

Can the COVID-19 crisis guide India towards an equitable, robust health system? Webinar Transcript | CIRCLE

This is a text transcript of the webinar “Can the COVID-19 crisis guide India towards an equitable, robust health system?” presented by the Canada India Research Centre for Learning and Engagement (CIRCLE). The webinar was recorded on June 24, 2020. The guest speakers were:

- Dr. Madhukar Pai, Canada Research Chair in Epidemiology & Global Health at McGill University, Canada
- Rupa Subramanya, an economist, commentator and researcher who lives between Mumbai and Ottawa

The webinar was moderated by Prof. Sharada Srinivasan, Canada Research Chair in Gender, Justice and Development and director of CIRCLE at the University of Guelph, Canada.

Transcript:

Sharada Srinivasan

Hello everybody, welcome. This is the first webinar that the newly created Canada India Research Centre for Learning and Engagement at the University of Guelph is hosting. And we are at quite a momentous time all over the world, and more so in countries like India. So we thought that CIRCLE should start engaging, you know, organizing webinars around issues emerging, and related to the COVID-19 pandemic. A good place to begin, is actually the public health priorities in India – which have always been discussed, but I think the COVID-19 pandemic has really brought it to the fore.

We have two fantastic speakers, who will actually guide this discussion around what the COVID-19 crisis means for India's movement towards an equitable and robust health system. So we have Madhukar Pai, who is a physician and an epidemiologist. And we have Rupa Subramanya, who is a journalist, and who has written quite extensively around economic issues and of the economy in India. So these are our two speakers.

Before I turn the space to Madhu and Rupa, I thought it's good to share a couple of, you know, sort of the ground rules: we have muted all participants and there will be no videos, so that we can have good quality of the webinar. And so please, remain muted and without video for the large part of the session. We will have opening remarks by Rupa and Madhu for about 15 to 20 minutes, which will be followed by discussion, and question/answers. And we want to try and give as much time as possible for audience questions.

And for the audience to ask questions, there are two ways of doing it: if you would like to ask the question yourself, please go to the participants – so you will see it at the bottom or at the top, depending on what- you know, whether you're using a phone, or a Mac, or a Windows

laptop – and you will see participants, so please go there and click on "show of hands" or "yes" so then I know that you are wanting to ask a question. If you do not want to ask the question yourself, please feel free to type the question in the chat function. So you can send the question to me or, it's okay if you chat, if you write the question to everybody, but I will read out the question to the two speakers, so either Rupa or Madhu can answer the question. If you have questions related specifically to one person, please indicate that. I will repeat this before we start the Q&A part of the session, but now over to Rupa and Madhu.

Madhukar Pai

Thank you, Sharada. So I will begin by saying my understanding of India's health, vis a vis this COVID pandemic right now, and I'll group it into three areas. I think it's good to start with India's health situation pre-COVID, say as of last year, to help establish a baseline on where India is starting this crisis; and then we'll talk a little bit about what the COVID situation in India today looks like; and what it has done to India's health care; and then we can discuss what possible solutions are in terms of what India can do.

I cannot- I don't think any discussion on India's health care can not address the gorilla in the room – and that is India's chronic under investment in health. No Indian government in the history of India has ever invested in health. If you look at the current investment, it is not even 1.5% of the GDP is spent on health. And just as a comparison, if you look at Canada, we spend about 12% of the GDP on health, South Africa spends almost 8% of its GDP on health, and India's investment comes in at about 22 US dollars per person. And how low is that? Compared again to South Africa, which spends 500 US dollars per person on health, and Canada spends more than 7,000 Canadian dollars per person on health. So that underinvestment has historically led to an extreme level of privatization of health.

Public health was and is continues to be very weak in India, and so 70 to 80 percent of Indians will seek out patient care in the private health sector, including the informal sector. And more than 50% of hospitalizations happen in the private health sector. And the informal sector is actually a dominant aspect of India's health care. In villages and in slum areas in cities, more than 50% of primary care in India is delivered by unqualified or partially trained informal providers. And there's obviously a large AYUSH segment which is also actively providing care. So India's healthcare is: underfunded, chronically so, weak public, and an extremely dominant unregulated, fragmented, heterogeneous private health sector.

All of this has left India very weak, in terms of ability to deal with health. So if you look at, just say three classic indicators that you could look at to look at a country's health, communicable and non-communicable, take a look at India's data on stunting children. About a third of India's children are stunted. Stunting, as opposed to wasting, is a very good indicator of long-term malnutrition, right. So India has extremely high rates of malnutrition. Tuberculosis (TB), about a thousand people die every day of TB in India. No country has more tuberculosis than India, a quarter of the world's TB deaths happen in India.

Diabetes – India has this massive dual burden of disease – if you look at the global burden of disease data for India, it's a classic picture of long-standing neglected conditions, infectious diseases, maternal and child health issues, malnutrition, and then you have this burgeoning problem of chronic diseases, non-communicable diseases. Among all the NCDs, diabetes is a terrifying prospect for India. 8% of Indians age 20 or higher have diabetes. If you look at pre-diabetes it's even higher in terms of proportion.

So that's where India begins this whole pandemic story. In the early days of the pandemic, everybody thought somehow magically India will be protected, and I'm not sure where that came from. There were all sorts of theories floating around that Indians are somehow protected because we are surrounded by microorganisms, that we are innately more genetically resistant to infectious diseases, or BCG vaccine that we got as kids will protect us. None of that has turned out to be true.

As of this weekend, India is gonna hit half a million cases of COVID. And we know that's only confirmed cases, and India simply is not testing enough. India's testing rate is among the lowest in the world, coming in at under five tests for COVID per thousand population. If you compare Canada for example, we're testing something like 60 per thousand population. The COVID numbers in India are doubling every 19, 20 days, which means by mid-July, India will hit 1 million plus cases of COVID, and that's only confirmed cases. If you count the asymptomatic people, people who are not tested, the numbers are far, far higher than that. Case fatality, thankfully, is not very high, it's about 3%. And here, I think the younger population demographic is really helping India out; vast proportion of Indians are under the age of 60.

What has COVID done? Rupa will talk more about India's incredible lockdown and what it has done, but in terms of the impact on health care, the lockdown has been devastating. If you look at tuberculosis notifications, that is new cases notified in the government numbers, it has dropped by more than 50% nationally. If you look at routine vaccinations like MMR, it has dropped off by more than 70%. If you look at cancer treatment as an example, it has dropped more than 70%.

