

## "India not well equipped to handle Ebola like outbreaks"

13 October 2014 | Interviews | By Rahul Koul Koul

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Excerpts:

#### â– What are the key take-away lessons for India from the Ebola outbreak?

Infectious diseases anywhere are a threat to people everywhere. Previously, Ebola did not spread much but only in healthcare settings through body fluid contacts. The current Ebola epidemics in several African countries seem to spread in the community and travelers can carry the virus far and wide. So India has to be watchful. The take away lesson is that new infectious diseases can appear unannounced and India must gear up to detect and intercept any such events. China has sent experts in handling highly infectious and life-threatening diseases to West Africa. Can India muster even a dozen trained personnel? In short, India has to take such threats seriously and design responses and establish the necessary framework on a permanent basis and not merely on a ad hoc basis as we did with SARS and pandemic influenza.

#### â– Will India be able to cope with an outbreak of such large magnitude?

I have no confidence that India will be able to cope with any outbreaks of such severity and magnitude. Everything is created twice, once in the mind (for design) and then on the ground (for establishing and sustaining a set-up or system that will be permanent). Who exactly will be in charge of responding to such outbreaks? As of now, there is a lack of clarity on the lines of command. Administrators (bureaucrats) may think they can handle all outbreaks as is the current situation, but they are not competent in this area. States think Central Government will do everything but the track record is uninspiring. Central Government technocrats think health is a State subject and it is State government's job. This unclear and unclear situation must be understood and addressed. The Directorate General of Health Services is ill equipped. The National Center for

Disease Control is poorly funded and staffed and spread too thin in the country. Now is the time to think hard and plan for the next decades.

**â– With scary viruses daunting the globe, an epidemic threat looms over India. What is India's outbreak management ?**

India's outbreak management has had a few successes and the Government may think that India is fine with outbreak management. In the case of SARS and pandemic influenza, the responses were mostly screening at airports and quarantine (for SARS and now for Ebola) but our own outbreaks do not come with international instructions. I have personally investigated two outbreaks in UP and Bihar but found that the State governments do not have an outbreak management system and everything is ad hoc.

**â– How does government encourage new drug research for these rare organisms?**

New drug research is not new to India but unlike China we are not clear as to what the goals are. Investments have to be made under fair and clear conditions but we, Indians compete among ourselves and are not teamed up by fair third party that a Government can be. Individuals are happy publishing and not inventing. There is less recognition for scientists in the public domain -- like national awards -- than cinema actors, artists and artistes and game players. So we know where the nation's heart is. It is not in science and technology. Nehru wanted science to grow and nuclear and space organizations are his legacy. Where do health sciences and public health stand in comparison? Where leaders do not have a vision, how can they encourage research? I worked with polio research since 1970 but no Government official used any of the science results from my studies for policy and program, until WHO stepped in and used them. If there is no demand, supply will dry up! We have several public sector vaccine manufacturing units but none of them have a R&D wing worth the name. So, lack of vision is widespread.

**â– The recently prescribed drug for Ebola, Z Mapp, was prepared on genetically modified tobacco leaves. As we do not approve GM crops should Indians die of disease?**

There is a huge spectrum of technology out there but we tend to think as minimalists -- like minimum investments in selected technologies. Let me cite one example: India isolated first Japanese encephalitis virus strain in 1954 -- when China did not have even one good virus laboratory. India said it was developing a JE vaccine for decades -- and dozens of papers were published -- but in 2005 India imported Chinese JE vaccine and continue to do so. Instead of creating a vaccine we made many false starts and nothing was taken to completion. That is an India malady -- we do not go for completion and conclusion but always promise results in the future. We should have been exporting India designed JE vaccine to all South Asian countries. Another example: India created a public sector unit to manufacture Salk poliovaccine in 1988 and closed it down in 1992 or 93. We should have been exporting Salk vaccine now, since in 2016 the whole world has to use it -- this was predicted in the 1980s but our bureaucrats were not reading science and technology papers and felt smart in stopping technology transfer into India from France. We are argumentative and do not debate GM crops with the knowledge and expertise they call for but are half baked experts. Our policy makers are not sure of our goals and what is best for India. Investment in technology is risky -- 50 failures to one success is thought as too risky but that one success with rake in income that would cover all 49 failures and still make huge profits. So a nation that is afraid of uncertainties and risks cannot succeed but will have to be imitators and not innovators.

**â– Is it time to have a collaborative approach and establish more PPP models to encourage research of rare viruses and bacteria to develop effective medical interventions?**

It is high time for a realistic PPP model. But both parties are ill prepared. All private institutions are not ethical or competent. All universities are not centers of excellence. If Government classifies all GM foods by one standard, all Medical Colleges and Universities as public and private, we are going to fail in the PPP model. Take for example medical education and healthcare. PPP model became a monster since the Government did not think through the implications of allowing private sector to provide them in the market jungle without first evolving a social justice framework. There were models of not-for-profit and high quality medical education and healthcare in the private sector with whom Government should have developed partnership for mutual benefits but instead what happened was to encourage unethical profiteering in health care (which in the books is human right!) and in medical education (which promotes profit-making to recoup investments in the shortest time) -- both for institutions and for individuals who had to invest heavily for what should have been very cheap. I know Vellore gives the world's cheapest medical education and it is reputed to be one of the best in India. If PPP will avoid partnering with Vellore since it is called Christian Medical College, every good private sector institution may have some allergy-causing quality. Yet, think of HIV detection, science behind polio eradication and introduction of measles vaccine in

India -- all Vellore's contributions to the nation. What Vellore contributes is voluntary but not blessed by the Government in partnership. So we need PPP for India's needs without biases and prejudices but with confidence that we know what we want achieved. That confidence is lacking in the Government.