Report of Jan Arogya Abhiyan fact finding visit, 6-7 October 2023

Nanded Medical College deaths are only the tip of the iceberg!

Overstretched, under-resourced specialist hospitals bear the brunt of underlying health system crisis

A. Background and recent deaths

Dr Shankarrao Chavan Government Medical College (GMC), Nanded was established in 1988. Here the Undergraduate medical seats are presently 150 while PG seats are 83. The medical college is accompanied by a large multi-specialty hospital as per NMC norms. The current official bed capacity of this hospital is 508, but the functional number of beds are 1080, while actual admissions are reported to be often even higher than this.

During 30 Sep midnight to 1 Oct midnight 2023 **in a 24-hour period, 24 deaths occurred in GMC hospital, Nanded.** This was over double of the average number of daily deaths occurring in this hospital (9-12 deaths daily). *Out of these 24 deaths, 11 were of neonates* (1-4 days old babies), with diagnoses of Respiratory distress syndrome / Pre-term / Birth asphyxia / Septicemia / Meconium aspiration. Nine deaths were of elderly persons (aged over 65 years) with various causes of death. 17 of the 24 deaths were of patients who had been referred from other hospitals. This situation was widely reported in the media and became a cause of concern across Maharashtra. This was the background to a JAA fact-finding team visiting Nanded during 6-7 October 2023, whose brief report is given here.

B. Places visited and persons met by the fact finding team

- **GMC Hospital, Nanded** – Here the team met patient relatives, nurses union representatives, staff nurses, resident doctors, medical faculty members, and the Dean.
- **Civil hospital, Nanded** – Information was sought from the Civil surgeon, Add. Civil Surgeon, and a senior doctor in the hospital responsible for administration.
- **Women's hospital, Nanded** – The team met the Superintendent, senior consultant, specialist doctors, resident doctors and nurses.
- **Urban CHC, Nanded Waghala Municipal Corporation -** Discussion was held with the Superintendent, specialist doctors, resident doctors and nurses.
- In addition to visiting these public healthcare facilities, feedback was also taken from some senior private doctors and social activists who are working in Nanded district. Information regarding peripheral public health services in the district (SDHs and RHs) was sought from the Civil surgeon, persons working closely with the public health services and other reliable sources.

The team was well received and was generally provided with basic information wherever we visited.

C. Key findings

During the short time that was available, a significant range of information was received from various respondents. Here some of the main findings are provided, regarding various levels of public health facilities.

GMC hospital

The team was primarily concerned with the recently increased number of neonatal deaths, keeping this context in view the Neonatal Intensive Care Unit (NICU), the Pediatric Intensive Care Unit (PICU) and Gynaecology – Obstetric wards were visited.

Neonatal Intensive Care Unit (NICU)

In the NICU of GMC Nanded the sanctioned beds / cradles were reported to be five, while existing cradles were reported as 20. However we were informed that actual admissions in the NICU are often 60 to 70 neonates. *We observed that two to three babies were being treated on the same cradle, this is reported to be a common situation.*

There are currently only 2-3 nurses per shift in the NICU, while according to IPHS and NABH norms the nurse: patient ratio in NICU should be 1:2 per shift. Hence for an NICU even with 20 beds at least 10 nurses would be required in each shift, meaning **at least four to five times higher number of nurses are required in the NICU compared to the present number**. If we factor in the much larger number of actual admissions in the NICU (often 60+) then an even larger number of nurses would be required. **There is no doubt that the current nurses in the NICU are overburdened hence adequate, increased staffing is urgently required**.

It was reported that overall there are 5 junior residents currently working with the Pediatrics dept. of GMC, out of which one or two junior residents are posted in the NICU to cover all the shifts. These residents are effectively performing the role of medical officers, requiring them to often work almost 24x7 which is likely to affect both patient care, as well as their ability to undergo the required specialist training expected during their MD Pediatrics course.

