A Critique of NITI Aayog's Report on Future Pandemic Preparedness

NITI Aayog has published a report on Future Pandemic Preparedness and Emergency Response, A Framework for Action, with its logo on the report.

The report, although labels itself as from an "expert" group, falls flat on two immediate counts, obvious to even a layperson:

1. **It does not have any scientific or intellectual standing, as it does not have a single scientific reference**. This is egregious, given the volume of publications on various aspects of Covid-19 response in scientific literature. It immediately calls to question whether any scientific process has been used at all, in arriving at the report.
2. **It does not have any ethical standing, as it makes no mention whatsoever of children – the most important citizens of India**. This is even more egregious, given the volume of scientific literature as well as accounts outside of science, documenting the extreme distress faced by children during Covid-19 response, for a disease which affected them far less than ills such as malnutrition, illiteracy, poverty, child labour, child marriage, other communicable diseases, etc. Worse, the Covid-19 response from which this report claims to have learnt, worsened each and every one of the above listed greater evils for children, and this report does not so much as acknowledge these monumental blunders in Covid-19 response.

NITI Aayog has curiously given a disclaimer, even though the expert group was selected by NITI Ayog and the expert group complements NITI Aayog leader Dr Vinod Paul for this. (Disclaimer: This report represents the views of the Expert Group members. It does not constitute the official views of NITI Aayog. NITI Aayog does not accept any legal liability for the accuracy or inferences drawn from the material contained therein or for any consequences arising from the use of this material). Such ambiguity from an august body erodes public trust.

Experts of the report, contrary to its claims have not learnt the lessons from the Covid episode. No critical assessment of the response, measures advised by the experts and taken by the government is made. Without doing that, a stamp of approval to repeat all these mistakes in future is assured. The conflict of interest is evident, as the persons who were advisors to the government in different capacities during Covid, are writing the report or have provided support to the report. Obviously, the report does not draw any right conclusions.

Some of the major mistakes during Covid-19

- **Lockdown:** Our public health experts had not advised the lockdown of the whole country in one stroke. Because of migrant workers' helplessness, and many other factors the lockdown was anyways not implemented in its true sense and as was noted people did develop antibodies very soon. Experience of other countries who did not implement lockdown is proof enough that lockdown is not an effective tool as was always held in past by WHO. And that it brought the economic, social, psychological ruin for the people, especially the poor.

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Scientific literature is abound with publications which show lack of correlation between lockdowns and disease spread or overall mortality or Covid-19 mortality [see references at link].

- **Masks, Distancing:** These measures also not having any scientific basis, are not effective in community settings and should not be used. In fact the former White House adviser, Anthony Fauci who always had the last word during the pandemic, also recently conceded during senate hearings in the USA that there was no evidence of benefit from physical distancing and that they just made it up! In the Cochrane review of various randomised controlled trials (RCTs) on masks, published in January 2023, they concluded that masks make little statistical difference in community spread of a respiratory virus [link].
- **Sero-surveys:** Early in the pandemic, by May 2020, it was evident that large number of people had developed Antibodies IgG and people were facing Covid with very mild or no symptoms. IFR in India was lower than even the other countries. WHO website uploaded the article early in the pandemic, September 2020, giving 0.05% IFR below 70 years of age should have been taken into consideration.
- Many studies proved that reinfection was rarity. And our age-old knowledge should have stopped us from mass vaccination when 80% of the population had already acquired immunity from infection.
- Presence of IgG should have immediately given us the understanding that this is from immune memory and that Sars-Cov-2 was not any novel virus.
- Wasting more than 35000 crores on EUA vaccines and more than 72000 crores on PPE, masks, testing is totally unjustified with all the knowledge that was available at that time.
- **Contact tracing** for a respiratory virus spreading via airborne aerosols made little sense, and it failed in resource-rice and sparsely populated rural Europe/US/Australia – it had no chance of working in densely populated India. Indeed, contact tracing is among the "never recommended" category in the WHO guidelines dated 2019.
- Age profile for having severe disease was evident from the beginning and NTAGI had said no for the Covid vaccination of children and still we injected a vaccine having no long-term safety data with a clinical trial on just 526 children. The approval was given when "No data by means of any press release or any preprint is available in the public domain, as of now, on the basis of which the SEC made the recommendation."

Let us consider some of the obvious flaws of the NITI Aayog report:

- The expert group claims to integrate One Health Mission Activities in this report. "However, none of the One Health models, as currently defined, researched, and practised, appropriately emphasise these holistic assumptions; nor is Indigenous knowledge related to health and wellness reflected in One Health models.

  Rather than interpreting how One Health models can help Indigenous peoples, it is time to

consider how Indigenous peoples could help One Health models.