So even basic, simple stuff that people should be getting, they have failed to receive during this lockdown. And now that the lockdown is steadily being lifted, it is posing an incredible problem in India because of this big surge: on one hand, COVID continues to climb in terms of the number, so people are falling sick with COVID and they need to be treated for COVID, but there's also all the pent-up demand for other health non-COVID conditions that people have been waiting and waiting and waiting. Now that the lockdowns are lifting, they are seeking care and that big surge is happening right now.

This is where India's fractured health system is completely laid exposed. On one hand the public health system is absolutely overwhelmed with COVID, and in fact the public is seen as the place to go for COVID, and they are maxed out. And if you look at the Mumbai corporation, and how inundated they are, it's a great indicator of what's going to come. Healthcare workers are not

getting sufficient protection in terms of PPE equipment, many of them are coming down with COVID and falling sick. There is simply not enough capacity in the public health system to take care of the non-COVID problems. Even COVID is overwhelming in the public sector and it will continue to be as cases inexorably continue to rise even as lockdowns are being lifted. So the public is maxed out and COVID-ized.

So what happens to the private sector? In pre-COVID days, an average Indian would have gone to the private sector for anything, but now suddenly they find that the private sector has shrunk. Why? Because many of them, especially the smaller establishment and GPs, completely shut down their practice because of lockdowns. There was a lot of stigma and anxiety about getting COVID themselves, so doctors simply didn't want to take a chance. And the larger hospitals that are still available, are actively denying care for people either because they are anxious about managing COVID, or they demand a negative COVID test before they take on someone, or they claim to be overwhelmed, and therefore they are actively denying care to a lot of people, with and without COVID.

And they're also demanding extraordinary sums of deposits, advanced deposits, before they even admit a patient. People have been cataloging how much these private hospitals are demanding and it goes into lakhs of rupees. Costs of care are going up steadily in the private health sector... and it makes sense economically because they've been devastated for several weeks of lockdown. They are in net loss, they have lost their staff, many of them have been forced to shut down their hospitals because they've been sealed. So to recover their costs, and also to account for the need for personal protective equipment, and other costs that they're incurring right now, they are serving fewer clients. The only way they're going to recover that money is by charging those few that they will be seeing. So costs of care in India's private sector was high to begin with, but now it's gotten substantially worse.

So all of this means an average Indian is now stuck between a rock and a hard place. They're scared to go to the public, because the public is dealing with COVID full-time; and if you didn't have COVID, you had something else, then you don't want to go to a public hospital for the fear of getting COVID debt. And you can't go to the private hospitals – either the private hospitals would deny care, unless you have great contacts, or you can pay except- extraordinary sums of money to get seen in the private sector. So what is an average Indian to do in this situation is a question worth asking. Are they all going to the informal sector because the public is maxed out, private is too expensive? Are they just not seeking care still or will they go to pharmacies and other places and seek remedies? This is a huge issue that I think we all need to worry about and track.

For tuberculosis, the disease that I am worried about, I have no idea how India is going to find all the people missed during this lockdown. And that's thousands and thousands of TB patients that have been missed, in the three months of lockdown. And those TB patients will not go to COVID-ized public hospitals now, and they're going to struggle to get care in the private health sector. So how are we going to mop up and find all these people to even come back to the pre-

COVID levels? And what is true for TB, will also be true for diabetes, for dialysis, for hypertension, for cancer, you name it. I have a family member in India who's been struggling to get cancer chemotherapy; and these are not just innocuous diseases, there can be huge consequences to this.

And I'll just end by saying it's not just India. We've seen similar stories from pretty much every lower-middle income country, and we also know some of the richest countries in the world, including the US and UK, absolutely struggle with this pandemic.

So, I will stop here as an overview and later on we'll come back after Rupa has finished her opening remarks, to talk more about what the potential solutions can be. Thank you. Over to you Rupa.

Rupa Subramanya

Thank you, Madhu for expertly capturing the state of the public healthcare system, or the health care system in India in general, and how COVID-19 has made the situation worse. Thank you to Sharada, and to the Canada India Centre for Research and Learning for inviting me – and I'm excited to talk about my experience living during India's lockdown and the economic implications of the COVID-19 crisis in India. And so without any further delay, let me just jump into my remarks which I hope will – which hopefully will create some questions for the discussion that's coming up. And there will be some overlap with what Madhu said but I think that's a good thing because you know, it just reinforces the points that he made.

Basically, the COVID-19 crisis has put into sharp relief long-standing structural defects with the Indian health care system. So here is the irony: the irony here is that despite decades of central planning and government control, you don't have a well-functioning public health care system in India, especially at the primary level. Both education and health should be the foundation of any government's involvement in the economy. Actually much of what I say about public health also equally applies to public education. These are the two foundations for any successful society, and these are sadly sorely underperforming in India. Though spending on primary health has focused the country's resources at the tertiary level, and a private sector has sprung up to fill the gaps and make a profit in the bargain.

As Madhu mentioned, India spends only about 1.5% of its GDP on health. If you contrast this to other developing nations such as Brazil, it spends almost 8% of its GDP, and even poorer, Bangladesh spends about 2.2% of its GDP on health. So what we have in India is, we have this glaring dissonance where you have the poorest of the poor, who lack access to good quality public health; but then you have top-notch hospitals that cater to the rich and the leads.

India, until the coronavirus pandemic hit, had a thriving medical tourism industry. But many people, especially the poor, have been known to walk for miles to a primary health care centre, where you know, they'd be lucky if the doctor even showed up, and where the quality of care is almost always very poor. So unfortunately the poor in India just cannot afford to opt out of the

public system into the private system like the rich, and they have to basically fend for themselves.

The Indian health care system was poorly equipped to deal with a crisis like COVID-19. As Madhu mentioned, public hospitals are overwhelmed with cases right now, they have run out of beds, equipment, and facilities. And the situation is not that much better at private hospitals. Some private hospitals have in fact, made some ethically dubious decisions, like turning away patients who are COVID-19 positive. Their physicians are bound by the Hippocratic Oath, but the current crisis shows many haven't lived up to this. Medical professionals in both the private and the public health care system are increasingly also afraid to show up to work because so many have been infected with the virus, and doctors have been told by their housing societies where they live, not to come back home. So this creates major disincentives and has led to serious staffing issues at hospitals across the country.

