Transcript Begins:

Vikram Patel: Well, good morning everyone from Boston and good evening to everyone in India. Welcome to the second public webinar of The Lancet. Hang on. Sorry. Okay, welcome to the second public webinar The Lancet Citizens' Commission on reimagining India's health system. My name is Vikram Patel and I serve as one of the co-chairs of this Commission.

By way of introduction, the Commission is an ambitious cross-sectoral endeavor that aims to lay out a citizens' roadmap for achieving universal health coverage for the people of India. What's unique about our Commission is that we seek to do this to the active engagement of diverse stakeholders representing both the actors in the health sector, such as doctors, nurses and the ASHAs, and as well as the community people who actually use the health services, which is pretty much all of us. Please visit our website and we'll put the website address in the chat box, but it's www.citizenshealth.in for more information, but also to get involved.

The Commission's webinar series is intended to serve as a platform for public health discourse in India and to engage a very wide community of academics, practitioners, and civil society on substantive and timely issues regarding health. Our first webinar about a month ago was really looking at COVID 19, the second wave, in particular in India, from a policy perspective.

Today's webinar is voices from the front lines, something that acknowledges that the most important efforts to manage the pandemic, to reduce suffering and death and to prevent its spread has really been led by people at the front line. And we hope very much over the next 90 minutes to hear about some of those experiences from our panelists.

There will also be a short survey at the end of the webinar. Please do fill this out and let us know your thoughts and suggestions about this topic, but also importantly about any future webinars you'd like to see. Finally, by visiting the website, you can also receive sign up to alerts for future webinars and events on our website. I'd like to now take this opportunity to thank and to introduce Srinivasan Jain who will moderate our discussion today.

Srinivasan is probably known to anyone who watches television in India, but just by way of introduction he's a senior journalist at NDTV and anchors the daily show Reality Check which aims at debunking official myths and government propaganda in a post truth environment. Srinivasan has anchored major primetime news telecasts and discussion based shows and has been a recipient of numerous awards for journalistic excellence.

Just before I hand over to Sreenivasan, can I request everyone to mute them microphones when they're not speaking because there's a little bit of background noise that is interfering with the clarity of the sound.

Sreenivasan Jain: Thank you very much indeed, Vikram and, of course, to the organizers Lancet Commission for allowing me this chance to have this very important conversation I think, I wouldn't be exaggerating to say that this entire pandemic coming there's been you know it's taken a huge toll, but if

there's been any one upside it is that it's forced the public conversation to really look at the state of public healthcare in India, and especially at frontline workers, something that has been neglected far too often in the mainstream discourse. I mean even speaking for someone like myself as part of my journalistic work I do go out on the field.

Translated: I move out to the field a lot. I will speak in some Hindi as well, because there are some Hindi speakers among us too. So I go to the field a lot.

I move out in the field quite a lot. But most of the work is to do with either you're chasing politics so you're trying to report on scams or you're reporting on communal conflict or various other aspects of this this vast and complicated and difficult country we live in, but not enough on health care, so it was really an eye opener for me, this time, when I went out to actually be able to go and see what a primary health care Center in let's say remote rural Uttar Pradesh looks like or what ASHA workers actually doing on the ground, trying to persuade people to either get vaccinated or to get screened for Covid.

So this has been, I think something which has really brought out both the extraordinary work being done by our frontline workers, but also the very, very difficult circumstances that they are working in and often very I would say, at times almost abysmal condition, so thank you for enabling this conversation and for having me, so let me just introduce our wonderful panel, today we Ajay Nair who is Chief Executive Officer at Swasth. Everyone is very distinguished but I'll just read out a short summary of each bio so that we save our time. He's the CEO of Swasth indigenous mobile APP service launched in June and India's first big push towards mass adoption of digital health care. Has 14 years experience in healthcare telemedicine, and so on.

Mirai Chatterjee, Director Social Security Team at SEVA. She's also been the chairperson of SEVA cooperative federation of hundred and six women's primary. Cooperatives is responsible for savers, health care, and child care programs.

Priyadarshi of the You Meta foundation. She is a pediatrician and disaster management professional. Has worked extensively during the Kosi floods in Bihar, Kerala, Uttarakhand and so on.

And Sunita Rani ji, ASHA worker secretary, of ASHA Workers Union, Haryana has been in the front line for the last 15 months. So let me just start with Sunita ji.

Translated: Sunita jee, if you unmute your mic, I will start with you. When we talk about frontline workers, this time it is the ASHA workers who are present in the frontlines in huge numbers. According to me, I think the format is that everyone is going to speak for five minutes and then we have a conversation. So, and then of course, question and answers and at the end of it.

So Sunita jee, let’s start with you. Tell me about your experiences from this time and have you ever done this in the past 15 years? Have you ever seen such a situation in your career in the past 15 years that you are seeing now?

Sunita Rani: Translated: Your voice broke off actually. I haven't been able to hear your question completely. From whatever I have been able to hear, you are asking me about my experiences during Corona this time. Last year when Covid stuck, we didn't know that we had to work in this pandemic. And suddenly when the government ordered that Covid is a pandemic that can pass on to you by touching. It can happen if passed. You can get it if you are not wearing a mask. Any chair, any gate, anywhere we touch, we will get corona.

Means the dangerous way covid was in the first wave, that dangerous way was not spread this time by the media. Whereas when we see previously, the death rate was not so much. We see the death rate has multiplied heavily this time. Previously, the death rate was not so much. Now this time, the death rate is a lot. We are the base of the community, I am giving you an idea, where the population is 2200, there have been at least 40 deaths in one month, which is the month of April, which has turned out to be corona negative. Some one or two deaths are corona positive. Now the thing is that it is very surprising. We are very shocked because of this that these deaths are not due to covid. But people are dying. And the experience that we have from the past, this time we have had a new experience. Since the time this pandemic has come, our work has increased since then. The work that we already had since the beginning those work have now been affected. Mostly the work that ASHA worker has, it is for small kids (infants) and pregnant women.

Our main duty is taking care of pregnant women, and doing postnatal care of infants post birth. Getting them vaccinated and getting their regular check up done is our duty. Now that main duty has become with us. Now we ourselves feel, it has been 11 years for me since I started as an ASHA worker. But in this one year, we have experienced that we go around in the entire community, we conduct surveys, we feed survey data online, and we meet diverse sets of people. We don't know who is infected. And if we get the infection and come in contact with a young kid or a pregnant woman who needs us critically, what if they all get the infection from us. We are very concerned about the safety from this and what we will do if something like this happens**.**

If we only give the disease, our family is on one hand, our family is scared that we go out everyday. We get extra worried apart from our families, those people who really need us, if we go to them, so after meeting each other, we used our mind and understood that if there are four ASHA workers in a village, we will leave one ASHA worker alone who can solely take care of all the infants and pregnant women.

