

# Are we missing the bus in COVID-19 by under-utilizing primary and private health care system?

Sir,

Went through, with interest an article entitled “Fever, Flu and family physicians during Covid-19 pandemic 2020 in India” published in Journal of Family Medicine and Primary Care.<sup>[1]</sup> I must congratulate the authors for bringing out an important aspect in patient care for COVID-19 into public domain. In continuation to what the authors have highlighted, I would like to add to the discussion by raising a few questions and find possible answers to them.

Some of the questions that come to one’s mind while going through this article are by not involving our primary care physicians (spread across the length and breadth of this country), in public and private system, will we succeed in countering COVID-19 pandemic? Is excluding standalone private healthcare practices from testing and treatment sustainable over a long period of time? Is Indian healthcare with an estimated 14 million doctors being fully utilized in the current pandemic? Is zoning as a concept epidemiologically correct? Won’t it increase chances of stigmatization?

The answer to these and similar other questions is a “NO” as health is all about access, openness and transparency. If we have failed in one particular aspect of healthcare during this pandemic, it is access and that is where we seem to be missing the bus. Our pandemic preparedness in a rapidly evolving situation like COVID-19 pandemic was found wanting on three accounts: provision, utilization, and attainment, each interdependent and connected. The provision of healthcare leads to its utilization and finally attainment of good health. In the current times, there appears to be a huge gap between these factors, leading to a system with insufficient access to healthcare; from routine immunization and mother and child health services to non-communicable disease follow-up and management of acute complications to nutrition and longstanding healthcare programs in addition to easy access to management of COVID-19.

So where did we miss? The answer is in front of all us and following two strategic shifts in increasing access may be helpful.

As per the published data, it is estimated that 93% of all hospitals, 64% of beds, 80%–85% of doctors, and 80% of outpatient and

57% of inpatient services are catered to by private sector.<sup>[2]</sup> The importance of private sector has also been corroborated from NFHS-4 report, which states that 56.1% and 49% of members of surveyed urban and rural households, respectively, sought private health care in times of sickness, whereas for public sector, it was only 42% and 46.4%, respectively.<sup>[3]</sup> Therefore opening up to private sector including standalone practitioners is one of the key strategies. This will not only improve our handling of COVID-19 pandemic but also prevent collateral damage due to mal-management of non-communicable diseases.

Second key strategy involves strengthening primary care and making primary care practitioners responsive and responsible to pandemic management. This instills trust among common masses in our healthcare system and improves compliance to guidelines.

India’s extensive network of about 25,308 primary health centers and 5,396 community health centers spread across all regions and States seems under-utilized at this moment.<sup>[4]</sup> Empowering primary care will help them play a critical role in managing the epidemic and providing the required support in delivering key messages on pandemic to general population.

Pandemic COVID-19 should serve as learning experience for a country like ours. The lockdown (a lesson we learnt from others) should give way to increasing access based on the fundamental principles of public health and epidemiology or otherwise we will keep missing the bus.

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### Conflicts of interest

There are no conflicts of interest.

**Sunil K. Raina**

*Department of Community Medicine, Dr. R.P. Government Medical College, Tanda, Himachal Pradesh, India*

**Address for correspondence:** Dr. Sunil K. Raina, Department of Community Medicine, DR. RPGMC, Tanda, Kangra, Himachal Pradesh, India.  
E-mail: ojasrainasunil@yahoo.co.in

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