Things are so bad right now that foreign embassies in India have issued advisories to their citizens to- urging them to leave as soon as possible because there's no guarantee of getting any kind of medical treatment as cases continue to rise, even if you can afford to have the best care. And I personally know many well-to-do Indians and well-connected Indian individuals, struggling to find access to private care, even if they're able to pay for it in the middle of this crisis. So it's not that the Indian government is unaware of the problem.

In fact, what the Modi government did in 2018, was announce a health insurance scheme for the poor that is known as Ayushman Bharat, or sometimes called ModiCare. It insures up to 500,000 Rupees per family, which approximately works to about ten thousand dollars – ten thousand Canadian dollars for some of the poorest families in the country – and this insurance can be used by private hospitals that have signed up for the scheme.

In theory all of this sounds good, but it covers only those private hospitals who signed up to participate in this insurance scheme at the rates that the government has set, which is obviously much less than what private hospitals charge their patients. So some of India's best private hospitals have opted out. And what's more, primary health care is not covered under the scheme, which is in fact the root of the problem in India. To add to this complexity, ModiCare also competes with various state schemes in India and so that not all states are even on board, preferring their own state schemes to a scheme that is imposed by the central government.

Now coming back to COVID-19: recent data suggests that there's been a drop in claims through ModiCare for a range of possible reasons. Some of them Madhu has mentioned, patients worry they may contract COVID-19 by going to a public hospital, and the fact that hospitals are swamped- already swamped so they cannot process the paperwork for ModiCare patients. As well as the fact that many elective procedures for non-life-threatening conditions are simply being postponed as hospitals go into a triage mode, and focus almost entirely on dealing with the COVID-19 crisis.

So the main lesson coming out of the crisis is that India is badly in need of a well-functioning public health care system with the necessary infrastructure and financial investment by the government. But you simply cannot create such a system overnight, as even rich countries like the US have been discovering. But then you look at advanced Western countries with a strong public health care system, such as Germany and Canada, they've generally fared much better in dealing with the crisis. And there's a very important reason for this: because the basic public health infrastructure was already in place before the crisis occurred. But even in these countries weaknesses have shown up. Such as in Canada, we have the problem of long-term care facilities for the elderly, which have been severely affected by the crisis.

Back in India to make matters worse, you had this poorly conceived, and draconian, and ultimately in my opinion, a failed lockdown, it made things worse. The Prime Minister of India gave the Indian public a four hour notice to go into an initial 21 day lockdown. As far as I'm aware, there was no consultation with anyone, including state governments. And this lockdown was then further extended and extended and extended, and while it's been eased a bit, it still exists even now, but it's a little less draconian.

I happened to be in India when the lockdown was announced, and it was absolute mayhem after the PM's speech. You know, people were lining up at their nearest drug stores and grocery stores to stock up before the lockdown came into effect at midnight. During the lockdown itself, basic essential services just stopped working – they were unavailable. Doctors closed their clinics, drug stores ran out of essential drugs because their supply chain was disrupted, and the same was the case with grocery stores. These supply chains were disrupted for entirely preventable reasons, such as the police just mindlessly preventing suppliers from crossing police checkpoints to reach drug stores and grocery stores and so on.

Hospitals in the initial stages shut down completely because there were a few cases of coronavirus and so the whole- the entire hospital just shut down – you couldn't even go in for an emergency if you had an emergency. So during the lockdown, people with non-COVID conditions basically had nowhere to go. They had nowhere to get the medical attention they needed, or the drugs they needed, so actually we don't even know how many people died of non-COVID related causes because they couldn't get admitted to the hospitals during the lockdown. But there's plenty of anecdotal evidence of people dying of heart attacks and other conditions just because they couldn't get to a medical provider. And these were India's well-to-do urban, middle class, and not the poor. Therefore the lockdown ended up creating a humanitarian crisis, it did not give enough time for people to prepare, and unfortunately India is still living with the consequences.

This is not to mention the migrant crisis that was resulted as a consequence of the lockdown. You had this large number of people who lost their jobs overnight, they had nowhere to stay, and they were far away from their homes. They started walking for miles towards home without food, money, or shelter, and creating super spreader situations. As far as the economy is concerned, the lockdown throws up about 70% of the Indian economy.

For any of you who follow the news about the Indian economy, the economy was already slowing down before the crisis. Conservative estimates at the moment suggest that India's real GDP could contract, in real terms, could actually contract 2-3% at the lower end, at about 10% or more in the worst case scenario. And this would be the first such contraction in decades, and obviously this is going to have implications across the board in terms of what the government can continue to spend on health and other essential public services. It's not at all clear how long the situation will take to come back to normal, but it could take months, years, we have no idea. But this is all assuming that there's a benign situation as far as the virus is concerned going forward.

The failure of India's private health care providers to fill the breach during this crisis has shown up the severe limitations of, you know, of India's healthcare mix. So you have a public healthcare system infrastructure which is grossly inadequate, and a private healthcare system which functions poorly at the lower levels, and at the upper end, you have these boutique hospitals that specialize in expensive treatment for the super-rich. Such a system could never have coped with a public health emergency like COVID-19, and it is clearly in dire need of reform. But that reform must involve bolstering and improving the public health care system, rather than throwing the entire burden on private healthcare providers. And that private healthcare system was never designed to deal with public health and emergencies anywhere in the world.

The problem really is: high-end private healthcare was left largely unregulated, as it was seen as the preserve of the rich and of medical tourists. But now in the midst of the crisis, government authorities are flexing their muscles and cracking down on private hospitals, and forcing them to provide private beds, and regulating the fees that they charge. But this is only a band-aid solution that doesn't solve the structural defects of the public healthcare system. And it could just end up forcing private hospitals to shut down entirely because it's not going to be viable for them to operate in these conditions. But unfortunately this is yet another example of knee-jerk reactions in the moment of this crisis that doesn't really address the deeper issues plaguing the Indian public health care system.

And just to end, the future of the Indian health care system is quite dire, and I'm not terribly optimistic unless all stakeholders come together and become serious about reforming the system; which is increasing public capacity, having sensible regulations for private hospitals, and not just jumping in to regulate them when there's a crisis. So therefore, you know, I'm not terribly optimistic, but hopefully this crisis will be a wake-up call for Indian authorities to reform India's health care system.

On that note I'm gonna end my opening remarks, and look forward to the discussion coming up. Thank you.

