

Most Respected Honorable PMJi,

Warm Greetings from Medical Profession & key Professional Associations, Indian Medical Association & Association of Physicians of India.

My respects to your sir for your untiring efforts to successfully control the Covid Epidemic 2nd wave & saving precious lives of our Indian citizen.

Being a half Century Healthcare Physician of our Nation, I am sharing my thoughts with your good self on the Agenda of "**How to Successfully handle Covid Epidemic 2nd wave & prevent future waves too**".

Confident sir, my inputs will further strengthen your hands in the Corona war II.

Regards & Respects,

Dr S. Arulrhaj



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Corona War II winning & Future

Our video Conferencing on 24th March 2020, made Digital consultation possible & legal. Thanks for the same.

Covid 2nd wave is scorching our Nation.

We were supporting other Nations in Covid 1st wave & other countries are now coming for our rescue.

Covid Scenario Today:

- Numbers are more; Death rate is more. More children are affected.
- Less work force – Doctors, Nurses & Para Medical
- Less Beds – within Public & Private Sector.
- O2 Beds are further daily needed.
- Oxygen supply is in short fall.
- Drugs shortfall is explicit.
- Ventilator shortfall
- Vaccine – short supply. Proposed vaccination couldn't take off on 1st May.

Realities, facts. We will come out of this Pandemic Positively under your leadership Sir.

A. How to win over the Corona war?

Four stake holders are involved.

1. Central Government
2. State Government
3. Medical & Health Profession
4. Public of our Nation.

All of us must joint hands firmly without reservation & fight.

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Issue based Inputs:

1. Less Beds moreo oxygen Beds.

- No Beds both in Public & Private Hospitals.
- Infection rate is around 3 to 4.5 Lakh / day.
- For each Positive Patient at least 10 non tested Positives exist
Hence 5 Lakh Additional ICU Beds Immediately.

Beds : 3-4 Lakh cases / day. Another 30-40 Lakh / day

30 % need = Admin – 10 Lakh/ day

10 % need oxygen = 1 Lakh beds / day

Patient stays in Hospital average 7 days

We have around 1 Lakh oxygen / ICU beds. Need are 5 lakh more Beds needed.

How to create

- a) **Private Hospitalss** should equally participate but no mixing of Covid & Non Covid patients is acceptable. Must be encouraged to have separate access to both or have fully Covid centre. Willing Hospitals can be adapted with affordable acceptable Packages.
- b) Create **Temporary Covid care centers** in campus of Medical college Hospital, Medical colleges, (now kept closed) Public places like marriage halls , Hotels , Grounds, Parks etc.. equipped with oxygen, Ventilator, drugs & Manpower.

Beds – early discharge when O2 need stops. May be 3-5 days.

2. Health work force

Beds doesn't treat patients. We need Health Care Workers (HCW)

a) Doctors :

We need at lease additional 1.5L Doctors to serve Covid Patient immediately. **We have to engage:**

1. MBBS Doctors around 1.5 L studying for PG entrance in libraries
2. Around 1 L of FMG.
3. Post Graduate Students around 1 lakh
4. Lastly Final year Medicine students- Around 1-2 lakhs

They must be in incentivized adequately. Also preference in PG entrance by extra marks & preference in Governments Jobs.

B. Nurses:

- Key for Healthcare Delivery in ICU.
- Need at least 2 Lakh Nurses immediately for one year
- Get GNM completed Nurses waiting for Job or PG.
- Covid services will get preference for PG or Government service

-Adequate incentives.

- HCW – All must be vaccinated. Proper PPE kit & chemoprophylaxis with HCQS or Ivermectin as per ICMR guidelines.

All of them will need Training in Covid Protocols & Management.

B. More field staff : “**Health Inspectors** ” system followed during earlier epidemics must be strengthened for field working & monitoring.

Village Health workers to be increased too.

3. Oxygen short supply:

As per data we have nearly double the Number of oxygen being manufactured in India.