It was reported that only 5 Class IV staff are available across all shifts of the NICU for cleaning and various other kinds of supportive tasks, like shifting patients, conveying reports etc. According to IPHS norms at least 9 sanitation staff would be required (3 per shift) in this unit to ensure regular cleaning and other tasks. In the evening shifts apparently there is only one Class IV worker to cover 5-6 wards, and even lower number of such staff are available in the night shift, although these workers are required not only for cleaning but also for transferring reports, removal of dead bodies of patients etc.

The NICU should maintain two separate sections – one for newborns without infection, and another for newborns being treated for infections. Hence additional, adequate number of nurses should be ensured, and based on this the nurses for these two kinds of sub-units should be kept separate, to prevent cross infections which can affect highly vulnerable newborns. There are 12 ventilators available in the NICU, which might prove insufficient if larger number of critical newborns requiring assisted ventilation are admitted at any time. Basic facilities like drinking water and changing rooms for staff were also reported to be inadequate. If the working environment in a hospital is not properly maintained, this is unhealthy for the patients as well as being stressful for the nurses and staff.

According to the sources in the hospital whom we talked with, *especially in last two months there have been significant shortages of essential medicines like higher antibiotics due to insufficient and erratic supply*, while patient load has been high. Apparently the supply of medicines from Haffkine Institute has been irregular and deficient particularly over the last four months. The new Medical Goods Procurement Authority is yet to become functional, and in the meanwhile there has been major gap in availability of essential medicines for patient care. While the medical staff tries to manage patients with the available medicine stocks, this is not at all a satisfactory situation.

Pediatric Intensive Care Unit (PICU)

The PICU has 20 beds according to the website, while the actual capacity for admissions were reported to be 35, with total of 613 admissions reported in last month **which means that there were often 2-3 times more children than available beds.** There are only 3 nurses per shift, falling far short of the required 10 nurses per shift as per IPHS norms. As mentioned above the number of junior residents for NICU, PICU and Pediatric wards (two wards of 30 bed capacity each) all combined is just 5. This means that the existing residents are

overstretched for providing patient care to at least 120 admitted children, the actual number reportedly being upto 200 admitted children in the hospital. There are 3 class IV sanitation staff available for the PICU, meaning only one per shift which is clearly insufficient.

We were informed that here too sometimes more than one child has to be accommodated in one bed. However at the time that we visited, several PICU beds were empty – apparently news had spread about recent higher number of child deaths in the hospital, and this had a hampering effect on admissions of sick children.

Issues related to primary teaching role of GMC vs. overload of work related to patient care

As a medical college, the primary role of GMC Nanded is medical teaching, while running of the hospital is an associated role. Certain faculty members expressed the concern that due to massive gaps in provision of secondary and tertiary care in the public health system at various levels in Nanded district as well as in nearby districts, there is disproportionate flow of patients to GMC for secondary and tertiary care, leading to overloading of this hospital. This overwhelms the capacity of the medical college hospital (expected to have only 500 beds and related staff as per NMC norms, but dealing with over 1100 indoor patients). At the same time regarding the clinical departments, the preoccupation of their residents with providing clinical care leaves minimal space for clinical teaching activities, which affects the basic functioning of the medical college.

It was mentioned that the number of Undergraduate (MBBS) students have been increased from 100 to 150, but there has not been corresponding increase in numbers of faculty. New government medical colleges are being started in other parts of Maharashtra, and some existing faculty have been shifted to newer colleges on deputation, further depleting their numbers. There appears to be a clear need for increasing staff at various levels in GMC Nanded in keeping with NMC norms.

Another aspect (which was mentioned by some doctors working in other facilities) is engagement of several GMC specialists in private practice. According to these reports, large number of senior specialist doctors of GMC are also engaged in private hospitals in the city. This draws away their attention from patients in the government hospital (where such doctors devote only part of their working hours), while leaving large part of specialist care in GMC to residents who are still in their learning phase. This needs to be further confirmed, however to the extent that such private practice is continuing it would further compromise the quality of specialised care in the already overburdened GMC hospital.

