Source : www.thehindu.com Date : 2020-04-15

THE PANDEMIC AND THE CONTOURS OF A HEALTH RESPONSE

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

India is facing the worst public health crisis in its independent history which pales the earlier ones such as AIDS, SARS and H1N1 into insignificance. The speed at which the virus entered the country and the multiple challenges it has posed before the people and the government are unprecedented.

While the initial response of the government was quick in restricting the entry and the quarantine of travellers from China and other South East Asian countries, the subsequent wave of international travellers has completely caught everyone off guard.

Interactive map of confirmed coronavirus cases in India | State-wise tracker for coronavirus cases, deaths and testing rates

The 21-day national clampdown following the janata curfew —and now extended — was and will be a timely step to stem the tide of rising infection levels. While this has confined the pool of infected persons to their homes, the aftermath of the lockdown when they will start moving out will pose enormous challenges. Central and State Governments should plan to adopt a public health approach to address the situation and use days ahead to ready with the strategy and tools for rolling it out.

We should realise that despite the best response, the epidemic will not be going away for all time to come. It is a novel virus and people have no immunity to protect themselves. Prevention, care and support are the only strategies that will succeed in mitigating the crisis. This will need a carefully planned public health approach which identifies the risks based on evidence and pro-actively intervenes to mitigate them.

The foremost task is to identify people and the households of those who returned from abroad in the last two months and who have turned symptomatic. They need to be immediately quarantined either in their homes or in community care centres identified by the State and district authorities. Civil society should be invited to be partners in organising the care centres and managing them.

India coronavirus lockdown Day 21 updates | Helpline numbers

Only the serious cases among them should be referred to hospitals for treatment. The intermediate step of quarantine will check a huge rush of patients even with minor symptoms to hospitals, choking health-care facilities and depriving the more serious and needy cases of emergency medical care.

To supplement this effort, large-scale supply of personal protective equipment (PPE) including gloves and face masks would become necessary. Community organisations can be mobilised to procure and supply such equipment to complement government efforts. Ventilator demand will also go up very soon and advance planning for emergency procurement would be necessary.

As the flood of patients starts increasing in hospitals, counselling services for patients and members of their families would be of utmost necessity. Large number of counsellors can be mobilised at short notice from existing national programmes and communities which have the

necessary experience in counselling.

Trained counsellors in care centres and hospitals can relieve the huge pressure on doctors and nursing staff and will make a huge difference to the quality of care to infected persons.

Coronavirus | Longer lockdown essential to break chain of infection, says government

Families of infected persons face a challenging task. Until they show symptoms of COVID-19, they need to remain in isolation and at the same time look after their wards who are admitted in care centres and hospitals. Local communities are best suited to provide support to the families of infected persons and ensure that they are not stigmatised in the locality or neighbourhood. In metropolitan cities, resident welfare associations and mohalla committees can play a very proactive role in addressing this need. In the smaller towns and villages, the district administration can mobilise local communities to provide supporting services.

A critical gap in the level of response is the limited testing facilities available for people to know their COVID-19 status. Current testing procedures which depend on viral tests are expensive and time consuming. It is high time that rapid testing is introduced on a large scale in the country using the window of opportunity the lock down provides.

Rapid test kits should be made available in care centres and people who test negative should be asked to remain in isolation at home. As these test kits become available in large quantities at a lower cost, community-level testing can be introduced to enable people to check their COVID-19 status if they get accidentally exposed to the risk of infection. This measure will also help in normalising the disease in the community and lift the stigma and fear surrounding it to a great extent.

Coronavirus | ICMR suggests using pooled samples for molecular testing

Large-scale migration of daily wage earners and construction workers from metropolitan cities, in the aftermath of the lockdown, has resulted in enormous challenges for the administration. Providing shelters and protecting them from loss of employment is a socioeconomic problem, where community involvement can ensure that the benefits governments are announcing actually reach the needy and those who deserve them. Community-based organisations should also help in mobilising Corporate Social Responsibility, or CSR, funds for mitigating the misery migrant families now face and for no fault of theirs.

The fight against COVID-19 can only be won when we get a preventive vaccine or a therapeutic drug on hand. Until then, the threat of the virus returning when conditions are conducive to its spread cannot be ruled out. Only a measured public health approach with community participation will help the government in ensuring a sustained response to stem its tide.

J.V.R. Prasada Rao is a former Health Secretary, Government of India. The views expressed are personal

END