Issue it is a supply chain deficit which can be easily corrected by Governments.

In addition when more oxygen beds are created further need will be a reality.

Every Medical College must have compulsory oxygen plant.

- NMC Amendment also confirms it recently.
- Cryogenic lorries needed to transport liquid oxygen from the plants.
- Oxygen – Oxygen Conservation guidelines are now available – use less O₂ ; More O₂ is dangerous to lungs too.
- Supplying – Demand chain must be strictly monitored & executed by district Administration& Health Authorities.
- Private Hospital also must be encouraged to setup their own O₂ plants.

4. Ventilator shortfall

Needs investments. National & International contributions are also sought.

We need to allot more funds from “PM care” for ventilators.

Again as per data Demand supply chain to be followed at District level itself

5. Essential Drugs Shortfall -Remdesivir

Available but strict action will prevent drugs going out of market. Government should start distributing as per demand supply chain

Drugs – GST Exception & give benefit to Common Man. MRP not changed No GST or additional Taxes.

6. Vaccine not available

It is a Governance issue. Allot as per Population

We have currently Two vaccines; one more will be soon available. More must be encouraged. India has vaccinated only 10-12 % of the population. At least 50 % to 75 % be vaccinated within 3 month to prevent 3rd wave & future waves.

India Sources :

Serum Institute of India

Bharat Bio Tech

Dr Reddy Lab

Chennai, Guindyinstitute can be furnished to vaccine Manufacturing. Needs TN Government care.

Vaccine: Updating is needed fitting to Mutant Genes, as being done in flu vaccine. New strains to be cared.

Booster done may be needed once in a year.

International Funds or vaccines by Donations

-Purchase Fund to be allocated

Demand supply chain are also to be monitored & executed.

Start Research or coordinate Research for vaccine below 18 years too . As Daily nearly 1000 Children are getting infected. Prediction says 3rd wave will affect children below 10 years more & will need Children Covid care centers.

To reduce the cost of vaccine, seriously Consider Cancelling Patenting of vaccines– USA model.

Most powerfulweapon in Corona war is Vaccine.

7. **Transport System:** 105 Emergency Ambulances to be doubled for quick Transport
8. **Home care** for Covid to be encaged both by Public & Private sectors based on the Protocols.

Execution Strategies :

1. **National Covid Management Expert Group-** Union & state HMs
 - Union & State Health secretaries
 - Professional Bodies Representatives
 - NGOS
2. Strong liasoning& Coordination between Union & State Governments
3. Liasoningand coordination between Public and Private Health sector **Not by compulsion but by Mutual understanding**
4. Polices towards solving the followings Critical issues
 - Oxygen / ICU Beds
 - Doctors Number
 - Nurses & Para medical Number
 - Oxygen Availability
 - Vaccine availability
 - Drugs cost & availability
5. Transparent Execution
6. Online real Data – Number of cases

No Editing of Data – Hospitals Beds
Oxygen need
Vaccine Need
Drugs Need
Doctors & Nurses Need
Death

7. Strategic Planning based on data
8. Monitoring system Nationally
9. Public Awareness& adherences to prevention Guidelines
MaskDistancing Handwash & Vaccine awareness
-Frontline workers
- Lockdown – National

Lockdown : National – 15 days Review & Partial Relaxation once in 15 days .

Maintained till the daily cases comedown to 25,000/ day .

Lockdown support will be needed for the Poor.

10. Liasoning with Medical Professional Associations ,NMC, & Nursing council

11. Funds :

- a) State& National Governments to postpone Luxury expenses & allot more funds for Corona war.
-Invest on Health Infra, Manpower, Equipments , drugs & vaccine
-Divert State & Central Health Budget to the above only.
- b) Donation from Public , Philanthropists, CSR, & Religious Leaders
- c) International Donations.
- d) Vaccine supply through **NGOs like Rotary who made our Polio Vaccine program historical**
- e) Channelise carefully the received & allocated funds so that transparency is full & not side tracking.