She will do the job of the rest of us three ASHA workers, and the rest of her work, we three people will do collaboratively. Whether it is the task of online survey, whether it is going door to door, whether it is taking follow up of corona positive cases, whether it is doing a follow up for them, then after a lot of settlement we used our brain and made up our mind that we should work in a way that we are able to save other people.

Whatever corona positive cases are there, we have to check their oxygen level with an oximeter, then we have to check their fever, then we have to make their medicines available to them, so all this work is being taken care of by us these days. We are also doing all this work. And a lot of ASHA workers have been infected while doing all this work, and after getting corona infected, a lot of them have died as well. But the government does not want this data to come out in front of everyone.

And not only this, even after vaccination ASHA worker has died in Panipat and her postmortem was conducted, her remains were sent to the lab, in spite of that what she has, she was declared corona negative. This means one, we are telling if it is this, why are they not wanting to let the data come out.

We are working, we are working with honesty. ASHA workers are the first ones who are trying to save the community. And if someone has fever, we will send them to get tested, we will identify and inform him, we will tell him where the Covid centre is, where will the tests be conducted, where the vaccination will take place. We need to inform more and more people to get the vaccination done.

That training has not been given to us by the government. If the government gives us proper covid training to get the vaccination done, our ways can get a good amount of vaccination done. But our society is saying that we have not not been trained properly on vaccination. It's only formal training. Formal training does not enable better work. And the community that we have in the village, they trust us.

If somebody gets a fever after vaccination, they will not consult doctors. But they will come to ASHA workers till they are sick for two days, or they have been sick for four days and even if their health is getting worse. They will only trust ASHA workers.

They take medicines from her only. They only trust what she says. The worst thing with vaccination is that after we do the vaccination we give two tablets to patients. Can't do it for everyone. Someone may need medicine for days also, but if you are giving two paracetamols then you are only giving for one day.

Why are you not giving paracetamol so that whoever has got vaccinated, everybody does not get vaccinated with the right mind set. You get a little bit of relaxation. Paracetamol should be given for at least three days. But this is not happening in the vaccination centres. There is no proper training, the proper dose of paracetamol that should be given is not being given. So the work that we are doing to save people from corona, we have regular work also, that is being…We also get incentives in our regular work. That is based on incentives. Now our incentive and all is being affected. Because of this our incentive is getting decreased but our work has doubled up. We are doing online surveys, we are registering the vaccinated through our phones.

Sreenivasan Jain: Sunita ji, you have shared very important and grave things. Sunita ji, I will come back to you after talking to everyone and then we will do the panel discussion.

Very important and disturbing things from Sunita ji on the challenges faced by frontline workers saying, not enough protections given to ASHA workers, ASHA workers are dying, the deaths are being covered up, and so on. Well, let me just come to you Mirai, get a sense from you, opening remarks on what your experience has been with SEVA and all the networks of health, you created in terms of dealing with the pandemic.

Mirai Chatterjee: I would like to begin by paying tribute to all those frontline -- on the front lines where the doctors, nurses, technicians ASHAs like Sunita ji and our own SEVA Ghaywan, who have really been second to none during this pandemic, tragically, some of them are not with us anymore.

I still miss them all and I'm grateful that they took care of us. I'll be speaking mainly about our grassroots frontline workers, mainly women in SEVA. We call them Aghaywans, other organizations I'm associated with like Pradhan, we call them Didi log.

But they are there. Feet on the ground, eyes and ears on the ground, just like Sunita ji. They just immediately sprung into action, the first thing they did was provide information, awareness in a situation where there was either no information or misinformation. Especially in the first wave because people had no idea about this disease. I must also say they struggled and learned well to use digital tools whatsapp, of course, was a great favorite but other digital tools as well bothering the smartphones of their husbands or sons to get the message across, in simple, easy to understand, local language.

Then, as you can see in the photographs behind me in my background in this way, they have learned to use a thermometer, oximeter in a situation where they had never seen an oximeter. They began to use them swiftly. They are providing kits with paracetamol, masks, sanitizers, soaps to families. They went door to door wherever possible. Importantly, they have linked, as we heard also from Sunita ji, these aghaywans, these women frontline workers linked with the local authorities, with whom they already had a long standing relationship. We've been working at the grassroots level on health issues for almost 50 years now and that held us in good stead whether it was ASHAs like Sunita ji or the local health committees.

We were able to quickly work together as a team and, importantly, focus on early detection and screening and quick referral. I think the frontline workers, particularly women, were key in early detection and quick referral, of course, we all know that it was very difficult to refer in a situation where there were no hospital beds, little oxygen and people were fearful of testing often times. They would try to convince families for testing.

Of course, many tests were simply not available. Another important role, I think, of frontline workers was support in home management. I don't like to say the word home care.
I prefer to use home management. There's these families work hard to make sure that their loved ones are safe and the frontline workers work closely with them. Simple do's and don'ts.

Guidelines were produced by the Ministry of Health and others, but how will they reach the last mile? Tt was these frontline workers who were taking these do's and don'ts, simple do's and don'ts and in a practical way to COVID patients, I also want to mention that they were in constant contact, constant contact with patients we've heard also from Sunita ji, and their families, and also at the COVID centers, providing mental health support for those who have lost loved ones and more people. They showed a tremendous amount of compassion. Also promoting vaccines, as you have heard and I must say that we also ensure that all our frontline workers had insurance for COVID, also for home care of it, and then they got involved with relief work because you know not only were health kits needed, but also food, a livelihood support, livelihood linkages and so on. And as Sunita ji mentioned, authentic data collection. So in some cases, I think these frontline sisters of ours were service providers, solace providers and key link persons and, if I may say so, the lesson for all of us is that it's this decentralized approach.

With these frontline workers, critical absolutely critical, which is the way to go in both pandemic and non pandemic times. They are trusted, they are trustworthy, they are hundred percent committed. Their families said don't step out, even then they did. They are agile, theirs is a low cost approach and, frankly, as a public health worker i'd like to say that if trained properly and with proper capacity building, they can be local epidemiologist and local mental health support system. Thank you very much.

Sreenivasan Jain: Great. Thank you so much. That's a great point. Now, let's go across to Ajay. So if you just like to share your experience. I just request everyone to try and stick to their four to five minutes, so that we can sort of rotate to strike as much as possible, yes, go ahead.

