



# COVID And Coming Days Of Health Care Sector: A Review.

<sup>1</sup>Dr. Shrikanth Muralidharan, <sup>2</sup>Dr. Sakham Garale

<sup>1</sup>BDS, MDS, Department of Public Health Dentistry, <sup>2</sup>MBBS, MD (Pharmacology), MBA

<sup>1</sup>Madha Dental College and Hospital, Chennai

## Abstract:

The article describes the issues in terms of public health in India in COVID times and the future requisites for fighting the pandemic.

Key words- COVID, India, Healthcare.

## Introduction:

With almost 4 million plus cases surging of COVID 19 in India alone, we shall soon at this rate cross all nations in terms of the highest prevalence. The mortality rate is also high with more than 72000 deaths till now due to COVID 19 across India. This can be taken as a disaster that came knocking and also that we refused to acknowledge the fact that we are indeed in crisis. Indian health care is not the one to be proud about, with lack of resources in all forms; this pandemic has shown the true face of where the nidus lies and where do our priorities.

## What has been done till now?

The Ministry of Health and Family Welfare (MOHWF) has issued a number of guidelines along the wake of the pandemic since the month of March and asked people to be careful with the spread. Though some were suspicious of the community spread, it failed to be acknowledged and identified at the earlier stages, which is always the prompt response to any disaster management for prevention of extensive damage. The government also managed to mobilize health care workers especially across the government health care set ups; especially across the metropolitan cities that cater to more cases and faster spread owing to the larger population concentration and also the movement within and across the nations of the world. An excellent example of the same is the BMC, Mumbai that had all its forces running hitherto to ensure a timely and safe response to all patients with COVID. Guidelines that were not very clear before with regards to handling the cases are more concise, clear and applicable to the core at the grass root level. Still with training, online courses (that all health care workers were asked to undertake for free), there is an ever-rising fear and apprehension of the pandemic and its aftermath lingering around. A few steps taken by the government are as follows:

1. Free fund flow
2. Ensuring PPE kits to all workers
3. Mass education program and awareness via media platforms
4. Additional training where required.
5. Cap on masks and other kits in terms of price and exposure.
6. Ventilators and other essential kits for the benefit of the patients.

But this has failed largely at the ground level.

## Why?

The reasons are mainly the lack of co-ordinated efforts. There is hardly a public private partnership as required along such testing times for the benefit of the population and is an essential step towards the success of implementation program at such a diverse set up like India.

A few of the reasons are-

1. Lack of people's participation to the lockdown and flaunting of rules.
2. Lack of percolation of the information and advices to the rural and smaller towns.
3. Lack of infrastructure to house and maintain COVID patients.
4. The frustration of the medical fraternity and the population alike in government decisions (many were not happy when the lockdown was called for, many aren't happy when its ended too!)
5. Black marketing of the essential drugs.
6. Private hospitals and their soaring bills.
7. Chances of re infection and also nosocomial infection.
8. Home isolation- resulting in greater spread to the housemates.

### What is required?

1. A strategic planning that involves; outsourcing of the training with regards to the isolation, infection control practices, use of PPE kits and the government policies to the people via a more reasonable platform with private partnerships.
2. CAP on the black-marketing of the drugs and PPE kits- these are essential measures and need prompt action. We can't wait for the President of a First World Nation to ask for it and provide it (as it happened with anti-malarial drugs!). we need this as a policy in the first place. HIV drugs are distributed free at different ART centres since 2004 to the people and India can boast to be one of the premium nations to do so. The same policy can be ensured for the COVID 19 drugs also.
3. Increased mortality of the elderly- This is a major concern for us. Since prevention is better than cure, ensuring that the elderly is totally protected is essential and especially those who are suffering from some debilitating medical condition already. Also special task force need to be created attending to the geriatric patients. It is quite amusing that when kids can have specialities why refuse the same to elderly!
4. Take a lesson from South Korea, Thailand where the people's participation has ensured in less cases and reduced mortality rates.

### What lies in the future?

1. Need for a task force for education only- so as to train and reinforce the essentials of prevention for COVID19 on regular (weekly intervals) basis; especially to those at home and children; not forgetting the rural and small town people.
2. Setting up isolation centres that will help to house the cases with mild/moderate symptoms and post recovery cases separately and not in their homes itself; ensuring no family spread.
3. Having a more authentic database for the arrangement and procurement and disbursement of the drugs that are essential for the treatment of COVID 19 cases.
4. Ensuring that the Doctor/ nurse to patient ratio is increased by setting up make- shift temporary camps. Since government schools are not opening till January 2021, they can be put to a good use here and also hotels, rented residential. This will ensure that people who run business also get some money out of the same.
5. Have more community participation in the form of teachers and social workers at rural levels.
6. Special wards for the elderly with high risk and morbidity; to reduce the mortality rates.
7. More ease of procurement of PPE kits along with ventilators.
8. A community, door to door campaign and testing of all. India is known for its efforts for census and also for the election cards. The same can be employed to reach to each house by a geographical mapping and identifying the cases at the bud level itself (sub/non clinical cases).
9. Ensuring more social corporate responsibilities for the success of the government policies.

**In conclusion:**

We are far off in terms of the vaccine. Lancet's article that criticised the use of HCQ; failed to appreciate the view that treatment and prevention are different from each other. So the haste with which WHO abandoned its trial for testing HCQ as a prevention rather than a cure for COVID 19 virus is a sweeping mockery of greatest altitude. Ensuring re- enforcement of the rules, advisories, tests and other precautionary measures weekly or fortnightly is essential. We tend to forget that its India; and with the diverse geological and geographical entities; comes the variation in terms of memory, rules, obligations and citizen responsibilities too. Rather than theory; a precedent area wise mapping; isolation centre; more testing; more manpower and better flow of equipment can ensure that we surpass this savage moment with some pride and dignity still remaining with us.

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