

A POLICY ROAD MAP TO TACKLE COVID-19

Relevant for: Developmental Issues | Topic: Public Policy Making

How will it all end? Policies to address the worldwide crisis brought about by [COVID-19](#) must satisfy three criteria. First, they must aim to minimise the loss of life directly resulting from the disease, while recognising that there remain deep uncertainties about its true nature.

[COVID-19 | Interactive map of confirmed coronavirus cases in India](#)

Second, they must restore the elements of economic and social life as soon as possible, so as to avoid disastrous and lasting consequences, including for other aspects of health, schooling, food security and livelihood. The [costs of lockdowns have already been massive](#) and will deepen if they result in foregone health treatments, dropouts from school, and permanent closure of businesses. The direct effect of COVID-19 on the life expectancy of the non-elderly will be modest. But the indirect effects of the lockdown on health and well-being may be severe, especially for poorer persons and countries (evidence of already reduced rates of control of other infectious diseases such as Malaria and TB in India and other countries provides a case in point). An approach that values all lives must give attention to the costs as well as benefits of the lockdown, conceiving the public health comprehensively.

Modified TB machine for COVID-19 testing at Ernakulam medical college

Third, they must aim at a glide path out of the crisis, that can reasonably be projected to end it once and for all — not merely to manage it indefinitely through, for instance, periodic lockdowns. That idea has been motivated by abstract epidemiological models which do not take account of other health effects, let alone non-health effects, of draconian policies, and which make mechanical assumptions about individuals. On and off policies can result in deep damage. There are costs involved in starting and stopping schools and business, but beyond this, human beings need regularity to plan and act sensibly.

Three directions for policy are suggested by these three criteria. First, infections which do not lead to fatalities or lasting illness must be treated as on balance desirable, when determining the right policies. This recognises a central trade-off — avoiding infection versus gaining possible population-level immunity. As long as the disease is circulating and no medical breakthrough has been achieved, lockdowns, mass testing, contact-tracing and quarantining can only buy time. Reducing the flow of persons who get the disease in each moment diminishes the stock of those who have been exposed, which extends the duration of vulnerability of society. This is not speculation but arithmetic, supposing any degree of immunity from having had the disease. Widespread testing and contact-tracing can help to manage the flow of infections and reduce the danger to those especially at risk, but would have to be continued indefinitely until a vaccine is developed, and demands adequate public health infrastructure, severely neglected in many countries. The need to rebuild an effective basic health system is underlined by the few success stories to date in handling the outbreak, such as Kerala and New Zealand.

Testing on a mass scale is far from being achieved even in the most advanced countries, let alone others. To add to this, spreading the illness over time will likely not lower the number of deaths in developing countries to the same degree as in developed countries which possess superior, although still constrained, curative health infrastructure. As already noted, lockdowns and other means of delaying the spread of the disease come at enormous costs to other pressing societal objectives, including health itself (the already reduced rates of control of other infectious diseases in India and other countries provides a case in point). Due to different

circumstances, the appropriate strategies for protecting life may vary across countries even when the end is the same.

Central team inspects facilities in Gandhi Hospital

Second, policies must make a link between restoration of economic output and adequate investment in containing, indeed ending, the disease. This means that costs of vaccine development, mass testing and other measures attacking the disease must be viewed as enjoying a healthy societal return. The very low contributions so far to the international fund to develop a vaccine for the virus shows the scale of mismatch between the losses already incurred worldwide and likely to be incurred in the future, and investments to limit those losses. Failure to finance vaccine development is not mere free riding, but borders on suicide, since the prospective gains of individual countries would more than justify paying for the needed investment. Private firms are also being encouraged to contribute, but should agree that any breakthrough must be freely available and benefit all. Recognising the interdependence involved in fighting the disease, and its economic and social consequences, the UN must provide the leadership that has been so far missing.

Third, 'smart' design of policies can permit restoration of economic and social life. Such policies should be designed and targeted to allow lower-risk segments of the population to return to daily activities, while protecting higher-risk ones. For instance, systematic collection of test results and other data can be used to manage restrictions so that they are local and temporary. Large and dense gatherings can be prevented, but others allowed, especially those involving younger persons. Financial compensation for lost earnings, and in-kind support to limit social contacts, such as services to deliver essential goods to the home, can be provided to family members and professionals who help the elderly and vulnerable. Public infrastructure for those who have no suitable alternatives, such as residential facilities to support self-isolation where needed, can be developed. Some policy choices will be complementary, for instance because schools must reopen in order that parents can work. Public actions must enable and encourage desired behaviours, rather than restrict and punish undesired ones. Technology can play an assistive role but is no substitute for public understanding and voluntary choices, fostered by supportive public policies that remove obstacles and enhance benefits of the behaviours being sought. An approach that is effective at balancing and achieving the desired goals can and should also be democratic. The aim must be to reduce risks and manage interdependence, rather than to build walls, whether around individuals, localities or countries.

COVID-19 mother yet to hold newborn in Mumbai

Smart policies can include resumption of contacts across nations, for instance by beginning with testing and quarantines of visitors progressively. Now that infection rates have risen everywhere, the benefit of continued isolation on reducing the spread of the disease is limited, but its other costs are great. It is more feasible to bring the disease under control in one's own society through internal measures than to ensure its control everywhere. That is likely to be impossible because of war zones, weak states and broken health systems. A country that has achieved a degree of control over the disease can, however, sustain links to the world with confidence, and need not wait for universal success to begin to restore international contacts.

The right perspective is not one of business versus life nor of life versus life, but of life and life, seeking to reconcile goals through sensible measures. The interest of each and the interests of all now coincide, not only within nations but for all humanity.

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