



Paths are made by walking

**A summary of the Report
COVID-19 Global and National Response
Lessons for the Future**

Independent Commission on Development & Health in India

Summary

The COVID-19 pandemic spread to the entire world by the first quarter of 2020, unleashing a global bio-socio-economic chaos. The pandemic has presented a myriad of social, economic, political and strategic implications, inflicting enormous challenges on individuals, societies and states. The Independent Commission on Development and Health In India (ICDHI) conducted a comprehensive study of the continuously changing situation; compiling data, analysis and recommendations on a range of global as well as national concerns arising out of COVID-19. The report “COVID-19 Global & National Response: Lessons for the Future” has contributions by distinguished groups of professionals and researchers from around the world. As we address the ever evolving health, economic and societal crisis, we hope to contribute to the necessary global as well as national action against this enormous collective challenge.

The report systematically discusses the pandemic through two major sections- Global and National Response.

‘Global Response’ begins with an inter country comparative analysis of about 165 countries from around the world, to evaluate the COVID-19 spread and fatality. The confirmed cases and case fatality rates of various countries have been analysed on the basis of geo-political regions, age and sex. The impact of COVID-19 on top ten public healthcare systems has also been studied. This is followed by an analysis of the various strategies & containment model implemented around the world including complete lockdown, partial lockdown and alternative strategies, which were largely adopted by various countries to protect their citizens from the pandemic.

Early diagnosis through testing the suspected cases, comprehensive contact tracing, home quarantine of mild-and-moderate cases with active follow-up, timely hospitalization of the serious cases and protecting the elderly patients with co-morbidity, are the proven shield. Every country, which implemented these measures efficiently and managed to educate their population to follow the basic guidelines of hand-washing, social distancing and mask wearing, came out with significantly better outcomes. But unfortunately, many of these countries let their guards down too soon, which caused re-emergence of cases in most of Europe and elsewhere.

‘Global Response’ also includes a kaleidoscope of COVID-19 stories from around the world. These stories provide an insider’s view on the pandemic situation and subsequent management in Norway, the United Kingdom, the United States of America, Sri Lanka, Nepal, Latin America and Africa. We hope that when it comes to the impact of COVID-19, this section is able

to showcase the similarities as well as differences in both developed and developing regions.

International organisations, owing to their history as well as contemporary roles, have vital undertakings in the global response. Various international organisations as per their mandates are coordinating global efforts such as airlifting material and medical staff, managing multinational research work, sharing essential information and initiating relief funds. In this context, the report chronologically traces the role and response of the World Health Organisation (WHO) in the COVID-19 crisis followed by a critical analysis. The report further briefs about the response of other specialised international organisations to support countries, in facing the current medical and socio-economic crisis.

The report goes on to discuss the direct effects of disruption of value chains due to COVID-19 on aspects of the global economy such as GDP, employment, trade, etc. and the responses of governments and major international organisations to ameliorate the adverse effects. Recommendations to deal with similar occurrences in the future follow suit.

The challenges of the COVID-19 pandemic have been different for various socio-demographic groups. The impact of COVID-19 is particularly detrimental to the most vulnerable segments, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples. As the report documents these multi-dimensional challenges, we realise that the social determinants of health and development are deeply connected.

COVID-19 has thrown a curve ball to not just epidemiologists, but democracies as well. 'Global Response' captures the impact of the "pandemic of health" as well as the "pandemic of authoritarianism" around the world.

In an emergency situation such as the COVID-19 outbreak, the scale and spread of the disease can only be assessed by knowing the proportion of population getting infected with the pathogen. Testing is the only tool that helps the Governments in gauging the extent of the outbreak. Under 'Global Response', the report discusses the various types of testing options, country-wise approaches to testing, impact of inadequate testing and the status of testing in South Asian countries.

Finally, 'Global Response' in the report captures the worldwide endeavour to swiftly create safe and effective COVID-19 drugs and vaccines. This section also discusses the Indian vaccine and other drug therapy efforts. The scientists working in the vaccine front have almost done a miracle by coming out with effective vaccines in such a short time. They have added a glorious chapter in the history of science.

