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COVID-19

“WE NEED TO UNDERSTAND THE DISEASE”

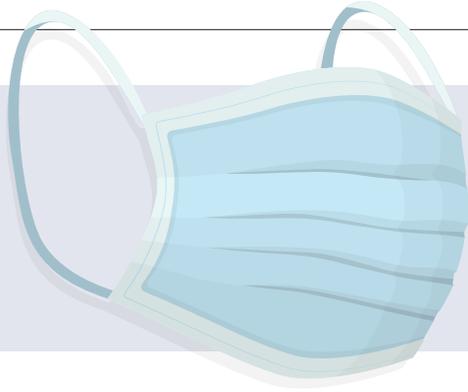


PS RAGHAVAN
CHAIRMAN, NATIONAL SECURITY ADVISORY BOARD

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HOSPITAL PREPAREDNESS IN AN ERA OF BIOLOGICAL DISASTERS | PAGE 8

FACTS
&
FIGURES

47,10,614

TOTAL NUMBER OF
CONFIRMED CASES

17,32,344

TOTAL NUMBER OF
RECOVERED CASES

The Government has introduced the Aarogya Setu app, but it seems no one is using it to the extent to which it is supposed to be used, to supplement other efforts of containment. How can we better the data from this?

PS Raghavan
Chairman, National
Security Advisory Board



WE NEED TO UNDERSTAND THE DISEASE: PS RAGHAVAN

S Synergia Foundation conducted a webinar on April 11th, to comprehend the threat posed by COVID-19. The lack of our understanding of the contagion is a serious limitation to our ability to find a credible strategy to combat the pandemic remarked Amb PS Raghavan, Chairman of National Security Advisory Board (NSAB). He stressed on this fact at the webinar to fathom the threat posed by COVID-19. The expert panel comprised of Ambassador PS Raghavan, Chairman National Security Advisory Board, Dr Devi Shetty, Chairman Narayana Health Care, Dr Arvind Kasturi, Head Community Health Care, St Johns National Academy, Dr Rajesh Sundareshan, IISc, Dr Mukund Thattai, NCBS -TIFR, Dr Alex Thomas, President AHPI, Dr C N Manjunath, Director Sri Jayadeva Institute of Cardiology, Dr. Naresh Shetty, President, M. S. Ramaiah Memorial Hospital, R Balasubramanian (Harvard School of Public Health), Maj Gen Moni Chandi (Synergia), Maj Gen Ajay Sah (Synergia) and Sambratha

Shetty (Synergia).

Speaking of the post lockdown strategy, Amb Raghavan pointed out that the focus must be on testing including anti body testing, stringent implementation at the local level. He lamented the lack of popularity of the Aarogya Setu app which would help in generating useful data to track and trace the infection and supplement other containment measures, if widely used. Looking at the future scenario, he flagged the need for a responsive health care system which would be designed to tackle pandemics with a specific role for National Disaster Management Agency and the Public Health Foundation of India to promote public private partnership in this endeavour.

This is not the time for “them and us” said Mr Satyajit Mohanty, IRS, Joint Secretary NSAB proposing a well-integrated strategy based upon 3Cs-Convergence of policies between government, local administration, hospitals, Proper Communication strategies and Coordination. While public health care hospitals are best placed to deal with the crisis we

are facing now, the private sector too has a role. He recommended a graded approach to patient care to avoid overwhelming of our hospitals so that only the most deserving cases reach the COVID hospitals. As regards the supply chain for PPE, he said that it should be robust and meet the requirements where needed. On a wider perspective, he advocates India reaching out to its neighbours during these trying times leveraging its larger resources and expertise

The role being played by the private sector health care system, despite numerous challenges was amply described by Dr Devi Shetty, Chairman Narayana Health Care. He called for a coordinated approach to the epidemic by integrating the strengths of both public and private health care systems. While praising the role being played by the public health care, he sought to draw attention of the government on the shortcomings of the private hospitals especially in terms of inadequate availability of PPE. Yet these private hospitals continue to serve scores of patients who through these hospitals, at grave

risk to themselves, as they have confidence on the private hospital system.

The anatomy of the disease was well explained by this highly qualified panel and coping strategies defined. Dr Arvind Kasturi, Head Community Health Care St Johns National Academy while calling it a fast spreader noted that in about 90% cases, it only causes mild illness which does not require hospital care and can be cured at home, with remote medical supervision. He gave a graphic picture of the rural health care challenges, especially with regard to dependence upon local level care including ASHA workers and PHC. “It is here where the battle needs to be fought and won,” he emphasised. He gave a broad picture of available health infrastructure in Karnataka with about 16000 beds available in Bangalore. These figures are rising as more COVID hospitals are being created from existing resources. Still the capacity is low and inadequate to meet a spike.

