Ethics of managing *syndemics*: View from a tribal, high migration community

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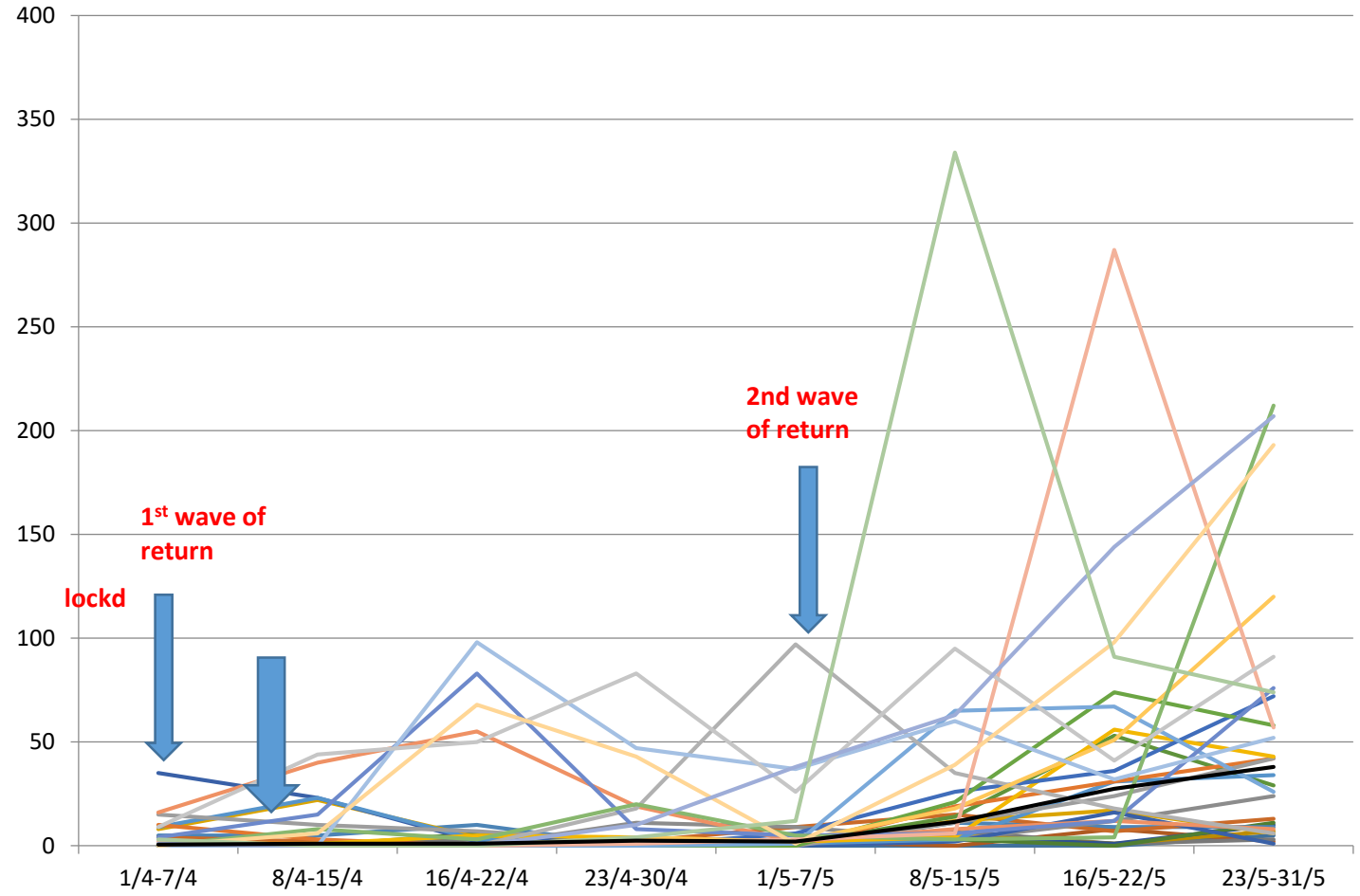
Context