The second half of the report deals with the story of the pandemic in our home country- India. National response begins with a comprehensive situational analysis, which includes a comparative analysis of COVID-19 spread, fatality and testing in 28 States and 7 Union Territories.

The section further analyses the Government's response to the pandemic, specifically the initial response, inter-state coordination, centre-state relationship, and the involvement of other stakeholders. It becomes apparent that the participation of the communities was limited. Our efforts would have been far more effective, if we had involved them right from the planning stage and ensured that they continued to play important role in decentralised management of the disease. Similarly, efficient mechanism for active participation of non-government organisations were not created. We have seen in the past, during global outbreak of HIV/AIDS, how much value they add to the government effort, if an enabling environment is created.

The report also discusses the role played by some of the key organisations in India, such as ICMR, IDSP, NDMA, para-military forces and various other departments in combating COVID-19. Their brave dedicated response has shown how much latent potentiality is there in our human resources for health. Besides them, many political leaders and brave hearts from the public played a key role in pushing back this crisis.

This section also contains a dedicated chapter on the Indian testing scenario which discusses India's progress, its performance as compared to other countries, inter-state performance and India's response to overcome the bottlenecks in boosting testing.

The report acknowledges the value of the traditional Indian health systems in COVID-19 prevention. A dedicated chapter on the role of Ayurveda in pandemic management hopes to globally promote healthy lifestyle elements from our traditional understanding of good health and well being.

Like several other countries across the world, India resorted to lockdown to control the spread of the infection. However, the lockdown strategy implied incidental impact through restricted transport service, closed public and private offices, restricted mobilisation of citizens and shutdown businesses- millions of economic migrants were left stranded and overall, all economic activity came to a halt. The 'Indian Scenario' section discusses in detail the impact of COVID-19 on our national economy. It also includes some valuable recommendations to revive our economy, especially keeping in mind the most vulnerable population.

India also faces a mental health crisis due to COVID-19. The report documents its impact, the most affected groups, response to the crisis and threats as well as opportunities in the future.

Due to the pandemic, the education system has gone through traumatic change resulting in dropout of millions of children throughout the developing world who are not beneficiaries of digitalisation. Many of them are going back to child labour. In many places, attending the school ensured a nutritious meal for the children. They are deprived of that now. We need to remember that education is not only about acquiring knowledge, but also understanding of the society through socialising with larger peer group, interacting with people, having access to sports, as well as other forms of culture and entertainment.

A rather unsettling correlation between COVID-19 and substance abuse has also emerged. Social distancing has substantially reduced drug trafficking on the streets, pushing consumers toward illegal markets on the dark web, or through messaging applications. Furthermore, the paucity of classic drugs, together with the impossibility to go out to look for those, might have induced addicts to misuse psychoactive prescription drugs.

The report has also attempted to review some recent measures of telemedicine adopted during the course of pandemic and their impact on public health in lower-middle income countries like India. Telemedicine can further effectively gain from the establishment of a National Digital Health System.

The COVID-19 pandemic has several lessons for a healthcare legal framework in India that will effectively address the health needs of its people. The report analyses the Epidemics & Diseases (EDA) Act, 1897 and the Disaster Management Act (DMA), 2005, post which some key recommendations have been suggested.

For developing nations such as India with limited capacity and minuscule expenditure on health care, managing an emergency of this nature is a herculean task. It highlights the critical need of the hour, a long term plan to boost the nation's capacity as a collaborative effort of the Government, the public sector, the private sector, NGOs, and the local communities for future preparedness. The report offers key recommendations for re-imagining and strengthening our advances towards new strategies and policies, in metropolitan areas, medium and small urban cities, and vast rural areas.

The time has also come for us to make it possible to steadfastly stick to a holistic and sustainable health care system, which can transform India to a healthy nation. We have to look beyond the so-called predominantly reductionist bio-medical model of health care, to a holistic model of health care which puts the human being in the centre. Thankfully, there is renewed political interest in effectively tackling health related issues, both at the Centre and at the States with launch of recent Government's initiative such as Health & Wellness Centres under AYUSHMAN BHARAT programme and Aspirational Districts Programme.

