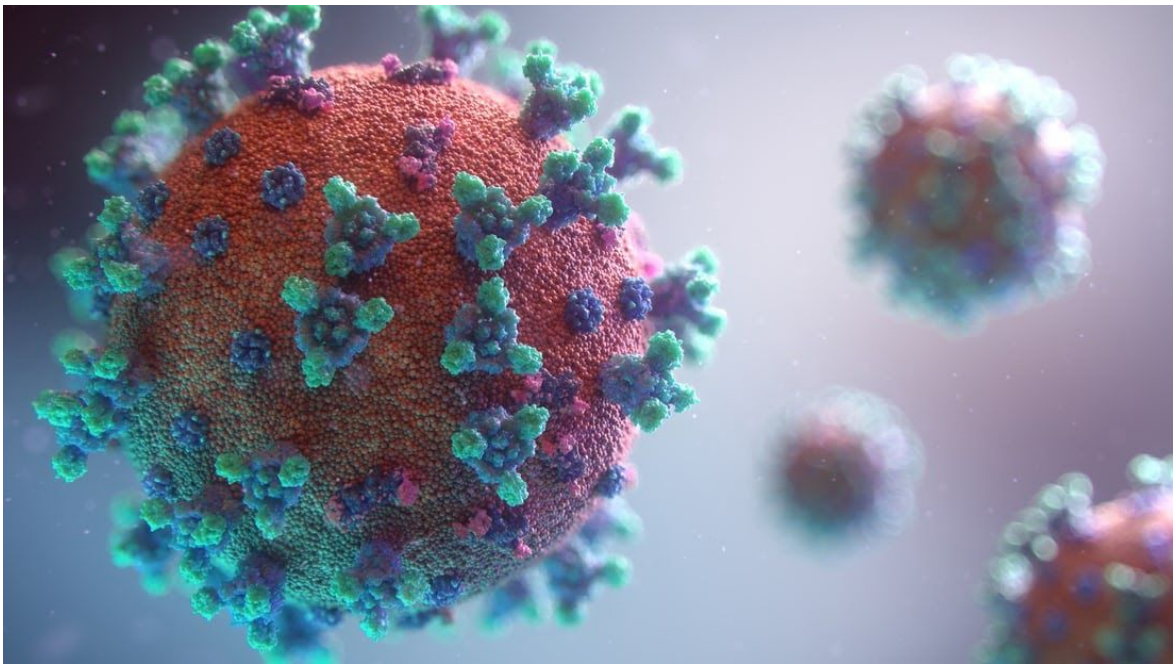
To endorse participative governance, we engage with a broad spectrum of stakeholders, from various sections of the society, to ensure that policy-making remains a democratic process. We utilize pragmatic and futuristic research to disseminate actionable knowledge to decision-makers, experts and the general public.

Our key activities include capacity and skill-building workshops, policy advisory programs, public outreach, and stakeholder consultations. We collaborate with the government, other organizations and individuals for impactful policy formulation and execution.

By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives and programs, we are constantly working towards creating empowered communities.

LexQuest Foundation

Background:



To say that the world's battle with coronavirus has been tedious, would be a huge understatement. COVID-19 pandemic has not only stretched healthcare infrastructure of even the most developed countries but is expected to cause an **economic recession** unparalleled in recent history. Ever since the World Health Organisation declared Coronavirus as a pandemic on March 11, 2020, **there has been an observed rise of the strain imposed on the health systems around the world**. An epidemic of this proportion needs a certain set-up of infrastructure with timely and apt policies in order to be dealt with successfully. The most developed countries, despite their vast and advanced health care facilities still cannot effectively deal with the COVID-19 situation without a top-notch approach in policy making and implementation, as is the case with the **USA**. More importantly, there is a strong need for action to ensure that these policies do not hinder the extension of the non-COVID related health services to avoid an even worse state of public health.

Under such circumstances, the burden is only intensified for a **developing country like India, home to an already imperfect health care system, with a large number of chronic illnesses and severe socio economic challenges to the health of the population**. The colossal challenge for India is to come up with policies that cater to all of the aforementioned needs, along with the appropriate measures in dealing with the pandemic.

LexQuest Foundation

A Flawed Response within a Flawed System?