The substantial overload of patient care borne by GMC Nanded is clearly a consequence of overall weak availability of specialised public healthcare at other levels of the public health system in the district, as described and discussed below.

Civil hospital, Nanded

Guru Gobindsingh Civil Hospital, Nanded has total of 100 beds, which is grossly insufficient for a District level healthcare facility covering a district of over 34 lakhs population. **The IPHS norms specify the need to have 500 to 700 district hospital beds for a district of over 30 lakh population**. Even if we take the average scale of district hospital beds in Maharashtra (14 per lakh population) we would expect around 475 beds at this level. Provided we combine the bed strength of the Civil hospital (100 beds) and Women's hospital (100 beds), **the current strength of District public health facilities needs to be expanded at least three-fold to approach required levels**. We were informed that expansion of the Civil hospital to 300 beds has been sanctioned, but obviously such facilities are not presently available to meet the pressing population health needs at district level.

The Civil hospital has 12 specialist / Class - I doctors, of whom just one is a pediatrician. Further there is no pediatric ward to provide indoor specialist pediatric care. We were informed that seriously ill children are either treated at the Women's hospital (which has a SNCU) or they are referred to GMC. Overall with its

relatively small scale and limited number of specialist doctors, the Civil hospital did not appear to be a significant referral centre to provide specialist care to patients referred from the periphery, rather specialist referrals are mostly sent directly to GMC.

Women's hospital, Nanded

The District Women's hospital, Nanded has around 100 beds, of which there are 22 Pediatric beds and 10 beds are in the Nutrition Rehabilitation Centre (NRC). The remaining 70 beds are for Obstetrics and Gynecology.

There is one senior pediatrician and three MBBS doctors for providing pediatric care. The hospital has a SNCU with 12 beds, which had 80 admissions in Sept. 2023. When we visited the SNCU nearly all the beds were occupied. We were informed and observed that only one neonate is cared for on each cradle.

The Women's hospital has 4 Gynecologists, 20 staff nurses and 5 incharge nurses. Around 200 - 250 deliveries are performed per month; in September 2023 the hospital conducted 195 normal deliveries and 54 Cesarean sections. In this month out of 81 deliveries with complications, 70 were treated in-house and 11 were referred to GMC. Around one-third of the women who deliver here are from Nanded city, and around two-thirds are from rural areas of Nanded district. However we were informed that there is no structured system of referral from Rural hospitals / SDHs to the Women's hospital, although there is a flow of delivery cases from rural areas due to the general good reputation of the hospital.

Here also it was reported that supply of medicines in proportion to the patient load has been a constraint. This hospital is housed in a building initially provided by Nanded Municipal Corporation. Overall the hospital appeared clean and well organised, with various kinds of information being properly displayed and made available.

Urban CHC, Nanded Waghala Municipal Corporation

In order to gain some idea of the urban health services in Nanded, we visited the Urban CHC at Hyder Bagh. We were informed that this is one of the two CHCs run by the Nanded Waghala City Municipal Corporation. These are the only two indoor healthcare facilities run by the corporation.

This is a 30 bedded hospital with two wards which mainly provides maternity and surgical care. When we visited the hospital at around 1.15 pm no specialists were present, then the available staff informed the Superintendent as well as various doctors who came and met the team. This Urban CHC has 4 Gynecologists and performs around 60 deliveries per month, while around 30 complicated deliveries are referred to GMC. There is one pediatrician but no pediatric ward, so basically only OPD care is offered for pediatric patients. There are 2 general surgeons and 2 anesthetists, so that minor surgical procedures are carried out. Various kinds of complicated cases are referred to GMC.

