

Public Health Governance to Battle COVID-19 in India

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Summary

The COVID-19 pandemic has wreaked havoc among the poor and those working in the unorganised sector in India. The surge of infections has also led to panic across the nation. The states appeared to have been inadequately prepared for the mass migration on the announcement. However, after the initial two or three days, the public health administration at the district level has rallied with alacrity. The coordination among the various state-level bodies has been remarkable. The policy of social distancing and containment seems to have checked community spread. However, it is still early for the government to relax the curbs.

Introduction

Barely two months ago, experts were debating the effects of the persistent economic slowdown. The inadequate reach of the union budget and the job crisis facing the nation were matters for television discussions. Till the crippling effects of a global pandemic hit the country, words such as ‘social distancing’, ‘containment’ and ‘quarantine’ were stuff for esoteric debates among academics. No more! Now, it has become common parlance amongst all sections of society.

Announced on 25 March 2020, the lockdown took effect immediately. The public, especially migrant daily wage earners, did not get any advance information to make alternative arrangements for their living, food and money necessary for living. The state governments also appeared to have been caught by surprise. However, the plight of hordes of migrant workers trudging back to their homes in villages started doing the rounds through media. Besides the fact that these pictures showed a total negation of social distancing norms, they depicted the pathetic plight of the people as neither food nor transportation was available. It took the state administration two days to organise food packets and buses to ferry them to their concerned districts. The state agencies were not geared up to deal with such a massive human migration. However, they soon put their act together and tied up with voluntary organisations to ensure the distribution of food packets till transportation was arranged. The Delhi government was quite prompt in announcing food packets, though by then, the primary wave of migration had started. There appeared to be a lack of coordination among state authorities on preparation for a mass migration of unorganised labour, addressing their food requirement and tackling possible health issues. The National Sample Survey Office estimates that casual and self employed workers make up 60 per cent of the workforce in urban areas. Their movement in such large numbers does not appear to have been factored in when announcing total clampdown.

State Governments Act with Alacrity

Much to the credit of state governments such as Uttar Pradesh, Bihar and Madhya Pradesh which acted with alacrity once the magnitude of the problem dawned on them. State

government buses were requisitioned to carry the migrant labour to their native districts. Once they were in their respective districts, they were not allowed to wander away, but were quarantined in containment zones where food and lodging was arranged. These were largely government schools. The magnitude of the problem can be gauged by the fact that Bihar alone has set up 3,115 containment zones for such displaced persons. Over the 19-day lockdown period, the policy of containment and social distancing has reaped benefits as what could have led to a virulent community spread of the pandemic, has been obviated. The original glitches notwithstanding, the public health administration in the states, and particularly at the district level, has shown remarkable alacrity and dynamism.

The Indian Council for Medical Research estimates that a COVID-19 patient can infect 406 people in 30 days if preventive measures such as social distancing and lockdown measures are not enforced.¹ The estimates indicate that if social exposure is restricted by 75 per cent, then one sick person can infect only 2.5 persons. The efficacy of the measures is indicative of the fact that as of now only about 7,529 active cases have been reported in the country, with 242 deaths. About 179,374 were tested as on 11 April 2020.² It is feared that testing has been slow and thinly spread because of which the numbers are low, but even with increased testing over the last week, exponential growth is still not seen.

The fight at the ground level has brought out some outstanding models of governance that were innovated at the district level. Featuring a close coordination between the police, health workers, public distribution system and municipal authorities, the success has been in the conceptualisation and on-ground implementation. The 'Bhilwara model',³ as it has come to be known, is the pattern which seems to have provided best containment results. The model's byline is 'containment'. Surveying, combing, screening and testing were the mantra for the district teams. This was, of course, accompanied with home quarantine and isolation. Within hours of the first case being reported on 18 March 2020, the first step was to announce a curfew, seal borders for containment, create zones and ensure zero private vehicular movement. The second step was to identify potential clusters and carry out intensive mapping, with detailed charts of all the people they had met followed by isolating high-risk persons and collecting samples for testing quickly. The third was a massive screening exercise covering the entire population to detect influenza-like systems. A survey was commenced through 850 teams which conducted 56,025 house-to-house visits, covering nearly 281,000 people. By 25 March 2020, 6,445 suspected cases were home quarantined and by 27 March 2020, 2.8 million people out of a total population of three million had been surveyed. An application was used by the health department to monitor those under home quarantine. The curfew implied closure of all shops but the police ensured that grocery supplies reached people's doorstep, with poor and needy receiving cooked food. As of 10 April 2020, Bhilwara was the first district to be declared COVID-19

¹ 'A COVID-19 patient can infect 406 people in 30 days if preventive measures not in place: ICMR study', *Business Standard*, 7 April 2020. https://www.business-standard.com/article/pti-stories/a-covid-19-patient-can-infect-406-people-in-30-days-if-preventive-measures-not-in-place-icmr-study-120040701178_1.html

² 'Telangana becomes sixth state to extend lockdown till April 30; India death toll at 242', *Indian Express*, 12 April 2020. <https://www.newindianexpress.com/live/2020/apr/10/covid-19-live--telangana-becomes-sixth-state-to-extend-lockdown-till-april-30-india-death-toll-at-24-2128251.html>

³ This is a district in Rajasthan.

free. Pathnamthitta district in Kerala followed the same protocol immediately after a three-member Italy-returned family was tested positive.