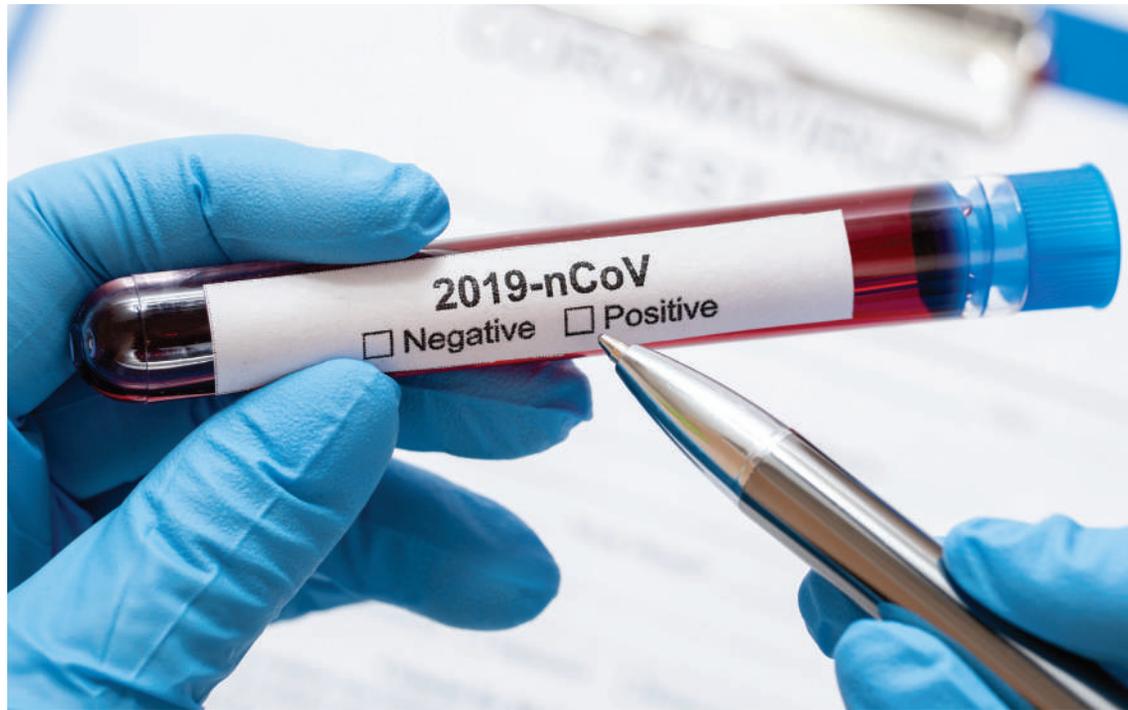
In the absence of statistics related to COVID 19, being a totally



new phenomenon, simulation models to predict the trajectory of the disease is difficult. Dr Rajesh Sundareshan, IISc who has been working on simulators for COVID 19 in consultation with foreign universities, described how simulation models could help decision-makers to evolve strategies. Agent-based models can create synthetic cities and the various demographics in these synthetic cities to carry out scenario play. By factoring varied population sizes and types, living conditions, rates of infections and hospital capacities simulation can give us an idea of morbidity/ mortality rates. After this, a variety of interventions can be applied to see how these will mitigate the morbidity/ mortality rates.

Responding to a question pertaining to group testing and local strategies, he commented that group testing could be done in some districts where infection level is zero, and then we could open up those areas. After removing the lock down from these districts, testing has to be repeated to see if a second wave is coming which would call for imposition of the lockdown.

For better efficacy, simulator model should cover the smallest possible scale, that is, at the local level, proposed Dr Mukund Thattai, NCBS -TIFR. The results will be easier to re-calibrate at a larger scale. It is difficult to make policies on country-level models because they are uncertain. Evolving a model for COVID-19 is proving to be extremely difficult as it is not behaving like an earlier virus, especially the way it has created symptomatic "super-spreaders" who have single-handedly



infected thousands over a few days. Super spreaders can only be contained through a specific kind of containment strategy.

There is a growing concern by economists that the lockdown is wrecking the economy and this is a bigger threat. Dr Alex Thomas, President AHPI asked for a balanced approach in any strategy which could deal with challenges both of health and economic in nature. He advocated greater use of remote medical care to reduce the burden on hospitals as tertiary care cannot be put on hold for too long. Since non Covid hospitals have been identified, the treatment of other diseases should also commence, of course with adequate precautions.

Towards this end, PPE is equally important for non COVID health workers too. He too highlighted the stark difference between preparedness to face the COVID 19 threat between public hospitals and private ones, which has to be addressed by the Government. He felt that the pandemic has shown that India needs far more health workers and hence there should be a more liberalised medical education system.

R Balasubramaniam also emphasised on the rural scene where there is a difficulty in enforcing social distancing, harvesting, planting and other agri activities, which are community events.

Lack of water makes hand

washing difficult. Doctors coming into the villages do not have PPE. Social stigma of the disease is also a big issue in rural communities.

Describing the intricacies of running a COVID hospital at the frontline against the pandemic, Dr. Naresh Shetty, President, M. S. Ramaiah Memorial Hospital explained how it is critical to establish several layers of filters even before the patient is admitted.

The hospital has a fever clinic outside where blood test and X-rays can be done. He said that they were trying to design a rapid test kit so that the identification process is expedited.

Providing insights on Karnataka, Dr Prakash said that the state has

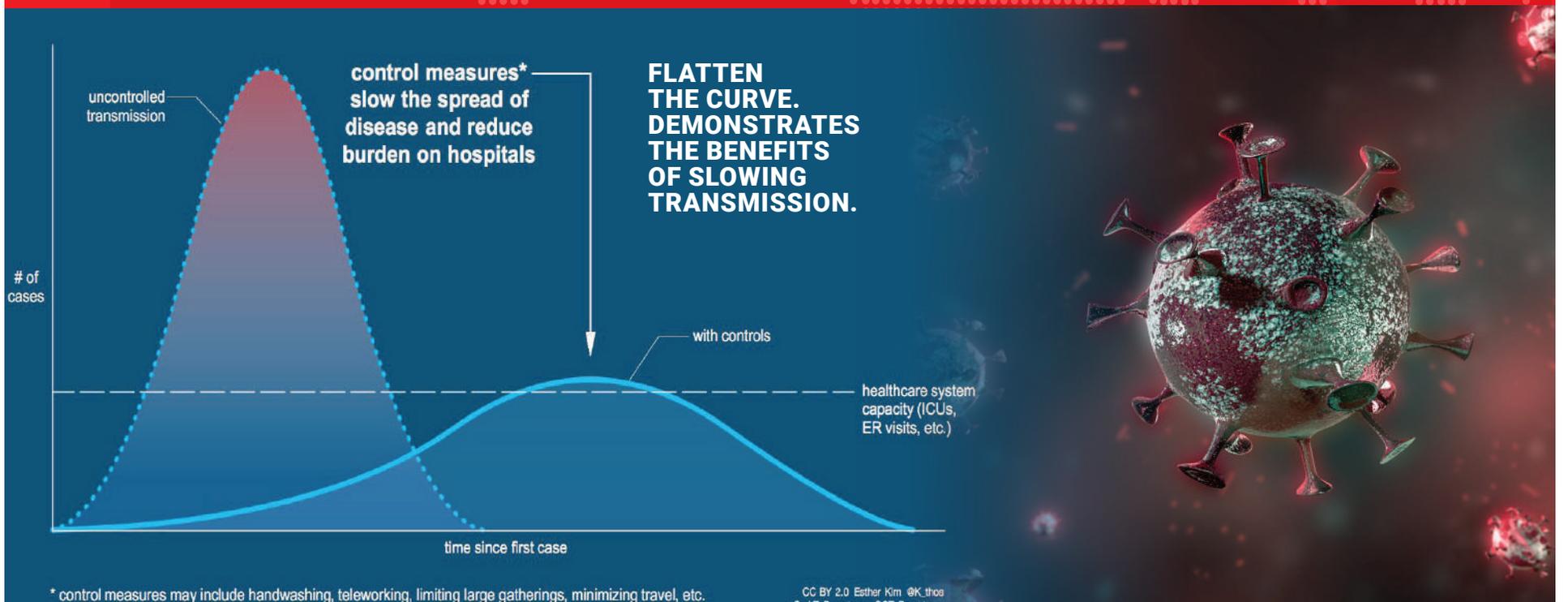
been proactive on many fronts but has not been able to educate people about social distancing properly. He said that the media should educate people about social distancing and hand hygiene. According to him, Ozone therapy has been helping immensely in China, Italy, Spain, etc. It is necessary to keep an open mind while thinking about therapies and focus on living healthy. He said that we could explore what works in homeopathy.