While the COVID-19 pandemic has spread all across India, governments at various levels and states in India have acted in varying ways, to strengthen individual efforts and protect the citizens. The pattern of COVID-19 spread in India has been varied and complex, with marked differences across states. The health systems of almost all states faced extreme distress, the silent victims being the non-COVID-19 services such as RMNCH+A, tuberculosis programme and routine vaccination. The last chapter of the report provides a snapshot of the strategies adopted by some of the states from across the country, their early approaches, and the impact of COVID-19 on other health priorities in the states.

The pandemic has shown us that effective preparedness is key to averting such health and humanitarian crises in future. We are optimistic that “COVID-19 Global & National Response: Lessons for the Future” will be a valuable asset for legislators, policy makers, administration, health experts, public policy and development professionals, as well as the citizens in general.

Recommendations

COVID-19 has caused worldwide human, economic and social misery. It clearly exposed the vulnerability of our civilisation, and reinforced the importance of living in harmony with nature, not rampaging it in a conquering mode. In a post-COVID world, we must thoroughly internalise the lessons from the pandemics.

The most accepted definition of Health is, “State of complete physical, mental and social wellbeing, not just absence of disease”, as enshrined in WHO’s Constitution, adopted in 1948. Unfortunately, during the management of COVID-19, our focus has mostly remained in combating the disease. We failed to ensure that in that process other crucial elements of health are not damaged. We have remained in this mode till now, causing economic hardship to millions of people, compromising the management of other health challenges, as well as distorting the education and other essential facets of humanity. We must ensure that operation COVID-19 does not succeed at the cost of damaging the foundation of our civilisation.

During the crisis, it became evident that scientists advice and politicians decide. The situation get more complicated when the scientists involved are largely clinicians, not experienced public health professionals and epidemiologists. We have seen with considerable consternation how very powerful politicians overruled the scientific advice and took decisions, which adversely affected the sound management of the disease. In the United States, politically motivated unscientific stand of the leadership led to the worrying situation that it faces today. Similarly, in many countries, including India, a sudden lockdown was imposed on the whole country without adequate preparation. It is now clear that the sledgehammer approach of sudden lockdown of the countries is not the best solution. It is better to use a strategy of using localised strategic lockdown, like a jeweller’s mallet.

Within couple of months of the outbreak of COVID-19, there was enough scientific knowledge about the disease and the effective way of managing it. Early diagnosis through testing the suspected cases, comprehensive contact tracing, home quarantine of mild and moderate cases with active follow-up, timely hospitalisation of the serious cases and protecting the elderly patients with co-morbidity, are the proven shield. Every country, which implemented these measures efficiently and managed to educate their population to follow the basic guidelines of hand-washing, social distancing and mask wearing, came out with significantly better outcomes. But unfortunately, many of these countries let their guards down too soon, which caused re-emergence of cases in most of Europe and elsewhere.

Now with the successful vaccines in the horizon, this nightmarish chapter might come to an end, but we need to deeply internalise the lessons of this

tough journey and prepare ourselves adequately for the future. The Report is an attempt to capture our experiential learning while combating the grim reality of COVID-19.

During this crisis, the fault lines of the health systems all over the world became clear. They can be summarised as follows:

- I. In most countries, human resources in health sector are inadequate. The problem is not only limited to developing countries, but also in developed countries going through demographic transition. A long-term solution of this critical problem need to be evolved with a sense of urgency.
- II. In the developing countries, both financial resources and health infrastructures are awfully inadequate. It is evident that a country's economic, social as well as political stability depends on the investment that it make in their health care. Health budget should not be treated as an expenditure, but an essential investment for sustainable development.
- III. A few years back, the WHO took initiative to highlight the importance of addressing the Social Determinants of Health, but not much action followed. The pandemic showed how more than one third of the global population, living in urban slums and rural settlements without proper infrastructure have hardly any chance to preserve themselves from the spread of the communicable diseases. Underbelly of all urban centres showed how little we have done in improving the living conditions of the economically disadvantaged.