Sub-optimal public health services in rural areas of Nanded district – major gaps in pediatric care

To understand the crisis-like situation reflected in increased deaths in GMC Nanded, we must understand the context of inadequate specialist healthcare services in the public system, within and around Nanded district covering a large area. It appears that there is no other well equipped tertiary public healthcare facility in the radius of over 100 km around Nanded. As a consequence, patients from across Nanded district (population in 2011 was 33.6 lakhs, now higher) as well as neighboring talukas of Parbhani, Hingoli, Yavatmal and Latur districts of Maharashtra, as well as Nirmal, Nizamabad and Kamareddy districts of Telangana, and Bidar district of Karnataka, often seek specialised care in GMC Nanded. Being a higher level, specialised referral facility, '**the buck stops at GMC'.** This medical college hospital cannot deny admissions, and they end up accommodating all incoming patients despite overcrowding and overstretching of existing facilities. Patients are frequently

referred to GMC from other levels of public health services - from Nanded city, from the rural areas in 16 talukas across Nanded district, and from neighboring districts of Maharashtra.

One of the major problems appears to be inadequate availability of specialist care, including pediatric care, in various public health facilities across Nanded district. It appears that most of the other public health facilities in Nanded neither have SNCUs, nor do they have proper pediatric wards. As mentioned there is only one pediatrician in the Civil hospital, with no pediatric ward in this district level hospital. There is one qualified pediatrician and three pediatric medical officers with a functioning SNCU in the Women's hospital in Nanded, but this is naturally inadequate in the larger context of shortages of secondary and tertiary pediatric care across the district, as described in the sections below.

Sub-district hospitals (SDH) and Rural Hospitals (RH) are supposed to provide secondary care, including basic level of specialised pediatric care to the rural population of Nanded (24.5 lakhs in 2011), but it appears that pediatric services are not adequately functional in these critical public health facilities across the district. Currently there are six Sub-district hospitals in Nanded district – at Mukhed (100 bedded), Hadgaon, Gokunda, Degloor, Biloli and Loha (all 50 bedded). The last two have been recently upgraded from Rural hospitals to SDH. As per current information, there are 12 Rural hospitals in Nanded district.

Based on available information, **there are total of only six pediatricians in the six Sub District Hospitals**. Only Gokunda SDH is supposed to have an SNCU with two designated pediatricians, however in actuality only one pediatrician is available, and the SNCU is non-functional due to non-availability of other essential staff. The remaining SDHs mostly have one pediatrician each, even this specialist might not be available full time in many situations. Beyond providing basic stabilisation care for newborns, **there is no functioning SNCU to provide specialised care for newborns in any of these SDHs**. **Apparently these SDHs also do not have dedicated pediatric wards providing round-the-clock care**. Hence most seriously sick newborns and children approaching these hospitals across the district would often be directly referred to GMC Nanded.

The situation of pediatric care in Rural hospitals across Nanded is even more worrisome. **For staffing the 12 Rural Hospitals, as per available information there are only 7 pediatricians – in half of the Rural hospitals the post of pediatrician is vacant**. It appears that no specialised care for sick newborns is provided in these rural health facilities also. **Hence most sick newborns approaching these 19 different public hospitals in Nanded – one civil hospital, all six SDHs and all 12 Rural hospitals - are likely to be referred to GMC Nanded, since these other hospitals lack capacity to provide round the clock specialised care for newborns.**

The JAA fact finding team did not go into the state of Primary Healthcare services in Nanded district, which would have required a significant additional exercise. In terms of numerical population-based coverage, it may be noted that in tribal areas of the district, numbers of Sub centres (92) and PHCs (14) appear to be adequate. **However in rural non-tribal areas of Nanded, there seemed to be significant shortfall in numbers of Sub centres** (actual – 285, required – 441) **and PHCs** (actual – 54, required - 73) based on existing norms and population requirements as per the 2011 census. If we take into account the increase in population during last twelve years based on projected decadal growth rate of around 11%, then even higher number of Sub-centres and PHCs are now required to provide adequate primary health care to rural populations in Nanded district.

