Making social welfare universal

Context: India is one of the largest welfare states in the world and yet, with COVID-19 striking in 2020, the state failed to provide for its most vulnerable citizens. The country witnessed multiple crises: mass inter-and intra-migration, food insecurity, and crumbling health infrastructure. The extenuating circumstances of the pandemic have pushed an estimated 75 million people into poverty. The second wave has brought even the middle and upper-class citizens to their knees. Economic capital, in the absence of social capital, has proven to be insufficient in accessing healthcare facilities. Illness is universal, but healthcare is not.

Absorbing shocks

1. The country has over 500 direct benefit transfer schemes for which various Central, State, and Line departments are responsible. However, these schemes have not reached those in need.
2. The pandemic has revealed that leveraging our existing schemes and providing universal social security is of utmost importance. This will help absorb the impact of external shocks on our vulnerable populations.

Lessons from Ireland:

1. An example of such a social protection scheme is the Poor Law System in Ireland. In the 19th century, Ireland, a country that was staggering under the weight of poverty and famine, introduced the Poor Law System to provide relief that was financed by local property taxes.
2. These laws were notable for not only providing timely assistance but maintaining the dignity and respectability of the poor while doing so. They were not designed as hand-outs but as necessary responses to a time of economic crisis.
3. Today, the social welfare system in Ireland has evolved into a four-fold apparatus that promises social insurance, social assistance, universal schemes, and extra benefits/supplements.

A similar kind of social security system is not unimaginable in India. We have seen an example of a universal healthcare programme that India ran successfully — the Pulse Polio Universal Immunisation Programme.

Ease of application

1. Existing schemes cover a wide variety of social protections. However, they are fractionalised across various departments and sub-schemes. This causes problems beginning with data collection to last-mile delivery.
2. Having a universal system would improve the ease of application by consolidating the data of all eligible beneficiaries under one database. It can also reduce exclusion errors.
3. The Pradhan Mantri Garib Kalyan Yojana (PMGKY) is one scheme that can be strengthened into universal social security. It already consolidates the public distribution system (PDS), the provision of gas cylinders, and wages for the MGNREGS.
4. Generally, social assistance schemes are provided on the basis of an assessment of needs. Having a universal scheme would take away this access/exclusion barrier.
5. For example, PDS can be linked to a universal identification card such as the Aadhaar or voter card, in the absence of a ration card. This would allow anyone who is in need of foodgrains to access these schemes. It would be especially useful for migrant populations.
6. Making other schemes/welfare provisions like education, maternity benefits, disability benefits etc. also universal would ensure a better standard of living for the people.

To ensure some of these issues are addressed, we need to map the State and Central schemes in a consolidated manner. This is to avoid duplication, inclusion and exclusion errors in welfare delivery. Alongside, a study to understand the costs of welfare access for vulnerable groups can be conducted. This will help give a targeted way forward. The implementation of any of these ideas is only possible through a focus on data digitisation, data-driven decision-making and collaboration across government departments.

Misinformed and misleading

Crux: The Health Ministry's guidelines for managing COVID-19 ignore evidence, pricing, cost-effectiveness and social relevance.

Faulty guidelines:

1. The Health Ministry released its first COVID-19 management guidelines about a year ago. Little was known in those initial months. In the last one year, multiple studies have proven the lack of efficacy of hydroxychloroquine. It still remains in the guidelines released by the Health Ministry in April.
2. The Indian Council of Medical Research (ICMR) completed a trial on convalescent plasma (of 464 patients), which proved that plasma does not save the lives of those with COVID-19. This was bolstered by further evidence from the U.K. (more than 10,000 patients). Yet, convalescent plasma is mentioned in the Ministry's guidelines.
3. Similarly, Ivermectin, a drug used against parasites, has been recommended in the guidelines. With no good clinical trials to support its use and the World Health Organization (WHO) recommending against its routine use, one wonders what led to its inclusion.

Factors to be considered:

1. While formulating national-level guidelines, the most important factors are the strength of evidence, pricing, cost-effectiveness and social relevance.
2. These guidelines not only disregard evidence but also show the unawareness of policymakers about the struggles of the common populace and the importance of the aforementioned factors.
3. While evidence was ignored, the importance of pricing and cost-effectiveness was also overlooked.
4. Remdesivir, in shortage now, is being black-marketed across India, although it has no value in saving lives. The only marginal benefit it may have is in reducing the hospital stay, with a trade-off of increasing the cost of hospitalisation by the steep price of the drug in the black market.
5. What is missing from the guidelines is the lack of guidance on drugs being used for COVID-19. Misused drugs include Azithromycin, Doxycycline, Favipiravir, Itolizumab and Coronil. These are not mentioned in the

guidelines, but practitioners are busily prescribing them. This may cause more harm than good.

6. Lastly, the absence of any mention of monoclonal antibodies from Regeneron or Eli Lilly in the guidelines, the most efficacious antivirals in COVID-19 to date, is baffling.

COVID-19 is an administrative nightmare. With the available evidence, and keeping cost-effectiveness and the social relevance of the Indian health system in context, the focus of COVID-19 treatment guidelines should be on oxygen delivery, steroids and anti-coagulants.

More treatment does not necessarily lead to better outcomes but will definitely lead to higher out-of-pocket expenditure and healthcare-related bankruptcies and debts. The guidelines should be re-written in cognisance of the current strains on the healthcare system.