The crisis highlighted the vulnerability of the people working in unorganised sector. They lost their livelihood overnight due to sudden lockdown and had to undertake long inhuman journeys to their native places for their survival, during this tough phase. Similarly, a huge number of self-employed people lost their livelihood. It is imperative that we systematically address the challenges of social determinants of health, to ensure the health and development of whole population.

- IV. In the management of the pandemic, the government infrastructure played the most critical role reinforcing our belief that health is a merit good and should not be totally put in the market place. The government health systems should continue to be the backbone of health services.
- V. The pandemic brought to light the importance of the slogan, "All for Health". At the end of the day, not only the health professionals but civic and police administration as well as others had to work collectively to combat the spread of the disease. Unfortunately, the non-health

actors in most countries are not trained in the basics of health care. We need to ensure that during the initiation to the service all cadres of government and non-government organisations' go through simple training on basics of health and wellbeing.

- VI. In the management of the pandemic, the participation of the communities was limited. Our efforts would have been far more effective, if we had involved them right from the planning stage and ensured that they continued to play important role in decentralised management of the disease. Similarly, efficient mechanism for active participation of non-government organisations were not created. We have seen in the past, during global outbreak of HIV/AIDS, how much value they add to the government effort, if an enabling environment is created.
- VII. The resistance of the citizens all over the world to simple preventive steps like using of masks or maintaining social distancing, brought to the light the fact that preventive and promotive health care should be an important health agenda for the future, so that our citizens practice the basics of healthy living.

We need a strong global weather station to pro-actively monitor the emerging health emergencies, sufficiently in advance so that vulnerable nations can get time to prepare for it. The WHO is supposed to play this role but somehow in the recent years, it's not so pro-active response to the outbreak of Ebola and similar situations have dented it's credibility. Obviously, there is a need for a paradigm shift in the WHO, so that it can be an energetic organisation developing strong collaborative arrangements with well-respected scientific institutions with proven track record. This will help the WHO not only rely on the professional knowledge available within the organisation, but enthusiastically obtains best scientific and technical advice that exists globally. The WHO has the advantage of global acceptance due to its contribution for many decades, as well as its presence all over the world. The organisation should be run by committed professionals, rather than job seekers and political appointees.

At present, the WHO is hesitant to raise issues with strong member countries. During the management of COVID-19, it was found to be going questionably soft on China for quite a while, appreciating their response to the outbreak, rather than pointing out Chinese government's denial and mismanagement of the pandemic during early weeks.

The present international laws binding the governments on the reporting of life threatening diseases, which has global consequence, are rather weak. Time has come to frame stricter international laws, which makes it mandatory for Member States of the United Nations to report such incidents promptly,

so that it does not lead to far graver situations with global ramifications. Similarly, most countries need to review their Laws which are evoked during the pandemic. They were found to be deficient, not far reaching; and have little accountability to the public grievances. During the crisis, the need for creating an International Fund to promptly respond to such situations was felt badly.

The crisis sadly exposed that the benefits of globalisation does not come to active play when such disasters strike. Even otherwise organised European Union failed to respond to this crisis jointly during its' peak. On the other hand, Indian vaccine distribution to its neighbours and other countries stood out as a shining example of global cooperation. In the future, we need to develop mechanism for horizontal integration of response to the crisis of global proportion.

Due to the pandemic, the education system has gone through traumatic change resulting in dropout of millions of children throughout the developing world who are not beneficiaries of digitalisation. Many of them are going back to child labour. In many places, attending the school ensured a nutritious meal for the children. They are deprived of that now. We need to remember that education is not only about acquiring knowledge, but also understanding of the society through socialising with larger peer group, interacting with people, having access to sports, as well as other forms of culture and entertainment. It is essential that we find ways and means to open our educational institutions at the earliest with enough precautions.

We had to rethink of our work settings. In the long run, we need to figure out a system where people can work from home without compromising their productivity. This will have benefits of reducing traffic congestion, pollution as well as infrastructural fatigue. On the other hand, people for whom it is essential to attend work settings, we need to create healthier and safer work places, where they are least exposed to health hazards.

