

MAURITIUS TIMES

"After all it really is all of humanity that is under threat during a pandemic." -- Margaret Chan



Battling to Safeguard our Future

By Mrinal Roy - See Page 3

“ After some 55 days of rigid lockdown, China registered no new cases of Covid-19 for the first time on 18 March and few new cases since then. These new cases however show that Covid-19 has not totally disappeared in the country. In fact, statistics also show that China has registered more than 500 cases of Covid-19 among incoming passengers since 18 March. China has therefore banned all foreigners from entering the country as from 27 March and decreed that all returning citizens will be quarantined for two weeks...”

Risk of accelerating towards Phase 3 of pandemic



Dr R Neerunjun Gopee - See Page 2

Comment régulariser le secteur informel de l'économie ?



Par Aditya Narayan - Voir Page 4

Doing the Right Things Right

Though there are things that governments not only have the responsibility to do for the public good – the corollary is that it's only governments that have the machinery, personnel, logistics and administrative muscle to do so.

This said, one has to concede that governments do not have all the answers to the myriad issues that arise in the course of time. They perforce have to listen to and have recourse to the specialised knowledge that is needed to address the problems that arise – especially during crisis times. This comes from technicians, scientists, academics in different fields, administrators in both the public service and in local administrative bodies – municipal, district and village council level –, as well as those in the private sector. There is also the "indigenous knowledge" that resides at the grassroots level, and that has proven in many countries to save public policy implementation from disaster. Additionally, in our globalised interdependent world, there is also the experience gathered by foreign countries in normal times, as well during crises.

We are presently in or fast heading towards the eye of the storm with the outbreak and spread of the Covid-19 pandemic all over the world. Can we imagine what the situation will be like in Mauritius if we were to go through the Phase 3 or thereafter Phase 4 of the pandemic? Questions have been raised here and outside Mauritius about whether the WHO has shouldered its responsibility as it is mandated to do so in the fight against the Covid-19 pandemic, in the early stages in particular. This will no doubt become the subject of heated debate once the pandemic begins to ebb – and heads will surely roll: in fact a US politician is already asking for the resignation of the director-general, Dr Tedros. But notwithstanding the WHO's debatable response to the pandemic, there are countries like Singapore, Korea, Hong Kong, and most recently India that have shown the way to the world and demonstrated leadership during the worst moments of the crisis. They have done the right things right, in the sequence required or simultaneously to make sure that the pandemic is effectively contained.

Rather late in the day, Mauritius has taken to address the pandemic issue which now appears to be on the way to be developing into a crisis situation. Thus

the ongoing controversies being debated on social media about the belated decisions to close our skies, allow cruise ships and passengers into the country, etc. The level of preparedness towards an epidemic that broke out two months earlier thousands of kilometres away has left a *laissez-faire* bitter feeling amongst many concerned citizens. Now it seems that we are doing the right things wrong, with the mess around the opening of supermarkets.

There are two fundamental aspects to this crisis, first the medical aspects and second the fact that people have to live. The latter means having food. Automatically this raises the question of the rational organisation of its availability and the access to it by all citizens. Any gap on this front carries the risk of aggravating the medical aspect.

This is where government should rope in all the resources present in the country, starting with its own at central level, and those at local and regional levels that would include representatives of producers of vegetable and non-vegetable items, NGOs, big and small distributors and vendors, etc. Such a grouping can be rapidly called, and put their heads together and come up promptly with a pragmatic and actionable plan.

For this to happen, there must be enough humility on the part of official decision makers to acknowledge that they do not have all the solutions, and are open to ideas and suggestions wherever they come from. There must be shared understanding of the issues involved and the solutions proposed, so that as one voice a common message can be sent to the public. Good communication is most crucial to make the latter understand clearly the seriousness of what we are going through and invite their cooperation – for their own good.

And in parallel, the public must play its part and strictly abide by all the advice that is being dispensed, and the health interventions and general measures that are being implemented to ensure their food and health security and that of their families. And also reassure them frequently that the situation is under constant review and adjustments will be made as and when required.

And last but not the least, leave space open 24/7 to receive constructive comments and suggestions.



Dr R. Neerunjun Gopee

Opening of supermarkets

Risk of accelerating towards Phase 3 of pandemic

The virus does not spread: it's people who spread it

Readers are invited to look up Dr CS Ramdaursingh's article which describes the Phases of a pandemic.

In Phase 2 the situation is still manageable, that is the health system can still cope though under strain; In Phase 3 the health system begins to be overwhelmed (as is happening in Spain, the US). In Phase 4 the health system collapses, taking the country along with it – pandemic explosion becomes complicated by social explosion.

We must do our utmost to prevent the country from slipping from Phase 2 into Phase 3.

Principles of control of virus spread

These are based on the knowledge that the virus is spread from person to person: either *directly* (coughing, sneezing, physical contact e.g. handshakes) or *indirectly* by handling objects contaminated with the virus. Therefore,

1. Physical contact between people must be avoided or minimized: social distancing;
2. Healthy people must avoid getting infected by the virus through social distancing and basic sanitation and hygiene measures (frequent washing of hands, etc);
3. Known infected cases, or those who have been in contact with them, must be isolated from others in quarantine;
4. People with mild symptoms must self-isolate at home, and see the doctor if symptoms aggravate;
5. Testing for virus must be carried out to *detect* disease in the community (in asymptomatic cases, those with mild flu-like symptoms) or to *confirm* disease in suspected cases (contact cases in quarantine, those with more severe symptoms).

Useful facts about the pandemic

Consensus is emerging on some basics about the medicine and science of the pandemic, based on data and realities from countries that have been hit hard already. Some of the more important and actionable ones are:

1. Coughing/sneezing can spread the virus particles up to a distance of 6 feet in the air;
2. Virus particles can stay on objects for a few hours;
3. Masks of medical standard (N 95) should be reserved for use by only health personnel, because they are in short supply;
4. Ordinary masks, which can be home-made (preferably of fabric so they can be washed and re-used) do give protection, and therefore can prevent community spread. They should therefore be worn by everybody during this pandemic when they are going about outside their houses;
5. Testing to *confirm* disease is mandatory; testing to *detect* the presence of virus (in the

community) depends on the country's resources and technical capacity, and may therefore have to be selective (Ref. Articles in *The Conversation* by a) Doyin Odubanjo, Executive Secretary, Nigerian Academy of Science, March 30 and b) Cam Donaldson of Glasgow Caledonian University, April 1);

6. Treatment for the disease is essentially symptomatic and supportive; no vaccine will be available until at least one year;
7. People gathering in clusters or crowds can spread the disease very rapidly;
8. The *official* figures are always less than the *actual* number of cases in any country – because many cases which are asymptomatic or mildly symptomatic are not reported;
9. Given the above realities and constraints, the *most effective control strategy currently is social distancing and public health* measures, rigorously and strictly enforced through *regular and convincing communication* to the public who must fully cooperate and assume the *crucial responsibility to protect self and family, relatives and friends*.

Are we inviting a potential volcano?

The preceding observations force us to consider some issues arising from the opening of supermarkets since yesterday. The good thing is that people are wearing masks, and some wear gloves too. However, the recommended social distance of one metre may not be enough to prevent spread. Queues of up to a km have been seen, and clusters too with people chatting. Police officers having to be posted there takes them away from more essential duties, and is wasteful of their energy. Checking of ID cards and sanitizing trolleys is tedious.

This measure, which in effect is a partial lockdown, leads to two possible scenarios:

1. **Best case:** If we are lucky, and people behave themselves throughout these two weeks – a risky assumption since at some stage nerves may get frayed from prolonged waiting, etc., – *herd immunity* may develop;
2. **Worst case:** infection spreads rapidly and we precipitate headlong into Phase 3.

What to do?

Daily monitoring, and revisit modalities to minimize contacts – one suggestion is drive through and collecting pre-prepared packages of essentials to suit different categories (Rs 500, 700, 1000 etc.). People, do come up with suggestions. It's our lives, our families, our children. And our future.

A tsunami of Covid-19 cases will flatten not the curve, but our health services. **Le moment est grave, grave.**

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Mrinal Roy

Battling to Safeguard our Future

No country can afford to relax measures too early and risk a resurgence of the virus



"After some 55 days of rigid lockdown, China registered no new cases of Covid-19 for the first time on 18 March and few new cases since then. These new cases however show that Covid-19 has not totally disappeared in the country. In fact, statistics also show that China has registered more than 500 cases of Covid-19 among incoming passengers since 18 March. China has therefore banned all foreigners from entering the country as from 27 March and decreed that all returning citizens will be quarantined for two weeks..."

The world is facing its biggest challenge since World War II, some 80 years ago. Mankind is fighting a global battle to protect the health of people, save human lives and prevent a heavy death toll, against an insidious, very contagious and deadly virus, Covid-19. In the space of three months, the epicentre of the Covid-19 pandemic has moved from China to Europe and now to the United States. It has infected the whole world.

The lead coordinator of the White House's coronavirus task force estimated that the US could have 100,000 to 200,000 American deaths in a best case scenario even 'if we do things almost perfectly'.

Brazil's President Bolsonaro's call this week to relax quarantine measures and get back to work has appalled the country and triggered pot-banging protests in major cities. Recent modelling by researchers from Imperial College, London, estimated that Brazil could have more than 1.1 million Covid-19 deaths if no potent actions were taken to control the pandemic. It is therefore not surprising that the British government warned this week that 'normal life may not return to the UK for up to six months'...

This battle must necessarily involve all countries of the world. The indications are that it will be a long drawn battle. It can only be won if governments across the whole world enforce a total lockdown on their countries and a strict confinement of people in their homes as well as social distancing to prevent the spread of the Covid-19 pandemic through person to person contact and to contain the rising toll of deaths. The lockdown also means a rigid control over the movement of people and rigorous hygiene precautions such as requiring people to regularly wash their hands with soap. In order to break the chain of contamination of Covid-19 from an infected person to others, every country must strictly abide by this rigid confinement protocol until no new cases of Covid-19 are detected in their country during a certain period to eliminate the risk of unknown carriers of the virus infecting people.

Unfortunately, not all countries are showing the determination and resolve to enforce the rigid confinement protocol and total lockdown required to eliminate Covid-19 from their countries.