Maj Gen Ajay Sah said that general perception is that India is ahead of the curve, but there are no facts to substantiate it. There are no reports of testing and tracing. He put to question about the level in which India will be able to sustain medically and at what point the medical systems will get overwhelmed? He stated that so far, there is no such simulation or statistic. If there is a second wave, do we have a reserve to handle it? Are we looking at the strategic sharing of PPE and other resources? Do we need to think of strategic transportation ability for our medical resources?

According to Sambratha Shetty, the focus has to be on how to build testing kits in-house in Karnataka, and our state-wise capabilities. As an interim measure we may use imported kits, but since this pandemic is going to last, we must quickly indigenise.

Maj Gen Moni Chandni (Retd) was of the opinion that not much is known about COVID, and hence it cannot be easily defeated. He said that there are lots of similarities between terrorism and COVID. Both, the terrorist and the virus, hide in crowds, affect the weak most and work to divide societies.

LOWER AND DELAY THE EPIDEMIC PEAK



DEMOCRACIES VS AUTOCRACIES IN COVID-19

BY TOBBY SIMON



Founder & President, Synergia Foundation

Global pandemics have contributed to the rise and fall of great powers in the past. In partnership with the Alliance of Democracies Foundation in Denmark and the German Marshall Fund in the United States, Synergia Foundation discussed how democracies and autocracies differ in defining their COVID-19 strategies.

A HISTORICAL PERSPECTIVE

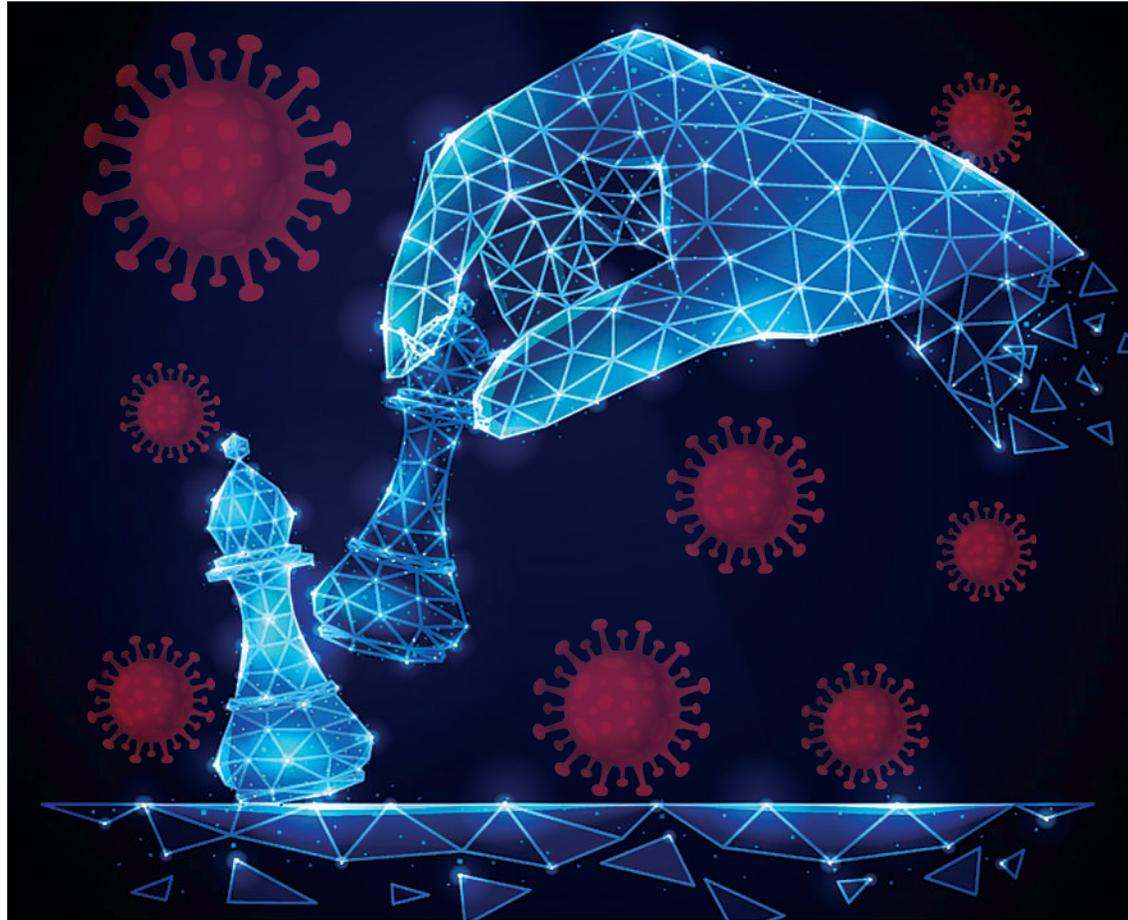
In the Peloponnesian War with Sparta, Athens was struck by the plague in circa 430 BC. This outbreak of typhoid from North Africa decimated the Athenians, depleted its military and even took the life of its most effective leader Pericles. Prior to the outbreak, Athens appeared on the verge of victory but weakened by the affliction. It sued for temporary peace in 412. When the fighting resumed in Athens, it was defeated and, importantly, its democratic form of government was overthrown by the victorious Spartans.