Ajay Nair: Thank you so much, and thanks for having me. I like, as Mirai ma'am said earlier, I just wanted to say that you know I'm not really a frontline worker, I have colleagues, both from med school, everybody from ambulance drivers to nurses to attendance who are really on the front line risking their lives as they help protect others and I would like to pay my tribute to them.

I very quickly wanted to you know, trying to keep it in the time, very quickly want to tell you what we've been doing. We first came together last year, as a group of volunteers from across the healthcare industry across the country. And these groups of volunteers, you know, built the app based service that you spoke about earlier. But what Swasth really had really moved into by the time the second wave hit us was broadly two things. One was to really build technology based infrastructure for digital health in India, and this is not really front end apps but infrastructure that connects them all.

And the other piece that we were working on was really helping last mile capacity and so between September last year and March this year. We had worked on actually helping with oxygenation capacity in over seven states with partners like JSS in Chhattisgarh, Search in Maharashtra, Mahan Trust in Maharashtra, Karna Trust in Karnataka, and we were getting oxygenation devices to be the last mile connects to the spot, and it was a very small effort with about 165 concentrators to these clinics.

When the second wave hit us, we were you know internally we were a little frustrated with what we could possibly do just given. The death toll that seem to be looming over us and we decided to actually scale the concentrated effort with partners like a city grants and what we have been able to what, what this oxygenation team has been able to do is over the last two months deliver 25,000 concentrators to 476 districts across the country in 35 States. Work to deliver over 50,000 oximeters as the community health workers and also other oxygenation devices like cylinders etc.

So that was one one large area of effort for us. So this is really a crisis response effort. It's not really what we were built to do, but it just seemed to be the need to be.

The other thing that's what I did was that we, along with academics and clinicians from India and elsewhere in the world. Made what we call the Swasth community science alliance, because we felt that there was a severe need for evidence based simple guidelines that especially rural programs could use. We saw a lot of mismanagement of COVID, we saw a lot of drugs being prescribed, a lot of our friends running around to get drugs.

Which may or may not have been helpful and so we got some clinicians together like I said from Indian across the world who really work nights to put together a set of toolkits for last mile programs for us.

So that was the second, the third effort, which is really the first effort that we started when the second wave started hitting us. We realized there was a need for information. And so we built an Open Source, open crowdsource database of resources that are locally available. And that we made available on the website, but we also had the database open. Absolutely anybody who wanted to use it could, so that other services can also integrate with that.

And that was seeing about 15 million API hits every day and so those were some of the efforts that for us, were key during the pandemic. I'll quickly, you know, conclude by saying that this one lesson that I think we should take back from all of this is that, if you think about why people were showing up in the hospital, what India clearly lacks and clearly needs to build is a good primary health system. Both in urban areas for people like us but also for everybody else in the country. We've had multiple systems in the country.

None of us really have great primary care, which means early triage, early identification, is the kind of linkages, it is great Sunita ji is doing this individually but, if you think about it none of us also have it. None of us actually have a great family care system that we can bank on and to me that's The one thing that I sort of take away from this is that if we had a system like that maybe the load would have been a lot less maybe our hospitals would have been spared a lot. Thank you.

Sreenivasan Jain: Right no absolutely. Thank you very much for that yep that's an absolutely bang on point about. The primary healthcare network, and you know, if the condition is seen, as being that front line that first line and it's with all its weaknesses, but let's bring in Priyadarsh Ture. You tell us about your own experience as a front line worker. You know I was seeing your experience. Koshi Floods, Kerala Floods, so many floods, but have you ever come across something like this.

Priyadarsh Ture: We saw that the suffering was more during the last year covid wave. There was not much death but people had to face a lot of problems. A lot of people had lost their jobs and a lot of people had to face problems due to the lockdown. This year a lot of deaths occurred, as Sunita jee told, a lot of deaths took place. We also feel that they were preventable. So at that time I was working at Chhattisgarh and we were looking after both field work and clinical work.

We saw then that there was a lot of misinformation and people were very relaxed. Nothing had happened in the last year's covid but everyone had followed it very strictly. This time they were not following it strictly. Marriages were taking place. Fairs were being organized. And nobody was wearing mask. And along with that there was a fear that they did not want to get tested. People were scared of getting tested because of their quarantine experience from last year.

Because police will come and take them to the quarantine centre and keep them there. We were seeing in the hospital, specifically in the month of April, that a lot of cases had started coming to the hospital. The peculiar thing in that was that the sixth day or the seventh day after the symptom started, and when they

were reaching the 7th day or when they were reaching the 8th day, maximum people's saturation was less than 80, 90.

Among these people, no person had got tested. And these people didn't even know about the danger signs of corona. Then we got a survey conducted among 200 people, among those who had come to the hospital or the ones outside and we came to know about them. That led us to understand some of the major problems and we understood what the problem was.

So, one of them was that there was a lot of misinformation in the community. Or that there was no source available for authentic information. Like ma'am also said. Mirai ma'am had shared. And the second one was that in the villages, like I said, 6th day, 7 day people were coming after their health became serious. So in the village there was no such system or training manual available which would help the village workers to identify the serious cases and refer them or identify the cases which are not serious and hence can stay at home. They can stay at home in isolation. The third bad thing that happened was what we people call covid positive, so we people this time, either our testing kits were not proper or the tests were not conducted properly. A lot of people had not gotten the test. The second thing that was there was that whoever got tested the false negativity, means you have covid and in spite of that your result comes negative. The probability of this happening was upto 40 %. Sometimes, it was upto 50 percent. Even in RT-PCR this evidence was opto 30 percent. So a lot of people had covid but their test came out negative. But later when it turned serious, they came to hospitals. And such people when they come to hospital late. For eg. When your saturation was below 70-80, and then you come to hospital then it becomes difficult for us to save those people.

The third was that PHC CHC strips were not there. There was no oxygen in PHC CHC according to the last year experience, there was nothing. Rest the doctors were not equipped with training and equipments because of which all these people were kept in very few covid centres. And when there was no place over there it was very difficult for these people or either they had to got to the private hospitals where trhe treatment was very expensive and there was no program for follow-up. And there were no protocols for referral because of which people were not able to find out about the availability of the beds. If beds are available then people could not find out if the medicines were available or not. If the medicines are available whether the oxygen is available or not. A lot of people had to go here and there to arrange for things. If you delay the initiation of treatment then the chances of the death are increased. Seeing all this, we talked to our partner organizations. We came together to think what could be done. We collaborated with … foundation and made a sample video.