Some aspects concerning the private healthcare sector and related schemes

Our fact finding was focussed on public health services in Nanded, and we did not go into details of private hospitals in the area which would have required a huge, separate exercise. However some general points are worth noting –

- **Nanded city is regarded as a medical hub in this region,** according to information obtained from the Nanded Waghala Municipal Corporation, there are 483 private clinical establishments (including

hospitals as well as clinics) in the city. There is an entire lane in Nanded named 'Doctors Lane', where (as the name indicates) large number of private hospitals are located.

- Scrutiny of the Maharashtra Medical Council register reveals over 2000 doctors whose addresses are mentioned at some location in Nanded district. As per a study on geographical distribution of hospitals in Nanded city, there is mention of around 840 doctors (including MBBS and Ayurvedic physicians) in the city, which is a large number.
- **According to available information there are estimated to be around 80 doctors having pediatric practice in the city**, and around 120 pediatric facilities (hospitals and clinics) in the entire district. One digital platform specifically mentions the names of 21 private pediatric hospitals in Nanded city.
- Out of the numerous private hospitals in the city, 50 are mentioned in the Registry of hospitals in network of insurance, however only 30 are empanelled under MJPJAY scheme. **Further out of these MJPJAY empanelled hospitals, only nine private hospitals are expected to provide pediatric medical care.** These are all small to medium sized hospitals having 25 to 50 beds reserved under MJPJAY. Each of these hospitals provide care for around a dozen or more different specialities under the scheme, so only some smaller proportion of the reserved beds would be available for pediatric care. **Out of these only two private hospitals of Nanded are empanelled under PMJAY – MJPJAY to provide neonatal care.**
- Given this background, while detailed enquiry would reveal further information, it appears that **despite Nanded city being a major hub of private hospitals** for the region and having large number of pediatric hospitals, **private hospitals are not enrolled under MJPJAY scheme in sufficient numbers to provide significant level of care to neonatal and pediatric patients in Nanded**. The structural reasons for many private hospitals not enrolling under MJPJAY across Maharashtra are diverse, long standing and well known, and seem to be operative in this context also.
- While MJPJAY is only a limited source of care for pediatric patients, there appears to be a large flow of patients seeking care in Nanded through commercial channels. Some private doctors from the district also provided anecdotal information about 'dumping' of critical patients at GMC by some private hospitals. This means that in situations when a sick newborn or other patient is considered terminally ill they might be referred to GMC Nanded at the last stage, when further treatment may not be fruitful. In such cases the death toll of GMC goes up further, although these deaths may be linked with processes falling beyond the ambit of this public hospital.

D. Analysis and recommendations

The relatively large number of 24 deaths recorded in GMC Nanded hospital during the 24-hour period of 30 Sep – 1 Oct 2023 has attracted widespread public attention. This specific occurrence appears to be the case of an already overstretched system being pushed beyond the brink. **The recent excessive deaths appear to be only the tip of the iceberg, which reflects a much deeper multi-dimensional health system crisis, extending far beyond the Medical college hospital.** The team noted the regrettable tendency by some political representatives of blaming frontline health workers or administrators for this situation, which is completely misplaced and unjustified. Rather these deaths point towards a range of critical interrelated health system gaps and distortions, which must be urgently addressed to prevent the possibility of further such occurrences.

Drawing upon the findings described above, we can broadly categorise the interrelated factors causing the recent situation created in GMC Nanded under the following five headings:

1. Ongoing high influx of indoor patients in GMC hospital, due to insufficient specialised care at other levels of public health services, weak multi-level management and referral system

As described above, besides the GMC, specialised healthcare in the public health system in Nanded district currently appears quite deficient. The example of neonatal and pediatric care is illustrative, where besides GMC there is only one public health facility – the Nanded Women's hospital – which has a functioning Sick Neonatal Care Unit (SNCU) with 12 beds. The Civil hospital, all six Sub-district hospitals, and 12 Rural hospitals