Sharada Srinivasan

Thanks Madhu and Rupa for setting out the stark scene, you know, that's ongoing in India with regard to the public health crisis so well. And I'm sure a lot of our audience members, myself, and all of us included, we are following all of this every day through various news channels, social media. But it's constantly a good reminder to keep talking about this issue. I think that's the first thing that we can do.

Before I turn the floor to the audience, I thought I would pose a couple of questions to Madhu and Rupa just to flush out some of the things that the two of you actually spoke about. The first thing is of course, there is a diversity across the country, so I'm wondering if there are some relatively successful examples where, you know, this issue has been – from a public health point of view – the issue has been handled relatively better than some of the other places? So I'm wondering if you know, Madhu, from your experience as an epidemiologist, and Rupa, from your experience as a journalist, if you are able to shed light on some of these examples where we actually got some things right in this COVID-19 pandemic? Thank you.

Madhukar Pai

It's a great question, and in fact Lawrence Cumming has also asked a similar question on Kerala. So, yes there are pockets or regions of India which seem to have done better than the others. It's easier to say who hasn't done well, and I think it's safe to say that Delhi has been a disaster. Mumbai, you know, in all my interactions with the Mumbai corporation, and we work very closely with them on TB, I find them way more progressive, ambitious, better equipped, and better resourced than most other city governments in India. Right? And despite that they have really really struggled in this pandemic. Which means even the best city or region can be overrun, I think, by this pandemic very quickly if they don't seek additional health or bring in a huge amount of additional resources.

Now, Kerala. Kerala is always highlighted as a standout example. And in fact, last night I was watching this movie called "Virus". This was the movie released last year on how Kerala handled the Nipah virus outbreak. And you can see in that movie, even if it's based on a true story, how progressive Kerala is. How you know, they have so many smart people, they have a very strong functioning public health system, the importance of that which Rupa alluded to. We know their education literacy levels are off the chart, and we know community participation in Kerala is exceptionally high. So in some ways, Kerala is an outlier, and I don't think we can hold up Kerala as a model for the whole of India, but it's nevertheless I think a good example worth looking at. But it's clear that there will be tremendous regional variation.

On every aspect of India, there's a massive regional variation, we know that, right? In fact the global burden of disease report for India is titled, you know, it's called something like "States Within States", because it's so diverse in terms of disease burden that is simply not comparable. So if you go to the most worrisome states, like UP and Bihar, where the public health system is practically non-existent... There I think the collapse of the private sector – and what Rupa and I

described is nothing short of a spectacular collapse of the private health sector – the failure of the private health sector, will be dramatically visible because it's not as if there is a good functioning public system for people to resort to.

If the private health system in Mumbai collapses, I would argue that the Mumbai corporation can, and will be a place for an average Mumbaikar to go to. But if it collapses in Patna, or Darbhanga or you know, some part of rural UP, there is no functioning public system for people to go to. And there, the only segment that is still alive and thriving I think, is the informal sector. Now, can the informal sector step up and deal with everything? The answer is no, because they can't provide hospital care. At best they can take care of minor ailments and stuff like that. They will not be the ones delivering women, they'll not be the ones doing C-sections. So this is a huge crisis, especially in parts of India where the public health system has never been strong to begin with.

Sharada Srinivasan

Rupa, would you like to add something?

Rupa Subramanya

Yes, absolutely I completely agree with Madhu, that Kerala is a great example of a state that has handled the pandemic quite well. And there is also this irony that some of India's richest states have been overwhelmed in dealing with the crisis. So Gujarat is one example, and so is Maharashtra, as Madhu mentioned. And I've been thinking about this, you know, why is it that some of India's richest states, which, these states have better infrastructure, they're better able to deal with these situations than say, UP or Bihar? And the reason for that is that there are wide disparities between income levels and social indicators in India. So a state like Gujarat, does not invest very highly in- it has low social indicators compared to say a state like Kerala.

Kerala also has dealt with infectious diseases before like the Nipah virus and so they already had sort of the- it was a bit like Canada. Canada had to deal with the SARS virus, SARS epidemic, you know, back in 2002, I believe. So they already had the groundwork to deal with, you know, a potential pandemic or, you know, another infectious disease crisis. So Kerala had that experience going into this crisis, and that really showed up in them being able to contain it. Although right now, I think the latest news is that Kerala is also seeing sort of a second wave of infections. But that may have a lot to do with the fact that a lot of Indians are coming back, returning to India, especially people from the gulf countries.

On UP I'm not entirely... You know, supporters of the chief minister of UP will say that UP has also managed to, you know, control- has done a good job in containing the pandemic, and so why are you just talking about Kerala? But I frankly don't have much faith in the numbers coming out of UP, it is India's largest state, and I find it hard to believe that it has such a low number of cases – I just find those numbers a little suspicious – I view them with suspicion, so I'm not gonna go there.

But there is one state, and this is my own home state of Karnataka which is managed – and my parents live in Karnataka, they live in Bangalore – and the state has actually managed pretty well in handling the- helping in containing the virus and it doesn't get as much attention for some reason. Maybe it's politics, I have no idea, but it's also done pretty well from what I understand. And it is also a mystery because it's not exactly that Bangalore necessarily has the greatest public health care system, I think it's just a whole bunch of different factors like: there's a lot of community involvement at the grassroots level, and there's a lot of cooperation between municipal authorities and community leaders, and so that could also be one factor.

But generally, I think, you know, I would focus on places like Kerala, I think even Tamil Nadu. I'm not sure what the latest situation is, but again Tamil Nadu has high social indicators and so they've, you know, they can deal with this better than any other state.

I think with Maharashtra, especially Mumbai, it's just, you know, 60 million people. I mean, I feel like the dice was already loaded from the start, how could they possibly – I think they're trying their best – but you know, it was just the dice was loaded from the start. And, you know, in a place like Dharavi, how are you going to make sure that people are social distancing? I mean this whole- when the lockdown was announced and social distancing, as a term, became so prominent, I was, you know, thinking immediately – I mean a lot of people I'm sure were thinking – how does that work in a poor country like India?

I can barely do it in my building in Mumbai, how do you expect that to happen in shanty dwellings and for those who live cheek by jowl? But yeah, so I would say that Maharashtra is not necessarily- I wouldn't necessarily say it's failed, it's just trying its best to cope with the situation, given the population, and the density, and you know, the situation of living in a city like Mumbai.

