

GEARING UP TO FIGHT THE NEXT BIG VIRAL OUTBREAK

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

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India is ill-prepared to deal with the new strain of coronavirus (SARS-CoV-2) that is causing worldwide panic. Policymakers must take forceful action to prevent the spread of the new virus and heed the urgent warnings of global public health professionals about new pathogens. The consequences of not doing this will be dire for all densely populated countries.

The World Health Organization (WHO)'s Global Health Security Index finds that no country is adequately prepared. It assesses 195 countries across six categories — prevention, early detection, rapid response, health system quality, standards, and the risk environment. India is ranked 57th. That the country scores around the global average is no comfort, because the global average is a low 40.2 out of 100, and India's score is 46.5. (For the record, the U.S. is ranked first and China 51st).

The prospect of new outbreaks puts four items on the health agenda in the spotlight that require both immediate and longer-term action: early detection and prevention; better collaboration across health service providers; more investment in health systems, outcomes, and education; and better care of the environment and biodiversity, which directly affects people's health safety.

That Thailand is ranked sixth in the Health Security Index — the highest ranking for an Asian country — says a great deal about the country's track record in disease prevention, early detection, and rapid response linked to investments in its public health system. When the deadly Middle East Respiratory Syndrome (MERS), also caused by a coronavirus, broke out in 2015, Thailand quickly notified the WHO of its first confirmed case and acted transparently to arrest the spread — in stark contrast to delayed notification by China's officials of the recent outbreak.

The influenza A (H1N1) outbreaks since 2009 in Rajasthan, Maharashtra, Tamil Nadu and other States have acutely underscored the need for better detection, awareness of symptoms and quarantining. The Pune-based National Institute of Virology has been designated as a WHO H5 reference laboratory. Yet, clearer protocols for all three types of surveillance are needed in all States, and these protocols need to be communicated to health professionals at all levels and the public in local languages.

One lesson of the 2008 global financial crisis was the need for countries to conduct regular stress tests on their financial systems, an exercise that has proved valuable. Countries need to do the same for their preparedness to deal with health emergencies. Each State in India should do this to expose crucial gaps in areas such as adequacy and supply of diagnostic equipment, health facilities, hygienic practices, and prevention and treatment protocols. Alarming scenes of queues of desperate shoppers trying to buy hand sanitisers, face masks and other protective products in Hong Kong and China highlight the need for strong supply chains for products that people need during health emergencies. China is realising, at a chilling cost to the safety of its health workers, the difficulty of ensuring enough supplies so that it can avert panic buying.

This is where partnership can come in — partnerships between private and public sectors, and between countries — that can sustain supply chains and bolster the medical capacity of countries struggling to cope. In Asia, collaborative approaches exist, for example, for combating

tuberculosis, AIDS and malaria. But more is needed to tackle health emergencies on the scale of recent outbreak, particularly on funding. There could be an emergency loan facility, with a “deferred drawdown option” as the World Bank uses for disasters, natural or health, that can help augment own resources in times of a public health catastrophe.

But the best defence of all is to invest more, and more efficiently, in health and education to prepare populations and strengthen health services. Health expenditure by the government in India is less than 1.5% of Gross Domestic Product, which is low for a middle-income country. Spending at that level limits, among other things, the availability of health professionals during crises. According to WHO, India has only 80 doctors per 1,00,000 people.

Kerala’s experience in 2018 with the deadly Nipah virus showed the value of investing in education and health over the long term. The availability of equipment for quick diagnosis, measures to prevent diseases from spreading, and public information campaigns all helped to keep the mortality rate from the Nipah virus relatively low. Having capable public health professionals helped in the information exchange with WHO and other international bodies.

One of the many dimensions of new pathogens that is getting increased attention is the link with environmental degradation. The interaction between particulate matter from pollution and viral respiratory tract infections, especially in the young and the elderly, as well as the malnourished, has been increasingly noted in epidemiological studies. Many of the highest air pollution readings are being recorded in Indian cities.

India’s health status is being worsened by climate shocks. An HSBC study of 67 countries ranks India as the most climate-vulnerable one because of the impact of severe temperature increases and declines in rainfalls. The effects of such occurrences are magnified by the high density of the country’s population, the sheer number of people in harm’s way, and the high incidence of poverty. Research is increasingly connecting global warming to vector-borne viruses.

The recent outbreak in China — with the SARS-CoV-2 having believed to have emanated in a market where wild animals were sold — highlights the biodiversity link. Nearly two-thirds of known pathogens and three-quarters of newly emerging pathogens are spread from animals to humans. This dangerous trend for disease spillovers from animals to humans can be traced to increased human encroachment on wildlife territory; land-use changes that increase the rate of human-wildlife and wildlife-livestock interactions; and climate change. Protecting the precious biodiversity should be a priority.

More outbreaks are likely in the future; the best response is better preparedness.

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