Sealed border chokes travel to Gurugram

Hospitals, labs demand easier passage for staff to ensure proper patient care

ASHOK KUMAR
GURUGRAM

Commuters taking the Delhi-Gurugram Expressway to Millennium City, included among orange zones by the Union Health Ministry on Friday, had a harrowing time crossing the border with the intensified checking leading to long snarls and increased waiting time.

Scores of people were sent back by the police, which only allowed ambulances, those carrying passes authorised by the Centre and Haryana government, and those providing essential services to cross over.

The stricter curbs on intercity movement severely affected the functioning of hospitals and pathology labs in both Delhi and Gurugram on Friday, prompting several stakeholders to demand easier passage.

Patients affected
Ritu Garg, zonal director, Fortis Memorial Research Institute, said a system to allow medical staff through with adequate screening would help ensure sustained medical care for patients. “We need to ensure assistance to patients undergoing chemotherapy, dialysis and with other medical emergencies. A number of our health workers are settled outside Gurugram... it is difficult for them to move here,” said Dr. Garg in a statement.

Arjun Dang, the CEO of Dr. Dangs Lab, said the sealing came on the back of restrictions in Faridabad for the past two days. He said that two of his senior consultants could not come from Gurugram. “Earlier four molecular biologists, all residents of Faridabad, were also not allowed. We are authorised for COVID-19 tests and with four of the eight microbiologists not turning up for work, it becomes difficult to run operations. Eventually we made arrangements for their stay in Delhi,” said Dr. Dang.

“I request to exclude doctors from this border sealing thing and allow them to travel with valid ID card so as the patients don’t suffer,” said Dr. Ashish Mahajan, in response to a Facebook post from The Hindu on the ‘Gurgaon Helpline’ page. A few, however, supported the sealing saying it would help curb the spread of the virus.

Gurugram MP and Union Minister Rao Inderjit said the decision could be reviewed in a couple of days.

Apart from strengthened police presence on the Gurugram border, strict restrictions on other border points of the national capital adjoining Faridabad and Sonipat were also imposed by Haryana police personnel.
Industry welcomes govt move on investments in health care

PRESS TRUST OF INDIA
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Health care sector on Saturday welcomed the government’s decision to ramp up infrastructure and undertaking structural reforms, but said the industry also needed support in view of the headwinds it faced due to Covid-19 pandemic.

The announcements by Finance Minister Nirmala Sitharaman to increase investment in public health, ramping up infrastructure at grassroot level and getting future ready for Covid-like public health crises are strategic reforms, apex industry body NATHEALTH said.

“Healthcare industry welcomes these strategic reforms and looks forward to working with the government on expanding India’s health care footprint while growing employment through private sector,” NATHEALTH President Sudarshan Ballal said.

In view of the tremendous headwinds faced by the industry, the industry body looks forward to continuously engaging with central and state government for short-term support to sustain and maintain resilience in the face of Covid, he added.

“We acknowledge and appreciate the structural measures undertaken by the government on Covid-19 management and placing public health investment as a priority,” NATHEALTH Senior Vice-President Preetha Reddy said.

There is a need for an overall stimulus package to revive the Indian health care industry as the sector generates one of the largest number of jobs and many MSMEs are supported by it, she added.
Movement of Corona samples becomes a major problem

NEW DELHI: The sealing of the Delhi-Haryana border has become a major hurdle for healthcare professionals engaged in ferrying COVID-19 samples for laboratory testing and for the movement of such workers. Sanjeev Vashishta, Managing Director & CEO, PathKind Diagnostics said the sealing of the Delhi-Haryana border has developed as a concern for healthcare professionals commuting between Delhi-Gurgaon and Delhi-Faridabad.

“We are authorised by the health department to conduct COVID-19 sampling and testing but are facing challenges in commuting and transporting the samples. We, as healthcare workers will be able to contribute better once the necessary authorisations are given to the doctors, para medics, lab scientific officers and ground force to ferry the samples and necessary consumables/re-agents”, said Vashishta.

He insisted that the government has assured to place a hassle-free system to allow travel of medical professionals so that healthcare/COVID-19 testing service delivery is not adversely affected.