A similar fate awaited the Venetian Republic. Venice was a superpower in the Middle Ages, one of the wealthiest city on Earth. It was the world's leading trading and naval power, and controlled territory, trading ports, and colonies from mainland Italy throughout the Mediterranean and Black Sea regions. Venice too had to contend unsuccessfully with the continuous outburst of the plague. The Italian Plague that broke out from 1629 to 1631, was considered to have its genesis in China and advanced westwards through the ancient Silk route. As a major business centre, Venice was among most affected cities. The word 'Quarantine' has its etymology from the Venetian word for 40 – Quarto. The Italian Plague contributed to a major shift in the European balance of power as Venice ebbed and Northern European states like England and the Dutch Republic, flourished to become major geopolitical powers

IN THE PRESENT CONTEXT

All democracies have evoked an emergency style of governance – there is hardly any perceptible difference between Democracy and Autocracy.

A classic example of this diffusion is Prime Minister Victor Orban, who was granted extraordinary powers by the Hungarian parliament - the power to rule by decree to combat



It is far too soon for us to judge how democracies vs autocracies are handling this

Julie Smith
Senior Advisor to the President and Director of the Asia Program, The German Marshall Fund of the United States



the coronavirus pandemic, so long as the prime minister deems it fit.

The second is the President of the Philippines, who was granted extraordinary powers to nurture the country's health care system beyond the stipulated three months

Third, although France, Italy and the U.K. are under lockdown too, the compelling distinction is that their governments have defined time limits, and promised regular scrutiny of their powers in monitoring the lockdown.

A host of democratic countries, Israel and South Korea to name



In these times of crisis, even though there are political differences between parties, is when you try to get together.

Jonas Parelo-Plesner
Executive Director, Alliance of Democracies Foundation



just two, have joined China and Iran in seeking to track coronavirus patients using cell phone data. Several European countries are contemplating to adopt this strategy.

LEADERSHIP STYLES DURING PANDEMICS

However, according to a study done by Synergia Foundation,

the quintessential difference in this debate is the quality of such leadership to face a crisis of existential proportion.

The leadership styles can be categorised as given below:-
The Style of Leadership: Empathy, Consistency in messaging & Willingness to accept challenges.

The Nature of leadership: We need leaders who constantly look for innovative solutions

Leadership as a privilege: Which is far bigger than ourselves. We don't hang on to power when you cannot deliver.

Grounded: Leaders must have the right sensors and act early with a clear vision.

The first example is the pre-emptive style of Leadership of Vu Duc Dam, Vice Prime Minister of Vietnam. On 25th January 2020, he declared war on coronavirus; even though at that time, the spread was confined solely to China. With the help of the Communist Party of Vietnam, the whole nation, including its security forces, military, and civilian government, was mobilized on a war-footing, to contain the spread of the virus. These measures were imposed with nationalistic fervour and most importantly, accepted by the people at large. Vu Duc Dam was seen as the champion of this crusade and is lauded as a hero. Vietnam has recorded only 179 confirmed cases, with no deaths so far.

Secondly, the pro-active leadership of Narendra Modi, Prime Minister of India at the national level and Mrs Shailaja, the health minister of the state of Kerala at the local level. The Indian Prime Minister demonstrated proactive leadership by his decision to lock down the whole country for three

weeks, from 25 March to 14 April 2020. The PM has also shown statesmanship by reaching out to other world leaders, including the G-20 and SAARC.

At a state level, the 63-year-old Mrs Shailaja, the health minister, continues to be the face of Kerala's pandemic control measures. The minister is credited for innovative community surveillance measures, including 'home-quarantine with mobile-phone monitoring' and 'flow-charting of patients for travel and social-visits'. She will also be remembered for her empathetic style of leadership in providing the school mid-day meal to children, at home, when schools were shut down.

Finally, we look at the reactive style of leadership of Giuseppe Conti, PM of Italy, Boris Johnson Prime Minister of the United Kingdom, and President Donald Trump of the United States.

The Italian Government was perhaps unaware or unresponsive to the threat, until 20th Feb 2020. It is also unfortunate that the Italian PM chose to impose the quarantine in a secretive manner. A more transparent approach and a progressive manner of quarantining may have prevented the exodus. The British Government's delayed and reactive response to the threat is perhaps the primary reason for the accelerated spread of the contagion, amongst its 66 million population. The U.S. President has been blamed for playing down the threat matrix, by brazenly stating that community-spread was unlikely, even after senior health officials had cautioned otherwise.



CONCLUSION

There is an ideological element to the debate we have today. To deal with COVID-19, the autocratic Chinese Communist Party initially tried to hide the outbreak, which only made matters worse. But after a slow start, China imposed draconian measures and appears to have wrestled the disease under control. Onlookers are now watching to see whether democratic countries like the United States and the EU will be better able to navigate this crisis. The success or failure of the U.S / EU vs. Chinese response will shape global perceptions about the relative efficacy of Democracy versus Autocracy to handle pandemic situations.