Madhukar Pai

And I would also add to Rupa's comment, that the testing rates within India: vastly variable, right. One reason why Mumbai might look bad, is because Mumbai is testing, right. And you go to rural UP who's testing, even in the best of days, there was no testing available for anything! We can't even detect TB in these districts, forget COVID! Right? Even TB, which is like an ancient disease, for which so much effort has been put in. In India, we say a third of India's TB is undiagnosed or not notified. Which tells you that when there are so many missing TB patients, how many more COVID patients do you think are being missed? I think that number runs in lakhs, right.

So at this point, you know, all that debate about "is there community transmission or not?" What a waste of time that debate is all about, right? How can there be no community transmission when there are literally million plus patients with COVID in India? I mean it is just a meaningless, mindless argument. I think the fact of the matter is this virus will relentlessly spread across India, because there is no way to contain this at this point. We have one of two choices, I mean it's not a choice, both will happen. One is we have enough people falling sick

and recovering. And there, the hope is we are a young population and most people will be mildly infected, and will recover.

Hopefully that antibody response will protect them and protect others around them. And when the vaccine comes next year, whenever it comes, it will be a battle to get that vaccine to 1.3 billion people, right. One is how affordable will it be? Where will it come from? Because if it's not an Indian made vaccine, obviously every rich country is going to make a run for the vaccine, right. I mean if they're already stockpiling PPE or scarce medicines, imagine the mayhem that will ensue to get their hands on the vaccine if it's efficacious. So how will India get that vaccine to 1.3 billion people? Until such time the virus will continue to spread, because there is simply no magical way of containing it at this stage.

And the same thing is happening in the US right now, that's exactly what's happening in the US right now. State after state, the numbers are going up as much as Trump is denying that there's a problem. Basically, the strategy at this point for a lot of countries is they've thrown up their hands and said this is impossible to contain, we just have to let it spread. Or what we can do is to take care of the sick, and try and shield the vulnerable and the elderly as much as possible. And I think this is the kind of discussion we should be having.

Did India use that two/three months of lockdown to ramp up our health services, build additional hospitals, surge capacity, contract with private hospitals at a reasonable rate without making them go broke? That's the kind of planning and thinking that could happen and should have been done. I'm not quite sure if many states in India used this lockdown effectively to equip people, healthcare workers with PPE, to subcontract with any contracting mechanisms, to get treatment, to have telehealth/electronic/digital consultations up and running to take care of minor issues. So much could have and should have been done, and I think some of that is just wasted opportunity.

Now in a crisis, as Rupa said, suddenly you're trying to regulate a private health sector when you haven't done it for decades. That's not going to work well, right. It's simply not working well at all, and that's why you have this dramatically variable pricing of COVID tests in the private sector. 4,500 rupees and some hospitals, 2,500 rupees in other hospitals. It's complete anarchy. And what you know Apollo advertises for one night of ICU stay is vastly different from what some other hospital is doing. I mean, what is an average person here going to do in this situation? There is no transparency in pricing even in the best of days, and it's even harder to get that kind of data right now.

Sharada Srinivasan

Thanks, Madhu. Thanks, Rupa. In the interest of time, because the questions are lining up, I do want to very quickly move to the Q&A. For the audience, please hold on to your questions, once the Q&A session starts, I will track your questions and either ask you to ask the question directly, or read out the question.

So before we move to the audience questions, the title of the talk, the trust of the talk, the spirit of this webinar is really talking about how do we move from this current paralyzing situation... to even begin taking baby steps towards creating a robust and equitable public health system? So I want you to very briefly, Madhu and Rupa talk a little bit towards that. Please be mindful we have half an hour for questions, so I don't want to eat too much into the Q&A, as well. Thank you.

Madhukar Pai

Rupa, do you want to go first?

Rupa Subramanya

Sure, yeah, so I mean as I mentioned in my opening remarks, you know, you have this, you know, unhealthy mix of a public health care system that doesn't work too well, and a private health care system that works well at the higher end for those who can pay, but it's also been largely unregulated. To create a more equitable health care system I think the road to that really involves first recognizing these problems.

You cannot have these short fixes of an Ayushman Bharat which doesn't even deal with the primary health issue at all – which is the crux of the problem in India – where getting to a primary health care center and getting treated for the poor is still quite a challenge. And this is not where we should be in 2020, quite apart from the pandemic.

So I think this is where, you know, Indian officials, all stakeholders, including people from both the public health system and the private health system, need to come together. You need to ramp up spending on health, 1.5% of GDP for a country the size of India is just pathetic and embarrassing. And you cannot just, you know, just jump in and regulate the private health care system when you think, you know, you have a problem. You have to have sensible rules in place for them to operate, because they also provide a very important service.

I mean, profit is not a dirty word. If you can pay for it, why not? I don't believe in this- I'm not with the school of thought that says, you know, private hospitals shouldn't exist. I think both can co-exist, and work, and provide the best health care for countries- for a country. But much of this will depend on how much money India can spend. And resources at this moment are in, you know, we have- the Indian economy is in a really bad state.

Even during the best years we were only spending 1.5% of GDP on health, I don't know if that number, you know, how that number is going to change going forward. All budgets all over the world have just been- you know, they no longer make any sense because the pandemic has shut down economies, not just in India but, you know, it's affected everybody. So we don't know what's going to happen, but money is going to be key here.

And you know, a recognition of the problem, unfortunately what the crisis has shown is that Indian officials don't recognize necessarily that there's a problem even with respect to the

pandemic. When they deny that there's community transmission, when you did- when you have fake doctors who have cures for coronavirus and they're given a platform, you have, you know, the Prime Minister of the country saying that we will defeat coronavirus in 21 days, these are not good signs of leadership at the highest levels being aware of the problem with the Indian health care system. The fact that, I mean parts of the Indian public healthcare system are on par with sub-Saharan Africa, and that's quite shocking for what- what is India, the fifth largest economy in the world? But I'm not too optimistic about increased spending going forward, but I hope I'm proven wrong.

Madhukar Pai

Oh man, that depresses me. But I have to say Rupa, whatever notes I had is 100% concurrent with what you have said, and we didn't compare notes before this talk!

So firstly, when will health ever become a political issue in India, right? Not a single government – and it's not just BJP, this goes back to congress and any political party that has ever ruled India – health is simply not an election issue. So government after government gets away with spending so little despite people crying. Like, we are not the first one lamenting this lack! I mean, Amartya Sen has been talking about this for decades, right. I mean, what more do people need?

