

COVID-19: MANY TASKS AT HAND

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

A technician prepares COVID-19 coronavirus patient samples for testing at a laboratory in New York's Long Island on March 11, 2020. | Photo Credit: [AP](#)

As COVID-19 continues its global rampage, India has taken drastic steps to stem its spread. It has banned incoming international commercial flights till March 31, established rules of quarantine for those returning from abroad, and put its healthcare system on high alert. All this is justifiable given that its high population density makes 'social distancing' difficult. Also, a vast number of people depend on public healthcare, so tracking the spread of the disease is a formidable challenge. But to truly contain this pandemic, we need to make a distinction between scientific information that can support a balanced epidemiological response and misinformation that will adversely affect our efforts.

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

From an epidemiological perspective, the weakest links during a pandemic are testing, control, and engaged community participation. So, the first step is to shore up the healthcare system and, as the World Health Organization has recommended, create capacity in hospitals (public and private) for everyone who shows symptoms to access testing facilities. Providing full and free testing to all who need it is critical for effectively controlling the spread. The variable (or differing) experiences of Italy, France, Switzerland and the U.S. highlight that COVID-19 tests and treatment should particularly be available and accessible to people in high-risk groups (those suffering from HIV/AIDS, drug-resistant tuberculosis, or have underlying medical conditions) and from low-income backgrounds. In this regard, although access to healthcare has improved to a large extent in India, the polarisation of healthcare facilities between the private and public sector does not provide the right framework to channel timely medical services during a pandemic. In the short-run, public healthcare services will be hard-pressed to provide the requisite support to low-income groups. In the absence of clear and targeted actions to replenish their capacity, they will not be able to cope with the pressures in the longer run. This needs to be urgently addressed, in the absence of which the poor — whom privatisation and the market economy have systematically excluded — will now be the weakest link in any effort to contain the virus.

The inexorable rise of fake news is a big threat to engaged community participation and public morale. COVID-19 is already deeply affecting economic activity, and fake videos linking its spread to the meat and poultry sector have led to a low demand for these products and, consequently, large-scale losses. Advocating particular cures or linking the virus to factors such as stress without underlying scientific evidence can cause a lot of damage as such misinformation creates confusion and prevents communities from following instructions from authorities and being united against the threat. Fake news also diverts attention from grim realities. The truth is that the economy will suffer drastically, and we need a clear plan of how we will tackle this over months. The poor will be the worst affected, including informal workers, workers in the gig economy, or those running small businesses, and social safety nets are not adequately in place. Sharing information on how we can address these issues and promoting democratic deliberations should become a policy and social priority. A crucial role of the government at this time is to offset panic, and to promote a sense of solidarity, stability and confidence. There can be no room for empty political statements and no space for errors.

There is also the risk that in the guise of disease tracking and control, we will fall into the trap of

eroding more civil liberties. Lockdowns, curfews and travel bans are already a suppression of civil rights. We need to be clear of what measures we are embarking on, and how that affects all of us. For example, is it logical to suspend rights of our own people to return in case of absolute necessity, and does the epidemiological reason justify separating people from their families for any amount of time?

As we move ahead, we need to employ mechanisms that tackle the pandemic no doubt, but do so while protecting civil and personal rights of citizens. The Chinese have massively repurposed their surveillance system for epidemiological control to reduce infection rates, and the U.S. government has announced that it is in talks with tech companies to access phone location data to map the spread of the virus. The U.S., a democracy, has many checks and balances in place to ensure that this kind of data is not misused, but India does not. Indians therefore need guarantees that the use of surveillance in the name of disease control does not end up serving other purposes, now or in the future.

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