

The Suno india Show

Transcript- Why investing in Public health infrastructure is vital to tackle outbreaks like COVID-19

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On March 11, the World Health Organization declared the COVID-19 outbreak as a pandemic. From 3 people testing positive in early February to 102 people now, the exponential growth has led to widespread measures taken by various state governments as well as central government such as closure of educational institutions, public gatherings among other measures. Has India some containment measures, Suno India editor, Padma Priya reached out to Dr. Anant Bhan, a researcher and expert in bioethics, global health and health policy, to talk about the corona virus response by the government and how health inequities and access to health matter in the times of pandemic. We will also talk about the closure linkage between public and private medical facilities made for efficient risk communication as well as the role of citizens in these times.

Padma Priya (Host): Now that this whole coronavirus thing has caught up in India, I think until two three weeks ago, there was this sense of belief that it wouldn't impact India so much. I mean I heard lot of people around me, you know people who had access to ton of information to see what is happening, believe strongly that the summer would sort of spare us and this coronavirus wouldn't hit us but now we are at what we were at 3 and now we are at 83 in a span of 14-15 days. Going forward, like I know you've written a lot about it and you've been speaking about it since the beginning. What are some of the steps that we should at this point take as a country to contain this and as a follow-up question to that do you still think that we are in the containment phase or has community transmission begun which will make it a bit more difficult to contain this virus ?

Dr Anant Bhan (Guest): Yes, absolutely. I think we were fortunate in the initial period to not immediately get a whole bunch of infection. As you know the first few infections were only in the very end of January, early February and while the virus was first reported in the end of December, even though one doesn't know when the spread of the infection started in China, there might have been various factors as to why it did not reach India earlier. But many of us in public health were probably concerned that it was just a matter of time. And now that it has come to us, I think it is something that requires a concerted and a coordinated response. As you rightly pointed out, there were some thoughts that potentially as summer picks up, and the temperature spikes, as is usually the trend that sometimes viral infections come down but the World Health Organization has also discounted that possibility and said that it seems to be the case of COVID-19 that we are not seeing any weather related waning and so even in countries with hot and humid temperatures and climate, we are continuing to see infections. So, we should not think of that as potentially being a mitigating factor. We need to be ramping up our efforts. So, one element of that is the testing factor. I think that for a long time, we were

hampered by the fact that we were overly dependent for the confirmatory diagnosis from MIV Pune. It seems to be the case that over the last few days and a few weeks that the government has taken that into consideration and is ramping up their ability to do wide scale testing in terms of one- the spread of labs which can do the tests, and also working on probably having more labs which can do the confirmatory testing so that not everyone needs to be sent to Pune which anyway was a method because of the time and the sources required. So testing is one element and obviously linked to testing is going to be the human resorptive to do those tests because you can have infrastructure, because if you don't have it, then you won't be able to run those tests. And if we reach a phase where the testing needs to be done 24X7 multiple batches, then you also need to have the people available in multiple shifts to do. So that is something we need to be prepared for while hoping that things will settle down.

The other element is the element of social distancing and then also trying to reduce the possibility of the public spread of infection. So, some states have already taken a lead in that where they've started to be careful. Schools, colleges being shut down, companies being encouraged to have work from home policies, frequent disinfection of surfaces in transport modalities in public spaces and then encouraging people if they have any kinds of symptoms that might be indicative of infection to self-quarantine themselves, going for testing is required and then stay in isolation facilities for those who have been diagnosed with the infection. And another element attached to that is probably that of risk communication. I think we can always have the possibility that there will be a lot of rumour mongering happening and I think we have already seen a lot of that, especially on social media. So, it is also very imperative that the government is on top of the game in terms of very quickly identifying any erroneous information that is being shared on social media or any other modality including television or radio. And then, putting out clarifications or making sure that such sharing is discouraged and if required, using stricter measures for that because what we don't want at this stage is for a panic to set in or irresponsible incorrect measures to be propagated as something which can prevent or something which can be used for treatment purposes. And this needs to be strictly re-enforced. It's also very important for there to be this sense that the government is in control and I think a good example of that is the way Kerala handled both the COVID-19 outbreak which is also being called a pandemic by the WHO. The first few cases that went to Kerala, they were handled very well and I think their experience really helped because the whole health infrastructure is trained and how to respond. Right from the military level to bureaucracy to the district level facilities to district level staff right upto the community level working totally with the community level organization like the self-help groups and also a network of social mobilization. So, we do have good examples of how the state can approach but it is extremely important for it to be taken up seriously. And yet having said that, I think one concern that some of us will have in public health is that while it is very very important to pay enough close attention to COVID-19, it should not be at the cost of our routine health program. So, our immunization program, our maternal and child health program, our non-communicable disease program, our routine surveillance for other infections should all continue. Just because COVID-19 is now spreading, doesn't mean that other health conditions become any less important. And that is going to be something which will be a cause for worry because if the