And even after this crisis, if India does not spend more on health, then I don't think there is anyone in the world you can blame when the next crisis comes along, right. Because this crisis is the clearest sign any government in the world needed that investing in health, is investing in economy. Because if you didn't, you saw exactly how many trillions of dollars of economic loss that's going to mount, right. So this is like if anybody needed a live demo on what will happen if you don't spend on health, this is it. This COVID pandemic is the best illustration any policy maker can ever hope to get.

Now, if you say next year- if I see the budget for the 2021 year, and if it is still scraping at this level, that means India has failed to learn anything from this pandemic. And what Rupa is saying in terms of India's severe contraction – I mean the whole world is now entering a deep recession, which is likened to what happened post-World War II – if that's the case, and if the economy is shrinking so badly, I'm worried that even 1.5% may not get spent on health, let alone 2.5%, which is like the rock bottom that any of us would want to be seeing. So this scares the hell out of me that I worry that health expenditure will actually fall, rather than go up.

Secondly, this public-private madness, I mean, this is madness. I cannot tell you anything that is more polarizing in India than to get into this public versus private argument. I find this argument extremely polarizing and damaging for many reasons: there are lots of doctors who practice in both public and private sectors, is that not true, right? They're practicing in the public. They're practicing in the private. There are lots of patients who are seeking care in both the public sector and in the private sector – these public- private compartments in India are not watertight compartments – people are constantly moving across these compartments.

We need an all-hands-on-deck approach: that is, the government takes ownership of the entire country's health. Then comes the question of: is it going to be delivered by public, is it going to be delivered by private, and a mix of the two? We already know it's a mix of the two, you cannot have only the public sector taking care of 1.3 billion people's health. It simply cannot happen, will not happen, certainly is not happening, right. So we need to strengthen the public system, we cannot have it starved chronically like the way it is. We must invest in public health, increase public health expenditure, and definitely build the primary care system that Rupa talks about.

Amartya Sen, in a recent interview on NDTV said, India has completely failed on providing primary health care, right. And Ayushman Bharat is not cutting it, right. So primary health care must be the government's responsibility, because the private sector will never gravitate towards primary care because it's not lucrative. Private sector loves tertiary care because that's where the money is to be made. By themselves, private care will not deal with primary health care, so the government must step in and deliver primary health care, right.

Secondly, regulation is seen as a bad word in India, right. But regulation is what every government is supposed to be doing everywhere in the world. That is their job, to set norms and policies, make sure people are not gouged, make sure quacks are not practicing medicine, that's the job of any government. So the government should do what it is elected to do. Regulation is not a bad word, regulation is mandatory. And if you don't regulate, you see exactly what the private hospitals are doing right now. So a stunning crystal clear finding right now, from everybody I've spoken to, is that the private medical sector is incapable of self-regulation.

There is no such thing as self-regulation, this is a lobby. The private doctors will always lobby for no regulation. They have fought tooth and nail against the Clinical Establishments Act, they do not want to be held accountable and they want, in fact, bailouts in the midst of this crisis, right. So you cannot really expect this private sector to self-regulate, they have to be regulated by the government. And as Rupa said, you cannot pull off miracles in a crisis, right.

Regulation needs to have happened already, and any country that has figured out a smart way of contracting with the private sector when necessary, has done a better job in this crisis than somebody who's trying to regulate in the middle of a crisis. So moving forward, I would love to see all of India adopt the Clinical Establishments Act, bring all of private medical sector under regulation – and like Rupa said, your job is to not shut them down, they are providing a valuable service – but make sure they get a fair remuneration for the services they're providing, right.

So there is a way of doing it, and there are other countries with mixed healthcare systems that are doing an exceptionally good job. In working with the private health sector in India, it's like either all or none. We can't have that, you have to have a middle ground. Private medical sector also needs to realize this is not a free for all, you have an obligation to your country, you just can't do whatever the heck you want and expect not to be called out, right?

I think that reckoning has come, because people are angry with what they are seeing, and they are absolutely pissed off with this ridiculous pricing. And then the anger will show, and this will be a reckoning. So either the private sector learns how to work with the government, because they're incapable of self-regulation.

Lastly, I think universal health coverage – which is the single biggest component of sustainable development goals, which WHO has been pushing – how does India make progress towards UHC? If you look at India's progress towards UHC, India ranks abysmally low on progress towards universal health coverage goals, right. In terms of SDG goal progress, India is like the rock bottom among countries. So we have a long, long, long way to go and I'm just hoping that this crisis will be the wake up call the country needed, right.

We got to get health better under control; it has to be an election priority; an average Indian should hold their elected leaders accountable for this lack of investment and health. It will not happen organically. Unless it's an election issue, we know Indian policymakers simply will not act, they will do things that will get them elected again. None of them have shown long-term vision in order to see something like this come to fruition, so it has to be a public health movement. Demanding better health, and keeping both public and private sectors more accountable than they've done so far.

Sharada Srinivasan

Okay, thank you Madhu. So now I'm going to turn to the audience questions. So if you would like to ask the question yourself, please go to the participants tab, and you can, you know, either say "yes" or "show hand" and then I will call you out. We will take three questions each round.

In the interest of time, so we have about 20 minutes left for this session, please keep your questions brief, to the point, and please ask questions. So this is what I would like to say, so which are the three questions? If you do not want to ask the question yourself, you can just send it on the chat and I will take three questions from the chat. So who would like to go first?

Madhukar Pai

Maybe they're muted?

Meenal

Sorry, I was just trying to unmute myself and start my camera. Thank you, thank you Sharada for organizing this, and thank you to both the speakers for a very interesting conversation.

My question is about moving forward, because I mean, the picture you painted is obviously an accurate description of what's happening and it's really, very disturbing. But at the same time, Amartya Sen has also noted, India is such a mishmash of so much regional variation, and that is where I feel some hope. Because just as we know so well how little, you know, has happened in

terms of public health infrastructure across the country, but we have these regional sort of bright spots.

I was just wondering if you had any thoughts about that, because it's not just Kerala, it's not just Karnataka, it's not just – you know, of course a lot of the examples are from the South, and me being a quarter UP and three-fourth Bihari, you know my part of the world – but I also grew up in Rajasthan. So I'm seeing some very positive developments in Rajasthan as well as we know, in Delhi as well.

