

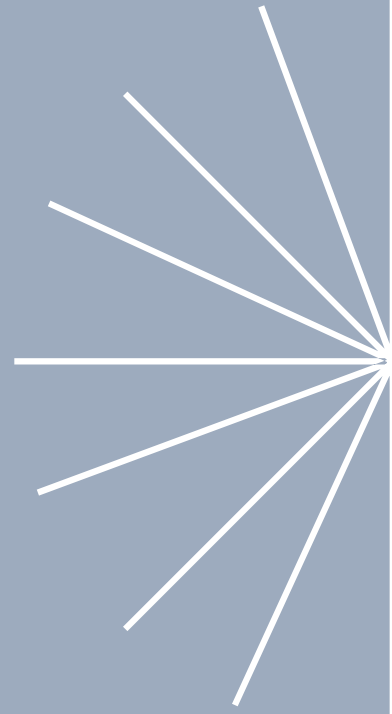


# TACKLING COVID-19

Public health and socioeconomic strategies



# TABLE OF CONTENTS



01

---

The policy brief

02

---

Covid-19 cases and doses

03

---

Lessons for India - 1

04

---

Lessons for India - 2

05

---

Lessons from India



# THE POLICY BRIEF

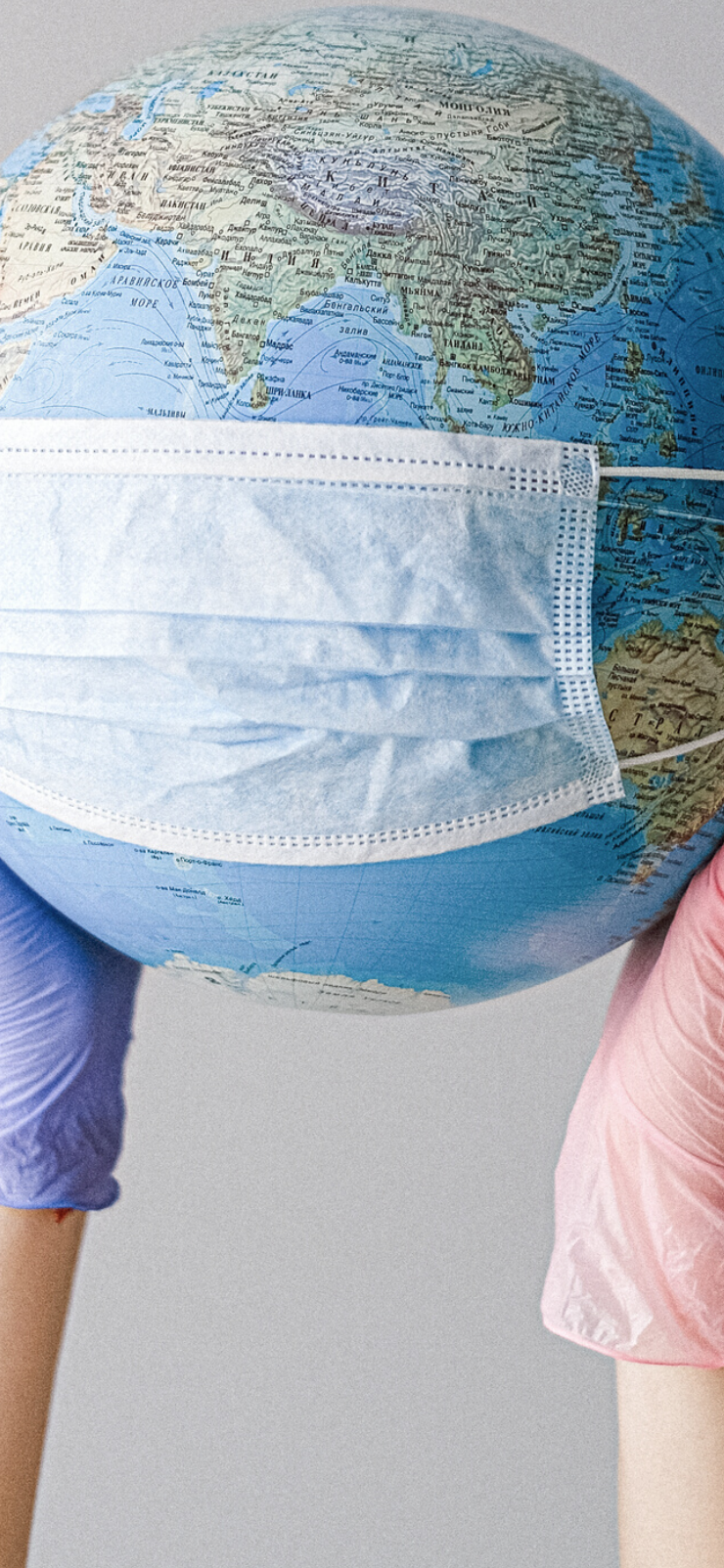
It is for the first time in recent history that almost the entire world is faced with a shared threat - the Covid-19 pandemic.

