

COVID-19 PANDEMIC: LESSONS LEARNT AND THE NEW NORMAL AS I SEE IT

The year 2020 witnessed the outbreak of COVID-19 pandemic. On 31st December 2019, WHO reported a cluster of pneumonia-like cases of a novel coronavirus in Wuhan city, Hubei Province, China. 71 days after it was first reported, WHO declared COVID-19 a global pandemic. COVID-19 has had a significant impact on global healthcare and the outbreak raises unique ethical dilemmas because it makes demands on society from all sectors of life, nationally and across the globe. A delay in detection and response has been recorded in China, as well as in other major countries, which led to an overburdening of the local health systems. On the other hand, some other nations have put in place effective strategies to contain the infection and have recorded a very low number of cases since the beginning of the pandemic. In a few short weeks, we have witnessed extraordinary social and economic disruption in the global efforts to stop the spread of the virus.

LESSONS LEARNT

1. Global Unpreparedness and the need for political willpower for contingency planning

A pandemic such as COVID-19 has always been on the radar. SARS-Cov-2 pandemic has brutally exposed the vulnerabilities in existing health systems. This pandemic is a stark reminder of the divide that exists in countries without universal health care, between those who can afford health care and those who cannot and may be forced into poverty as a result. Sadly, we live in a world that allows people to die when it costs too much. Global readiness was very mixed, as reflected in the Implementation of International Health Regulations Report (Sixty-Fourth World Health Assembly, 2011) indicating that only 58 percent of member states reported having developed national plans to meet core capacity requirements, and only 10 percent of reporting countries indicated that they had fully established the capacities envisaged by the International Health Regulations. Past epidemics have shown that when health systems are overburdened, the morbidity and mortality from other treatable or preventable conditions also increase. Contingency planning is long term, lacks immediacy and 'wow factor' and so may not always enjoy high political priority, and thus is often neglected. Governments must engage the public in issues of crisis preparedness and publish their contingency plans for scrutiny. Scientific organizations should have press/web groups that become trusted sources for evidence-based information for the public. Expert scientists must be embedded in the heart of government to enable development of evidence-based informed policies.

2. Limited resources

COVID-19 pandemic has shown that decisions regarding resource allocation has to be made. We will have to decide who gets a ventilator or an intensive care bed when not everyone can. Decision-making tools need to be developed to ensure that no person receives better or worse treatment due to his or her social status. Such efforts must be made to avoid unintended discrimination during pandemics. It is essential to increase bed, especially ICU bed in order to prevent hospitals from being overwhelmed in time of crisis. There were substantive differences between countries in terms of availability of personal protective equipment (PPE). The incomplete protection of front-line health professionals that occurred in a number of countries in early days of the crisis, and that resulted in many infections and some deaths, is an unacceptable deficit in their health systems. Front-line healthcare professionals and accessory front-line professionals must be equipped with state-of-the-art protection. In situations where the availability of such protection is limited, they must be prioritized for provision of best available

protection. Efforts must be made to improve diagnostic, prophylaxis and therapy capabilities. This pandemic has shown us the need to promote original R&D and strengthen drug and vaccine development program even further. Along with developing frontline vaccines, the lesson that COVID-19 has taught is the need to have millions of testing kits. This is because, when a pandemic strikes, the only way to check community spread is testing.

3. Leadership, crisis management, international cooperation and coordination

Effective and decisive, biomedical science-guided, national and international leadership and coordination is absolutely crucial in pandemics to prevent, manage and minimize damage. A pandemic is by definition an international crisis, requiring an international response. National, self interest policies may even be counterproductive in times of pandemics. Leadership quality and effectiveness varied significantly among countries and relevant international agencies. Where leadership is suboptimal, dissemination of misinformation flourishes, and people are subjected to unnecessary levels of uncertainty and associated stress. The importance given to communication during an infectious disease outbreak can make or break public health efforts, and there are ethical principles that should guide communication. Risk communication was critical during the recent COVID-19 crisis to facilitate behavior change and social distancing.

4. Mental Health

The psychological impact of epidemics is extensive and increases risks associated with mental health. Epidemics can precipitate new-onset mental symptoms in children and adults while potentially affecting existing illnesses. Uncertainty, anxiety, stress, isolation, fear of disease or death, and stigma can contribute to nervous breakdown, raising the need for specialized follow-up. Concurrently, distress can affect the caretakers of affected individuals. Resource allocation decisions generate conflicts and mixed sentiments for both healthcare providers and general public. Moral distress affects all of us and must be respected and openly discussed. A comprehensive approach strikes a balance between the needs of the patients and the healthcare workers' conscience. Talking to our patients and their families about COVID-19 helps people cope, especially when the situation remains fluid and where the public has many doubts. Answering, sharing facts and letting children know that it is fine to be upset, or scared help us face reality too.

5. Economic impact

A pandemic always hard-knocks and downs economies world over. COVID-19 is no exception. 2020 could be the worst year for the global economy in nearly a century. The global economy is expected to contract by 3 per cent this year because of economic damage from the coronavirus pandemic - the steepest downturn since the Great Depression of the 1930s, according to the International Monetary Fund. Nobel laureates Amartya Sen and Abhijit Banerjee and former RBI Governor Raghuram Rajan recently penned a piece in The Indian Express saying: As it becomes clear that the lockdown will go on for quite a while, the biggest worry right now, by far, is that a huge number of people will be pushed into dire poverty or even starvation by the combination of the loss of their livelihoods and interruptions in the standard delivery mechanisms. That is a tragedy in itself and ...we need to do what it takes to reassure people that the society does care and that their minimum well-being should be secure. The current COVID-19 pandemic demonstrated the need to balance both public health requirements and economic considerations in view of income loss, overall retraction of economic activities, and

disruption of various sectors such as in education and transportation. Cutting interest rates and massive stimulus package are possible effective responses.

THE NEW NORMAL

COVID-19 has seized the attention of everyone—media, politicians, policymakers, economists and the general public—in a way that few worldwide health events have done and has dominated 24-hr news cycles for months. Terms such as “self-isolation,” “containment,” “quarantine,” “flattening the curve,” “social distancing,” “lock down,” “elimination” and “home schooling” are now part of our everyday lexicon. Even when the society starts up again, there will be restrictions and we are facing fundamental shifts to our new way of life.

1. Masks and gloves may be commonplace
2. Social distancing – No more packing in large crowds when we all have to have a personal bubble of over a meter.
3. Social greetings have morphed – gone are the days of greeting with handshakes and hugs. Friendly gestures like these are now being replaced by elbow bumps and waves from a distance.
4. Education as we know it has changed – Schools and universities have moved to online lectures.
5. Web based primary healthcare – Telemedicine will be helpful in times of inadequate access to regular primary healthcare facilities
6. Work from home - Service industries that don't require physical touch with goods or people, will start moving to a WFH model. Saves office rent and associated costs. And for the employee reduces commute time and associated hassles

Conclusion

Ultimately, the current pandemic surge will run its course. But recurring waves, outbreaks, or clusters are likely to persist and to affect fresh areas. Pending the development of widespread immunity through post infection antibodies and/or through potentially effective vaccines, the world will continue exploring therapeutic agents and will have to continue using the tools currently available to it with sustained personal protective behavior and courage. The battle against communicable diseases would not be over after this pandemic and a stronger domestic and international preparedness is necessary. The emergence or re-emergence of other infectious diseases is a challenge that is truly perpetual, and our response to these challenges must be perpetual as well.