With physical contacts kept to a minimum, it is digital communication that proved to be a lifeline for the society across the world. We use internet to learn, to work, to communicate as well as to socialise. The pandemic and the subsequent lockdowns, not only compelled change in the mode of social interaction, but also the running of businesses. However, it has rushed into digital life at a velocity which was unfathomable, while only 27 per cent of families in India have access to internet. There is a huge digital divide between the urban and rural areas. We need significant push towards digitalisation both from the government and the private sector, to fill this unacceptable gap.

We are gradually coming out of this unimaginable crisis due to dedicated work, under most trying circumstances, by millions of health functionaries in all kinds of settings. In the initial phase, many of them had to work round the clock in an unknown territory without sufficient safety precautions.

Their brave dedicated response has shown how much latent potentiality is there in our human resources for health. We need to appreciate, nurture and compensate them adequately.

The scientists working in the vaccine front have almost done a miracle by coming out with effective vaccines in such a short time. They have added a glorious chapter in the history of science. Besides them, many political leaders and brave hearts from the public played a key role in pushing back this crisis.

We are at a time when health has at last received its due importance in the global development agenda. The initiatives like Macroeconomics Commission on Health, Global Fund, World Bank and Private Foundations' considerable investment in health sector, as well as in the agendas of Sustainable Development Goals; are some of the important expression of this concern. We are certain that post-COVID-19, the health care will receive further fillip, but favourable wind is of consequence if direction of the boat is right. The greatest economic force now sweeping through the health care system worldwide is that of the market. Health is a vital human good and medicare plays a key role in promoting it. Totally commercialising it even for the sake of choice and efficiency, runs a potent risk of submitting it to the market forces. The integrity of medicine itself is at stake. The State need to remain the principal provider of health care to safeguard it from this folly.

We need to look at the financial outlay that is required to meet the unfinished agenda of 'Health for All'. Most developing countries, including well performing economies, like India and China, invest far less than it is required to meet their health goals. Paradoxically, the cost of providing basic health care to the world's unreached population need an investment of up to 35 billion dollars, which is a fraction of 400 billions dollars that the world spends on armaments annually. This is particularly pertinent in the context of the fact that one of the most striking statistics is that a woman will die from complication in pregnancy in Sub-Saharan Africa 1 in 37 over the course of her lifetime, compared to 1 in 6,500 in the developed world.

