

Democracy, economics, or health-Time to look to the east for leadership

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ABSTRACT

While the capabilities of the low and middle-income countries (LMIC) have always been defined as “doubtful” to deal with public health crises of Covid pandemic magnitude, a flip-flop and incoherent response by the high-income countries (HIC) was unexpected. In the unprecedented moment of the pandemic, it is that we are beginning to find among ourselves, across the globe a search for stronger, resilient, scalable, and economy-efficient foundations in health systems that are capable of delivering healthcare to all. The apparently underperforming international health bodies have only increased this willingness of individual nations to look towards multilateralism as the foundational principle for not just the exchange of ideas but to deliver on these. India, a vibrant and the largest democracy, has showed her willingness to overcome, for example, the limitation of the vaccines during COVID to a few by making availability and possible delivery of a safe and effective vaccine to populations across the world. This has not only been seen as a hope to surmount challenges through help from others but also as a show of human resilience in the face of adversity.

Keywords: Democracy, east, economics or health, leadership

Context

When we look at some of the impacts of the coronavirus disease (COVID-19) pandemic, human, societal, or economic, we realize that a major issue of concern has been the inability of the health systems to respond to this crisis. While the capabilities of the low and middle-income countries (LMIC) have always been defined as “doubtful” to deal with public health crises of such magnitude, a flip-flop and incoherent response by the high-income countries (HIC) was unexpected. It appears as if the health system of the HIC was tested in the true sense only during this crisis and was found wanting to a great extent. Their unpreparedness in dealing with this real-world crisis situation

was almost as stark as that of the LMIC, howsoever tall their theoretical claims of preparedness were. Was it the pandemic, the magnitude of the crisis in itself that showed the fragility of the western health system, or was the system always so beautifully wrapped from the outside that the inner weakness did not appear to be a part and it only took a pandemic to uncover these. Whatever the truth, the fact remains that the system in the west was found wanting during the crisis, when their citizens wanted them to deliver.

Health Structure Crisis in Europe and the Reasons

“The health work force crisis in Europe is no longer a looming threat – it is here and now with health providers and workers across the region clamoring for help and support.” These words by Dr. Hans Henri P. Kluge, World Health Organization (WHO) Regional Director for Europe probably answers some of the fragilities in the health system.^[1] But beyond that, they point to

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the current situation in Europe's health infrastructure and if anything, the comments are not something that it (Europe) has been used to hearing for a longer period of time. So what has changed in the last few years?

The crisis is not escaped in most parts of Europe with France, for example, witnessing a nationwide strike by doctors and nurses in November 2022. It is reported that over 100 000 healthcare workers participated while in September of 2022, more than 6000 nurses in Ireland went on strike. In Germany, thousands of healthcare workers participated in a nationwide strike in August 2022 citing low wages as the reason and the United Kingdom has been witnessing strikes and walkouts by doctors, nurses, and ambulance staff for too long to have severely impacted the health system.^[1]

The fact, though largely under-recognized and under-reported, the health structure of Europe has been under stress for a few years now and the COVID-19 pandemic has revealed this fragility in their health systems. The pandemic has pointed to the lack of a robust, flexible, rapidly scalable, and resilient health structure including the workforce.

The situation appears to be such that the health and well-being of the common citizenry in Europe is at stake and is clearly visible in not just the mounting number of strikes among healthcare workers, citing challenging working conditions and insufficient resources but also in the general waiting time for surgical procedures for example.

Crisis extends to Central Asia

The pandemic has also exposed the limitations of the health systems to cope with the crisis in the central Asian countries and if we go by the regional report published by WHO/Europe, the crisis is like a “ticking time bomb” threatening health systems not just in Europe but extending to central Asia as well.^[2] Central Asia much like the west is currently experiencing a fast-aging population as well as an aging health workforce and with a surge in chronic illnesses and the effects of the COVID-19 pandemic, the report warned of imminent collapse in key areas of health systems unless quick, concrete political actions tackling these issues are taken up.^[2] As per the same report, the figures are not flattering, 40% of medical doctors in 13 out of the 44 countries providing data are aged 55 years or older and with labor markets changing with increasingly complex worker mobility and migration, some countries are finding it increasingly difficult to attract and retain young people in the health and care professions.^[2]

The Russia–Ukraine war does not appear to help the situation any further. As per the World Bank's Economic Update for the region, economic activity in the Europe and Central Asia region is likely to remain subdued this year due to the ongoing Russia–Ukraine war, with persistently high inflation and tighter financial conditions.^[3]