number of cases keep increasing, then it's quite possible that the courses might be diverted to focus on that, at state level or national level and that could potentially impact the quality and coverage of existing health interventions. So I think that is something, again, which the state health leadership, the district level health leadership and the national level health leadership should be cognizant of and needs to respond to make sure we are adequately preparing and adequately dividing our interventions and response in such a way that while we are able to keep responding to the emerging COVID-19 situation, we are also able to keep our regular programs running. At the institutional level also, it will mean decision making of the kind, for example, facilities you might want to cancel elective procedures and focus only on emergency care. You would want to free up bed capacity with the expectation that there might be more cases coming up. We need more and more isolation facilities where treatment can be offered where you can put in the necessary infrastructure to enforce isolation and also to provide adequate medical care. And finally, at a community level we also need to be prepared for a situation that is a spread and that we have measures available. That people are able to avoid going out as much as possible and there is a possibility of taking steps that might have happened in a couple of states. Home delivery of mid-day meals or home delivery of Anganwadi meals and making sure that those who might be particularly vulnerable are also provided support on time. Work from home is easy to enforce in a corporate setup relatively. But for those who are daily wage workers or a cab driver, it probably is not easy to attend work. I mean there are no updates to work from home for them and that is where the dilemma arises. You know, how do you respond to their needs for obviously earning their livelihood and what can the government do? So that kind of thinking is also required. You will need to work across the state on that. It's not just the health ministry, it's also going to be social justice, it's going to be the finance ministry, it's going to be the home ministry. We really require cross ministry work both at the national level and at the state level to enable a response which is nimble and understands the complexities of a response to pandemic where there is a growing number of people forming.

Host: Thank you so much for that explanation. You know, it was quite comprehensive. One of the things that you mentioned and this is something that you know that I increasingly feel is not happening maybe you know and hopefully it will ramp up after having heard you, is regarding the testing facilities. Now, if you look at the first case... the first death that has happened in India, the patient from Kalburgi. The patient's family in an interview to the local media have alleged that despite going to Gandhi hospital in Hyderabad, you know, they were turned away from, you know, they were not no one checked them, no one gave them guidance and this was confirmed by the director of public health. He said yes, they did come to the Gandhi hospital but you know it wasn't clear what happened after that you know. And therefore, they went to the private sector which turned them away saying go back to the government sector, get the tests done, then we will think if we will admit you and the process. I think the patient was anyway getting worse and passed away. Now just looking at this one scenario, just in terms of testing, you know, it is one thing to have testing in government hospitals, but because it is also a limited trust in the government facilities and this is something that I have experienced having

worked in the public health space is that people are very reluctant to go to public health sector, you know, irrespective of class. I mean unless we have absolutely no other option. There are schemes that are supporting them. And their first contact will be say the traditional doctor in the community or the small private clinic or the dispensary. So just looking at these health inequities and also access to health being so widespread in India, how important do you think it is for India to rope in the private sector also for testing? Or do you think it is a good move right now to keep it centralized right now within the government diagnostic centers?