The focal point of India's response to the pandemic involves a nationwide lockdown for all activities and sectors except the enlisted essential services. There has also been a suspension of all travel- domestic as well as international as part of this lockdown. The lockdown may seem effective in theory as it targets the most crucial aspect of the virus, i.e. the transmission. However, **there are consequences to such an approach, which if not addressed, may be far more strenuous than the effects of the virus alone**. For instance, there have been numerous cases around the country of non-COVID patients being denied or unable to receive treatment and medication which can lead to a serious deterioration in their health conditions. To understand why and how this is occurring, it is important to take a look into what current policies have been brought up by India and what are the gaps in these policies that are hindering the non-COVID health services.

The first lockdown was declared in late March and was supposed to last for a period of three weeks; however, several extensions have taken place with revised regulations since then. The main purpose of this lockdown was to not only stop the spread of the virus but to also detect existing cases and trace their transmissions. However, India with a population of 1.2 billion people, is known to only spend 1.28% of its $2.94 trillion gross domestic product (GDP) on healthcare which is among the lowest spending observed in the world. **This meant that there was a serious lack of infrastructure and resources to be able to have an appropriate number of tests being conducted daily and treatment centres available for the growing amount of patients**. Other concerns regarding testing kits, lack of protective equipment and absence of transparency regarding processes have already been **recognised as major policy failures**.

Lack of Health Services for Non-COVID Cases:

Image Source: BBC

There were several measures taken up in order to cope up with such demands including acquiring help at a global platform, increasing in-house production of equipment but the most impactful has been the earmarking of a majority of government hospitals to be used extensively for coronavirus treatment. Private hospitals, as guided by the lockdown procedures, were to only remain functional for treatment of coronavirus cases as well as critical patients. This is because of the vast infrastructure needed to cater to the rising number of COVID patients, however, it has adversely affected the case for non-COVID patients as these facilities now stand unavailable to them. For instance, a **concern for the lack of beds available for TB patients** has been highlighted by some researchers. Another observation is that despite the Union Health Ministry directing the hospitals not to deny treatment to any patients who are not COVID-19-positive, in practice there have been several reports of **deaths** due to some of them refusing to admit patients fearing they might be infected with the virus. **This negligence of non-COVID health services**

post-lockdown has also led to curtailed immunization schedules, restricted inpatient, outpatient and emergency treatment for infectious and non-communicable diseases, reduced laboratory investigations, and lowered access to mental health treatment as reported by National Health Mission which usually covers all sub-centres, primary health centres, community health centres, district hospitals and sub-district hospitals, as well as some private facilities. Statistics in the NHM **data analysed** showed that there is a heightened fall in institutional access, screening for chronic illnesses such as HIV and treatments for critical diseases including TB, among many other crucial non-COVID health services.

Lack of Authentic Data and Inferences:

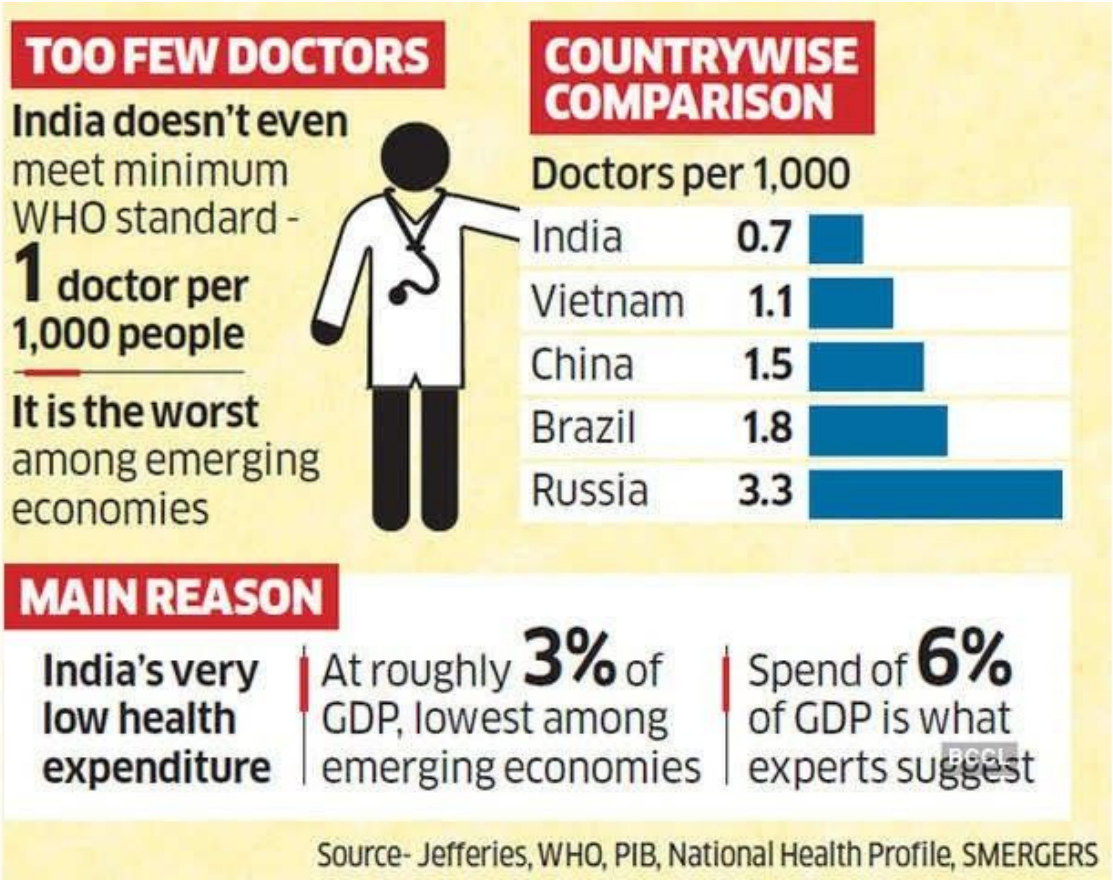


Image Source: The Economic Times

Much debate has floated around regarding the incidence and extent of hidden COVID-19 morbidity and mortality. The **NITI Aayog** has claimed that reduced hospital admissions for severe acute respiratory illness and influenza-like illnesses under the Ayushman Bharat insurance scheme prove that there aren't undetected COVID-19 cases in the community. However, **NuHM data** indicates that reduced hospitalization numbers could mask a lack of access to healthcare, rather than a lack of illness. The data also showed that medical treatment, whether as inpatients, outpatients, or emergencies fell for all diseases, both infectious and non-communicable. At least 350,000 fewer people received outpatient treatment for

diabetes, 150,000 fewer people received outpatient treatment for mental illness and nearly 100,000 fewer people received outpatient cancer treatment in March 2020 as compared to March 2019. What this information tells us is that by looking at the hospital data alone, one would think that there has been a fall in diseases however what isn't revealed is the number of cases that have been failing to make it to the hospital in the first place.

Inhibited Transportation:

Image Source: NBC News

Transport is an essential tool for getting patients to the hospitals. The lockdown procedures included the prohibition of all public transport and personal vehicles weren't allowed on the road except for the purpose of essential services. Though with the introduction of Red, Orange and Green Zones, **many relaxations** have been taken up in certain regions, however, in most others, the transportation is still highly restricted. Rural regions and poor populations are the worst hit by this policy as they are reliant on public transportation for reaching hospitals and can't afford expensive means of travel. In an instance of the same, **several patients of HIV have been unable to procure their ART** (Antiretroviral therapy) medication due to

unavailability of accommodations for travel. Moreover, the absence of any means of transport is also leaving certain discharged patients stranded at the hospitals.

LexQuest Foundation

Financial Crunch and Shortage of Staff in Hospitals:

Image Source Connected to India

The Indian health system is largely afloat on **private hospitals** as 72% of rural population and 79% of urban population prefer them over public hospitals. This private sector has also been immensely participative in the battle against coronavirus; however, they've been prone to a number of complications. As per reports, the healthcare panel of the industry lobby FICCI (Federation of Indian Chambers of Commerce & Industry) have exclaimed that the healthcare sector needs urgent help because the coronavirus outbreak and the nationwide lockdown have meant almost no patients are coming in for surgeries, **footfalls at outpatient clinics are down 70 to 80 per cent and revenue is down 50 to 70 per cent putting private hospitals in total jeopardy**. There is also an extreme shortage of staff compared to the number of growing COVID cases in addition to pre-existing critical cases, hence the hospitals are facing an increasingly difficult time at coping up with the current health scenario.

