

## A Strengths, Weaknesses, Opportunities, and Threats Analysis of Public Health in India in the Context of COVID-19 Pandemic

The coronavirus disease-2019 (COVID-19) was an unanticipated and unexpected public health emergency which turned into social, economic, and political emergency. India too was taken by sudden surprise. Nobody ever thought about the possibility of a complete lockdown of a country for more than 2–3 months. Patterns of change of COVID data available over lockdown periods indicate that the lockdown was effective in slowing the spread of the virus nationally but displays large state-level variations.<sup>[1]</sup> The lockdown was then followed by gradual step-wise unlocking. Public health in India underwent a lot of changes during this period. It will be interesting to see how the COVID-19 brought forth Strengths, Weaknesses, Opportunities, and Threats (SWOT) of public health in India. A SWOT analysis of China's Prevention and Control strategy for the COVID-19 epidemic on a similar line was done during the early phase of pandemic.<sup>[2]</sup> A very brief SWOT analysis of public health in India is presented here with only three main highlights in each category. This is intended to be a constructive critical analysis of the current public health in India. This will also be helpful to chart the future course.

*"Nothing in life is to be feared. It is only to be understood. Now is the time to understand more, so that we may fear less"* – Marie Curie.

There are few strengths of public health in India which were highlighted during this period. First, the Indian government took immediate public health measures for the containment, reduction, and prevention of the COVID-19. Strict contact mitigation followed by a phased relaxation by the Indian government slowed the spread of COVID-19 epidemic progression in India.<sup>[3]</sup> India's early response ensured better results and control as compared to many developed countries. Proactive and transparent initiatives by the political leadership led to compliance of requisite directions given to the masses to slow down the spread of the disease in the early phase itself. Second, the public health infrastructure of the country turned out to be better developed than expected, especially the secondary and tertiary care system as compared to the primary. The system was also able to deliver a good response quickly to the situation with such a short notice. Rapid expansion of already existing health-care facilities was undertaken to meet the crisis.

The importance of the Indian System of Medicine was highlighted as a complementary to the allopathic system as a preventive approach. The use of existing infrastructure such as schools, hotels, offices, railway coaches, and buildings not in use were fruitfully utilized in the form of either isolation wards or quarantine centers. A national-level

well-coordinated response was undertaken in the form of increasing national capacity for the production of medical equipment, drugs, diagnostic, and preventive kits. In addition, there was much-needed impetus to the indigenous industries related to essential medical supplies, pharmaceuticals, and vaccines including new vaccine development. Third, the way awareness messages (along with updated guidelines and measures) were prepared and disseminated in various languages and spread through various means, even among the illiterates, is quite commendable. It was good to see information technology and social media being adapted to meet the needs of the health system. Along with awareness campaign for the common man, various training programs were organized for the health-care providers and others involved through online mode during the short period. The willingness and motivation of health workforce to work in the face of adversity was indeed heartening. People from other professions were quite willing to come forward and help in whatever way they could.

However, it is not surprising that this unprecedented event of such a magnitude exposed more weaknesses than strengths of the system we are a part of. First, initially, more focus was on prevention, but later on, it shifted to treatment. More attention is now given to clinical and curative aspects rather than prevention. Many private hospitals are exploiting the situation to their benefits. There was also a lot of inequities as far as availability, accessibility, and affordability of the services are concerned. Increased or forced reliance on private health-care providers led to catastrophic expenditure for many families. The planning to implementation gaps (e.g., supply chain issues) needs to be taken care of. Health-care workers also suffered due to improper protection, stress, and burnout. The COVID-19 vaccine is now getting more attention and many people believe that it is the only solution against the disease. There are too many types of vaccines available from either international or national pharmaceuticals. In addition, few concerns related to the vaccine itself including the ethical issues need to be sorted out by following all the scientific norms and guidelines.

