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Covid-19: India's crisis is everyone's crisis

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Distance clouds perspective. The covid-19 pandemic is in a dangerous new phase, ripping through Brazil and India, two of the world's emerging powers, with all middle and low income countries at risk. Neither country achieved herd immunity, as some politicians and scientists recklessly claimed. Yet the scale of death and fear feels distant from the UK. It shouldn't. Just as the effects of environmental damage shouldn't feel distant either. They already affect us directly.[1] These aren't merely other people's problems. It is this "othering" that precipitated the failed pandemic responses of the UK, US, and much of Europe. Any isolationism or exceptionalism we sow today will reap a future harvest of premature death and worse health.

The UK recently announced cuts in overseas aid,[2] the exact opposite of what is needed and indeed being demanded of the G7 and G20 groups of nations. Vaccine gluttony in a few rich countries leaves the rest of the world holding out a begging bowl, and the dangers of an inequitable world were never more apparent. While SARS-CoV-2 can circulate freely in Brazil, India, and elsewhere, new variants may undermine any nation's vaccination strategy.

Ironically, although India is a major vaccine producer, it is now short of vaccine doses and a trusted vaccination strategy.[3] A strategy is more forgiving when doses are in abundant supply, as with the UK's privileged position.[4] India is turning to Russia's Sputnik V vaccine to boost supplies, underlining the concerns raised by Chris van Tulleken about how Sputnik's rapid authorisation through necessity is bypassing regulatory approval.[5] Requests to access the raw trial data have not been met.

Failures to be transparent and identify study weaknesses allow ineffective products and policies to flourish.[6] Hydroxychloroquine and ivermectin, for example, two of the most heavily promoted drugs, are of no benefit in covid-19 prevention when appraised by the best available evidence.[7] The UK's new antiviral taskforce, set up to deliver home treatments, may fall into a similar trap of getting ahead of the evidence.[8]

India is also short of staff, beds, ventilators, oxygen, and political leadership. The result is that the Indian diaspora is mobilising to organise advice and equipment.[9] Notwithstanding India's political and administrative failures, the problem should not be one for people of Indian origin alone. It should be an equal responsibility for all of us: to make the world safer, to support our colleagues losing friends and family in South Asia, and to protect the future workforce of health services that are already feeling stress and burnout after a relentless year.[10]

Ethnic minority staff and patients were first differentially affected by the UK's pandemic and are now hit again by events in another country. They require support, understanding, and civility.[11] One of the barriers to being sensitive to people's needs is that medical leadership does not reflect the diversity of staff, in terms of ethnicity and gender.[12] When distance clouds perspective, diversity lends clarity.

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