The Haryana police sealed the Delhi-Gurugram border at 10 am on Friday. Reportedly, a member of the nursing staff of a hospital at the IPFCO chowk was stopped at the Delhi-Gurugram border near Sehrawal despite showing her identity card. Siddhartha Bhattacharya, Secretary-General of NATHEALTH-Healthcare Federation of India, said with the announcement regarding Delhi-Haryana border sealing order, healthcare sector personnel are facing considerable challenges.

“We request the government to ease the logistical movement of doctors, medical personnel and other associate service persons to commute to and fro into Delhi across the border from Uttar Pradesh and Haryana. This is essential to deliver uninterrupted essential healthcare services”, said Bhattacharya.

Detailing on difficulties faced by doctors and hospital staff while crossing the border, Ritu Garg, Zonal Director of Fortis Memorial Research Institute, said the recent announcement of restricting the movement across borders may help in reducing the movement and further transmission.

“The biggest challenge that we are currently facing is that a number of our health workers are settled outside Gurugram. While we are trying to make some arrangements, during this challenging phase, it is difficult for them to leave their families and move here”, added Garg.

AGENCIES
Healthcare providers bear brunt of sealed Delhi-G’gram border

New Delhi: Healthcare providers working in Delhi and Gurgaon are having a harrowing time as they are unable to commute to work due to the sealing of the Delhi-Gurgaon border in the wake of COVID-19 outbreak. At a time when they are fighting the coronavirus battle, inconvenience to them means inconvenience to several patients.

Ritu Garg, Zonal Director, Fortis Memorial Research Institute says there is an urgent need to ensure medical assistance to patients on chemotherapy, dialysis and having other medical emergencies.

“The biggest challenge we are currently facing is that a number of our health workers are settled outside Gurgaon. While we are trying to make some arrangements, it is very difficult for them to leave their families and move to Gurgaon in the present circumstances,” she says.

“It would be a great help if a system is put into place for healthcare workers to be screened and allowed to move across the border after full validation by authorities,” Garg adds.

Deepak Sharma, a resident of west Delhi, who works with a diagnostic lab in Gurgaon is another such worker who is bearing the brunt of the sealed border.

“It is a crucial time for laboratories, and we are working with full strength, but I cannot commute to my workplace now, so it is kind of leave from work. Also, there is no concept of work from home in this sector. I did not want to take leave during such time, but now I am forced to do it,” he says.

Arjun Dang, CEO, Dangs Lab says the sealed Delhi-Gurgaon border is leading to shortage of manpower, delay in medical processes that need to be done on time and also causing inconvenience to patients driving1.0pt(763,830),(816,857)(821,830),(874,857) from Gurgaon and vice versa.

He said one of their senior-most doctors who specialises in hematology has not been able to come to Delhi from Gurgaon for the last three days.

“The hematology samples are mostly oncology samples and we are unable to process them. Also, a lot of my patients come to Delhi for the drive-through coronavirus testing. It gets difficult if they are stopped at multiple places while they are commuting,” Dang adds.

Echoing Garg, Dang says a uniform system be put in place for healthcare workers who are travelling between Delhi and Gurgaon.

He says his organisation caters to many hospitals in the NCR and is unable to function due to the sealed border.

Ritika Sharma, who works as a nurse in a Delhi hospital and stays in Gurgaon, says she has been given time till Monday to arrange for some accommodation in Delhi till the time borders are sealed.

Siddhartha Bhattacharya, Secretary-General, NatHealth-Healthcare Federation of India, says the government should remove curbs on movement of doctors, medical personnel and other associate service providers, and allow them to commute to and from the Delhi-Gurgaon border.

NatHealth-Healthcare Federation of India is an apex industry association of healthcare providers.
By Ameera Shah

A primary conversation in the public domain today is around rethinking our testing strategy for COVID19. Many experts have opined whether India is doing enough testing and where we are falling short in monitoring and reporting the number of cases. There are also varied views on the current testing methodology of RT-PCR – that it is not scalable due to need for improved equipment, skilled manpower, and an inadequate number of kits within the public healthcare system in India.

