

The Hindu & BL Editorials

11th Jan. 2021

Silver linings



The CSO's first advance estimates expect the economy to return to even keel after a stormy H1

It is a sign of the times that the prediction of a 7.7 per cent contraction in India's real GDP for FY21, its worst economic performance in several decades, is seen as an acceptable growth number, signalling a reasonably quick recovery from Covid-19. In projecting this in its First Advance Estimates, the Central Statistics Office is suggesting that real GDP, which fell by a drastic 23.9 per cent in Q1 of FY21 and 7.5 per cent in Q2 will return to an almost even keel in Q3 and Q4 with just a 0.1 per cent dip compared to the same quarters last year. The CSO expects per capita income to take a 5.2 per cent knock for the year (from ₹1.51 lakh to ₹1.44 lakh) and private consumption to dip 6.6 per cent (₹91,440 in FY20 to ₹85,359 in FY21). If the estimates come good, this would not be such a bad outcome for a year where economic activity was at a standstill for one whole quarter and resumed in bits and pieces in the following one.

Diving deeper, it is clear that the CSO expects agriculture and allied activities (growing 3.4 per cent in the second half, same as the first half), manufacturing (0.5 per cent against a negative 19.4 per cent), construction (4.4 per cent against minus 30.2 per cent) to do much of the heavy lifting to get the economy back on track in the second half. Mining (negative 8.3 per cent versus 17.2 per cent), trade, hotels and communications (minus 12 against minus 31.5 per cent) are expected to remain in recessionary mode. While the optimism on agriculture appears realistic given the relatively unscathed rural economy, active policy interventions may be needed to bring about the sharp rebound in manufacturing and construction. In services,

particularly travel, trade and hospitality, much depends on the vaccine rollout being able to put consumers back in a spending mood. While the CSO expects a sharp fall in both private consumption and investments in FY21, it pins hopes on a 11.4 per cent increase in government spending. Thus far, it is RBI's monetary interventions rather than the Government's fiscal moves that have supported the battered economy. With persisting inflation now tying RBI's hands, the ball is now in the Centre's court to devise fiscal measures to keep the revival alive.

As some experts have pointed out, the First Advance Estimates of GDP carry limited utility for long-term policy decisions, as they are based on extrapolation of high-frequency indicators and listed company data, which may not represent large swathes of the informal economy. This challenge is made worse by Covid this year. But then, having these estimates to go by is certainly better than groping in the dark. One hopes that the upcoming Union Budget has specific and pragmatic measures to lift manufacturing, real estate and services, while fuelling productive government expenditure, as these hold the key to nurturing the nascent recovery.

Gearing up: On vaccines and public trust

As India starts on vaccination, the government must bolster public trust in the process

India now has a firm date to roll out the **biggest vaccination programme in its history**. Prime Minister Narendra Modi has said that from January 16, after the Makar Sankranti and Pongal festivities, doctors, nurses and sanitation workers, who are part of the priority group, would begin getting the vaccine. **India has approved two vaccines** in emergency-use mode — Covishield by the Serum Institute of India, Pune, and Covaxin by Bharat Biotech Ltd. While it still is unclear who gets which vaccine, there are **more doses of Covishield** available at present than Covaxin, **almost five to one**, and it could take a few months before the **30 million prioritised** get one of their doses. Others, **those in the 50-plus age group and those with comorbidities**, will have to wait much longer, especially in a situation where vaccines such as those by Pfizer and Moderna are not made available for import by the private sector.

However, the vaccination begins under a cloud. Covaxin belongs to a league of vaccines that has been **approved without establishing its efficacy**, namely, the extent to which vaccination protects from COVID-19. There have been differences among scientists such as on the best testing strategy, treatment, extent of infection, but none more divisive than on the approval of Covaxin. Several experts have made the case that the declining rate of infections and **low relative mortality** meant that India was not in as dire a state of emergency that required it to approve an untested vaccine when more clarity would likely have come by March. Covaxin is best kept

as a **backup** in the event of a sudden surge of cases till its efficacy data are available and acceptable. Also, reports have emerged of **trials in Bhopal** where volunteers were seemingly under the impression that they were getting a protective shot when some were likely getting a placebo. They also complain of no medical follow-up when some developed symptoms such as fever, body pain and loss of appetite. The vaccine may eventually prove protective and the adverse symptoms reported, seen as part of the variety of the human body's response — there are 28,500 volunteers after all. However, a vaccine that evokes distrust is self-defeating. With childhood immunisation, India has proven that it has the infrastructural backbone to inoculate millions. The **dry runs** to test the **Co-WIN management software** have reportedly given authorities valuable feedback on perfecting the prospective rollout. However, this could be undone if people do not turn up, and worse, if **vaccine hesitancy** rises. The pandemic gave India an opportunity to examine its dispensation of health care. Along with improving access, the government must seriously examine the conduct of vaccine trials and work hard to bolster public trust in it, and monitor the vaccination process for adverse reactions.

Felled by fire: On new-born deaths in Maharashtra hospital

To avert another Bhandara-like hospital inferno, govts must address underlying causes

The deadly fire that **snuffed out the lives of 10 infants** in the Bhandara District General Hospital in Maharashtra is a shocking reminder that safety norms in several medical facilities in India do not pass muster. The parents of the babies who perished in the sick new-born unit have been plunged into a lifetime of trauma. Some of the victims, a few just days old, had been brought to the hospital for better care from smaller health facilities; seven had a providential escape. There are reports of poorly trained staff failing to respond adequately. The terrible blaze joins the long list of such accidents recorded in government and private hospitals, underscoring a painful reality: safety protocols are yet to be institutionalised even in places where people legitimately expect a high degree of professionalism. Last year, there were devastating fires in **COVID-19 facilities in Vijayawada** and **Ahmedabad**, with several casualties, blamed on poor oversight by fire authorities or faulty electrical repairs. The Maharashtra government has ordered a probe into the Bhandara fire to be concluded in three days, and **a fire audit of hospitals**, but a perfunctory inquiry cannot effectively address the underlying causes. Hospital fires are a distinct entity, and research indicates that there are specific factors that trigger them off and aggravate their impact.

Intensive Care Units, neonatal ICUs and operating rooms are often the site of fires, implicating the presence of a high concentration of oxygen in a confined space.

A review of Indian hospital fires published in the *Journal of Clinical Anesthesia* identified higher oxygen availability in intensive care facilities as the likely primary cause, with motors and electrical units in the room providing the ignition, and plastics fuelling it. It is worth considering, therefore, whether hospitals have been audited with such factors in mind, and to evaluate national building safety codes against international practice. Oxygen monitors for hospital rooms, to ensure that the ambient level is within safe norms — set at a maximum of 23.5% by the U.S. National Fire Protection Association — could help avert an accident. Locating electrical equipment for air-conditioners with sparking potential away from oxygen saturated areas may also reduce the risk. As the health sector expands, it is essential that all new infrastructure conforms to rigorous safety standards, a small premium to stop disasters such as the Bhandara carnage. If the government sets the bar high enough, ensuring full adherence to safety in its buildings, regulatory authorities can compel commercial structures to fall in line. The Centre should also create a public platform for insights gained from inquiries into hospital fires to be shared. Hospitals should mandatorily hold regular safety and evacuation drills which are key to saving lives when disaster strikes.