After that these people talked to the partners like Swachara, AID, India Covid Association and discussed what can be done in this situation and how we can do these things. So the things that we did were as follows that we identified the problem statement. But till the time you don't talk about the solution there is no use of identifying the problem.

So, we all made a plan that in the villages only, like the biggest problem was that there was no such mechanism in the village to identify if someone is a patient or not. So we made the plan that whoever the village help worker is, or the ASHA worker or anyone else, we will give them pulse oxygen and give them training. And after that we will start a helpline. There is a lot of misconception, and after the

training, the ASHA workers see that people whose saturation is below 80 or 90, or if they have had a fever for a long time, what should be done with them. And this is not only the case with positive patients. So we proposed that whichever patient has the symptoms of covid, we will…. All those patients. Along with this, we also made a screening tool using which the danger quotient could be sensed. If they are in a green zone, and they are in a village, then they can stay in isolation. If they are in the yellow zone, they should immediately consult and get assessed and if they are in the red zone, they should be immediately referred. With the help of this, the delay in the initiation of the treatment can be curbed and the survival chances of the patients will be increased.

Third, we saw what we could do to strengthen the opportunity. Whatever PHC or CHC, training the doctors, and also making arrangements so that they have oxygen or oxygen concentrators. Because we did not want to replace the system, and we did not want to replicate the system. We can strengthen the system and move ahead. Or we will be left working in a small area only. After that we decided that we will make a protocol for training. Along with that we see if people are getting discharged from the hospital or if there are recovered patients. We follow up with them. So this is the simplest model, village oxygen helping and monitoring, and this helpline and CHC strengthening and referring protocol. So we are doing this in two districts of Chhattisgarh. Before this we had done this for one block.

Right now, we are doing in the district of Suraipur, along with the help of district administration. And we want to use this opportunity to strengthen the system so that the village, PHC CHC people and the district people are equipped by the third wave. And for this information, we have a dedicated website where we have all posters, video and audio which we make as we receive the questions. Along with that, we make available whatever humanitarian relief we have, information on where all we need oxygen concentrators but it is not available. We are involved in making that available there. Right now, we are seeing this as an opportunity. We want to strengthen such a system and apart from the small NGOs that function, we are collaborating with them in this work.

Sreenivasan Jain: Okay. It was very interesting and you are also telling us about solutions. It is important how you innovated during such a short time and found solutions. So on this issue itself Sunita ji, if I can ask you and you come online. What Priyadarshi is saying and because at this time, you talked about a lot of challenges. But I am talking about this time when it is the time of the vaccination. There are ongoing discussions on increasing the intensity of the vaccination and what has been your experience around vaccination. Because when I had gone to the field, I had visited some villages in Bulandshahr near Delhi. And there when I Talked to the people, people from the villages, there are a lot of rumours around the vaccination.

Sunita Rani: Look, this is completely true. What we are saying is that people are aware and getting vaccination, it is not like that. We have to work very hard to get vaccination done. We go house to house ourselves. We explain them. And when we explain them, we explain to them that even the newborn infants, those who are very young, we get them vaccinated to, we explain which diseases they get vaccinated against. We tell them that even those newborn babies get fever after vaccination.

If we all start getting scared that we will get fever after vaccination and we will die then why do we get our infants vaccinated. Means the diseases and viruses exist from before. The diseases that exist in our

atmosphere and in our community, they make us sick. And to keep ourselves safe from that, we need to get ourselves vaccinated. So people understand that and act upon that. We explain them that when the baby is inside the pregnant woman, we vaccinate them to save the baby. If someone falls sick, we get them treated. Then they understand this. But this is true. There is a lot of fear inside people. In fact this fear, men have this fear inside them that those who have got this vaccine they will die within two years. I have also seen a lot of videos on facebook, which spread such superstition, means everyone has android phone.

Sreenivasan Jain: But when you explain all this to people, that all this is rumour, the apt example that you are citing around kids, are people even getting it or are they getting vaccinated?

Sunita Rani: Yes. They completely agree. They understand. We even explain them with examples. We vaccinate an infant thrice. That vaccination is given within a gap of 90 days. That has side effects. The side effects are such that their legs have red spots. They get diarrhea. We give them medicine. We care about it. So when we tell them all these things, they understand. Means out of 50 percent we can say this that the 40 percent people understand the things. But the negative things are working on ten percent of people.

Sreenivasan Jain: Just to summarize for the benefit of non-Hindi speakers here. There are very important points about the kind of false propaganda rumors surrounding vaccination, particularly in rural India, fear that men will become impotent that. They will die to get vaccinated but also using the example of vaccinating children to persuade families and others to say look just in the way that you would get your child vaccinated he or she may develop a fever you shouldn't worry about it and that's a wonderful way I think of.

You know, convincing people but Mirai, has this also been the experience with your own groups that one is coming up against this. You know, first it was the first wave, I think, someone was saying there's a fear of even getting tested that if you test positive the consequences now this fear of vaccination and how one gets around that.

Mirai Chatterjee: Absolutely Vasu. We did a quick survey in the early days of the second wave and we were shocked to learn among our membership that only 17% of the women said they or their families would get vaccinated. I think we're staring at a huge trust deficit. I think people feel that in the time of crisis, in the time of emergency, nobody stood by them. Government also fell short, so why should we believe that this will, this will sort things out.

And, of course, all the reasons that Sunita ji that you mentioned, so I don't want to repeat. So what we've had to do with our aghaywans, our frontline workers is to mount a massive campaign against vaccine hesitancy promoting vaccination but, of course, now the issue is that when we made with difficulty prepared people the vaccine is not available, so you know we have to have all the links in the chain in place.

You can't just work and say okay now it's time you're educated on the vaccine, but then, when they go to the primary health Center, where they go to the mohalla whatever, clinic or wherever they go. It's simply

not available and it's so hard to get a slot. People like us struggle with the app and it's impossible to get the slot, as we all know, we've all had individual experiences to what to speak about adivasi woman in that last village in interior southern part of Gujarat. You know we we have a long way to go, but we have to keep on keeping on and we do provide the information so that people do come forward.

Sreenivasan Jain: Right, I actually wanted to ask Ajay on that point when I mentioned about this sense of being let down by the state, because while I get the kind of work that you and many others, I mean on and also on this panel are doing is wonderful. But ultimately it's really the state which has to do, heavy lifting and there was a sense, particularly in the second wave of a complete abdication by the state, whereas the Center or state governments. How much of that has been a challenge you know with the work that you've been doing, and also in terms of engaging with communities who feel that sense of being abandoned.