Despite specific contexts and capabilities of countries and communities, there are potential lessons to be learnt from their strategies and experiences in tackling this shared threat.

Towards this end, the Indian Council for Research on International Economic Relations (ICRIER) and the India Office of the Konrad-Adenauer-Stiftung (KAS) have come together to organize a webinar series on "Covid-19 Global Best Practices - Lessons for / from India".

The present policy brief is based on desk research and discussions during the second webinar in this series on "Tackling Covid-19 - Public health and socioeconomic strategies", held on July 2, 2021. Following welcome remarks by Dr Alok Sheel, RBI Chair Professor at ICRIER and Former Secretary, Governments of India and Kerala, and an insightful and inspiring introductory address delivered by the KAS Resident Representative to India, Mr Peter Rimmel, a distinguished panel of speakers talked about public health and socioeconomic strategies adopted in India, Japan and the United Kingdom as well as what should be done to tackle Covid-19 in a much more effective and equitable manner.

We had the privilege to have the following panel of distinguished speakers - Dr Sakhivel Selvaraj, Director and Professor of Research, Public Health Foundation of India (PHFI); Dr Peter Taylor, Director of Research, Institute of Development Studies (IDS), University of Sussex, United Kingdom; Dr Rajib Shaw, Professor, Graduate School of Media and Governance, Keio University, Japan; and Dr Praveen Kumar Pathak, Associate Professor, Department of Geography, Jamia Millia Islamia, India. The webinar was moderated by Dr Ali Mehdi, Senior Visiting Fellow and Lead, Health Policy Initiative, ICRIER.