Guest: Ok so there are two elements to your question. One of which is where exactly is the role of the private sector in a situation like we have right now with COVID-19 and the second element is the testing element. So let's talk about the first element now. I think we have realized that even where our health system now is, which is pretty much a mixed health system, as you were rightly pointing out that a lot of people preferring to go to the private health sector as if a protocol and also feeling comfortable for a variety of reasons. Maybe it's the urgency of care that they receive, maybe it's more accessible, maybe it's just that you need to go to a public facility and it may be too crowded for your comfort level or it takes too long to see a provider or any other reason for that matter. A lot of people are just more comfortable going to the private sector. You clearly need for a few things to happen. One is that there needs to be a clear understanding between the public sector and the private sector as to what is the strategy when there is someone reporting because what we should be hoping is that at the community level, we should understand what are the kind of symptoms we should be looking out for where there might be a possibility of COVID-19 infection. Now a lot of these symptoms are also similar sometimes to any other viral infection for that matter. So there needs to be some discernment before taking a decision around testing. For example it might not be the brightest idea for everyone with a set of symptoms to say okay i want to go and get testing done anywhere because you need to 1) ensure that there is some funneling happening so that you're more efficient with testing and 2) based on some kind of discernment which should ideally be a chemical discernment by a trained healthcare professional. So, once they report to a healthcare professional with a certain set of signs and symptoms of medical complaints then that healthcare professional should be able to then decide that given what I have seen, I can either manage this and wait or I should be able to leverage testing availability. Because I just want to make sure that this is not COVID-19. It's a possibility which should have a pathway to quick testing and quick feedback of information back to the clinician and which should then relate to the person concerned in a very quick turnaround time. That can only happen if there is a clear understanding of where these testing facilities are. How accessible are they? How much time does it take to get a test? When do you get the test results and what happens in the interim while those tests are being done and while those test results are being revealed?

If it's either too far or it's going to take a lot of time, you might see situations where you see individuals who are potentially infected could continue to be publicly travelling around and spreading infection or also alternatively are spreading infection within their own circles because they have not yet confirmed the disease to be COVID-19. All those scenarios we have to be very-very cognizant of and very-very careful about which is why you need the network of

testing to be very widely distributed and for those test results to be available as soon as possible to the local healthcare professional and also to the person who is being tested. Now, whether those tests should also be available in the private sector to feel at ease? Ideally yes. Well there are quite a few private facilities which have very good labs and I feel for example the Manipal Institute of Virology has been involved in the nipah response and has some really good infrastructure with some good researchers and lab professionals. Similarly, you would think of other institutions like CMC Vellore and similar institutions across the country which are not in the public sector but are recognized in the quality care institutions in the private sector. And we should be leveraging what they have at this point of time. It's actually unreasonable to expect that we will be able to get everything done in the government sector right now because 1) either the resources or infrastructure might not be available and it's not possible to create that overnight. We can hopefully learn from this experience and institute a plan to ramp up our viral testing, our infectious disease testing, infrastructure all across the country including in the public sector. But that will take time. As I pointed out earlier, it's not just a matter of getting the infrastructure which by itself will take time, the machines and setting up an environment where you can do those testing with the kind of protection needed. But it's also the question of having the human resources to run those tests on a regular basis and maybe around the clock with the number of people coming in. So yes, I think the government should look at the private sector for partnership but with the understanding that overall governance and the oversight will need to be done by the government and through the public sector. But yes the partnership should certainly be done in a way where we are able to widen our testing base where the tests are not influenced where for example they are not offered without a strong rationale. It is not that off the top I go to a private facility and ask for a test and I basically pay a premium amount where without any indication I am being tested because there is a test available so I can take one. So that kind of a narrative is not ideal because then you would start seeing a lot of people going for self-testing or testing of their family members. We need to follow a very clear protocol to who needs to be tested. It is fair that in terms of what we were speaking about earlier who we were choosing to test, I think we will need to keep relooking at that strategy. So what's, the way you pointed out, on travel history or potential exposure to someone infected, we will need to be doing a much more wider strategy of who to be allowed to be tested and that should also in part allow for clinical treatment. So let's say if I am a infectious disease professional or internal medicine specialist at a say medical college and someone comes to me with a set of signs and symptoms that forms a suspicion that I would like to run a test for COVID-19, then I should be allowed to refer that patient for testing. You know that kind of judgement is something which should be respected in their clinical acumen and also based on the the signs and symptoms the patient extall. While right now we are not classified as a country for community partnership, it is difficult to know whether it has actually happened or it is quite possible that it is already happening and we haven't learned it as yet and even if it is not which would be actually an unfortunate circumstance, we need to be prepared for it. You know that can happen very rapidly with the kind of number of cases we have seen and also because we have seen in today's news how there was someone who travelled after exposure to an infected person in Bangalore to Delhi and onwards by train and could potentially have made a lot of

people during that travel would potentially be infected. It's not always that we'll be able to contact and be able to know the source of infection. No. It has a lot of possibility that it might reach the stage of community infection and you cannot have these very narrow criteria to do it. You need to democratize to allow for clinical discretion and also be able to pick up the possibility of cases in the community which is why these kinds of guidelines should be living documents which should be revised on a regular basis based on evidence but also based on your feel from the ground and your interaction with the infectious disease professionals, with lab professionals, technology specialists as to what the current situation is and what kind of mechanism do we need to have within the existing strategy to maximise the possibility that we are able to identify those with infection early enough and prevent further spread of infection.

