



## Coronavirus Pandemic- The real lessons are learnt in the time of crises

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### ABSTRACT

The world for every human has changed in the past few months, with one single reason for all- nCOVID-19. Coronavirus had left a significant impact on our life as an individual and as a nation. Every sector in the country is affected, and every situation deemed changed from the previous one. Post-Covid is a new era in itself. This pandemic had helped us to show our inefficiencies in different sectors and profession, including healthcare facilities. Change in the healthcare facility has to be focused. Indian health care facility is based on private care, whereas the pandemic requires public health care approach. The focus needs to be shifted from personal care to community-based care. The annual budget for health welfare is 1-2 per cent of the GDP, which in the future should be increased. More investment, more funds, and more number of doctors can help to combat with such crises efficiently. India has poor infection control standards and policies. Strict infection control measures, standard equipment and training of the paramedics and other healthcare workers are the areas that we can improve. This article highlights the lessons our healthcare facility can learn from this coronavirus pandemic and changes that await for our healthcare system.



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### INTRODUCTION

A man with a conviction believes that nothing happens in life without any meanings and lessons to learn. On 31st December, pneumonia of unknown cause was detected in Wuhan, China which became the first index case of the novel coronavirus. On 30th January, WHO Director-General Dr Tedros declared the 2019-ncov outbreak a Public Health Emergency of International Concern. The situation in India, as

in other countries, did not remain stable. From 26th April to 24th June, in a short span of two months, the confirmed cases rose from 26,917 to 4,10,461 (Cook, 2020). In this short time of a few months, the whole world shattered, from top developed countries to third world underdeveloped countries, every nation has its crises and problems. Starting from a few cases to millions of people getting infected, from epidemic to pandemic, rural to urban, rags to riches, bureaucrats to adhocism and thus sparing no one in the past four months. What this pandemic has taught us is the question. If a disease can teach wisdom beyond our understanding of how vulnerable and precious life is, this pandemic has taught us that (Cook, 2020).

This pandemic had taught us various lessons regarding the economy, business, lifestyle, and human needs. Apart from all this, one more thing which deemed immediate change is the healthcare facility in our country. Though our country's response was immediate and functional, it had shown us our inefficiencies and what we lack in our hospitals and

healthcare facilities.

## MATERIALS AND METHODS

Currently, India stands at the fourth position globally in terms of active cases of Covid-19 (Li *et al.*, 2020). According to the Brookings study by Prachi Singh, and based on data from National Health Profile-2019: they stated that India has 0.55 beds per 1000 population. Some significant states even score lesser than this national average (Cook, 2020). World bank data reports this ratio to be 0.7 (Singh *et al.*, 2020). In 2016, a systematic analysis from Global burden of disease study measured the Healthcare Access and Quality Index for 195 countries, and they ranked India 145 of 195 countries (Fullman *et al.*, 2016). This varied data in the literature is evident to support the changes required in Healthcare Facility and the framework to be adopted to make it efficient. Vijayachandran V, in a report of WHO-CMH led by Rajiv Mishra in 2001, outlined several points that require a change in the current health care plan and highlighted the changes needed. They suggested increasing the Public health expenditure to be more than doubled at present (Vijayachandran, 2001).

The primary essential drugs, consumables, and diagnosis should be provided, and inadequacies present should be addressed and removed at Primary Health Care. Arvind K in 2018 presented challenges to public health in the form of five A's. Five A's were, "Awareness or the lack of it, Access or the lack of it, Absence or the manpower crisis in healthcare, Affordability or the cost of healthcare, and Accountability or the lack of it (Kasthuri, 2018)." Subitha Lakshminarayanan in 2011 mentioned about the role of government, its current scenario, and the future outline. She said that there is an immediate need to revitalize primary health care based on principles drafted at the Alma-Ata conference (Lakshminarayanan, 2011). Shakti Kumar Gupta et al. in 2018 studied the infection control programs in SAARC countries and reported the areas where the Indian hospitals need to be improved (Gupta *et al.*, 2018). This review highlights, in brief, the certain transformations than Indian Healthcare Facility can undergo to develop a sustainable goal of 'Health for All'.