Ajay Nair: So you know I think the abandonment has been all around, but even on a normal day about 60 70% of healthcare delivery is actually through the private sector.

And while we've seen failure of state capacity, what to say in market failures when it comes to healthcare, and I think that all around people have been left to their own devices. People were running around looking for drugs, I mean you know it's not the job of a relative to go find remdesivir or whatever it is, they were looking for.

And so I think that you know that has been there all around, but I think that you know we saw this whole hesitancy even to get tested really stayed through last year into this year, so you know, in a lot of rural communities and even talking to people, the sense we got was that the people just were not willing to get tested, because they were afraid of being dragged away and locked up somewhere. And so there's a lot that needs to be done to build trust in the health system, both in the public and the private side.

We worked extensively with the public side because the public was ultimately delivering most of the free care to the kind of people that we wanted to reach so about 80% of what we sent out actually went to public centers and we continue to work with different states and different districts. I think the other point that Mirai made earlier about decentralization, I think it's very important. It's very important to have decision making be data driven but also be local as opposed to coming down from a central authority which doesn't always make sense in a rapidly changing situation.

Mirai Chatterjee: Can I just jump in here for one second. Just taking up from what Ajay said. I was recently on a webinar and you know, one of the government person says we had said, we have guidelines on home management and the doctor will decide whether you know this person has to stay home
And you know and you've got to wonder, taking up from Ajay's point, what are people thinking, where there are no doctors. Who is going to decide who's going to stay where, families have been able to manage as best as they could.

Sreenivasan Jain: Absolutely and even this idea that they would say in rural India that you can home isolate I mean where in villages, especially if you're living in cramped quarters, can you home isolate? This is the question that I wanted to ask Priyadarshi.

Priyadarshi, tell us about the attitude of the government. Like there have been discussions that the government has completely forgotten them and they are surviving on their own. So you and the other organizations are working. So what is the reality? On one hand we felt that the government was just not there, especially in the second wave. Did you experience that in spite of this all, there were some good people among the government, there were frontline workers as well, who were working?

Priyadarshi: I feel in all systems, those people work with dedication. Especially when I was working in the Balo district initially as a special case, all the people over there in the administration were very cooperative and were working dedicatedly.

They had started helplines for all the block in the starting itself. They had given phone to every home isolated person. Covid positive patients in the BPL were given pulse oxymeters. And they were monitored everyday. And we were helping them in facing the problems due to the lack of the medicos through our helplines.

They had worked in a very decentralised approach. And still this was not the case in a lot of districts. We were talking to a lot of people. Since the work was happening in different places, the response from people was also diverse. If the district administration is active, it works on various levels but people have to face a lot of difficulties if the district administration was inactive or if it was confused.
People were struggling with things as simple as finding the beds to the ratio of death to what to do with covid positive patients. Infact testing kits were not available for a long time in a lot of districts. Either the RT- PCR was not there or it was available in one village or one district in which case at least 6 nearby districts were dependent on that one district. And if you test today, your report could take upto 10 days. In those 10 days, you will either die or you will recover. So there are a lot of stories like this.

Now slowly the antigen kit is reaching the villages after being decentralised. But like I told you earlier the sensitivity of the antigen kit is very low. Because of this the probability of false negative results is very high. That's why we just stopped diagnosing whether a person is positive or negative. If there are symptoms, if the oxygen level is deteriorating, if there is breathlessness, danger signs, we will start the treatment and we will refer you.

And it seems that the data has also been majorly hidden because they have not been put forward. If the covid positive person is dying, it is a covid death. Like sunita jee shared with us and a lot of other people also witnessed, a lot of people were just not tested because the tests were not available. And a lot people tested negative falsely and if they die, their death would not be counted as covid death.

So because of this the actual data of the death is very high. But whatv we see that covid positive deaths have taken place in the centre. We don't even know if people have died in the referral. Maybe someone came out of home isolation to get admitted and died mid way before getting admitted. The people whose tests have come out negative and who are strongly suspected to have covid will still be counted as deaths due to other reasons.

So I feel that we were not able to strengthen our system in the six months that we got and due to tis it feels that the deaths that have happened could be prevented. We would have been able to save at least 80 percent people if they were admitted to the hospitals on time. I hadn't witnessed these many deaths in my life. We would tell the attendants that there were 90 percent chances that their patient would die whereas earlier we would declare only 2-3 deaths everyday.

We are trying our best to save them, but if you want to take them somewhere else you can because this patient won't survive. We would feel bad while saying this because we were always taught that you should motivate the patients that they will survive. But this was such a time that we didn't want to give them hope since they had come to us in such a bad condition. Their saturation levels were 30, 40, 50 and we didn't know how many hours would the patient survive.

So we just wanted to prepare them emotionally that their patient would not survive. It in itself was a mental trauma for all the health workers who worked in the frontline to see all these deaths and sufferings. It is very sad to talk to families where someone has died and to console them and every families coming has had at least one death.

Sreenivasan Jain: No, no. You are absolutely right. I think this idea of large scale deaths, we just have not got counted, is something that I mean everybody, I mean I also go to the villages and they say that 20 died in this village or 40 died in this village. It is really really quite shocking and concerning.

As we start to wind up on the conversation, of course, we like question and answers, but let me just ask everybody, you know what they would like now, because, as we have to prepare for the third and God knows how many waves, hopefully they'll start petering out. What are the steps that we need to take? What are we expecting particularly of the government?

I will start with you. Now when we have got over the second wave to some extent, we don't know how time we have left 6 weeks or 8 weeks before the third wave hits us. What would you requestv the government and the centre, like you said that you didn't even get the protective gears properly. What would you like and what steps would you like being taken for the frontline workers.

Sunita Rani: Look, for frontline workers, I would want the government to improve the existing system. First of all, the frontline workers should be given information. They should be given proper training. Like when this second wave was ongoing, we realised from all four corners that people were dying because of the lack of information. People were just rendered spectators.

And I am talking about our assessment. Whenever we have sat together properly, and I have been with the ASHA workers properly for the past 10 or 11 years at least, we have completed all vaccinations for infants and have worked to save all infants. We have explained which vaccination will have what benefits and which child can fall sick quickly. If we are given proper knowledge then we can share it in the community so that we can help prevent covid.

We frontline workers should be given proper training and only after that training, we can refer someone because we are already looking after the kids. We look after the kids till five years, we identify their

strengths and problems and refer them. We should be made known about the covid centres and doctors we can send the patients to. We can help in preventing the effects of all these waves if we are given proper training.