12. Incentivise Covid warriors

- a) Motivation
- b) Recognition
- c) Financial support – Adequate incentives & facilities
- d) Death Solarium – PM Scheme , State Scheme etc.

At least 1 crore for Doctors

50 lakhs for Nurses

25 Lakhs for Para Medical & Frontline workers to be given altogether

13. Health Insurance

Government schemes : National & state Eg: **Ayushman Bharath State CM schemes.**

- Cost must meet at least the expenses incurred
- Do cost working with Private Healthcare Provider representativeas IMA & fix, so that Private Institution will adopt.
- **Avoid this Government schemes paying for Public Healthcare units –** they are already Government funded. This can be added to the cost for Private Providers .
- **National scheme can go through a charity unit instead of paying huge commission to Insurance Agencies.**
- It not Private sector Provider may fall out or offer poor service or Corruption will breed.
- **Private Insurances –** encouraged to support Covid Treatments too.

14. Research & Guideline

Focus & strengthen International Research on :Repurposeddrugs, Vaccine for mutant strains, oxygen, Drugs etc..

2 - DG by DRDO is a great asset.

15. Administrativeservices :

Long pending **Indian Medical Services (IMS)** equitable to IAS etc to be quickly introduced to Strengthen Covid care system both in Government & Private Sector.

B. Preventive Strategies

More Testing – PHC ,CHC , District Hospitals, Medical colleges

Private Institutions& Labs etc.

Common Places - Bus , Train Stations, Malls etc.

Infectious Disease Hospitals:

As done earlier in TB, Cholera **ID Hospitalsetc**to be created at District wise with Infra, Manpower & Facilities.

Public Awareness &Cooperation – Through Political Leaders,Media, Medical Profession – Nurses & Frontline workers etc.

C.Future Pandemic Preparedness

Invest on Health infra more. SDG too are important.

- CD & NCDare key area. Can be interchanged

- Health workforce to be adequate in number & working
- Health schemes must be Institution Friendly.
- Profession bodies Liasoningis the Pivot.
- IMS much needed
- Public Awareness & coordination to be strengthened.

Herd Immunity :

Herd Immunity occurs 75 % of the Population are immunized either by Infection or vaccine.
 $135\text{cr} \times 75 \% = 100 \text{ crore around.}$

Wave 2

Infected – Daily 30 L – 3 month 27 -30 cr

Wave 1	infected:	30 cr
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60cr

Vaccinated	16 cr	16cr
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Total	76cr
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We need atleast 25 crore population to be immunized by vaccination to reach to Herd Immunity & walk without Mask.

Respected PMji,

Long term definitive Solutions

We are working hard to realize your vision of a Developed India, only through a Healthy India; How?

Health must become a constitutional right of Indians

Health care must be structured as Primary Secondary, Tertiary care

We cannot adopt **NHS model of UK** as India is vast.

CubanModel,needs huge funds.

USA Model, we Indian cannot afford to pay.

Hence let us create **Indian Model**

Government to Focus on Primary &early Secondary care

Preventive Health too.



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Late Secondary care & Tertiary care can be takecan care by Medical colleges & Private Sector;
Government can buy them from Private care through affordable & Acceptable Health Insurance.
Invest on Health Infra, Manpower, Equipments & drugs

Emergency Preparedness is the key to handle Epidemics, expensive lesson learned from Covid war II.

Conclusions:

- Demand supply chain efficiency
- Union State Governments Coordination
- Public Private health coordination
- Professional Association linking
- Allotting & securing adequate funds.
- Public awareness on prevention & vaccine
- Continued Research
- Emergency Preparedness.
- Healthy India

With your continued persuasions we will fight and win over Covid wave II & Prevent Covid wave III too.
Together we will achieve Sir

Regards & Respects

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Place : Tuticorin

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