One Health needs to challenge colonial assumptions of reductionism, dualism, and hierarchy that have valued the needs of certain individuals over those of the collective whole." [BMJ link]. This is true for India, too. [PSA link].

- **Covid-19 is considered** the worst pandemic in the report. This flies in the face of published scientific literature as well as the Indian Government's own data. Consider the following:
    - The IFR (Infection Fatality Rate) of Covid-19 among those under 70 years of age is estimated at 0.07% , and even less at 0.03% for the working age-group (under 60) [reference link]. Can such a disease with such low IFR among the working-age-group be called a pandemic?
    - Sweden, the main Western country which did not impose a lockdown, had almost no excess mortality in 2020/2021 [see graph from Sweden's data]. In fact, its 2016 winter period saw a higher death rate. So if there was no pandemic in 2016 in Sweden, it stands to reason that there was no pandemic in Sweden in 2020-21 either.
    - Dharavi is the polar opposite of Sweden – high population density and poor access to healthcare. Yet, the excess mortality in Dharavi in 2020/2021 was at most about 3-4% per year [chapter 9 in book reference]. This is within statistical error. How can this be called a deadly pandemic? How can Dharavi and Africa have lesser per-capita death toll in a deadly pandemic, compared to New York and London?
    - In India, an estimated 4500 children die every day under the age of five years in the country due to hunger and malnutrition. Even at the peak of the second wave, the Covid-19 death toll per day was about 4000, and mostly of senior citizens with comorbidities. Every day, even *today* (2024), there are more preventable DALYs (Disability Adjusted Life Years) lost, than due to Covid-19 at its peak. So it is intellectually vacuous for a government body to call Covid-19 as the worst tragedy the country has seen recently.
- The first 100 days are emphasized but emphasis on reassuring the people is not there. Do we want to create panic and drastic, unnecessary, harmful measures to be repeated? As we can see masks being mandated in Kerala for one person dying of Nipah!
- Developing India based prediction modelling is advised without mentioning the failure of all models during Covid.
- Mission Covid Suraksha where private industries were given stimulus package for developing vaccine is lauded. Whereas early in the pandemic if right conclusions were drawn from the sero-surveys, this public money would have been saved.
- Indian regulatory system is advised to be more lenient for approving Emergency Use Authorization by depending on approval in other countries. Don't we have to take racial differences, situation of the immunity in our country, etc in consideration?

- Genomic data is being given importance again and again without evaluating how that data helped during Covid. Is it not our established knowledge that virus undergoes minor variations and each new variant being milder in nature?
- Why should medical experts be concerned about participation of private players? Should not they be just limit themselves to need of the hour advice?
- While recounting of the past pandemics or epidemics, 8098 cases & 850 deaths in a 6+ billions population of the world, to call SARS Cov in 2003 an event/oubreak is itself flawed.
- *How conveniently the Swine Flu event is omitted?* "National governments, WHO, and EU agencies had all been guilty of actions that led to a *"waste of large sums of public money, and unjustified scares and fears about the health risks faced by the European public,"* says the report." https://www.bmj.com/content/340/bmj.c3033.full

Summary: The NITI Aayog report is deeply flawed on most counts. It fails in the intellectual (no scientific references) & ethical (no mention of children) dimensions. The writing on the wall is ominous. In the momentum of media hype around the monkey pox virus, the expert group constituted by NITI Aayog has suggested enacting separate legislation to handle public health crisis. They have proposed a separate "Public Health Emergency Management Act (PHEMA) . They also suggested a Pandemic Preparedness and Emergency Response Fund.

UHO recommends that first our planners and policy makers should do an honest audit of the collateral harms of the hurried and draconian measures implemented during the Covid-19 pandemic. They should also review how many pandemics have occurred in the past and at what intervals and whether Covid-19 with its low infection fatality rate of 0.05% up to the age of 69 years could be called a pandemic.

Our health planners should keep in mind that we are a poor country and measures taken off the shelf from the West will harm our people without benefiting them. A perspective in The Lancet poignantly sums up the situation stating that, "When we lockdown we cause deaths in the developing world to prolong lives in the developed world."

Similarly, they should do an honest appraisal of whether monkey pox can really be called a PHEIC. What is concerning is that the experts seem to have learned the wrong lessons from the Covid-19 pandemic and they may tend to implement even harsher measures within the first 100 days in the presumption that Covid-19 spread in the country because they failed to implement stricter measures.

We recommend an open scientific debate among large group of experts, civil society groups, social scientists, legal experts and in parliament, and to go the extra mile, our IT-savvy experts can be leveraged to gauge the views of the common citizen as well on important issues affecting their freedom and human rights before contemplating such a legislation which will give enormous and unaccountable powers to bureaucrats and the police on the pretext of frequent pandemics. Without such an open scientific debate, science will again be destined to take a back seat as it was compelled to during the Covid-19 response.