Responding to COVID19 by Strengthening the Health Infrastructure and Systems in Low Resource Setting

WEBINAR | 11TH APRIL 2020
Webinar hosted in Partnership with:

Over 350 Participants from:

- Staff from Primary and Tertiary Health Centres
- Indian Institute of Public Health
- All India Medical Institute
- Members of Catholic Health Association of India
- Private NGOs operating Hospitals, Health Centres and Clinics across the country - for eg: Ashwini Hospital, Bakdil, Deepak Foundation etc
- Think tanks and Policy Institutes like WRI, George Institute for Global Health, MIT Boston etc
- Innovators and Social Enterprises delivering last mile technology and energy services
Responding to COVID19 by Strengthening the Health Infrastructure and Systems in Low Resource Setting

Background

Past few months of 2020 and the following few will go down in history books as defining moments when humanity was brought down to its knees despite its technological advances in numerous sectors including health. In the last few decades, multiple health crisis were more focused towards poorer countries for example, ebola, yellow fever or malaria. The attention was mostly on lack of financial resources and human capacity. COVID has cut across country boundaries and all types of financial classes of human society. Countries like the United States and Italy are unable to cope up with the barrage of patients and the health systems are creaking. As of today, many of the poorer countries have not yet faced the brunt of COVID-19, the results of which can only be left to one’s imagination.

We believe that the time has come for humanity to come together and make health services accessible and universal. Processes, technology and delivery models should be innovated and implemented for resource poor areas where most of the humanity resides. These innovations then can move upwards to richer populations and thus making health services more inclusive.

The webinar on 11th April, co-hosted by SELCO Foundation, Public Health Foundation of India (PHFI), Health Care Without Harm (HCWH), Centre for Chronic Disease Control (CCDC) and Shakti Foundation, brought together experts and institutions from the health sector- most of the them on the frontlines of the COVID-19 crisis. The aim was to discuss successes and failures till date in the COVID-19 recovery path and give insights into how the present crisis can be used as an opportunity for health sector to work towards creating a resilient a sustainable infrastructure. Solutions discussed need to be dissected further to provide a pathway to meet the current needs and to prevent future pandemics like COVID-19 from destroying lives and livelihoods.
## Agenda

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<th>Time</th>
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<td>15.00 - 15.05</td>
<td>Welcome</td>
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<td>15.05 - 16.00</td>
<td>Key Insights: Successes and Learnings till date on the COVID 19 Recovery Path</td>
<td>Panelists:&lt;br&gt;Dr. K. Srinath Reddy (President, Public Health Foundation of India)&lt;br&gt;Dr. Prabhakaran D. (Director, Centre for Chronic Disease Control)&lt;br&gt;Dr. Alexander Thomas (Association of Healthcare Providers of India)</td>
<td>Dr. Harish Hande (CEO, SELCO Foundation)</td>
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<td>16.00 - 17.00</td>
<td>Voices from the field: Gaps and Solutions in Health Infrastructure for the last mile to Combat COVID19</td>
<td>Panelists:&lt;br&gt;Dr. Ravikant Singh (Founder, Doctors for You)&lt;br&gt;Dr. H. Sudarshan (Founder, Karuna Trust)&lt;br&gt;Dinesh Songara (State Program and Technical Head, WISH Foundation)&lt;br&gt;Rev Dr. Mathew Abraham (Director General, Catholic Health Association of India)&lt;br&gt;Huda Jaffer (Director SELCO Foundation)</td>
<td>Rachita Misra (Associate Director, Knowledge and Advocacy, SELCO Foundation)</td>
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<td>17.00 - 17.50</td>
<td>Voices from the government: Gaps and Solutions in Health Infrastructure for the last mile to Combat COVID19</td>
<td>Panelists:&lt;br&gt;Shri Sampath Kumar (IAS) (Commissioner and Secretary, Health and Family Welfare Department, Government of Meghalaya)&lt;br&gt;Dr. Rakhal Gaitonde (Professor of Public Health, Achutha Menon Centre, Trivandrum)&lt;br&gt;Dr. V. Ravi (HoD Virology, NIMHANS and COVID-19 Task Force Karnataka Government)&lt;br&gt;Sanjeev Jain (Chief Engineer, Chhattisgarh Renewable Energy Development Agency)&lt;br&gt;Dr. Ajitkumar Sudke (Senior Vice President, Clinical Domain, Piramal Swasthya)</td>
<td>Huda Jaffer (Director, SELCO Foundation)</td>
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<td>17.50 - 18.00</td>
<td>Summarising and Closing</td>
<td>Shweta Narayan (Coordinator, Healthy Energy Initiative and Representative of Health Care Without Harm)</td>
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The panelists in the session recognised that great inequality exists in the healthcare system between states and districts in both urban and rural areas of the country. There was further agreements that the COVID19 Crisis had further brought out cracks in the health system- particularly bringing focus to the last mile health workers and the need to bring about technological and systems innovations to strengthen the primary and tertiary care facilities.

