

## Tackling COVID: A Comparison of Healthcare Systems



*Image source: The Print*

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They say that no man is rich enough to buy his past and indeed every action of today has its roots in yesterday, which even the mightiest of all are unable to change. The losses caused by the COVID-19 pandemic of today can be traced back to the existing healthcare systems of various countries. Even the mightiest bastions of healthcare systems fell apart. The article compares various healthcare systems around the globe.

Italy is the second and third most affected country with a death toll of more than 23,000 and more than 1,75,000 confirmed cases, respectively. Italian government had recognised the right to Human Dignity in the form of Italian National Health service way back in 1978. This is one of the most robust governmental schemes of Italy. According to a 2014 data, the government funds almost 76 per cent of the healthcare expenditure, with private hospitals contributing only 1 per cent. However, states have been given the option of raising their own funds independently which explains the inter-state disparities in the healthcare system. The most important lesson for Italy

could be rethinking the highly decentralised healthcare system, although not to transform it into the employer-based, privatised system that existed prior to 1970.

Spain is the second most affected country in the world with 1,95,000 confirmed cases and more than 20,000 deaths. Its per capita health expenditure is lesser than the rest of the OECD (Organisation for Economic Cooperation and Development) countries. The economic downturn of 2008–2009 forced the Spanish government to cut the expenditure on the healthcare system by 0.9 points, but after 2015 an increase was observed which now stands at 8.9 per cent of the total GDP. Spain's capacity of dealing with an emergency crisis was limited because initially the number of beds per person was less than that of the OECD countries—3 per 1000 people as compared to the average of 4.7 per 1000 in the OECD countries. The ICU beds stood at 4545 while the number of critical patients reached 5288. Country's expedited response to this led to the doubling of the ICU capacity within a span of a week, an increase of 75 per cent. There were attempts of creating makeshift hospitals in the worst-affected regions of Madrid, Barcelona, Catalonia because the capacities were getting saturated too quickly and to deal with the situation, large football stadiums were also used to accommodate more people. Spanish government also lacked the initial capacity of testing and was capable of testing only 30,000 until mid-march, which was substantially increased to testing 15,000–20,000 tests a day and reached 3,55,000 on March 22. The government also allowed Rapid Antibody testing for which the Ministry of Health purchased 6,40,000 testing kits and 4 robots for detecting antibodies which resist coronavirus.

The United States of America is the worst affected country in the world with more than 7,38,000 cases and 39,000 deaths reported so far. A critical patient, while being transferred to a ventilator in Minnesota, uttered his last words—"Who's going to pay for it?" A patient in a country with the largest healthcare expenditure in the world worrying about the cost of treatment rather than life seems paradoxical. The US spends about 17 per cent of its GDP on healthcare but it is excessively privatised costing US\$ 5000 per year on health insurance for an ordinary individual. According to an American agency Gallup, 30 per cent of the Americans deliberately try and postpone their medical treatment and only prefer to go to the hospitals only when it is

extremely urgent. With unemployment reaching a record high and 16 million Americans stripped off their jobs, the conditions become even worse as 27.9 million people do not have the necessary health insurance and hence the number is bound to increase. The private healthcare has led to the frontline doctors being the most vulnerable precisely because of two reasons—one they are devoid of the earlier facilities like paid work hours; second, they work amidst the threat of infections. The US represents the epitome of healthcare expenditure and the Trump administration has provided an additional US\$ 100 billion.

France's health expenditure is covered mainly by public finance. It spends about 12 per cent of its GDP on healthcare, out of which 76 per cent is government sponsored. The government also manages the budgetary allocation of healthcare expenditure to various provinces in France. One of the major drawbacks of the French healthcare system is it being extremely hospital-centric with negligible focus on primary care and telemedicine. There were about 2000 doctors practicing remote consultation up to the end of 2019. But with an increasing risk of the pandemic throughout France, almost 40,000 remote consultations took place in a span of a single week because under the National Health insurance scheme all remote consultations were made completely reimbursable, as opposed to the earlier 70 per cent reimbursement. The unique method of de-stressing the healthcare systems of the most affected provinces like Alsace included creating medicated trains to transport patients to the lesser stressed provinces, creating military hospitals and airlifting of the patients by the military helicopters. France seems to deal with the crisis through cooperation between various provinces and organs of government along with newer methods of decongestion.