- Small landholdings, difficult terrain
- Large tribal populations
- ~60% households, young men migrate to cities
- High burden of disease, malnutrition
- Public health systems weak
  - High levels of absenteeism

Return of migrants & COVID *pandemic*



Week-by-week cases of COVID, all districts of Rajasthan, 1 April to 31 May

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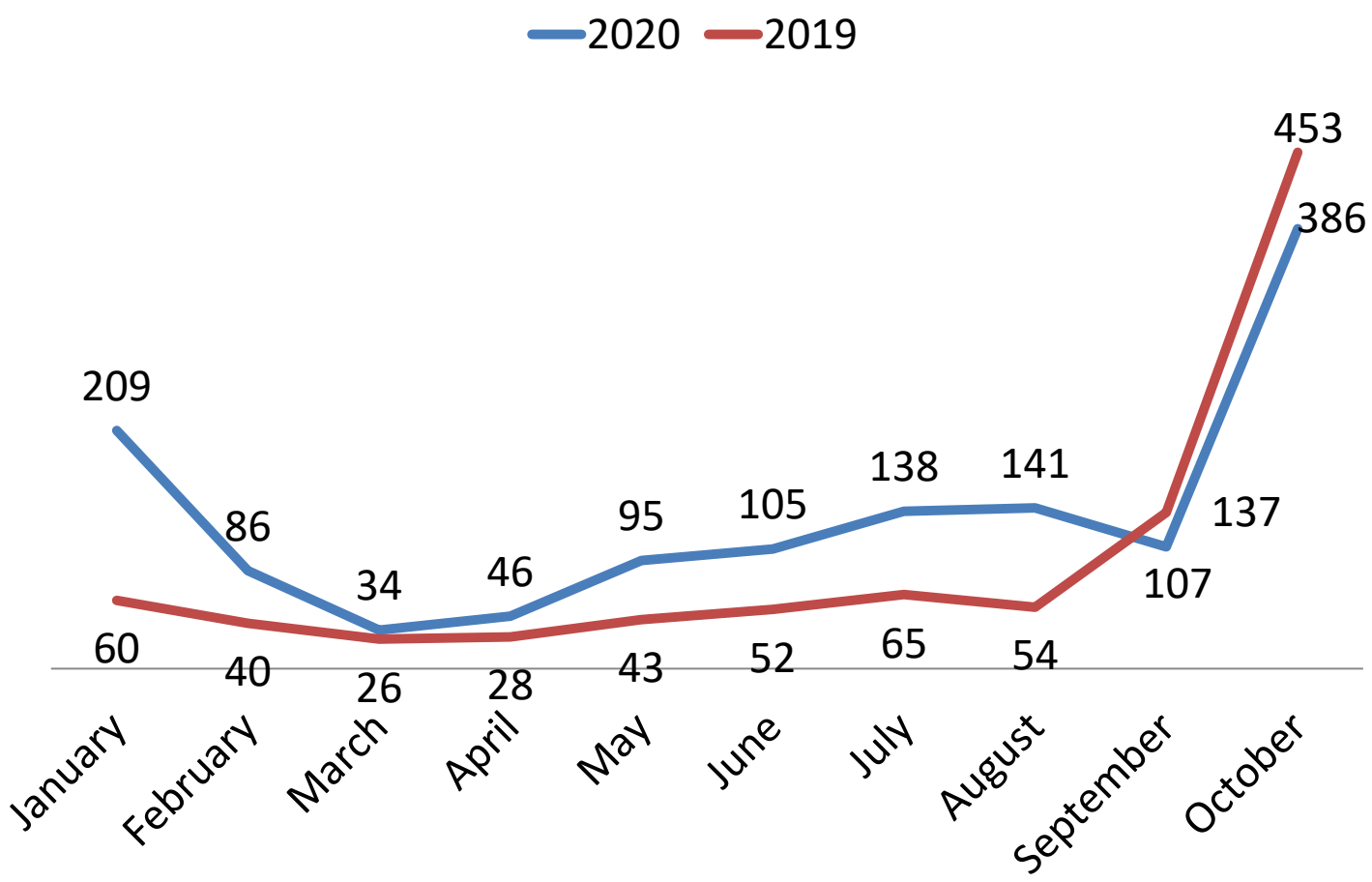
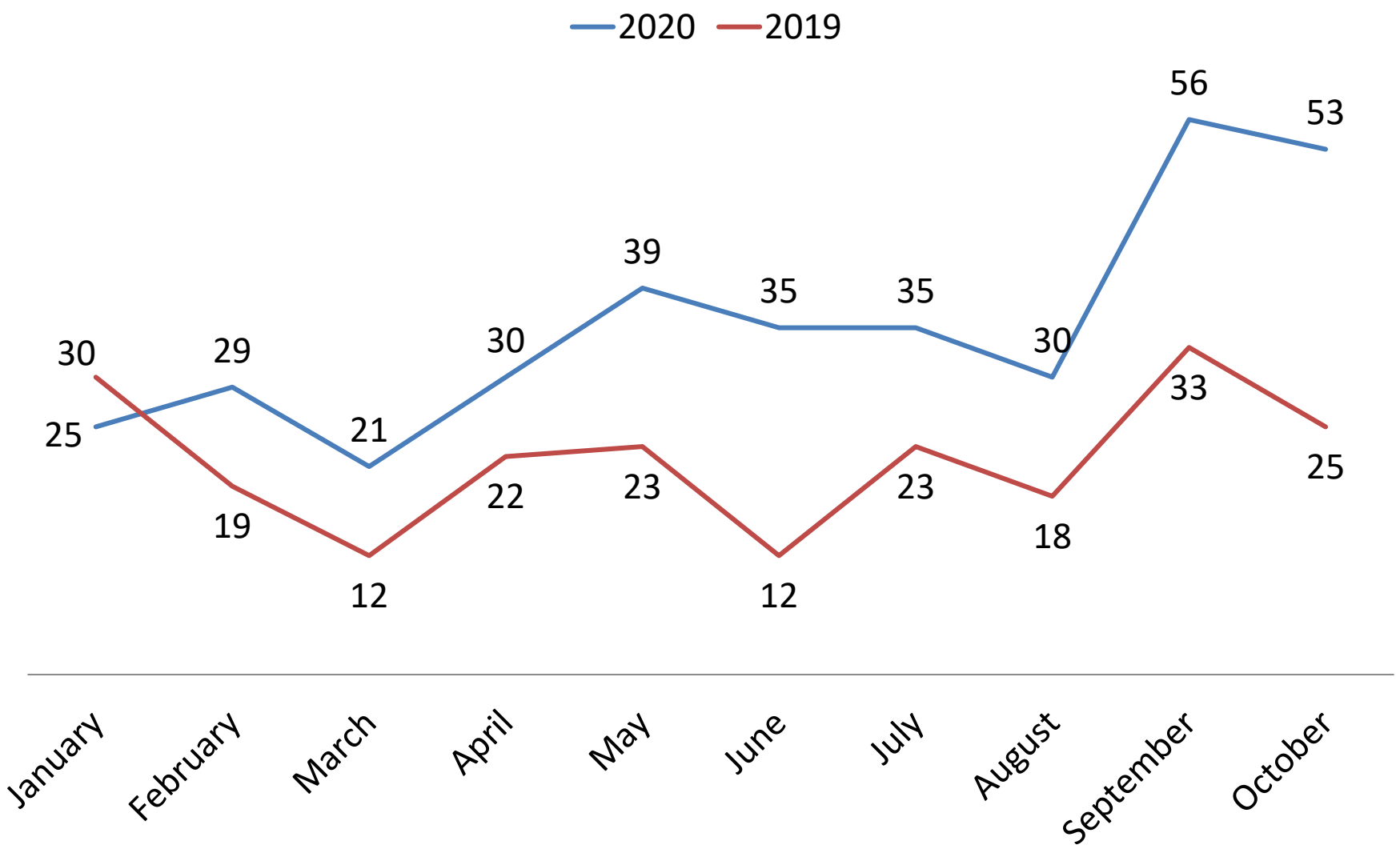
Malaria *epidemic* & COVID *pandemic*