COVID-19 AND ITS IMPACT ON THE GLOBAL ECONOMY

BY N GEORGE



Retired Major General. Director, Vanguard Business School

A struggling global economy is dealing with a severe blow by COVID-19. How long will it take for the world to recover?

THE ECONOMIC IMPACT

The Coronavirus arrived into a near-perfect storm. While China attempted to conceal the crisis in the initial stages, governments in Europe and the U.S. failed to recognize the magnitude of the crisis. Identification of the threat and proactive planning, preparation and execution to counter it was manifested only in East Asia. Much of the rest of the world was found wanting, at considerable cost in human lives. If ever a crisis demanded leadership and collaboration at a global level, it was this.

Governments are suddenly being made to recognize the frailty of their health care systems. While the state of health care infrastructure in developing countries like India is severely wanting, developed coun-

tries like the U.S. have also been exposed. Absence of a national health care system in the U.S. has left the country ill-prepared to respond efficiently to the pandemic.

A global economy that was already facing a slowdown has been severely impacted by the COVID-19 contagion. Rating agency Moody's has now forecast a contraction of global GDP for the year. Rating for India has been revised from 5.3% to 2.5%. Growth figures for the quarter ending March 2020 paint a bleak picture. All major economies have slid severely. Stock markets have at best been volatile, fluctuating with every straw of positive news in terms of Rate Cuts and Stimulus package announcements.

Containment of the virus being the primary focus, countries have invoked lockdowns to varying degrees. The obvious impact of the total lockdown, as in India, is the shutdown of all productive activity, save for essential goods and services. Medium and Small Industries world over have been severely impacted. Natural fallout is massive job losses. In the U.S. at last count, over 5 million people had registered as unemployed. In India, its massive informal job sector has resulted in a huge exodus of migrant workers to their villages, thus rendering the lockdown and social distancing measures a mockery.

Education, to an extent, has transitioned online but even software services that enable Work From Home (WFH) have been impacted by the near absence of decision-making in the global arena. The shutdown of nonessential services and stay at home measures have killed demand in general.

The retail sector has been severely impacted all over. India, which is largely a consumer-driven economy, is naturally staring at a serious impact on GDP. Even a country like the U.S. with an economy the quarter of global GDP and a huge exporter of primary goods like aircraft, weapons, oil etc is essentially a consumer-driven economy. This contrasts with countries like Germany, Japan and China, which are export-driven. The demand side of the economy, like supply is adversely impacted, a double whammy unlike any other. The massive travel industry, which includes airlines and hospitality, will be in prolonged crisis because tourism can be expected to be slow to revive. The health fears of a pandemic will take time to wear off.

The fractured geopolitical environment had, by and large, left the existing Global Supply Chain unaffected. Impact of COVID-19 on the supply chain is bound to call for its review. The initial impact of the virus on China affected supply of components and commodities to

much of the world.

HOW WILL COVID-19 SHAPE THE POLITICAL & ECONOMIC ENVIRONMENT?

Rebecca Soinit in the New York Times says "every disaster shakes loose the old order. What replaces it is up to us". A positive indicator in this regard is the international research effort at finding a vaccine to combat the Coronavirus. Industry realigning businesses where automobile manufacturers are rolling out Ventilators & Reflectors and Fashion Houses are manufacturing Masks are again causes to celebrate. There is, however, little else to cheer about in what is turning out to be an increasingly protectionist environment.

The pharmaceutical industry in India being dependent on China for 70 percent of its inputs is an extreme case that would naturally come up for review. It need not, however, swing to the other extreme where the genuine advantage of cross border trade is surrendered for political considerations. The system that would finally emerge will depend on the political leadership in the major economies.



ASSESSMENT

China, by present indicators, has managed to bring the spread of the virus under control. The only new cases are those imported through returning Chinese citizens. Controls within the country are progressively being lifted, and manufacturing is being revived. In the prevailing void, China has commenced export of emergency medical equipment to those countries in need of the same.

The geopolitical tango that was already being played out is now being revived with advantage China. Will the U.S. and China be able to set aside their differences and initiate high-level talks? The American administration should bear the burden of responsibility for having disrupted an established, if imperfect, world order. Competition with a rampant China is a natural fallout, but disrupting engagement with traditional allies has only made a bad situation worse.

As Karnataka inches towards lifting of the lockdown on May 3, the government has a variety of plans on the table for an exit. Owing to differing opinions by experts in both the medical and economic field, there has been an effort to balance them, in a phased manner. While all are focused on the pandemic from the medical standpoint, the government's biggest concern at this point is the economic challenges, said Karnataka's Chief Secretary T.M. Vijay Bhaskar, at the Synergia Foundation webinar on 'Coping Strategies for COVID-19' held on April 22.

The objective of the webinar was to develop a strategic vision to combat the contagion and work on a calibrated post-lockdown plan on the medical, social, and economic fronts.

The panellists comprised of T.M. Vijay Bhaskar (IAS-Chief Secretary, Government of Karnataka); Arvind Kasturi (Head Community Health Care, St. John's National Academy); Naresh Shetty (President, M.S. Ramaiah Memorial Hospital); and R. Balasubramaniam (Founder SVY.M & GRAAM, Mysuru), along with the team at Synergia.T.M. Veeraraghav (Independent journalist, former resident editor with The Hindu, Sr. Editor CNN-News18) was the moderator.

First to speak were the medical experts. Dr. Arvind Kasturi expressed caution moving forward and suggested a detailed step-by-step procedure.

- The uninfected should remain so by raising awareness on the benefits of following hygiene, avoiding gatherings, etc.
- Medical services for people with comorbidities and other illnesses should continue.
- Facilities should be set up for those who can't be isolated at home due to space restrictions.
- Put in place early-warning systems for treatment using social media and other forms of communications, to spread awareness on the steps to take if one falls sick.
- The pandemic should be tackled with a teacher-with-a-stick model. At the same time, we must remember that migrant workers are our people, and we have to be the ones to get the message across to them.
- Prepare ourselves for some amount of human cost.