A Unified Testing Goal, Strategy and Guidelines

According to available ICMR data, India has conducted around 8,30,201 tests as of 30 April 2020.

With positive cases rising in India each day, the need of the hour is to significantly
scale-up testing across locations. The central government in collaboration with ICMR has now laid a very strong base to prepare for large-scale testing by enlisting public and private NABL-accredited labs across the country. Also, with respect to the testing strategy, there is still a disconnect and a lack of alignment on goals between the center and the states. Revisiting this and working towards a unified and structured testing goal will help private labs scale up its capacity and offer up to ten times more tests in a day. The only goal to scale up testing at this point is to help flatten the curve at the earliest time-frame possible.

**Quality Assurance: Private Labs come with strong credentials**

The Third National Family Health Survey asserts that the private medical sector remains the primary source of healthcare, catering to 70% of households in urban areas and 63% of households in rural areas. The top private diagnostic laboratories in India have taken care of the testing needs of more than 60 million patients cumulatively every year. All the authorized diagnostic services enlisted by ICMR as per the recent notification of 28 April 2020, has undergone a rigorous process of NABL accreditation and follows the best available protocols and quality control. Most of them use instruments that are USFDA and CE-marked from reputed and trusted medical brands. Moreover, the workforce is trained and endorsed by the accreditation agencies. A few large private lab chains are also CAP approved, which is an American gold standard accreditation, equivalent in quality to American and Singapore laboratories.

The current SARS-COV-2 tests by private labs adhering to Government guidelines are conducted on a molecular biology platform, which has been the standard procedure for more than 25 years. These have the quality validation with ICMR. Laboratories are making efforts to use the best available sample collection kits which can ensure sample integrity, protocols to transport samples in special viral transport medium, and testing on quality equipment. Labs also are taking additional care to ensure adherence to bio-safety guidelines as well as reporting protocols to ICMR, state, and city authorities.
Positive reports are credible
There are a lot of questions being raised over the credibility of reports. Various media reports have emerged on how testing reports are different from lab to lab. However, there are very few reports that explain to people why there may be changes in reports.
1. A patient tested positive can turn negative as early as within five days. Scientific Studies show that virus can get cleared as early as 4.3 days of infection.
2. There are different kits that have been approved by ICMR and each of these kits have different sensitivity levels and this may lead to variation in results.
3. A nasopharyngeal swab is collected from deep inside the nose and an oropharyngeal swab is collected from deep inside the throat. Improper collection leads to not having enough virus in the sample for it to be detected during testing.
4. Another reason for a false-negative result is when the sample is not stored or transported properly. The RT PCR test involves detection of the Viral RNA and the RNA in the virus tends to get inactivated or damaged and is non detectable, if not transported correctly. The samples need to be transported in a special viral transport medium following proper protocols to ensure sample integrity.

Private labs not at the side-lines but equal partner in the fight
An analysis of data submitted by Maharashtra Government’s Public Health Department reveals that private labs have contributed equally to the testing of over 100912 samples in the state. Private labs also have dedicated collection centers and have also ramped up isolated COVID labs to speed up diagnostics despite the initial shortage of kits and multiple logistical issues. We have also established drive-through testing centers and installed walk-in mobile kiosks to minimize to optimize the use of PPEs, masks and gloves, minimize inconvenience caused to patients and reduce stigma for technicians working in hazmat suits.

In addition, challenges faced by the lab workforce to test and collect samples has been immense. Currently many private labs are reeling under the mounting pressure of high
operating costs. With advances being a norm for many manufacturers and suppliers and deferred/delayed payments from hospitals (both private and Government), the cost pressure is rising. Smaller labs are finding it difficult to scale up. The non-availability of public transport has limited the access to enough supplies and manpower. Staff members are also facing public ire while on duty, but the teams have still managed to hold the fort in times of necessity to serve the nation. With the pressure to report tests in a good turnaround time, lab staffs are foregoing rest and sleeping on the floors of labs, doing 16-hour shifts each day, not meeting their families for weeks and putting their own lives at risk.

