



## **As the Pandemic Unfolds: Health System Preparedness in India and China**

**Speakers:** Prof. Rama V. Baru, Dr. Madhurima Nundy

**Chair:** Prof. Manoranjan Mohanty, Honorary Fellow, ICS

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**Venue:** Zoom

As the global pandemic crosses more than 5 million cases, in this context, the speakers examine the systemic preparedness of the health systems in India and China. In her opening remarks, Prof. Rama V. Baru argued that the COVID-19 pandemic is a ‘shared human experience’ across the globe. She points out the increasing anxiety, lockdowns and isolated living the world is witnessing is now “the new normal”. She also highlighted that across the world, there is a rising tendency of ‘hyper-nationalism’ taking roots amid the pandemic in many countries and expressed concern that it would hamper global cooperation in the fight against the pandemic.

She pointed out that our understanding of the novel coronavirus is in its infancy and dilemmas exist alike among all the countries including among the medical and scientific community. Further, the lack of vaccine and over-reliance on the tertiary healthcare have exacerbated the crisis. With tertiary care taking precedence, it has led to an unequal distribution of economic and social vulnerabilities among different classes, races, caste and gender. This highlights the fault lines emerging across the globe and the variation in the levels of preparedness and public health governance.

Focusing on the urban context of the epidemic, particularly Wuhan, Dr. Madhurima Nundy contended that urban spaces are particularly important in studying the pandemic. With high density, high mobility and thriving economic activity, cities are most susceptible to the origin of epidemics, making it vulnerable. She pointed out that 97% of all deaths and 80% of all cases in China were reported from Wuhan, as of early May 2020. Despite the delays in reporting cases and subsequent cover-up, China witnessed a swift response in controlling the spread of virus. The adoption of severe restriction measures such as lockdown and social distancing had helped to contain the virus to a large extent. The speaker pointed out the role played by Fang Fang's Wuhan Diary in highlighting the severity of the lockdown in Wuhan. In contrary, India witnessed fewer cases in the early days of the pandemic with Kerala and Delhi being the exception. Dr. Nundy distinguished state government’s approach in dealing

with the pandemic. She provides Kerala story as an exception in tackling the pandemic. Foresight and cautious preparation for the pandemic made Kerala an outlier.

Prof. Baru was of the view that Wuhan was the trend setter and the precedent for most of the governments world over. The outbreak in Wuhan provided adequate amount of time for the governments world over to prepare for the surge in cases. Some governments utilized the time to prepare for surge in cases such as preparedness of dedicated hospitals, production of masks, Personal Protective Equipment (PPE), ventilators and so on. Prof Baru brought our attention towards the most important issue in the pandemic: availability of human resource. This makes this pandemic far more challenging. In her words, “it is a labour-intensive exercise and also extremely exacting and fatiguing process for the doctors, nurses and other healthcare workers involved”. In this context, China has managed to ramp up the production of PPEs and other medical equipment, and reduced the burden on doctors and healthcare workers to keep up with the surmounting cases daily. In contrast to the Indian response, she argues that “there is a glaring lack of preparedness”, Kerala being an outlier.

Subsequently the presentation focused on comparing the systemic issues in health care such as financing and human resources in health services in China and India. Dr. Nundy highlighted that India’s public expenditure on health accounts for nearly 1.2% of the GDP while China spends 3% of GDP. Investments in human resources such as training nurses has been decreasing in the Indian budget and in contrast, there is an increasing trend in China. Overall, shortage of human resources is further marked by inter-state and provincial variations such as cities getting a larger pie. In the context of primary health, she argues that, in the Indian context, there is an increasing dependency on ASHAs (Accredited Social Health Activists), who are the frontline nodal workers. However, despite their important contribution in strengthening health services, they continue to remain out of the regular government service as they lack steady salaries and other benefits accrued to regular government employees. On the other hand in China, frontline workers are part of public sector and played an important role in post-SARS China.

Focusing on the infrastructure and medical technologies, Prof. Baru was of the view that post-Wuhan outbreak, China has increased infrastructure and hospital services. In the Indian context, the government is left to handle the epidemic, even when we have had the opportunity to requisition the private sector to play a supportive role. She also noted countries such as Spain have nationalised their health care system to handle the increasing cases.

Bringing back the attention to the trend of growing “hyper-nationalism”, Prof. Baru observed that globalisation has created a world where there is an active exchange of knowledge, and experience among scientists. However, the politics around the pandemic has made global cooperation vulnerable to the ‘hyper-national’ agenda. The speaker also contends that the “new normal after the pandemic”, will witness a reconfiguration of markets, for instance, a shift towards telemedicine as a solution for non-COVID care. Moreover, the future of global institutions will depend on how global cooperation takes shape. She ended the session by expressing concern if the pandemic will further reinforce inequalities in the society.

The presentation was followed by a lively discussion. A question was raised about whether the pandemic will reinforce inequalities in the Chinese scenario as well and the overall impact of the pandemic on the Chinese work force. Prof. Baru pointed out that there is not enough data to accurately gauge the impact of COVID-19 on the different levels of classes and socio-economic status of people impacted by coronavirus, except for the age factor. Subsequent discussion focused on the ongoing trends of hyper-nationalist behaviour emerging among various nations. Many of them pointed out to the emergence of the fault lines in US-China relations and the ongoing border tension between India and China amid the pandemic.

Finally, other subject experts noted that: the ability to control the virus is also dependent on the nature of the political system and the ability of the political leadership to respond and mobilise the resources in prioritising the policy goals to reduce the impact of the pandemic. Further, it also depends on people's response to the drastic measures imposed by many governments across the world. Prof Baru pointed out that the curbing of the pandemic depends on the holistic measures adopted by the governments and the synergies required in a society to act coherently in pooling the society resources including requisition of private hospitals and ramping up the production of essential medical supplies in controlling the pandemic.

*Report prepared by Mahesh Kumar Kamtam, Research Intern, Institute of Chinese Studies, Delhi.*

**Disclaimer:** This report is the summary produced for the purposes of providing an overall view of the presentation and subsequent discussion of the subject. All views expressed here should be understood to be those of speakers(s) and individual participants, and not necessarily of the Institute of Chinese Studies.