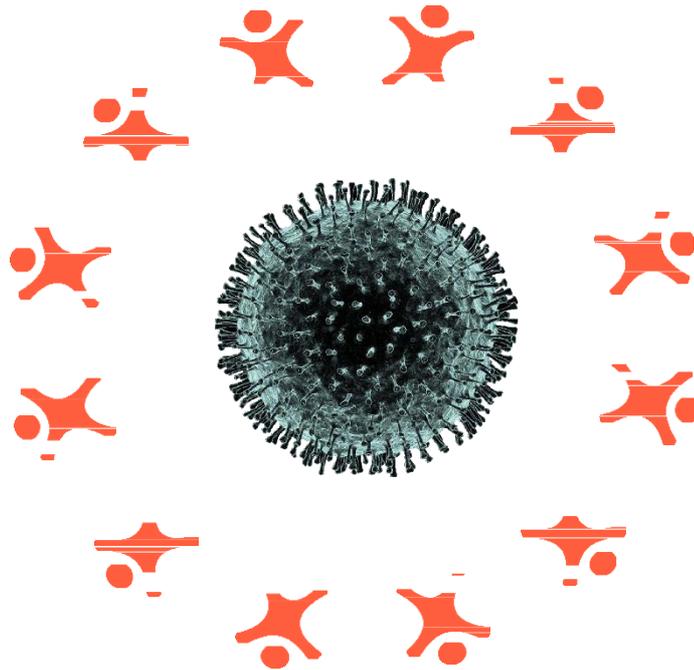




Indian Public Health Association (IPHA) and Indian Association of Preventive and Social Medicine (IAPSM)



Joint Statement on CoVID-19 Pandemic in India: Review of Current Strategy and the Way Forward

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**Indian Public Health Association (IPHA)
&
Indian Association of Preventive and Social Medicine (IAPSM)**

Joint COVID-19 Task Force

A Joint Task Force of eminent public health experts of India was constituted by IPHA, and IAPSM to help the Government of India for containment of COVID-19 pandemic in the country.

The terms of reference of the Joint Task Force was to 1) To review and collate the scientific epidemiological literature pertaining to COVID-19 in India at national and state level; 2) To develop consensus amongst the experts regarding COVID-19 disease epidemiology and trends and develop action plan based on the consensus; 3) To widely disseminate the consensus statement and action plan with public health experts, other medical professional associations and other key stakeholders; 4) To share the consensus statement with the policy makers at highest level at centre and state.

The members of the IPHA-IAPSM **Joint COVID-19 Task force** are as follows: (in alphabetical order)

1. Dr. A. C. Dhariwal, Former Director, NVBDCP & NCDC, and Advisor NVBDCP, MoHFW, GoI
2. Dr. Chandrakant S. Pandav, Past President IPHA & IAPSM, former Professor & Head, Centre for Community Medicine (CCM), AIIMS, New Delhi, and President, ICCIDD
3. Dr. DCS Reddy, Former Professor & Head, Community Medicine, IMS, BHU
4. Dr. Farooq Ahmed, Former Director NEIGRIMS, and Pro VC KBN University
5. Dr. Kapil Yadav, Additional Professor, CCM, AIIMS, New Delhi
6. Dr. M. K Sudarshan, Chief Editor, Indian Journal of Public Health (IJPH)
7. Dr. Puneet Misra, Past President, IAPSM & Professor, CCM, AIIMS, New Delhi
8. Dr. Rajesh Kumar, Former Professor & Head, PGIMER, Chandigarh
9. Dr. Rajib Dasgupta, Professor, Community Health, Jawaharlal Nehru University, New Delhi
10. Dr. Sanjay K. Rai, (National President, IPHA and Professor, CCM, AIIMS, New Delhi
11. Dr. Sanjay Zodpey, President, IAPSM and Vice President-Academics, Public Health Foundation of India (PHFI), New Delhi
12. Dr. Sanjiv Kumar, Former Executive Director, NHSRC and Chairman, Indian Academy of Public Health (IAPH)
13. Dr. Shashi Kant, Past President IAPSM, and Professor & Head, CCM, AIIMS, New Delhi

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Executive Summary and Action Plan

The ongoing COVID-19 pandemic is a public health emergency with grave implications for whole of the world. India, as part of global community, has also been adversely impacted by the ongoing health crisis with catastrophic implications for all but the poor and the marginalized will be more affected.

The swift response of Government of India after report of the first case on 30th January, 2020 has reasonably contained rapid progress of the infection. Newer clinical, epidemiological and laboratory knowledge for control of the novel corona virus is being generated and updated every hour. However, relatively less understanding has emerged on perceptions of risk, and COVID-19 specific health inequities. The global community is collaborating and sharing information to come up with a comprehensive, effective, efficient and sustainable strategy and plan of action to control this pandemic. Open and transparent sharing of data with scientists, public health experts, and the public at large will strengthen pandemic control measures and building bottom-up consensus in India.

The unprecedented nationwide "lockdown", announced in India from 25th March 2020 for three weeks, is apparently based on the experience and epidemiological evidence of the model in some specific contexts from other countries. While achieving the expected success on account of rigorous physical distancing, the lockdown did lead to an enormous economic and livelihood crisis given the Indian realities. Most COVID-19 infected persons are without symptoms; or if at all symptomatic, the symptoms are mild and not life threatening. Majority of the patients do not require hospitalization and can be treated at domiciliary level with a modified "enforced social distancing" imposed on the household.

