

# Alarm Bells for Maharashtra's Health System

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Recent surges in the deaths at public hospitals across Maharashtra prompted an investigation by the Jan Arogya Abhiyan into excess deaths at Dr Shankarrao Chavan Government Medical College and Hospital Nanded, revealing a complex convergence of systemic factors and underscoring the urgent need for political will to upgrade public health services.

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Recent incidents of excess deaths in various large public hospitals across Maharashtra—including in Nanded, Aurangabad, Thane, and Nagpur have been widely reported by the media. (Wire Staff 2023; Akhef 2023; Chakraborty and Deshpande 2023; Express News Service 2023). Much of the news coverage highlights possible proximate factors responsible for these deaths, such as shortage of medicines or alleged negligence. With limited focus on immediate factors, the deeper, structural causes are largely ignored and are likely to remain unaddressed. This grim context serves as an occasion to look beyond the visible tip (excess deaths) and recognise the underlying iceberg (the growing systemic crisis of public health services) which has become evident in Maharashtra today. Jan Arogya Abhiyan (JAA)—a statewide coalition of civil society groups and health professionals working on public health issues in Maharashtra—recently conducted a fact-finding into the excess deaths reported at the Dr Shankarrao Chavan Government Medical College (GMC) and Hospital in Nanded, and the emerging report<sup>1</sup> probed into interrelated causative factors at various levels. This article briefly describes these findings and analysis, which have serious implications at immediate as well

as long-term levels, and have both local and wider significance.

On 1 October 2023, in a 24-hour period, 24 deaths occurred in GMC hospital in the Nanded district, located in the Marathwada region of Maharashtra. This was over double the average number of daily deaths occurring in this hospital, which is usually in the range of 9 to 12 deaths daily. The JAA team conducted a comprehensive investigation by visiting both the medical college hospital and other public hospitals in Nanded, where informants included patients, nurses and doctors in public health facilities, private doctors and social activists. This in-depth investigation revealed the convergence of multi-level causes shaped by powerful systemic constraints, which contributed to the observed excess deaths at GMC Nanded.

## Deficit of Specialist Care in Public Health Facilities

Nearly half of the deaths on 1 October at GMC Nanded involved newborns. Therefore, to analyse the recent surge in fatalities, it is imperative to examine the availability of specialised neonatal care in public health facilities across the Nanded district. Nanded district has 20 secondary public hospitals but only the women's hospital is equipped with a sick neonatal care unit. The remaining 19 hospitals, including the district-level civil hospital, six subdistrict hospitals (SDHs), and 12 rural hospitals (RH) lack specialised inpatient facilities for the treatment of sick newborns and children. Given this setting, large numbers of critically ill newborns and children

from across the district get directly referred to GMC Nanded, increasing the pressure on this already strained hospital.

Nanded civil hospital has only 100 beds, which is grossly insufficient for a district-level healthcare facility covering a district of over 34 lakh population. Indian Public Health Standards specify the need for 500 to 700 district hospital beds for a district of over 30 lakh population. Even if we combine the bed strength of the civil hospital (100 beds) and women's hospital (100 beds), the current strength of district hospital facilities must be expanded at least three-fold to approach the required levels. The civil hospital has just one pediatrician and no pediatric ward to care for sick children. The women's hospital houses a 12-bed sick neonatal care unit, but due to a lack of a structured referral system guiding patient inflow from peripheral hospitals, most sick newborns directly go to GMC.

There are further serious gaps in the availability of specialist care in various peripheral public hospitals across the Nanded district. There are a total of only six pediatricians in the six SDHs, and these do not have neonatal care units or dedicated pediatric wards providing round-the-clock care. The situation of pediatric care in rural hospitals across Nanded is even more worrisome. The 12 rural hospitals are staffed by only seven pediatricians, with the post of pediatrician being vacant in half of these hospitals. Therefore, most sick newborns approaching these 19 different public hospitals across the Nanded district—one civil hospital, all six SDHs and all 12 rural hospitals—are likely to be referred to GMC Nanded, since these hospitals lack the capacity to provide round-the-clock specialised care for newborns and children.

In fact, there is no other properly equipped tertiary public hospital in a radius of about 100 kilometres around Nanded city. Consequently, patients from the Nanded district, as well as many talukas of Parbhani, Hingoli, Yavatmal, and Latur districts, and even some districts in Telangana and Karnataka, frequently seek specialised care at GMC Nanded, considerably straining this already overstretched

hospital which epitomises the motto—"The buck stops here."

### Human Power Deficits at Medical College Hospital

There were 11 newborn babies among the 24 fatalities on that critical day at GMC hospital Nanded. It is relevant that while the neonatal intensive care unit (NICU) in this hospital has 20 cradles, this facility often admits more than 60 newborns, resulting in multiple neonates sharing a single cradle. The nurse-to-patient ratio in the NICU falls far short of the recommended standards, with only two–three nurses per shift instead of the necessary 10 nurses required for intensive care. This shortage was compounded by inadequate supplies of essential medicines, including critical antibiotics, which could impact the quality of care while placing additional stress on the hospital staff.