Dr. Balasubramaniam, was on the same page, saying the more there is for people to learn about the virus, the better. His worry was over the ticking time bomb -- when migrant labourers stuck in urban India, go back to their native villages, where the spread of the disease has been minimal.

Mr. Vijay Bhaskar too said the immediate fallout of the post-lockdown would be migration of people to their homes. Further, people would want to move around. The main concern then is how we ensure that this doesn't cause movement of infection also.

Dr. Balasubramaniam envisaged that the Centre and the State could see a fourth sector arise that focuses on benefit-optimisation. He offered his strategies:

- Set up a 'real-time response body' to allow for the "accumulative



POST-LOCKDOWN EXPECTATIONS

cross-pollination" of experiences from all over. This would give people a better idea on how to tackle the pandemic.

- Mobilise resources; ensure short-term liquidity for the poor and vulnerable; keep basic services running; find ways to buffer economies (MSMEs and others); and leverage global support in the short term.

SMALLER LOCKDOWN?

Post-COVID will be a different way of living altogether, said Dr. Naresh Shetty, and there could be the possibility of a smaller lockdown after this one. He also wondered why we are so focused on COVID, when there are many other harmful diseases that still exist. Is it because it is affecting the rich? His pointer to the government:

- Stagger the population on the day lockdown is lifted. Hospitals will

have to cope with the possibility of spread of infection when patients, relatives, and non-COVID patients intermingle.

NEW NORMAL

On the strategic front, Maj. Gen. Moni Chandi (retd.) felt that the post-lockdown could have three outcomes: a professional win, where the containment is successful, and we restore economic activities and get a vaccine. Or, the situation could spiral out of control and the pandemic would rage through. Herd immunity would set in, but at a great cost. The final outcome could result in living a new way of life altogether, where new measures are put in place, with no vaccine available. He suggested a way-and-means path:

- Play for time and wait for either the virus to mutate until it dies, or delay the pandemic for as long

as it is possible through social distancing, until we find a vaccine.

- To work towards a controlled infection, which would give rise to herd immunity, allowing the lockdown to be lifted slowly while the most vulnerable (children and elderly) stay at home.
- Control the time and place of when we expose people to the virus, and marshal our resources.

Maj. Gen. Ajay Sah (retd.), however, cautioned against inculcating immunity, as there were cases of re-infection in those who had recovered. He also highlighted the morbidity and mortality aspect of the disease. With the morbidity factor, it is important to keep in mind that COVID can be transmitted through a variety of ways. More importantly, he said we must be aware of 'superspreaders' -- the spreading of the infection to many more through one person who is highly infected.

Without a vaccine or a drug



There is lack of definite information, so strategies are based on conjecture

T.M. Vijay Bhaskar
Chief Secretary,
Government of Karnataka



right now, there is only the option of herd immunity and controlled infection said Sambraha Shetty, Chief Operating Officer, Synergia Foundation, adding that there are different factors to consider here -- the density of a population (it would be harder to control in metro cities), and hospital-bed capacity in the cities. A good way to also ramp-up testing was through pool testing or antibody testing. But on the matter of controlled infection, Mr. Vijay Bhaskar stressed that medicines for COVID could be found faster than the vaccine for it. Projections showed that it would happen within a few months.

Corroborating Dr. Naresh Shetty's view that the healthcare system has never been at its best in India, and if it had at least 5% of the defence budget, it would have been a completely different story, Dr. Arvind Kasturi pointed out that this pandemic is a good lesson to improve the medical system from the grassroots -- both institutional care and general public hygiene. He said the government spends just 1.4% to 1.5% of the GDP on healthcare, which is very low compared to other countries.

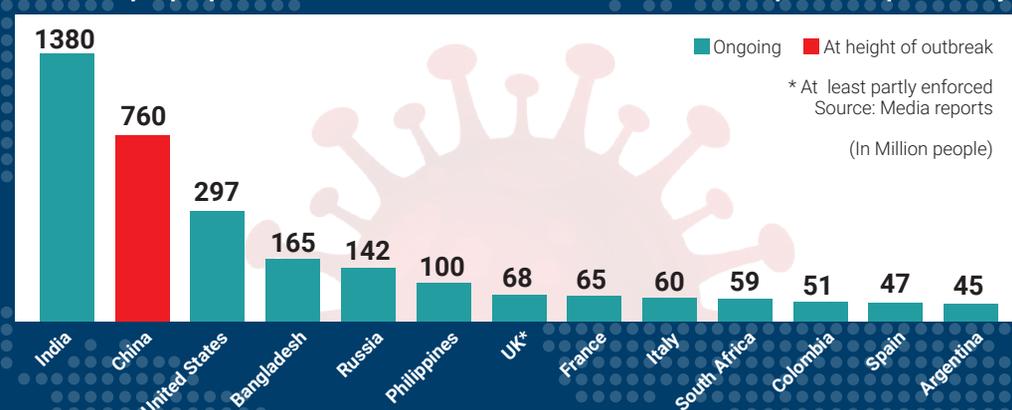
HERE TO STAY

All the speakers felt that pandemics were here to stay and this would translate to a different way of living altogether. Looking forward, Dr. Balasubramaniam warned of increased polarisation, an increase in the rural-urban split, and a change in our interconnected economies. If we don't come up with a solution that addresses all of it, it would just be a band-aid and not a systemic solution, he said.

In conclusion, Toby Simon, Founder and President, Synergia Foundation, said there was a need to look at overarching issues of eating habits, especially the wet markets in China. After SARS, people had established that the disease was coming from bats. It is important that this be controlled, else we would have more and more SARSs. After all, there are only two things that can end mankind -- nuclear war and pandemics.