Kerala's Effective Containment Strategy

Kerala has received global appreciation of its containment battle against the virus, with the chief minister communicating directly with the public, offering strategies and safety nets. The effective functioning of a well-coordinated administrative mechanism, along with years of investment in public health and public distribution, has been the major game changer. The state set up large community kitchens, camps for migrant workers much before other states had recognised their plight and traced the contacts of every person who had tested positive. The state has innovated to set up inexpensive kiosks for mass collection of samples from people with symptoms of the virus. Called 'walk-in sample kiosk', each unit has a healthcare staff sitting behind a glass partition. He collects the throat swab from the person on the other side, by inserting his already gloved hands into another pair of thick gloves attached to the glass panel and then drops it into a container. The person hands the container back to a healthcare staffer before making way for the next person. Before the next person comes, the place is thoroughly disinfected. The cost of setting up of such a kiosk is only about ₹40,000 (S\$744). Kerala, in fact, has already set up a 17-member task force to administer the phased relaxation of the lockdown.

Another example of the government's proactive response was reflected in a reported incident of a person living in the state's Wynad district. The man had run short of a critical medicine and could not obtain its supply during the lockdown as the medical shops were shut. Though he had little trust in announcements made by public authorities, desperation to get the medicine led him to dial the advertised helpline number. The recorded voice that answered was that of the state's health minister asking what she could do to help him. Again with little hope of success, he mentioned the name of the medicine he needed. His call was diverted to a health worker in Mananthavady, a place far away from his home. He shared his difficulty with the worker and was told that some arrangement would be made. He obviously did not take the assurance seriously. However, to his total surprise, in about an hour, a panchayat member delivered the medicine to him. He was amazed, more so, when the man refused money claiming that it was a drug supplied free by government.

An effective policy of communication has also been adopted by the states that have been successful in facing the crisis. The chief ministers of Haryana, Delhi, Tamil Nadu and Gujarat have been addressing state officials and the public almost every day with updates and suggestions to meet the challenge. The Haryana chief minister has even been suggesting indoor games that can be devised to beat boredom due to the lockdown.

Service before Self

Remarkable stories of commitment and dedication displayed by frontline health workers who face the threat of contacting the virus on a daily basis are emerging. One such example is that of a field doctor in Noida whose wife delivered their child. The doctor has quarantined himself in a guest house and has neither seen nor touched his newborn. However, he continues to fulfill his duties as a doctor visiting sealed areas and hot spots.

Another medical officer of Indore did not enter his house after a 48-hour field duty, but spoke to his wife and daughter by sitting on a parapet outside the gate, maintaining a distance of about six metres. He was served tea in a disposable cup while a set of fresh clothes were placed in a plastic bag outside the gate. He has not been home for 14 days now and stays in the hospital. A police officer who was assigned to patrol in a 'hotspot' has moved his belongings and bed to the garage in his house in order to distance himself from his family. The courteous announcement by a Delhi fire service officer on fumigation received a thunderous applause from people living there.

There are other initiatives taken in districts with self-help groups taking on the responsibility of stitching masks. In Meethapur, a small town in Gujarat, tribal girls stitch masks and use pressure cookers to sterilise them. A young girl in Jhansi works late into the night stitching and distributing masks to vegetable vendors, milkmen and newspaper delivery boys, amongst others.

Combating fake news has been another huge challenge for the state governments, as they have the potential to cause serious damage in these challenging times. The Uttar Pradesh government has come down hard on such miscreants by intensifying monitoring. There was a social media post in Rampur claiming that, in a quarantine zone, the inmates were creating a ruckus seeking non-vegetarian food. This was promptly enquired and the police released a communication denying this false report. In Allahabad, a conflict between two families led to one person getting killed. Social media attributed the killing to a person who was resisting testing since he had attended a religious congregation. The police, after verification, immediately denied his having attended the congregation.

The Way Forward

Certain states like Uttar Pradesh have tried to optimise available medical infrastructure resources and manpower by putting asymptomatic patients in hotels and lodges and moving all patients suffering from COVID-19, in a zone, to a dedicated hospital. It was decided to reserve hotels next to hospitals because 75 per cent of the positive cases had not shown symptoms, so they could be grouped into areas housing only asymptomatic cases with doctor and nursing care in attendance. This was a prudent use of state resources as it helped release isolation beds in hospitals for more critical patients. On the other hand, the Indian Railways has converted 2,875 coaches to create about 48,000 isolation beds. Mumbai has taken over the stadium of the National Sports Club of India to create an isolation zone in case the situation so warrants.

The pandemic seems to be slowing down in some states like Kerala which was one of the worst hit. However, Maharashtra and Uttar Pradesh are witnessing a spurt. The focus has now shifted to the district level, as 10 districts alone account for 30 per cent of the COVID-19 cases in the country. These are mainly in Delhi and Mumbai. The 'hotspots' and isolation zones in these areas have residents totally locked in with all essential items being delivered to their doorsteps with the help of the police. The role of the police in maintaining calm and helping the supply lines has been absolutely outstanding. Managing irate migrant workers who thronged roads at state borders was not an easy task but police ensured that no untoward incident took place. They have also been assisting in meeting with the demand of

residents for essential supplies as they are ‘cooped up’ in their apartments which have been declared containment zones. Manning check posts, identifying health workers, assisting to transport in emergency child delivery cases have all been done regardless of the risk to themselves. Dharavi in Mumbai, reported to be the largest slum in Asia, has been cordoned off. Managing public distancing of residents in that congested locality where density is so high, is a huge challenge for the police. Similarly, District Collectors of Bhilwara (Rajasthan), Pathnamthitta (Kerala), and Sangli (Maharashtra) only to name a few, have made enormous efforts to make the entire district machinery function like a well-coordinated and homogeneous organisation.

The central government has been in touch with the state authorities on the continuance of the lockdown. When to ease the lockdown, how to regulate partial lifting, ensure commencement of economic activity and such other issues are under discussion. It appears that the lockdown will be continued till 30 April 2020, with a very select category of agencies being permitted to commence functioning. Coming out of a five-week lockdown will be as big a challenge as enforcing a complete lockdown.

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