Letter to Editor

COVID-19 Pandemic: Lessons for Future

Running Title: COVID-19 Implementation Lessons

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Sir,

As a Public Health scholar, when I the first news about the coronavirus outbreak in Wuhan city of Huawei province, China, a thought flashed through my mind-what if it reaches India? My apprehension was true. It has spread from China, not only to India but to other major countries of the world such as France, Germany, Iran, Italy, Russia, Saudi Arabia, Switzerland, Spain, the United Kingdom, and the United States of America. At present, 217 countries and territories around the world have 5,451,532 reported more than confirmed cases of the novel coronavirus (COVID-19) that originated from Wuhan, China, and the death toll has surpassed 345,751; touching almost all the nooks and corners of the world [1].

Due to a handful of imported cases, the entire population of 1.3 billion Indians is under threat. The economic loss and harassement especially to the poor sections of the society is particularly huge. Lockdown, in our country, may have probably controlled the number of infections and deaths; but the question to ponder over is—how to tackle such problems

in future? Was the strategy to bring fellow non-resident Indians (NRIs) from back to India a right strategy, scientifically? I am not being uncompassionate to my fellow Indians who are residing outside the country or who have been out for any other reason, but their return has put 1.3 billion Indians at threat. Was it not possible for our government to support NRIs through our Indian Embassies; and to look after their well-being and sufficiency of resources such as money, food, and health facilities. If we are not so stable or efficient enough to check every individual coming in from a foreign country, then why must we allow international travellers to carry the infection to our country. International flights should have ceased at the initial stage as a prevention measure to check the spread of COVID-19 in our country, Indian and international travellers should have been put to quarantine.

When the lockdown was imposed, number of cases were still less, but the disease was spreading to many states. It seemed a logical decision. However, we allowed cases/carriers to travel to our country. With low testing rate,

infection transmission could not be halted. This led to an extended lockdown, which has led to a state of civil unrest. Such unrest are being frequently reported through media. We, as a nation could not address the potential needs of the labour and unorganised workers, especially migrant workers. Amidst lockdown slums, religious gatherings places and even the quarantine centres have become the hub of novelcoronavirus spread. Quarantine centres set up by the government to check the spread of the COVID-19 have played an antagonistic role as people are more vulnerable to the infection in the quarantine centres as compared to their own dwelling [2]. Labour and dailywage earners are covering thousands of kilometres to return to their home for safety. In the absence of sufficient means of transportation due to ban on intra-state and inter-state travel, they are walking down from various states and metropolitan cities back to their native places [3].

Strategies for prevention [4] have been well disseminated in the country. However, all strategies have failed in distress situations. When people are moving en masse, and are in congregations, they cannot maintain any social distance. It is often argued that all such distress has to be managed by the local or state governments. However, we have seen gross failure of various states. Therefore, while dealing with pandemics, when Epidemic Diseases Act has been invoked in the country. operational management should not be left entirely to the states. Government at the national level should act and should be held accountable. All is still

not over. Lessons learnt at national level, should be applied at state, district, and block level. Governments should deal with the containment zones strictly. Testing rates should be increased. Suspected and infected persons should be provided with facilities where they can be managed appropriately

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