**The Coronavirus Pandemic – Did Governance Derailed in the Combat?**

**Abstract:**

The COVID-19 pandemic has been a challenge to global community because of its late acknowledgement as a deadly disease. This article showcases the various Policy level flaws occurred due to delayed response to this pandemic. These flaws are been pointed out in this article so that it can change the whole perception of a Pandemic and not abandon the importance of Public Health. This article also throws light on the steps initiated during the later stage of this pandemic which was definitely side-lined at the initial stage as inconsequential decisions. The sudden demand increase for PPE and how Govt tried to resolve this turmoil among the community has been discussed along with how other patients who use to visit Govt hospitals are in the peril of getting into contact with this coronavirus. Even though all the necessary steps taken to identify all the positive subjects its safe to say that only tip of the ice-berg has been excavated and there is more towards discovering the asymptomatic carriers who are present in the community. This article also highlights the significance of lack of human resource which is prevailing for a longer period of time and its effect on fighting this pandemic disease. The role and importance of Govt and local Govt has been explored and how did their delayed response affect the community in confronting this disease has been discussed briefly below.

**Introduction:**

The COVID 19 disease is being a major threat to international communities because of the reason that it is more virulent when compared with the earlier encounters with different species of corona (SARS and MERS). The disease was scattered at the initial stage and was in association with our neighbour country China. Unfortunately, this spread has been expedited with international migration being higher than the previous year’s leading to the stage of Global threat.(1) The significant thing in this pandemic is to look for its higher Case Fatality Ratio. A study conducted in China itself has reported a CFR of 2.3% overall and most of the deaths were skewed towards geriatric population which was 8% and so much less in children.(2) China reported this disease to World Health Organisation (WHO) as an outbreak post the event of a person admitted due to pneumonia with unknown aetiology. Retrospective investigations proved that this virus is more than 90% related with bat coronavirus. The Chinese Public Health authorities did some mistakes in the event of tackling this disease by providing a narrow operational definition and corelating it with few numbers of cases thereby they delayed the acknowledgement of a potential pandemic. Next was a huge blunder did by the authorities was announcing that there were no “Human to Human” transmissions. This paved the avenue for other countries to initiate Public Health measures with a delay. In India, this pandemic disease spread its wings during the early 2020 and those who were tested positive were surely having a travel history out of India.(3;4)

**Increment in case numbers:**

The rate of infection was found to be 1.9 in our country still which is lower when compared to other countries. But we have increasing number of cases exponentially and even though stringent measures like lock down and social distancing being followed. Critically exploring this fact will be based on non-symptomatic subjects who will be neither quarantined or tested for will be spreading the disease involuntarily. In recent months testing has been increased significantly leading to discovery of more and more positive cases. This can be an example of strict surveillance leading to new case finding but finding out non-symptomatic cases is a challenge thrown to Public Health with which we are pending. These kinds of persons will be in constant contact with the healthy persons and spreading the disease among the community. Now this disease is also being attributed with a stigma carrying with it which prevents the community to come and test themselves voluntarily. So churning out a strategy to find out these asymptomatic carriers is inevitable.(5;6) India, a populous country, have to deal with more disease spread in short span due to its density and this leads to an inefficient contact tracing, other factors such as living in slums, usage of Public Toilets creates more complications to the Health authorities in contact tracing.(7) Even though we implemented mass Public Health strategies like country lockdown, social distancing, etc. the disease spread is on the entry point of Phase 3 which is better known as “Community Transmission”.(8)

**Lacking in workforce:**

This leaves space for evaluating the governance failure occurred from the Tamil Nadu Government’s (Govt. of TN) side. Since there are couple of states which has taken a worst hit like Maharashtra, Tamil Nadu etc.(9) The Public Health set up running in TN is a robust kind of system when compared elsewhere but, our country has 80% of NCD burden share globally so tackling patients who will attending the hospitals for drug refill or for any cancer screening are in the position of getting contact with COVID positive patients since there are no known strategies developed to avoid this mixing up of patients which is a Public Health concern.(10) the huge bottle-neck here lying in front of the authorities is the serious shortage of Human Resources available with the Government. Many doctors serving in the Public Sector have been diverted to the naive areas resulting in summation of work burden. The important indicator in measuring Public Health system’s efficiency is the ratio between “Number of beds available in Govt. facilities to every 10,000 population”.(11) In Tamil Nadu it is found to be 1:79000 which is way higher than the Nation’s average. Population per Doctor was found be more than five lakhs. This will put more burden in fighting a pandemic like COVID-19. This unanticipated outbreak lead to an acute shortage of Personal Protection Equipment (PPE) because of pre-meditated ideologies that have neglected the actual importance of PPE. Hospitals which are functioning specially for COVID have no problems in stocking the PPE but, the hospitals such as PHC’s and block PHC’s are suffering from an acute shortage of PPE for Doctors and Nurses. The sudden surgency of PPE has led to severe exposure towards the disease for the health workers at all levels.(12) No forecasting of this issue was done so that delayed PPE manufacturing and curtailment of exporting it to other countries was a delayed step but its coping up. Even the Journal of American Medical Association has called for strategies to handle this PPE crisis.(13)

**Global travelling as a cause:**

The spread of the disease increased significantly due to air travelling. Many people who had a travel history to other countries came as a carrier to India and helped its spread.(14) steps could have been taken to restrict or prohibit international airlines in the earlier months of 2020 but that served as the crucial window period for India to have disease carriers from rest of the globe. The Governance failure was imminent in this section.

**Delayed Engagement of local Govts.**

The local Governments such as Corporation, Municipality and Panchayats missed to see the extent of damage which COVID can cause. Testing of population was initially done only for people with novel coronavirus symptoms. Then it got expanded to quarantining of contacts of positive patients and increasing the number of beds available for corona positive subjects exclusively. After realising the notional loss occurring to the macro and micro economy active surveillance for this disease was initiated and mass testing is being done, as a result we see the ever-increasing number of individuals with the disease followed by an intensive contact tracing. These steps should have been taken during the month of February – March 2020 but delayed response lead to a pandemic disaster in the state and yet to see the flattening of the curve.

**Conclusion:**

Therewith, this pandemic disease could have been controlled well if our “Whistle blower” (the WHO) has blown its sinister whistle earlier. Many deadly diseases with higher rate of fatality has been controlled very well in the past. This COVID-19 became a Public Health disaster due to delayed realisation of its potential which lead to delayed decision making at the Policy level thereby leading to a significant failure in the Governance.

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