

Reflections on the pandemic and our preparations for a third wave



Photo: AP4 min read . Updated: 17 Jun 2021, 10:12 PM IST **Sudipto Mundle**

Niti Aayog could set up a coordination committee for rural healthcare capacity expansion that draws upon urban learnings

Had Preeta not rushed me to Indraparatha Apollo hospital, New Delhi, with the help of some friends, on 24 April, I am certain I would not have been here to write this column. Even as I lay prone in the covid intensive care unit, attached to a non-invasive ventilation machine that was pumping oxygen into my lungs, intra-veinous pipes delivering different drugs, and wired to heart and oxygen saturation monitors, it was clear to me that I was a very lucky man and the discomfort of all these attachments actually reflected my privileged situation.

I was at one of India's leading hospitals, there was no shortage of oxygen or the critical drugs that were desperately needed, and a highly competent team of doctors was managing my case. This at a time when news was filtering in of a grim situation in the chaotic world outside. There was a critical shortage of everything, from vaccines to hospital beds, ambulances, ventilators, concentrators, essential drugs and, above all, oxygen. Severely infected patients were simply dying because they could not get the oxygen they needed to breathe and stay alive.

The many days I spent in the covid section of Apollo, an unusual ivory tower if I may call it that, gave me a lot of time to reflect on what had gone wrong. Why did the country have to suffer this nightmare, and, more importantly, what needed to be done to avert another one if and when the next covid wave struck?

The interval between India's first and second waves gave us time to prepare for the second wave. Instead, we became complacent as the first wave subsided. The warnings of several experts were ignored. The Prime Minister even announced triumphally at Davos that India had defeated

covid. Soon after that, the second wave struck like an awesome tsunami with four times the ferocity of the first, leaving much death and devastation in its wake. As critical shortages of hospital beds and oxygen eased in Delhi, the virus ravaged the small towns and villages of Uttar Pradesh, Bihar and elsewhere where there was little or no medical care for hapless citizens. Images of countless funeral pyres and shallow graves on the banks of the Ganga saturated our television screens.

Completely overwhelming an unprepared administration and creaking healthcare system, the second wave focused global attention on the dramatic failure of the government. In all fairness, though, it is not just the government, but also the public which has failed itself. Without widespread public failure to comply with covid-appropriate behaviour, avoid large crowds, maintain social distance and wear masks, the spread of the virus would not have been nearly as rampant.

However, while apportioning blame for what has happened, it is more urgent now to ensure that it does not happen again—that is, to prepare for a third wave. Enough experience has been gained on how to contain the pandemic's spread as well as the treatment of those infected. That experience should feed a strategy to cope with the next wave.

To contain the spread, the first priority is vaccination. The government target of vaccinating 10 million persons daily is not impossible to achieve, since about 3 million persons per day on average were already being vaccinated in April, till we ran short of vaccines. The key question is whether the government can ensure enough supplies of vaccines to achieve the 10 million daily goal. On the treatment front, we need to massively step up the supply of oxygen, availability of hospital beds, ventilators and other equipment as well as of essential drugs required for covid treatment. Is this doable?

Perhaps our large cities and towns can cope better with the next wave, based on the experience gained, if they start preparing now. The challenge is far greater in the rural hinterlands. Delivery of health services, including the cold chain for vaccines, depends entirely on our primary health centres (PHCs), the foundation of our public healthcare system, which are near

collapse in many states. But there are also cases of some municipal authorities and district administrations rapidly adding to their hospital bed capacity and even organizing their own production of oxygen.

There is no reason why such best practices cannot be scaled up and replicated throughout the country. But this will need effective coordination and leadership. Perhaps Niti Ayog could set up a coordination committee, led by public health experts and experienced administrators, with corresponding state-level committees, to lead this effort. It is unlikely that such a coordination committee could completely revamp the nationwide PHC network within a few months. But at least it can move the policy needle to channelize massive resources in that direction, thereby helping to contain the death and devastation that a third covid wave would otherwise leave behind in rural India.

One of former president A.P.J. Kalam's principal contributions to policy thinking was the 'provision of urban amenities to rural areas (PURA). It was unfortunately forgotten after his term in Rashtrapati Bhavan. Through this concept, president Kalam was attempting to address one of the fundamental inequities of our society, that between urban India and rural Bharat. A massive rural campaign to contain the third covid wave could mark the beginning of a strategic policy shift towards containing that inequity.

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