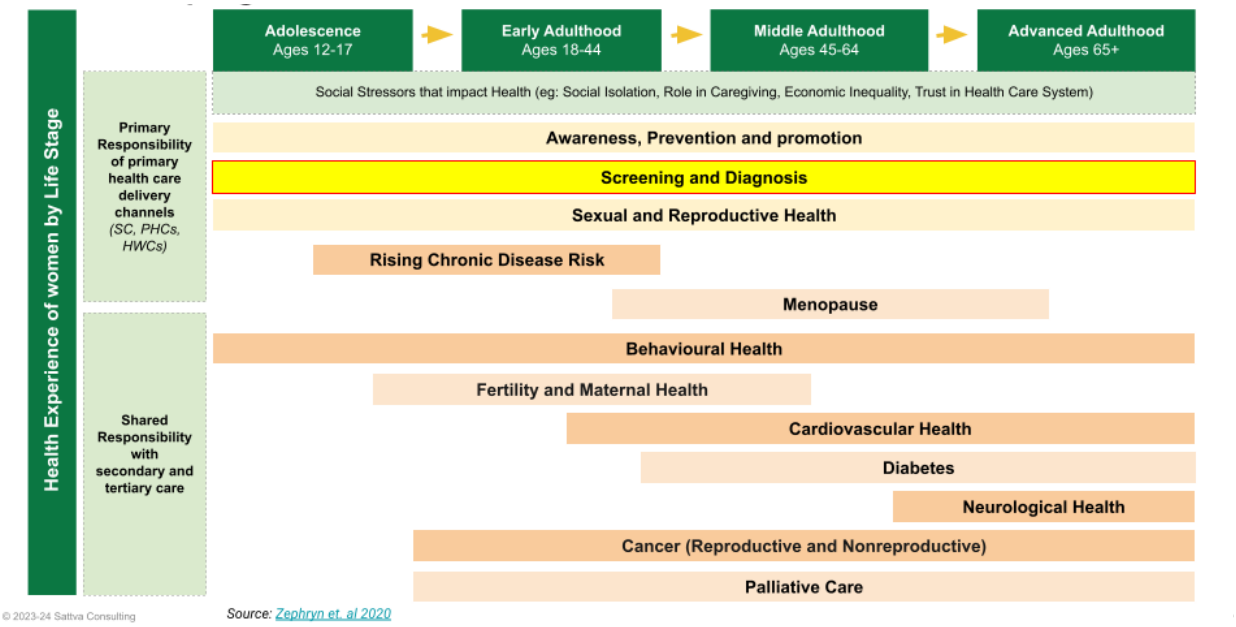
Reimagining early diagnosis for women in rural India to accelerate health outcomes

India has a long way to go in achieving the SDGs, especially when it comes to women's health. As many as 57% of women between the age group of 15-49 are anaemic, 7% more than the goal. Such differences between the current state of women's health in India and the SDGs aspirations are prevalent across a spectrum of women's health issues such as maternal health, breast and cervical cancer, and communicable diseases.



With increased awareness about diseases and symptoms, we are more likely to take preventive steps such as screenings, tests and check-ups for early diagnosis. On-time screening and early diagnosis can potentially reduce treatment costs and increase survival rate.

However, an array of systemic challenges impede women's awareness, agency and access to health services.

- Awareness: The National Family Health Survey (NFHS-5) report suggests that as many as 65% of women are still unaware of reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) schemes and initiatives by the government. Moreover, only about 21.6% of women have comprehensive knowledge of HIV/AIDS and only 27.5% of diabetic women were aware of their diagnosis.

- Access: Inadequate infrastructure and insufficient health personnel emerged as the leading problem keeping women from accessing medical care. As many as 60% of India's women face trouble accessing healthcare services as per the latest NFHS report. At least 23.2% of women reported distance from a health facility as a concern for accessing medical care and 21.5% of women said having to take transport to reach a health centre was a problem for them.

- Agency: In addition to the inadequacies in the healthcare system, there are social determinants that hinder women's access – such as lack of financial autonomy and consequently power imbalance at home, stigma around SRHR, among others. The NFHS report says that 89.9% of women (between 15-49 years of age) in the country do not have the agency to make independent decisions about their healthcare. Around 13.5% of women said they didn't get permission to get medical treatment, while 16.7% did not have anyone who could accompany them to a facility.

Alongside awareness, a robust healthcare system will have to focus on lowering barriers to entry and treatment. A high-performing primary health system – with the capacity to conduct screenings, diagnoses and treat diseases – is one of the healthcare system's most important units of change. It has the power to reduce load on India's overburdened healthcare system as well as make it more accessible and equitable for vulnerable communities.

In this spirit, on 21 July 2023, we along with Project ECHO and Sattva brought together various civil society organisations and government institutions to reimagine diagnosis for women in rural parts of India, with an exponential change lens. The core focus of the conversation was to deliberate on key problems that, if solved, will make other problems in the domain easier to solve or irrelevant.

