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“News media cannot be restored without a strategy to deal with these external factors and internal compulsions. Party Politics and elections have become more determining and deterring the standing of news media. Conflict of interest, quid pro quo, paid news are no longer hidden. The new trends are maneuverer, manipulative, and pronounced. Instead of succumbing to these trends, news media should set their course and position themselves.”

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COVID-19 Pandemic: Challenge for Health and Right (to) Information

Alok Srivastava

COVERD-19 pandemic has been a catastrophe and flabbergasted humankind like never before. The pandemic and subsequent lockdown, since early 2020, had put the lives of billions off the track across the socio, economic spheres. Health-related needs other than COVID-19 had taken a backseat for few months. With the initiation of un-lockdown, the 'other' health issues other than COVID-19 morbidity was also given priority by health institutions and providers. However, many precious lives were lost or affected by the disease conditions during the pandemic period due to lack of immediate attention, as would have been possible otherwise in 'normal' days.

In India, providing good health facilities to meet the health needs of the population has always been a matter of great concern for policy makers. COVID-19 pandemic has kind of set an alarm for the policy makers and key stakeholders to prepare on war-footing to improve the health infrastructure in India, at the earliest possible. How early is a question, one may ponder upon before any such pandemic, if it occurs in the future? Along with the health infrastructure, which is critical for an efficient supply side of the health needs, another important component for proper and timely use of these infrastructures is 'information dissemination' about the health services, their availability, and accessibility.

Infodemic

During the period when COVID-19 was spreading in a manner of geometric

progression across the country, in particular, the need for correct and timely sharing of information was much anticipated by the general population. Unfortunately, lack of information or sharing of incorrect and fake information did a lot of damage in controlling the spread of COVID-19. Initially, almost every day a new symptom of COVID-19 came into notice along with the suggested precautions to be taken. Unfortunately, unofficial and unreliable sources were more prompt than official handles of social media tools to circulate the misinformation and created a panic among the general population, particularly those who were marginalized, vulnerable, and could not distinguish between true and fake information due to lack of scientific aptitude. Besides, lack of strict regulatory norms for social media agencies, nonsensical news got spread at a much faster pace and did more damage, which otherwise could have been averted, to some extent.

Many times misinformation led to unrest-like situations within the community on one hand and the other, it instigated certain community members to become adamant to defy the instructions given by the authorities and administration. Simple information related to practicing COVID Appropriate Behaviour (CAB), was discussed and deliberated at length for benefit of none. Not wearing a mask was considered as a 'manly act' or not practicing social distancing and moving in groups was another such action, which led to blame game among different sections of the

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society, right from the political parties to the people having faith in a different religion or belonging to different social groups. Social media tools along with electronic media, particularly TV channels became over-enthusiastic to show and share the mishappenings related to the COVID -19 pandemic and subsequent lockdown rather than playing a more responsible role of alerting and informing the administration to take control of the situation and minimize or avert the damage. One of the challenges with social media tools is that every user has the authority and (mis) power to script, edit and share any 'story' they want to 'plant'.

While misinformation hampered the expected safe practices by the community, it had a greater impact on the livelihood of marginalized people. Domestic help was discontinued from work not to safeguard them from the pandemic but with the thought of they being the 'carrier' of COVID-19. Similarly, vegetable vendors were seen with doubt and potential carriers of the virus, even if all precautions had been taken by them. Due to lack of information, people from low-income strata started assuming and identifying COVID-19 as a disease of the rich and elite class, who are not much into physical labour. Discrimination of one another without looking for accurate information from reliable sources made people suffer both economically and psychologically. The social isolation stemming from such prejudices also led to misinformation, or worse, a lack of information. Furthermore, stigma increases the likelihood of preventing potentially infected persons from seeking immediate care, hiding the symptoms, or evading treatment.

