



Impact of COVID-19 Pandemic on the Global Healthcare System

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Abstract

Over the last two centuries, there have been different crises that have rocked the core of our world and healthcare system, such as poverty, global warming, world hunger, mental health issues, terrorism, civil wars, crises in Ukraine, Venezuela and Qatar, the swine flu, Ebola, H1N1 influenza (the Spanish flu), the Asian flu and On 11 March 2020, the World Health Organization (WHO) declared coronavirus disease 2019 (COVID19) a pandemic. Three months on from when China first alerted the world to the emergence of this threat, there were more than half a million confirmed cases and 33,106 deaths reported worldwide (WHO, 2020). Large epidemics have sprung up in Western Europe and the United States. Worryingly, the infection has also emerged in developing countries where the impact of the pandemic will probably be worst. This research study is an attempt to understand the health system and the impact of pandemic on global healthcare facilities.

Keywords: COVID-19, healthcare, system, global, impact.

I. Introduction

Center for Disease Control and Prevention (2019) defined the coronavirus disease 2019 (COVID-19) as a virus caused by a novel coronavirus, which was first discovered during an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. The World Health Organization's Eastern Mediterranean Regional Office (2020) explained that the coronaviruses (CoV) are a large group of viruses that cause ailments inclusive of the regular cold to even more severe ailments such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been formerly found in humans. The deadly illness was birthed from SARS-CoV-2 and was eventually named COVID-19 by the WHO (2020) and the name was chosen to prevent defaming its foundations in terms of populaces, topography, or animal connotations.

The COVID-19 pandemic has shifted priorities of the health system, which is finding itself not only overwhelmed but also with restricted capacity to provide services it has been hitherto extending to communities. Logistics and supplies are disrupted especially of material and equipment that were imported till date (API of essential drugs, personal protective equipment, to name a few) adversely affecting the services.

Hospitals and health facilities overwhelmed with COVID-19 patients are making it difficult for other patients with acute or chronic ailments to access standard care. The national authorities have to plan for challenges related to health of its population concurrent with combating COVID-19 pandemic. Critical areas which may be given priority should address the needs of children, women, elderly with non-communicable diseases and others with special needs. The vulnerable should not be allowed to become more vulnerable.

II. Methodology

The present paper is based on the secondary data collected from the secondary source i.e. published literature on the subject concern. Descriptive and analytical method has been applied in the entire research study.

III. Objectives of Research

The specific objectives of the study are:-

1. To study the health system in the background of pandemic situation.
2. To assess the impact on global healthcare facilities.

IV. Literature Review

Gurria (2020) explained that the coronavirus pandemic is causing a widespread of lives being lost and severe human suffering; it is a public health crisis in countries worldwide with the developing and under-developing countries struggling to contain the spread of the virus. To date, the COVID-19 virus has brought with it the third and greatest economic, financial, and social shock of the 21st Century, after 9/11 and the Global Financial Crisis of 2008.

Chan (2009) in his address at the 23rd Forum on Global Issues stated that in times of economic crisis, people tend to relinquish private health care and make more use of publicly financed health services. This trend has come in a time when the public health system in many countries is already vastly overstretched and underfunded like this covid-19 epidemic.

Grays (2020) explained that in the United States of America, hospitals and clinics are experiencing a reduction of in-person clinic visits due to social distancing and that the major factor is the halt placed on elective procedures and surgeries in order to prepare for COVID-19 patients.

Cutler (2020) stated that while healthcare workers are busy dealing with COVID-19 patients, healthcare offices are still suffering from the decline in other patients. His report highlighted that some primary care practices have reported reductions in the use of healthcare services of up to 70%.

The healthcare industry in developed countries typically one of the fastest-growing industries, with an average total of 8,500 jobs being generated monthly; yet, in March 2020, only 200 jobs were generated in the United States of America (USA) (DocWireNews, 2020). When services are cut, as they have been during this epidemic, income streams are lost and with the unexpected loss of revenue, expenses are reduced [(Culter, 2020); (DocWireNews, 2020)]. According to Lynch, 2020 the situation has gotten so out of control that the private hiring firms and hospital operators are announcing layoffs and pay cuts all across the globe.