When we know every single child, we will go to each child's house and if we see the symptoms and see that they are moving towards serious symptoms, we will refer them immediately and we can save them with these suggestions. And in our government healthcare systems we don't have child specialists. So now when the third wave is about to hit, in all these PHCP atleast three child specialist doctors should sit in these centres. And there should be facilities to admit patients so we can keep these kids in medical care.

The healthcare, facilities, doctors and medicines should be made available in those same places so that we can save them. So if we are able to do something like this in these times, then I am sure that we will not let this third wave be as dangerous as the second wave. So our suggestion is proper training. The government should do this immediately. The private hospitals were shut down during the first wave but were open during the second and they have completely robbed people. They should be bound by regulations. If any child is critical and is unwell, then no matter whatever family takes them to the hospital they should be given free treatment in every private hospital. The priority should be to save the child. It should be checked later abou whether the family can afford it or not. And then the private hospitals can take their fees. And we should make such preparations in our healthcare structure and communities so that we can prevent the third wave from being dangerous.

Sreenivasan Jain: Very important points from Sunita ji on the steps to be taken to face the third wave. Mirai, what are your thoughts on this?

Mirai: Sure. First of all, I agree that we need to invest in a large force of frontline workers, and I would say, preferably women, young people at the grassroots level, of course. As has been said, they need to be trained, but also their safety is also of paramount importance with micro insurance, like the kind of product, we were able to develop, including for home isolation and their remuneration.

They must be incentivized to get some many of the frontline workers, said that they survived on the incentives that they getting. Second, I think we have to strengthen all the links in the chain. There's no good just training frontline workers and when they refer, refer to where? There's no medicine, there's no oxygen, all the things we've been speaking about.

I think this is not a task for any one group of persons or agencies. I think the government, private sector, civil society has to join hands and work together and pool in our talents and strengths. And, finally, I think we have to focus on mental health. We have hardly spoken about that.

My experience from the grassroots, both among people and the frontline workers themselves is that there are huge issues. Fear, anxiety, depression. Who will do that work? That also needs to be paid attention to and with immediate effect.

Sreenivasan Jain: You know, I agree, I wish we could have spoken about that and also the mental health of the frontline workers themselves because someone has to protect the protectors, but I didn't just.

So Ajay, your quick thoughts on that.

You know, because when we talk of preparing one is the kind of larger systemic overhaul of our entire public health care system, but given that we're operating in such compress timelines is there a sort of immediate three four steps that could put us in a better place for a third wave.

Ajay Nair: So I think, from my perspective, A, you know we have to remember that this is a system that is severely deficient, both in the public and the private side. And it's not going to immediately resurrect itself in the middle of a crisis, so we need to recognize that. B. From a preparedness perspective, I think, from a pandemic preparedness perspective, you know some of the lessons to take back from this wave and, frankly, from the last wave is having strategic reserves of equipment and people that can be moved around when the waves hit different parts of the country.

You know, China did that with actually, getting doctors into Wuhan when the it was first hit. And maybe that is some thought that needs to be put into at the national level, as to how do you really Marshall resources from around the country to help the areas that have needs.

I agree with everything that Sunita ji has said and Mirai ji has said earlier around the frontline workers because, again, that is the front line. What we saw happening during this wave is a tremendous amount of anxiety, a tremendous amount of panic and to the frontline workers, I would also add, all the you know the millions of individual medical practitioners, the GPs, the Ayush doctors -- all frontline and they should all be seen. And when the pandemic started last year and I don't know if many of us remember this, but the WHO kept talking about this whole society approach, which is also what Mirai had spoken about earlier.

And we haven't really taken that. Like we've had a very siloed -- government does this, private sector does this, civil society does X. And I don't think that really works in a crisis of this magnitude so that's the other piece that I would really push for.

And the last is that there's lots of ailment where care was interrupted so even last year with the first set of lockdowns we saw bounce back and phoebe and a lot of other ailments where care was interrupted. I think it's important to not lose sight of that.

Because it will lead to I mean, so I mean you know if you think back to when I worked in the polio campaign, when I was a medical student and later as a young doctor. And I remember when polio was on you couldn't get any other vaccine in the government health Center because the vaccine fridge is full of polio vaccines.

And I think this vertical approach that we keep taking is actually quite detrimental to population health so it's very important to think about all of the other stuff that gets left behind when we swing for Covid.

Sreenivasan Jain: Priyadarshi ji, if there are a couple of things that need to be ensured before the third wave, what would they be?

Sunita Rani: Look, I missed out on one thing. If there is one thing that is important right now is like we put posters if you have to survive corona, mask is important, there should be mask, and sanitize your hands again and again and wash your hands properly with soap the way it is mandated, the corona mandate should be in every village, every community via posters and these posters should reach every street through anganwadi workers and asha workers. If the proper information is made accessible to people it will help in removing their fears.

We will be able to increase the number of vaccination and keep our kids safe from the third wave when the people will understand the benefits of vaccination and dispel their fears. I want to give this last suggestion to you. And sorry for interrupting.

Sreenivasan Jain: No, no apologies at all. Whatever idea you have, please bring them forward clearly. No problem. It is a good idea to have a poster campaign. Yes Priyadarshi, tell us.

Priyadarshi: It was repeated again and again. Nobody can work in isolation. We will keep on losing the right people and this work will not be done properly till the time we don't start working collaboratively. And we should treat this as an opportunity to improve our health system and keep a holistic approach which does not just fight against covid, and doesn't just prepare us for covid. Like there was Zika virus or ebola as well but we have to now make a new system. So how do we make this system integral to our health system where even primary healthcare is given enough importance. We should think separately on their financial aspect and human resources but there should be preparedness on all levels. Whenever we talk about our system, we always talk about resilience. Like we should not be falling apart when the new waves hit us. So we need to make resilient systems where we overcome these challenges and promote our healthcare systems.

Sreenivasan Jain: Very, very important suggestions from everybody. Bohot important suggestion diye hai. Toh isi note pe, let me hand over to Poonam. I think lots of people are waiting with questions. So I'll duck out and Poonam over to you.

Poonam: Thanks a lot Vasu. So many people are going to be very disappointed to see you go and probably the most unwanted situation I would be in. But thanks a lot.

Sreenivasan Jain: I am here in spirit.

Poonam: Really, you became almost a panelist and give good advice, so thank you and I'm going to include you as a panelist in addition to the moderator in my concluding comments, so we do have questions. And the first question that I see is from Sunalini.

Sunalini Mirchandani is asking about the information being disseminated, the information being disseminated from the Center, is it confusing, is it complicated. So those are the two questions from Sunalini, who would like to answer this.

Priyadarshi, will you respond to this?

