



# Healthcare in Mumbai beyond Covid-19

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*- Invited for the theme of 'Reimagining the Post-Covid-19 City'*

The Covid-19 epidemic has had a devastating impact world over. In Maharashtra and especially in Mumbai, we have been overwhelmed with the cases and have lost numerous precious lives in the onslaught. Hopefully, in the bargain, we have learnt many lessons that will positively impact the future of our healthcare systems' functioning. Today, when I talk to residents in different parts of the city about the situation, the response is that the MCGM is doing a good job, but appreciation has not been the norm. The health system has tirelessly undertaken meticulous planning, quick decision-making, transforming existing infrastructures into different types of Covid centres, and timely purchase of equipment and drugs. Collective action formed the crux during these challenging times. Working at ward levels with one senior executive in charge, involving NGOs, corporates, social organizations, and finally, commitment from the highest administrative and political level ensured that the timely action was taken.

However, we still have a difficult road ahead of us. It compels us to ask ourselves what we have learned through this pandemic and how we will translate this into the future.

As I see it:

1. Health should be one of the top priorities. It is most often given little attention and hence neglected at all levels.
2. Budget allocation for health should be increased. This increase would translate into an increase in public health facilities

to efficiently cater to the population. The hiring of structural facilities instead of outright construction of these should be considered.

3. The number of public medical colleges, hospitals and nursing schools should be increased to cater to the increased demand for doctors and nurses. All facilities should be well and appropriately equipped.

4. Protocolized management of all common diseases should be introduced with regular capacity building. It would enable eight hourly shifts for doctors. Humane working hours can have the benefits of increased availability of doctors, especially to staff the emergency services.

5. Doctors, nurses and health workers should be given appropriate salaries and working conditions to prevent exodus to greener pastures.

6. Pertinent legislation and policies should be put in place to ensure every health worker's safety on one hand and continuation of services on the other so that both doctors and patients are not at risk.

7. Services that are functional should be decentralized. Health services should be planned and monitored at the ward level. Primary urban health centres and dispensaries should be at the ward level. Primary health services should focus on competence and care. Helplines at ward level should be functional and have a quick response time so that immediate referral can be done to the designated centre. Secondary referral centres should cater to more than one ward, depending on the population, and only those needing specialized or intensive care should be referred to tertiary centres. This would ensure proper utilization of services and avoid overcrowding. As said earlier, protocols should be laid down, and staff should be trained on these protocols, so that patient care is optimum. Regular monitoring, evaluation and

evidence-based feedback should be incorporated to ensure the quality of services.

8. Digital technology should be included at every level of health care. During this pandemic, we have learnt that digital technology saves time, travel and money. Online platforms could be used for consultations, follow-ups, training, messaging and reminders for patients, counselling, video conferencing, video education and record keeping.

9. Involving civil society or the public goes a long way in healthcare. Support from volunteers, NGOs, social organizations and corporates can be beneficial to health delivery. A relationship of trust and involvement must be developed both in planning and delivery. For example, essential services had to ensure that private systems extended a percentage of their services to those in need at a fixed price. Private hospitals had to allot beds for Covid patients at affordable rates.

10. Health pitfalls in the slums - congestion, sanitation, water supply and functional toilets – should be focused on. The Dharavi success story is a fine example to keep in mind.

11. In this pandemic, we saw helplines functioning round the clock, the tone used was helpful and polite, and there were timely follow-ups. Building and maintaining society's trust in the public health system's prompt, courteous and efficient services is important.

Finally, every individual, every family must take responsibility for their health and hence health awareness and education should be introduced on a campaign and habitual mode throughout. This pandemic taught us that all of the above is possible, doable and hence to be adopted on an ongoing basis.

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