**Innovations that can scale up testing**

With over 130 zones designated as RED ZONES, it is important to scale up testing to flatten the curve in these cities and districts. Identifying and isolating positive patients through testing is the only way forward. Large private laboratories have the capacity to conduct between 800-1500 tests a day and this can be scaled up 10x with a few innovative measures.

One such example is pooling of samples in areas where there is low prevalence and for community surveillance amongst asymptomatic individuals. This will help assess the status of a larger number of population and will also come in great use as and when the lockdown will have to be eased. Setting up more mobile booths across hospitals will reduce dependency on PPEs thereby improving costs. We also need to explore the possibility of adopting self-collection kits where patients can safely collect their own sample and post it to a lab along with the test requisition form. This can not only reduce the cost but also greatly improve the speed of testing. There is also a lot of studies that support that Saliva could be a better sample than a nasopharyngeal swab and we also need to consider this possibility. A study by Yale School of Public Health also concluded that there was less variability in results with the self-sample collection of saliva. For accurate large-scale SARS CoV 2 testing, moving to self-collection and saliva sample may be the best option for India.
Vaccine trials offer some hope
There is still a lot that we do not know about the virus and how it affects humans. Reports of young people dying from strokes and thrombosis have come up in the last few days. While in a few, COVID toes have been reported, autoimmune diseases are seen in some others. There is a race to produce a vaccine and some trials look promising. However, we need to remember that there are over 11 (18!) different strains of the virus that are being studied currently and we still do not know if vaccine trials focus on the strain types that are seen in India. Moreover, a vaccine usually addresses only 2-3 types of strains and this could pose a challenge to its efficacy. A vaccine is still a long way to go and there is no known cure or treatment. The only thing that we are sure of today is the testing protocol and that is why we cannot afford to let our guard down with respect to testing our citizens.

Catering to India’s 1.3 billion population is a huge task and calls for a smoother operational mechanism for the success of this collaborative approach. State governments need to step up measures and ensure a hurdle-free procedure and a safe environment for the medical and testing workforce. There is a need to simplify processes and prerequisites for labs, improve access to make it more convenient for patients to get motivated and go for testing. The need of the hour is trust and cooperation for the government and private labs to come together and meet the enormous testing needs. Metropolis stands together with the government in this fight and we will do everything that we can to support the people of this country in this hour of need.

(The author is Managing Director and Promoter, Metropolis Healthcare as part of NATHEALTH Thought leadership series. Views expressed are personal.)
The noble vision of Universal health coverage (UHC) is about ensuring all individuals and communities have access to the healthcare they need. UHC does not mean healthcare is free, but that personal out-of-pocket payments do not prevent or dissuade people from using health services, and that people are shielded from “catastrophic health expenditure” which implies not spending more than 30% of their household income on health. During a crisis like COVID which makes no distinction between rich, middle class and poor, the need for a UHC is felt like never before. Never before has the real cost of not financing UHC been more apparent, as the global economy is set to lose 5-6 pts of growth and move towards a 3% projected contraction (IMF 2020 global GDP forecast).

Public Health expenditures around the world, particularly India, are rising. It is driven by emergence of dual burden of communicable and non communicable diseases and the increasing life expectancy across all demographic segments. Government spend as percent of GDP has stayed between 1.1-1.4% of the GDP over last decade and out of pocket personal expenditure is filling the gap nearly 65% of total spend. A June 2019 World Bank report found people in developing countries, including the Caribbean, spend half a trillion dollars (over $800 per person) annually on out-of-pocket payments. In a country like India, where per capita GDP is USD 2,143, this is not sustainable nor affordable for a vast majority of citizens. It is thus not surprising that healthcare financing in India is neither sufficient, efficient or equitable. About 55 million Indians were pushed into poverty in a single year because of having to fund their own healthcare and 38 million of them fell below the poverty line due to spending on
medicines alone, a 2018 study from the Public Health Foundation of India has estimated.

