

Short version of Statement on the role of the Private Health Sector during the Covid-19 pandemic:

Need for government to bring private and public health sectors under a common command structure

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In India it is the public health sector that has borne most of the burden of providing testing and medical care for the detection and treatment of over 20,000 Covid-19 positive patients. The private sector has grown significantly in the last two decades, due to government subsidies and policies that actively promoted the privatisation and commercialisation of healthcare. Even under the Pradhan Mantri Jan Aarogya Yojana (PMJAY) of Ayushman Bharat, nearly two-thirds of the claims amounts have gone to the private sector. The government has also been actively pursuing policies to hand over districts hospitals to corporate ownership under public-private partnership deals. It was therefore expected that the private sector would be especially useful in critical care, as they may have more critical-care facilities such as ICU beds and ventilators, and more specialists. It was also expected that they would fill the gap created in non-Covid-19 related health services due to the public sector's focus on Covid-19 care, especially making use of public financing under PMJAY.

However, what we actually find is that ***at this time of crisis when health services are needed the most, the for-profit private sector has been missing-in-action and of the few private facilities that remain functional, many are profiteering.***

Private labs have done very little testing compared to public ones.

The other task private health facilities should have undertaken is of surveillance and reporting of routine severe acute respiratory infection (SARI) or influenza like illness (ILI) cases in order to alert the system about clusters where there may be an increase in such cases. ***Most for-profit private hospitals have reduced or completely shut down their out-patient and in-patient services, and therefore unable to contribute to surveillance.*** In fact, ***shutting down hospitals is a violation of Essential Services Maintenance Act (ESMA) and an abdication of their professional responsibility.***

By current norms, existing packages under PMJAY for pneumonia, respiratory failure and other conditions may also be used for Covid-19 patients. However, latest data shared by the Nation Health Authority has shown that the number of PMJAY claims for SARI and ILI has reduced significantly in April. This clearly shows that the private sector has stopped working on SARI and ILI cases. ***PMJAY, that is seen as flagship policy and main vehicle for free treatment has till now proven to be a failure and irrelevant in combating the Covid-19 crisis.***

While corporate hospitals continue their profiteering, the impact of this crisis will be felt keenly by health workers and patients. The main thrust has been to displace poor patients from existing public hospital beds and earmark these for Covid-19 care.

In light of the above, we recommend the following for India:

- Government needs to **urgently take control of the situation and invoke its powers to bring part or all of select private hospitals, facilities and services under common public health command**, at its own terms and conditions, and delegate tasks to them.
- All **testing and treatment related to Covid-19 should be free of cost to the patient** and available as close to district level as possible.
- For the **management of mild and moderate cases**, private nursing homes, hostels and hotels should be requisitioned to serve as isolation hospitals.
- For **managing critical cases**, part or all of very select private sector hospitals who have such capacity could be converted into dedicated Covid-19 hospitals and brought under public authority.
- The current moves to re-purpose well functional secondary and tertiary level government hospitals, into Covid-19 hospitals by pushing out a large number of poor patients are unacceptable and must be discontinued immediately. **New public hospitals should be rapidly built up** in available or new infrastructure.
- Clear **guidelines on reporting, costing, treatment and administrative protocols** should be laid out and their implementation ensured in both public and private hospitals.
- Private hospitals which are not involved in Covid-19 care **must remain open and continue with all health services** without increase of rates and with due precautions against spread of infection.
- Government should ensure and monitor that the private sector **follows government guidelines for personal safety, infection risk management and the use of personal protective equipment with respect to health worker safety and to prevent spread of infection to non-Covid-19 patients**.
- **Privacy and confidentiality** of all patients should be maintained in the private sector, especially if they are Covid-19 patients, and no personal information should be shared with public or public authorities, except as required by law.
- A **helpline for grievances, both of patients and health workers** in the private sector should be started.
- As the public sector is taking most of the burden, **corresponding increases in HR, minor equipment, and major equipment and skills** are needed for government facilities.

The Indian government **should learn its lessons from the failure of the for-profit private sector and PMJAY to provide any meaningful response during the Covid-19 epidemic** and stop promoting the private healthcare sector. **Annual health budgets need to increase** and the Government should **invest money in adding to the capacity of public healthcare facilities** and infrastructure instead of giving subsidies to the private sector. This crisis should be a **turning point in India's health policy making**, and bring back the **centrality of the public health system in ensuring universal health care**.

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