COVID-19: A wake-up call for health system strengthening in India

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Introduction

Coronavirus disease-2019 (COVID-19) has taken the world by storm and India is one of the severely affected countries with a total of 20.8 million infected cases and 0.23 million deaths, as of May 4, 2021[1], [2]. This is one of the biggest crises India is facing post-independence. The second wave of COVID-19, which is much more virulent than the first wave, brings higher mortality along with a devastating impact on the socio-economic front [3], [4].

COVID-19 might be a once in a lifetime event, has tested the healthcare system of the entire world and unfortunately, very few countries have passed it successfully[5]. It also exposes the weakness and lacunas in India’s healthcare system which has been the result of constant neglect towards investment in health from the last 74 years, since independence, under various government regimes [6]. The current crisis shows the importance of a resilient healthcare system. Health system resilience can be defined as ‘the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize in conditions to deliver health services’ [7]. The impact of COVID-19 is devastating for India’s healthcare system which is not able to meet the demand of COVID infected patients, but at the same time it is also not able to provide regular care for other health conditions which will have long term ramifications for society and progress towards universal health coverage (UHC)-Goal 3 of Sustainable Development Goals (SDGs)- in coming years[8], [9]. The current crisis is also a wake-up call to realize the vulnerability of India’s healthcare system which has been neglected for decades. This commentary aims to understand various building blocks of the healthcare system, based on the WHO’s Health System Framework [10], which needs to be strengthened so that the country is well prepared for managing ongoing and future healthcare emergencies. These six building blocks of the health system are as follows:

1. Service delivery. The organization of service delivery in India’s healthcare system is fragmented, where primary healthcare facilities provide a narrow range of services which include HIV, TB, malaria, leprosy, and mother and child health [11]. As India goes through a socio-demographic and epidemiological transition, the disease burden of non-communicable diseases (NCDs) has increased significantly [12]. However, India’s government healthcare system is not responsive to meet societal healthcare needs. Also, poor continuity of care and weak referral support aggravate the provisioning of care further [13].

COVID-19 pandemic shows the higher vulnerability of individuals living with comorbid conditions (mainly NCDs) [14]. Regular care for most of the health conditions, for example, TB, has been hampered [8], [15]. The present crisis shows the importance of comprehensive primary healthcare, if provided, can minimize the impact of the pandemic. For example, Indian states like Kerala and Tamil Nadu, which had better primary healthcare, have lesser mortality per million compared to other states in spite of having a greater proportion of elderly [16].

Service provisioning under the private sector has been reduced significantly and in many situations, if it is available, they have charged the patient exorbitantly high, which is out of reach for the lower socio-economic population [17]. However, the private sector serves India’s 70% out-patient care and 55% hospitalization, and they need to be partnered in handling this pandemic[18]. There is also a need to revisit the Clinical Establishment Act (2010), and enforce it to ensure a better quality of clinical care delivered through public and private clinical facilities across the country.

COVID-19 reminds us to build surge capacity or planned redundancy in healthcare facilities, mainly in tertiary care with increased bed strength, to meet the healthcare needs during the crisis [19].

Issues of fragmented care have been pointed out by previous studies and various policy documents including National Health Policy-2017 [20]. To address these issues and provide comprehensive primary healthcare, the Government of India proposed to upgrade the health sub-centre to health and wellness centres (HWCs) under the ‘Ayushman Bharat’ programme in 2018 [21]. The service coverage has been increased from 5 to 13 services which include care in pregnancy, neonatal and infant healthcare, childhood and adolescent healthcare, family planning, management of communicable diseases, outpatient care for acute ailment, screening and prevention of NCDs, dental health, eye care, elderly and palliative care services, emergency medical services, and mental health [22]. It is a welcome step, however, its implementation on the ground needs to be observed. Provisioning of comprehensive primary healthcare promised under HWCs, will provide diversity in service provisioning and make the healthcare care system more resilient to meet future healthcare emergencies[7].