Does private sector have the answer to key pieces of this challenge? Not surprisingly, private healthcare sector is good at areas which it was designed to excel at. Play to its strengths, it can be a powerful ally in India’s aspiration to operate a universal healthcare system supported by an enabling financing, policy and regulatory framework that shapes a competitive market for innovative goods and services. The opposite scenario is certainly not desirable as the cumulative cost of looming NCD’s (diabetes, hypertension, cancer and cardiovascular lifestyle diseases) to India’s economy is expected to top USD 6 trillion dollars by 2030. As we aspire to grow to a 5 trillion USD economy by 2025, these numbers are indeed mind boggling.

UHC cannot be achieved unless we recognize how the private sector has contributed to and continues to accelerate and amplify efforts towards improving health for all. Along with all Stakeholders in UHC, private sector has a key role to play. But due to extreme fragmentation in health eco system, the voice of the private sector is disjointed and often not heard. This needs to change and we need to align it to our national goals of a high quality, affordable, accessible and equitable health system made in India for India. Let us look at these objectives more closely and you will have to recognize the role and potential of industry.

**Improving Access by scaling innovations:** Over 70% of healthcare services in India are provided by the private sector. About 72 percent of residents of rural areas and 79 percent of residents of urban areas use private healthcare services. This trend can be explained by a number of factors, including the private sector’s ability to be responsive to population’s needs and its ability to rapidly adopt new innovations and maximize their scale up. Whether it is hospitals, labs, radiology or homecare and wellness services, private sector is ubiquitously backed by private capital and Indian entrepreneurship spirit. The growth in telemedicine and Heal in India (Medical Tourism) Sector has happened with recent advances in digital health, telecom revolution and a large pool of skilled doctors with technical expertise that has transcended national and state borders. While private sector can incorporate UHC principles, including leaving no individual behind, in core business models and objectives and develop, test and scale innovative business models aligned with UHC goals, private capital will only follow long term stable policy and financing policies that assure a fair, stable and transparent regulatory framework which allows a competitive return on capital invested.

**Affordability and Equity:** If one were to review the costs of cardiac surgery in the US, it is around $100,000. In comparison, in most hospitals in India, it would be just about $3000-4000. Similarly, in most major disciplines including transplants too, private sector capabilities and outcomes are on par and sometimes even better than several international hospitals and the costs are a mere 20% as compared to hospitals in the western world. Similarly, the Indian medical diagnostics and pharmaceutical industry has been able to provide people living in remote areas even in most aspirational district access to modern diagnostics facilities. The prices of diagnostics have remained flat or
at best increased by 5–10 per cent in the last five years, while the consumer price index (CPI) price inflation has grown by around 30 per cent (NATHEALTH 2019 Diagnostic Study). While Private Sector healthcare still remains out of reach for many Indians, it has undoubtedly driven efficiency and improved access which has brought much of India under its services. Unfortunately, the cost of private healthcare is still about four times greater than the country’s public healthcare, which is greatly subsidized by Indian Government through interest free capitals, subsidized capital loans, free land, electricity and a number of subsidies which makes it difficult to compare the real efficiency and comparable cost of service delivery.

**Quality and Enhancing Value in Healthcare:** Only 5-10% of India’s private sector hospitals and labs are accredited and these are institutions of global excellence accredited at par with equivalent international standards like NABH, JCI, NABL etc. These handful of accredited institutions have catapulted India to a top 3 destination for medical tourism and created an export market of nearly USD 9 Billion in 2020 by strict adherence to global standards of process, protocol and frugal innovations made in India. Compared to over three decades ago in some of the leading private hospitals in India, heart surgeries used to cost USD 4,000 whereas the cost in America was USD 50,000. Moreover, in an interesting turn of events, while the costs increased in the US, India has reduced its costs to less than USD 2,000 and the clinical outcomes have improved from 94% to 99%. As health financing in India moves from supply to demand side, there is a great opportunity to drive adoption of standards as minimum eligibility criteria for empanelment of providers by large insurance payors. India needs to consistently push the envelope on value which is a function of best outcome at a unit cost and not cost alone.