– total of 19 public hospitals, each with 30 or more beds - seem to mostly lack proper pediatric indoor facilities or the capacity for indoor treatment of sick neonates, even though some of these have facilities limited to stabilising newly delivered babies through short-term care (New Born Stabilisation Units - NBSUs). Similar gaps seem to prevail related to secondary public facilities in neighbouring districts like Parbhani, Hingoli, Latur and Yavatmal. In this kind of situation, **large number of sick neonates from Nanded district and nearby talukas of other districts are referred within the public health system to GMC, Nanded as the 'court of last resort' which becomes seriously overstretched.**

This is linked with the **lack of a well organised, level-wise appropriate management and referral system,** whereby many neonates requiring admissions should be managed at secondary public facilities (RHs, SDHs, Civil hospital) which should provide Level I and Level II newborn care, and only selected newborns requiring Level III care should be referred to the GMC Nanded. Vacancies in posts of pediatricians and lack of their effective, full-time presence in peripheral public hospitals is contributing to this situation. In effect, **the failure of specialist care at secondary and basic tertiary levels of the larger public health system can get converted into crisis situations, due to overload at specialised hospitals like GMC Nanded, as experienced recently.**

2. Constraints on treatment capacities and understaffing of GMC Nanded hospital

We have already described how GMC hospital Nanded has been seriously over-extended in its role of providing patient care, and the available human and infrastructure resources are not commensurate with this demanding role. Examples of major shortages of cradles in the NICU, inadequate number of nurses (less than one-third of required nurses are available in the NICU), resident / duty doctors, and even sanitation staff have been clearly noted. While the hospital has 1080 functional beds, even the IPHS norms for 500 bedded hospitals are not being fulfilled in case of the NICU and PICU. Insufficient supply of essential medicines such as higher antibiotics and other medical supplies has also been reported, even though the medical staff juggles with the available medicines to provide treatment as far as possible. This has clear implications for quality of care, as well as high spending on medicines by patients' families, belying the claims of 'Free care in public health services'.

This overstretching is likely to have negative consequences for quality of patient care, with no fault of the frontline staff such as nurses and resident doctors who are struggling to provide care in difficult and demanding circumstances. In addition, there are also implications for quality of medical education – the primary responsibility of GMC – since residents are overburdened with clinical care, constricting the space for quality teaching activities. The further added likely factor of sub-optimal attention by some of the clinical faculty, who are reported to be involved in private practice or 'consulting' roles in private hospitals, is likely to further compromise the already overstretched capacities of this teaching hospital.

3. Under-performance of official health insurance schemes based on private providers

The Ayushman Bharat – PMJAY programme, which encompasses State level health insurance schemes like MJPJAY in Maharashtra, has been claimed to be a national game-changer regarding provision of hospitalisation care, especially for lower income households. These schemes are supposed to be closing the gaps related to provision of specialist healthcare by the public health system. However when we see the scenario of provision of critical hospitalisation care to neonates in context of Nanded, these much-publicised schemes appear to be complete failures. **Only two private hospitals in entire Nanded district are enrolled under PMJAY (including MJPJAY) for providing Neonatal care**. This is despite the fact that there are at least 21 private pediatric hospitals in Nanded city, which are providing market-based care on payment of fees. This is yet another evidence that **health schemes cannot be a substitute for health systems.** Over-reliance on such schemes which have patchy performance at best, can draw away precious resources and political attention from the public health system, which continues to provide much-needed services to the most vulnerable and deprived sections of the population, despite so many imposed constraints.

4. Short-term factors which might have contributed to surge of patients in end September 2023

The above mentioned three categories of causative factors are structural in nature, and have prevailed in more or less continued form in Nanded since last few years, leading to an ongoing, growing mismatch between the patient load on GMC compared to its capacity to provide specialised care. **These health system factors are fundamental in nature and need highest level of priority and attention by policy makers in the state; no sustainable solutions can be found if these basic causative factors are ignored.** However we also need to account for the fact that there was a particular spike in deaths in GMC Nanded during 30 Sep. – 1 Oct. 2023. We can conjecture that in addition to the ongoing, major systemic factors, some relatively short-term factors have probably further exacerbated the capacity – patient load mismatch for GMC, so that the system reached a 'breaking point'. These factors may have proved to be the 'last straw on the camel's back', contributing to the observed spike in number of deaths (including neonatal deaths) observed in GMC in end of September 2023.