A Possible Depletion of Overall Health Services:

Image Source: Getty Images

For the effects based upon the continuation of lockdown procedures, researchers have evaluated the consequences on the non-COVID health services and patients. While the entire system has been focused on prevention, diagnosis, treatment and containment of COVID-19 infection, opportunities for timely diagnosis and treatment of other diseases are being missed out on. Patients of chronic disease, wary of going out, or facing difficulties in movement due to lockdown restriction will continue to have increasing complications with the worsening of disease, raising the overall burden of diseases of the country to a certain extent. The analysis of the NHM data also suggests that **a serious public health crisis is already brewing, with the potential to erase gains made against a number of diseases over decades**. There is currently an absence of accurately estimated data which indicates the number of deaths that are caused due to denial of treatment or medication, though it isn't hard to wonder how rapidly these numbers will spike if protective measures aren't taken. Moreover, the **financial burden over hospitals may**

increase and the absence of a high range of staff will only intensify their ineffectiveness in dealing with either COVID or non-COVID cases.

LexQuest Foundation

Lessons to Learn from Kerala:

Image Sourced from Reuters

Many believe Kerala has flattened the curve at a time when the infection is on the rise all over India. The State has exhibited utmost alertness and vigilance. Firstly, imposing a lockdown a day before the nationwide one and then rigorous contact tracing, using detailed "route maps" of people coming in from abroad. It also set up COVID-19 care centres in all districts to accommodate outsiders who were stuck and had been advised to isolate. Health workers supported people with special needs and the elderly living alone. Counsellors made more than 340,000 telephone calls to personnel working in affected areas to counsel them on how to handle stress. Testing was bound strictly by and limited to federal protocols. More than a dozen labs are testing 800 samples a day.

A strong game-changer was the decentralised health care system. Village councils took upon themselves to enforce and monitor mass quarantine with the consent of

the people. Kerala is also known to spend more money on its health sector than most other States in India.

Kerala has one of the highest rates of communicable diseases - one that spreads from one person to another - in India. A large number of people also suffer from diabetes, heart diseases, respiratory and liver diseases. The summer monsoon rains, which begin in June, usually trigger a spike in diseases like influenza, dengue and scrub typhus. Fever is a common symptom in many of these diseases. To avoid the rise of diagnoses in such diseases, the State preaches the concept of heightened vigilance i.e. controlling inflows of people across the border and isolating suspects which presents an economic challenge to the government. However, the government is also already working on an effective and detailed plan for the phased opening up of the State when infections stop.

The main lesson to take away from Kerala's scenario is the strict adherence to the script it lays out for recovery and executing it well. The cases in Kerala have successfully slowed down, recovery rates are high, and the mortality rate is low. It helped that it had a smaller population (33 million) than many other States and also a highly literate one.

Policy Suggestions:

➢ Transportation Facilities for Patients with Poor Socio-Economic Conditions

The Delhi Government on May 1 declared that all hospitals needed to remain functional and ensure treatment of non-coronavirus and critical patients. However, this doesn't solve a significant problem, i.e., the inability of the population, especially those who are poor, to travel to hospitals, even if they are open. Hired transport can be used to drop non-COVID patients to and from regions. A similar idea is already in place with **Ola Emergency**, but it is limited to the region of Gurgaon. The government can collaborate with such service providers to achieve a wider spread of transport services readily available for patients. Funds should be allocated to allow free travel for people with critical cases and those from lower socioeconomic backgrounds, as this can prove to be immensely helpful and serve as an integral part of this initiative.

➢ Mobilised Provision for Medication in Rural Areas

To establish individual travel provisions in rural areas will be increasingly difficult, therefore, mobilised means of providing medication to non-COVID patients can be achieved instead. Currently, the Ministry of Health & Family Welfare plans to achieve this post-lockdown. However, the state of non-COVID-19 patients, especially those with critical conditions may remain compromised and vulnerable until then. As a temporary measure, a collaboration with regional pharmacies can be attained to supply medication in areas based on higher reporting of non-COVID cases as well as the urgency or the critical nature of illness.

➢ Engagement of Village Councils in Rural Regions

As seen in the case of Kerala, the involvement of village councils in dealing with the pandemic is key in effectively bringing down the number of cases. The village councils can also be extremely useful in dealing with non-COVID

cases as at least diseases such as malaria, dengue, etc., can be prevented by spreading awareness and imposing strict practices of vigilance on the villagers.

