Source : www.thehindu.com Date : 2021-04-20

SHARING THE BURDEN OF CARE

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

People queue up to get themselves tested for the coronavirus infection outside a testing centre in Srinagar on April 19, 2021. | Photo Credit: NISSAR AHMAD

The resilience of national health services is characterised by their ability to respond appropriately to epidemics, pandemics and disasters. There has been a consistent failure in India to prevent the spread of the COVID-19 pandemic, which has resulted in the second wave. It is the responsibility of the state to first prevent the spread of a pandemic, failing which it needs to be extra vigilant in order to prevent every death from the disease. It is unfortunate that people are dying not because of inadequate solutions (technology and knowledge) for dealing with the virus but due to inadequate access (economic, physical and others) to that knowledge and technology. This is serious injustice.

A nation will face several challenges if it wants to improve an otherwise ailing health system: poor infrastructure, inadequate staff, and so on. How can we turn even the worst crisis into a sustainable opportunity?

There are two possibilities that exist in strengthening curative care for COVID-19. The first is a reactive approach, which is what is carried out by most of the State governments. This is done by transforming a few of the well-performing facilities at the tertiary level into state-of-the art COVID-19 hospitals. However, this comes at a cost: people are not be able to get their routine hospital services from these tertiary facilities.

At the primary level, most of the facilities created were temporary structures. They were created by hiring buildings and open spaces as COVID-19 treatment centres providing only beds. This approach of providing beds without adequate infrastructure was extensively critiqued for its inability to cater to the needs of patients in real-time situations. A slightly modified approach was to create first line treatment centres. Most of these facilities were a failure due to their inability to build trust among people as COVID-19 treatment centres. Most of them were shut down when the cases went down.

The second possibility, less tried out, is to equip the functional facilities of government health services at the secondary level and convert them into exclusive COVID-19 care centres. These could be used to treat those patients who don’t need ICU support.

As the three-tier structure of health services in India envisages, a community health centre (CHC) can potentially become a fulcrum on which the entire health system can bank on, especially during a crisis. A CHC is supposed to cover a population of 80,000-1,00,000 in rural areas. A CHC is supposed to have 30 beds with at least four specialty services and is expected to function as a first referral unit for curative care services referred from primary health centres (PHCs).

Sadly, several States have failed to develop this facility. Many CHCs are grossly underdeveloped. Over 5,000 CHCs exist in rural areas, and can they can add 50,000-75,000 beds if 10-15 beds are added in each. This facility can be strengthened to address COVID-19-specific treatment needs (primary and secondary) of the rural population, especially in States with an increasing case load and poor health infrastructure like Bihar, Uttar Pradesh and Chhattisgarh.

This can be a more feasible solution as specialists for this facility can be directed from district hospitals or medical colleges and the numbers can be managed for four-six CHCs under each district. This can be a sustainable solution as already there is a certain level of trust and functionality built into these centres as treatment centres. They have the potential to become centres for sample collection and vaccine delivery too.

These CHCs can also easily be converted into independent standalone centres for COVID-19 treatment. After the pandemic ends, they can be converted into normal secondary-level facilities that cater to other needs. This can substantially reduce the overload faced by tertiary facilities as more than the severity of the disease, it is inadequate access to timely treatment that results in several deaths. It is always possible to strengthen the PHCs nearby to cater to the needs of people for other curative care services.

For urban areas too, there is a need to develop peripheral hospitals at the secondary level within the government sector (100-150 bedded facility for every 3 lakh population), which can cater to the needs of the population during COVID-19 times. Instead of placing 500 and 1,000 beds in playgrounds and parking lots, it is important to expand beds which are effectively integrated into the existing health services. Only then will infrastructure facilities be good enough to provide effective care. This can build trust among people and contribute to strengthening health services in the long term.

Mathew George is Professor, Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences. Views are personal

To reassure Indian Muslims, the PM needs to state that the govt. will not conduct an exercise like NRC

END