Short Communication

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Challenges of COVID-19

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The current world pandemic of COVID-19 necessitates a public health strategy with a lot of stress on medicine, particularly with regards to understanding the causes further as distinctive applicable population-based behavioural and academic programs[1]. It's necessary to realize that the pandemic of COVID-19 has at the start happened in well-developed countries that have achieved the supposed health transition. However, the virus doesn't differentiate between rich-poor or rural-urban people. It's significantly a threat to a rustic like Republic of India, where65–68% of the population sleep in rural areas that even have the highest overall burden of illness globally. The Indian rural health care system may be a three-tier system comprising Sub-Centres, Primary Health Centres (PHC) [2], and Community Health Centres (CHC)[3]. There's presently a shortage in health facilities: eighteen at the Sub-Centre level, twenty second at the PHC level and half-hour at the CHC level (as of March 2018). Though the amount of facilities has exaggerated over the years, the men availableness is considerably below the recon-mended levels as urged by the planet Health Organization. Many states have a considerably lower range of rural beds than the national average. Rajasthan and Jharkhand have a pair of.4 and 2.3, respectively [4]. Maharashtra, that has seen the biggest range of COVID-19cases, has 2.0 beds per 10000 populations and Bihar has zero.6 beds per 10000. Overall, there's a shortage of specialists acting at the CHC level (81.9%). This includes a shortage of surgeons (84.6%) [5], obstetrician's gynaecologists (74.7%), physicians (85.7%) and paediatricians (82.6%) The health care services and systems in Republic of India are still developing and have challenges of men shortages, absence, poor infrastructure and quality of care [6]. Despite the National Health Mission and Government's commitment, adequate and reasonable care remains mirage. The care system in rural Republic of India faces chronic shortage of medical professionals that is prejudicial to the agricultural health system in terms of the standard and availableness of take care of rural folks. The State focus has been on curative care, whereas poor infrastructure and poor coordination between the road departments makes it troublesome to tackle public health emergencies like COVID-19 [6]. The health care system is not adequate or ready to contain COVID19 transmission within the rural areas, particularly in several northern Indian States owing to the shortage of doctors, hospital beds and instrumentality, particularly in densely populated underserved state. we've did not manage tragic medical emergencies within the past, like the unfortunate death of over a hundred and fifty kids in Muzzafarpur in Bihar triggered by undernourishment. Public health challenges, together with elimination of uninterrupted communicable diseases like Tuberculosis and making certain equitable health care, boost the challenges ahead, with the emergence of recent pandemic. We still don't apprehend the $64000 statistics of the epidemic in rural areas [7]. The country is at a tipping purpose and that we don't apprehend what direction it will take. The irruption will head either approach. COVID-19 creates a special challenge considering the poor testing services, closed-circuit television and above all poor medical aid together with shortages that were mentioned earlier. The shortage of full understanding of the infectious agent and also the realization that there's no effective cure has compete a vital role in determining government ways and this is often evident once official actions are examined. The preventive strategy adopted in respect to COVID-19 does not seem to be terribly innovative. It's assumed that the unfold of COVID-19 virus can be controlled by these actions. At the instant, these arE solely assumptions part supported the expertise of earlier outbreaks particularly SARS or viral haemorrhagic fever epidemics. The impacts of this pandemic, particularly the internment strategy in the social sphere is multi-dimensional. What may be necessary from a public health purpose of read is its impact on employment of millions of people within the rural areas UN agencies are migrant employees in several cities and educational opportunities. The emotional impacts of the ways may add to the present. The folks are walking back to their villages in groups covering 500–1000 kilometre once losing their jobs within the cities that is alarming and will exacerbate the matter because the probability of community transmission widens more. Except for the economic suffering of the already starved society, this might distribute or unfold the illness in rural

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areas [8]. We tend to don't realize their exposure and standing of infection of this population. it's a significant concern as a result of if even simple fraction of them are infected, we are going to not be ready to management the unfold of the epidemic thanks to the resource limitations, poor health services in rural areas and alternative factors mentioned higher than.

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