Host: The other important point that you earlier spoke about was the importance of risk communication now as someone who has again worked, I have worked quite a bit in the public health but more in the communication side. I also know how important it is to have systems in place where there's also some sort of two-way communication happening. One, where the government is constantly giving out, you know accurate information like you said also myth busting and taking if required penal action against people who are spreading disinformation. The other aspect is where the government is also ready to take questions and you know to sort of allay fears. Do you think we have put in those mechanism in place I mean I know that individual states are doing different things like in Karnataka has I think yesterday opened a telegram group where anybody can join and ask questions about COVID and you know they are actually doing like real time myth busting but do you think enough is being done in terms of risk communication and because you talked about the specific case that got reported today in the Times Of India about this person who's been tested positive and now she's herself tested positive having travelled from you know travelled to Agra. Do you think there is also a lot of fear around the concept of isolation wards and what can the government do to sort of counter that fear?

Guest: I think the answer is yes in both cases in terms of you know people will understandably be concerned around what it means to be quarantine and isolated and what kind of facilities can I expect I mean the fact that you might be away from family or from your comfort circle for any amount of time, minimum of 14 days and you know a lot of people need to be actually isolated for a longer period of time. The concern always is you know what kind of setting might going to or what it means to be isolated, what facilities can I expect, who will be around and will I have mechanism of being in touch with my family or loved ones or will I be basically, completely walled off will I be taken care of so, I think we also need to explain to people what those facilities look like why do you need to be isolated. What do you expect in those facilities that you would still be able to be in touch with your family that you would be taken care of and there's minimum comfort which is being offered, there is access to entertainment, there is access to communication that you will be regularly tested you know your other medical needs will be taken care of for example someone who's old might have hypertensive diabetic, I might worry about will I have access to my other medication which I need to take on daily basis, will I

you know in case there are any other issue, if there's a family member who's a child, I am young mother and I am isolated then you know how do I handle that situation so, all of those are possibilities which deter people and make them fearful and concerned around potentially being isolated and hence, make them also probably sometimes hesitant to report to facility. Even if they are not aware if they are potentially infected so, I think the only way to actually address that is to normalize these facilities and say yes these are extraordinary circumstances and this is not usually done but this is how we are approaching it and that you know par approach to any detention of individuals for public health proposes is very right space and that you know you will be respectfully kept in these facilities. You will have access to at least some minimum sets of comfort initiatives and that you will have access to decent food, you will have access to communication, you can be in touch with family and as soon as we are comfortable , we are confident that you are no longer potentially infected and that will be verified. We will ensure that you get back to your family circle or your home and we will enable that process. We will not abandon you at any point of time and at every point of time you and your loved ones, chosen by you will be informed about your condition. I don't think people really understand that they might have been a few visuals of the facilities put up the arm force in Manasara and now I think in Jodhpur and Jaisalmer and I think those are also being increased now but they don't really understand what else is happening there you know that might seem like some kind of camp but we are being put in that you know what I really mean to stay in isolation and you know the way we are today, 14 days might seem to be quite a high number and anything beyond 14 days might probably scare you so, I think the only way to curbs these responds is to have say people have fair idea of why is, why that is important. I mean one thing is obviously why, what is happening in there but why it is important for people to be put into isolation or quarantine facilities and what is rational for that and how are those decisions objective to be made so, it is not for someone to just choose arbitrarily to put someone in isolation or go for quarantine leaving home or access facilities but that it is rooted in evidence and in some standard protocols and one that institute had done and what is the procedure and how it's actually followed up on so, I think if people find out that and there probably it is going to be higher likelihood that they will understand why that is important and what actually happens once you are isolated or quarantine so, I think that is probably part of communication strategy we need to have on the requirement to be more transparent upfront and I think providing timely updates yes, I think we need a sweet of efforts so I think you know the example you gave of Karnataka coming up with a telegram group upgrade idea. Social media needs to be regularly leveraged you know in terms of daily briefing some authentic sources within the government whether that's the ministers, whether that is experts within the government or within say that well respected institution who are leveraged that they give out information which is clear , comprised, present data in a very transparent manner without being alarming anyone unless fairly yet also not hiding any information because the trust element is an important element and once that trust is broken in the government or it's respondents you know we might see more and more cases where we just talked about, in the reports of individual traveling from Bangalore to Hyderabad. And we also required then obviously for not just conventional channel for example Press Information Bureau but a whole lot of other possibilities of communication