THE SIZE OF CORONAVIRUS LOCKDOWNS

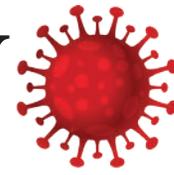
Number of people placed on enforced lockdown due to the coronavirus pandemic per country



- Set up a 'real-time response body' to allow for the "accumulative

POST-COVID WORLD

INDIA'S GEOPOLITICAL ACTION



India has the opportunity to engage in multilateral development solutions and share its best practices to strengthen systems worldwide.

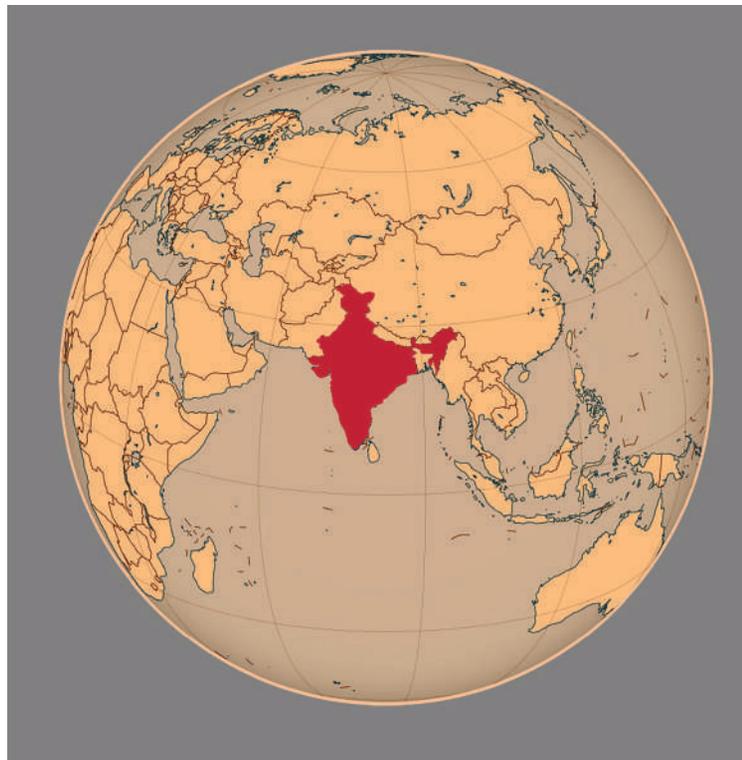
MULTILATERAL INSTITUTIONS NEED TO BE REFORMED

COVID-19 has reinforced the need for a collaborative action plan and redefinition of the role of multilateral agencies. Pandemics do not respect political boundaries. International governance can still redeem itself by a coordinated response and tempering the tensions between geopolitical rivals like the U.S. and China. Better still, with a collaborative approach, we can prepare better for the next pandemic. Remember, pandemics are here to stay.

Action Plan: India can act as a bridge between the North and the South to vitalise multilateral agencies. While India may not be a significant contributor to the budget of multilateral agencies like World Health Organisation WHO, and International Monetary Fund (IMF), its citizens make a significant contribution to the activities of these institutions and over the years have earned considerable goodwill. This is the time to strengthen WHO and IMF, not weaken it and India must put its weight behind like-minded countries to convince the US, the largest contributor, to reconsider its decision to cut funds to WHO. Of course, an impartial inquiry must be conducted in the role of WHO, and it's DG in this entire episode. India must push for a coordinated and global economic rehabilitation plan, strengthen international institutions and multilateral dialogue and give a boost to globalisation.

CHINA

China has clearly got the returns on its investments in various multilateral agencies and demonstrated how it has managed to occupy a much larger ambit in world affairs. As China recovers from the COVID-19 pandemic and is on the verge of re-starting its locked down economy, it finds itself being criticised by the world community. While the fundamental balance of power in the world is unlikely to shift in favour of China in the near term, there is a possibility that the contagion may unsettle Pax Americana especially its dominance over international institutions. In case there are a few more such 'Black Swan' events,



like massive cyber terrorism and political upheavals within the U.S. this will spiral Chinas influence in the global commons. Another cause of geopolitical tension could be a realignment of global supply chains. Most large trading nations saw the vulnerability of their dependence upon China centred global supply chains and a realignment in this context is on the cards.

THE U.S.

U.S. influence over the global commons has been diminishing, and the crippling effect of COVID-19 may further damage its standing. Notwithstanding that, the U.S. is still the most powerful nation in the world and will remain so for some time to come.

EUROPE

Europe will emerge bruised and battered from the COVID-19 having topped the charts in morbidity, mortalities and generally the manner in which the whole crisis has been dealt with. However, it can play a vital role in acting as the bridge between the U.S. and China to bring back globalisation and multilateralism into play in world affairs. President Macron has been playing a leading role by trying to use the G7 and G20 to deal with the economic and geopolitical consequences of COVID-19. This crisis, coming so soon after BREXIT, may trigger a further weakening of the EU with rightist movements within individual states. Propped up by fears of the renewed migrant crisis, these right-wingers may seek

stronger border controls, disrupting the freedom of movement so important for the idea of the EU.

MIDDLE EAST

Oil-producing countries bore the brunt of the falling demand and lowering oil prices and face an uphill battle to recover from the economic fallout—the standoff between Russia and OPEC has compounded the problem. Oil prices are expected to stabilise between \$ 40 and \$50 until the global economy starts to recover from COVID-19 shock. Iran has been most severely impacted by COVID-19. A proud nation, Iran has for the first time since 1962, formally approached the IMF for financial assistance. Post-COVID-19, a much weakened and embittered Iran would emerge. It will find itself further isolated in the Middle East. Unable to finance its regional proxies, there is a danger that the regime could try to provoke external crises in the region to deflect domestic political pressures.

SOUTH ASIA

Despite its own problems, India took the initiative through the SAARC forum to launch a regional action plan against COVID-19 by pledging U.S. \$10 million towards an emergency SAARC fund. Also, an information exchange platform (IEP) to facilitate the exchange of expertise among South Asian health professionals has been created. Inputs from such forums would help India overcome its own public health challenges, as the pandemic stretches its capacity.