V. History of Pandemics

The COVID-19 pandemic is not the first, and certainly not the last to savagely hit the world. Pandemics evoke nationwide focussed response and during the period, other services, including provision of healthcare are neglected. The pandemics test the structure and competence of the health system. Yet, post-pandemic period sees preferred efforts for the restoration of economic activities. Health system remains weak, at times getting weaker because of the impact of the pandemic.

The previous century saw three major pandemics: the first (Spanish flu) caused by influenza A (H1N1) killed around 20-50 million people and caused a loss in the global gross domestic product (GDP) of around 16 per cent. The other two in 1957 and 1968 were relatively milder but still killed nearly one million. A novel influenza virus made a dramatic appearance in Mexico in March 2009 in the form of a H1N1 subtype. The pandemic swept the whole world, and killed 18,449 people in 214 countries.

The last two decades of this millennium have made us confront the major events of huge public health importance including severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), avian flu (Influenza H5N1), influenza (H1N1) and the ongoing COVID-19 due to SARS-CoV-2. The COVID-19 pandemic is the greatest global humanitarian challenge the world has faced since World War II. The virus has spread widely, and the number of cases is rising daily as governments work to slow its spread.

VI. Current Pandemic and Health System

Within four months of the appearance of the first case of COVID-19 in Wuhan, China, the entire world has been engulfed by a novel coronavirus named as SARS-CoV-2. As on May 12, 2020, a total of 4,098,018 confirmed cases with 283,271 deaths were reported. In one day alone (May 12, 2020), 82,591 cases and 4,261 deaths were reported to the World Health Organization (WHO). The number of cases has been consistently increasing in several countries where the epidemic curve is refusing to flatten. It also indicates that because of the transmissibility of SARS-CoV-2 and inadequate effective response, larger number of cases and deaths are likely to take place in times to come.

Global response to the COVID-19 pandemic has exposed inherent weaknesses in our preparedness and response. The health systems have been grossly overwhelmed by the pandemic.

By the sheer nature of its preventive, curative, rehabilitative, restorative and health-promoting role, functional health systems are indispensable for any individual, community, society and the country not only for the physical and mental well-being of the people but also for the incrementally increasing overall economic productivity and human development. The need of quality and operational health system is continuous, and not time dependent or of short duration. Any disruption in access to quality service delivery is not only detrimental to human health but can also be responsible for loss of life and substantial economic losses. Institutional deliveries of newborn, care of mother and baby, protection of children from malnutrition and infectious diseases through vaccinations, health promotion, management of various acute and chronic diseases, surgical interventions for saving lives or restoring essential senses such as vision and hearing and responding to acute emergencies including trauma are some of the services that are at the core of the health system.

VII. Impact on Global Healthcare Facilities

The challenges posed by the pandemic in the global context are perhaps the most daunting. Longstanding obstacles such as limited access to healthcare, extensive poverty, high prevalence of co-morbid disease, limited access to clean water, and densely packed slums are amplified by the arrival of COVID-19 for the Low and Middle Income Countries (LMICs). These realities make the implementation of practices such as social distancing, frequent hand washing, and mass testing virtually impossible, and without support, these countries are at risk for devastating consequences. Furthermore, many residents of LMICs cannot afford to miss work for any amount of time, and many of the economies are not equipped to withstand significant lockdowns.

It is often said that when the United States or China sneezes, the rest of the world catches a cold. Indeed, the effects of lockdowns and the resultant economic downturns in larger economies have trickled into the economies of LMICs. For example, between April and May of 2020, remittances fell by 18 percent in Bangladesh and by 39 percent in the Kyrgyz Republic, compared to the previous year. Remittances account for a relatively significant portion of GDP in some LMICs, and many impoverished families are dependent on them for survival. The hurdles to control the spread of the infection, coupled with the ripple effect from the faltering of the global economy face LMICs with overwhelming odds. Fortunately, many LMICs acted swiftly to contain the spread of infection by enacting measures such as school closure, restrictions on public gatherings, and travel. Moreover, many in the international community have recognized the need to provide aid to these countries and are attempting to do so.