Endemic Tuberculosis and *pandemic* COVID -19



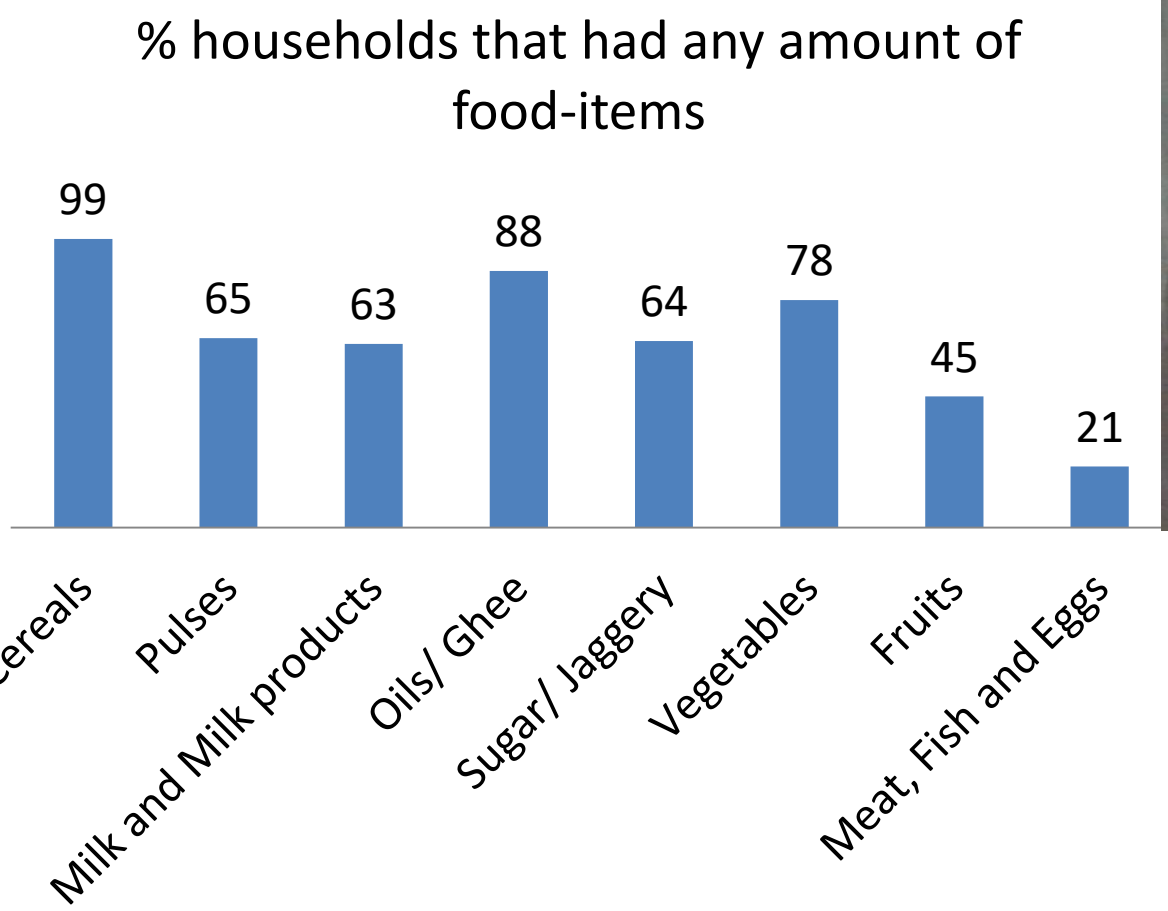
Disruption of health services and *pandemic*

- In one month alone (March 2020)
  - 200,000 fewer received pentavalent vaccination
  - 350,000 fewer patients fewer received treatment for diabetes
  - 30% lesser obstetric complications managed at health facilities!