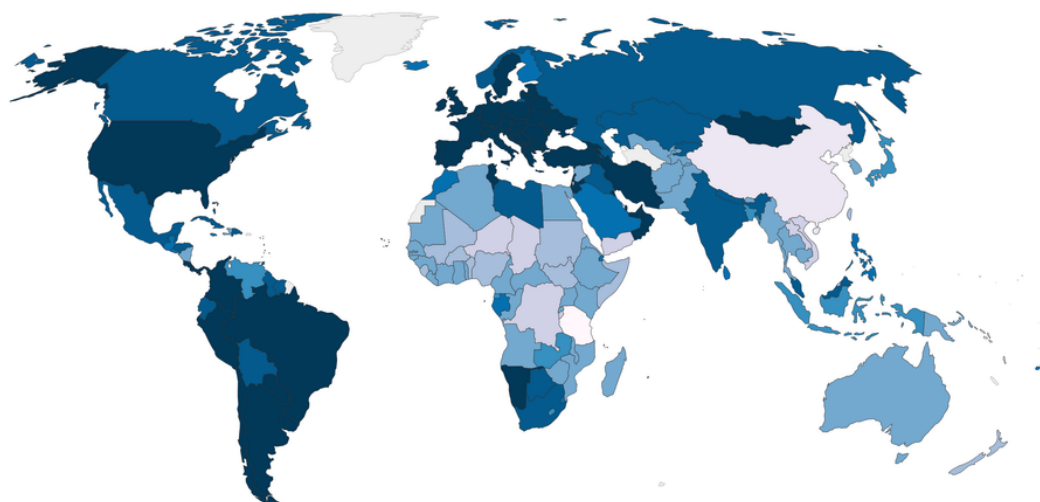


# COVID-19 CASES, VACCINE DOSES

## Cumulative confirmed COVID-19 cases per million people

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World  
in Data



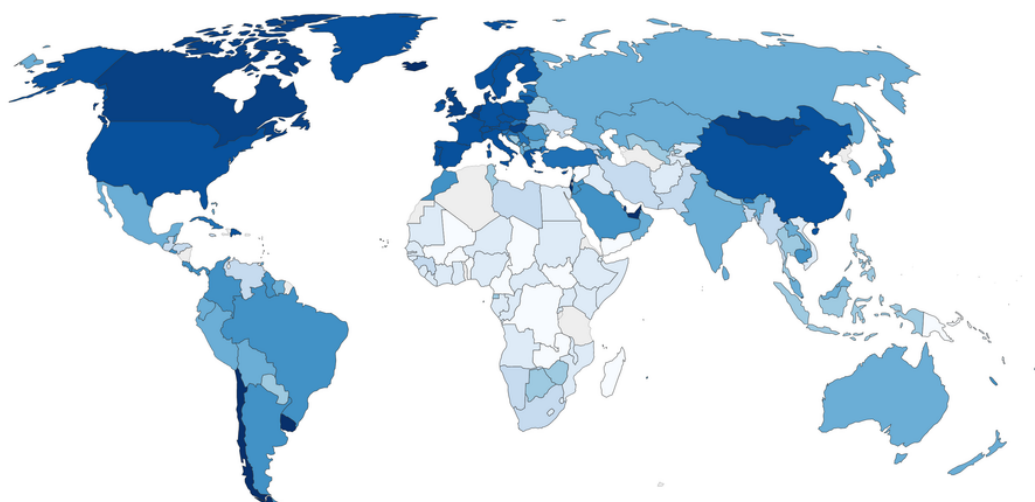
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

## COVID-19 vaccine doses administered per 100 people

For vaccines that require multiple doses, each individual dose is counted. As the same person may receive more than one dose, the number of doses per 100 people can be higher than 100.

Our World  
in Data



Source: Official data collated by Our World in Data - Last updated 12 July 2021, 10:00 (London time)

OurWorldInData.org/coronavirus • CC BY



# LESSONS FOR INDIA - 1

## 01

### UNIVERSAL HEALTH COVERAGE

While more than 900 million people in India are now covered by some form of health insurance, effective coverage is only about 20-25%.

India needs to deepen universal health coverage, with a special focus on preventive and promotive care delivered largely by the public health system.

For this to happen - 1) public spending on health care needs to be scaled up to a minimum of 2.5-3% of GDP; 2) tax funds should be complimented by wage contributions; 3) the fragmented health financing / insurance system should be integrated.

## 03

### HEALTH SERVICES & SYSTEMS

Evidence from publicly-funded health insurance scheme shows that hospital activity declined by 49% and 37%, and service utilization dropped by 61% and 46% during the early and late lockdown periods in India. There were sharp declines in the utilization of non-emergency health services and immunization coverage coupled with rise in home-based child births.

Ensuring uninterrupted health care services and improving the coverage, quality and resilience of health systems, involving whole-of-government and whole-of-society approaches, is critical.

## 02

### LEGAL PROVISIONS

Shortage of drugs and vaccines has been a major challenge in tackling Covid-19 pandemic in India. The Central government should grant compulsory licences under the The Patents Act, 1970 so that critical, patented drugs and vaccines could be produced widely in such times of extreme urgency.

The Clinical Establishments (Registration and Regulation) Act, 2010 and Rules, 2012 need to be implemented to regulate the rationality, quality and price of health services being provided. There were major issues on all these counts, especially during the second wave of the pandemic in India.

## 04

### HEALTH INFORMATION SYSTEM

The lack of credible health information systems, especially at smaller geographical levels, was a key reason for missing out the warning signals of the second wave in particular. The consequences of such a lacunae are amply clear.

We urgently need to develop such systems, with a focus on small and remote villages, smaller cities, towns and then on metro cities, using a bottom-up approach, in view of the level of vulnerability and availability of services. Health information systems should help us forecast scenarios so that we can prepare a set of mitigation strategies in advance.

# LESSONS FOR INDIA - 2

## 05

### COVID-19 INFODEMIC

Japan tackled the Covid-19 infodemic by forming a high-level expert group from related domains, supported by a working group of data scientists, logistics experts, AI specialists, others. Simulation exercises with big data analysis / possible future scenarios were regularly developed / discussed. Regular press briefings were jointly held by Health Minister and expert group head, and periodically by Prime Minister and expert group head. This not only helped in government's decision-making, but in generating people's confidence in information shared with them. India should consider a similar arrangement to tackle its own Covid-19 infodemic.

## 07

### MULTIDIMENSIONAL INEQUITY

Covid-19 cases and deaths in India were markedly associated with households' level of sanitation, hygiene, poverty, food insecurity, residence type, etc. The multidimensional impact of the pandemic, too, has been clear - it deepened vulnerabilities, heightened fragilities, exacerbated inequalities in systems of all kinds. Inequality was a determining factor that explains why it had such differential impacts on people's lives and livelihoods. We need to tailor our actions to meet the needs of the most vulnerable, and use multi-pronged approaches to tackle challenges around food, social protection, gender, governance and other societal issues.

