



PeA health worker checks vitals of a coronavirus patient inside the Commonwealth Games Village Covid Care Centre, in New Delhi, India, on Sunday. Photo: Sanjeev Verma/Hindustan Times via Getty Images

COUNTRY PROFILE: INDIA

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STATISTICS

Up to date statistics regarding the Coronavirus pandemic in India, including population size and date of first recorded case, can be found in Figure 1.

As of September 7th, India was named the second worst hit country in the world, trailing behind the United States in case load.

Population: 1.353 billion.

First recorded case of coronavirus:
January 30th.

Total cases: 5.4 M

Deaths: 84,372

Figure 1. India Statistics

COUNTRY BACKGROUND

POLITICAL STRUCTURE

The Government of India (GOI) governs 29 states comprising 7 union territories. This has made for a different method in the efforts to tackle coronavirus as each state government has implemented differing approaches and responses to the COVID-19 pandemic.

With the authority to exercise powers throughout the entire nation, the Prime Minister ordered a national lockdown on March 23rd with very little warning for the public to prepare. The decision left millions of migrant workers unable to return home, leaving them without work or government support. The Epidemic Disease Act (EDA), established in 1897, gives the central GOI power to order the detention of any person leaving or entering the country when restrictions are in place, which was applied to individuals during the pandemic response travel ban. The EDA allocates authority to state governments to “prescribe such temporary regulations to be observed by the public or by any person or class of persons as it shall deem necessary to prevent the outbreak of such disease”. The effectiveness of this act and its implementation by national and local governments is arguable.

Currently, India is receiving criticism for restrictions which are continuing to be relaxed by the government despite the increase in daily case recordings and reports of the virus spreading to villages and smaller cities. The easing of restrictions is due to economic strains on the country. The rapid shutdown of the country led to unemployment and a hard-hit national economy. Rajesh Bhusan, one of India’s top officials in the Federal Health Ministry recently stated that, “While lives are important, livelihoods are equally important,” in reference to the allowance of easing restrictions and reopening of businesses.

HEALTHCARE SYSTEM

India has almost double the number of private hospitals than public ones, despite only 19.1% of the urban population and 14.1% of the rural population having health insurance to cover their expenses for private healthcare. With coronavirus severely affecting the respiratory system, problems have arisen as the majority of the country’s ventilators are concentrated within private hospitals in 7 of the 29 Indian states (Thiagarajan, 2020).

The GOI has one of the lowest percentages of GDP (1.5%) of public health expenditure in the world (Chetterje, 2020). Prolonged lack of investment in India’s public healthcare systems has created added strain to

the pandemic response as private hospitals are advised, not required, to reduce fees to make healthcare more accessible. Many have had no choice but to use the private healthcare sector despite the additional cost the public healthcare system has limited capacity and an excess of patients.

State governments have tackled the inaccessibility of healthcare with varying statements and impact. The majority of states have issued rate caps on private hospitals treatment charges, and several have offered subsidies to patients on hospital beds, though these measures have been difficult to monitor and enforce. West Bengal requested private hospitals to be free for treatment of Covid-19 cases; however, this proved difficult to enact as many of corporate hospitals refused to comply. Maharashtra has included double the number of private hospitals for which access is covered by the integrated state health insurance scheme and extended its coverage to those with a low income.

role in the delivery of the health sectors planning and response. India's response plan, as outlined in the COVID-19 Containment Plan, included emergency response and health system capacity building initiatives. The World Bank, WHO, and Asian Infrastructure Investment Bank, among other partners, have collaborated to support the GOI to develop and implement an effective and structured COVID-19 containment strategy.

The pandemic response projects have been managed by three sectors within the MoHFW: The National Health Mission (a GOI sponsored scheme aimed to achieve universal access and quality of health services), the National Centre for Disease Control (attached to MoHFW leading investigation of disease outbreaks), and the Indian Council of Medical Research (autonomous society within Department of Health Research co-ordinating biomedical research), as seen in figure 2.

HANDLING OF CORONAVIRUS

PANDEMIC RESPONSE TEAM

National coordination and response task forces were established by the GOI, in collaboration with international organisations and state governments. The Ministry of Health and Family Welfare (MoHFW) has taken a central

