



LexQuest Foundation

LQF/2021/10

28th July, 2021

To,

Shri Mansukh L. Mandaviya

Minister of Health and Family Welfare, Government of India

Email id: hfm@govt.in, contact@mansukhmandaviya.in

Room No 342, 3rd Floor, Nirman Bhawan New Delhi – 110001

Respected Sir,

Subject: Enhancing Health Services' Response for underprivileged non-COVID patients

LexQuest Foundation (LQF) is an independent, non-profit research and action organization established in New Delhi. We strive 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 collaborate with the government, organizations, and individuals for impactful policy formulation, advocacy, and execution. By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives and programs, we are constantly working towards creating empowered communities.

Regarding the subject mentioned above, a [study by Pew Research Centre](#) estimates that 75 million people in India slipped into poverty and the middle class shrunk by 30% since the pandemic began. A report titled '[State of Working India 2021: One Year of COVID-19](#)' by Azim Premji University estimates the number of Indians slipping into poverty is around 23 crores. It is evident that the underprivileged suffer significantly in such disasters, and they are in dire need of extra support during the pandemic, especially in a country that has one of the highest levels of out-of-pocket expenditure (OOPE) on health. The ongoing pandemic has already affected millions of lives, and in the world of uncertainty that exists today, one needs to be prepared for the upcoming challenges. The lessons learned can help us address future challenges and implement better policies and initiatives in the pandemics yet to



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come. We must critically look at India's COVID-19 challenges and assess the health services' response to a National Crisis. We are thus writing this letter for you to consider improving the current policies related to combat COVID-19 in line with our following recommendations:

- **Transportation Facilities for Patients with Poor Socio-Economic Conditions**

On the 30th of April, 2020, [the Delhi Government declared](#) that all hospitals need to remain functional and ensure treatment of non-COVID patients and critical patients. However, this does not solve a major problem, i.e., travel to hospitals even if they are open, especially for the patients belonging to the poor socio-economic strata of the society. Transportation is anyway unaffordable and inaccessible for vulnerable populations; public transport was also suspended during the second wave of COVID. Though the patients with e-pass were allowed to travel during the lockdown period, the issue of affordability remained prevalent.

Transportation is a **social and economic factor** that affects and shapes people's lives daily and can be considered a **social determinant of health**. Transportation barriers affect a person's access to healthcare services. The response time of emergency services is greatly affected by transportation facilities. E.g., delayed transport or no transport can severely affect maternal health outcomes leading to increased maternal mortality due to eclampsia and hemorrhage. This also stands true for cardiovascular diseases and other medical emergencies where time plays a vital role in obtaining the desired health outcomes.

We recommend various strategies that can be used to address this issue:

1. Understanding and assessing the impact of transportation on public health.
2. Investing in resources in understanding patients' transportation needs.
3. Providing mobile clinics or direct transportation services through community partnerships or programs.
4. Supporting policy and infrastructure programs aimed to improve transportation access for the citizens.

An [inspiring story](#) for addressing the issue of transportation facilities for non-COVID patients comes from Srinagar, Kashmir. As the COVID-19 outbreak halted public movement and sent healthcare services in deep disarray in Kashmir, authorities in Srinagar stepped up to ensure no non-COVID patient in the city suffers due to lack of treatment during the lockdown. City authorities established a telemedicine center



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and roped in 13 private dialysis centers to provide free dialysis to its patients suffering from chronic kidney disease (CKD). A fleet of 10 vehicles and a team of 12 health professionals were deputed round the clock for addressing issues related to health emergencies, demands related to dialysis, chemotherapy, diabetes, and other such ailments. Patients in need of chemotherapy and other injured patients were provided free transport to the hospital and back home.

Some of our recommendations for addressing the issue of transportation for the non-COVID patients with a particular focus on the people from lower socio-economic backgrounds in times of pandemic are:

1. The Government of Delhi could collaborate with ridesharing companies like Ola Cabs and ensure [Ola Emergency](#) services for the non-COVID patients of Delhi as the benefits are only functional in Gurugram as of now.
2. The Health Department of Delhi could collaborate with the Delhi Transport Corporation for the availability of vehicles. The Health Department could also collaborate with other stakeholders, as in the case of Srinagar, school buses were used to transport non-COVID patients who needed urgent care as the schools remained shut.
3. Mobile Medical Units or Medical Units can be established to cater to people from lower socio-economic backgrounds, which could provide treatment to the patients who seek urgent care.
4. Various rescue services like motorcycle and cycle ambulances can also be considered as they have been successful in the African nations.
5. The Government of Delhi should establish a call center helpline number to cater to non-COVID health emergencies requiring special attention.
6. Hospitals can also participate in local or regional transportation planning initiatives and help planners focus on these vulnerable areas and allocate resources to address infrastructure.