Similarly, the pediatric intensive care unit (PICU) has a capacity of 35 beds, but, during September 2023, this unit treated around three times the number of children compared to its capacity. Sick children often share beds due to resource scarcity, and there are only three nurses per shift instead of the required 10 nurses. Like the NICU, the PICU nurses also face a shortage of support staff and medicines. Overall, GMC hospital is majorly overstretched compared to its approved bed capacity of 508, since it currently accommodates over 1,100 inpatients. It was also alleged that certain senior specialists from GMC were engaged in private practice outside the hospital, which can additionally weaken the provisioning of specialised services.

Just five junior residents currently work with the pediatrics department, including the NICU, PICU, and pediatric wards. These residents are effectively performing the role of duty doctors, often working for almost 24 hours a day which is inimical to both the quality of care as well as their ability to undergo specialist training. The primary role of GMC Nanded is medical teaching, while running the hospital is an associated role. However, due to massive gaps in the provision of secondary care in the public health system across Nanded and nearby

districts, there is a disproportionate flow of patients to GMC for specialised care, overwhelming the capacity of this teaching hospital. The ensuing preoccupation of clinical resident doctors with providing patient care leaves limited space for teaching activities, undermining the primary role of the medical college.

### Failure of Health Insurance Schemes

Nanded city is a regional medical hub, having 483 private clinical establishments, including hospitals and clinics. The "Doctors Lane" in Nanded, which houses numerous private hospitals, is a testament to the flourishing private sector. The city has around 80 doctors specialising in pediatrics, along with an estimated 120 pediatric facilities across the district. However, despite the city's significant private healthcare infrastructure, only 30 private hospitals in the district are empanelled under the Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY) scheme, integrated with the national Pradhan Mantri Jan Arogya Yojana (PMJAY). Among these, only nine small- to medium-sized private hospitals are empanelled to provide pediatric medical care. Further, only two private hospitals in Nanded are empanelled under the PMJAY specifically for neonatal care. Hence, despite the city's status as a major private healthcare hub in the region, there are a very low number of private hospitals enrolled in the much-hyped PMJAY scheme. Therefore, this scheme fails to provide substantial neonatal and pediatric care to needy patients. This leaves most poor families with no choice but to seek care for their sick children at the "court of last resort"—GMC Nanded. Some doctors also reported instances of "dumping" by private hospitals, where critical patients are referred to GMC Nanded at

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terminal stages of illness, making further treatment less effective. These critical cases contribute to the number of deaths at GMC Nanded, even though these deaths involve factors beyond the purview of the public hospital.

### Short-term Factors as 'Final Straws'

In addition to these major systemic causes, certain short-term factors in late September–early October 2023 seem to have worsened the ongoing major disparity between patient demand and GMC's capacity to offer specialised care. The sudden surge in deaths observed at GMC Nanded on 1 October 2023 appears linked with certain short-term factors, which aggravated the hospital capacity–patient-load imbalance to a breaking point.

First, in the previous two months (August–September 2023), patients increased significantly due to seasonal illnesses, including heightened transmission of dengue and respiratory infections. Patient admissions at GMC hospital increased by 23% in these two months. The average daily deaths also rose from 8–10 in the first seven months of 2023 to 12 in August and 13 in September, indicating the increased strain on hospital capacity that is stretched already.

Further, some medical staff noted that the elimination of user fees for public health services in Maharashtra has induced a higher number of patients to seek care at public hospitals. This trend would necessitate an urgent enhancement of medicines, staff, and healthcare infrastructure to accommodate the increased healthcare utilisation accompanying this positive provision.

Finally, the “long weekend” from 29 September to 2 October 2023 also probably played some role, with reduced specialist services being available at private hospitals and peripheral public hospitals, due to the absence of doctors and staff during this holiday period. This funnelled more critical patients towards GMC, further overwhelming the hospital and probably contributing to spikes in patient traffic and deaths. While these recent factors may have acted as “final straws” and could have contributed to the recent spike in deaths, the underlying

structural issues in the healthcare system remain the primary concern that must be addressed.

### Starved Public Services, Booming Private Sector

The underlying health system weaknesses provided the main setting for excess deaths at GMC hospital Nanded, upon which certain short-term factors were overlaid. These deaths should be recognised as symptoms of the public health system in Maharashtra being massively and chronically under-resourced, with the brunt borne by overstretched specialist hospitals which act as “final common destinations” for large numbers of serious patients. It is worth noting that an earlier detailed enquiry by public health experts on neonatal deaths focused on the district hospital in Nashik, had come to somewhat similar conclusions while providing a detailed set of recommendations to the State Human Rights Commission and Department of Public Health of Maharashtra,<sup>2</sup> though significant, systemic corrective actions taken in response to this report are not evident.