The lockdown and economic activities

The lockdown had its adverse impact on the livelihoods of millions of workforce and their families, particularly children and women, which as a result has put

these families in further poor or severely poor health categories. Some of the situations faced during lockdown included non-availability of non-COVID health services; no money to pay for health services in private facilities or purchase medicines; non-availability of transportation facility to visit a health centre, among others. The poor purchasing power and non-availability of food items other than food grains must have led to a lack of nutritive diets for families and children, in particular. The foodgrains were available to the majority of the population, as it was provided by the central and state governments free of cost during the lockdown. At the same time, it is pertinent to mention that this would not have been sufficient to meet the nutritive needs of children as well as other members of the family. Some likely changes in vital health indicators one may see in coming months include a rise in anemic cases due to lack of availability of nutritive diets or lifestyle disorders due to limited movement and physical exercise during lockdown and non-availability of medical care for non-COVID medical needs.

Since last many years, strong advocacy is being done to consider the Right to Health as one of the fundamental rights of citizens in India. No doubt the prevailing situation due to COVID-19 had shown the need to have a better health infrastructure in every village of the country, not to mention each town and district headquarters should be equipped with 24*7 health facilities to handle such situation in an efficient manner. One may argue that even countries with better health care facilities saw a large number of fatalities due to COVID-19 but this could not be an excuse for not providing basic health services to every citizen of this country, as a right. The current period would have been the appropriate time for the policy makers to make the Right to Health a reality!

On the economic front, which has its repercussions on the social including health life of every individual, it is feared

that the loss of a job, lack of employment opportunities and, livelihoods might have forced many among the workforce and their families further down the poverty line. This in turn may have led to the households putting the health needs of family members, and particularly those of female members of the family low in the priority needs of their households. The other scenario would be that due to limited earning opportunities, the poor households, in the case that decides to meet their health needs, would be required to spend more proportion of their total earning on healthcare.

Need good health infrastructure

The *National Health Policy 2017* also recognizes the need to upgrade the health infrastructure and availability of health personnel in the right proportion to our population. It states, “Excellent health care system needs to be in place to ensure effective implementation of the health rights at the grassroots level. Right to health cannot be perceived unless the basic health infrastructure like doctor-patient ratio, patient-bed ratio, nurses-patient ratio, etc. are near or above threshold levels and uniformly spread-out across the geographical frontiers of the country.” However, the findings of *NITI Aayog’s Health Index 2019* do not present a very encouraging picture and expect a lot to be done particularly in larger states. The Health Index mentions the decline in the overall Health Index score for five out of eight socio-economically backward states referred to as empowered action group (EAG) states namely, Bihar, Uttar Pradesh, Uttarakhand, Madhya Pradesh, and Odisha due to deterioration in performance on several indicators.

One of the key factors towards ensuring the Right to Health would be to improve the budget spending on health. The Indian

government spends a meagre 3.5% of its total gross domestic product (GDP) on health almost consistently since 2006. This percentage is approximately half of the overall world GDP spent on health systems by WHO member states, as well as the average current health expenditure on health by BRICS nations, both standing at 6.3% (*Global Health Observatory Data Repository, WHO*).

To some extent, the Central government scheme, Ayushman Bharat as a national health protection mission that is now operational in most of the states, do provide health security to poor households as they can avail health services even in private facilities.

Role of communication strategy

However, the communication strategy and in-flow of updated and correct information will have a far more important role to play in ensuring efficient and effective use of health facilities and services, during the vaccination phase and thereafter. Lack of awareness or ignorance about the health facilities, services, dos and don’ts related to any disease and lifestyle is no longer acceptable. On part of the population, it is their responsibility to keep themselves abreast with correct information. On the government part, the government must make people aware by addressing the health concerns and issues which the population is unaware about. Ignoring the real challenges will not be of much help if the government is concerned about improving public health in the country. In short, neither ignorance (on part of the population) nor ignoring (on part of the policy makers) will do good to public health in India.

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