Expert Speak

IN CONVERSATION WITH NEERAJ JAIN COUNTRY DIRECTOR INDIA, PATH & FOUNDER MEMBER, ISC

1. How well do you think has India handled this global pandemic?

COVID-19 has demonstrated the speed at which our country has mobilized to fight the disease. Even without time for comprehensive preparations, our health systems have been able to rapidly respond to the outbreak, following basic pandemic good practices like index case isolation, speedy contact tracing, and vulnerability mapping. There have also been several challenges encountered along the way and there is always room for improvement, especially in timely sourcing of needed equipment from in country sources.

2. What is your assessment of India's public health system?

Considering the continuous disease burden that our health systems have been grappling with over the years, COVID-19 outbreak has further stretched the public health facilities across the country. There is an urgent need to invest in public health, especially Primary Health Care to strengthen our health systems for rapid response while ensuring long term preparedness. Among large developing nations, India still spends the least on public health as a percentage of its GDP. The COVID outbreak has also highlighted that investing in robust, well equipped, and well-resourced public health systems makes long term economic sense as well.

Figure 1: C-CIDA helps ensure COVID-19 innovations can reach the communities most-in-need

3. What according to you are priority areas of work to make our health systems more robust?

It is increasingly obvious that measuring health system capacity should be a priority. Since our goal is to ensure public health capacity matches patient need, we need to measure things like hospital preparedness, epidemic and surveillance preparedness, ICU admissions and most importantly the need for oxygen and other emergency supplies. Apart from the basics we must adopt measures to

- Rapidly disseminate *low-cost, scalable interventions* to mitigate the spread of infectious diseases in health care facilities and community settings.
- Rapidly implement proven *digital tools and systems* that would provide real-time disease surveillance, connecting labs and diagnostics with health care workers and outbreak responders
- Set up *monitoring and testing* within communities to detect and respond to outbreaks like COVID-19 more rapidly.
- Provide equipment and procurement to stand up stronger laboratory and *diagnostic capabilities* in low-resource settings.

4. How critical a role will technology play in future to combat a health crisis of this nature?

Technology is our best bet to bend the curve in times of any health crisis. Government and private industry across the globe are investing substantial sums to spur the development of new diagnostics that can quickly detect COVID-19. But developing new tools takes time and risks failure. An alternate approach is to repurpose already available innovations. This tactic can significantly reduce the lead time for deployment—especially important during today's fast-moving crisis

5. What according to you are some of the lessons learnt from Indian states that have fared well during this crisis?

The Indian state of Kerala is celebrated for its efficient response to COVID-19. Built on decades of investment in rural health, education, decentralized administrative systems, and a huge network of women's groups, Kerala has created a health care model that prioritizes empathy and responsiveness. This strong social and administrative fabric has made Kerala a prime example of how other states and countries could respond to the pandemic.

INDIA SANITATION COALITION

Figure 2: PATH supports data management in the COVID-19 State Control Room in Bihar, India. Photo PATH

6. With the outbreak of COVID have organisational priorities for PATH changed? What will your focus areas of work be?

As COVID-19 spreads around the world, we are working to lessen its impact. Our experts are partnering with governments to establish emergency operating centers, to advise on testing, treating, and managing the outbreak, and to stand up digital and data systems that support real-time disease surveillance. In India, we are supporting our government partners at the state level, providing data management, developing and distributing educational materials, and sourcing essential health commodities. We're also helping digitize data entries and compiling daily capacity reports for hospitals; engaging private doctors to augment hospital capacity; supporting a COVID-19 modeling study in Kerala; and partnering with private industry and innovators to develop data analytics, logistical solutions, and rapid diagnostics.

