

ILLUSTRATION: AJAY MOHANTY



# Gearing up for peak Covid

Communities and firms all over India need to look at their local situation, and come together to improve the outcome

Early evidence from the Indian Council of Medical Research's work on the measurement of antibodies shows high heterogeneity within the country. At the end of April, there were some containment zones in cities where about a third of the population showed antibodies and many districts in which the share was near zero.

This gives us an idea of how the pandemic will unfold. In the present state of knowledge, many but not all of the persons who test positive on the antibody test have immunity. The pandemic will slow down when a large fraction of the people are immune, and the virus finds it hard to jump from an infected person to a susceptible person. We were some distance from this "herd immunity" at the end of April, even in the containment zones.

The evolution of the pandemic from here on will be highly diverse. In some locations, the pandemic is starting to slow down as immunity is building up significantly. But in most locations, most people are susceptible. This makes it important to think about the pandemic response in a highly local way: At the level of one city or one district at a time. There will be an expansion of the pandemic in each place, to a peak, and then it will subside. The date of the peak will differ from place to place.

Each place needs to worry about the health care system. In places like Bombay and Delhi, at this

early stage of the pandemic, the health care system is showing signs of strain. These difficulties are in store for other places, and the rest of India has a few golden weeks to gear up with a response, in terms of improving the health care capability. Differences in age structure and in the health care system will generate differences in the adverse impact at each location.

When a cyclone is headed our way, we watch it from a satellite and have a continuous sense of what will happen next. In a similar fashion, in each city, weekly testing data is required on a random sample. When such data is available, every person can plan life appropriately and health care providers can gear up with peak capabilities in anticipation of the surge. Such measurement needs to take place in each city and each district. Information obtained from samples taken in the working days of each week needs to be released on Saturday.

Intelligent decisions need to be taken, at the local level, to protect the at-risk population, depending on the state of the pandemic. At each city and each district, firms and individuals need to see weekly data for the state of the pandemic, and continuously adapt the extent to which the at-risk population is being shielded. This requires data, thinking and intelligence at a decentralised level. More extreme measures which combat the disease should be taken at

the peak of the infection.

The weeks of peak disease in each city or district are going to be an unpleasant time. The spectacle of the health care system being crushed, of the human misery associated with disease and death, and of the economic collapse that goes with fear, will add up to economic and psychological distress. The Indian state has low capabilities, and we should not expect that someone is going to solve the problem. The business community, the health care community, and thinking people in each city or district need to come together, to think, plan and act in ways that will help them fare better.

All organisations should establish a monthly measurement of a random sample of their employees, in order to watch what is going on. This may guide them on which are the more hazardous roles and could induce sensible process improvements. This will also be useful in anticipating the peak surge and making preparations for reduced functioning of certain parts of the organisation.

For most infected people, there is no health care cost associated with Covid-19, but for 1 or 2 per cent, there are large ICU expenses for some days or weeks. Health insurance is effective at addressing the financial risks associated with the pandemic. Employers need to carefully review the state of health insurance for their staff, and ensure that health insurance companies live up to their promises of covering treatment for Covid-19. The Employee State Insurance Scheme covers a lot of workers in the country; they need to urgently establish contracts with private health care organisations so as to live up to their promise.

While we are focused on saving lives on account of Covid-19, it is important to worry about the health care crisis associated with all other problems. Patients have become fearful, health care organisations are in extreme difficulty, and telemedicine is not a significant answer. Individuals and health care organisations were holding their breath for the period of the lockdown, but this cannot go on now. We need to restore greater normalcy for the ordinary rhythm of health care.

The greatest thing that we have to fear is Covid-19 fatigue. This problem is not behind us. The peak of the epidemic curve lies in the future, at different dates in different cities. We cannot ease up on masks, high ventilation, and low crowding. All of us need to stay focused, analyse data, and initiate many actions. There is a need for hundreds of research papers, which create a body of evidence and guide better actions as we go along.

The reconstruction of morale and prosperity after the peak will be a considerable challenge. We must not only get back to the pre-pandemic environment, we must build back better. Whether it is public health, health care, macroeconomics or finance, Covid-19 has reminded us of the long-standing gaps in institutional capacity in the Indian state. We should distill our unhappiness, and translate this into a positive work programme, to bring high intellectual capacity into designing and implementing the institutional reforms which will put us in a better place at some future date.



## SNAKES & LADDERS

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