The JAA report correlates its various findings—inadequate public health staff, chronic medicine shortages, poor integration of health services at various levels with weak referral systems, inordinate reliance on private sector-oriented health insurance schemes—with the basic “cause of causes,” namely insufficient political priority by Maharashtra government to ensure well-resourced and expanded public health services. Inadequate budgets for public health are the most outstanding feature of this morbid neglect. Strikingly, Maharashtra is placed at the absolute bottom when 28 Indian states are ranked by the percentage of the state budget that is spent on public health and medical education (Reserve Bank of India 2023). While the goal defined by the National Health Policy 2017 is for state governments to spend at least 8% of their budgets on the health sector, the national average of such spending by all states and union territories combined is 5.7%, but the Maharashtra government allocated the lowest proportion of its budget for health among all states, with just 4.1% of its state budget apportioned

to public health and medical education in 2022–23.

Traumatic experiences during the COVID-19 pandemic (Maharashtra suffered the largest number of COVID-19 deaths among states) highlighted the urgent need for major expansion and strengthening of public health services, but these glaringly obvious lessons seem to be wilfully ignored by the current Maharashtra government as well as the union government. While resources for public health services remain suffocated with the mentioned tragic implications, the market is left wide open for commercial private healthcare where business is booming. The Nifty Healthcare Index, which reflects the financial status of the largest corporate hospitals, has increased from 8,026 at the beginning of January 2023 to an unprecedented high level of 9,593 in mid-October 2023.<sup>3</sup> It is also worth noting that among major Indian states, Maharashtra has the highest availability of insurance-empanelled private hospitals per thousand population (Choudhary and Datta 2019). In other words, the highest population density of private hospitals. The constriction of public health budgets and expansion of private healthcare are not isolated phenomena; these appear to be deeply complementary outcomes of a perverse policy framework that is bent on accelerated privatisation and commercialisation of healthcare, irrespective of the catastrophic consequences for people.

### Wanted: Political Will for Right to Healthcare

The response of the Maharashtra government to the Nanded episode seemingly reflects the evasion of responsibility for these excess deaths. The act of a ruling party parliamentarian forcing the dean of GMC Nanded to clean toilets in the hospital, amounts to a deeply casteist insult to this senior specialist doctor who has an Adivasi background (Deshpande 2023). It gives a signal that front-line staff might be scapegoated to cover up much larger failures. The statement of the public health minister of Maharashtra stating that “the entire cabinet of Maharashtra government is responsible” raises serious concerns as to how

the accountability is going to be fixed (Sakal News Service 2023).

The JAA report concludes by outlining the range of actions that must be urgently implemented in the aftermath of the Nanded episode. These include conducting a participatory public audit of the incident in GMC Nanded; majorly improving staffing and infrastructure at GMC; expanding specialist healthcare services in public hospitals across the Nanded district; and implementing community-based monitoring and social audits to make health services accountable. At the state level, the report calls for convening a special session of the Maharashtra assembly on public health, with the involvement of public health experts and social networks, to develop time-bound, comprehensive policy measures to be implemented towards the overhauling of the health system in Maharashtra. Associated recommendations include the urgent need to increase the state's health budget, which should be doubled from ₹1,800 to ₹4,000 per capita, along with establishing a state health human power policy, adopting a Tamil Nadu-type transparent, effective medicine procurement system, and critically reviewing current health insurance schemes linked with the private healthcare sector.

However, these measures for the holistic overhaul of health systems, whose scope is not limited to Nanded but apply to the entire state, can only emerge from a qualitatively different kind of political commitment to people's health. Given this entire background, the report ends with these words:

To conclude, we can strongly state that these unfortunate numerous deaths in Nanded should prove to be an urgent "Wake-up alarm" for the entire health system in Maharashtra, since this situation is not an isolated incidence, but is rather a glaring manifestation of the multi-dimensional health system crisis in Maharashtra. ... These tragic deaths must serve as a wake-up call for the politicians as well as people of Maharashtra, prompting total overhaul of health policy and increased political commitment to public health. Diverse social networks and organisations should launch a movement for health system accountability and Right to Health care ... for massive expansion, strengthening and accountability of public health services at various levels across the state, along with effective regulation of

private healthcare, while placing Right to health care for all squarely on the political agenda of Maharashtra. Public health is not just a technical area; it is a deeply political issue ... The state of health systems in Maharashtra is literally a matter of life and death today, and the time to take definitive action on this is now.

#### NOTES

- 1 See the report of Jan Arogya Abhiyan fact-finding visit, <https://phmindex.org/2023/10/25/nanded-medical-college-deaths-are-only-the-tip-of-the-iceberg>.
- 2 T Sundararaman, Narendra Kakade and Manish Arya; "An Enquiry into the Neonatal Deaths in Nashik District"; May 2018; report submitted to State Human Rights Commission, Maharashtra and Department of Public Health, Government of Maharashtra (unpublished).
- 3 See Nifty Healthcare Advanced Charting, [www.niftyindices.com/market-data/advanced-charting?Iname=Nifty%20Healthcare](http://www.niftyindices.com/market-data/advanced-charting?Iname=Nifty%20Healthcare).

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