The fallout from COVID-19 has impacted nearly every facet of the economies of most countries throughout the world, not the least of which has been the healthcare sector, which has been met with monumental challenges in trying to cope with and respond to the pandemic. A lack of preparedness was a major contributor to the struggles experienced by healthcare facilities around the world. In many instances, personal protective equipment (PPE) for healthcare workers was in short supply. One study found that only 37.4% of Pakistani healthcare workers had access to N95 respirators, 34.5% to gloves, 13.8% to face-shields or goggles, and

12.9% to full suits/gown. These numbers were even lower in Jordan, where according to one study, only 18.5% of doctors reported having access to all necessary PPE. Even the United States, a country whose healthcare system is often associated with seemingly unlimited access to medical supplies, was not immune to PPE shortages. Nearly 15% of doctors reported that they did not have access to N95 respirators, over 20% lacked access to gloves, approximately 12% did not have access to face shields, and roughly 50% did not have full suits/gowns available to them. Furthermore, approximately 7% of physicians reported being forced to care for COVID-19 patients without proper PPE, and over 80% reported reusing elements of PPE. Many healthcare facilities throughout the country resorted to calling for donations of PPE from the community, and resourceful citizens devised creative ways to fashion PPE from household items. Similarly, healthcare facilities around the world experienced widespread shortages of ICU beds and ventilators. Globally, most healthcare facilities did not have the capability to test extensively making it difficult to identify and isolate infections. These shortages were exacerbated as lockdowns around the globe disrupted supply chains.

The management of non-COVID-19 illness has become a casualty of the intense focus on fighting the pandemic. A WHO survey of 155 countries found that prevention and treatment services for non-communicable diseases (NCDs) have been severely disrupted since the COVID-19 pandemic began. As the virus continued to spread, healthcare workers who typically dealt with NCDs were reassigned to support the COVID-19 response. Furthermore, in accordance with the guidelines of many public health organizations, procedures and appointments that were not deemed to be urgent or emergent were postponed. Decreases in the availability of public transport presented challenges for many to travel to their scheduled appointments. This meant that patients with serious illnesses such as cancer, diabetes, and cardiovascular diseases were often not able to receive the services and medicines that they required. Unsurprisingly, these effects were most pronounced in low-income countries as they were forced to devote already sparse resources to fighting the pandemic.

Encouragingly, the deficiencies exposed by COVID-19 have prompted healthcare organizations around the world to come up with new ways to ensure that essential care does not have to be delayed or withheld during this pandemic or in any similar circumstance in the future. Alternative strategies such as telemedicine have quickly taken hold in healthcare facilities globally and are helping to offset the toll that the pandemic has taken on the care of NCDs.

VIII. Way forward

Pandemic preparedness and response plans should be developed in the light of technological advances and gains in knowledge. Agreement of top political leadership and assurance of sustained funding are essential. The key elements of plan should comprise surveillance (including data management), laboratory diagnosis, case management, infection prevention and control, research and development, supply chains and community engagement, including support for mental health, and efficient supply chains for uninterrupted supply of personal protective equipment and ventilators, etc.

There will be a need for greater financial investment by the countries to reinvent and revigorate health systems and use COVID-19 as an opportunity to improve access, quality and safety of health system and promotion of factors that promote healthy lifestyles in days to come.

IX. Conclusion

The COVID-19 pandemic has shown how vulnerabilities in health systems can have profound implications for health, economic progress, trust in governments and social cohesion. Containing and mitigating the spread and infection rate of the virus continue to be essential. But so is strengthening the capacity of health systems to respond swiftly and effectively. This includes administering COVID-19 vaccines. After lightening speed development and testing, vaccine campaigns are rolling out in many countries. But questions about production, delivery and equitable access remain to be addressed.

The lessons learnt from pandemics should not be forgotten once pandemics cease to exist. These must be translated into actions that are sustained on all-time basis. Learning from COVID-19 pandemic as well as accumulating experiences from previous pandemics (and even outbreaks such as Nipah in Kerala and epidemics of Ebola in Africa), the pandemic preparedness and response plan should be developed in such a way that the remaining health services are not disrupted.

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