Dr. Srinivasan also recognised that the lockdown was primarily important due to the gaps in infrastructure currently- it was identified as an important measure to ease the pressure off from the hospitals. But while the current measures being taken provide time to improve the health infrastructure for preparedness- it needs to be ensured that this is the opportunity to strengthen rural infrastructure and health economics in the villages. We should correct haphazard growth. An alternate development paradigm should be developed- Urban has become the focal point and rural infrastructure is always neglected.”

“Dr. K. Srinath Reddy
President
Public Health Foundation of India
ramping up efforts are done in an efficient and sustainable manner, depending on the need in the particular geography.

Dr. Prabhakaran D pointed that we shouldn’t look at health care from a low resource perspective, but should make health infrastructure more efficient since currently there is a state of uneven resource capture between urban and rural. Dr. Prabhakaran, along with Dr. Nandakumar also agreed that there is a need to look at basic technologies and innovation which can strengthen our primary and tertiary health care- realising that currently there is a skewed focus towards specialised technologies for urban settings.

Dr. Nandakumar Menon, Founder Member and Director of Ashwini expressed that inexpensive and efficient diagnostic kits would be very effective. Efficient X-ray and scanning machines are also critical for the hospitals for diagnosis. There is a need to push for innovations in diagnostic appliances for low resource settings- which can improve primary and tertiary care in providing accurate treatment and care, as well as take the load from the district level hospitals.

Dr. Srinivas and Dr. Prabhakaran further pointed out to the participants that the COVID-19 Crisis should be looked at as a long term crisis and systems need to be strengthened accordingly. They recognised of cases at the ground level where regular medical facilities had been converted to COVID-19 response facilities, resulting in inaccessibility to Medical Facilities for patients suffering from other health issues. We need to protect and make the healthcare services available to them and also cannot neglect other health problems.

“The need of the hour is to increase diagnostic facilities in secondary and tertiary health care units- this is critical to bridge gaps, make health care more affordable and manage it efficiently in low resource settings.”

Dr. Nandakumar Menon (Guest Speaker)
Founder Member and Director
ASHWINI and Gudalur Adivasi Hospital
The panel was composed of speakers operating hospitals in urban/peri-urban areas, to managing primary or tertiary health centres in more resource constraint areas across the country. The panelists specifically shared their learnings in capacity building of their staff as well as their health centres- measures taken to ensure that routine public health and the medical care measures do not take a back seat. This was specifically while realising (similar to the previous panel) that COVID-19 would require a long term mitigation and resilience building effort. It would require preparation of organisations and health care stuff in multiple different ways.

Dr. Mathew, Dr. Dinesh and Dr. Sudarshan were specifically able to share their experience of working across the states, supporting multiple health centres and hospitals in building their capacity for COVID-19 Response.

“The first cardinal rule when operating in a disaster scenario is to always prepare for the worst. Through our experience, we have also learnt that in disaster scenarios the role of the Nurses is paramount- we dont have adequate doctors for the situation.”

Dr. Ravikant Singh
Founder
Doctors for You

Dr. Ravikant Singh
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Doctors for You
“Developing technologies for last mile health workers like ASHA workers and ANMs have come in most handy now such as NCD kits, screenings apps, electronic medical records etc. A good energy infrastructure also allows us to keep in constant contact with our health staff across our health centres, boosting their morale during these times.”

