**COVID-19 and the Indian Response: Need for a Syndemic Approach**

**Abstract:** The biomedical approach to disease treats disease as an isolated entity to be studied and treated separate from other diseases and independent of the social contexts. In pandemic situations, the public health systems are overwhelmed, and often the focus shifts to one disease outbreak at the expense of other disease outbreaks, to medical urgencies at the expense of routine health issues, and broadly to biomedical perspective of health at the expense of a biosocial understanding of health and disease. In the Indian context, such a unidimensional approach to the pandemic COVID-19 is very evident. There is a lack of focus on other disease or disaster outbreaks and the social contexts in which they are emerging. A syndemic approach to pandemic response is an imperative, and should be cognizant of the inter-connectedness of health and its determinants embedded within a chequered socio-economic landscape.

**Keywords:** COVID-19, public health, pandemic, pandemic response, syndemic

The biomedical approach to disease treats disease as an isolated entity to be studied and treated separate from other diseases and independent of the social contexts. In pandemic situations, the public health systems are overwhelmed, and often the focus shifts to one disease outbreak at the expense of other disease outbreaks, to medical urgencies at the expense of routine health issues, and broadly to biomedical perspective of health at the expense of a biosocial understanding of health and disease. As a result, the response systems are geared towards fighting the pandemic contingency, resulting in a loss of focus on other disease outbreaks. Such a monolithic understanding of pandemic and unidimensional response may lead to multiplying of the disease burden by several times besides serious and long lasting socio-economic repercussions. A syndemic approach to reconceptualize disease in a biosocial framework has been proposed by Medical Anthropologist Merrill Singer.1 In a syndemic situation, two or more disease outbreaks or epidemics interact synergistically contributing to an excess burden of disease. The term syndemic also points to the determinant importance of social conditions in the health of individuals and populations.1 In the face of the current COVID-19 pandemic, a syndemic approach to response is called for.

In the Indian context, a unidimensional approach to the pandemic COVID-19 is very evident. Although there is an admission of co-morbidities as a major contributing factor in determining the mortality rate, there is a lack of focus on the why and how part of it. Answers to the question as to how to reduce death risk for COVID patients with co-morbidities has to be woven in the response plan. Moreover, there is a lack of focus on other disease or disaster outbreaks and the social contexts in which they are emerging.

At the very first level- surveillance and information, India is suffering from an under reporting of other disease outbreaks. Subsequent planning is then bound to falter in devising strategies to combat the syndemic. The role of surveillance and information systems in keeping disease burden under check is very important during routine times; however during times of disease outbreak or pandemic situation its role becomes critical. The robustness of the Indian surveillance and information systems is questioned in dealing with Covid-19. It has been alleged that the Integrated Disease Surveillance Programme (IDSP) has not been releasing detailed Weekly Reports for Covid-19.2 For more than a decade, IDSP has been doing this for other diseases very diligently. On the website of IDSP, the last report released as on July 5, 2020 is the 12th week report (16th March 2020 to 22nd March 2020), which also gives no data for Covid-19, and instead, mentions that- “COVID-19 was declared as a pandemic on 11th March, 2020. The States have been reporting the COVID-19 cases and deaths on a real-time basis and the same was being updated on the website of Ministry of Health and Family Welfare. This is made available on public domain and can be accessed through https://www.mohfw.gov.in/”3 The data released on the Ministry of Health and Family Welfare (MoHFW) website is very limited as compared to the detailed report IDSP has been giving for all disease outbreaks till this time. It has been apprehended that the IDSP is functioning sub-optimally at one of most critical times, and the very *raison* *d’etre* for its formation is being defeated. What makes it worse is that, weekly reporting of other disease outbreaks has also been stopped after the 12th week report. This may have very serious repercussions and lead to unmanageable syndemic situations in various clusters. A glance at previous years data is sufficient to reveal that during the months from July to December, there are several disease outbreaks in various clusters which are contained and controlled every year. However, in the present situation where these small outbreaks go un/under reported, the possibility of their containment and control looks bleak. There is an immediate need to restore the weekly reporting of other disease outbreaks as well as COVID-19 by the IDSP on the website. Not only that, reporting of other disasters and threats like the recent locust attack in various states of India, *thanka* (deaths due to lightening strike) in Bihar, floods in different parts of India is also important.

That India’s approach to COVID-19 is purely biomedical is indicated further by the fact that the pandemic response in India is led by the Indian Council for Medical Research (ICMR), and clinicians rather than a team of epidemiologists. It is alleged that, ‘Unlike most countries, where the respective CDCs are leading the pandemic response, in India, the response is led by a research organization: the ICMR.’2 A senior AIIMS doctor ascribed the contradictory responses of the health leaders dealing with COVID-19 in India, to the fact that ‘the public faces of the government for policy development and communication on this health issue are clinicians and bureaucrats (pediatrician, pulmonologist, and Indian Administrative Service officials), rather than epidemiologists and public health experts (e.g., the lead epidemiologist at Indian Council of Medical Research [ICMR] stopped appearing for press briefings of the government from April 21), and other scientists like virologists.’4 The country’s health workforce is already overwhelmed in responding to the health needs during pandemic situation. They need to be freed to focus on the preventive and curative aspects of the disease, while the National Centre for Disease Control (NCDC) and its component project IDSP with their team of epidemiologists could have been given the responsibility of leading the pandemic response. It has been further alleged that there is a lack of coordination between the NCDC and ICMR. While the ICMR data is available to NCDC, the NCDC and IDSP data is not available to the ICMR.2 In today’s world, information is power. There is a need for seamless flow of information across various government wings for optimal public health outcomes. In pandemic situations, a lack of transparency, obstruction in information flow and lack of coordination among various departments or units may be fatal. There is a need to immediately take steps to ensure greater transparency, detailed weekly reports, and information sharing in the present pandemic situation. Further, engaging and communicating with communities is very critical to a pandemic response. Risk communication has to be comprehensive and transparent. Ill-informed communities cannot be effective participants to a pandemic response system.

The pandemic response also needs to be aware of the specificities of the socio-economic context. The inability of the state to manage the migrant workers crisis which emerged as a result of sudden lockdown has been no secret. It has been alleged that more people died due to the crisis than could have died due to the pandemic in the short span of time. There have been reports of more than 600 deaths due to lockdown by late May.5 The economic planning to deal with the recession has also not been adequate, and there is a need to think and plan beyond some relief measures. Educational planning is lacking in so far as how to ensure educational equity in the wake of increasing inequalities due to COVID-19. The shift to online modes of teaching is exacerbating the digital divide across various categories- gender, class, caste, rural-urban divide, disability. Access to justice is restricted due to repeated shut-downs of courts. If it is true that the coronavirus is there to stay for some time, then a syndemic approach to pandemic response is an imperative. It should also be cognizant of the inter-connectedness of health and its determinants embedded within a chequered socio-economic landscape.

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