- There has been an overall rise in numbers of patients in the area during last couple of months (August – September 2023) due to seasonal increase in illnesses, such as increased transmission of viral infections like Dengue and Upper respiratory infections. The average number of monthly admitted patients at GMC Nanded during January to July 2023 was 5963, while total indoor patients in August 2023 were 7475, and in September 2023 these were 7192. This amounts to a 23% increase in patient admissions during the last two months compared to the first seven months. Similarly, average deaths per day in GMC Nanded have increased from 8-10 deaths per day during January to July 2023, to average of 12 deaths daily in August, and average 13 deaths daily in September. This rising trend of inpatient admissions and deaths reflects the further overstretching of the already strained treatment capacity of this referral hospital.

- Some of the medical staff whom we talked with also mentioned that since public health services have been declared by the State government to be free of charge, there is increase in the load of patients seeking care at public health facilities. This factor needs to be further verified based on actual data. However if we assume that such a factor is operative to any extent, the implication is that after user fees have been abolished – which is a positive step - now the State government needs to urgently upgrade availability of medicines and staff, and over time even expand healthcare infrastructure across the state, keeping in view the expected higher utilisation of healthcare services.

- Finally the much-publicised factor of the 'long weekend' during 29 September to 2 October 2023 cannot be ignored, although this incidental factor should definitely not be presented as the 'main cause'. The long holiday period seems to have led to reduced availability of specialist services in various private hospitals of Nanded which are usually treating significant number of critical patients, including neonates and children. Many of these patients would have now been referred to GMC, or they might have opted to approach GMC directly. The same factor may have similarly played some role in reducing availability of specialist care in peripheral public hospitals also. This entire situation may have led to further boosting of patient traffic on the 'referral highways' from different directions, all leading to overwhelming flow of patients towards Government Medical college, Nanded, with unfortunate consequences.

5. <u>The cause of causes</u>: Low political priority and resources for public health services in Maharashtra, promotion of healthcare privatisation

Each of the findings described above – such as inadequate public health staff, infrastructure, medicine supply (all linked with insufficient health budgets), poor planning of health services at various levels to deal with the expected patient load, weak referral systems, inordinate reliance on private-sector oriented health insurance schemes, which are not proving effective in providing care – display **lack of sufficient political priority by the current government in Maharashtra to ensure well-resourced and majorly expanded public health services**.

Inadequate allocation of budgets for public health is an outstanding manifestation of this policy neglect. Maharashtra is placed at the absolute bottom of the list, when 28 Indian states are ranked by the percentage of their budgets which they spend on Public health and Medical education, as per the Reserve Bank of India report on State finances for 2022-23. While the goal defined by National Health Policy 2017 is for state governments to spend 8% of their budgets on the Health sector, the national average of such spending by all states and UTs combined is 5.7%, but **Maharashtra government budgeted for health sector the lowest proportion among all states, with just 4.1% of its state budget allocated to Public health and Medical education in 2022-23.**

This appears to be linked with policy approaches in the health sector prevailing since nearly a decade, which have constrained resources for public health services, while promoting private sector-oriented health insurance schemes and privatisation of healthcare. Despite the traumatic experiences during the COVID pandemic, which highlighted the urgent need for majorly expanded and strengthened public health sector like never before, these glaringly obvious lessons from the COVID pandemic seem to have been ignored by the Union government as well as the current Maharashtra State government.