The United Kingdom (UK) is also struggling to contain the viral outbreak. The UK spends 9.9 per cent of its GDP towards healthcare with a major contribution of 79 per cent from the NHS (National Health Service). There was an initial delay in the number of testing, where only 100,000 people were tested in a month which would ideally have been tested in 7-10 days. The UK parliament holds the power to make amendments to the existing NHS along with the Secretary of Health and Department of Health. The Department of Health overlooks the overall health system of the UK, but the day-to-day responsibility of healthcare lies with NHS England. An amendment to the NHS bill

was passed by the UK Parliament on March 26, which called for directing the medical care to those who urgently needed it by obviating the social security clause of the NHS and also allowing the police for detention of symptomatic people. Despite such a robust network of NHS volunteers, the government data reveals that 7,50,000 NHS volunteers were assigned near to 20,000 tasks, which points out to the serious lapses in the implementation of this scheme. The conditions still remain bleak with Dominic Raab extending the lockdown for another three weeks.

China, which was the epicentre of the viral outbreak, spends 5.6 per cent of its GDP on healthcare (2014), majorly financed by the public sector and public health insurances, which was increased by 14 times during the SARS and MERS outbreak in 2012 and 2018, respectively. According to a report of the WHO and World Bank in 2019, the healthcare system in China is excessively dependent on hospitals. After the SARS outbreak in 2012, a 1000-bed hospital got ready in just 10 days which also indicates the resilience of Chinese healthcare system. More than the robustness of the healthcare system, the integration of technology into the medical system was the highlight of Chinese reaction to COVID-19 where apps like Health Code were used to make quarantine decisions.

South Korea's healthcare system was ranked the best among the OECD countries in 2015. The healthcare system of South Korea is the quintessential amalgamation of Private and Public contribution. Although the majority of the hospitals of South Korea are privately owned, 97 per cent of the population is covered under the compulsory national healthcare insurance scheme. A series of transitions from dictatorship and democracy through mass participation was largely responsible for diverting the focus from rapid industrial growth to public services which vouched for public investments in healthcare. The country put to practice the golden strategies of aggressive testing—about 80,000 people were tested during the initial weeks, the then highest in the world—coupled with strict social distancing measures and complete closure of churches and schools. However, the rate of infections stood at 2.5 per cent which resulted in a large number of cases. Recently, South Korea has managed to curtail the number of infections getting added per day into single digits which speaks for the level of treatment the patients were provided. It is worth noting that South Korea began

testing individuals before the first confirmed case and has managed to flatten the curve within 20–25 days.

India, with a population density of 500 living in an area of a square kilometre, spends 6 per cent of the GDP on healthcare which is lower than the other low-income countries, with 69 per cent paid by the households. The largest state-sponsored healthcare scheme Aayushman Bharat was launched in 2018 which provides insurance cover to BPL (below poverty line) families for primary health services. The recovery rate in India remains very high (27.52 per cent). As Health is on the State list, various state governments have seized several private hospitals and hotels for providing quarantine facilities.

The State of Kerala, where the first cases of COVID were detected, applied its decades of public investment on healthcare and lessons from the Nipah Virus outbreak of 2018 to flatten the curve. Similarly, district Bhilwara in Rajasthan, where there were high chances of community transmission with multiple members of the same family getting infected, was reported to control the emergence of new cases. The doctors of Sawai Man Singh Hospital in Jaipur were the first to use a combination of drugs like chloroquine and hydroxychloroquine to cure a couple from Italy. The Government has created platforms for online training of doctors where they can also provide real time consultation to the patients. The Central Government has pledged an insurance of 50 lakh rupees for the healthcare workers.

What this crisis has taught the world unequivocally is that any unforeseen crisis can only be tackled by strengthening institutions. And how much resources a country can afford to invest judiciously in deploying them and adapting according to the nature of the pandemic is the key to sail with minimum losses in the uncharted territory of the current times.

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