Priyadarshi: This is true. At least whatever information is coming to the medical practitioners from the centre, it is confusing and complicated. Because every guideline that came, after that a lot of medicines came and then they were removed. So we had to follow them along with the government and the civil societies because they were the guidelines. So a lot of unwanted medicines were used in the initial days and people were prescribed a lot of things that were not needed. They were given by the village workers.

But we can't blame the government much. But whatever content dissemination was there, it should have reached people properly- via radio, via TV, or by any other means like how important distancing is or what is happening. The data that was supposed to be disseminated was not disseminated properly by the government. And because of this a lot of misinformation was spread through social media, because of which the people did not get themselves tested.

There was also a delay in initiation of treatment and third, we were struggling during the vaccination because we were not getting enough vaccination for the second dose. People were getting scared to even get the first vaccination. So I feel that all this has happened because of confusing and complicated information and lack of presenting authentic information rigorously in front of people.

Poonam: So Sunalini, this has been a regular theme in many other places, but every speaker has talked about the lack of information, but overflow of misinformation, what many people have called an infodemic, anyone else would like to comment on that from the panel?

Mirai Chatterjee: Quickly, whatever Priyadarshi has said is true.

I would like to add, it was also a year that this information was conveyed, like a lot of the guidelines were in English and Hindi, but they were not available in local languages. In South Gujarat we have three local adivasi languages and people don't read Gujrati. So, for example, those are the kinds of you know granular micro attention to detail that we needed to pay. One was to simplify the message.And we know that things kept evolving, and so there was changing messaging but simplified and then in local language and we lucked out on that.

Finally, people like to see a face, so I know it was not possible, but it was most effective when people went and explained door to door and face to face. Of course, when that was not possible, they use digital tools very well.

Poonam: Thank you there's a question from Boohit Varyani. We've seen a lot of reports of vaccine hesitancy and resistance that induced attacks, especially on health workers. Is that correct. Can we go back to our ASHA behen for a response.

Sunita ji, will you respond to this?

Sunita Rani: Yes. This has definitely happened. During the corona times when we had to get quarantine papers made. When we had asked everyone to stay inside the houses during the first wave. Even then

there was an attack on the ASHAs . Attacks have happened in different districts, and in Haryana it has happened in a lot of districts. In the community base and there is discrimination based on caste.

Even now a lot of mental pressure is created on us. That you tell the people to get vaccinated. You get people for vaccination at any cost. Otherwise your incentives will be stopped. Your self appraisals won't be signed. Your memos will come out and you will be dismissed from work. Means ASHAs are being forced mentally.

But I feel that they should not be pressured mentally. They should be guided properly, they should be given proper training to motivate people. Because motivating people will increase the intensity of vaccination, not pressuring ASHAs. Now ASHAs are already under pressure. They are women, they already have a lot of household chores, they have to take care of their families, and then they have to do their duty. Then after that they have to go to the fields.

Then after that they have to do the online work. Then they have to do household work. So already the women are burdened. To decrease the burden, the government should give them proper training on how to encourage vaccination. Whatever negative content is being circulated around, the government should put a ban on them at any cost. Till the time the government will not put a ban, people will get affected.

Poonam: Thank you, thank you. Would anyone else like to comment on that. Any other panelists would like to comment on the two questions and the lack of security and how we can support what recommendations we would have for supporting the frontline workers, since those are the questions that people are very concerned about.

Mirai Chatterjee: Poonam, it's not very hard to find a low cost product for the government to cover all frontline workers. We had with insurance companies developed a product of 500 rupees per annum, and it provided coverage for people who would taken care of the home and also post in the hospital and also it covered income loss.

So I think if civil society and insurance companies can develop these things together, I don't see why they can't be scaled up to use this product more widely and I absolutely think before the third wave, frontline workers, Sunita ji is absolutely right, need to be covered. It's a travesty that they hadn't been covered so far.

Priyadarshi: I want to share my experience. Like we were working in the villages and making village based models. We were working by providing oxymeter and oxygen cylinders. There are a lot of us ASHA workers who are working in the single layer cloth mask. There are going in each and every village. They are meeting covid positive patients. And this is a big danger for them. So it is very important that they are given all the protective devices, when we are telling them that we will not give them any fixed payments and maybe somewhere we are giving them incentives and in many places we are not.

There are no incentives, this is an extra burden on you and you don't even have protection. This is a very difficult situation. For ASHA and for them to continue working. They should get incentives for sure. And they should get protective devices. Means there should be medical supply and there is not much expense

in this. But if this is not available the motivation that people have to work, the courage that they have to work gets affected.

Poonam: We have all seen that ASHAs courage, in spite of the fact that there was a decrease in their entitlements. They did not get protective gear, they did not get health insurance, but they are still the foundation, how is it, I mean, I have a question now.

To put to all the panelists if you're talking about frontline health workers, having not overburden the asha, what about the anganwadis, the onboarding worker, what about the Multi purpose worker is rarely there, but where basis, and there are other frontline workers in different departments. Why are we putting all the burden on our ASHAs and not having some kind of distribution of work amongst even the three -- the anganwadis, ASHA, ANM. Why do you think that is not happening and what are your views on how we can recommend or talk about the distribution of work.

We have two minutes left actually. So whoever would like to answer that question, anyone would like to answer that.

Ajay Nair: I think you know there's been so much so much talk about ASHA workers but we have to also remember that they're not… seen as social activists they're not necessarily paid they're not necessarily even government workers in that sense.

And I completely agree with you that this you know we present them as a panacea to everything without any level of support that they should get as a cadre of workers. But I think your broader point makes a lot of sense, but you know as primary care of all you really need a team approach. The family care, we need a multifunctional team that deals with primary care so you need to loop in the anganwadi, you need to loop in the local doctors and create this team that works in primary care that coordinates each other across multiple problems.

And I don't see an approach of that kind, especially approaches across public and private which we eventually need to do. Because a lot of the care if you think about it, 60, 70% of the care in rural India is ultimately delivered by these private physicians who are very variable quality. This again is a whole other issue with us not knowing the clinical quality of care that gets delivered to the spaces.

Poonam: Thank you. Anybody else? We have that last point that could be made by anyone who would like to.

Priyadarshi: Yes, I feel that there is a lot of burden on ASHAS amidst all this, when covid will be over and when the non covid things will start, then ASHAs will have to look after all these things. Plus they will have to look for all these things in the covid times. Or Anganwadi, or village health nutrition sanitation committee, or local government, all this is missing. They are not there in the scene. Nobody is putting responsibility on them. Maybe the union of the anganwadi workers have said that they will not be around here and has asked for all the work to be done by ASHAs. We will not get involved in that.

