

## Important Vocab for the Editorial

1. negotiate (verb) – get over, get past, cross, pass over (a difficulty).
2. hurdle (noun) – obstacle, difficulty, problem, barrier, impediment, obstruction, hindrance.
3. ferocious (adjective) – fierce, savage, brutal.
4. ravage (verb) – devastate, ruin, destroy, wreak havoc on, damage.
5. scale up (phrasal verb) – increase, expand, augment; step up.
6. accelerate (verb) – increase, rise, advance.
7. unprecedented (adjective) – not done or experienced before.
8. pace (noun) – speed, rate.
9. lead to (verb) – result in, cause, bring on, give rise to.
10. overwhelm (verb) – overload, overburden, beset, afflict/strain.
11. scramble (verb) – struggle, hurry/hasten, rush (to do something to achieve a goal/result).
12. vaccine (noun) – a biological preparation that improves immunity to a particular disease.
13. rush (noun) – a sudden strong demand.
14. convalescent (adjective) – recuperating, recovering, improving, getting better.
15. convalescent plasma (therapy) (noun) – it outlines the steps required to collect convalescent whole blood or plasma from COVID-19 disease recovered patients for transfusion to patients with early symptoms, as an empirical (observed) treatment modality (a particular method).
16. in the absence of (phrase) – without.
17. hysteria (noun) – madness, panic, irrationality, frenzy, wildness.
18. trial (noun) – test, pilot study, experiment (phase 1, 2,3, and or human/clinical trial).
19. shorten (verb) – reduce, lessen, decrease, diminish.
20. Solidarity trial (noun) – It is an international clinical trial to help find an effective treatment for COVID-19, launched by the World Health Organization and partners. It is one of the largest international randomized trials for COVID-19 treatments, enrolling almost 12 000 patients in 500 hospital sites in over 30 countries.
21. mortality (noun) – (in a particular time/for a cause) the rate/number of death.
22. ventilation (noun) – the supplying of fresh air to a room.
23. substantial (adjective) – considerable, significant, useful.

24. **intravenous** (adjective) – taking place/administered within veins.
25. **administer** (verb) – dispense, provide, give, apply (a drug/vaccine).
26. **acute** (adjective) – severe, intense, serious.
27. **protocol** (noun) – procedure, method, system.
28. **moderate** (adjective) – average, modest, medium.
29. **steroid** (noun) – a type of chemical substance (hormones) found in our body. Steroids can be artificially introduced into our bodies to improve our strength.
30. **ventilator** (noun) – a respirator, a device (used for a patient to breathe).
31. **respiratory** (adjective) – relating to or affecting breathing (or organs of breathing).
32. **highlight** (verb) – underline, underscore, emphasize, call attention to.
33. **stretch** (verb) – put a strain on, put great demands on, overtax, overextend.
34. **augment** (verb) – increase, enlarge, expand.
35. **reliance on** (noun) – confidence in, dependence, belief in.
36. **instal** (verb) – plant, establish, position, put in place.
37. **isolation** (noun) – a complete separation from others of a person known or reasonably believed to be infected with communicable diseases.
38. **play a part/role** (phrase) – contribute to, be instrumental in, be a factor in.
39. **NITI Aayog** (noun) – The National Institution for Transforming India, also called NITI Aayog, was formed via a resolution of the Union Cabinet on January 1, 2015. NITI Aayog is the premier policy ‘Think Tank’ of the Government of India, providing both directional and policy inputs. (NITI Aayog replaced “The Planning Commission” – an institution in the Government of India established in 1950, which formulated India’s Five-Year Plans, among other functions to oversee the country’s economic and social development). (Think tank is a panel of experts who provide advice and ideas on political, social or economic issues).
40. **tier** (noun) – grade, level.
41. **unlikely** (adjective) – doubtful, implausible, improbable, questionable.
42. **prudent** (adjective) – wise, sensible, careful/ far-sighted.

## Saving lives: On health facilities in India

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### India must quickly improve health facilities to be able to prevent deaths

After painfully negotiating numerous hurdles during the first wave that peaked in mid-September last year, India appears to have learnt little as a more ferocious second wave is ravaging the country. Precious time was wasted before critical facilities began to be scaled up to meet the demands of the second wave that is accelerating at an unprecedented pace, leading to health-care facilities being overwhelmed; the number of deaths shows a sharp growth of 10.2%. A mad scramble for hospital beds, oxygen, medicines, vaccines and even a quick funeral are witnessed in many cities. If the mindless rush for convalescent plasma and hydroxychloroquine even in the absence of any evidence of benefit was seen last year, there is now hysteria to get remdesivir for hospitalised patients, leading to drug shortages. Though a small trial did show that the drug shortened the time to recovery, the World Health Organization's large Solidarity trial found no evidence of its benefit in reducing mortality, initiation of ventilation or substantial reduction in the time to recovery. Being an intravenous injection, remdesivir can be administered only in hospital settings, and any benefit might be seen only in moderately sick patients. Due to an acute shortage of beds, the disease in most patients is often severe at the time of admission. The Health Ministry's July 2020 COVID-19 clinical management protocol does suggest that remdesivir may be considered in patients with moderate disease. But steroids such as dexamethasone may be better at helping patients on oxygen support or on ventilator support from progressing to respiratory failure and death.

The first wave in India and elsewhere clearly highlighted the weaknesses in health delivery. Yet, nearly a year after hospitals were stretched beyond capacity and beds and medical oxygen supplies were in short supply, no

attempts have been made either by State or Union governments to significantly augment medical oxygen supplies. According to reports, the Union government took eight months to initiate steps to build oxygen generation plants that will reduce the reliance on pressurised liquid oxygen. Of the 162 plants approved, only 33 have been installed, the Health Ministry tweeted. Large buildings converted into temporary hospitals, without necessary oxygen supplies to individual beds and sufficient care workers, can at best serve as isolation centres. Despite private health facilities playing only a minor role in treating COVID-19 patients last year, NITI Aayog in a 2021 report sees it as a priority to get private players to invest and expand in Tier 2 and Tier 3 locations. With the virus unlikely to be eliminated in the near future, being better prepared with vaccines and health-care facilities will be a prudent way to save lives.

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