

## ***Policy Perspectives in Public Health: One year into the ‘pandemic’***

***-Manika Malhotra***

World marks one year since the WHO declared covid-19 outbreak, first detected in China, as a global pandemic in March 2020. India was also put into complete lockdown, on 24<sup>th</sup> March 2020, to stem the spread of coronavirus cases when it was witnessing less than 600 cases and 10 deaths per day. Experts believed that forcing people to stay inside would break the chain and give officials adequate time to ramp up testing and enhance efforts as well as medical facilities. The outbreak came as a wake-up call for India’s creaking health care infrastructure which was overwhelmed within few days of rising covid-19 cases. Many experts stated that due to no similar experiences in recent past, the nation was not adequately prepared to handle the needs of a pandemic. Despite these challenges, the speed at which the doctors, frontline workers etc. adapted and made use of available resources to meet the requirements is commendable. The entire nation came together to fight the ‘new’, ‘unknown’ and ‘deadly’ corona virus. Not sure, if the lessons learnt will be enough to face future pandemics, but have definitely fallen short to address the persisting as well new challenges of the ‘ongoing’ covid-19 pandemic.

Despite fighting the virus for an entire year with moderate relaxations in between, it is unsettling to say that India was seen fighting the same battle in March 2021, with the same level of unpreparedness and similar dislocated priorities, but with a matured experience and strengthened social solidarity. India has set a new world record with highest single day spike-with 4,12,262 new cases (as on 6<sup>th</sup> May 2021<sup>1</sup>) amid an alarming shortage of medical supplies and hospitals running out of capacity. While the statistics reveal the absolute numbers of covid-19 related deaths, it does not reflect the ordeals of the countless infected people in India who lost their lives mainly because the health system was not equipped enough to provide them with a chance to recover and meet their most basic right: survival. While it might be true that India is slightly ‘better’ equipped today compared to last year, but that better is definitely not ‘adequate’ and/or even ‘good enough’ for the people desperately looking for resources to survive. While the government’s role has not been adequate in channelizing required information to its citizens, several people themselves have taken to social media to amplify the urgent needs of patients with respect to oxygen, availability of beds, intensive care units, medicines availability and other updates to help distressed fellow citizens. Social media has become the new ‘Covid-19 Helpline’ when the existing medical helplines have turned out to be

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<sup>1</sup> Updated covid cases tally

dysfunctional, reflecting the solidarity and promptness amongst citizens. However, the government's role, unfortunately, cannot be 'crowd-sourced'.

The coronavirus should no longer be termed as the 'novel' covid-19; it has already been 'one year' into this pandemic, however, much has not changed during this period except the alarming increase in cases in the second wave. India was able to leverage the lockdown strategy adopted by other countries in 2020, similarly, many countries such as European nations have already witnessed second wave of covid-19 in November 2020, much before India. It is however, quite surprising that the nation could still not learn, adapt and prepare despite witnessing the worldwide trends. In fact, the Parliamentary Standing Committee on Health and Family Welfare produced a 190 page report<sup>2</sup> (Rajya Sabha Report No. 123) based on SWOT (strength, weaknesses, opportunities, threats) analysis five months ago in November 2020 wherein they not only predicted but also warned the nation about the second wave. It emphasised that "India must also be prepared to combat a possible second wave of Corona especially in the ensuing winter season and super spreading series of festive-events". The committee also recommended the Government to ramp up Oxygen production for ensuring demand-supply equilibrium. The report also warned about threats such as "Lack of firm action by administration to prevent large gatherings" and "Spikes in Covid cases still being seen in affected regions and India yet to reach its peak". Unfortunately, from witnessing large gatherings to following the most covid 'inappropriate' behavior, these warnings were taken lightly as most of the predictions are now coming true. Instead of being vigilant, the nation self-congratulated the declarations of victory as luck seemed to be conquering the first wave. However, the unpredictability of the second wave of covid-19, far more infectious and lethal, leaves no room for complacency.

It is imperative to note that 'inadequate emphasis on public healthcare infrastructure' is not a covid-19 encounter but has in fact perpetuated over the years and has now left the system on the brink. As per economic survey 2021, India ranks 179 out of 189 countries in regard to 'prioritisation accorded to health' in its government budgets. Global Burden of Disease Study 2016 outlined that 'India ranks 145th out of 180 countries on the quality and access of healthcare'. Only few sub-Saharan countries, some pacific islands, Nepal and Pakistan were ranked below India. On the other hand, Human Development Report 2020 highlighted that out of 167 countries, India ranks 155th on bed availability. The pre-covid estimates reveal that there are 7,13,986 beds and 17,850 ICU beds covering 25,778 government hospitals implying that there are just five beds for 10,000 Indians (National Health Profile 2019). Hence, it is a usual scenario to witness patients sharing beds and doctors being overworked. It might take many years for our nation to meet the WHO's guidelines and recommendations on health systems, but the administration could have at least tried to meet the covid-19 related requirements (as much as possible) by rebooting its infrastructure and supplies on priority basis.