Dr. H. Sudarshan
Founder
Karuna Trust

• Balancing COVID19 Response and Other Public Health Needs:
  • Dr. Ravikant Singh pointed out that the pregnant women and young children are highly vulnerable to COVID19 as well as other health related risks. He pointed out that there are 80,000 deliveries in India every day and many of them are bound to face medical complications. There is a need to ensure that health infrastructure is being planned parallel and not one over the cost of the other
  • The practitioners also pointed out that routine immunization has taken a back seat, which will definitely result in a long term setback
  • Huda Jaffer from SELCO Foundation pointed towards some of the solutions and guidelines which have been developed to address infrastructure gaps by 1) upgrading existing public buildings for isolation wards and 2) renovations for quick hospital extensions- ensuring that regular medical demands are being met in addition to COVID-19 specific response. She also pointed out how before such infrastructure planning is done, the local need is mapped- ie does the infrastructure gap lie in isolation for asymptomatic or symptomatic patients; or is it primarily for therapeutic units.
  • In addition to health centres, infrastructure gap at border check posts and screening centres were also pointed out.

• Supporting Frontline Workers
  • Dr. Sudarshan and Dr. Dinesh shared the role of ASHA workers and ANMs in conducting door to door surveys, identifying any persons showing symptoms, raising awareness and counselling migrant workers and their families, as well as referring people to hospitals for further investigations and treatments.
  • Dr. Dinesh further shared experience of WISH Foundation where telemedicine is being used to manage COVID-19. GNMs are involved in this process which helps to trace symptomatic persons easily and doctors consultation has been made possible through tele-medicine even in remotest of Public Health Centres
  • WISH Foundation and Piramal Swasthya also shared their experiences of using the teleconferencing infrastructure to provide training and orientation to the health staff on COVID-19 protocols.
“Planning for COVID-19 response while not compromising on regular (health) care is important. Meghalaya has a high Maternal Mortality Rate- we cannot compromise the essential medical services for this epidemic.”

Shri Sampath Kumar (IAS)
Commissioner and Secretary
Health and Family Welfare Department, Government of Meghalaya

The panelists were quick to point towards a need for holistic measures and a granular level of planning, which can be only achieved by empowering local decentralised systems. All the panelists shared their experiences on how data and a nuanced understanding from mapping of infrastructure and human resources is a critical step towards developing a strategy to understand and break the transmission chain.

The panelists also shared the importance of having a systematic approach to planning health care system as a whole, and not just COVID-19 in isolation. Dr. Rakhal specifically voiced the need to map semi urgent diseases (HIV/TB/Diabetes) against the ones for which response cannot be delayed; and use this to allocate resources and infrastructure- from hospital based care, home base care, telemedicines
Post COVID-19, strengthening a decentralised approach would be critical. We have seen its benefits in Kerala. But also realise that decentralised systems don’t develop overnight. They need decades of investment and vision. We have also seen much required inter-departmental convergence during this time- and hope that will continue post COVID-19.”

Dr. Rakhal Gaitonde
Professor of Public Health
Achutha Menon Centre, Trivandrum

Planning for COVID-19 Response: Developing a more Granular Approach

• The panelists brought out a need to have a clear understanding of the epidemic stage and develop a response strategy based on facts from the field. Dr. Rakhal shared how in states such as Odisha and Bihar which is seeing a return of a lot of migrant population - quarantining should be first priority. Whereas, in districts which have been recognised as high epidemic clusters, infrastructure for testing, isolation and critical care needs to be ramped up.
• Mr. Sampath Kumar shared how the state of Meghalaya has been using this time to prepare protocols for different scenarios by developing an expert committee that lays out the action plan for the complete trajectory of COVID19- ie kind of measures to be taken when first case is identified, to when 100 cases have been detected. This planning has also helped them understanding their requirement for isolation wards, ICU ventilators at different critical stages

Convergence of Programs and Government Departments: A Systems Approach

• Dr. Rakhal Gaitonde, an expert appointed in the Kerala Task Force by the Central Government also shared how Kerala has been able to respond to COVID19 more proactively due to decades of investment in decentralised systems. In Kerala, the Panchayat has taken a proactive approach in detailed local level planning for infrastructure and human resource tracking. The Panchayat has taken the complete responsibility in contact tracing/ counselling - lessening the burden on health system. Healthcare providers are able to focus on medical care and are not over burdened.
• The panelists also advocated for a holistic approach where backward and forward linkages are taken into account while planning at a state level. For example, District level hospitals can be upgraded with Critical Care Units but we need to question the medical staff and supply chain for oxygen cylinders. Infrastructure needs to be looked with a system’s lens.
Recording of the Webinar Session
Write to us with COVID19 related queries at covid19@selcofoundation.org