It is unrealistic that COVID-19 pandemic can be eliminated at this stage given that entire population is susceptible. At this point of time no vaccine or known effective treatment for the disease is available. A realistic goal would be to spread out the disease over an extended period of time and effectively plan and manage so that the healthcare delivery system is not overwhelmed. This in turn is likely to reduce mortality, especially amongst the high risk groups (elderly population, those with pre-existing co-morbidities), the most dreaded outcome of the novel corona virus infection.

Abundant scientific and evidence based interventions are available to control the pandemic at state and district levels in India. This should be adopted while at the same time minimizing the adverse effect and disruption of livelihood of the poor and marginalized.

Representing the very wide community of public health academics, practitioners and researchers in India we urge to consider seriously the following 10-point action plan for control of pandemic:

1) Review lockdown, replace with cluster restrictions: The ongoing nationwide lockdown needs to be reviewed and replaced with cluster specified restrictions (as required) based on epidemiological assessment; reasonable criteria and milestones for control of the current phase of the pandemic in the country should be set, taking into account that successive wave of cases is possible; there is no conceivable scenario of elimination in the immediate/short run.

2) Source containment through increase of public awareness and practice of preventive measures: The most effective strategy for control of novel corona virus spread during all stages of transmission is source containment. An interdisciplinary team of public health specialists along with grass roots political and social leaderships and volunteers should continue raising awareness about COVID-19 modes of transmission and methods of prevention in the community by adopting emergency risk communication methods and broad-based community engagement strategies while acknowledging multi-cultural and multi-linguistic realities. Hand hygiene (washing with soap and water and hand sanitizers), cough etiquette, use of mask (homemade and others) should be adopted by all specially in high risk populations.

3) Ensure physical distancing with social bonding, avoid social stigma and ensure universal mask usage: ‘Social distancing’ should be replaced with ‘physical distancing and enhanced social bonding’ to slowdown the spread of infection while at the same time taking care of those socially isolated by lockdown through enhanced social bonding measures. Measures should be taken to avoid social stigma and fear of isolation and quarantine, by making people aware and treating them with respect and empathy. Universal mask usage by all from general public to health care providers should be ensured, with appropriate type of mask for each category of population.

4) Sentinel and active surveillance: Conduct extensive surveillance for Influenza like Illnesses (ILI) through ASHA/ANMs/MPWs, and Severe Acute Respiratory Illness (SARI) through clinical institutions (including private hospitals), daily reporting to identify geographic and temporal clustering of cases to trace transmission foci (hot spots / cluster events). This must be supported by trained epidemiologists from local medical colleges and public health institutions.

5) Test, track and isolate with marked scaling up of diagnostic facilities: Test, track contacts and carry out containment at local level by involvement of local leadership and volunteers. The use of police force should be the last resort and must be within ‘reasonable limits’. Approve and scale up diagnostic facilities to increase the number of people tested with an appropriate testing algorithm.

6) Rapid Response Teams: Deploy mobile (well equipped with PPE) multidisciplinary Rapid Response Teams (RRTs) at district level coordinated by District Surveillance Officer (DSO) and supported by Epidemiologist and District Public Health Laboratory (with enough test kits).

7) Strengthening Intensive care capacity: Only those who require specialist care should be admitted in the hospital. Intensive care is only to be given by the well trained adequately protected health care providers. Appropriate support including uninterrupted oxygen supply to be ensured in all intensive care units; mild cases may be managed at home.

8) Optimal PPE for frontline workers: Nosocomial infection of COVID-19 is a serious challenge affecting safety and morale of health care providers (HCP). This is also important mode of infection transmission amplification and acceleration once HCP become "super-spreaders". Appropriate PPE must be provided to HCP to instill confidence and alternate teams identified to take care of attrition due to fatigue, exposure and quarantine.

9) Free sharing of data in public domain and Public Health Commission: All data including test results should be made available in public domain (unlinked anonymous) for the research community (clinical, laboratory, public health and social sciences) to access, analyse and provide real-time context- specific solutions to control the pandemic. A Public Health Commission with task-specific Working Groups may be urgently constituted to provide real-time technical inputs to the government.

10) Increase health expenditure to 5% of GDP, focus on public health system strengthening - Strategies will need to be dynamic to shift gears if widespread community transmission is detected. Hospital teams will then need to play an enhanced role for the care of the sick, and safe disposal of the bodies of unfortunate ones. Local health authorities, municipal bodies and panchayats should be sensitized to enable policy makers and planners not to be instrumental in creating a "pandemic of human misery" by advocating impromptu public health decisions not supported by epidemiological data and evidence based scientific reasoning. Rapid scaling up (five times) of public health, clinical and related social care -- both services and research -- should be done on a war footing with an allocation of about 5% of GDP.

We sign out on a positive note. Evidence based scientific and humanistic policies will help us in overcoming this calamity with minimal loss to human life, social structures and economies. Nature has once again reminded us of our tenuous situation in the wider universe. It is high time that humankind takes note of the warning signals and undertakes midcourse corrections urgently and now. The "One World One Health" approach should be central in ensuring optimal harmony amongst all humans and animals of the world based on principle of "*Vasudhaiva Kutumbakam*" (The world is one family). Being respectful and mindful of all animate and inanimate beings of this planet is the way forward in the post-COVID-19 world.

Citation

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