being used and part of that what happens at the local level I think again Kerala is a good example in the use of their social community mobilizers to actually communicate some of these messages right now to the community like so even our front line help work force whether those be a community health officers, ASHA, ANM, medical officers and all of them need to be equipped with the right knowledge to be able to transmit that or to be able to communicate that if someone comes to them and also may be doing regular community level meeting as in when they do community so that individuals know what this is about and also lessen the chance that people may be stigmatized or because that is another one of my concerns that has and we start saying what cases have possibility that we would start to see a lot more of stigmatization is happening.

Host: So, I think also with the way one lot of health officials themselves are talking about the patients and the way they are presenting these cases for example in Telangana one of the press conference that I attended you know the health official said regarding the first positive case, who got discharged yesterday so he said yes yes, he is in our custody so I think the usage of language across different states has been a bit appalling we also had Telangana chief mock about this you know make jokes about the person who got the infection so, and similar things have come out of Tamil Nadu. Also, conveying a sense of false bravado is happening but I think a perfect example you are really writing about the stigma has to be the way health officials themselves are talking about patients and how it's even being written about. How people are approaching those who have this infection so, yeah I am really glad you brought the point about stigma because I think it's not just about COVID but you know I think across you know those in public health you see it across I think disease right like, but it gets amplified perhaps in epidemic and pandemic like this.

Guest: Yeah, that is I mean I am sure it is not always intended so sometimes it just appears they are used to that kind of language but you need to be very very clear in the way you communicate as you rightly point out. Which is also sometimes why you need to leverage professionals for that so, you will have the experts but you also need to be working with communication professionals where available so that you know what is the message you want to give out in today's press conference and what is the right way to put it across now, you know sometimes you will be sometimes you will not be able to have that kind of coaching or guidance but here at least some basics need to be followed as you rightly pointed out talking about things like custody, you know many of the personnel in the medical, on the medical side find it easy to talk about cases for example but behind that case is an individual who is potentially going through a life threatening situation and you know there is a human element to this so, it is very easy to there was a case in Hyderabad or there were three cases in Bangalore today but yes they were cases but they're also human beings who have their own lives, whose lives have been disrupted hugely and if we were more sensitive in the way we approach those individuals and future individuals who will be infected I think we might also be able to give them the feeling that they are being treated as individuals with certain rights and that you know it's unfortunate that they'd been infected but we are not treating them as some kind of social and you know

doing victim blaming of any kind and try to find the best way to support them towards a road to recovery and help them and help our infrastructure implementing further spread of infection by working with them collectively. By increasing the quarantine or isolation, I mean in some cases yes you might have put in strong public health and someone is really not willing to go for social distancing and you have fears about potential spreads of infection but you also need to do it sensitively so, I think there's you know I totally agree with you I think there is a certain approach which needs to be taken which is based on sensitivity and that doesn't seem to be always happening in and I hope that people will think about this and the way they communicate will change.

Host: Those who are listening to this podcast you know common citizens what can they do one it's not about I mean it's not about you one is of course social distancing but also how can they push for better facilities what's it they can do from their end to also sort of I don't know put some sort of pressure on the government yeah just asking like what, do you think that citizens can actually play an important role in also tackling this epidemic.