- **Regular Inspection of Hospitals to Ensure Services to non-COVID Patients**

  Though hospitals have been advised to revive all functions, there have been certain complaints by patients, who have been denied treatment due to the fear of carrying the virus. **One** such patient in Kolkata actually died following the denial for treatment from a private hospital. Therefore, it is vital for the government to make sure that these decisions are being thoroughly followed by a way of effective monitoring, digital record of doctors attending to patients on a regular basis. In case the necessary provisions are not met, heavy penalties should be placed.

- **Medication Review and Follow-Up**

  The additional guidelines to **essential services provided for non-COVID patients** released by The Ministry of Health & Family Welfare bear some important initiatives including e-Health and Telemedicine, in-home treatment by ground-level professionals like ASHAs, promotion of adherence to medication among more people and seem very promising. However the necessary focus on medication review and follow-up is missing. As the pandemic continues to extend, the widespread demand of physicians has led to the postponement of routine patient reviews and hospital visits for patients with chronic diseases. Patients who would have required changes to their medications have been left with old prescriptions to refill and patients who required minor procedures may require medications to stabilize their condition until the procedure can be carried out. The use of Telemedicine (phone call services to healthcare professionals) introduced by the government, can be used to acquire this information. The measure needs to be accommodated into the rest of the plan.

It is also vital that we take the lessons learnt from this pandemic and especially from the response carried out by States like Kerala, in investing in a health sector

seriously, as it is far more effective in dealing with an infection spread of this magnitude without compromising on the needs and demands of other illnesses and health services. The contribution of the government and appropriate initiatives in managing chronic conditions and promoting medication adherence while other health personnel battle the COVID-19 pandemic at the frontline is key to easing the disease burden on health systems. The government plans to increase its budget from 1.2% to 2.5% of GDP for the health sector in the next few years. Certain progress has been made in the recent past in augmenting the infrastructure and manpower through opening new tertiary institutes, increasing seats in medical colleges and implementing expansion of primary health care setup across the country under Ayushman Bharat. However, given the current overstretched condition of the health sector and its constituents with the prospective challenges to arise in near future, it is no wonder that much hard work will be followed before we can reach the stage of perfection we aim for.

LexQuest Foundation

References:

1. Morbidity and HealthCare Expenditure in Kerala, J. Thayyil, T.JayaKrishnan, Research Gate
2. How India's Kerala State 'Flattened the Curve', Souvik Das, BBC News
3. Long-term Impact of COVID-19 Pandemic on India's Healthcare Scenario, Dr Anu Grover & Meenu Grover Sharma, Express Pharma
4. Enabling Delivery of Essential Health Services during the COVID-19 Outbreak, Guidance Note, MoHFW, Government of India
5. Shortage of Staff major concern for Delhi hospitals, Cheena Kapoor, DNA
6. "In Big Trouble": COVID-19 Lockdown Puts Private Hospitals On Ventilator, Monideepa Banerjie, NDTV
7. COVID-19: With no transport, patients discharged from Chandigarh hospitals stranded, Hindustan Times, Amanjit Singh Salyal
8. Ola launches emergency cab service for non-COVID-19 related travel in Gurgaon, Economic Times
9. Kolkata: Man Dies After Private Hospital Denies Him Admission on Suspicion He Has COVID-19, The Wire
10. Coronavirus Lockdown XI: Why India's health policy needs a course correction, Prasanna Mohanty, Business Today
11. India's COVID-19 lockdown hits HIV+ and chronic patients hard, Sohini Chattopadhyay, AlJazeera
12. Lockdown 3.0 Rules: Full list of activities permitted, prohibited in Red, Orange and Green Zones, Deccan Herald
13. No post-corona jump in Sari, influenza tally | India News, TOI India, ISSCNC
14. How COVID-19 response disrupted health services in rural India, Rukmini S, Livemint
15. I.M.F. Predicts Worst Downturn Since the Great Depression, Alan Rappeport & Jeanna Smialek, The New York Times
16. The US coronavirus response: An F for failure?, AlJazeera

17. Five COVID-19 Policy Mistakes India Could Have Done Without, Sajai Jose, The Wire
18. Impact of COVID-19 on tuberculosis services in India, The Union