Countries which are not implementing this protocol as

strictly as required are witnessing a sharp rise in the number of infected cases and the death toll. Their health services are under heavy stress. They have as a consequence had to impose a stricter lockdown. Is it not therefore time to set up a more structured UN driven international forum of coordination among countries to exchange information on Covid-19 and agree on a robust common battle plan to eliminate the virus which takes on board the ground experience and findings of epidemiologists and health professionals treating infected patients and battling against Covid-19 in hospitals across the world? This forum should also help disseminate information on the results of various approved treatments being administered to infected patients pending the discovery of a potent vaccine against Covid-19.

Return to normality

It must however be highlighted that when a country does not register any new cases of Covid-19 it does not necessarily mean a return to normality. Being an island, Covid-19 was imported in Mauritius through carriers of the virus who were either visitors or Mauritians working on cruise vessels. In a scenario where Covid-19 is stemmed in the country, it would still be risky and foolhardy to, for example, open our frontiers to tourists until the countries they originate from are also Covid-19 free. No country can afford to relax measures too early and risk a resurgence of the virus or the dire throes of confinement.

In this context, the world can draw potent lessons from the cautious and methodical manner China is relaxing the restrictions imposed during the strict lockdown enforced to stem Covid-19 in the country. The total lockdown and strict confinement measures imposed as from 23 January on more than 58 million people living in Hubei province and its capital, Wuhan, the epicentre of the coronavirus outbreak, as well as the clampdown imposed on travel in and out of Hubei and within China halted the spread of the virus through person to person contact, mass gatherings of people and crowds.

After some 55 days of rigid lockdown, China registered no new cases of Covid-19 for the first time on 18 March and fewer new cases since then. These new cases how-

ever show that Covid-19 has not totally disappeared in the country.

In fact, statistics also show that China has registered more than 500 cases of Covid-19 among incoming passengers since 18 March. China has therefore banned all foreigners from entering the country as from 27 March and decreed that all returning citizens will be quarantined for two weeks. The government's intent is to prevent the danger of a reintroduction of the virus from the rest of the world. Fresh outbreaks however remain a real risk. Easing coronavirus restrictions too quickly is therefore fraught with serious risks.

This situation begs the following key question: Can China risk returning to normality when the whole world is still so extensively afflicted by the Covid-19 pandemic? According to reports, three quarters of China's workforce was back to work as from 24 March and highways of major cities once again witnessed traffic jams. Offices, shops, restaurants and bars have also been allowed to re-open. The lockdown on Hubei and Wuhan is due to be lifted on 8 April.

However, universities where students coming from all over the country mix remain closed. They provide online courses. Millions of people therefore continue to work from home. The Chinese strategy is to buy time until a vaccine is found.

In a world still battling against the coronavirus pandemic, the key question facing countries who manage to stem the virus is how to restore normality and restart the economic activities whilst ensuring that the country remains protected from new outbreaks of infection of Covid-19.

Interdependence

Globalization and the outsourcing of production to obtain a competitive edge in the market place have established a new trading order, recast trade flows and heightened the interdependence of countries and trading partners across the world. The lockdown to fight coronavirus has therefore adversely affected both supply and demand. The lockdowns in Europe and the US as they continue to battle against Covid-19 has caused demand for Chinese products to collapse.

The international situation will therefore not return to complete normality until Covid-19 is eliminated across the world. This is not likely to happen any time soon, the more so as many populous countries in the world are not enforcing the rigid lockdown required to stem Covid-19. Brazil's President Bolsonaro's call this week to relax quarantine measures and get back to work has appalled the country and triggered pot-banging protests in major cities. Recent modelling by researchers from Imperial College, London, estimated that Brazil could have more than 1.1 million Covid-19 deaths if no potent actions were taken to control the pandemic. It is therefore not surprising that the British government warned this week that 'normal life may not return to the UK for up to six months'.

In such a grim context, it is of paramount importance that apart from enforcing a rigid confinement protocol and a total lockdown in the country to stem Covid-19, government must also ensure that the households of the country have adequate and safe access to food supplies during the lockdown. The elaborate plan proposed by government this week to assure food supplies to households must remain a work in progress and must be improved upon.

Aditya Narayan

Travailleurs indépendants

“Le refus de compter fait rarement le jeu des plus pauvres.”

-- Thomas Piketty

La pandémie du coronavirus a causé un ralentissement économique général dans le pays, voire un arrêt des affaires dans certains secteurs. Il en découle une perte d'emplois temporaire pour des milliers de personnes travaillant dans le secteur privé formel de l'économie. Pour ceux-là, le Gouvernement a offert la subvention d'une partie de leurs salaires afin d'amortir le choc jusqu'à la reprise économique. En revanche, les travailleurs indépendants et autres opérateurs du secteur informel se sont retrouvés dans une situation très précaire, frisant la faillite personnelle pour certains d'entre eux.

La décision du Gouvernement d'offrir une aide de Rs 5 000 par mois à certaines catégories de travailleurs indépendants vient soulager quelque peu leur détresse dans le court terme. Mais, dans le long terme, une régularisation de la situation de ces personnes est nécessaire pour qu'elles puissent avoir la même protection socio-économique que les employés du secteur formel. En effet, cette crise est une opportunité pour les autorités de mettre en place un encadrement légal en vue de donner aux travailleurs informels une place et une légitimité dans l'économie du pays.

La problématique du secteur informel est complexe et n'admet pas de solution simpliste. Il faut une approche à la fois économique, sociale et juridique pour régulariser le secteur informel dans toutes ses formes. D'abord, il faut s'entendre sur la définition de l'économie informelle et identifier tous ceux qui y exercent une activité quelconque pour les besoins de catégorisation. Ensuite, il faut dégager une méthodologie d'évaluation du secteur informel dans le Produit Intérieur Brut (PIB) et mettre en œuvre les moyens visant à l'intégrer dans l'économie.

Economie non observée

Dans le langage courant, le secteur informel est désigné sous plusieurs noms : économie souterraine, économie parallèle, travail au noir ou économie de petits boulots. Ces divers noms ne font pas justice au statut et au rôle des travailleurs informels, qui ont tous le sens de la débrouillardise et ne veulent pas vivre aux crochets de l'Etat. Pour déconstruire cette confusion terminologique, nous allons nous référer à la méthodologie utilisée par l'Organisation de coopération et de développement économiques (OCDE), qui a introduit le concept de l'économie non observée (ENO).

Selon le Manuel de l'OCDE sur l'estimation de l'ENO, les cinq groupes d'activités qui sont désignés collectivement comme constituant l'économie non observée sont :

1. le secteur caché ou souterrain

Le secteur caché représente la production cachée de biens et de services découlant des activités qui ne sont pas

déclarées. Il s'agit d'une sous-déclaration des revenus (ou de la production brute), ou d'une surdéclaration des coûts afin de sous-estimer les bénéfices ou, plus encore, de la non-déclaration complète, afin d'éviter :

- (a) le versement de taxes sur la valeur ajoutée (TVA) ou d'autres taxes (impôt sur le revenu),
- (b) le versement de contributions à la sécurité sociale (par exemple, la contribution au Plan National de Pension),
- (c) le respect de certaines normes juridiques, comme le salaire minimum, le nombre maximum d'heures, les normes en matière de santé ou de sécurité, etc., et
- (d) la conformité à certaines procédures administratives, comme les réponses à des questionnaires statistiques ou à d'autres formulaires administratifs.

Le secteur caché comprend la dissimulation des revenus, les activités liées à la construction et la rénovation (maçons et aides-maçons rémunérés en cash), les loyers cachés par des propriétaires d'immeubles, les pourboires non déclarés par des travailleurs dans l'hôtellerie et la restauration, et les activités souterraines liées aux exportations (par exemple, la collecte/vente de la vieille ferraille).

2. le secteur illégal

Le secteur illégal représente la production illégale de produits et de services, c'est-à-dire la production, la vente, la distribution ou la simple possession de biens interdits par la loi (par exemple, la production et la vente de narcotiques, la contrebande du tabac et de l'alcool). Ce secteur comprend aussi les activités productives qui sont habituellement légales, mais qui deviennent illégales lorsqu'elles sont menées par des producteurs non autorisés ou ne détenant pas de permis (par exemple, la production ou la vente illégale de tabac et d'alcool).

3. le secteur informel

Le secteur informel représente les activités de production ou de vente informelle liées à des établissements qui ne sont pas enregistrés auprès des autorités fiscales (*Mauritius Revenue Authority*) ou de la Sécurité sociale (Plan National de Pension). Ces entreprises sont généralement absentes des bases de sondage des organismes statistiques (*Statistics Mauritius*).

Ces entités comprennent les entreprises non constituées en société et non enregistrées, qui fonctionnent légalement comme des établissements informels appartenant à des travailleurs autonomes.

Les activités de production/vente



“Si les acteurs du secteur informel ont été habitués à un régime laxiste qui les dispense de toute inscription officielle et de toute obligation fiscale, ils doivent se rendre compte maintenant que leur non-visibilité sur le radar officiel comporte un risque de marginalisation sociale et de paupérisation économique accrue en temps de crise. Comme l'a si bien dit Thomas Piketty, *‘le refus de compter fait rarement le jeu des plus pauvres...’*”

informelles comprennent aussi des services de garde d'enfants à domicile, des services aux ménages privés, d'autres services de soins personnels, des ventes par les marchands ambulants et des ventes directes de produits agricoles par les planteurs.

4. les activités entreprises par les ménages pour leur propre usage final

Cette production comprend la création de biens et de services pour son compte propre, par exemple, la production agricole d'un ménage pour son propre usage. Ces articles ne sont pas destinés à être vendus à d'autres.

Intégrer le secteur informel

Comme on le voit, le secteur informel est un sous-ensemble de l'économie non observée. En attendant qu'une stratégie à long terme soit conçue pour insérer tous les secteurs de l'économie non observée dans l'évaluation du PIB dans son intégralité, la priorité pour le Gouvernement serait de prendre en compte le secteur informel dans ses plans de développement et de croissance. Des chiffres fiables ne sont pas disponibles sur la taille de l'économie informelle à Maurice.

Selon les études faites jusqu'ici, l'économie non observée représente 5% à 15% du PIB dans les pays développés et 30% à 45% dans les pays en voie de

développement ou pauvres (Friedrich Schneider, économiste). Dans le cas de Maurice, une estimation conservatrice serait de 30%. Il incombe à l'organisme statistique local (*Statistics Mauritius*) de mesurer l'économie informelle en utilisant des bases de sondage ou des enquêtes (similaires aux sondages/enquêtes sur l'emploi ou les dépenses des ménages) et/ou des méthodes de modélisation. Pour ce faire, il peut s'inspirer de la méthodologie de l'OCDE, laquelle est utilisée dans les pays développés.

