

Five years on, five lessons from Covid lockdowns

Above all, trust in government is the key to successfully implementing difficult decisions during emergencies



SONALDE DESAI

Mar 22, 2025 09:24 IST

Share

Comments



Closing our borders to keep diseases like HIV/AIDS or Covid at bay is not an option. An earthquake in Indonesia creates a tsunami that reaches Sri Lanka. We need global systems that continually monitor these threats and explore strategies to deal with them. (C R Sasikumar)

This March marks five years since the world stopped. On March 11, 2020, the World Health Organisation (WHO) declared Covid a pandemic. On March 24, the Government of India declared a nationwide lockdown, one of the most stringent globally. With five years and much water under the bridge, it is easy to forget the gasping breaths, millions of deaths, and shuttered businesses. That is, until the next disaster strikes. Can we learn from that painful experience to prepare for the next disaster, whether it is a black swan event like the pandemic, a tsunami, or a drought?

There are five lessons from the pandemic that are relevant. First, many problems are global. Closing our borders to keep diseases like HIV/AIDS or Covid at bay is not an option. An earthquake in Indonesia creates a tsunami that reaches Sri Lanka. We need global systems that continually monitor these threats and explore strategies to deal with them. However, the pandemic induced a paranoia that was exacerbated by political winds that have weakened rather than strengthened these global institutions.

America's withdrawal from the WHO and shuttering of the USAID-funded Famine Early Warning System Network are simply some examples of these weakening bonds. All is not bleak, however. There are incipient signs of increasing global biomedical collaboration as seen in the launch of the Indian genomic dataset to encourage global collaborations. This is a unique opportunity to create international collaborations in which India could and should take a lead.

Second, the solutions often need to be local and locally relevant. When the whole world is in the throes of a pandemic, the ability of nations to support each other is increasingly limited. Each country seeks to protect its citizens when vaccines are in short supply. India was fortunate to have local vaccine manufacturing capabilities but countries that did not were unable to get timely access to vaccines. Social distancing is workable in sparsely populated areas; in slums like Dharavi, it was difficult to contain disease transmission, and seroprevalence studies by Anup Malani and colleagues found that five months into the pandemic, about 50 per cent of the slum residents had antibodies, compared to 15 per cent of the non-slum residents. Under the circumstances, it would make sense to prioritise areas with higher prevalence for surgical mask distribution and supply of ventilators.

Third, disaster preparedness begins with planning and building systems that can be activated as needed. One of the reasons the pandemic and lockdown did not lead to mass starvation in India was the existence of a public distribution system that could be harnessed to provide extra rations, particularly when transportation difficulties could have led to price gouging. However, when it came to sending emergency cash, we had to rely on people who were part of various registries, such as PM-KISAN or those who had Jan Dhan accounts. Lockdown offered an opportunity to bend the disease progression curve, but we did not use this time to prepare health systems. Access to oxygen cylinders could have been coordinated if there were a centralised database. Disaster planning at local, state, and central levels is essential if we are to respond effectively to emergencies — both medical and natural.

Fourth, data and information must be part of the DNA of modern governance. When the migrant crisis struck, we could see lines of individuals crossing the Yamuna on

foot, but we had no idea how many migrant workers were living in [Delhi](#) and how many had left behind families where they could seek shelter. Without a recent census, the situation has not improved. In many countries, the pandemic brought about a desire to kill the messenger, and data systems were either discredited or crippled. This distrust of data has spread globally, with the US government shutting down projects that study vaccine hesitancy. We need a mindset that sees information and data as tools of governance rather than enemies.

Fifth, trust in government is the key to successfully implementing difficult decisions during emergencies.

Every emergency will be different, and policymakers will often have to make decisions under uncertainty. For policy pronouncements to turn into national action, there needs to be a partnership between the state and its citizens. In multi-party democracies, few governments are elected with more than 50 per cent vote share. Nonetheless, emergency actions require trust that during emergencies, the government is acting in the interest of the whole population and not just its supporters. During the pandemic, telephone surveys by the National Council of

Applied Economic Research in Delhi-NCR found that 85 per cent of those surveyed supported the lockdown simply because the government deemed it necessary. Even in retrospect, the India Human Development Survey of 2022-24 finds that nearly 80 per cent of respondents nationwide believe it was a good decision. However, global experiences show that this trust is fragile and must be nurtured to ensure the nation is united in future emergencies.

The writer is professor, University of Maryland and National Council of Applied Economic Research. Views are personal

MOST READ

1 I used to shout at the ‘h patients’. Then I learnt medical college didn’t t

2 Why artist M F Husain having the last laugh

3 Aurangzeb tried to use to hide his failures — h couldn’t. It’s a lesson fo rulers

4 PM Modi is right. Inter institutions have lost cr

5 Elon Musk’s X sues gov of India: A matter of leg clarity and foreign poli