Rukmini S. Livemint, 27th April 2020, based on analysis of NHM data

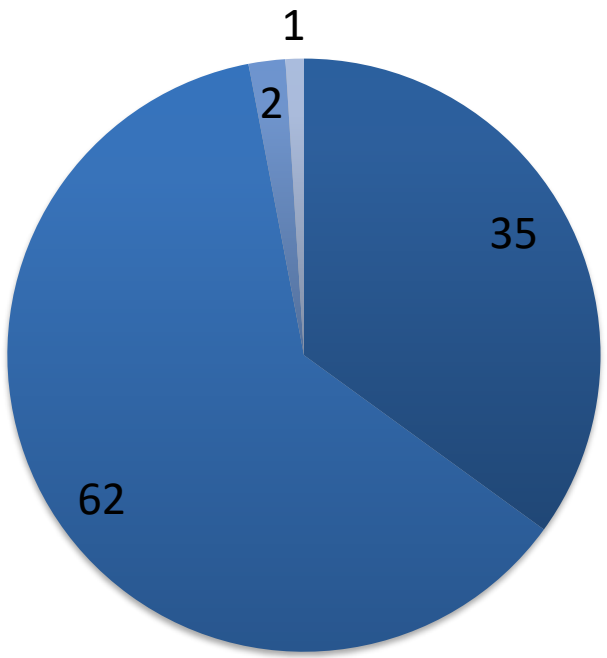
Household food (in)security

-June-July 2020



Food & Nutrition Bulletin, 2020

Endemic hunger and *pandemic* COVID



Food & Nutrition Bulletin, 2020

Syndemic Approach

- How an epidemic clusters with pre-existing conditions, interacts with them and driven by political, economic, and social factors
- Such an approach examines:
  - why certain diseases cluster in geographic or ethnic groups
  - Pathways through which they interact (among individuals and populations)
  - ways by which social inequality and injustice, contribute to disease clustering and vulnerability

It has been argued that COVID-19 is not an epidemic but a *syndemic**

**** Horton R. Lancet, 2020***

An example: Syndemic of SAVA

- Substance abuse, gender-based violence and AIDS is one such *syndemic*
  - *There is a causative and synergistic relationship among these conditions, at the bottom of which lies social and gender inequalities*

Profile of TB patients presenting at AMRIT Clinics

Educational qualification	
Illiterate	44%
Literate, no formal education	5%
Up to Primary	29%
Up to Secondary (Class 10th)	19%
Higher Secondary (Class 12th)	3%

Income tertile (in Rs, per month)	
0-5000	38%
5001-7000	31%
7001-40000	31%
Median: RS 1850	
Migrants	51%
Self	14%
Family Member	37%

Tuberculosis

- Decrease in registration:
  - 80% decline in first month
- We are seeing many patients with interrupted treatment
- Estimated 150,000 to 500,000 more deaths due to TB over next four years (*Stop-TB modelling*)
  - Low food intake will make it worse
- Not able to reach health facilities
  - No transport
  - Fear of police
  - Fear of catching infection and of “being holed up”
- Health facilities not providing “other” services

MMTC Syndemic or FCUK Syndemic

1. Malnutrition
2. Malaria
3. Tuberculosis
4. COVID-19

1. Food insecurity
2. Covid
3. Urban migration
4. Kochs!

Is it Karma that they exist together?

