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Caring for non-Covid Patients – are we 'Pandemic Ready'

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The ongoing Covid 19 pandemic has made us realise how ill-prepared our services are for such a disaster. This could be due to a lack of experience among current healthcare staff and even the lack of awareness amongst general public. The disease's onslaught was felt all around the world, and a number of factors hampered our response, including work force, infrastructure, ethical issues, stress related issues, mental health and accepting the new normal.

Our ability to maintain healthcare services for preventive, curative, and chronic illness management, as well as elective medical and surgical treatments, has been harmed by the Pandemic. It was also discovered that healthcare utilisation decreased by nearly 30%, with greater reductions among those with minor illnesses, and this has given direction to developed countries' comprehensive healthcare systems to reduce unnecessary care in the post-pandemic era to relieve pressures and maximise resource utilisation.

In developing countries, on the other hand, where governments are struggling to meet rising demands for routine primary health care at community levels, chaotic conditions were observed, with a lack of confidence in primary care and a beeline for meagre and expensive tertiary care facilities. As per WHO data the essential health services are disrupted in 90% of the countries during the ongoing pandemic². For example in the state of Punjab (North India) where Hepatitis C was being treated free of cost after developing the famous 'Punjab Model' being emulated by other states, the numbers have declined during the pandemic. One of the two 'model treatment

centres' in the state for Hepatitis C, saw a considerable decline in the cases. From 765 in 2019, the cases dipped to 428 in 2020. So far in 2021, the count is only 249. As per the diagnostic count, the number of Hepatitis C patients have come down from 369 in 2019 to 222 in 2020. This year, only 101 patients have reported at the hospital so far. As per information from the centre, the pandemic has been a deterrent for the patients to come to centres for treatment. Similarly, during the Ebola outbreak in Africa in 2014, other infections caused a rise in morbidity and mortality, which outweighed Ebola deaths. As a result, in order to prevent death from non-Covid-19 diseases, we need a solid framework to assure the delivery of necessary health services. Apart from contemporary observation facilities, this would involve targeted interventions, communications/education, protocol development and implementation, and maintaining enough supply of basic essential items.

Our confidence in dealing with the Covid-19 should improve now that we have more experience with its incubation, symptoms, behaviour and management, as well as vaccination drives around the world, but our protocols for protecting healthcare professionals as well as the community should not be relaxed. Acceptable adjustments to reduce patient interaction with health care providers, such as staggered appointments, reducing numbers, using telemedicine, and using community centres staffed by certified community workers for basic information, awareness, and frequent contact with low-risk stable patients are important to make. A very important lesson from recent experiences is to effectively

look after our patients with chronic diseases and others with non-Covid infections especially in developing countries where it added to morbidity and mortality and ultimately stretched the medical services in public sector particularly². This entails a robust and effective Primary Health Care to be in place in order to lessen mortality and the length of time this pandemic lasts.

1. References

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