The recommendations mentioned above will also help generate a database of patients who need emergency services. Better service mapping can be done for the future as a robust surveillance mechanism is key to monitoring public health indicators. These measurements will also result in more equitable and healthier communities.



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- **Mobilized Provision for Medication in Rural Areas**

[Margaret Whitehead](#) gave the most accessible and concise definition of health equity in the early 1900s. She [defined](#) equity in healthcare as "equal access to available care for equal need, equal utilization for equal need, equal quality of care for all."

The implications of the COVID-19 pandemic have challenged the fundamental ethical principles of medicine, such as the **universal right to healthcare, non-maleficence, justice, and benevolence**. During the second wave of COVID-19, the priority lay within treating the COVID patients, and the non-COVID patients were left vulnerable, especially in the rural areas where the health infrastructure is lacking. People face difficulty in accessing medical care. The problem magnifies with the non-availability of medicines as people suffering from various ailments and life-threatening diseases require a steady supply of medicines. For many conditions, the cost of drugs shot up during the second wave of COVID-19 as access and supply declined.

Pharmaceutical care forms an integral part of the healthcare spectrum. Demographic characteristics (more elderly population), considerable distance for accessing healthcare, and understaffed healthcare facilities severely affect the ability of rural regions to respond to the pandemic.

There is a need for measures that can improve the resilience of the rural communities because the pandemic and the ensuing lockdown have revealed the vulnerability of rural areas to the crisis. From broken agricultural supply chains to reverse migration—the impact on rural communities has been devastating. It has underscored the importance of securing the lives and livelihoods of people across rural India.

An initiative named 'Arikilundu Doctor' was launched in [Chirayinkeezhu Grama Panchayat](#) in Kerala. A mobile clinic was established to move across wards providing medical care for non-COVID patients in rural areas. The initiative aimed to provide treatment and medicines for non-COVID patients, including the elderly and the children, who could not visit hospitals and clinics as most hospitals turned into COVID hospitals. The mobile clinic was functioning with a doctor, two nurses, and a pharmacist and provided medicines.

Some of our recommendations for establishing mobilized means of providing medication to non-COVID patients in rural areas are as follows:



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1. Increased investments in the digital infrastructure would help create a system that would lead to the uptake of digital tools in rural areas. E.g., [telehealth](#) gives the poor a chance to receive adequate healthcare without an in-person visit to the hospitals and clinics, especially during the COVID-19 pandemic.
2. Gram Panchayats can set up help desks with 24-hour helpline numbers and contribute core teams to manage the delivery of medicines to non-COVID patients with critical conditions. The core team can consist of retired doctors, staff nurses, voluntary health workers, etc.
3. If we were to take up the case of rural Delhi, the core team (as mentioned above) could tie up with nearby private pharmacies, Mohalla Clinics, Delhi Municipal Corporation Dispensaries, PMJAY stores, and online pharmacies for delivery of medicines.

We want to bring to your knowledge a program called "[Hackathon Rural](#)," which was organized online in Spain; the event brought together a vast number of stakeholders who shared their experiences and initiatives to address the economic consequences of the pandemic in rural areas, which would contribute to the ideas seeking to find solutions for rural Spain. Similar initiatives can be taken up in our country to address the emerging challenges in the pandemic scenario and address issues like the provision of mobilized means of providing medication to non-COVID patients.

Every crisis such as the COVID pandemic brings with it the opportunities to rethink and redesign our existing systems and make them resilient to the shocks which may come in the future. We hope that in your endeavor to work towards resolving India's COVID challenges, you will give due consideration to our policy recommendations.

In line with our concerns and recommendations enlisted herein, we shall be available at your disposal to discuss the matter further.

Regards,
Shreya Anjali
Project Associate, Policy
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