So what I wanted to ask you – probably it's not a question but more of a comment for us to maybe think about as we go forward – people working in these areas, policy areas, to think about; how do we get something out of those positive regional examples of where they have used very locally specific strategies that have allowed for a public buy-in, and political buy-in, to create the, you know, public health infrastructure? So if you had any thoughts on that.

Sharada Srinivasan

I'm going to collect the questions before I allow Madhu and Rupa to say something, so... Vishakh Saraf, would you like to ask your question? You will have to unmute yourself, yes.

Vishakh Saraf

Okay hi, so first of all, I would like to say that this session has been very enlightening. A lot of truth bombs have been revealed to all of us, and the biggest thing is that we have got a little bit of a reality check as to how the entire COVID-19 situation is unfolding in India.

So my question is related to a very big issue that has somehow conveniently been forgotten under the entire international issues that have been occurring on the Indian border, and the COVID numbers rising. It is about the migrant disaster that unfolded very recently with the millions of migrants going back to UP, Bihar, Orissa, and other places. So a question that comes to my mind is: well, will this situation ever go back to normal?

The kind of behaviour meted out on them by their employers, and the absolute empathy of the state, and the central government to their well-being. Will the migrants actually start going to the smaller tier one, tier two, tier three, cities now instead of the big cities? Firstly, and second, if there is any change in this entire balance of urban-rural migration, what kind of new pressures and challenges would that put on the health system of this country? So that was my question, thank you.

Sharada Srinivasan

There's a third question from the chat that I would like to bring to your attention, Madhu and Rupa, it is the need to, you know, have the distinction between universal health care and universal health coverage. So some of the comments Madhu, are should we have something akin to the national health services of the UK? Are we then talking about, you know, universal health- health for all, like the way basic income is being talked about?

So these are the three questions, and Madhu, Rupa, which one of you would like to go first?

Rupa Subramanya

I can jump in, I can go first. I'll address the first two questions which is, the first question was, you know, there are these regional variations, so you know, what can we do about those? What can we do about the regional variations? Well the answer to that is federalism. India is a federal republic, and health is a concurrent subject. So it's not just the centre that is in charge of health, it's also individual states who can set their own policies. And they can, like in Kerala, for example, that goes back to what we were saying earlier, which is why Kerala has a good, reasonably well-functioning public health care system relative to other Indian states.

What has happened unfortunately in the last few years, is that while the Prime Minister speaks about cooperative federalism, which is a very – you know, when he first mentioned it, everybody was thrilled at the idea – that, you know, this is the centre of giving the states some room to breathe, and do their own thing, and everybody cooperates with each other and, you'll have these amazing outcomes. Unfortunately, that hasn't been the case. The centre has demonstrated time and time again that it has- that it likes to centralize everything and as a result, you have the situation where basically there has to be a certification from the centre and everything.

And I won't get into the politics, but quickly mention that basically anything good that happens in India, the Prime Minister gets credit. And everything bad that happens, the states get the brunt of it. This is not a good situation to be in, so I think what we need to do is, we have to remind people that cooperative federalism is the way forward. And health especially, which is a concurrent subject, you allow states to set their own policies, and encourage them and be supportive, and maybe Kerala can be a template for other states. And there can be some learning between states, among states, so that's for the first question.

The second one was about the migrant workers, what's going to happen to them, where are they going to go now that they've left the big city? I, you know, based on anecdotal- all kinds of stories that have come out from journalists who have been tracking this for the last two months. They've been following these migrant workers and there's an immense amount of anger among the migrant workers. They feel that the state has failed them, they failed to get them to their homes, they fail to provide basic public services, and they just left them in the lurch essentially.

And these are some of India's poorest people, and they were just basically left to fend for themselves. Some of them have gone on record to say that they'll never go back to the cities, and this is going to be a serious issue for Indian cities that rely on migrant workers. Mumbai exists because of migrant workers. We're all migrant workers in Mumbai. I'm a kind of a migrant worker, but not like that, I'm a privileged migrant worker. So this is going to pose serious challenges as far as the economy is concerned, and of course you know, these poor

people have gone back to their villages where the public health infrastructure is essentially non-existent.

I mean if the cities are barely coping, just imagine what the situation is going to be in small towns and villages on a range of different indicators: the economy, it's basically a village economy, agriculture. But you have to ask yourself, why did these people leave these places in the first place? They left these places in the first place in search of better jobs, in search of, you know, better income to support themselves and their families. Now that is gone, so what's going to happen that in these towns- in these towns and villages? So I don't- I just don't see a lot of optimism as far as the future is concerned. Thank you.

Madhukar Pai

So to tackle the third question, which was about universal health care coverage, something like an NHS. If you really look back at the board committee report way back when, which I was asked to read when I was doing my public health residency training in Vellore, India, it was very thoughtfully constructed. In other words, India's blueprint for healthcare, with primary health centres, community health centres, district hospitals, medical colleges, and tertiary hospitals, was all very thoughtfully and meaningfully discussed and done.

Where, I think India failed, was execution. The blueprint was a very good one. By consistently underfunding public health, essentially, you know, successive Indian governments made sure people were pushed into private hands, right. I mean there is no trust.

An average Indian has very little confidence in the public health system, and even the poorest of people will choose to go to an informal provider knowing full well, that there is a free primary health care centre a few miles down the line. Why are people choosing to seek private care is a very important issue to discuss. People are not dumb, people are making conscious, deliberate decisions on where to go and where not to go, and they have been doing it for decades. Which screams to us that there is very little trust in the public health system.

So even if India spends more on public health, it will take a while i think for India to earn the trust of people, right. And so public sector is currently seen as poor health for poor people, right. That is a horrible message, that it's a place of last resort when you have no other option. That means no matter how much the public investment goes up, the trust factor is still a critical issue.

Let's take in TB for example. There is a national TB program, which on paper, is 100% covering all of India, on paper is supposed to give free TB diagnosis and treatment to all Indians, right. In practice, more than 50% of TB is managed in the private sector. Why? It's a question worth asking. Why is it that despite a free TB program, half of India's TB deliberately goes to the private health sector? Why hasn't the public system won them over? And why is there no trust in seeking free TB care even if it's available locally?

We all need to ask ourselves, is the public health system, even if it's better funded, will it be "human-centered", will it be "person-centered", will they feel comfortable going to such a centre? I mean none of us, I think if we had a choice, will go to a public hospital. Politicians don't go to public hospitals. For themselves, they all will seek the best private care that they can find.