The excess deaths in Nanded are not an isolated phenomenon, rather they are more visible and extreme manifestations of a deepening, state-wide public health system crisis, reflecting a heavily over-stretched and under-resourced system which is now moving close to breaking point. Certain actions which need to be taken urgently include the following:

- **Conduction of an independent public audit of the recent incident in GMC Nanded with broad based social participation**, involving public health experts, nurses and heath staff associations, social activists and health NGOs, citizens groups, affected patients and family members, along with Health officials from Nanded district, to identify issues at various levels which need to be addressed, along with proposing an action plan to prevent such occurrences in future
- **Convening a special session of Maharashtra Assembly on Public health** – with involvement of public health experts and social networks active in the health sector – to draw lessons from the recent COVID pandemic as well as recent spate of excess deaths in public hospital across Maharashtra. The objective should be to develop a **multi-party resolution on time-bound, comprehensive policy measures to be implemented towards overhaul of the health system in Maharashtra,** towards preventing further deaths and suffering.
- **Implementing urgent improvements and expansion in GMC Hospital Nanded** related to staffing, infrastructure, facilities etc. in keeping with the high load of patient care handled by this hospital
- **In parallel, massive strengthening and expansion of specialist care as well as basic health services in the rural and urban areas of Nanded**, especially the Civil hospital, Women's Hospital, Sub-district hospitals and Rural hospitals.
- **This must be accompanied by implementing a robust system of regular community monitoring and social audit** from village to district levels, to ensure that expected services are actually delivered at various levels and under-performance is minimised.
- **Lists of available staff, services and medicines should be prominently displayed** in all public health facilities so that people can monitor and demand these. These measures do not have any major financial implications and should be implemented immediately across the state now.

Along with these immediate measures, there is accompanying urgent need to implement long-overdue system reform measures with emphasis on the following –

- **Doubling the state's public health and medical education budget**, raising per capita public health spending from current Rs. 1800 per year to around Rs. 4000 annually.
- **Immediate adoption of a Tamil Nadu – type autonomous, transparent and technically empowered medicine procurement and distribution system** to ensure uninterrupted, adequate supply of all essential medicines to public health facilities. It should be accepted that half-baked experiments like the Haffkine institute-based mechanism for procurement have not led to desired results.

- **Adoption of a Health humanpower policy, which is seriously lacking in Maharashtra,** ensuring adequate recruitment and postings of various levels of staff - from specialist doctors to support staff - in all public health facilities as per requirement, while preventing corruption and arbitrary decisions during postings, which damage morale and functionality of the system
- **Systematic review of functioning of private healthcare sector and related health insurance schemes**, especially keeping in view experiences during COVID as well as the recent incidents, followed by actions for regulation and standardisation of private healthcare, and major restructuring of health schemes, in line with public health system priorities

To conclude, we can strongly state that these unfortunate numerous deaths in Nanded should prove to be an urgent 'Wake-up alarm' for the entire health system in Maharashtra, since this situation is not an isolated incidence, but is rather a **glaring manifestation of the multi-dimensional health system crisis in Maharashtra**. We hope that various aspects of the crisis which are elaborated upon here might prompt effective policy actions from the highest levels of political and administrative leadership in the state. These tragic deaths must serve as a wake-up call for the politicians as well as people of Maharashtra, prompting total overhaul of health policy and increased political commitment to public health. Diverse social networks and organisations should launch a movement for health system accountability and Right to Health care across Maharashtra. **Such a movement would work for massive expansion, strengthening and reorientation with accountability of public health services at various levels across the state, along with effective regulation of private healthcare, while placing Right to health care for all squarely on the political agenda of Maharashtra.** Public health is not just a technical area; it is a deeply political issue and area of prime public interest. **The state of health systems in Maharashtra is literally a matter of life and death today, and the time to take definitive action on this is now.**

The following persons were involved in the Jan Arogya Abhiyan (JAA) fact finding team and report drafting: Shailaja Aralkar, Sachin Deshpande, Deepak Jadhav, Girish Bhave, Kajal Jain, Vinod Shende; they have been provided technical inputs by Dr Rajesh Mane, Dr Ashok Belkhode, Dr Swati Rane, Dr Kishore Khilare and Dr Abhay Shukla. JAA gratefully acknowledges the role of numerous nurses, doctors, health staff, health officials and social activists from Nanded who generously provided information and made this fact finding possible.