Avant d'arriver à une évaluation du secteur informel, il faudrait au préalable identifier tous les acteurs qui y opèrent, c'est-à-dire ceux qui ne sont pas inscrits au fisc (MRA) ou à la Sécurité sociale (Plan National de Pension). Cet exercice d'identification peut se faire par la collecte et l'analyse des données à partir de diverses sources, à savoir :

- (a) le recensement périodique de la population avec l'accent mis sur les activités économiques (production agricole à petite échelle, services ménagers, commerces ambulants) et les métiers (maçons, coiffeurs, mécaniciens, jardiniers, tailleurs, chauffeurs, gardiens, etc.) ;
- (b) la liste des licences de toutes sortes (restaurants, ateliers, construction, etc.) émises par les collectivités locales aux entrepreneurs ;

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Dr CS Ramdaursingh

Covid-19 and Mauritius: Alarm Bell

The coming two weeks will see a significant jump in the number of positive cases and deaths unless strict measures are taken and adhered to

It is futile to go back and blame right and left for what should have been done and what has not been done.

If we examine the graph below, we can see that our country will be in real trouble if prompt actions are not taken.

Stages of Covid-19 and the implications

The graph shows that in the next few weeks we might become the champion of Africa in the number of Covid-19 positive cases.

Let's start by defining the stages (or Phases) of a pandemic.

Stage 1 – cases are imported

In this stage, the disease does not spread locally. Cases reported are usually people who have had a travel history to an already affected country.

Stage 2 – local transmission by contact with imported cases

Stage of local transmission: people who have brought the virus into the country transmit it to people they come in contact with, usually friends and family. At this stage, it is easy to trace spread and quarantine people.

Stage 3 – community transmission

The third stage is when the source of the infection is untraceable: people who have no travel history get infected by the virus. Spread is extremely contagious and difficult to control.

Stage 4 – multiple clusters across country

Spread is practically uncontrollable and there are many major clusters of infection all over the country. China was in that stage and currently, Italy and Spain are in this stage. USA also is heading towards this stage. In Mauritius we are already in Stage 2 and we are heading deep into Stage 3.

Learn from other countries' experience

Learning from others is not necessarily copying or doing something bad. Experience about how the disease spread and deaths increased in other countries can help in applying certain preventive measures which were not applied in these countries.

For example, why are there fewer deaths in Germany compared to other countries?

In Italy, 9.5% of Covid-19 positive patients died. In France, the percentage is 4.5% but in Germany, it is 0.4%.

The main reason for the low percentage of death in Germany is it started tracking, testing and containing infection clusters at the very onset of the outbreak. This death rate will fluctuate with time -- as in South Korea, where the death rate is 1.3%



“The public should be informed on a daily basis on the number of tests available, number of tests performed and number of deaths. Residents should be made aware of areas where cases are being found. The government's message to the public should be clear and non-contradictory. And the example must come from the top - asking people to go into quarantine and then visiting them without protective gear sends the wrong message. In doing so the trust of the people is broken and the importance of the epidemic is diluted...”

in spite of using the same method as Germany, i.e. early testing, tracing of contacts and containing.

The main reasons for the fluctuations are: (i) age of the infected persons, (ii) timing of the outbreak, and (iii) number of tests performed, i.e. the diagnostic capacity of the country.

Italy did not have enough time to prepare to combat against the virus. This explains the rapid increase of positive cases and deaths as well as incapacity to hold back the epidemic there. They also had inadequate health support and hospital care, and lack of ventilators. They did not have time to prepare themselves. Those who die are typically infected about 4 weeks earlier.

In Mauritius, though we are already late we can still prepare ourselves.

Government has instituted a lockdown which is a priority right now.

The lockdown will take time to show its effect in the daily death toll. The reason being that during quarantine, many persons especially the elderly, do not pay heed and transfer the infection to others.

What should be done?

- **Everybody should take this pandemic seriously.** This is of paramount importance. We have to be selfish and at the same time generous. Selfish in staying alone and not meeting others. Generous in ensuring that the virus is not being transmitted and hence decreasing the infectious process, thus preventing others from falling sick, though there will still be deaths.
- **Increase the number of tests on a daily basis.** Extensive testing is the most important priority. South Korea and

ities ensure that the law is being enforced on an impartial basis.

● **Practise social distancing.** This is considered to be the best way of contain an outbreak. Social distancing is ensured by government decisions to ban gatherings or to close schools and certain works. But it mainly depends on the people willing to take part.

● **Precise and continuous communication with the public.** The public should be made to understand that policies taken are based on scientific evidence, and in the interest of their families and children. Public should be informed on a daily basis on the number of tests available, number of tests performed and number of deaths.

Residents should be made aware of areas where cases are being found.

The government's message to the public should be clear and non-contradictory. And the example must come from the top – asking people to go into quarantine and then visiting them without protective gear sends the wrong message. In doing so the trust of the people is broken and the importance of the epidemic is diluted.

● **Emphasise importance of individual responsibility.** How each person in our country feels responsible in containing the disease is essential to contain the infection. The individual sense of responsibility will be enhanced if the government gives correct and precise scientifically-based information to the public. For example, clear information should be given about whether wearing masks is effective or not, whether it should be worn only by health personnel or positive cases only, or by the whole population while going about outside their houses.

Similarly, clear instructions should be given about hand washing as well as how to wash articles being brought home.

Self-quarantine should be the responsibility of each individual when they think they might have been in contact with a suspected case or a positive case. They should inform the concerned authorities also.

It has also been noticed that Covid-19 affects mainly the elderly, the male gender and smokers. Hence, it is of paramount importance that these high risk people ensure that they adhere to the set protocols.

In certain countries, the government is "sanitizing" areas where many positive cases have been detected. It will be a good idea if fumigation or water spraying could be performed in certain areas like the surroundings of hospitals and supermarkets as well as in areas where many positive cases have been identified.

It will definitely create in the public a sense of awareness and responsibility.

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The View From Canada

Humanity will survive Covid-19

But if we are to survive as a species, our collective conscience begs for a reboot and a resync

"It is not the strongest who survive, not the most intelligent, but the one most responsive to change."

-- Charles Darwin



Dr S. Nosib

Viruses, the most rudimentary form of life, have survived evolution by mutation. By comparison, 99% of all other species that have ever lived on Earth have gone extinct.

Towards the end of January, I was flying home to Canada after

having completed an annual work trip. I had, at that point, read about a new viral outbreak in China but at half a world away, China's problems were none of my concern and I did not even bother remembering the virus's name.

Covid-19 goes worldwide, reaches Canada

Three very short months since, Covid-19 is notorious worldwide and has claimed the lives of tens of thousands and has brought the world to a standstill.

Saskatchewan, the province where I practise, has about 160 confirmed cases with a few among them critically ill. Driving down empty roads to go work in a hospital where visitors are no longer allowed is extremely disquieting. The fear of the unknown was palpable among the staff. For the first time in my career, I feel fear going into the hospital and interacting with potentially infected patients.

Our local health authority has geared into action and health care personnel are being briefed regularly as the scenario continues to evolve. Covid teams and special resuscitation teams are on the expectative and a Covid ICU has been rapidly isolated from the rest of the hospital.

On a larger scale, it is estimated that the Canadian outbreak shall reach the 10,000 cases mark over the next few days.



A curling bonspiel (tournament) in Alberta: 'The outbreaks in both the provinces of Saskatchewan and Alberta were traced to a curling bonspiel hosted and attended by a group of physicians from both provinces.'

Photo - golden-west-content.s3.us-east-1.amazonaws.com

The dead are increasing daily and are at about 100 currently. The hardest hit provinces are Quebec, Ontario and British Columbia whose population constitute two-thirds of all Canadians. Of note, these provinces are home to the most Mauritian expats in Canada and their community has no doubt been impacted by Covid. Even the First Lady, Sophie Trudeau, was not spared. Only the Northern territories of Canada remain free of Covid but this is bound to change over the coming days.

Impact on medical care and society

Medical discourse in this country has had a paradigm shift. Rationing of care, a novel concept, has become a major topic of discussion amongst various medical and ethical circles. Simply put, it means which patient should be prioritized in case we run short of ventilators for life support. ER (emergency) physicians are under duress all over the country and apprehensive. But true to their Hippocratic Oath, they are delivering care selflessly. Acute shortage of Personal Protective Equipment (PPE) as well as life-support equip-

ment makes the situation even more challenging.

Panic and fear have sparked irrational behaviour. Seemingly, hoarding toilet paper has become a new status symbol and this pseudo-precious item has disappeared from shelves in stores across the country. As paradoxical as it may seem, the outbreaks in both the provinces of Saskatchewan and Alberta were traced to a curling bonspiel hosted and attended by a group of physicians from both provinces.

However, the vast majority of people worldwide have been acting with great compassion and selflessness. Frontline workers of all disciplines are continuing to provide essential services, physicians are exposing themselves to the virus to continue to treat patients, and elders are sacrificing themselves so young children can get life-saving ventilatory support.

No doubt humanity will survive Covid-19 but if we are to survive as a species, our collective conscience begs for a reboot and a resync. Time will march on with or without us, it is only our continued ability to adapt, innovate, and collaborate that will see us into the future. There is no other way!

Shravankumar Nosib, MD, MSc, FRCPEd, FRCPC, Diplomate of the American Boards of Internal Medicine and Cardiovascular Medicine, with a Fellowship in Interventional Cardiology from Montreal Heart Institute left Mauritius nearly 30 years ago but visits regularly. He is currently a cardiologist in Canada at the Royal University Hospital in Saskatoon and at the University of British Columbia, as well as Visiting Cardiologist Bangalore & SSSIHMS, Puttaparthi, India.

Covid-19 and Mauritius: Alarm Bell

● Cont. from page 5

I personally do not think that we have done enough testing and tracing.

Looking at the trend elsewhere and bearing in mind that there is no proven cure, I fear the worst is yet to come.

We also need to bear in mind that we have a large number of elderly. And we still have many extended families. We have a limited number of beds (less than 5000) as well as a limited number of ventilators and testing kits. Our population is dense, concentrated in certain areas and this can lead to rapid propagation of the disease.



In my opinion, the coming two weeks will see a significant jump in the number of positive cases and deaths unless strict measures are taken and adhered to.

I sincerely urge and hope the government and opposition as well as each of us will put aside our political ideologies, own fights, and egos, and join hands to fight our common enemy, the Covid-19.

