

Prognosis

India's Health 'Time Bomb' Keeps Ticking, and It's Not Covid-19

By

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- Medical disruptions have set back India's tuberculosis fight

As India's surging coronavirus caseload becomes an increasing worry for the globe, another health disaster is silently unfolding.

The world's strictest lockdown crippled both routine and critical health services. More than a million children have missed crucial immunizations and hospital births have shown a sharp decline, indicating many women may have gone through unsafe childbirth at home. Outpatient critical care for cancer plunged 80% from February levels, the latest government data show.

But the biggest crisis is India's longstanding battle with tuberculosis. The country has as many as 2.7 million TB patients currently, by far the most in the world, and the disease kills an estimated 421,000 Indians each year. The current gap in care could lead to an additional 6.3 million cases and 1.4 million deaths from tuberculosis by 2025, according to a study by Zarir Udawadia, a pulmonologist at Mumbai's P.D. Hinduja Hospital and Medical Research Centre.



A patient waits in the tuberculosis department of the government-run Osmania General Hospital in Hyderabad, India in 2019.

Photographer: Noah Seelam/AFP via Getty Images

“Miss a few days of any other treatment and you may not be harmed, but gaps in TB treatment will amplify resistance,” Udwadia said. “Our lack of health infrastructure is the reason we have been floundering amidst the sea of Covid cases. It’s the reason why we have not been able to make progress against traditional and old enemies like malaria, typhoid, dengue.”

The failure to control tuberculosis has long plagued successive governments in India, which spends just 1.28% of gross domestic product on public health. That has left the system ill-equipped to control deadly diseases such as coronavirus: The South Asian nation now has the second-highest Covid-19 infection tally in the world, trailing only the U.S.

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Healthcare Lockdown

More than 65 million people in India live in densely packed and poorly ventilated slums like Dharavi in Mumbai, one of the biggest in Asia, which has long struggled with tuberculosis before it became a coronavirus hotspot. The fact that both TB and Covid-19 have a significant overlap in symptoms -- breathlessness, cough, fever -- make these areas critical to controlling both diseases.



A health worker checks the temperature of a resident inside the Dharavi slum during a door-to-door coronavirus screening in Mumbai on Aug. 24.
Photographer: Indranil Mukherjee/AFP via Getty Images

The strict stay-at-home orders the country enforced at the end of March shut down India's giant tuberculosis program for almost three months. In April, one million

fewer children received the BCG vaccine that prevents severe tuberculosis, government data shows.

“There should’ve been bi-directional screening from the beginning, because in checking for one you may be missing the other,” said Chapal Mehra, a public health specialist and author of “Tuberculosis -- India’s Ticking Time Bomb.” “India has ignored investing in health for three to four decades, and governments across the board have been guilty of this. We lack political will, we lack moral compulsions and we don’t seem to value our citizens’ lives enough it seems.”

While Prime Minister Narendra Modi has been quick to laud front-line health workers, calling them “coronawarriors,” the federal government has only allocated an additional \$2 billion to the fund the epidemic’s medical needs. That has sapped resources for non-virus related spending.

A spokesman for India’s Ministry of Health did not immediately respond to requests for comment. Finance Minister Nirmala Sitharaman has said the “government will be increasing investments in public health to be absolutely ready for such eventualities in future.” But she mentioned no specific figure or timeline for this.

‘Infect, Infect, Infect’

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India’s health infrastructure is run down at the best of times, with understaffed public hospitals, chronic shortages of hospital beds, low intensive-care capacity and poorly trained staff. India has 1.7 nurses per 1,000 people, 43% less than the World Health Organization recommends, and a dearth of doctors as well.

The pandemic has also exposed the fragility of under-resourced health systems around the region. India’s neighbor Pakistan had 40 million children miss their polio vaccination, while Nepal faced a 50% increase in stillborn babies.

When the pandemic broke out in India, understaffed and overcrowded hospitals had patients sleeping on the floor until beds were freed up and multiple patients being serviced by a single oxygen station. Limited transport during and after the lockdown also restricted people’s access to primary health centers and pharmacies, resulting in interrupted treatment and delayed diagnoses.

India “takes no crisis seriously” since it deals with so many, and government advisers struggled to mount an effective response to the coronavirus that would also ensure an ability to fight other diseases, according to T. Jacob John, one of India’s top virologists and the former head of the Indian Council for Medical Research’s Centre for Advanced Research in Virology.

“The coronavirus is an enemy with just one trick -- infect, infect, infect,” John said. “Our war didn’t succeed to slow down the enemy, but greater damage was done by friendly fire against immunization, tuberculosis, institutional deliveries and many more.”

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