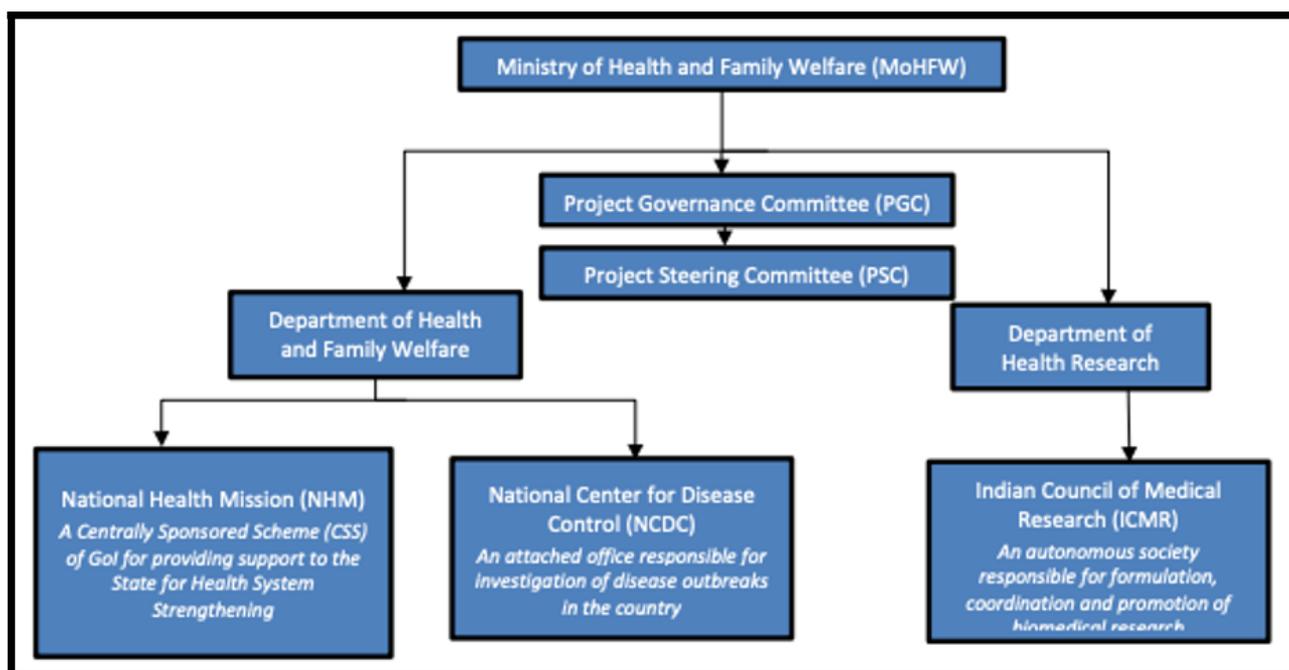


Figure 2. Structure of MoHFW

To promote implementation of the pandemic response both state and central levels of GOI structures worked collaboratively to promote private sector engagement to increase healthcare, laboratory and surveillance capacity. The GOI also partnered with many NGOs to support the reach of the response.

COVID IN SOCIETY

THE MEDIA, POLITICIANS, AND COVID

The Indian media have been criticised for Islamophobic remarks relating to the pandemic. Muslims have been blamed for the spread of the virus, and hashtags such as #CoronaJihad have been seen on TV screens.

Additionally, coverage that is critical

of the government's handling of the pandemic is being covered up. In July, 50 journalists were arrested over their criticism of the government. In Jammu and Kashmir, coronavirus reporters have even been physically assaulted for their criticising remarks.

COVID AND INEQUALITIES

The coronavirus crisis has exposed inequalities already embedded in the Indian healthcare system and further reflects inequalities in wealth (figure 3) as 10% of the richest Indian civilians own 77.4% of the wealth in India. Access to healthcare in India, especially for rural populations, is already limited and the additional monetary barriers in public v private hospitals perpetuates this. The coronavirus pandemic has worsened existing inequalities in healthcare. Waiting times for government hospitals have increased,

with reports that people are bribing their way to the front of the queue.

Gender inequalities have also been worsened by the pandemic due to the disruption of women's self-help groups, reductions in income and access to healthcare. Reports of child marriage and trafficking have also increased, as parents marry daughters off to ensure their economic safety.

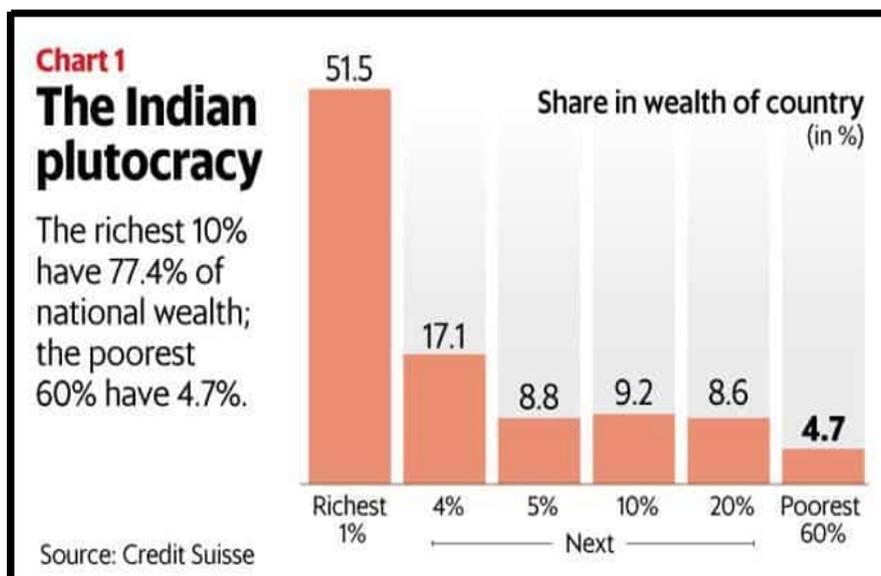


Figure 3. India Wealth Distribution

Additionally, with the closure of schools due to the pandemic, many young girls face uncertainty about their futures and are not encouraged to study – in poor communities this especially increases rates of child marriage.

ADDITIONAL INFORMATION

The extent of the outbreak in India might in fact be underestimated due to its limited testing capacity. Additionally, doctors in India have complained about their working conditions, citing unsafe environments and lack of necessary equipment and PPE. More doctors have died in India than in any other country in the world as a result of coronavirus. The fight against COVID in India has not yet abated, and as the largest democracy in the world, it still has a long way to go with its fight against COVID-19.

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