Guest: Yes absolutely, I mean I think I did point out in the article I have been writing, information have been sharing you know everyone has a role here. State has an important role, personnel have an important role, professionals have an important role and the community as well as an individual's families have an important role. If there's a request made for social distancing then you know it's part of our ethical responsibility try to respect that. It's also our right to demand health services and that may be right now everything is possible what we should expect from the government but at some point of time when this infection ebbs away I think we should be asking the questions of the government as to why is that our health services is to, are not of a certain qualities that we are able to actually respond to these kind of infection disease outbreaks affects. Also importantly, I think it is very imperative that people are responsible in the way they imbibe and share information. I think following authentic sources of information and talking to their fellow human beings, their family members and their contacts are only sharing information which can be verified and is based on evidence is important because you know even one incorrect message has ramification of being widely spread. And also, it is important I think for people actually at this point of time to take care of each other not everything is going to be possible for the state to do and if it reaches a stage where there is further wider spread then we need to come together as a community and help each other out you know whether that means if we are in our apartment block or we are staying in an urban area or people in our slum cluster or in a rural area. It applies to all of us I think coming together as community and knowing there will be vulnerable members of our community who might need our support and whether that means in terms of basic supply, whether it's just making sure that everyone is okay, encouraging people who might be sick to go to facilities and facilitate that and working closely with the government and try to respond to that so I think there is a responsibility which all of us have yet at the same time it is imperative for us to make demands of our political representatives and of the Bureaucrats there's a need to really really take what we are facing seriously and in the larger picture also then deliberate and discuss why

is it that we as a country are so vulnerable to these kinds of viral outbreaks pandemic or any health threat and what does that tell us about our investments in our own health services and public health system and why we hence, need to move towards ensuring that we have a much better resource , much higher quality, much more accessible, affordable, available health system for each of our citizens and that is not a choice and it's a necessity that we should be moving towards that. It's not enough to just keep talking about universal health care, comprehensive primary health care, yes we need to see that being implementing on the ground.

Host: You know, there's a lot of report as it is happening worldwide I wouldn't say not just in India actually worldwide where there is a lot of focus on how COVID-19 has impacted the economy but I feel there's been a limited discussion around you know how there's not also been enough investment in strengthening public health system and it's not just India that's seeing it. You see the similarity you know Italy is now literally crumbling under the kind of cases they have, similar things with China, now south Korea has ramped up I think like across and US, of course the US is struggling a lot with this virus. Do you think we need to look at the world I mean look at economy from the lens of investment in health or you know also in terms of what's that you are really investing in your own people and because I feel there's some sort of disconnect when people are talking about economy without looking at the other the flip side of this whole issue which is the investment in health has been limited and has been coming down in lot of places.

Guest: Unfortunately, we have to go through these episodes of pandemic sometimes to remind us about the importance of health security or a whole lot of other elements of our lives. I mean think like health and social services are fundamental issues for any society if you don't get that then you are you know clearly going in for situation of vulnerability where you could have some forms of collapse happening if there is some kind of threat of a viral pandemic and which is why I think it reinforces the importance of just basic widespread investment in quality health, now even a high quality health investment will not be able to respond to rapidly spreading infection but it will be definitely much better prepared and if it is much better prepared and can handle the on slot then there is higher likelihood that we will be able to identify, you know infection earlier so that you know if it goes, any outbreak then actually count out earlier because you have a prepared public health system. You have an outbreak set of things available, you have employed who have a supportive infrastructure for testing etc. and that will be that we are able to prevent the spread of infection early enough and actually handle those kinds of possibilities in a rapid manner and even beyond that if outbreak actually spreads wider that we are actually prepared with a health infrastructure and human resources and our communication strategies and our medication containment strategies to be able to respond much faster that it is not happening on you know just we are not coming up with strategies on the moment but we are prepared for such circumstances and we have training towards that we are much better prepared and which is why you will see countries like Singapore which has learnt from the past from severe pandemic outbreak being much more prepared we have public health agency of

Canada which is instead and that actually takes on the responsibility of being an agency within the government to come up prepared to face such circumstances so maybe actually this is also an opportune time to think about what needs to be changed fundamentally in the way we approach public health and how do we need to re-designing to put it into a prominent bucket within the government where it is a cross cutting important area of investment. And not the least because of the implication of not doing as you rightly said you know we have seen why in the stock market we have seen potential financial losses , we have seen tourism losses , we are going to see you know the implication of this spread right now even if it is stopped in the near future are really really going to be high and our economy will certainly see significant loss because of this and that applies to many large part of the world beyond India as well. And I mean, this is fundamentally going to hopefully again serve as a reminder and it will be in our interest as a country to take these lessons to heart and address the requirements for more investment in public health and not just investment but also following up and ensuring that investment actually leads to quality health.

Host: Thank you so much Dr Anant this's so nice of you to take out so much time for this.

Guest: Thank you for having me on the show.

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