ACTION PLAN

India can act as a bridge between the North and the South to vitalise multilateral agencies. India must put its weight behind like-minded countries to convince the US, the largest contributor, to reconsider its decision to cut funds to WHO.

CHINA



As developed economies seek alternate options for their China-centric supply chains, it likely opens a new vista for India to exploit. If it can attract investors based on its rule-based environment backed by infra development and social cohesion, COVID-19 could become India's opportunity. However, any overt action by India to cut into Chinese economic interests would add to friction between the two Asian giants which will emanate in different forms. India must be prepared for such punitive actions by China, with its all-weather friend Pakistan in tow.

UNITED STATES OF AMERICA



Indian gesture to meet the U.S. requirement of Hydroxychloroquine and its formulations was a step in the right direction. Could the pandemic trigger resentment and antagonistic sentiments in the West against China which could be turned to India's advantage is something India has to incorporate in its geostrategic calculations.

EUROPE

India is in a good position to act along with European countries, led by Germany and France, to build up a relationship with South Korea and Japan as part of the post COVID19 "alliance



for multilateralism." A weakened EU would need India's markets. Europe too may look for alternate supply chains for its industries

MIDDLE EAST



The falling oil prices do not trigger an economic collapse in the Middle East as millions of Indian expat workers would be ruined and India's remittances would come down when they are most needed. With Iran, India must join others in relaxation of sanctions on Iran to enable import of critical medical supplies

SOUTH ASIA



India has to take the lead post-COVID-19 to support its immediate neighbours in the economic recovery process and prepare long term health plans for future pandemics which are bound to revisit us. Perhaps, public health care should get the same weightage in budget allocation as defence, as an external enemy can be confronted and defeated, not an invisible virus.

HOSPITAL PREPAREDNESS IN AN ERA OF BIOLOGICAL DISASTERS



BY GIFTY IMMANUEL



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Hospitals are sanctuaries of healing that play a decisive role in the outcome of a pandemic. For an exotic contagion like SARS CoV-2 causing COVID-19, much more preparedness and a deeper understanding of the disease dynamics is required. Orchestrating a national and global response greatly lies within the network of hospitals. Nothing can prepare us for a biological disaster if we do not forecast it. Hospital preparedness is not an extravagant measure to mitigate an imaginary threat, but a hard reality brought to attention by this biological disaster.

RESOURCE LIMITATIONS & SURGE CAPACITY

Pandemics can exhaust the finite resources of any country. Further, an unprepared hospital will be unable to meet the sudden surge in cases. During an outbreak, this trend is expected to escalate until the hospital collapses under the duress. Inability to meet the demand-supply of Personal

Protective Equipment (PPE) shows the lack of alternative manufacturing options. Though the improvisation of existing raw materials for PPEs appears innovative, it might fall short of the required standards.

The exponential demand for respiratory assist devices like ventilators and a diminishing stockpile of essential oxygen can have devastating consequences. Pre-designated isolation venues and decontamination sites are not routinely incorporated into any hospital facility design. Further, shutting down of hospitals as contaminated sites even temporarily deprives the delivery of routine health services.

HEALTH CARE WORKER FATIGUE & SYSTEM FAILURE

Every health care worker has multiple facets of personality, which might not be readily visible. 'Prevention fatigue' can set in due to long hours of work in an overloaded system. The doctor or nurse could lower their guard resulting in an exposure. The second aspect is the 'bystander effect'. When health care workers observe illness and fatalities among their infected cohorts, it can lead to mental exhaustion and poor clinical judgment. This, in turn, can have an en-masse effect.



CONCLUSION

COVID-19 has changed the landscape of hospital practice; we need to adopt a fluid and creative approach to bio-preparedness. While we scramble to contain this pandemic, the next one is likely in the making. It is only a matter of time before it emerges. In the canopies of tropical rainforests, amidst deep wood jungles, among the wet markets trading exotic animals and in a hunter's bush meat, an unknown pathogen is evolving. It could have recombinant properties and is likely to be refractory to current approaches. It is time we prepare for it.



ASSESSMENT

Hospital Biosafety & Hospital Infection Control: Inclusion of hospital biosafety as a standard feature in every hospital infection control program. Assigning a biosafety officer and creating written standard operation protocols.

Hospital Design & Construction: From now on any new health facility has to take into consideration the possibility of treating pandemics. All the above-mentioned clauses should be incorporated into the design. While previously built structures may be remodelled.

Hospital Ergonomics & Rostering: Hospital workforce should not be overburdened; the duties should be cycled rightly. Plus facility enhancement to address workforce comfort and fatigue prevention should be considered. Mental health issues should be addressed.

Hospital Stockpile, Biological & Antidotes: Pharmacies can store an added stockpile of experimental drugs, antidotes and monoclonal antibodies. Many repurposed drugs can be given as 'first-use' in an outbreak due to a previously unknown pathogen.

Hospital Expansion & Annexation: To address the surge of patients, neighbouring sites and large storage areas should be identified. A written memorandum to use such spaces during biological emergencies should be in place.

Hospital Early Warning System: Disease forecasting and early warning virtual applications could be integrated into hospital management systems. It will provide time for pre-emptive action.

Hospital Epidemiology & Disease Surveillance: Infection control teams and intra-hospital and inter-hospital disease surveillance can help in identifying the sudden appearance of disease clusters (like- atypical SARS like pneumonia in Wuhan).

Hospital Training & Mock Drills: Even a basic program of routine training and frequent mock drills provide a reasonable deterrent against any unknown pathogen. Simulants and surrogates can be used to train hospital staff.

Hospital Decontamination & Disinfection: Decontamination and disinfection of hospital sites pose a serious challenge. Based on the characteristics of the pathogen, plans for various forms of decontamination with approved biocides and surface disinfectants should be in place.

Hospital Laboratory Network: A chain of allied hospital microbiology laboratories can act as a sentinel in the time of the outbreak and can aid in early identification. Apart from that, forensic microbiology could be used to identify genetically modified organisms.



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