

# CREATING AND SUSTAINING A COVID-19 WAR ROOM SMARTLY

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**Category:** [Opinion](#)

COVID-19 has been a comedy of errors confusing scientists, public health professionals and policy makers at every step. But historically, it serves to be hopeful that humanity in the right frame of mind and spirits have defeated the virus in whichever form it has emerged. This essentially has to be achieved with tact, skill and commitment not easily matched and even less easily acceptable to say the very least.

The puzzle of COVID-19 pushes public health thinking into multiple zones which is sort of like guarding a fortress from an invader. It moves from testing to treating to vaccinating to promoting preventive health as a safeguard to defeat COVID-19. In addition to this, it would make great sense to role out mobile healthcare vehicles that care for mild covid patients, provide for diagnostic tests and counselling and reassure anxious patients. In terms of district hospitals, it would be more prudent to add ICU beds and expand capacities. However, for all of these to be achieved, it is necessary that we have administrative verticals where the task of handling each segment is clearly laid out to one official each.

## **Vaccination Management**

Zone wise mapping of public and private hospitals providing vaccine and equitable distribution

across all states and districts would serve well. A dedicated team at every state and district level to manage supply chain needs, age profiling, public release of information will reduce confusion, enhance faith.

Vaccine advocacy will ought to be stepped up by core public health institutions to combat vaccine myths and also to counter false information circulated by non-qualified civilians amplifying alternative theories.

### **Oxygen Supply**

Authentic vendor list for supply chain management at all hospitals especially government hospitals must be the in-focus thing. Projection of future requirement of oxygen supplies and projection for need of ICU beds.

### **Death Audits**

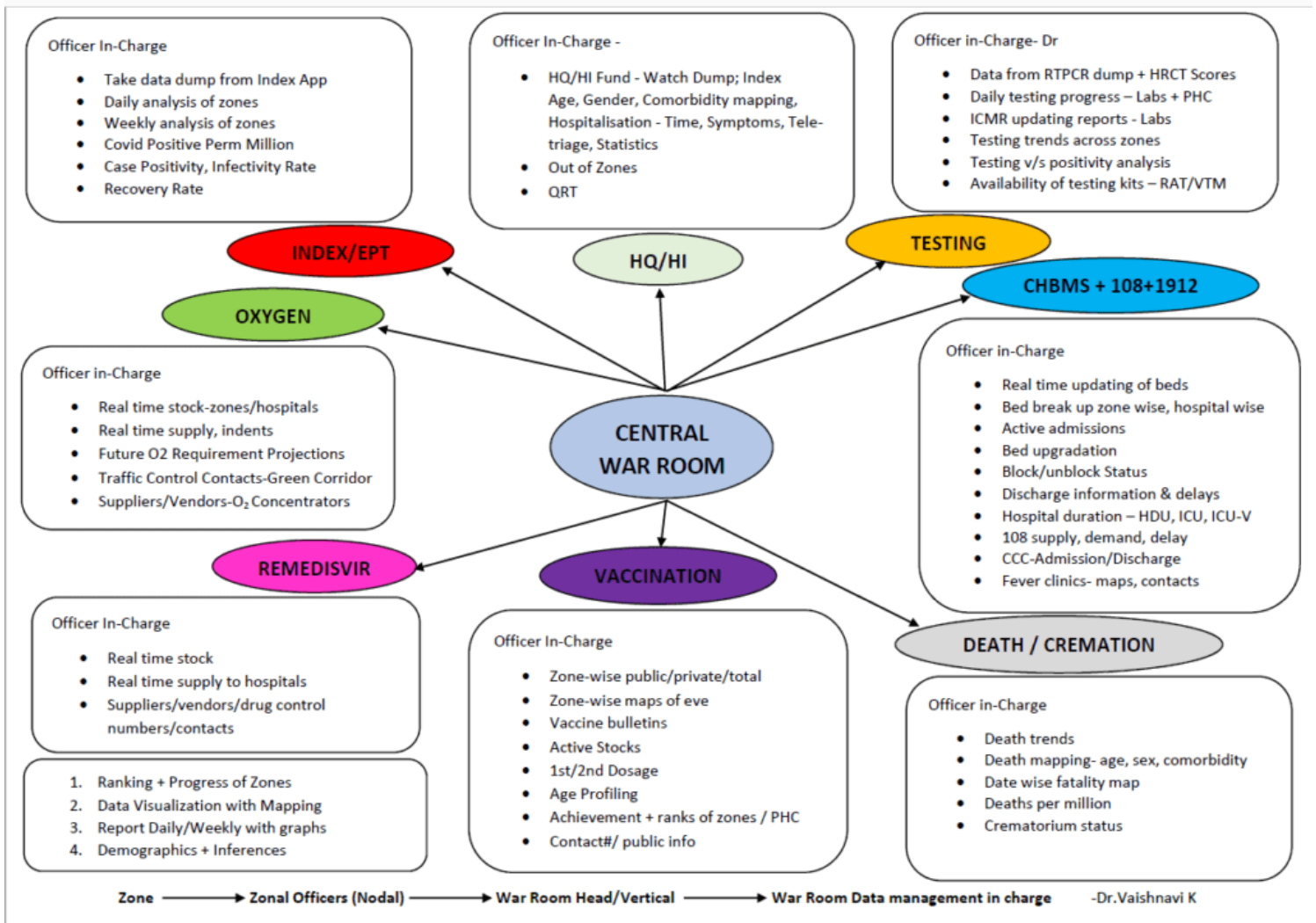
The numbers emerging officially and those that remain unknown remains a bone of contention. Additionally, many people even without co-morbidities are losing out the battle to COVID-19. This must ensure that we review cause of deaths and hold death audit which will inform future patterns of safety and precautions that may be needed.

### **Zone Wise Task Force**

Task force can be made more effective by dividing it into zones and having the task force members going to the ground and being in charge of 3-4 districts.

### **Joint Public Health – Intensivist position paper**

A joint position paper being brought out by a public health-intensivist team in each district on a monthly basis will create a risk informed plan to mitigate resource constraints that may occur in any setting. This essentially includes evaluating the kind of medicines working on patients, drugs which help patients with co-morbid conditions, evaluating the supply chain preparedness across every district and engaging with vendors for timely procurement of required essentials.



**Preparing for a third wave** There are many ways in which third wave preparations may be carried out, but the hypothesis of third wave affecting children is built by popularity instead of evidence-based science and it may not be used to shift focus on children alone. Instead the lessons learnt from the second wave will serve to highlight the importance of bringing [public health](#) in all policies and engaging in [risk informed planning](#) to address [cascading risks](#) emerging from a COVID-19 like pandemic, natural disasters, climate change and overall [public health consequences](#).

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*Disclaimer:* Views expressed are the authors own.