Ethics of managing *syndemics*

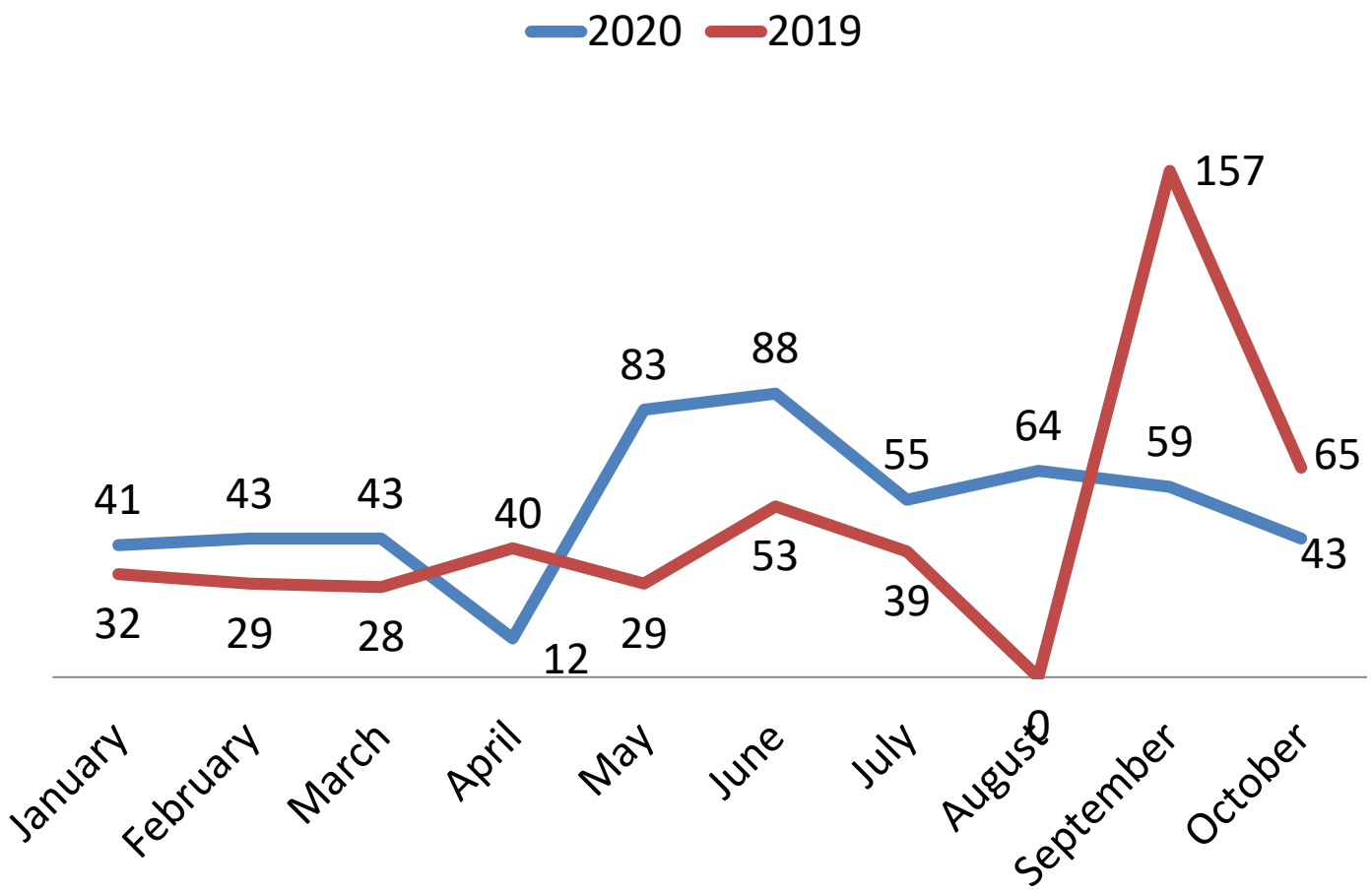
1. Why are these diseases clustering?
2. Which diseases and services are more important?
3. Is managing a *pandemic* more important than managing an *endemic* or *epidemic*?
4. How do we balance safety of providers and needs of population?
5. How do we address underlying social inequality and injustice?
6. Who takes these decisions and how?

