

Poor at risk in India's blindfolded fight against Covid-19

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India reported its first case of Covid-19 disease on January 30, 2020. The disease was diagnosed in a patient in Kerala State, who had returned from Wuhan (China).

The initial response of the authorities was casual, treating the emerging outbreak as something limited to those returning from abroad. It was with this approach to the disease that the health authorities at the beginning restricted the testing only to the returnees or those who had come in direct contact with a confirmed case.

However, even after it dawned on the authorities that the problem was much bigger one than they had initially anticipated, the scope of testing remained very small and India continued to be one of the countries, with confirmed cases, that had fewest tests when compared with their population size. According to health check, a health journalism portal, India was as of March 30, 2020 testing 28 people per million. It may be noted that this figure was reached after a 22% increase in testing during the last week of March. The ratio of imported to local cases in the second week of April was 27% to 73%.

Indian health authorities' another major mistake in the handling of the epidemic was that contact tracing, till the end of March, was not being done too meticulously.

It would not be wrong to say that without mass-testing and an aggressive contact tracing program, actions such as imposing lockdown are meaningless and are nothing more than delaying tactics. It is feared that the disease would spread rapidly once the restrictions are lifted.

To add to this India has a weak disease surveillance system and there is little reporting and recording of disease incidence and deaths in rural areas.

With this in view, one can safely infer that the exact scale of Covid-19 pandemic in India, which has a population of 1.34 billion, is still not fully known. The situation looks murkier when we take into account India's rampant poverty; high population density; high incidence of diseases like hypertension, diabetes, tuberculosis, pneumonia and other respiratory illnesses; culture; and people not strictly adhering to social distancing – all of which make India particularly prone to exponential spread of the disease.

As of March 31, 2020 the total number of confirmed positive cases in India had reached 1,559; and the death toll stood at 49. As the numbers soared in India, Tablighi Jamaat's congregation, which started in Jamat Markaz Delhi from March 5, 2020 and was attended by nearly 250 foreigners, was also blamed for the spike in the number of infections.

India's public health system is too fragile to handle anything on the scale seen in China, Iran, Italy, UK, Spain, or US. It is not just that India does not have enough beds in hospitals or critical care equipment like the ventilators, it is also crucially short on the number of medical personnel and more specifically those specializing in intensive care management of the patients. There are, moreover, huge disparities in terms of quality of healthcare between different states in India. Political issues could arise for the government as and when things go bad.

The actions taken by the Indian government can be briefly listed as:

- Quarantining people, suspending visa services and closing down borders.

- Health screening for international passengers arriving in India.
- Persuading people to avoid mass gatherings and to stay at home. Major events such as Indian Cricket League were cancelled. Moreover, schools, swimming pools, restaurants and gyms were shut down in various parts of the country. Passenger train service, including sub urban rail services, metro rail services and interstate passenger transport, was also suspended till March 31, 2020.
- Notification of essential commodities. The Indian government notified an Order under the Essential Commodities (ECs) Act, 1955 declaring masks, hand sanitizers and other required medical supplies as essential Commodities up to June 30, 2020.

India's Ministry of Pharma and Consumer Affairs took measures to regulate price of masks, sanitizers, and other related medical supplies and ensure their availability.

Ministry of Health and Family Welfare (MoHFW), meanwhile, was tasked with regularly evaluating quarantine facilities and the national preparedness with regards to availability of testing kits, personnel protective equipment (PPEs), medicines, and adequate isolation wards.

- Imposition of country-wide lockdown.

When PM Modi belatedly appeared to speak about the emerging health crisis on March 19, 2020, in a televised speech, he asked for observing 'Janata curfew' on March 22, 2020 from 7 am - 9 pm and showing solidarity and appreciation for health workers.

Few days later, Mr Modi through another televised address on March 24, 2020 announced a sudden three-week lockdown of the country commencing from March 25, 2020. The lockdown was ordered under Section 6(2)(i) of the Disaster Management Act, 2005. Under the lockdown, people were stopped from leaving their homes, all businesses were ordered to be closed, and no transport — via plane, train, or bus — was allowed.

There was lot of criticism of the timing of the announcement of the lockdown, which started at literally four hour notice. Many were caught off guard with little preparation to sustain themselves during the lockdown. There was also little consideration for millions of daily wage migrant workers, who could not even return to their hometowns. A large number of such workers, running into hundreds of thousands, attempted to walk back to their hometowns, hundreds or sometimes thousands of miles away from the cities where they worked. At least 22 labourers lost their lives while trying to walk back home. Separately, there were reports of people dying because of hunger.

Lockdown could lead to a food crisis in India as well because it has coincided with the wheat and gram harvesting season in Punjab, Haryana, Madhya Pradesh, Rajasthan, and Gujarat.

The government on March 26, 2020 announced an aid package worth \$24 billion aimed at providing cash transfers for 204 million poor women, free LPG for 80 million households, and grains and pulses for 800 million poor. The entire package when divided over such a huge population meant that each beneficiary would practically get very little. Another bigger economic stimulus package is expected to be announced by the government shortly. The upcoming package could contain relief measures and tax breaks for corporate India.

PM Modi constituted 'Empowered Group' for planning and overseeing implementation of Covid-19 response activities in the country.

Moreover, the health ministry ordered insurance cover for all health workers for a period of 90 days through 'Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting Covid-19'.

A mobile app ArogyaSetu was launched through a public-private partnership to enable people to assess their risk of COVID infection.

Update: As of April 12, 2020 the number of confirmed cases in India had risen to 8356. 273 people suffering from the deadly infection had died.

Indian president on April 12, 2020 announced an extension in lockdown slated to end on Apr 14. No ending date was set, but it is believed that the extension was for 14 days.

**Asma Khalid also contributed to this report*