

Policy approach and actions to manage and improve COVID Response

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COVID 19 has emerged as deadly global health pandemic. The pandemic has already infected 2 million people across 210 countries and territories across the globe causing 0.15 million deaths. The pandemic is estimated to cost \$1 Trillion loss to the global economy, millions of deaths and push more than 2 billion people to poverty. India is no exception and it is estimated COVID 19 could infect 180 million in India by the end of this year, if necessary actions are not taken to contain the virus. The COVID 19 lockdown until April 14 alone is estimated to cost a loss of USD 120 billion to the India economy. COVID 19 pandemic is extreme shock to the global health and economy. The pandemic is leading to starvation deaths, increasing unemployment and pushing the country's agricultural sector into a nosedive. High population density, interconnectivity, inadequate public health infrastructure services and millions of urban poor in Indian cities are a big challenge for India.

Big question is how the fast spread of the disease could be arrested and what would be the roadmap for managing the pandemic in India? Containment of the pandemic is not as straightforward as we might think. It requires substantial amount of information on the geographical, social and built aspects of the infected hotspots across the affected areas. The government has recently announced three-zones based on the severity of the infection: hotspots zones (red), non-hotspot zones (orange) and green zones.. But without a spatial area-wise mapping, the containment may not produce the desired outcome. Area-wise/ward wise data is important for a detailed understanding about the spread of the infection. This information is not available in the public domain which is important for quick and timely action to further prevent spread and facilitate treatment. For public health officials, the ward-wise mapping will provide much needed clarity for devising the way forward. There is also a need for centralized COVID information sharing network to disseminate COVID 19 information to the public. The testing for COVID 19 has been inadequate in India ([Testing Per Million ratio stands at around 105](#)) and only a widespread testing model will yield descriptive picture about the extent and the death rate of COVID 19. Door to Door campaigns, on the lines of those being carried out in Chandigarh, can add critical information to the data repository of COVID 19 fightback. Medical workers are one of the most vulnerable group which is being affected by diseases. Yet, [analysis](#) reveals that India will reach the capacity

constraint for doctors by the end of May or June 2020. Lack of a strategic workforce in the COVID 19 response is another constraint, which need to be addressed. Some of these recommendations for managing COVID 19 public health challenge follows:

1. Real time Health Information Sharing Networks

Data is the critical input for analysis and evidence based decision making for public health stakeholders and policy makers alike. COVID 19 containment requires accurate and latest information. Interventions related to identification of the patients, suspected cases, treatment and public policy to manage the crisis are dependent on quick availability of the data. Information silos can aggravate the spread of COVID 19 and there is a need for Real time Health Information Sharing Network with involvement of government, public and private stakeholders alike. The spread of the disease can be widely prevented and controlled if real time data is available to enable the stakeholders for decision making and quick action. Data protocols can be established and information can be updated on real time basis. Diagnostics, isolation, treatment and quick tracing of the patient contacts will help in managing the spread of disease to a wider extent. This will also ensure public awareness about the spread and preventive practices for the disease.

2. Spatial mapping of Vulnerable areas and COVIDhotpots

Cities have proved to be major centers of Corona virus infection and it would be impossible to track and trace the extent of infection without a comprehensive identification of vulnerable population and vulnerable areas in the cities. The existing reporting structures are struggling to consolidate COVID 19 outbreak information accurately and consistently. The impact of virus can be more severe in some districts and wards than others. Enforcement of social distancing and lockdown guidance, lack of healthcare facilities, population size, age and health of the population, and the limitation of public utility services play a major role in determining the outbreak and the spread of COVID 19. Such detailed information for policy making is not possible without spatial mapping of COVID 19 hotspots. Without specificity, most of our efforts will be responsive and reactive, rather than being proactive and incisive. Ward-wise COVID19 hotspot mapping will provide ground level focused actions to the nation's efforts in containing the coronavirus.

3. Ward level action plans

Hot spots mapping could reveal the characteristics of a ward, including its population density, presence or absence of amenities, the proximity to other corona virus hotspots, and even indicate the best strategy to contain and neutralize the infection in the ward. It helps decision makers analyze the potential spread of the virus in the ward and the best approach for each ward, as wards can be different from each other in demography, service availability, infrastructure, and a host of other issues.

Ward Level Action Plans, based on ward-wise hotspot mapping, can strengthen the containment. It will provide key understanding of resource distribution within the wards and how it will impact the progression of the pandemic in the wards.

4. Training/capacity building of frontline ASHA workers and Primary Health care workers

ASHA workers and primary healthcare workers can be utilized for door to door coronavirus campaign; in the same they have been effective control agents for public health campaigns including the pulse polio programme. They can be used for the twin purpose of reporting COVID19 incidences and also administer first-hand containment and treatment measures. It is with this purview that government should constitute a training module for primary health workers. With better training, many of the ASHA workers and those from Primary Health Centre, including AYUSH can be better equipped to deal with COVID19.

5. Random sampling of vulnerable groups

India must adopt the best practices employed worldwide against COVID19. Among them, the key strategy is to carry out random sampling among the vulnerable population. India must not only conduct more tests, but also carry it out randomly including the vulnerable groups in the population. But given the shortage of testing kits and the race against time to contain COVID19, random testing must be initiated among the vulnerable section of the population on an immediate basis. South Korea has managed to go ahead of other developed countries in the war against COVID19 as it used random sampling to track the spread of COVID-19 and contained it early.

6. Mobilizing civil society to gear up the action

A pandemic like COVID 19 requires relief management and rehabilitation even before the infection peaks. It is of utmost importance for civil society and citizen engagement to spread awareness, access to real time information and knowledge to enable people and organisations to take appropriate action. It is of utmost importance for stakeholder engagement to spread awareness, access to real time information and knowledge to enable people and organisations to take appropriate action.

The civil society has been a major contributor to the response to national disasters. In case of COVID 19, the civil society's potential has been under-utilized so far and the government must make use of the experienced and skilled response force available in its civil society. Resident Welfare Associations (RWAs) are important stakeholders too in this mission towards sensitizing the community and helping minimize the transmission of this infection.