**Required Practices of Different Stakeholders for Better and Inclusive Healthcare**

**The unprecedented situation caused by COVID-19 can’t be tackled by government alone. It requires management at the individual level, community level and the state level.**

**At each level, there must be various measures taken to prevent the spread of the disease. In my opinion the different stakeholders for better and inclusive healthcare are: Individuals, Communities and State Actors**

**Practices Individuals can follow for better health care:**

**I would begin by quoting a statement by Jane Goodall,**

**“YOUNG PEOPLE, WHEN INFORMED AND EMPOWERED, WHEN THEY REALIZE THAT WHAT THEY DO TRULY MAKES A DIFFERENCE, CAN INDEED CHANGE THE WORLD.”**

By referring to individuals, I am talking about young adults because they are the ones who are capable of contributing during the pandemic. People of other age group can’t contribute much for the risk of contracting the disease.

Individuals can provide guidelines to address the COVID-19 related needs of the most vulnerable people in their communities, mostly children and senior citizens. They can underline the importance of following simple practices like thorough hand washing etc. to reduce the spread of the virus.

They can safely help seniors and other at-risk groups to access supplies, such as food and medication and can provide tools for physical activities and sport using social media, during the confinement.

Young adults are the ones who can find ways to check on, and support others’ mental health through social media. They can also contribute to data-collection and monitoring, including in relation to marginalized communities, to assess the COVID-19 response.

**Communities**

The meaning of Better and Inclusive Healthcare is that everybody gets the same medical attention irrespective of their colour, caste, social class or financial position. So, providing an inclusive healthcare is a complicated issue. This has become particularly evident during this worldwide pandemic of COVID-19.

In the recent weeks it has come to known that the country’s medical system is on the brink of a collapse. People are horrified at the fact that their loved ones, who are affected by COVID can die due to the mere lack of Oxygen Cylinders.

This is a situation where the disparities among people are clearly visible. People who can afford to buy an oxygen cylinder are buying them and keeping it in their homes for themselves only as a precautionary measure. This causes hoarding of cylinders and cylinders become scarce for those who really need them. But the poor people can’t afford to buy an oxygen cylinder. So, the poor are the most affected in this case.

Poorer communities experience limited access to health education, hygiene management, and healthy foods. Additionally, they live in slums which have high density of population, which makes it difficult to maintain appropriate social distancing, specifically regarding COVID-19.

The communities/civil society need to rise up to the cause. They can begin by highlighting the poor living conditions of the downtrodden people and bringing this to the reach of the government. There are many areas that the government is unable to reach; the communities have to reach there. Though communities cannot replace the vast role of the government in facing this crisis, they can work with the local governments to monitor whether the state’s planning and resources are well-used.

While communities actively helping people can help in the fight against COVID-19, they must also take care that any misinformation and stigma doesn’t make people lose faith. Because misinformation can make people avoid taking the precautionary steps against COVID. Providing correct information to people and making sure that information is reaching the people also plays a critical role in the fight against the pandemic.

**STATE ACTORS**

**World Health Organization has laid down the following guidelines for COVID-19 preparedness and response planning**

**1. Country-level coordination**

National public health emergency management mechanisms should be activated with engagement of relevant ministries such as health, education, travel and tourism, public works, environment, social protection, and agriculture, to provide coordinated management of COVID-19 preparedness and response.

Collaborating with local donors and existing programmes to mobilize/allocate resources will help the national authorities to help all sects of people equally for inclusive health care. This is what I have mentioned earlier with Individuals and Communities.

**2. Risk communication and community engagement**

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Community feedback to detect and respond to concerns, rumours and misinformation is very important. Changes in preparedness and response interventions should be announced ahead of time. All the announcements must be made in local languages through community-based networks. This is essential so that people of all linguistic lines receive proper communication.

**3. Surveillance, Rapid-Response Teams**

In areas with high-risk of imported cases or local transmission, surveillance objectives will focus on rapid detection of imported cases, comprehensive and rapid contact tracing, and case identification. In such areas monitoring the community transmission, disease trends and the assessment of impacts on healthcare services must be done. The surveillance data is essential to calibrate appropriate and proportionate public health measures.

**4. National Laboratories**

Every country must prepare their laboratories for large-scale COVID testing for COVID-19 — either domestically, or through arrangements with international reference laboratories. So, in case of a widespread community transmission, the increased volume of samples can be managed with international collaboration.

**5. Infection Prevention and Control**

Infection prevention and control (IPC) practices in communities and health facilities should be reviewed and enhanced to prepare for treatment of patients with COVID‑19, and prevent transmission to staff, all patients/visitors and in the community.

**6. Case Management**

Healthcare facilities should prepare for large increases in the number of suspected cases of COVID‑19. Staff should be familiar with the suspected COVID‑19 case definition, and able to deliver the appropriate care pathway. Patients with severe illness or elderly patients with chronic diseases, pregnant and lactating women, and children should be given priority over mild cases. This will clear any disparity on grounds of financial status among patients. Staff must be given guidance to manage mild cases in self-isolation, when appropriate.

**7. Operational Support and Logistics**

Logistical arrangements to support incident management and operations should be taken care of. In case of a widespread transmission surge staff deployments, procurement of essential supplies, staff payments etc must be monitored carefully.

Conclusion

People have belief in the government that they can tackle the COVID situation. Government expects communities to help wherever possible. So, it is the responsibility of the government and communities to make sure everybody gets better and inclusive health care.

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