**In conclusion,** if India’s march towards UHC is a journey, the fate of both public and private sectors are intertwined in its common national destiny. Like different coaches which serves passengers in the great Indian railways, India’s healthcare also offers healthcare services at differentiated value categories. Both public and private sectors need to be strengthened and especially the bonds that hold them together. Like the Indian railways where all passengers reach the destination at the same time and share common view of the journey, so should healthcare guarantee a minimum set of core services for UHC, backed by a unified common pool of national resources that make this journey sustainable for all the stakeholders.
Halted by sealed Delhi-Gurgaon border: Doctors, health staff, crucial surgeries

With the Delhi-Gurgaon border sealed starting Friday morning, healthcare workers who live in the two cities were among those who found themselves stranded.
On Thursday night, cancer surgeon Dr Mandeep Malhotra had to reschedule a surgery for a patient suffering from throat cancer after he realised he won’t be able to make it to Fortis Hospital in Vasant Kunj from his Gurgaon residence the next morning. Dr Tariq Matin, a Delhi-based neuro-interventionist, had to postpone a procedure too as he couldn’t make it to Narayana Superspeciality Hospital in Gurgaon.

With the Delhi-Gurgaon border sealed starting Friday morning, healthcare workers who live in the two cities were among those who found themselves stranded. Apart from the long queues at border checkpoints, healthcare workers said they had to deal with police personnel, who didn’t let them pass despite their ID cards and explanations regarding the urgency of their work. The Gurgaon authorities have directed that those working there and living in Delhi and vice-versa should make living arrangements at or near their workplaces to avoid cross-border movement.

Malhotra told The Indian Express, “I have been with this patient for two months and this surgery is important. I can delay a day or two, maybe even a week, but beyond that all our work will be undone and the cancer can progress.”

He said the hospital has given them accommodation to stay back in Delhi, but he cannot as his aged grandmother and two young children stay with him. “One can stay away from home for two-three days but this is indefinite,” he said.

Malhotra said even patients are in trouble as many cross the border for treatment. “I have a Gurgaon-based patient who got operated on for breast cancer. Now she needs post-surgery radiation. I asked her to get it done at a hospital in Gurgaon, but it turns out that a lot of its staffers live in Delhi, so her post-surgery radiation has not been scheduled.”

At 7.30 am Friday, Dr R K Agarwal (58), senior consultant, anesthesia, at Sir Ganga Ram Hospital, left his Gurgaon residence for work and reached in no time. On his way back in the afternoon though, he found himself pleading with police. “I work in a COVID hospital and, as an anesthetist, I work with ventilators, which are crucial right now. I showed the police personnel my ID card, a letter from the hospital saying this a COVID hospital, but he just didn’t listen. I felt humiliated. The AC in my car too wasn’t working and I told the policemen that I am tired, I
am ageing and that they should let me go. I left the hospital at 1.30 pm and finally reached home at 4.45 pm,” said Agarwal. He said he is “fearful of going to work in the coming days”.

Gurgaon-based Dr Ajay Singhal, head of department of anesthesia at Primus hospital in Delhi’s Chanakyapuri, said he didn’t go to work after he found out on Thursday that the border had been sealed. “Thankfully, we have Delhi-based anaesthetists… How can they expect us to make accommodation arrangements in Delhi?”

Matin, the neuro-interventionist at Narayana Superspeciality Hospital, said that 40% of the Gurgaon hospital’s healthcare workers live in Delhi, and could not come to work Friday. “The nephrology unit is shut… Dialysis is very important. Other healthcare services shouldn’t suffer like this,” he said.

Gurgaon-based Dr Anurag Gupta, a neurosurgeon at Fortis Vasant Kunj said: “NCR has always been one unit, and this sealing has made our life very tough. I am the only neurosurgeon at the hospital. I have asked a Fortis Gurgaon neurosurgeon who lives in Delhi to cover for me. My wife works at Fortis Gurgaon and several heads of department and the director have been unable to come because they live in Delhi.”

A doctor with a private hospital in Delhi, who did not wish to be named, said she and her husband, also a doctor, reached the NH-8 toll plaza on the Delhi-Gurgaon border around 2 pm after completing their shifts and found a long queue of cars. “We knew that the order was coming into effect today so we left a little early to reach Gurgaon, where we live with our three-year-old son. We had to wait for two hours in the traffic before we reached the checkpoint, where we showed our hospital IDs and state government-issued passes, but police told us that they cannot allow us to pass,” she said.