Second, there is a simultaneous fear pandemic through social media spreading a lot of misinformation and rumors. Untrusted sources of information and fake news led to despair, fear, and miscommunication in the society. Experts from the field of public health and epidemiology were not involved from the beginning itself. Many self-proclaimed public health experts gave differing views and opinions creating more fear and panic in the community. Poor

communication between different administrative ministries and departments often led to more than one guideline causing more confusion. Third, the pandemic exposed the absence of organized and working primary health-care facilities in many hard-to-reach rural areas, tribal areas, and urban slums of India. This pandemic emphasized a need of dedicated cadre for public health in India. Relatively inadequate primary and secondary health-care infrastructure and staffing in many areas led to overburdened public health staff. It was compounded by inequitable distribution and utilization of public health facilities and lack of specialist and service provisions at subcenter, primary health center, and block levels. Lack of diagnostic kits, relief materials, and personal protective equipment<sup>[4]</sup> was also quite common during the early stages of the pandemic.

From an opportunity point of view, there are some positive signs. First, public health is now getting the attention it deserves. People are paying more attention to basic personal hygiene-related practices such as handwashing, practising social distancing, and using personal protection. This is a very good opportunity for creating awareness about prevention and control of other diseases of public health importance such as tuberculosis, malaria, diarrhea, sexually transmitted diseases, and noncommunicable diseases which are still present. This is the right time to make the common man aware of other important hygienic practices, for example, overall cleanliness and sanitation, avoiding open-air defecation, safe sex, etc.,

Second, there is now a possibility of increased investment in public health by international and other agencies. Positive partnerships with development partners, nongovernment organizations, and other private institutions are essential for further continued progress. For capacity building of health-care providers and others, India must develop a systematic training network involving stakeholders from both government and private sectors as well as existing networks such as the Indian Association of Preventive and Social Medicine, Indian Public Health Association, Indian Medical Association, and Indian Nursing Association. India also has a huge potential in terms of various start-ups, corporates, and academic institutions for providing innovative solutions to fight not only the current crisis but also other public health issues. Third, this is a perfect opportunity for long-term pending development of public health emergency preparedness and response plan along with standard operating policies and procedures for the potential future pandemics. This can also include further strengthening of primary health-care facilities, upgradation of existing public health facilities, and inclusion of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy system with proper training and research.

India also needs to keep a few important threats in mind for further sustainable progress in public health. First, India is continuing to pay far more attention to the COVID-19 issue at the cost of other diseases. It is essential to reiterate that COVID-19 is only one of the many infectious diseases which are part of various public health issues. By forcing people to stay indoors and in isolation is leading to an increase in other diseases including noncommunicable diseases, especially mental health problems. Less priority to non-COVID patients and neglecting the needs of non-COVID health services will again lead to more health system burden. Second, there are many essential social determinants of health which require continuous attention. Neglecting them is creating an adverse effect on economy and overall growth of the nation. There are other sectors which are necessary for the overall socioeconomic development of the country. Economic instability is leading to further economic hardships for the weaker sections of the society which, in turn, makes health facilities less accessible and affordable for them. Third, we are relying too much on other countries for dealing with the pandemic and other related issues. In long term, this can be disastrous. Indian people need to think out of the box to make the country self-sufficient (Atmanirbhar Bharat) which will pursue policies that are efficient, competitive, and self-sustaining. It does not mean that India should isolate itself away from the world. There should be a healthy give-and-take relationship of expertise with other countries.

It is only during the phase of adversities and worst challenges that the level of preparedness along with weaknesses comes to the fore. Hopefully from all these experiences, India will be better prepared to deal with a similar situation in future. If required, a comprehensive SWOT analysis should be undertaken by Indian policymakers as this is the perfect time to retrospect and analyze. Indeed, the COVID-19 pandemic proved to be an examination for the public health system of India.

*“The secret of change is to focus all of your energy, not on fighting the old, but on building the new” – Socrates.*

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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<b>Quick Response Code:</b> 	<b>Website:</b> <a href="http://www.ijcm.org.in">www.ijcm.org.in</a>
	<b>DOI:</b> 10.4103/ijcm.IJCM_1053_20

**How to cite this article:** Thakur H. A strengths, weaknesses, opportunities, and threats analysis of public health in India in the context of COVID-19 pandemic. *Indian J Community Med* 2021;46:1-3.

**Received:** 27-12-20, **Accepted:** 25-01-21, **Published:** 01-03-21