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Equity in healthcare services during the time of COVID-19 in India

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Abstract

Background: The paper highlights the challenges in providing healthcare services on equitable grounds keeping the priority as per the requirements. **Method:** The literature search was carried out using databases such as PubMed, Scopus and Google Scholar for the government reports. The language of included articles was restricted to English only. **Result:** Health equity plays a major role in mitigating the impact and consequences of the Coronavirus disease of 2019 (COVID-19). There is a difference and asymmetry in the healthcare delivery system of India as the healthcare system comes under the state government. Hence, there is a difference in the performances when compared to the states of India. **Conclusion:** Thus, 'health for all' is necessary irrespective of socially disadvantaged vulnerable groups, economically challenged, and systemically diseased individuals.

Keywords: COVID-19; delivery of healthcare; health equity; India; state government; vulnerable population

COVID-19 initially hit all the developed countries like the United States, Spain, Italy, France, Germany, the United Kingdom, and others. ¹ Thereby, giving chance for India to be prepared and learn lessons by the mistakes committed by those countries. Then the unprecedented increase in the number of COVID-19 cases started rising in India, which called out for the making of new public health policy to meet the demands of the healthcare resources by the vastly diverse population. ² The impacts of this pandemic are terrible in the country, precisely the lockdown measure implemented by the government of India, which was purely for the benefit of the people. Lockdown strategy had multi-components attached to it among the privileged and the non-privileged groups of people in India. An increase in the number of unemployed people and migrant labourers walking back to their homes in the villages

because of sudden shutting of employment options, and the weak economy adding to the shortage of healthcare resources, all these factors accelerated the chances of spread of the infection. ² Nonetheless, to battle against the COVID-19 pandemic, India despite everything needs to guarantee community-level testing, contact tracing, and providing healthcare services to all which require an extreme up-gradation in the current off-balanced model of healthcare delivery systems across the states.

Availability of healthcare resources: The major challenge faced by India is the shortage of healthcare resources and the unparalleled demands for healthcare services. According to the Indian Council of Medical Research (ICMR), India has 70,000 ICU beds and even lesser ventilators. If around 33% or 25,000 of the accessible ICU beds were distributed for COVID-19 cases alone, it would bring about negative gradually expanding influences among those with different genuine illnesses requiring ICU care. ³ There is a variation in the healthcare system among the states of India which is the major reason for the cause of health inequity as it comes under the state government. As per the current situation, the number of cases is increasing

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per day, the requirements of the health facilities will be doubling in the future and our health systems will be overburdened.

Accessibility to healthcare facilities: Provisions of the health facilities accessible to people is another matter of concern. As it is evident 60% of India's population resides in the rural parts of the country, utilization of the health facilities becomes difficult. The urban healthcare centres are more prepared with the types of equipment and resources than the lower funded public health care centres of rural areas.⁴ Besides, on considering social protection, healthcare for the elderly becomes challenging, as they are the vulnerable group with pre-existing non-communicable diseases such as hypertension, diabetes, low immunity, and physical strength for accessing the health facilities.^{1,5}

Affordability of healthcare services: The majority of the healthcare facilities are owned by the private sector in India. However, health services for COVID-19 are supported by the public sector to ensure services are rendered on an equitable basis as per the needs, not only for the privileged category.⁴ Even though all contaminations will in general influence the poor more than the well off, the spread of the new COVID-19 appears to be progressively impartial. The measures the administration has taken will secure the privileged in the country while expanding the odds of contamination among underprivileged people.⁶ Likewise, the redirection of all administration clinical consideration assets to the infection have cut off what little access the poor had to the treatment for the ordinary sicknesses.⁵ This has led to the clear urban and rural divide across the nation.

Accountability of COVID-19 scenarios in the nation: On 25th April 2020, the Government of India (GOI) has assigned 235 public and 84 private laboratories in the nation for testing COVID-19. However, many of these testing laboratories are situated in the bigger districts and urban cities.⁷ Since those were the early days of the pandemic in India and the disease was predominantly restricted to big cities, rural areas were relatively spared. Nevertheless, the cleanliness and social

separating norms are inconceivable for them only if the legislature gives them benefits, which were less likely possible. Lockdown has converted into fixing off the poor into thickly stuffed ghettos. It is an obvious fact that trained health professionals and health resources for basic consideration in India are minuscule to such an extent, that we have no significant capacity to treat if huge numbers become infected.⁵

The GOI under the flagship of the Ministry of Health and Family Welfare National Health Authority introduced a health insurance scheme called as Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) or Ayushman Bharat PM-JAY for the poor;⁸ the responsibility of financial support for the COVID-19 treatment and testing for the poor population. However, there are certain concerns and challenges to its effectiveness on the implementation of the program.⁹ Therefore, preventive measures such as wearing a mouth mask, limiting social interaction, and washing hands are the best steps to prevent the spread of the COVID-19 at the individual level.

The coming weeks for India will be very crucial to flatten the curve or to deal with the war-like situation in the country. The emergency reaction additionally gives the chance for the central as well as state government to modify the health framework through prominent financing, coordination among the multi-disciplinary specialists, encouraging public-private partnership, and break the in-fabricated asymmetry in the healthcare delivery system of the country.

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