Dr CS Ramdaursingh is Consultant Obstetrician & Gynaecologist in the private sector and Lecturer at Sir Seewoosagur Ramgoolam Medical College, Belle Rive. He was a gold medalist in Obs-Gynae in his MBBS examination in 1987 and did specialization at the Benares Hindu University. As Consultant in the Ministry of Health & Quality of Life he was National Co-coordinator for the National Cervical Cancer Services and Program Manager for WHO (Make Pregnancy Safer) Mauritius.



Quebec, Ontario and British Columbia are home to the most Mauritian expats in Canada and their community has no doubt been impacted by Covid-19

Battling to Safeguard our Future



"When a country does not register any new cases of Covid-19 it does not necessarily mean a return to normality. Being an island, Covid-19 was imported in Mauritius through carriers of the virus who were either visitors or Mauritians working on cruise vessels. In a scenario where Covid-19 is stemmed in the country, it would still be risky and foolhardy to, for example, open our frontiers to tourists until the countries they originate from are also Covid-19 free. No country can afford to relax measures too early and risk a resurgence of the virus or the dire throes of confinement..."

• Cont. from page 3

The modalities of sourcing the necessary food supplies during the lockdown must in priority minimize the number of trips of consumers to supermarkets so as to minimize the risk of infection during trips to the supermarket.

Outdated system

The safest way to prevent the risk of infection is for the supermarkets to significantly improve the system of online shopping of food supplies along the norms it is implemented abroad where the staff of the supermarket does your supermarket shopping for you as per the baskets of products chosen by you online. At this critical juncture, is it not time for supermarkets that have a responsibility towards the safety of their customers to beef up their act and adopt a modern system in lieu of an outdated system of online shopping and offer the catalogue of their products to online shoppers to enable them to exercise their individual choices? The large number of consumers thronging in defiance of basic safety norms in front of supermarkets on the first day of operation of the system of shopping for food supplies in place this week highlights the urgency of implementing such a game changing and significantly safer online shopping system bearing in mind the serious risks to human life associated with Covid-19.

As is the case for an order of books and a whole range of other items on Amazon or other online platforms, the chosen products are automatically added to the basket of food products chosen by each consumer. Such a system will enable the consumer to purchase products of his choice in accordance with his preferences and budget. This will also help in a context when Covid-19 cases and the death toll in the country are rising to minimize the number of consumers going to the supermarkets and the risk of infection through crowding at super-

markets. It will also help safeguard some 225,000 senior citizens and up to some 400,000 citizens if we include persons suffering from diverse serious ailments like diabetes or cardiovascular diseases who are all particularly vulnerable to Covid-19, from the risk of infection by the virus. Such a system is a must if the country wants to stem Covid-19 in the country, the more so as the battle against the virus could be longer than envisaged. It also provides opportunities for temporary employment to people forced into unemployment by the lockdown. The current offer of a basket of products chosen by the supermarket which does not match the choices and product preferences of consumers is unacceptable to the multitude. The price proposed is also a galling issue.

Urgent action is therefore required to promptly correct these glaring shortcomings to avoid the potential risk of a popular outcry.

Our finest hour

Covid-19 has breached the castle gates. It continues to gain ground. Too many world leaders are ambivalent in their stance as they still want to protect the economy and corporate business when the overriding priority of the battle against Covid-19 is to save human lives. Half-hearted actions will therefore not carry the day. This is a global battle and all troops must be in battle stations. The world must therefore unite with a common determination and a well-honed battle plan to stem the virus. We are fighting together to safeguard our future. This is a war mankind must win to save lives and the world. It is an epic battle which will mark and determine the course of history. If we stand together as one, this is a victory which will be heralded as one of humanity's finest hour.

Mrinal Roy

Travailleurs indépendants

Comment régulariser le secteur informel de l'économie ?

• Suite de la page 4

- (c) la liste des permis d'opération émis par le ministère de la Pêche (pêcheurs), la Beach Authority (vendeurs sur les plages), la Tourism Authority (bateaux de plaisance), et la National Transport Authority (plaques d'immatriculation pour véhicules) aux propriétaires et exploitants ;
- (d) la base de données sur la clientèle des services d'utilité publique (CWA, CEB, Telecom) ;
- (e) la liste municipale des contribuables inscrits au registre de la taxe immobilière dans les villes.

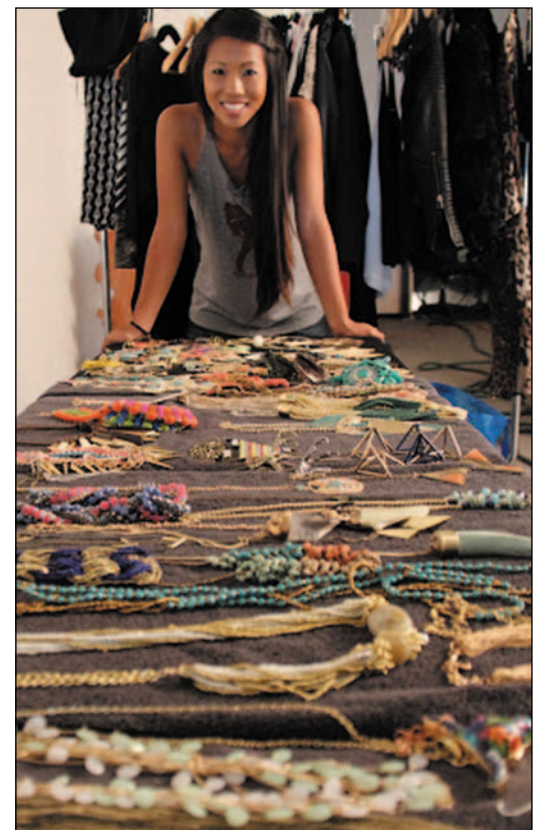
Les logiciels de saisie et de traitement de données existent pour extraire des informations à partir des bases de données différentes tenues par des organismes publics, pour les analyser et les classer dans l'ordre voulu, et pour établir des séries de propriété et de patrimoine aux fins de déterminer les niveaux de pauvreté ou de richesse. Il suffit qu'une loi soit introduite pour permettre l'échange de données entre les différentes sources sous les auspices d'un organisme central (MRA ou Statistics Mauritius) tout en veillant à ce que la confidentialité des renseignements personnels soit garantie. Des ententes d'échange d'informations entre l'organisme central et les sources de données peuvent être conclues sous l'autorité de la loi.

'Whole-of-government approach'

L'identification des acteurs du secteur informel requiert une approche globale (*whole-of-government approach*) qui puisse mobiliser tous les ministères et organismes publics dans la collecte et l'échange de données en vue

La problématique du secteur informel est complexe et n'admet pas de solution simpliste. Il faut une approche à la fois économique, sociale et juridique pour régulariser le secteur informel dans toutes ses formes. D'abord, il faut s'entendre sur la définition de l'économie informelle et identifier tous ceux qui y exercent une activité quelconque pour les besoins de catégorisation. Ensuite, il faut dégager une méthodologie d'évaluation du secteur informel dans le Produit Intérieur Brut (PIB) et mettre en œuvre les moyens visant à l'intégrer dans l'économie..."

d'établir un registre fiable des travailleurs indépendants (ceux travaillant à leur propre compte) et des travailleurs payés au jour ou à la semaine (pour services rendus aux ménages) qui ne sont pas fichés au fisc. Notons que les professionnels comme les comptables, avocats, architectes, médecins et ingénieurs travaillant à leur compte sont exclus du secteur informel parce qu'ils sont censés déclarer leur revenu. Lorsque les bases de données communiquent entre elles ou se recoupent, il n'est pas difficile de repérer les travailleurs informels dans une situation de crise quelconque. Ayant pratiqué



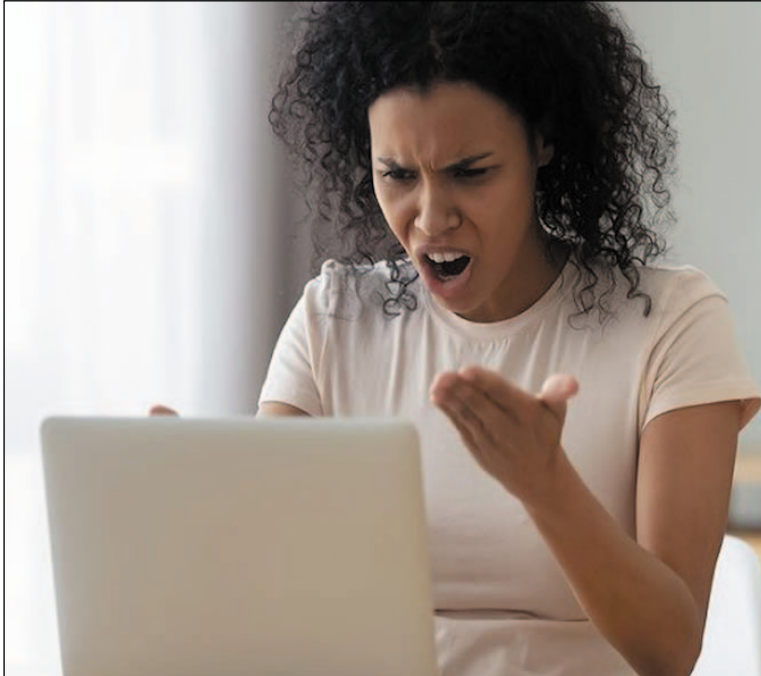
l'audit fiscal du secteur informel dans un pays développé, l'auteur de cet article peut affirmer que l'approche globale est efficace dans l'identification et la régularisation du travail informel.

Si les acteurs du secteur informel ont été habitués à un régime laxiste qui les dispense de toute inscription officielle et de toute obligation fiscale, ils doivent se rendre compte maintenant que leur non-visibilité sur le radar officiel comporte un risque de marginalisation sociale et de paupérisation économique accrue en temps de crise. Comme l'a si bien dit Thomas Piketty, "le refus de compter fait rarement le jeu des plus pauvres." Les travailleurs informels ont intérêt à s'inscrire au fisc (payer l'impôt minimal ou recevoir un crédit d'impôt) ou à la sécurité sociale (payer la cotisation au plan national de pension) pour pouvoir bénéficier de l'aide de l'Etat dans des moments d'urgence ou d'exception.

Aditya Narayan

How to boost your internet speed when everyone is working from home

Your mobile internet bandwidth is shared with others in your area. That's why many people trying to access the internet at the same time results in slower speeds



With #StayAtHome and social distancing now becoming a way of life, an increasing number of people are relying on the internet for work, education and entertainment. This has placed greater demand on our network infrastructure, reducing the bandwidth available for each user, and is leaving people frustrated at seemingly slow internet speeds.