“There were 15-20 doctors besides us. Police also threatened an FIR against us. After much pleading, they finally let us go, with a warning that this was being done only for today and if we return without valid passes tomorrow, we should be ready to face charges,” the doctor said.

Another doctor with Medanta Hospital in Gurgaon, who was on his way to work from Delhi, said he told police officials that he worked in an ICU and had valid passes. “They said only those with Central government passes would be allowed to go through,” the doctor said.

G K Khurana, secretary general of the All India Government Nurses Federation, said:

“Additional restrictions are causing problems in the movement of healthcare workers, many of
whom have called us. Authorities should either allow their movement or make arrangements for their stay near their places of work.”

Dr Arjun Dang, CEO of Dr Dangs Lab, said: “Diagnostic staff conducting coronavirus tests are facing difficulties due to shortage of manpower owing to transport issues.”

Dr Ritu Garg, zonal director of Fortis Memorial Research Institute in Gurgaon, said while restricting movement across the border may help reduce transmission, “we also need to ensure medical assistance to patients on chemotherapy, dialysis and with other medical emergencies”.

A spokesperson for Max Healthcare, which has hospitals in both Delhi and Gurgaon, said nearly 40% of their clinical, para-clinical and support staff travel between Delhi, Gurgaon and Faridabad. “Sealing at borders is forcing us to operate with limited manpower… Despite ID cards and passes issued by Delhi for healthcare workers, they are being stopped,” the spokesperson said.

“We are trying to make arrangements for accommodation for mandatory essential staff in Delhi but that is another challenge with most hotels and accommodation facilities non-operational… Arranging transportation is another hassle,” the Max Healthcare spokesperson said.
As COVID-19 continues to spread across the globe, healthcare systems and economies in 185 countries are faced with unprecedented challenges never seen before. This public health emergency has till date affected close to three million people worldwide and about 29,000 in India.

In most countries, including India, the public is largely turning to Governments and public health systems for solutions. Given the public nature of the disease, authorities are at the forefront taking the lead, but is our public health infrastructure capable of handling a pandemic of this nature alone? Is it not a time to forge a collaborative effort with other sectors to manage the varied challenges?

Over the last decade, private sector has stepped in to fill vital gaps in combating the double burden of communicable and noncommunicable diseases. As an industry, the sector has consistently complemented the government’s efforts vis-à-vis investments in infrastructure and employment creation.
It has also helped in bringing cutting-edge technology, equipment and global clinical protocols to India. The presence of world-class hospitals and skilled medical professionals has strengthened India's reputation for those seeking quality clinical care at affordable costs, in compliance with international quality standards.

The last two months have highlighted the fact that the healthcare sector in India, both public and private, need to make joint efforts to educate, screen, test people and treat the rising cases of infections. Today, with testing centres, treatment and isolation facilities being set up at across the country, the soldiers at the frontline of this war are doctors, nurses, paramedics, critical care staff, lab technicians and frontline healthcare workers.

In support of government initiatives to tackle the current situation, several hospitals have scaled up services to cater to the increasing number of patients, adhering to Government guidelines. They are also upscaling infrastructure, investing in manpower, equipment, consumables and other resources.

Defying the general perception of private healthcare being unaffordable, many have introduced schemes and initiatives to cater to both patients and the public.

For instance, Apollo hospitals under its multi-pronged strategy, ‘Apollo Project Kavach’ has reached out to over three million people using multiple platforms to create awareness about the epidemic and preventive measures. With drive-in screening centres set up across 50 locations, over 50,000 people have been screened for symptoms of Covid-19 and advised precautionary measures.

The hospital chain has also released an AI-based risk stratification digital tool and over 13 million people have taken this assessment to know their risk level of contracting COVID-19. Apollo has also created 1000 isolation rooms with medical cover through innovative partnerships with OYO, Lemon Tree, SBI and Hindustan Lever Limited.

On the other hand, the second largest chain, Fortis Healthcare has donated INR 5.90 crores to The Prime Minister National Relief Fund and has ramped up operations towards COVID19 management, in alignment with government directives. With isolation wards at 28 hospitals across the country, 350 beds have been earmarked to treat COVID19 patients.