## RESULTS AND DISCUSSION

### Strengthen Primary Healthcare Centre

Change and advancement in the Healthcare facility is the need of the hour. We need to understand that it is much more essential to invest in the

healthcare facilities than spending it on nuclear missiles. India currently spends only 1.4 per cent of its GDP on healthcare, which is amongst the least compared to other countries (Kaul, 2019). According to the National Health Profile 2019, India's public health expenditure was just 1.28% of GDP, and it was comparatively very lower than the other nations (National Health Profile of India, 2019; Datta, 2020). The investment in healthcare is inadequate in India, and it should be increased to the minimum 5-6 per cent of GDP soon to build sustainable healthcare facility. Bergamo, the town in Italy has been the epicentre of the epidemic. Researchers in Bergamo have reported the private hospitals to be the hotspot for the virus, which was recently seen at a private hospital in Mumbai and Delhi. Indian healthcare facilities are patient-oriented with a focus on the individual. An epidemic or pandemic situation requires a change in this and aimed to focus on a community as a whole (Reuters, 2020). The community practice and public healthcare system should be promoted shortly soon. In recent times, private care in a health facility has been given utmost importance, whereas pandemics like this require primary healthcare as a base model. The government's budget for public health care should be increased to meet all its demands. Excess privatization makes affordability an issue. Many multinational hospitals can be approached only by rich people (Chokshi *et al.*, 2016; Mohanty, 2020). Most of the Indian population relies on primary health care and government-provided facilities, though adequate but not equipped with all the required accessories or infrastructure (Phalkey *et al.*, 2008). This inequality gap should be minimized. The primary health centres in our country are approached by most of the poor population. The PHC centres should be strengthened with more number of doctors and diagnostic modalities. Upgradation of healthcare facilities at all three levels, primary, secondary, and tertiary should be done. Every government hospital, especially in India, should be well equipped and monitored with all the essential instruments from diagnostic Stethoscope to Ventilators and oxygen masks.

### To increase the number of Doctors

The World Health Organization (WHO) recommends a doctor-population ratio of 1:1000. According to the National Health Profile 2019, only eleven amongst 28 Indian states meet this minimum requirement of 1:1000. The public healthcare system operates at a significantly lower ratio of 0.08:1000 (Sehgal, 2020). The number of doctors and hospitals is far less than required. The gross gap between the doctor-patient ratio can be seen

with this pandemic. The same doctors are working a day or two-day shift continuously, or even more address the poor situation in our country. More doctors could have addressed the problem with rotational duties. With most of the medical colleges have intern students with interim training at work, we need to deploy and recruit specialist doctors or train undergraduates and interns for better practical work and disaster management or pandemic situation like this. We should address these shortages with the hope of better response in the future (TWC India Edit Team, 2020).

### **Infection Control**

Infection control should be on the list. This is an area where India lacks. Most of the hospitals, either government or private, are not practising infection control policies strictly. This pandemic reflects a lack of necessary awareness regarding infection control policies in our country. Basic knowledge of handwashing technique is still not learned by most of the health care workers. There are various policies and agencies which monitor the infection control, like NABH. These accreditations or similar should be made mandatory for all the health-care facilities. Strict policies and government regulation with mandatory follow the rules should be given attention. This will also be helpful to minimize hospital-acquired infections which are common in India (Bains *et al.*, 2017; Mehta *et al.*, 2017). Various studies from different parts of our country stated that isolation protocol is loosely followed among dental professionals. Though knowledge of infection control prevails, it is not commonly practised, and there is a broad scope of improvement (Puttiah *et al.*, 2010; Bogue, 2011).

### **Vocal for Local**

Self Reliance is important. Though India is among significant producers for Drugs and with a higher number of pharmaceutical companies, we rely heavily on China and other countries for its raw material. What's the point if we have all the potential and still we are dependent? India's self-reliance and potential in manufacturing drugs without relying on other countries can make us a global leader in the pharmaceutical sector.

### **Preventive strategies**

Prevention is better than cure. In terms of the outbreak of a disease, it is much easier to prevent ourselves rather than curing, especially in the time where vaccines or specific treatment is still under question. It is much easier to refrain us from getting contact with the virus rather than getting symptoms, testing, and treatment.

### **Hygiene is a priority**

This pandemic has taught us that we should always wash our hands, and keep hygiene and sanitization a priority, whether there is a disease or not. It should be part of our daily activities. Hospitals, whether private or government, should be kept clean and sanitized on a timely basis keeping infection spread minimum.

### **Digital Healthcare**

Rahm Emanuel said, "You never let a serious crisis go to waste. And what I mean by that its an opportunity to do things that could not have been done before." As the government focuses on Digital India, we can transform our health care system to the next level by inclusions of robotics and artificial intelligence technology (Agrawal and Kickbusch, 2020). The use of chatbots and robots can help the patient to gain information without or minimal physical contact. Digital technologies permit constant speed and scale. Telemedicine can be encouraged in the future (Behere *et al.*, 2017). We have already seen the swine flu, ebola, and H1N1 outbreaks, and we have defeated them and surpassed and emerged victoriously. During this challenging period, we might take harsh measures and improve ourselves. We should be bright hopeful of the future situation as every end will have a new beginning. We should remember for now that amid chaos - "and in time, This too, shall pass!"

### **CONCLUSION**

Coronavirus pandemic has impacted the lives of every individual, with important lessons to be learned. We can learn to improve our healthcare facilities from equipment to infrastructure. Infection control should be our priority with strict measures to be followed in the future. We can turn these crises into a great opportunity.

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