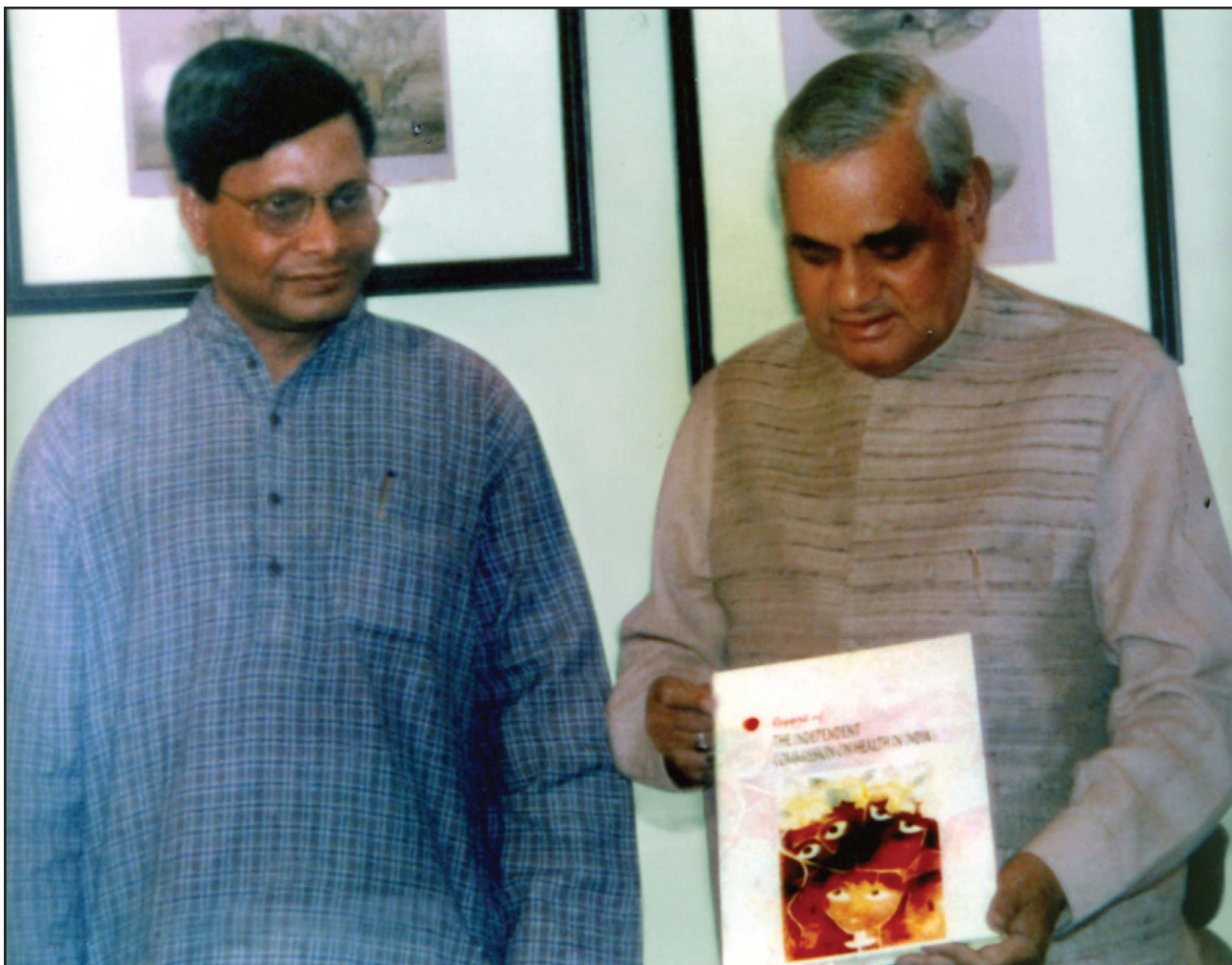
A healthy nation is the sum total of the health of its citizens, communities and settlements in which they live. Therefore, it is only feasible if there is total participation of its citizens towards this goal. We have to look beyond the so-called predominantly reductionist bio-medical model of health care, to a holistic model of health care, which puts the human and the environment in the centre.

Alok Mukhopadhyay

Convener

Independent Commission on Development and Health in India





The Commission's first report was officially released by the Honourable Prime Minister of India, Shri Atal Bihari Vajpayee in 1998



A Roadmap to India's Health report was officially presented to Shri Venkaiah Naidu, Hon'ble Vice President of India by ICDHI's members in 2018

Independent Commission on Development and Health in India

Independent Commission on Development & Health in India was set up in the year 1995 to address the growing concern on unacceptable decline of nation's health and inadequate response of the system to meet the complex challenges. A group of most respected health thinkers and practitioners of the country came together to form the Commission under the patronage of Voluntary Health Association of India.

The first comprehensive report of the commission was presented to then Prime Minister, Shri Atal Bihari Vajpayee in 1998. The Honorable Prime Minister ensured that the major recommendations of the report were incorporated in various programmes, leading to many significant policy changes. The report thoroughly analysed the State of India's Health and came up with clear recommendation on how to tackle them through an evidence based, people centered sustainable strategy. This resulted in the formation of the National Rural Health Mission to overhaul the rural health services. Since 1998, the commission has released a significant number of reports on specific health problems faced by the country.

In the last two decades, the Commission has come out with a significant number of such reports on specific health problems confronting the country. Many ways, they have formed the basis of policy changes, both at the Centre and at the State level. Thus the Commission continues to play a vital role in India's Health arena. The Commission works closely with the Prime Ministers' Office, Ministry of Health & Family Welfare, NITI Aayog, World Health Organization, Non-government Organizations, Panchayati Raj Institutions and other relevant forums. One such comprehensive report was the Road map to India's Health which addresses health challenges faced by the country. It was officially presented to Shri Venkaiah Naidu, Vice President of India in April 2018.



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