Hiranandani Hospital, Vashi – A Fortis Network Hospital has been designated as dedicated COVID 19 facility. COVID 19 patients are being treated successfully at its hospitals in Gurugram, Kolkata, Bengaluru, Mumbai and Amritsar. Fortis is also collaborating with peers to operate a dedicated COVID19 facility in Manesar near Gurugram, Haryana.

Dedicated Fever clinics have been set up across its network hospitals for safety of the patients, staff and visitors. Telemedicine, video consults, trainings for police personnel and helplines are a few other initiatives by the hospital chain. Fortis has also deployed
robots to speed up screening at its facility in Bengaluru, and for indoor disinfection in its Gurugram hospital. SRL Diagnostics, a Fortis subsidiary, has been chosen by the ICMR to conduct COVID-19 testing in Mumbai and Gurugram.

Manipal Hospitals has been treating COVID19 patients at Bangalore, Mangalore as well as in the university town of Manipal. It has set up an exclusive COVID Hospital in Udupi. It is also working with the Govt in running E-ICUs, fever clinics and virtual consults in many districts in Karnataka.

Its centres at Goa, Salem, Vijayawada, Jaipur, and Delhi are all first response facilities, and the ones at Delhi, Jaipur and Vijayawada have been dealing with critical patients requiring advanced care. On the other hand, P.D. Hinduja National Hospital and Medical Research Centre (PDHNH has taken several proactive measures for the safety of its doctors, staff and patients such as practicing social distancing at the hospital, appropriate OPD management, screening and triaging of patients before entry into the premises.

For COVID 19 patients, dedicated isolation wards for confirmed, suspect cases and dedicated isolation ICUs have been set up, away from regular in-patient and OPD areas. The hospital has also been providing free/concessional treatment to poor and needy patients.

The Government must be lauded for its strong leadership and early, effective action on COVID19, which is showing results. These difficult times are also witness to the collaborative spirit of several private healthcare providers.

Further, a larger call of duty lies in focusing on normalising the healthcare delivery services beyond COVID19 as a range of healthcare interventions have been deferred due to the lockdown. This will require a spirit of true partnership between government, private sector and citizens which has become stronger during the current times.
Healthcare providers working in Delhi and Gurgaon are having a harrowing time as they are unable to commute to work due to the sealing of the Delhi-Gurgaon border in the wake of COVID-19 outbreak.

At a time when they are fighting the coronavirus battle, inconvenience to them means inconvenience to several patients.

Ritu Garg, Zonal Director, Fortis Memorial Research Institute says there is an urgent need to ensure medical assistance to patients on chemotherapy, dialysis and having other medical emergencies.

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After Haryana government's announcement to impose stricter restrictions on the movement of vehicles in and out of Gurugram, a major traffic jam occurred at the Delhi-Gurugram border on Friday afternoon. Many people claimed despite valid passes or those involved with essential services were not allowed to either enter or exit Gurugram. The Haryana police sealed the Delhi-Gurugram border at 10 a.m. on Friday. Reportedly, a member of the nursing staff of a hospital at the IFFCO chowk was stopped at the Delhi-Gurugram border near Sehraul despite showing her identity card.

Siddhartha Bhattacharya, Secretary-General of NATHEALTH-Healthcare Federation of India, said with the announcement regarding Delhi-Haryana border sealing order, healthcare sector personnel are facing considerable challenges. "We request the Government to ease the logistical movement of doctors, medical personnel and other associate service persons to commute to and fro into Delhi across the border from Uttar Pradesh and Haryana. This is essential to deliver uninterrupted essential healthcare services", said Bhattacharya.

Detailing on difficulties faced by doctors and hospital staff while crossing the border, Ritu Garg, Zonal Director of Fortis Memorial Research Institute, said the recent announcement of restricting the movement across borders may help in reducing the movement and further transmission. "The biggest challenge that we are currently facing is that a number of our health workers are settled outside Gurugram. While we are trying to make some arrangements, during this challenging phase, it is difficult for them to leave their families and move here", added Garg.
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Delhi, National, Health/Medicine

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