



Widening roads and promoting the auto industry will not solve traffic hassles; but investing in reliable public transport will. Private schools won't deliver a good education to all except if the public schools get a boost in infrastructure and better teaching methods. Clanging pots and pans won't make a deadly pandemic go away; but having an efficient public healthcare system will, or at least mitigate dire circumstances.

The corona virus pandemic has brought the importance of an efficient public healthcare situation to the fore. India's healthcare system is bad—by one estimate about 63 million people in India face impoverishment every year due to their inability to confront medical emergencies. Indians pay as high as 70% out-of-pocket for healthcare in the absence of proper health insurance and bureaucratic blocks in accessing government healthcare schemes. The *Indian Journal of Community Medicine*, the official journal of the Indian Association of Preventive and Social Medicine recently published an article identifying five challenges in promoting efficient healthcare: a lack of awareness of health issues and access to healthcare, a dearth of healthcare professionals, high cost of medical treatment, and a lack of accountability in the public healthcare system.

In India, rather than public health services, it is private hospitals that provide healthcare care at a high price. For most Indians, healthcare is either unaffordable or it leads to impoverishment if they somehow manage to pay their medical bills. A 2005 article in the *British Medical Journal* estimates that the private sector receives about 82% percent of outpatient visits, and 58% of inpatient expenditure of the total patient care in India. The same article mentions that less than 1% of the GDP was spent on public health in 2005. Private health sector grows at the expense of the public one, and successive governments in India have shown an unwillingness to promote public healthcare.

There are exceptions to the high medical in the form of the hospitals and clinics run by minority religious charities. While private, these minority charity institutions offer low-cost quality treatment. Recently, the Shiromani Gurudwara Parbandhak Committee and the Christian Coalition for Health offered their hospitals to treat the corona affected patients. The Christian Coalition of Health has at its disposal over 1000 hospitals and over 60,000 inpatient beds. But clearly the Indian government needs to do a lot more.

Perhaps it is clear by now—if not, it should be—that India urgently needs to completely overhaul its healthcare system. The reason is simple: the existing healthcare system is unaffordable, leads to impoverishment, and is totally ill-equipped to deal with a health crisis. The emphasis on *public* cannot be overstated. In times of crisis it is not the private institutions but the public ones that make a difference between life and death for the

thousands or millions.



In contrast to most parts of the country, Kerala's response to the corona crisis is a lesson in good governance and the utility of publicly-funded essential services. In addition to pumping 20,000 crores into the economy, the government in Kerala ensured that essential medical and food supplies were not affected. Through regular press conferences and efficient communication by other means the government and civil society made sure that panic and disinformation did not spread. Kerala was able to mount a quick and efficient response to the corona crisis because the state has a long history of investing in public health. From 1960 to 2004, the Primary Health Centers and the number of doctors increased from 369 to 1356 and 1200 to 36,000 respectively. The state also boasts of the highest ratio of bed to population in the country.

The already bad healthcare system made worse by a pandemic speaks to the attitude of the privileged citizenry toward public institutions and infrastructure. This attitude of disdain and apathy toward public institutions is India's old problem with social divisions; the poor and subaltern castes bear the brunt of the system. The ill-effects of the disdain for public facilities manifests in the development policies of successive Indian governments, cheered on by the middle classes.

The Indian middle class applauds stock market bull runs and multi-crore investments in infrastructure and defense projects, or development, but they are often silent on the shockingly low spending on healthcare. The result of such misplaced priorities and apathy by the middle class, who corner so much of resources and political power, will feed into the crisis of the corona pandemic.

The medical fraternity now has to push for greater share of public funded healthcare. The reports of understaffed and understocked hospitals, particularly the lack of supplies of such basics like masks and hazmat suits, should give medical professionals a pause. They must ask themselves what has happened to their profession and whether starkly unequal access to healthcare is the best for the future of the profession. Doctors as professionals have a moral responsibility and they cannot shirk it.

The extraordinary situation of the corona pandemic forces us to think of better public systems and infrastructure. The lessons learnt (or those that we will learn in the next few weeks) must be transferred into other sectors of our social and political lives. We need accountable public systems that will not only efficiently deliver services in times of peace but withstand shocks in times of crisis. It is time to demand from our elected representative offer more than personal favors. Once the crisis is over and we will begin to pick up our lives, we must demand better schools, roads, safe and unadulterated food, regular and efficient supply

of water and electricity. These facilities are the basic to sustaining life, and we cannot fail ourselves with the basics again.

The Importance of Public Systems

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