While internet service providers may not be able to instantly respond to these changes, there are a few tricks you can use to boost your home internet's speed.

Why is your internet slow?

There may be many reasons why your internet speed is slow. Internet use requires a reliable connection between your device and the destination, which may be a server that is physically located on the other side of the world.

Your connection to that server could pass through hundreds of devices on its journey. Each one of these is a potential failure, or weak point. If one point along this path isn't functioning optimally, this can significantly affect your internet experience.

Web servers in particular are often affected by external factors, including Denial of Service (DOS) attacks, wherein an overload of traffic causes congestion in the server, and impedes proper functioning.

While you may not have control over these things from your home network, that doesn't mean you don't have options to improve your internet speed.

Wifi signal boost

The access point (wireless router) in your home network is used to connect your devices to your internet service provider. Most access points provide a wireless signal with limited channels, which can suffer interference from nearby signals, like your neighbour's. A "channel" is a kind of virtual "pipe" through which data is transferred.

Although your devices are designed to avoid interference by switching channels automatically (there are usually 14 available), it may help to check your router settings, as some are set to a single channel by default. When trying different options to reduce interference, it's advisable to select channels 1, 6 or 11 as they can help to minimise problems (for 2.4GHz wireless).

What else can you do?

There are further things you can try to improve your wifi signal. If your router supports 5GHz wifi signals, switching to this can provide a faster data rate, but over shorter

distances. Reposition your router for best coverage (usually a central position).

The difference between 2.4GHz and 5GHz wifi signals is they have different data transmission speeds. While 5GHz can transfer data faster (with 23 available channels), 2.4GHz provides a wider range. If you want speed, go for 5GHz. For better coverage, choose 2.4GHz.

Some domestic appliances can cause interference with your router. It's worth checking if using your microwave oven, cordless phone or baby monitor affects your connection, as they may be using the same frequency as your router.

Using a wifi extender can help with coverage by boosting or extending the signal.

Viruses and malware

To avoid computer viruses, make sure you regularly check for updates on your devices and use antivirus software. It's also worth rebooting your router to clear specific malware (malicious software designed to damage your device or server), such as VPNFilter - a malware that infects more than half a million routers in more than 50 countries.

You should also check the following:

- does your router need to be replaced with a newer model? This may be the case if it has been used for many years. Newer models support enhanced functions and faster internet speeds
- is the firmware of your wireless router updated? You can do this by visiting the device manufacturer's website. This will help fix problems and allow additional functionality. It's unlikely this update is done automatically.

Planning your internet usage

If multiple people are streaming video at your home, which often requires ten times the daytime demand, a limited internet connection will soon be fully used.

Try to plan your and family members' online activities around peak times. Before the pandemic hit, most internet usage was likely oriented around the early evenings, after close of business. With the shift to remote working and schooling, more internet access is likely during the day, with a 10% usage increase overall, and a 30% increase at peak times.

Outside your home, connectivity is likely to be on a "best effort" plan, which shares a fixed bandwidth with other users. In other words, your mobile internet bandwidth is shared with others in your area when they access the internet at the same time. A shared bandwidth results in slower individual speeds.

You can't control how many people access the internet, but you can manage your own internet activity by downloading large files or content overnight, or outside of peak hours (when there is less traffic).

How to improve your ISP's network issues

While you can try to fix issues and optimise the setup inside your home, unfortunately you can't really influence network performance outside of it. Thus, contacting your internet service provider's call centre and seeking support is your best option.

All of the above considered, it's important to remember that when using the internet, we're sharing a limited resource. Just like buying pasta or toilet paper, there are many who need it just as much as you, so use it wisely.

James Jin Kang & Paul Haskell-Dowland,
Edith Cowan University

In A Light Vein

Lockdown Musings

If the Covid pandemic were an exam, how would have the countries fared?

China - The student who leaked the wrong question paper and tried to cram up the right answers to be the topper.

Italy - The students who thought they could read the night before the exam but realised it was just too much.

US - The student who confidently bluffs the answers and thinks it ought to be right.

UK - The student who prepared for the wrong exam and then complained that it was an out of syllabus question that had been set.

Spain, France & Germany - The students who realised outside the exam hall that they copied the wrong answer from their neighbours.

South Korea and Singapore - The students who diligently studied from every corner of the book so as not to miss a single question.

India - The student who studies the question bank hoping that if 'I answer these questions right I will at least pass'.

Iran - The student who didn't even know that there is an exam.

WHO - The invigilator who is reading the newspaper in the exam hall and gets up every half an hour to ring the bell!

* * *

Just be careful because people are going crazy from being in lockdown!

Actually I've just been talking about this with the microwave and toaster while drinking coffee and all of us agreed that things are getting bad.

I didn't mention anything to the washing machine as she puts a different spin on everything, and certainly not to the fridge as he is acting cold and distant.

In the end though, the iron calmed me down as she said everything will be fine, no situation is too pressing. The Hoover was very unsympathetic... told me to just suck it up, but the fan was more optimistic and hoped it would all soon blow over!

The toilet looked a bit flushed when I asked its opinion, and didn't say anything but the door knob told me to get a grip.

The front door said I was unhinged and so the curtains told me to...

Yes, you guessed it... pull myself together.

* * *

A British doctor says: "In Britain, medicine is so advanced that we cut off a man's liver, put it in another man, and in 6 weeks, he is looking for a job."

The German doctor says: "That's nothing. In Germany we took part of a brain, put it in another man, and in 4 weeks he is looking for a job."

The Russian doctor says: "Gentlemen, we took half a heart from a man, put it in another's chest, and in 2 weeks he is looking for a job."

The American doctor laughs: "You are all behind us. A few months ago, we took a man with no brain, no heart, and no liver and made him President. Now, the whole country is looking for a job!"

TV SERIAL

Kulfi Kumar Bajewala

Friday 3 April: Kulfi's attempt to save Sikander brings her an unexpected reward. Later, the contestants are tensed, anticipating their final scores.

Monday 6 April: The doctor's assessment of Amyra's health leaves Sikander and Loveleen stunned. Later, Kulfi's gang confronts a new challenge in the semi-finals.

Tuesday 7 April: Kulfi takes the loss in stride while Sikander feels low. Later, Akshay makes a shocking public disclosure.

Wednesday 8 April: Kulfi and her gang are shocked to see Ammaji and Rajan at the grand finale. Later, they get upset after learning about Chitu's mistake.

Thursday 9 April: Kulfi and gang silently leave the competition while Sikander desperately tries to buy time. Later, the judges and audience alike are shocked by Kulfi.

Yeh Un Dinon Ki Baat Hai

Friday 3 April: Preeti's Father receives a deadline from his elder brother for paying him an amount of fifty thousand by evening which he had no option other than agreeing with it.

Monday 6 April: Sameer to seek forgiveness, wakes up early and is ready before Naina is up. Naina is suffering from her periods and is very shy in talking about it to Sameer. She goes to the market alone for the pads and no matter whatsoever, Sameer has no clue about what has happened to Naina.

Tuesday 7 April: Now that the exams are over and Naina plans for the new year eve when suddenly, Mamaji who was supposed to come the next day for dinner at their place, are coming the same day and Naina has gone into panic mode.

Wednesday 8 April: Now that Anand and his wife and Sameer's uncle are there to have dinner, Naina did her best of what she could do, but then things don't go as planned and Mamaji criticises Naina and instead of defending Naina, Sameer scolds her.

Thursday 9 April: Now after the havoc which Kamlesh created about the shabbiness of the house, there's a rift between Sameer and Naina. Both of them are arguing about every small thing.

Ek Deewana Tha

Friday 3 April: Radhika, who resembles Sharanya, is caught filming Krish's action sequence. Shivani recognizes Radhika and reveals that she is her friend.

Monday 6 April: Krish believes that he has some kind of a unique connection with Radhika as he painted her portrait even before he met her. Krish also feels that Rajan and Madhvi are not as innocent as they seem and are hiding some dark secrets. Radhika also feels a strange connection to Krish and has some flashbacks while applying an ointment on Krish's back.

Tuesday 7 April: Radhika feels a weird vibe while staying at Rajan's house. She feels a unique connection with Krish and is lost of words when confronted about it by Shivani. Krish refuses to come out of his room for the shoot after he got a little injury so Shivani convinces Radhika to get his out of the room. Krish somehow remembers Sharanya's name.

Wednesday 8 April: Akash makes Shivani upset after screaming at her and in the process of talking to her, they find a secret passage between the walls of the house. Radhika is told to convince Krish for the shoot but things go sideways when Krish abuses her too.

Thursday 9 April: The door that wasn't supposed to be unlocked is opened by Shivani and Akash, who venture inside the secret chamber. Rajan and Madhvi find that Shivani has gone inside the chamber and follow her. Shivani and Akash are stopped by Rajan.

Anita Hassanandani on 'Naagin 3' finale: It's big for TV to have a finale like this



Marvel fans may have been miffed when an 'Avengers: Endgame' twist was used to build anticipation for the scale of the 'Naagin 3' final episode which features characters from its past seasons, but actress Anita Hassanandani says it is "big" for Indian television to have a finale of this sort.

Just last month, the Instagram handle of channel had shared an 'Avengers: Endgame' poster with faces of "Naagin" characters morphed into it, indicating that characters from its previous seasons will come together in the finale just as the Hollywood film got its many superheroes together.

It was captioned: "The Endgame we are excited about... 'Naagin 3', and was widely trolled for comparing 'Avengers: Endgame' with the TV show. In Anita's opinion, the coming together of so many actors for the two-part finale is something to be celebrated.

"It is big for TV to have a finale like this, and I am glad that I was a part of such a huge franchise. I am also glad that even though in season 3, the actors changed, it was bigger than season 2... That makes me very proud. We hope we do many more seasons," Anita, who plays a shape-shifting snake named Vishakha in the show, said Anita.

The first two seasons of the show saw Mouni Roy and Adaa Khan essay 'naagins', and for the third season

Surbhi Jyoti and Anita were cast.

Anita says the end of Season 3 will leave the audience with a hook.

"We have a very interesting twist in the very final episode. It's going to leave everyone thinking. Every show's last episode always leaves people intrigued, and the audience is going to get surprised and shocked with what Vishakha eventually does.