Managing the *syndemics: responsive primary care*

	Numbers		Change (%)
	Mar-Apr (2019)	Mar-Apr (2020)	
Footfall	4916	6104	24.2
Deliveries	11	17	54.5
Women provided Antenatal Care	359	330	-8.1
Patients with newly detected TB	38	51	34.2
Patients who recovered from TB	16	16	0.0
Children with new Severe Acute Malnutrition (SAM)	37	46	24.3
Children with SAM recovered	13	7	-46.2
Women seeking medical abortion	47	106	125.5

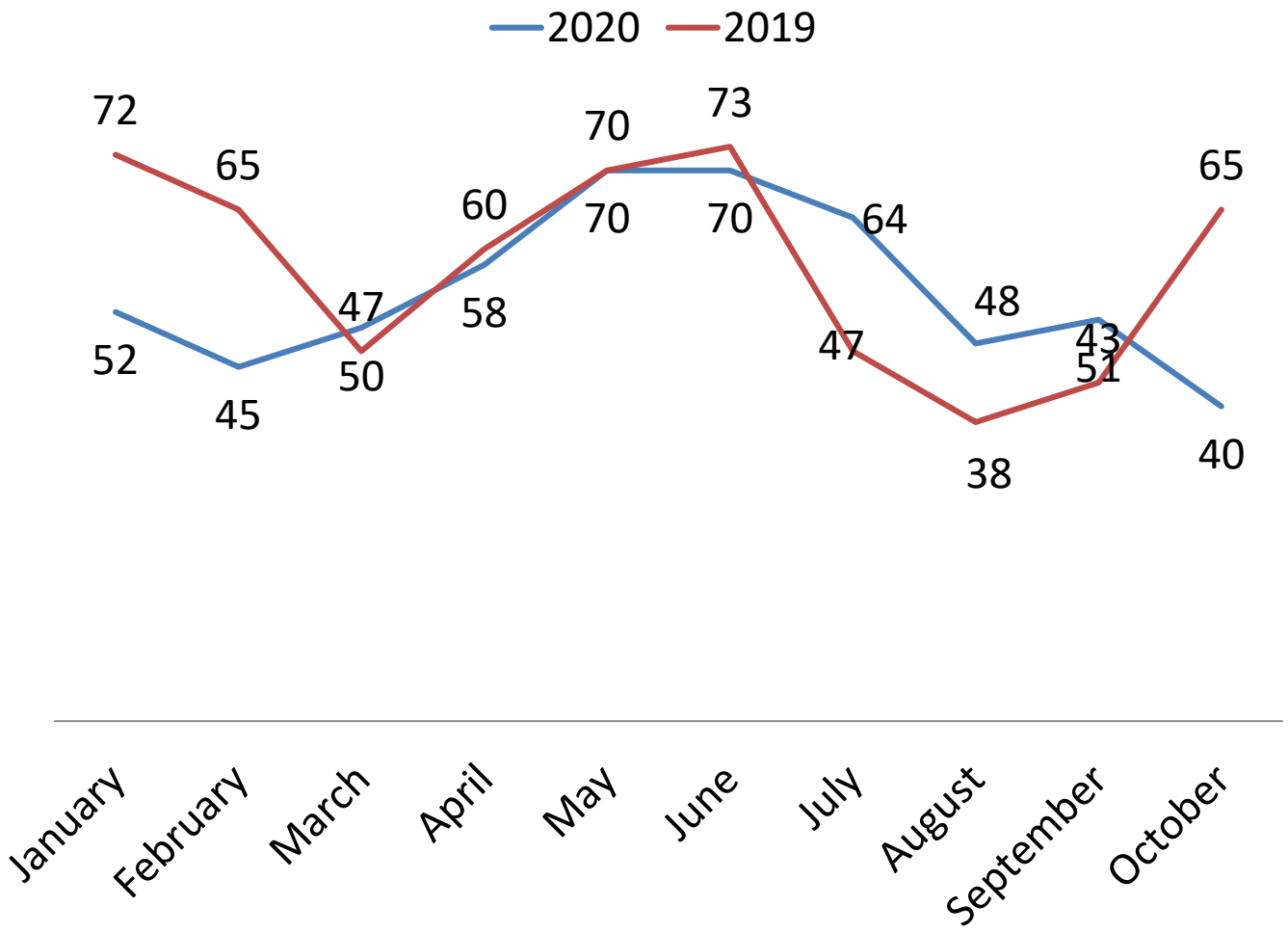
BMJ global health blog

Continuity of immunization



Numbers of children immunized in PHC Nithauwa, 2019-2020

Continuity of Antenatal care

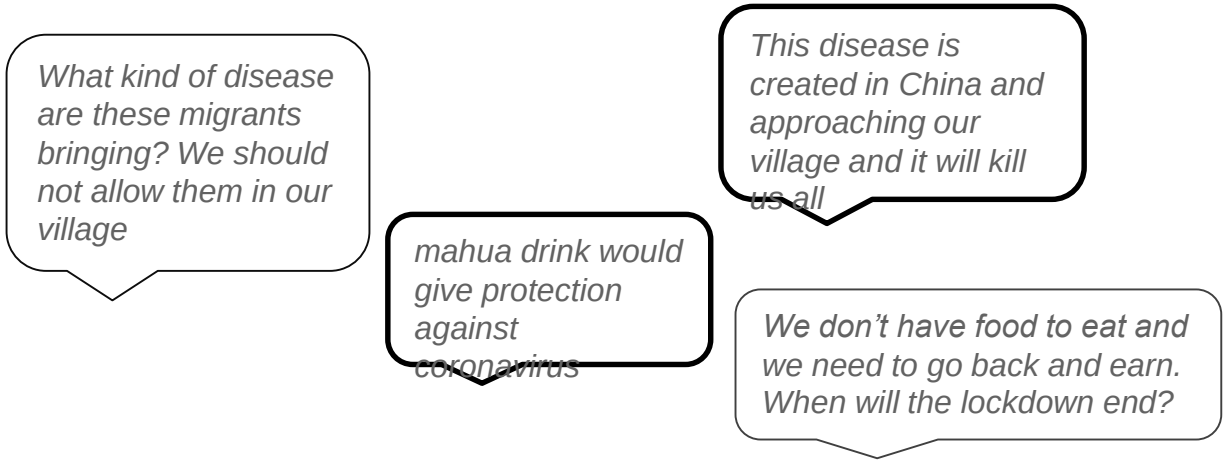


Numbers of women registered for ANC in PHC Nithauwa, 2019-2020

Tele counselling to alleviate fears and myths

COVID-19 pandemic:

- Challenged conventional ways of community engagement
- Aggravated myths, fears, stigmas, uncertainty
- Led to additional challenges: access to essential services affected, loss of work, dwindling food availability



Community members contacted by BHS	124 (Panchayat members, patients, community volunteers)
Avg. duration of phone calls	20 – 30 mins
Duration of teleconsultation	April'20 – June,'20

Retaining the community connect through telecounselling:

- Reaching out to key community workers to counsel about COVID -19, assuage fears, clarify doubts and myths, answer queries
- Instil faith and trust; establish CHWs as key PoCs in the community
- Promote/motivate preventive actions: handwash etc.
- Identify needs and offer support (through linkages)

Managing *syndemics*: keeping providers safe and "sound"

- Appropriate safety protocols
- Transparent information
- Staying in touch…physically
- Engaging in response
- Transport, connect with home

IDR online

Ethics of managing *syndemics*

- Interrupting or reducing health services in areas with high disease burden and high vulnerability is unethical, inhuman
- Obsession with controlling one disease at expense of managing others is unethical, short-sighted
- Not using this “opportunity” to correct inequalities in access to healthcare and food is unethical

Ethics of managing *syndemics*

- Vaccine for COVID is not the end-game, nor the mid-game
- Making health systems work for the marginalized is.
- It is the only way to manage *syndemics*