2. Health Workforce. COVID-19 pandemic has shown an acute shortage in India’s health workforce [19], [23]. India has 5.76 million health workers which means 16.7 doctors, nurse and midwives for the 10,000 population [24], and it is much below the WHO’s threshold of 44.5 per 10000 population [25]. Also, India’s health workforce is highly skewed. For example, the southern part of India has only 21% of India’s population but has 44.3% of India’s medical college seats. India’s health workforce policy has been shaped by various high-level expert committees, post-independence, but the country still faces a severe shortage of healthcare providers. The recent policy document, titled “New India @75” by NITI Aayog, aims to generate and add 1.5 million health workers in the public sector by 2022-23 [26]. Various studies have also shown the investment in the health workforce is a driver for progress towards many Sustainable Development Goals (SDGs)[27]. Investment in the health workforce is a vital aspect of building a resilient health system that requires long term vision and investment.

3. Health information. Health management information system (HMIS) is crucial building blocks of the health system [10]. A well functioned HMIS system helps in the early detection of the outbreak of diseases, forecast its spread and helps in planning the mitigation strategies. India’s Integrated Diseases Surveillance Programme (IDSP) is a fairly good system for monitoring disease outbreaks in the community. However, at the time of the COVID-19 outbreak, its reporting stopped in February 2020 and a new vertical was created for the reporting of COVID-19 under the Ministry of Health and Family Welfare (MoHFW), Government of India [19]. This provides an overall increase in new COVID infected cases and mortality in different states of India but lacks in providing information related to disaggregate equity analysis. HMIS also faces an interoperability issue where IDSP and HMIS cannot be integrated into one system for synergistic policymaking. Many of the developed, for example, NHS in UK, countries could manage the pandemic better since they had a robust
COVID-19 pandemic and shortage of drugs and diagnostics made us realize that India cannot solely depend on the global supply chain, where industrialized countries have taken a protectionist stance [34]. There is a need to increase funding and support for frugal technologies. Also to build a resilient health system, technology should not be considered and developed in isolation rather it should be integrated with the needs of the health system and social context of the country. India has been called the ‘pharmacy of the developing world’ but in the present decade its dependency for raw materials on other countries has increased [35]. There is a greater need for investment in medical technology, which should be based on a multidisciplinary approach, frugal and equitable.

5. Health Financing. India spends 1.3% of total gross domestic product (GDP) on healthcare against the recommended 5% by WHO[20]. India’s National Health Policy-2017 proposes to increase this to 2.5% by 2025 but so far it has not been implemented on the ground. Underfunding of healthcare has led to higher out-of-pocket expenditure (OOPE) for the household at the point of care. Expenditure on health is one of the major causes of impoverishment for the household, where 55 million people slip below the poverty line every year in India [36]. It has its ripple effect on various aspects of human development and the overall economy. In India, by mandate, public healthcare facilities aim to provide free access to care but due to lack of consumables and medicine patients have to purchase from outside which leads to high OOPE. On the other hand, the private sector charges considerably high which is unaffordable to the lower and middle-class population[37]. COVID-19 pandemic has exacerbated this problem where a large section of the population had to forgo their healthcare needs. To build a resilient healthcare system there is a greater need for investment in the area of infrastructure, human resource, and drugs and diagnostics. In a time of crisis, only a robust health system can absorb the extra funding and build a surge capacity[7]. Even in India, states like Tamil Nadu and Kerala responded better to the pandemic in terms of lesser mortality per million population compared to other Indian states since they had better infrastructure and health workforce[16].

6. Leadership and governance. Across all building blocks of the health system, governance plays a vital role, and more so during the time of healthcare emergencies[38]. In most crises’ top –down’ approach of governance, which is based on command and control, is adopted. It has strengths in terms of streamlining the logistic issues[39]. However, in the long run, the ‘bottom-up’ approach which is more decentralised and based on system learning has to be adopted[40]. For an effective response to crisis policy formulation and action plan should go beyond the health system. In many situations governance of one sector (example: finance) in response to shock ignores the impact on another sector (example: health) which has clear interrelation in the attainment of Sustainable Development Goals (SDGs). COVID-19 pandemic also asks similar trade-off questions to policymakers which do not have an easy answer since livelihood and health are interrelated to each other. However, at the time of crisis governance and leadership requires synchronized team effort keeping societal benefit as the overall goal.

In Summary, India needs a resilient healthcare system not just to respond to healthcare emergencies but also in providing regular health care. It requires systemic thinking and greater investment by the government in providing comprehensive primary healthcare along with good tertiary care referral linkages. Considering the multi-dimensional impact of health in human development, investment in healthcare will always be a more cost-effective strategy that will bring prosperity to the nation.

References

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