"It's a very different, unexpected kind of an end for my character... Not really an end, maybe it's the beginning of the next season, but it's great shock and surprise for the audience."

So, is the next season guaranteed?

"Fingers crossed," said Anita. "I don't know how much for me... But 'Naagin' as a brand is so big that people want to see more. So I am sure they will have many more seasons."

Anita has earlier featured in shows like "Kabhi Sautan Kabhi Saheli", "Kavyanjali" and "Yeh Hai Mohabbatein". She has also done a few films, but she doesn't want to get back to the space unless something "very good or challenging" comes her way.

"I am really happy in the space I am in. I have done some great shows and roles," she said, adding that a new show is definitely in the offing.

'Sanjivani' actors Surbhi Chandna, Namit Khanna get trained by real doctors for maximum authenticity

The makers of 'Sanjivani' have roped in real doctors to train the star cast

The hit TV medical drama, *Sanjivani* is set to make a comeback on the small screen and the makers are ensuring that the show looks as real as it can. The makers have roped in real doctors who have been visiting the sets to speak to the actors and provide them with inputs on how to perform the roles of on-screen doctors efficiently.

While the ethos of the show will be like the original, the makers were keen that the body language and mannerisms of doctors are replicated to stay true to the essence of the original series.

The actors have been taking lessons about medical jargon used by professionals in the hospital and the basic protocols that are followed by doctors in a hospital

environment.

Talking about her experience, Surbhi said in a statement, "Playing a doctor is truly a challenging task. It's not easy on any level but it does help when you have proper guidance from the real experts! For *Sanjivani*, we have real doctors visiting the sets and helping us in terms of body language, basic medical terms and things like how a doctor wears gloves, checks the blood pressure of a patient and the right way to hold a stethoscope. We will be showcasing different medical cases along with the dramatic element on the show. I would like to express my profound gratitude to all the medical experts who have helped us to better our performances in *Sanjivani*."

Jai Mummy Di: Sonnalli Seygall talks about the film's box office failure, says, 'I was very low when it happened'

Sonnalli Seygall failed to understand what went wrong with producer Luv Ranjan's Jai Mummy Di, who has earlier worked with on films like Pyaar Ka Punchama, Pyaar Ka Punchnama 2 and Sonu Ke Titu Ki Sweety.

Sonnalli Seygall, who was last seen in Jai Mummy Di with Sunny Singh, Supriya Pathak and Poonam Dhillon, has opened up on the box office failure of her film. In an exclusive interview with BollywoodLife, Sonnalli revealed that she was feeling very low when the film did not work well at the box office. She failed to understand what went wrong producer Luv Ranjan's Jai Mummy Di, with whom has earlier worked with on films like *Pyaar Ka Punchama*, *Pyaar Ka Punchnama 2* and *Sonu Ke Titu Ki Sweety*. The actress further said that she is now over the box office failure of *Jai Mummy Di* and is in a better state.

On being asked about what went wrong with *Jai Mummy Di*, Sonnalli told us, "Honestly, I know it and I don't know it. We made a film, which is really nice. I got appreciation for my look but I don't know what went wrong. I really can't pinpoint. Nowadays, you really don't know what



works with the audience and what doesn't. I was thinking a lot for answers during January. Right now, I am over that phase. I was very low when that happened. I was going through that phase, but now I have pulled myself back."

Earlier, before the film's release, Sonnalli had exclusively told us about the reaction to her film's trailer. "People are excited to see me and Sunny. In fact, when the poster was released or even before, when the film was announced, the kind of love we got on social media was very interesting as people had loved our chemistry from *Pyaar Ka Punchnama 2*, and they remembered Chauka and Supriya. So, that was very thrilling. My character from the film is something I have never played before. She is called Saanjh and she is a desi girl from Lajpatnagar who moves to Ghaziabad, so there is a certain desiness to her."

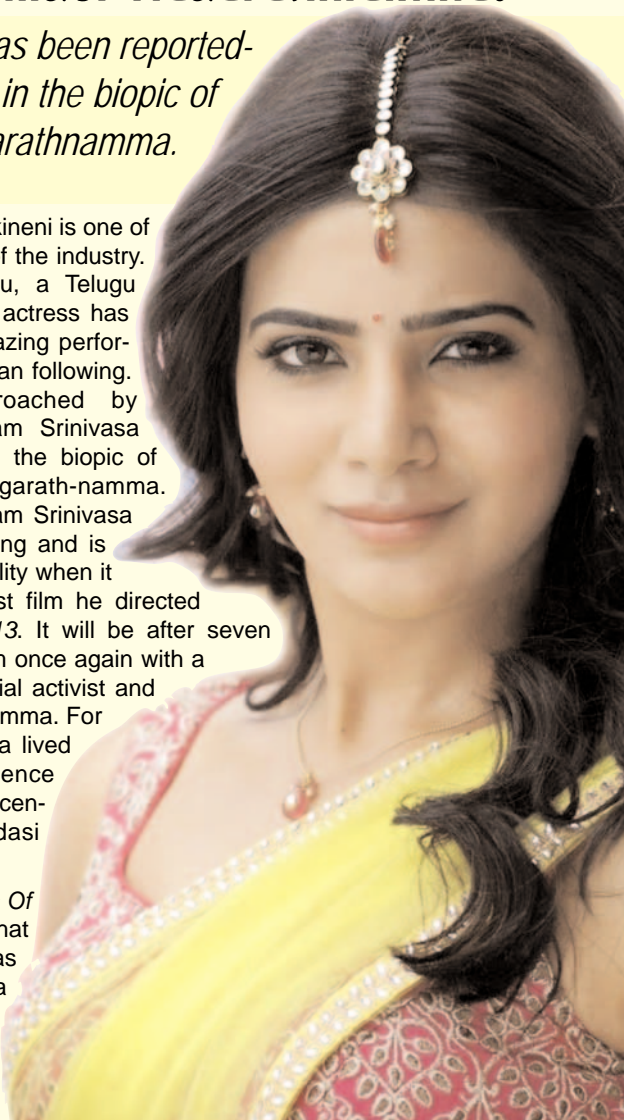
Samantha Akkineni to star in the biopic of Carnatic singer Nagarathnamma?

Samantha Akkineni has been reportedly approached to star in the biopic of Carnatic singer Nagarathnamma.

South actress Samantha Akkineni is one of the most loved actresses of the industry. She was last seen in *Jaanu*, a Telugu remake of *Tamil film 96*. The actress has impressed us all with her amazing performances and she has a huge fan following. She was reportedly approached by legendary director Singeetham Srinivasa Rao to play the lead role in the biopic of popular Carnatic singer Nagarathnamma. Legendary director Singeetham Srinivasa Rao is known for experimenting and is regarded as the king of versatility when it comes to filmmaking. The last film he directed was *Welcome Obama* in 2013. It will be after seven years he will be directing a film once again with a biopic on Carnatic singer, social activist and scholar Bangalore Nagarathnamma. For the unversed, Nagarathnamma lived during the pre-independence era and is also said to be a descendant of the famous devadasi community.

As per reports in the *Times Of India*, speculations are rife that Singeetham Srinivasa Rao has approached Samantha Akkineni to play the titular role of Bangalore Nagarathnamma in the biopic. Reports claim that the 32-year-old actress is keen to come on-board for the bilingual project which is likely to kick-off next year. Samantha Akkineni has loved the script apparently and is very interested to do the project. As per reports, it was Anushka Shetty who was first asked for the film but she decided not to do it, citing dates issues. However, nothing has been confirmed as of now.

Samantha Akkineni has recently signed Vignesh Shivan's *Kaathu Vaakula Rendu Kadhal* which also has Vijay Sethupathi and Nayanthara in the lead roles.



Amala Paul on rejecting Chiyaan Vikram-Aishwarya Rai's Ponniyin Selvan: I felt I can't do justice to the role in Mani sir's film

Mani Ratnam's Ponniyin Selvan, which features Chiyaan Vikram and Aishwarya Rai Bachchan in key roles is bankrolled by Lyca Productions and Madras Talkies

Maverick filmmaker Mani Ratnam's *Ponniyin Selvan* is one of the highly-anticipated Tamil films of this year. The mega-budget film, which features the ensemble cast of Chiyaan Vikram, Aishwarya Rai Bachchan, Karthi, Jayam Ravi, Keerthy Suresh and many others, went on floors in December last year in Thailand. While Amala Paul was also the part of the cast but unfortunately, she has opted out of the project.

Talking about rejecting this project, Amala Paul told 123Telugu, "Not everyone can act in every film. I felt I can't do justice to the role in Mani sir's *Ponniyin Selvan*. I felt it's better to not do a role that doesn't suit me and face unnecessary criticism later. I hope that I'll get another opportunity to act in Mani sir's film in the future". The reports suggest that Karthi plays Vallavaraiyan Vandiyadevan and Ravi portrays the character of Arulmozhi Varman in this venture. Talking about the film, Aishwarya Rai Bachchan earlier told us, "I've just read the very detailed script and I'm curious too because when you read it, it's a movie in your head. Now, I want to discover what's the movie in his head. At this point, we are discussing it. My joining the team will be in the end of December or January. So, I'm looking forward to it."

Reportedly, Aishwarya Rai Bachchan will portray Nandini—wife of Chola Kingdom's Periya Pazhuvettaraiyar and Nandini's mother—Mandakini Devi's part, who was a mute queen. Though the primary focus will be on Nandini's life. The film is based on Kalki Krishnamurthy's historical novel and will narrate the story of Arulmozhi Varman, who later became the great Raja Raja Chola I. Interestingly, Mani has worked with Vikram, Karthi and Aishwarya in films like *Raavan*, *Guru* and *Kaattru Veliyidai*.

The film is bankrolled by Lyca Productions and Madras Talkies and is expected to hit the screens in the end of 2020.





Vendredi 3 avril - 21.15

Gladiator

Avec: Russell Crowe, Joaquin Phoenix, Connie Nielsen

Un ancien général romain entreprend de se venger de l'empereur corrompu qui a assassiné sa famille et l'a envoyé en esclavage.

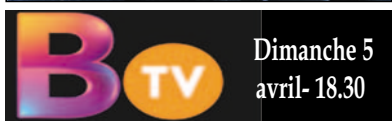


Samedi 4 avril 21.15

Starship Troopers 3

Avec: Casper Van Dien, Jolene Blalock, Stephen Hogan

Johnny Rico est rappelé à l'action pour vaincre les bugs.