## 06

### ELEMENTARY EDUCATION

Sanitation and hygiene in general, wearing masks particularly, have been part of Japan's elementary education and culture. Hygiene inspections (*Eisei kensa*) are regularly conducted at schools in which teachers check if students have handkerchiefs, tissues and masks, and whether they have cut their nails properly or not. All this greatly helped during the Covid-19 pandemic, and was a key reason why strict measures like lockdowns were not required. India launched a Swachh Bharat Abhiyan back in 2014, but it did not help much. We need to learn from Japan so that sanitation and hygiene levels can be raised, and need for lockdowns reduced.

## 08

### VACCINE PASSPORTS

Covid-19 vaccine passports could be seen as an attractive way to bring society back to normality by allowing movement, internally / internationally. Firstly, we need evidence whether people who are fully vaccinated do not spread the virus. Secondly, there are significant challenges of data security and privacy. Thirdly, passports have the potential to further accelerate existing inequities because of the wide gap in vaccination levels across and within countries. Fourthly, there is also contention as to which vaccines should be included for such passports, and which of them should not. As such, this is a bad proposition for countries like India.

# LESSONS FROM INDIA

## 01

### KERALA

Kerala was widely praised for its management of the pandemic. According to the WHO, 'the state used innovative approaches and its experience in disaster management planning came in handy to quickly deploy resources and put up a timely and comprehensive response in collaboration with key stakeholders. Active surveillance, setting up of district control rooms for monitoring, capacity-building of frontline health workers, risk communication and strong community engagement, and addressing the psychosocial needs of the vulnerable population' were some of the strategic interventions implemented by Kerala.

## 03

### RAJASTHAN

To avoid the disruption of non-Covid-19 treatment, especially in its remote areas, Rajasthan launched more than 400 mobile OPD vans to treat people at their doorstep. With doctors, paramedical staff, medicines, essential equipment and facilities for conducting tests for haemoglobin, malaria, blood sugar, pregnancy, etc. these vans announced their arrival using loudspeakers and invited those who needed treatment. If someone had serious illness, the higher authorities were informed for providing appropriate treatment to the patient immediately. The National Health Mission's Mobile Medical Units have been there for this purpose for a long time.

## 02

### MAHARASHTRA

With Asia's largest urban slum, Dharavi, Mumbai - the capital of Maharashtra and India's financial capital - was one of the most vulnerable places in the country for Covid-19 transmission. However, its Brihanmumbai Municipal Corporation (BMC) not only successfully controlled the pandemic through an innovative 4T model - tracing, tracking, testing, treating - in Dharavi, it became a model for many developed states in India for successfully tackling the second wave, which was generally disastrous in other parts of the country. Its decentralized and multisectoral approaches ensured that there were no reported deaths due to lack of oxygen.

## 04

### WOMEN SELF-HELP GROUPS

Women self-help groups emerged as key actors in Covid-19 management across the country. They helped in identifying and providing supplements to pregnant and lactating mothers, in the delivery of antenatal and postnatal care, in immunization for children, food ration distribution, in ensuring social distancing at banks, providing catering services to public hospitals and the quarantined, distributing masks free-of-cost, donating farm produce to the most vulnerable as well as donations to Covid-19 relief funds. In Odisha, one of them also launched a telephone-based gender facilitation centre for providing tele-counselling services.

# GENERAL DISCLAIMER

Opinions and recommendations in the report are exclusively of the author(s) and not of any other individual or institution, including ICRIER and KAS. This report has been prepared in good faith on the basis of information available at the date of publication. All interactions and transactions with industry sponsors and their representatives have been transparent and conducted in an open, honest and independent manner as enshrined in ICRIER Memorandum of Association. ICRIER does not accept any corporate funding that comes with a mandated research area which is not in line with ICRIER's research agenda. The corporate funding of an ICRIER activity does not, in any way, imply ICRIER's endorsement of the views of the sponsoring organization or its products or policies. ICRIER does not conduct research that is focused on any specific product or service provided by the corporate sponsor.



# GET IN TOUCH

## AUTHOR

Dr Ali Mehdi  
Senior Visiting Fellow and  
Lead, Health Policy Initiative  
Indian Council for Research on International  
Economic Relations (ICRIER), New Delhi, India  
E: amehdi@icrier.res.in \* mehdi2604@gmail.com