As we spent the day brainstorming, the following viewpoints that can induce positive multiplier effects emerged –

Holistic approach to healthcare

It is imperative for the healthcare ecosystem in India to recognise and address the need for a holistic and intersectional approach to women's health. Currently, women's health concerns are often confined to reproductive health. Expanding our definition of women's health to include their overall wellbeing – through various life stages and relevant needs – is a big mindset shift.

It is important to integrate and engage with actors working on social determinants of health such as education and livelihoods to better understand the multifaceted challenges that affect women's health. It is critical to restore agency, dignity and choice of women with the right knowledge and tools so that they can identify, understand and act on the issues they face.

Women who have access to comprehensive health support are more likely to lead healthier lives, and thus be able to access education opportunities, participate in livelihoods and contribute more to the community. This not only impacts the women's health directly but also means better health of the families and communities that they are a part of. Ultimately, this can lead to an overall reduction of the load on the healthcare system and lower barriers to accessing healthcare for families at large.

Community trust and opportunity costs

Promoting timely healthcare-seeking behaviour in women needs us to focus on two interconnected threads:

- Restoring trust in the primary healthcare system of the country – The erosion of trust caused by unreliable services and inadequate infrastructure has far-reaching consequences. Unreliable services at the primary healthcare level create mistrust that lead to compromised priorities, especially when it comes to women's health in the household due to various cultural norms and daily-wage loss. To access reliable services, women may need to travel to district-level facilities which become overburdened with cases and end up

having very long waiting times. This becomes a cycle of mistrust. By prioritising service reliability at the PHC-level, the healthcare ecosystem can rebuild community trust and ensure that citizens can turn to primary health facilities with confidence.

- Reducing the substantial opportunity costs faced by women when seeking care – Opportunity costs associated with seeking healthcare are large, especially for women. As we mentioned above, travelling to district-level facilities may need women to forgo daily wages and go long distances (by themselves, which many woman may not have the agency to do). This, in turn, may lead women to seek treatment only in the later stages of a disease and have to wait to receive it. This results in aggravated health issues and snowballing effects on time, costs and other constraints leading to further deterioration in health and healthcare- seeking behaviour.

Enhanced reliability of primary services can reinforce community trust that reduces the load on the secondary and tertiary facilities, leading to reduced waiting times and lower opportunity costs.

Gender-specific provisioning

Gender-based challenges and cultural norms act as significant barriers to women's agency in making health decisions. Often, the availability or unavailability of a female staff at a primary health centre, IVRS calling service or an awareness campaign can serve as an enabler or deterrent for women, especially in rural areas, to avail of services. Additionally, respectful and rights-based sexual and reproductive care practices are not closely monitored, which intensifies women's discomfort and adds to their reluctance in seeking formal care during complex and intimate procedures such as childbirth.

On the other hand, healthcare workers are overburdened and under-recognised, paid late or irregularly and don't have many capacity-building avenues. This demotivates and sometimes even desensitises these workers and adversely impacts the quality of care they are able to provide. More so, the medical education system doesn't assess providers around their ability to care with dignity or equip them to deal affirmatively with the stress their work carries.

If we solve for gender-specific care and the barriers it carries – from the perspectives of both healthcare providers and users – a multiplier effect can be triggered. Better quality of care will naturally result in more women being healthy, participating actively in livelihoods and communities while the wellbeing of providers will lead to safe, efficient and dignified care.

Fragmented and / or unreliable data

In the Indian context, different healthcare policies and schemes may apply across the district, state and national levels. The health data collected and from these policies through various types of primary, secondary and tertiary healthcare facilities is siloed, leading to gaps and inconsistencies in information.

For women's health, this is especially crucial with respect to maternal and child health. Proper monitoring of prenatal and ante-natal care and immunisation is important to ensure positive health outcomes. However, siloed datasets and lack of integration leads to inefficiency in data sharing and coordination. For instance, PHCs often maintain their own data repositories, separate from district hospitals. Similarly, state-level databases do not communicate seamlessly with those at the district level, causing gaps in creating a comprehensive view of the health needs of the people of the state. At the national level, while various health programmes collect data, they do so in an isolated manner. This results in redundancies and an inability to generate a holistic view of healthcare trends across the country.

This fragmentation and lack of data sharing not only results in inefficiencies but also limits the ability of various actors in the ecosystem to leverage data for strategic decision-making and policy formulation. Addressing fragmented healthcare data in India through integrated systems can improve the quality of interventions, thereby enhancing patient outcomes.

Overall, many new ideas came out and we were able to look at a large, complex and mutating problem such as health from different angles and in different contexts. By embracing a holistic view, restoring trust, reducing opportunity costs and gender-specific barriers, and creating interoperable data systems, the healthcare ecosystem can unlock powerful multiplier effects. These effects, ranging from improved patient outcomes to enhanced care quality and equitable access, have the potential to catalyse complete transformation in women's health, amplifying positive outcomes across the entire healthcare landscape.

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