Dimanche 5 avril- 18.30



vendredi 3 avril

MBC 1

06.30 Local: Metissages
07.57 Local: Clin D'oeil
08.13 Local: Paul Et Virginie
09.51 Local: Sur Prise
10.05 Local: Nou Later Nou Lamer
12.00 Le Journal
12.25 Local: Hit Parade Kreol
13.27 Local: J'ai Faim
13.58 Local: Rodrigues
15.18 Local: Encounter
15.51 Local: Coin Jardin
16.06 Local: Portrait D'artiste
16.21 Local: Saver Kil Tirel
16.55 Local: Mati Ke Mol
17.25 Local: Bhakti Saagar
18.00 Live: Samachar
18.30 Serial: Siya Ke Ram
20.00 Journal & La Meteo
20.00 Local: Press Conference
20.35 Local: Groov'in
22.00 Serial: Mike Hammer

MBC 2

04.30 Aastha TV
07.00 DDI Live
10.00 Serial: Tumhaari Natasha
11.19 Serial: MOL
12.04 Film:
15.00 Live: Samachar
15.20 Honaar Soon Mee Hya...
15.43 Mooga Manasulu
16.03 Apoorva Raagangal
16.30 Serial: Ki Jaana Mein Kaun
16.53 Serial: Gangaa
18.00 Serial: Dr. Quin
18.30 Tele: Mariana Et Scarlett
19.00 Zournal Kreol
19.30 DDI Magazine
19.50 Local: Yaadein
20.20 Serial: Mah-E-Tamaam
21.25 Local: Anjuman
21.26 Local: Urdu Programme
22.37 DDI Live

MBC 3

06.00 Mag: Eco India
06.44 Mag: Shift
07.00 Dessin Anime
12.01 Entertainment: Dr. Dre
13.05 Doc: A Question Of Science
13.11 Mag: Tomorrow Today
13.37 Doc: Comme Un Poisson...
14.30 Dessin Anime
18.00 Doc: The Miracle Of Love
18.42 Magazine: Urban Gardens
18.47 Mag: Arts And Culture
19.00 Mag: Global 3000
19.26 Doc: A Question Of Science
19.34 Mag: Euromaxx
20.02 Serial: Mah-E-Tamaam
20.42 Serial: Karb
22.03 Serial: Tum Mere Paas Raho
22.23 Doc: Bauhas World
23.06 Doc: The Miracle Of Love
23.48 Mag: Urban Gardens
23.53 Mag: Arts And Culture

Cine 12

00.20 Tele: Peau Sauvage
01.07 Film: La Promesse D'une Vie
03.42 Film: L'incroyable Equipe
05.30 Tele: Amanda
06.12 Serial: When Calls The Heart
06.59 Serial: The Quest
09.00 Serial: Scorpion
09.45 Telenov: Au Nom De L'amour
10.35 Serial: Mike Hammer
11.25 Telenovela: Dulce Amor
12.00 Film: L'incroyable Equipe
13.40 Tele: Amanda
14.40 Serial: The Quest
16.47 Serial: Scorpion
17.25 Serial: When Calls The Heart
18.10 Tele: Au Nom De L'amour
18.31 Tele: Mariana et Scarlett
19.00 Tele: Dulce Amor
20.05 Tele: Totalment Diva
20.30 Serial: Midnight, Texas
21.19 Film: Gladiator

Bollywood TV

08.00 Film: Rock On 2
12.00 / 20.10 - Ek Deewana Tha
12.27 / 20.31 -
Kulfi Kumarr Bajewala
12.46 / 20.47 Radha Krishna
13.06 / 20.50 - Kaleerein
13.28 / 21.15 - Zindagi Ki Mehek
13.38 / 21.36 -
Bade Acche Lagte Hai
14.03 / 21.59 - Chhanchhan
14.35 / 22.25 - Ishqbaaz
14.55 / 22.46 -
Yeh Hai Mohabbatein
15.30 Film: Nanu Ki Jaanu
Abhay Deol, Patralekha, Manu Rishi
18.00 Live: Samacher
18.30 Kumkum Bhagya
18.50 Piya Albela
19.12 Mere Angne Mein
19.33 Yeh Un Dinon Ki Baat Hai

samedi 4 avril

06.30 Local: Chinese Programme
07.50 Local: Fee Main
08.03 Local: Rodrigues
09.10 Local: Itinerer Rodrig
09.24 Local: Encounter
09.55 Local: Smart Culture
12.00 Le Journal
12.25 Local: Rodrig Prog
13.30 Local: Nu Lakwizin
14.00 Local: The Dodo Who...
15.45 Local: Rodrigue Mon Ile
16.15 Local: Sur Prise
16.30 Local: Palette
17.00 Local: Kal Aaj Aur Kal
17.25 Local: Bhakti Saagar
18.00 Live: Samachar
18.30 Entertainment: Dance
20.00 Journal & La Meteo
20.00 Local: Press Conference
20.35 Local: Compilation Festival..
21.35 Serial: Chicago Med
23.00 Le Journal

04.30 Aastha TV
07.00 Film:
11.40 Good Morning Shanghai
12.00 Nanda Saukhyia Bhare
12.30 Serial: Mooga Manasulu
12.48 Serial: Brundavanam
13.10 Serial: Annakodiyum Ainthu
13.35 Serial: Anu Pallavi
14.05 Entertainment: Dil Hai Hindu
15.00 Live: Samachar
15.20 Film: Imtihaan
18.00 Mag: Check In
18.30 Mag: Eco@Africa
19.00 Journal Kreol
19.30 DDI Magazine
20.05 Serial: Vikram Betaal Ki
Rahasya Gatha
20.21 Serial: Bitti Business Wali
21.00 Film:
23.15 DDI Live

06.00 Dessin Anime
10.00 Mag: aRTS And Culture
10.16 Doc: Bauhas World
11.00 Dessin Anime
12.00 Mag: Elton John: Music Man
13.03 Doc: A Question Of Science
14.30 Dessin Anime
18.00 Doc: Horizon
18.52 Mag: Japan Video Topics
19.03 Doc: Olivia's Garden
19.33 Mag: Mixeur, Les Gouts....
19.55 Doc: Japon 2019
21.00 Other: 36th International
22.38 Doc: Amazing Gardens
23.04 Doc: Horizon
23.56 Doc: Olivia's Garden
00.22 Mag: Mixeur, Les Gouts...
00.48 Doc: Myopia Boom
01.39 Doc: World Stamps
01.42 Other: 36th International...
03.24 Doc: Amazing Garden
03.50 Doc: Horizon

00.27 Tele: Peau Sauvage
01.14 Film: Gladiator
03.44 Film: Surprise Me!
05.10 Telenov: Destiny
06.00 Serial: Midnight
06.39 Film: Le Club Des Tigres
08.30 Serial: Seal Team
09.11 Film: Sherlock
10.41 Film: Will
12.17 Serial: The Bletchley Circle
13.04 Tele: L'esclave Blanche
13.43 Tele: La Premiere Dame
15.05 Film: Surprise Me!
17.00 Serial: Midnight, Texas
17.45 Film: Jem Et Les Hologram...
19.43 Magazine: Zoom In
20.05 Tele: Totalment Diva
20.30 Serial: Midnight, Texas
21.15 Film: Starship Troopers 3
22.57 Tele: Eva Luna
00.10 Magazine: Zoom In

04.05 Ek Deewana Tha
04.26 Kulfi Kumarr Bajewala
05.10 Kaleerein
05.32 Bade Acche Lagte Hai
05.51 Chhanchhan
06.30 Ishqbaaz
06.52 Kumkum Bhagya
07.13 Piya Albela
07.35 Mere Angne Mein
08.00 Zindagi Ki Mehek
09.52 Motu Patlu
10.00 Yeh Un Dinon Ki Baat Hai
12.00 Yeh Hai Mohabbatein
14.00 Kaleerein
16.00 Pavitra Rishta
18.00 Samachar
18.30 Film: Nawabzaabe
Dharmesh Yelande, Punit Pathak, Raghav Juyal
20.27 Serial: Siya Ke Ram
21.29 Naagin
21.54 Zindagi Ki Mehek

dimanche 5 avril

06.00 Local: Chinese Programme
07.50 Local: Fee Main
08.03 Local: Milti Faset
08.50 Local: Itinerer Rodrig
09.24 Au Pays Des Merveilles
10.25 Local: Sware Segal Lontan
12.00 Le Journal
12.30 Compilation Festival Inter...
13.30 Local: Saveur Plus
14.00 Local: Rodrigues
15.40 Centenaire Herve Masson
16.15 Local: Portrait D'artiste
16.30 Local: Saver Kil Tirel
17.00 Local: Chatkar Pakwan
17.25 Local: Bhakti Saagar
18.00 Live: Samachar
18.30 Bhojpuri Dhamaka
20.00 Journal & La Meteo
20.00 Local: Press Conference
20.35 Local: Fashion Disney...
21.30 Film: The Beautiful Country

04.30 Aastha TV
07.00 Film: Paapi
10.00 Local: Shree Durga...
11.00 Serial: Oru Kai Osai
12.00 Film:
15.00 Samachar
15.20 Serial: Mooga Manasulu
15.40 Serial: Eka Lagnachi Teesri
16.06 Apoorva Raagangal
16.28 Local: Yaadein
16.54 Serial: Mahakali
18.00 Lettre Pastorale Careme
18.30 Local: Tipa Tipa Nu Avance
19.00 Journal Kreol
19.30 DDI Magazine
20.00 Serial: Maharakshak
20.42 Serial: Naagin
21.28 Serial: CID
22.15 Serial: Piya Rangrez

06.00 Dessin Anime
10.00 Doc: Amazing Gardens
10.29 Doc: Japon 2019
10.33 Doc: Horizon
12.45 Doc: World Stamps
12.48 Other: 36th International...
14.30 Dessin Anime
18.00 Doc: Zenith
18.25 Doc: Garden Party
19.30 Mag: Mixeur, Les Gouts...
20.56 Doc: World Stamps
21.00 Doc: The Reverse Explora...
21.49 Doc: After Ice What Will...
22.32 Doc: Master Painter
23.17 Doc: Zenith
23.39 Doc: Garden Party
00.10 Doc: Les Artisans Du Rebut
00.35 Mag: Mixeur, Les Gouts...
01.01 Doc: World Stamps
01.04 Doc: After Ice What Will...
01.46 Doc: Master Party