<sup>2</sup> [https://rajyasabha.nic.in/rsnew/Committee\\_site/Committee\\_File/ReportFile/14/142/123\\_2021\\_2\\_13.pdf](https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/142/123_2021_2_13.pdf)

Many parallel consultation and delivery mechanisms have assumed importance during covid-19 such as telemedicine, e-pharmacy etc. Ministry of Health and Family Welfare rolled out guidelines on telemedicine healthcare services in May 2020. Government also launched National Digital Health Mission to address the pandemic concerns and overall health crisis. However, actual success is now contingent upon the implementation of the new programmes and schemes and whether they will assist in creating a robust and collaborative health ecosystem. The Union Budget 2021-22 allocated INR 71,268.77 crore to the Union Health and Family Welfare Ministry (10 per cent increase compared to 2020-21), INR 2663 to health research and INR 2970 to Ministry of Ayush (3-4 per cent increase compared 2020-21). The estimates also highlighted an increase in 'expenditure on health and wellbeing' by 137 per cent this year as compared to last year. But a closer view to this reveals a different picture. The hike takes into account the cumulative funds allocation for health, vaccination, water & sanitation and nutrition, in which share of 'healthcare' (as a % of total budget) has substantially reduced compared to last year. It is also noted that the absolute allocation for 'nutrition' has reduced (from INR 3700 crore to INR 2700 crore) whereas 'water and sanitation' witnessed a huge spike (from Rs 21,518 crore to Rs 60,030 crore). While water and sanitation constitute as crucial components of wellbeing, they must not, as in this case, inflate the budget and divert attention from addressing the urgency of building an effective and resilient health care system.

Diverse methods have been adopted worldwide to break the chain and mitigate the pandemic. While some countries like New Zealand ramped up their testing process, ensured aggressive surveillance and stringent enforcement of rules; others like United Kingdom resorted to intensify the vaccination program. India, given its demography, infrastructure constraints, and other challenges has no other option but to strengthen its vaccination program; the same is suggested by experts including medical personnel across the nation. The Indians at present are devoid of any choice to get a job or not, if they show 'vaccination hesitancy', they might succumb to the 'inadequate healthcare infrastructure' if contracted with covid-19: It is a 'do or die' situation for all. On the other hand, while country is facing scarcity of resources as well as vaccines during the covid-emergency, it has already exported more than 66 million doses of vaccines since January 2020.<sup>3</sup> The nation's domestic demand may soon outrun supply as some states have already started witnessing paucity of vaccines.

While vaccines seem to be the surest defensive weapon to fight this battle, multiple fixed price systems and buying channels, frequent changes in sequencing and channelisation have caused confusion. However, systemic coordination between centre and state may help in accelerating the vaccine roll-out strategy, where states are allowed to propose their own immunization strategy and centre plays an important role of mediating and monitoring the state wise pace and progress. Technology can further be utilized to simplify resource allocations, Aadhaar serves as a robust mechanism to coordinate and control vaccination and drug delivery. There is

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<sup>3</sup> as per data on vaccine supply uploaded by Ministry of External Affairs

a simultaneous need to ensure that ‘vaccine pricing’ does not put the vaccine out of reach for the households at the bottom of the economic ladder. India’s new vaccine policy may result in competition amongst state governments and various private players to procure vaccines from a limited number of manufacturers. In absence of a centralised vaccine procurement and management system, higher paying private players and bigger states may over power the smaller ones. It is therefore important to address the concerns about availability, accessibility and equity whilst ensuring that the drive is free from profiteering and corruption. Rural, hilly and remote areas of the country have usually been underserved as compared to urban areas. Therefore, while expanding vaccine production, there is a simultaneous need to improve the storage and distribution facilities to ensure equitable access and better reach to rural areas.

In a nutshell, the health crisis has not only revealed the challenge of absolute scarcity of resources but the bigger challenge, concerning the inability of the administration to leverage national capacity, monitor execution, alter its strategy and bridge the gaps quickly while its brunt has been borne by the citizens of the country who are losing their faith in the system. The Rajya Sabha report 2020 highlighted the pressing challenges and weaknesses of India’s ailing health sector such as “Inadequate healthcare spending with no focused budget for Covid” and “Inadequate primary and secondary healthcare infrastructure and staffing in many areas” etc. It is ironical that India is vigorously reinventing itself, leading in digital transformation, and also evolving as a ‘pharmacy to the world’, while its citizens are fighting to ‘breathe’ and ‘survive’. Revisiting the quote of Thomas Landry: “You Get what you demand..You encourage what you tolerate” and we, the citizens of India, while fighting this difficult battle, must not forget to get back and demand the very ‘basics’ of building the country’s healthcare system.

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