

Doctor at the door

Doorstep health-care delivery can mitigate the effects of disruption caused by pandemics

Long before the pandemic struck, health experts had warned of a health epidemic – one that involved non-communicable diseases (NCDs). The last two years, however, managed to expose the frailties of even robust health systems in the country that saw not one, but two debilitating waves of COVID-19. It also exposed the chinks in what was traditionally believed to be the armour of health care – institution-based treatment. When access to these institutions was severed all of a sudden, States had to introspect about how they could bolster their health-care set-up in ways that would protect it from such disruptions. For Tamil Nadu, this introspection resulted in its ‘Makkalai Thedi Maruthuvam’ scheme, a community-based intervention to tackle and treat NCDs and to address the crucial issues of prevention and early detection. Inaugurated by Chief Minister M.K. Stalin earlier this month, it involves a tentative budget in excess of ₹250 crore. It includes population-based screening for the 18-plus population for 10 common conditions – hypertension, diabetes, oral, cervical and breast cancers, TB, leprosy, chronic kidney disease, Chronic Obstructive Pulmonary Disease, mental health – and the delivery of hypertension/diabetes drugs to patients aged 45-plus besides to those with restricted or poor mobility. The State, which has a high burden of NCDs, also acted on data that indicated very low community control rates for hypertension (7.3%) and diabetes (10.8%) among patients.

Once the tenacious link between NCDs such as uncontrolled diabetes and hypertension, and COVID-19 outcomes was apparent, it became clear that control of these health parameters was paramount and would necessitate uninterrupted access to health-care services. According to the India: Health of the Nation’s States report, in 2016, 55% of the total disease burden in India was caused by NCDs, with the burden of NCDs increasing across all States from 1990 to 2016. The disruption of access to health care during the pandemic did affect compliance to drug regimens, and led to uncontrolled disease, with implications for quality of life too. It is ideal that nations prepare themselves to face further epidemics that might occur and cause similar disruptions in society by arming themselves to overcome such drawbacks. The Tamil Nadu initiative is a well-meaning notch in trying to address this; the efficacy of its chosen method of door delivery of drugs has been proven earlier with the supervised drug regimen, or DOTS therapy used in tuberculosis control. Ultimately, the success of a well-conceived programme rests in the proper implementation of each of its components. If Tamil Nadu is able to demonstrate, with this scheme, that it is possible to maintain the continuum of care even in the most trying of circumstances, then, here is a model that could inspire other States to follow suit.