

PLOTTING THE WAY BACK

There is need for a calibrated approach to end the lockdown, testing will be key

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WEKNOWTHAT in the coming months, this pandemic will hit an already alling economy even har der and devastate the poor, the unemployed and the hungry. It will take a he avy toll on lives and live lihoods. But in the immediate short term, we need ways of maintaining essential production and other services, such as food supply chains (from har vesting standing rabi crops to transporting these to markets, to households and to the hungry and homeless); production supply chains for protective gear, ventilators, masks, medicines; delivery services; government employees maintaining public utilities, and so on.

We are trying to break the COVID-19 transmission chains with a total lockdown but in the process, we are also breaking essential service supply chains. We are creating an ocean of joblessness. Is there a way out? I believe so, through strategic easing of the lockdown How?

Scientists say that 80 per cent of the infected population will recover without hospitalisation. This includes both those who have symptoms and the asymptomatic. All of them will develop immunity — we don't know for how long, but at least in the immediate future. And there is an antibody test (serological test) which is easy to administer and can tell us within minutes whether someone has already recovered from COVID-19. It only needs a blood sample, where the blood goes into a cartridge alongside chemiicals called buffers, and produces a readingladia has hundreds of technicians who are Strategic testing can better protect our health carers, doctors and nurses, if those with immunity undertake the more risky end of care. As our antibody test kits increase we can broaden the parameters of testing. Basically by such strategic testing we can gradually begin to open up production units and facilitate reemployment in both the formal and the informal sector workers.

already trained to take blood samples in labs, hospitals and from homes (unlike nasal swabtests which require training). But we do lackenoughtesting kits for largescale serological testing.

So here is what I suggest we do. We should identify workers in each essential service and production supply chains and test themfor antibodies, each state conducting its own. (Even among essential services we need a priority list, given the scarcity of kits.) The workers who have antibodies, and hence immunity, can go back to work. This will be easiest in factory-based production units, such as those manufacturing and delivering hospital equipment, gear, medicines, etc. since they have identifiable workers who can be reached.

Food supply chains are more of a challenge, especially for harvesting the current rabi crop. But large numbers of migrants that are at present under quarantine on the borders of states, and are being tested anyway. Instead of keeping everyone on a 14-day quarantine, those who pass the antibodies test can be identified straightaway and offered work for harvesting, loading, or other jobs in their own state, or elsewhere if they wish. Those harvesting foodgrains, vegetables or fruit can be paid in kind, if they wish, so that they have food. Transporting the produceto markets will still be difficult. Herethe government needs to mobilise the trucks currently lying idle for farm-gate pickup.

In addition, strategic testing can better protect our health carers, doctors and nurses, if those with immunity undertake the more risky end of care. As our antibody test kits increase we can broaden the parameters of testing. Basically by such strategic testing we can gradually begin to open up production units and facilitate re-employment in both the formal and the informal sector workers.

Apart from this, I suggest we convert large spaces like stadiums and conventional halls into temporary hospitals and quarantine spaces. Stadiums have multiple showers, bathrooms, and enough space for large numbers, setting up testing units, and for medical staff, food preparation, etc. At present in Delhi, we are scattering people across guest houses schools, etc. That is fine, but it would be more efficient and save on personnel and resources if we concentrated efforts in larger spaces. Also while creating railway makeshift hospitals is an excellent idea, we should also use these mobile hospital units to take patients from remote areas with few medical facilities to are as with facilities.

The complete lockdown, while needed as a first step, is also causing huge hardships to people, especially those without jobs and food, due to lack of warming and very little planning. But lifting the lockdown fully and suddenly will lead to new outbreaks. I would suggest wego for strategic easing of the lockdown in a calibrated way.

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