

Saving Lives and Livelihoods: A Potential Strategy for fighting COVID19 in India

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The world wide spread of coronavirus disease 2019 (COVID-19) has affected India and over 46000 confirmed cases have been declared by Ministry of Health & Family Welfare. The first case of COVID 19 was reported on 30th Jan, 2020 in the state of Kerala. To fight COVID 19, the Central Government had invoked the Epidemic Act 1897 and had appealed to all the State Government and Union Territories to follow the provisions of Section 2 of the Epidemic Disease Act 1897. Provisions were created that the powers held by the Home Ministry under the Disaster Management Act was “delegated” to the Health Ministry to prepare India against the outbreak. Government of India had been actively engaged in takings prompt decisions, steps and measures to prevent the spread of the infection. The National Task Force for COVID-19 had created research groups to identify the research priorities and quickly initiate research studies for clinical research, epidemiology and surveillance research, research on Diagnostics and bio-markers, R&D on Vaccines/Drug, and Operations Research. ICMR had played a major role in enhancing the testing capacity for COVID 19 by bringing together medical colleges in all the states of the country, adding national laboratories of the Department of Biotechnology (DBT), Department of Science & Technology (DST), Council of Scientific & Industrial Research (CSIR), Department of Atomic Energy (DAE), Indian Council of Agricultural Research (ICAR) and Defence Research and Development Organisation (DRDO) and also including private laboratories after cross checking their eligibility to be part of the testing drive as reflected in the Figure 1. A total of 11, 91,946 samples have been tested as on 05th May 2020 in India.

A 3-week nationwide lockdown was initially announced by the Honourable Prime Minister, Shri Narendra Modi on 24th March, 2020 which was extended by two weeks and thereafter further by now is in the third phase of lockdown. As we are now towards the end of the lockdown period and deliberations on the next step of actions are on at several levels across the country, it seems indispensable to ponder whether India should extend the nationwide lockdown as evidenced in most countries or should devise plans that is more country specific based on the socio-economic conditions of the vast population of the country. As India has a totally different socio-economic set up compared to other countries there is a dire need to strategize India’s battle against COVID 19 infections, from “Saving life & livelihoods” perspective. It would be prudent to strategize the need for reorganizing the economic activities in a phased manner and not to put a complete halt to the trade, distribution and manufacturing as well. As of 10th April, 2020, as in Fig 2 more than half of the total districts in India were still unaffected. Further telescoping might have revealed that the prevalence of COVID 19 even in the affected districts are very much restricted in select small pockets of the districts which are affected but such data is not available. Assuming contagion as the basis of spread, identifying and isolating pockets of potential/current infectors – hence, lockdown could be limited only to such identified pockets, largest pocket could be a district, and opening up of rest of the districts for livelihood related activities that will remain under strict monitoring as on physical distancing etc, by the managers. As opening up livelihood related activities will always have the risk to resurface the infection for which managerial capacity alongwith resource mobilization ought to be strengthened. So far, the battle for COVID 19 had been undertaken in a Central Government response mode and the aftermaths are highly recommendable. But given the magnitude of the problem while keeping in mind

the need to save lives as well as livelihoods, it will be a herculean task and would be difficult if we expect the state alone to make it happen; instead if we think of mobilizing the capacity that exists in the sub-district, district or state level and utilizing the same better results may be achieved. Therefore rather than a highly centralised and directed approach, as an alternative – adoption of a local-based approach harnessing capacities (political, institutional, managerial and administrative) and capabilities to improve manifold managerial & administrative performance could better handle the crisis. As rightly mentioned in the Containment Plan of the MOHFW there is paucity of scientific evidence in community based studies on COVID 19 and the available data on host factors is skewed towards cases requiring hospitalization. The largest cohort study by Chinese Centre for Disease Control reports also mentions that for COVID 19 cases in China about 81% of the cases are mild, 14% require hospitalization and 5% require ventilator and critical care management. The deaths reported are mainly among elderly population particularly those with co-morbidities. As reflected in the Chinese CDC reports the requirement for hospitalization and critical care is comparatively low and similar data is not available publicly in India but the rates are expected to be lesser or similar for India, as the country is blessed with a young population; therefore containment should be home or a set of home based and not in quarantine facilities. Home based quarantine is expected to be far more effective as it will not involve relocation of livelihoods by relocating people. Quarantine centres in fact incurs more cost, both social and economical. Majority of the affected population may be covered in the home based facilities for which robust service delivery mechanisms ought to be planned by the local government. What needs to be addressed next is the facilities to be created at district levels for those who further require hospitalization, ventilators and other forms of critical care management. Here there is a huge scope for the private sector to play a critical role and therefore there is a need to mobilise the private sector capacity, specially the managerial capacity. Such aspects if considered for the post lockdown for COVID 19 planning process could not only saving Lives but saving Livelihoods as well.

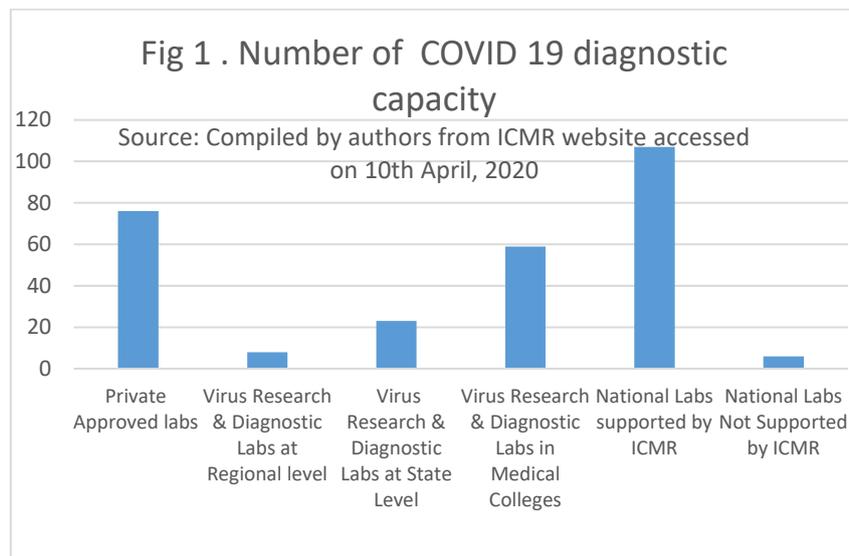


Fig 2. Share of COVID 19 affected vs not affected districts in India
Source: Compiled by authors from MOHFW on 10.04.2020