00.22 Tele: Peau Sauvage
01.36 Film: Starship Troopers 3
03.15 Serial: Hawaii 5-0
03.53 Film: Une Illusion D'amour
05.08 Tele: Destiny
06.26 Serial: Midnight, Texas
06.45 Film: Lucky Dog
08.33 Serial: Seal Team
09.12 Film: Changing Saddles
10.40 Film: Une Illusion D'amour
12.15 Serial: Hawaii 5-0
13.00 Tele: L'esclave Blanche
13.40 Tele: La Premiere Dame
15.05 Film: Mange, Prie, Aime
17.19 Serial: Midnight, Texas
17.50 Serial: Hawaii 5-0
18.46 Serial: Mission: Impossible
20.05 Tele: Totalment Diva
20.30 Serial: Counterpart
21.23 Film: Ride
22.56 Film: Lucky Dog

00.30 Yeh Hai Mohabbatein
02.16 Kaleerein
03.57 Pavitra Rishta
06.00 Film: Nawabzaabe
08.12 Chhanchhan
10.00 Itna Karo Na Mujhe Pyaar
11.50 Ishqbaaz
13.30 Ek Deewana Tha
15.10 Kulfi Kumarr Bajewala
17.00 Punar Vivaah
18.30 Film: Genius
Utkarsh Sharma, Ishitha Chauhan, Mithun Chakraborty
20.30 Motu Patlu
20.41 Entertainment: Dance
21.23 Bade Acche Lagte Hai
23.11 Ishqbaaz

Genius

Stars: **Utkarsh Sharma, Ishitha Chauhan, Mithun Chakraborty**

Vasudev Shastri (Utkarsh Sharma) is a topper yet charming man who comes into IIT where the second ranker, Nandini (Ishitha Chauhan), decides to make his life hell. But Vasu is

smart and in love with her to be outmaneuver. Besides being the friendly 'genius' around campus, he has also got a part-time job working with RAW (Research and Analysis Wing) where his hacking talents are occupied. Vasu was orphaned when his parents were killed in communal riots. He was found by a priest who raised him in a temple complex in Mathura. The life-positive Vasu is the one we see in flashback. In the present, Vasu dresses in all-black, uses a walking stick and suffers from acute tinnitus. This troubled, damaged Vasu is the one who survived multiple bullet wounds during a high-level mission. Special agent Vasu heads a division of RAW called TOCSI, which was tracking public enemy number one, simply referred to as MRS (Nawazuddin Siddiqui). MRS had the ambition of insulting Jaishankar Prasad (Mithun Chakraborty) and thus he wanted Vasu to slap him in public. However at the end, MRS fails in his Vrindavan temple blast and finally Vasu kills MRS by drowning him in River.



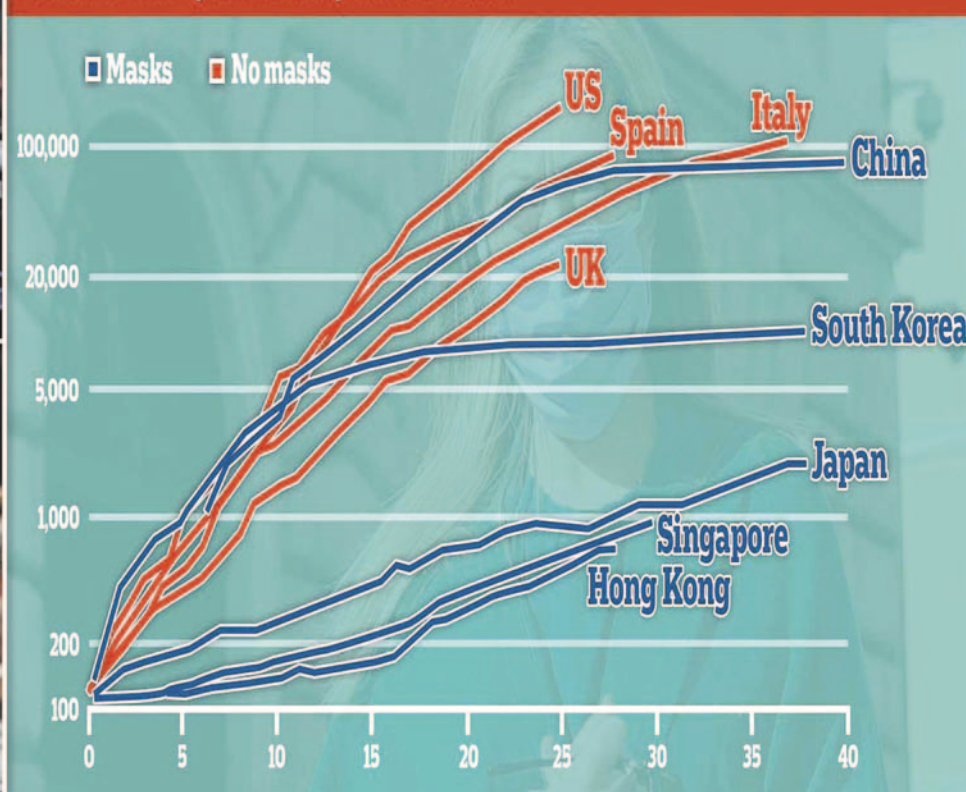
Should we wear masks or not?

An expert sorts through the confusion



Do masks slow the spread of coronavirus?

Cumulative cases by number of days since 100th case



The CDC is reconsidering its policy about the widespread public's use of masks, as is the World Health Organization. Here are the facts about when it's appropriate to wear a mask - and what kind.

As a professor at Boston University's School of Medicine and a geriatrician at Boston Medical Center caring for the most vulnerable in this pandemic, I've been asked a lot of questions about COVID-19.

It turns out there is good science out there that helps us know what masks we need to wear and when to wear them. That being said, some of the following advice could change as scientists learn more about why some people get a bad or even lethal case of this virus while many more get through it OK. One of the areas of greatest confusion seems to be about masks.

Much of the decision about wearing masks depends on what the essential businesses that remain open are doing to ensure social distancing and therefore, our safety.

Knowledge will protect you

Guidance about wearing a mask has to do with the different ways viruses like COVID-19 spread from person to person: through contact, droplets and as airborne, also called aerosolized, particles.

People get infected with COVID-19 when they touch a contaminated surface like a subway handle, or shake hands and then touch their face. Steel and plastic surfaces can harbor live virus for three days. On average, people touch their faces

every two-and-a-half minutes, so it is easy to see how this virus can spread so easily from one person to the next by touching surfaces.

Another way to get the virus is by droplets that people produce by coughing and sneezing. Droplets are relatively large and contain mostly water plus the virus, so they usually fall from the air within six feet (one of the reasons for the six-foot social distancing rule). That said, vigorous coughs can go farther, and a strong sneeze - they've been clocked at 50-100 meters per second - can spread a droplet 18 feet away. This is why people who aren't already wearing a mask because they are sick should cough or sneeze into their elbow.

Coughs and sneezes also produce aerosolized virus, smaller particles that float in the air far longer than droplets and that can also travel farther. Aerosols are also produced by talking, yelling and just normal breathing. A big problem is that in small, poorly ventilated rooms, COVID-19 can hang in the air and stay infectious for three hours. Another thing to know is that common medical devices, like nebulizer machines for people with asthma and CPAP machines for those with sleep apnea, are good at aerosolizing virus.

Two different types of masks to choose from

There are two basic kinds of masks - surgical masks and N95 respirator masks.

Surgical masks are worn to protect patients from infectious droplets should the health care provider sneeze or cough.

Someone who is suspected of being sick or is actually sick with COVID-19 should also wear a surgical mask to protect anyone around them from their sneeze or cough.

As far as protection for the user, surgical masks can protect the nose and mouth against splashes of bodily fluids, as a surgeon might encounter during a surgery. But don't wear a surgical mask or a do-it-yourself mask if you think it's going to protect you from COVID-19 that's suspended in the air, say in a closed, poorly ventilated space. Aerosolized COVID-19 is so tiny that it can get in through gaps between the mask and face and breathed in through the material of the mask.

Some countries are requiring everyone to wear a surgical mask at least in potentially high people density, closed spaces. For example, the Austrian government now requires supermarkets and pharmacies to hand out surgical masks to all customers who must wear them when in the store. The purpose of the masks is to prevent the wearer from spreading the virus to others by coughing and sneezing. If markets and other businesses and our means of transportation can't enforce good social distancing and even just some people who are coughing or sneezing don't wear masks when they venture out, then the United States and other countries might have to follow suit.

Several U.S. government officials have suggested that widespread public use of masks will help. FDA Commissioner Gottlieb argued that a mask can be "an additional layer of protection for those who

have to go out." To be clear though, surgical or DIY masks and scarves are used primarily to protect others by preventing the spread of droplets. People should not be lulled into a false sense of security in thinking that these types of masks will protect them from airborne, aerosolized virus in for example, poorly ventilated spaces frequented by others. The best thing to do is avoid such spaces and stay home as much as possible.

A N95 respirator mask (in Europe, it's called a FFP2) does protect the wearer from breathing in COVID-19 if it's worn properly so that there is a really good seal around the face. If you're a home care provider caring for someone who has or might have COVID-19, you should wear the N95 to protect yourself. That is, assuming there are enough of these masks to go around beyond those needed by care providers on the front lines at the hospitals. If you don't have a N95, open a window in the patient's room and maybe even use a fan if you have one to decrease the amount of virus floating around. Of course provide plenty of blankets to keep them warm!

The bottom line

In my opinion, you don't need a mask with really good social distancing (staying at least six feet away from others) when you are outdoors. Even in a well-ventilated, large room where businesses are doing a good job of keeping the density of people small and you are there for as short a time as possible, I would not feel the need for a mask. But if those who are sneezing or coughing are not wearing masks and if social distancing doesn't seem to be slowing the spread of COVID-19 fast enough, Americans and others will likely need to follow in Austria's footsteps with mandatory masks inside buildings and go further to include any public transportation, taxis and ride sharing services.

If you are coughing or sneezing and therefore producing droplets that can contaminate other people or surfaces, wear a surgical mask to protect others. Even if you think it's just a cold, wear a mask, or if you don't have one, then a scarf. Pretty soon we may all be asked to wear these when we go to public places even if we aren't coughing or sneezing, if some people don't take this responsibility very seriously.

A N95 mask should be worn by people caring for COVID-19-suspected or infected people which, when worn properly, can protect against airborne virus. Because health care professionals are caring for many COVID-19 patients, they must have N95 masks. If there are enough, then asymptomatic caregivers of COVID-19 patients at home should also wear them.

Thomas Perls - Professor of Medicine,
Boston University