And then somebody once told me — this is a very telling thing — that whenever she goes and meets a public health or a politician in a country, she'll say, "if you, or your daughter, or your relative had to deliver a baby, where would you like the delivery to happen?" And many of them will not say the public health system. That's a strong indicator that people have made up their mind that one sector is of poor quality and will remain poor quality, and therefore it's only for the poor. Until we change that, we will always end up with this very crazy, polarized, dichotomized health system and we will not make any meaningful progress.

Quality of care is something we haven't even spoken about, right. Even if the health expenditure goes up, and quality of care remains poor, we will not win people's trust.

Sharada Srinivasan

Thank you, Madhu and Rupa. So I'm going to read out a question from the chat: Are there successful examples of non-state, that is community-based, civil society NGO efforts to combat the COVID-19 health crisis? Another question I'm going to just read out from two different questions, I'm going to summarize two different questions: New Delhi seems to have invested quite a bit in setting up the other infrastructure, so they actually have an infrastructure that would allow for contact tracing, but yet they seem to have failed in doing that. Related to this is: isn't Delhi's health overload due to people outside Delhi coming into Delhi hospitals?

Madhukar Pai

So I think many community-based groups were clearly not allowed to do anything during the lockdowns, right. So it's only now, post-lockdown, that they're even starting to venture out to try and do something. At this point, I've not heard of any great examples, because in part, the lockdowns are just starting to lift and the caseload is just starting to go up. It'll be really important to know whether community-based organizations can play a critical role. Groups like Partners in Health, which works in many many countries, are really really banking on the community-based worker model, even to address the COVID crisis in America.

So I think that's an important group worth looking at, although community-based care will not help with hospitalization that the really sick COVID patients will require. So I still think it's actually really important. For example, could we get a non-COVID basic treatment done through community health workers? If TB medicines are not reaching people, can we make sure community health workers take it to the patients homes and give it to them?

In Delhi, you know, the Mohalla clinics were held up as an example or a model of an interesting healthcare thing. And I'm just not hearing much about Mohalla clinics and COVID to be honest,

I'm only hearing about big hospitals, and the crisis in Delhi to get a bed at any big hospital, public or private. I'm not sure what on earth has happened to these Mohalla clinics, even if they were there, they were meant to be primary care, right. Mohalla clinics were not for hospitalization or COVID care. I'll ask Rupa if she's aware of any progress on the Aam Aadmi Party efforts in Delhi.

Rupa Subramanya

Yeah so, during the lockdown you couldn't do anything, you couldn't even- you know, you were lucky if you could make it to a grocery store to stock up on some essentials. So there was very little anybody could really do, I mean I know of people who were trying to help migrant workers, provide them with food and water, while they were walking miles to get home; and they were beaten up by the cops, they were sent home. So there was a lot of chaos and mayhem during the initial, at least the first couple of months of the lockdown. So there was really nothing you could do now in terms of community help.

I have seen stories of, you know, the BJP's, the ruling party's ideological wing, which is the RSS. And many of their volunteers have been going into places like this, slum dwellings. They've gone into places like Dharavi and helped in their PPE suits and, you know, spoken to people, taking temperature readings, and just checking up on people to make sure that everybody is okay. There's been a lot of that kind of thing that's been happening, I don't know other groups have also managed to do that sort of thing.

Certainly in Mumbai this has been happening quite a bit, especially in places like Dharavi. And these are not medical professionals necessarily, I mean they're just taking a temperature, maybe just noting down who has COVID-19, and their neighbours, and how they might be potentially affected, and that kind of thing. But again, I don't really know of other groups.

And I don't know what the second question was on. I'm not sure what that was.

Sharada Srinivasan

Yeah so the question was, you know, the Aam Aadmi party did invest quite a bit on primary care expansion in Delhi, so how is that, you know, held up or worked with the current COVID situation?

Rupa Subramanya

Actually, I mean we're not even hearing anything about the Mohalla clinics, I haven't heard anything about them. I don't think- I think as Madhu said in his opening remarks, he made a very important point that for COVID-19- the go-to place for COVID-19 are public hospitals, not- Mohalla clinics should sort of count for that, but these are these big, big, public hospitals, well-known public hospitals where people are being treated for COVID-19. So I'm not sure at all what is happening in Delhi with respect to Mohalla clinics. So I'm sorry, I don't really know.

Madhukar Pai

Can we ask- there's a lot of news stories about, "could this pandemic force India to go into telemedicine, and electronic consultations, e-pharmacies", a whole bunch of digital approaches? And I can see that it's already happening. For example, many GPs and doctors are now doing WhatsApp consultations, providing you know, medical care to the extent they can over phones and whatnot. So I think in some ways it's forcing the whole world to go digital, right. Not just India. All of us are now into webinars, and you know, avoiding in-person meetings and conversations, and whatnot.

But I also would argue here, I think digital health system or the e-health system will work best when it's building off of a decent health care system to begin with. In other words, I don't think digital health can leapfrog India's abysmally poor public health infrastructure. I mean look at the Wi-Fi connectivity or internet availability in rural areas. How many people have smartphones? Will the most vulnerable people benefit from e-health? I'm not confident.

I think the rich and the middle class will find a way to use WhatsApp and Zoom, and whatnot, to get at least something out of the system. So I don't think it'll be good to say, somehow India will leapfrog over all of the weaknesses that we've discussed for an hour and a half by just doing digital help or telehealth. I'm not against telehealth, but I think the messaging that I'm seeing now, that somehow telehealth will solve everything, is also, I think, a dangerous message to give.

Sharada Srinivasan

Thank you, Madhu. Thank you, Rupa. And thanks to our audience. I think we took pretty much as many questions as they were coming up. We will post the recording of this session, as well as the questions that there were, that were in the chat in a bit, and you will receive a link very soon.

We have planned other webinars around the migration crisis, the food security crisis, and the looming large economic crisis. So we'll keep you posted about it. Our next webinar is on July 8th, same time: 11 a.m., Canada and US eastern. It is "Viral Practices, Viral times: Jugaad as Logistics," particularly in the context of COVID. We have speakers from India and the UK, and you can begin registration for the session later this afternoon.

Thank you very much to everybody, and I hope you stay well. Thank you, bye.

Madhukar Pai

Thanks, Sharada. Thanks, Rupa. Thanks everyone, thank you.

[End of transcript]