United States is No Exception

The United States of America (US) has not been an exception among the HIC. Here (US) also the Pandemic has accentuated the US Healthcare Crisis and as millions of Americans lose their jobs and their healthcare benefits that come with these jobs, it is now virtually impossible for the system to take care of its vulnerable populations. US health system that ties healthcare to employment and is primarily designed only to support healthcare through insurance and industry is beginning to realize the shortcomings of this very system that it has been championing for long.^[4] As per reports before the pandemic, 87 million Americans were uninsured or underinsured and more than 30,000 people died every year because they could not get to a doctor when they needed to see one.^[4] The same reports suggest that more than half a million families declared bankruptcy each year because of medical-related debt.^[4]

Most importantly, though, the outcomes in terms of maternal deaths to life expectancy to infant mortality lagged behind most other industrialized nations despite the United States spending nearly more than twice on healthcare for every adult and child the average of other major countries.^[4]

The United States now faces a crisis unique among advanced countries as unlike any other major country, when you lose your job in the US, you lose your healthcare and as a result, up to 35 million Americans are estimated to see their health coverage disappear while premiums for those who retain their health insurance in this crisis could increase by up to 40%.^[4]

The Concerns

It is not just the high cost and growing number of uninsured in the US or the human resource shortage in Europe or the crisis in National Health Service (NHS) in the UK, the pandemic has exposed the limited rationality of the current health system operating in the western world. The systems are incredibly rigid and in essence, a complicated collection of independent entities apparently without a common purposeful identified pathway of delivering healthcare in a timely manner. Over the years, the much talked about public health system has gone weak, in part because of overemphasis on industry and reduced investment. To the extent that in fact, in parts of the west, the capability to significantly increase the level of coronavirus tests and contact tracing during the pandemic was found lacking. Therefore, the visible irony of the so-called most advanced healthcare system is that the rural and low-income people are most likely to not benefit from it.

The Solution

Does the developed world really want to discontinue with the current system that ties healthcare to jobs? Or with a complicated cost-ineffective wasteful and bureaucratic system that undermines that timely healthcare is a human right for

all – urban, rural, young or old, rich or poor? Do the high income countries want to continue being dictated by the industry and let the drug prices continue to stay non-negotiable for example?

No, it does not have to. With the changing structure of old economies and the emerging relevance of globalization and emerging economies, the coming together of smaller and more diverse national opinions, there is a feeling that Europe and the rest have a chance to look beyond and attempt to find an answer to the crisis. Fortunately, the good news is that a growing number of global citizens—especially in the face of this pandemic—believe that a dysfunctional, highly bureaucratic, and wasteful healthcare system must be replaced.

And therefore, if there is any silver lining in this unprecedented moment of the pandemic, it is that we are beginning to find among ourselves, across the globe a search for stronger, resilient, scalable, and economy-efficient foundations in health systems that are capable of delivering healthcare to all. The apparently underperforming international health bodies have only increased this willingness of individual nations to look towards multilateralism as the foundational principle for not just the exchange of ideas but to deliver on these.

The G20, a prominent post-World War II initiative currently under the leadership of India may be one such multilateral opportunity as it could offer bold solutions to the global healthcare crisis.^[5] India, a vibrant democracy, has showed its willingness to overcome, for example, the limitation of the vaccines during COVID to a few by making availability and possible delivery of a safe and effective vaccine to populations across the world.^[6] This has not only been seen as a hope to surmount challenges through help from others but also as a show of human resilience in the face of adversity.

It is an apt time for HICs to look to the east to seek solutions to the crisis; political, economic, or health. And some beginning seems to have already been made with the recommendations to establish a G20 Health Preparedness Taskforce.^[7] This, in itself, may be an excellent start in addressing the global health workforce shortage and therefore may prove to be one of the key priorities in multilateral development agendas. India can not only help solve the expected global physician shortage as well provide care workers in G20 nations but across the world. India's rapid investment in healthcare infrastructure and training programs and its capability of delivering health models capable of reaching out to the poor and vulnerable and addressing a

widespread diversity will be a huge help to avert the looming health and care crisis across most HIC.^[8] By increasing funding for medical schools and postgraduate programs in primary care, India has already begun to expand its role in providing medical services to underserved populations in G20 countries, and by harnessing its strength in digital technology and establishing telemedicine programs, Indian doctors can provide medical care remotely as well. Finally, India could use its public health and health systems expertise to help G20 countries develop and implement effective healthcare policies.

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Conflicts of interest

There are no conflicts of interest.

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