7. How is the donor or funding universe reacting to this unprecedented pandemic?

Our donors have been highly supportive. They have quickly agreed to our various project teams pivoting to provide the support needed at short notice by public health systems in different states of India. Many donors have also opened new funding opportunities to support the deployment of COVID specific mitigation measures and innovations.
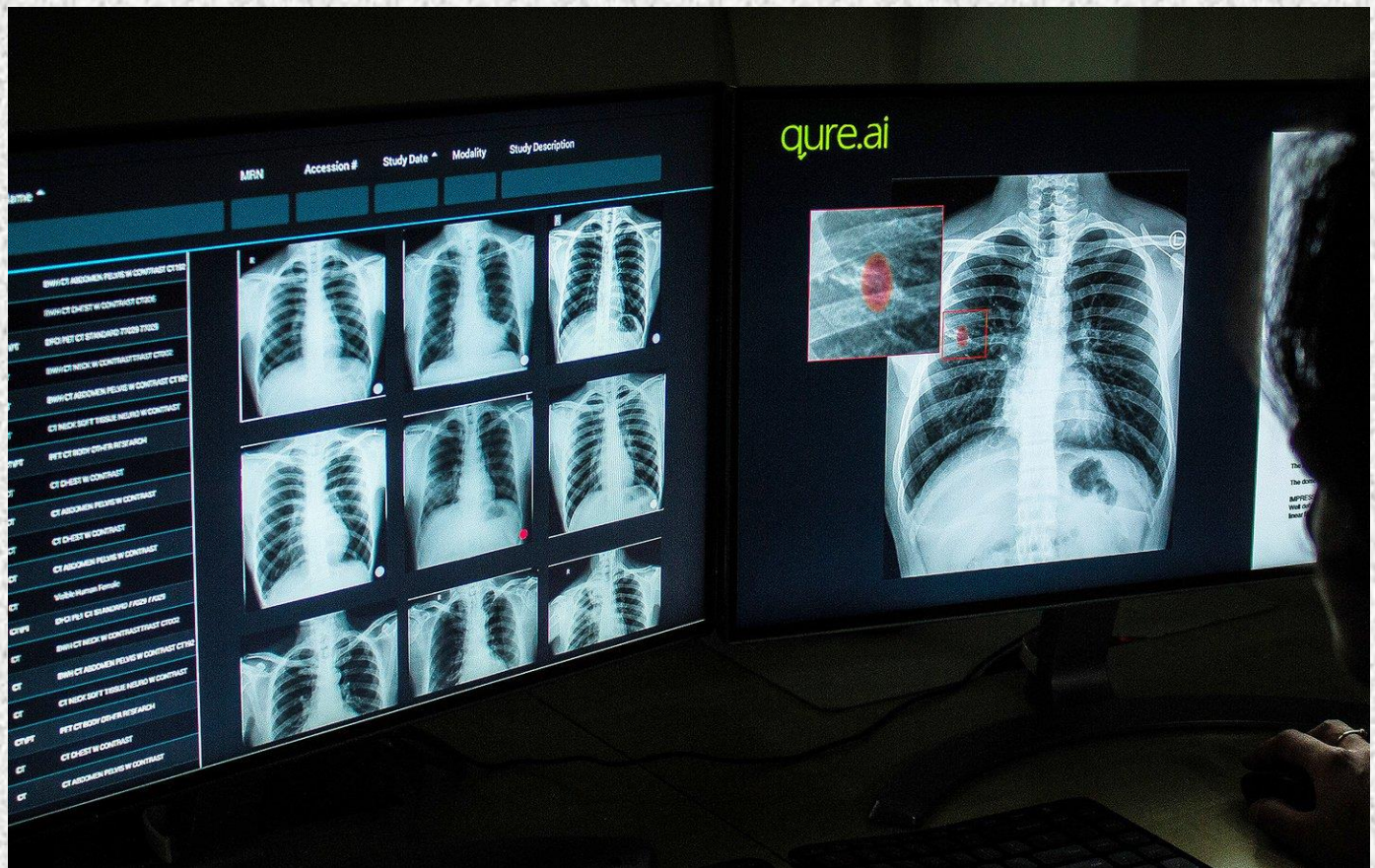
INDIA
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Figure 3: PATH partner Qure.ai has retooled their software, initially created to detect TB, to detect instead the lung characteristics indicative of COVID-19. Photo: Qure.ai.

8. Do you have any recommendations for India to keep the disease at bay and return to normalcy?

The disease is expected to live with us for a while until a vaccine can be developed and deployed. Until then, we need to continue to strongly encourage our fellow citizens, at homes and in workplaces, to adopt all necessary hygiene precautions to reduce the spread of the disease. Handwashing regularly and good hygiene habits are a natural substitute for a vaccine.

COVID-19 is also forcing new ways of thinking about how health care is delivered. If we take these learnings forward, we may be able to make up for the pandemic's setbacks. The aim should now be on how to translate COVID-19 response efforts into lasting improvements for the country's public health systems. Our work on response planning and governance should create tools and strategies that can be applied for timely control of future outbreaks.

COVID 19 has given us an opportunity to use this as an inflection point to ramp up more equitable and quality Health Care delivery in India!