So ANM has gone as a supervisor where they will sit at one place and dictate ASHAs to do this and to do that, you send us a report in the village, we will send the report forward. We call it a non-touch technique. Without even touching anyone, we will carry out all the work and solve all the problems.

So, this is true that there is a lot of burden on them. It could be understaffing as well. Our doctors also, or the amount of vacancies we have, we may have more than 40 percent vacancies this time. Whatever is there, it is there. And due to that probably the entire system is overburdened with its work and maybe the ASHA workers are also overburdened. So we should once again prioritise this and think about this that how can we move forward for a good universal health coverage.

Mirai Chatterjee: Sir, I want to say this that ASHAs are overburdened, but there are other people in the village, the young people, then our self help group, their leaders. Like we are civil society communities. And these sisters are also ready to work and bear the burden of the ASHAs. So like everybody said, we need to do teamwork. And there is no doubt that we need to allocate the work.

Poonam: On that note, Mirai, of the need to take collective action and that there are others, at the front lines, who can take the burden of, are willing to, are eager to do, and I know that NGOs, want to strengthen, work in collaboration with not just frontline health workers, but with government.

And the public health sector, at this point of time, so that's a very good note, thanks Mirai for us to bring the panel to an end and I'll quickly make some concluding comments. This has been a very special panel. It is a panel, where we had people who are working, either with the frontline workers or absolute frontline. And we have had the privilege of having an ASHA with us as a co panelist who has contributed very specially to this discussion and today's webinar is also special, as we have the opportunity to hear experiences on what is happening in the ground.

In terms of both COVID emergency response and recovery efforts. What came up very clearly is that the ASHA, who is the face of Covid at the front line, single handedly working without without support in terms of safe, without protection, overworked, underpaid, you know ASHA behen tried to refer to this, but I want to say that it is 1000 rupees additional amount was announced when when the Covid work started in the first phase. But an ASHA makes anywhere between two to 4000 rupees every month from the incentives that she receives.

As ASHA behen said and we all know, all of you talked about it, the services, the other services which are ongoing came to an end, came to a standstill in both the first phase, and the second, wave. Also in between, we have not seen the services whether it's immunization, family planning, maternal-child health and other services come back so ASHA does not make that incentive between two to 4000 rupees which used to. She only gets an additional 1000 rupees.

The challenges faced by ASHA is also fear from the community here in the first place that people will have to be quarantined if ASHA discovers. And reports in fact, there was some kind of distrust in a person who was the most trusted frontline health worker or the person in the village, in fact. I also want to say that ASHAs are not just health workers. They support, they are the only contact for many women in the most remote parts of the country and across the country. The only contact women have is with ASHA

and ASHA has been involved in issues of domestic violence which greatly increased, early marriage. They are social activists. They're not just health activists.

Everybody talked about the dealing with misinformation and very little information and clearly our frontline and I'm henceforth not going to only address ASHA. But our frontline health workers who, as Mirai rightly said, should include self help groups, vhs - village health and sanitation committees. Many, many other resources, including the panchayat, especially in the time of crisis, and that is how we are going to decentralize. We have clearly learned from this panel and everything else we heard that we need decentralization.

Decentralized planning easily for communication and behavior change in a country of 1.4 billion people where there are different languages, cultures, fears, griefs that go all together, even in one village, how can we plan at the central level, and how can things be planned at the prime minister's level?

It has to be not PM, I keep saying, it has to be the DM, the district magistrate has to be responsible for the planning. Apart from everything else that we have experienced we face this huge challenge of what is called vaccine hesitancy broadly, but actually it is not just vaccine hesitancy it is, as many of us have discussed and Mirai knows this, as much as I do that there is hesitancy, then there is fear and there is aversion. Mirai, also referred to the lack of trust.

Trust deficit has increased greatly because of what happened, the ill preparedness of a public health system, which was already in icu way before the covid epidemic started, and we have a broken system right now and as it was rightly pointed out, I think, by Ajay, that not only the public health system failed the people, but the market failure, there was a double whammy yes you're right. Actually, there is a dependence on the private sector. 60 to 70 percent of expenditures are in the private sector, but at this point of time, even the private sector by not only closing, but what asha behen very appropriately called out the private sector, saying they were looting people during the second wave. And we know that that happened not just to the poor, this time it also happened to the rich.

The suggestions given on by ASHA behen on specially how to be prepared if the third wave is to come, which we are told by the senior health scientists is inevitable that we need greater investment in pediatric care at the primary health level, which is totally missing, it is non-existent.

Also, the vertical approach to vaccination, we did experience that, even though we had successful strategies in the polio campaign, so we learn from what works. But we certainly should also learn from what didn't work. The verticality then and the verticality now of only investing in covid at the neglect of all other health issues will...

Citizens of India will continue to pay a heavy price and, as far as just going back to vaccination issue, we clearly have a lot of suggestions coming out today and ASHA behen we've also been thinking, we have to move from the smart digital approach and only using whatsapp messages which is also a a university from misinformation. Often we do need to go back to posters, we do need to go back to the kind of compelled communication we used to do at the village level, and we need to rethink and build resilience, is what I really want to end with.

There is no choice but for us to build this resilience, not just for the third wave but for other epidemics, but also for ongoing epidemics, which have got exasperated as a result of the first, second and potential waves that are going to come and, within that something that is the need, I think it's not just the health workers and the ASHAs, who have huge issues of mental well being which have completely deteriorated. They have not only seen...

In their own families, people have experienced amongst friends and family but we've seen people in our country it's been a very frustrating experience to let people die without treatment or the lack of treatment. There is an additional mental health burden that our society, especially the health workers are experiencing and that's something we need to have a national plan -- clearly beyond our wonderful mental health strategy that you Dr Patel gave us. We have to go much beyond that. We need a national plan to take care of the mental well being of our health workers first and then the rest of the country and I''ve always... Among several lessons this pandemic has taught us, the biggest one is to find ways of strengthening the health system to address systematic inadequacies, which is what has come out today and nothing will be a greater tribute to all the health workers who lost their lives, which we have been reminded of by Mirai and others who paid tribute to, as it appears in the beginning. And keeping up with the spirit of the mandate of the Citizens Commission, we have and will continue to ensure, I am sure that the voices from the field are heard and acted upon, which is the real mission of the Lancet Commission. Over back to you, Shubangini.

Who do I hand this back to? Vikram, Shubangini?

We will be heading offline now. Thank you everyone for joining and have a great rest of the day.