BREAKING THE CHAIN: HOW KERALA EFFECTIVELY HANDLED THE LEVIATHAN COVID CRISIS

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ABSTRACT

The first positive case of Novel Coronavirus Disease (COVID-19) was reported in Kerala. The state with over a population of 35 million has reported 4189 cases of COVID-19 as on 30 June 2020. The reports said that 23 mortality with an impressive recovery rate of 51.7%. Kerala government’s prompt response to COVID-19 can be attributed to its experience and investment made in emergency preparedness and outbreak response in the past during floods in 2018 and especially, the NIPAH outbreak in 2019. The state followed new methods, ideas and approaches and its experience in virus control. It is possible due to active surveillance, setting up of district control rooms for monitoring, capacity-building of frontline health workers, risk communication and strong community engagement, and addressing the psychosocial needs of the vulnerable population are some of the key strategic interventions implemented by the state government that kept the disease in control.

KEYWORDS: Kerala, Coronavirus, COVID-19, Pandemic, Health workers, Doctors

INTRODUCTION

While the world has been engaged in an uphill battle against a terrible pandemic, an unassuming state, from the southern part of India, geared up for battle. The state of Kerala has been a shining example in the war against COVID-191. “The battle has been won, but the war isn’t over”. This is how the Chief Minister of Kerala, Shri Pinarayi Vijayan concluded his statements in an interview to a leading national news channel2. The success Kerala has had in tackling COVID-19, has been appreciated, both on national, as well as international fora. But Kerala isn’t resting on its laurels. As we speak, the state is finding new challenges, due to the heavy influx of its citizens, based abroad. This massive influx is partly due to the confidence that Keralites have in their own state. Rome wasn’t built in a day. The same can be applied to Kerala’s health and education infrastructure. Kerala has a high literacy rate of 93.91%. Kerala boasts of high socioeconomic indicators when it comes to education, health, income being generated, life expectancy and health status. The investment made from the inception of the state has borne fruit, through the many adversities faced by the state. This, along with the diligent nature of the Keralite professional, and the caring, compassionate persona of the average Malayali, Kerala, has been successful in “flattening the curve”, and has led us to use the term “Kerala Model” for handling public-health emergencies3. Despite being the first Indian state to report a case of COVID 19, Kerala has found its place among the states of India, with the most recovered
patients, and the least deaths. The state’s fatality rate stands at 0.53%, which is the lowest in India⁶.

**FORMULA FOR SUCCESS**

Kerala’s formula for success has been straightforward. The honorable Health Minister, Mrs. K.K. Shailaja, and her team have been ahead of the curve. They had moved their wheels into action since they got to know of this upcoming virus, way back in January⁵. Their principles of identify, investigate and isolate have found resounding success. This is the one state in India where the R0 has been contained well, due to extensive testing, contact tracing and a humane quarantine for infected people, way before the national lockdown was announced. Kerala has rigorously screened all arrivals at its four international airports, and immediately hospitalized or quarantined suspected cases. They have installed thermal cameras, and on site health personnel, to effectively identify individuals, and provide targeted, humane treatment⁶. The state established its unique outlook for having allocated significant resources to public-health infrastructure, devoted power and funding to village-level bodies, and established a social system that promotes community participation and public cooperation.

Kerala initiated a war on the virus, when it shut down educational institutions, regulated traffic and barred public transport. Due to the request from the Chief Minister, the residents of Kerala went into effectively social distancing themselves, and staying back home on their own accord. This unique symbiotic relationship between the government and its citizens saw the drop in infections, thereby making the “Kerala Model” a success⁷.

**QUARANTINE EFFECTS**

Kerala was able to impose its quarantine efforts far more effectively than other states have. When its citizens came under home quarantine, the police promptly delivered what people needed. The government released its own app to combat fake news and statistics, and to provide information directly to the people. An increase was seen in the rations supplied, with stores of good quality grains, and food kits provided, to ensure that no one would go hungry. Kerala had also announced a comprehensive economic relief package for citizens in need⁸. Kudumbashree, a grassroots network of local organizations and women’s self-help groups, has helped the state’s containment strategy by producing two million masks and 5,000 liters of hand sanitizer in the first month of the national lockdown. Some 1,200 community kitchens were established to feed the indigent and unemployed, and Kudumbashree has already served 300,000 meals a day. The “Break the Chain” initiative has found to be one of the main success stories⁹. Kerala took care of its migrant labourers as well. They were provided with relief and places to stay when the going got tough. The term “migrants” was replaced by “guest workers”. This simple gesture was considered a blessing, and a testament to Kerala’s outlook of “nobody gets left behind”¹⁰. Kerala tried to allay their fears when migrant laborers became uneasy, and were provided free accommodation and food, and urged to wait in place. These instructions were delivered in migrants’ own languages, and duly followed. Kerala sent its “guest workers” in good health, by providing them with kits of food, water, and a coconut sapling as a reminder of the state they spent their efforts in¹¹. The state has effectively quarantined and controlled the massive spread of COVID-19, and with time, it has engaged in the concept of “reverse quarantine”. Aggressive testing and localization of cases, without providing a load onto the existing system has been taken care of quite well. Kerala, along with its organized army of health care workers, has a battalion of citizen health volunteers. Their care has also been organized with almost Rs. 3,00,000 offered as insurance¹².

**THE WAY FORWARD**

However, the war has not been won. Kerala is facing another uphill battle since the NRI’s and out of state citizens have arrived. Even though the state has provided excellent food and quarantine measures for them, even more folks are yet to arrive. The lack of testing of the foreign countries and states has resulted in a spike in cases. An efficient and robust system needs to be maintained. For this, the state will need to tighten its belt and get things done. The Kerala state must invest more in its health and delivery systems¹³. A strong scientific backbone must be built up. Therefore, Kerala needs to invest more into its research and development wings. There must be more research grants, offered to the traditionally brilliant and resourceful brainpower. Entrepreneurship and fast track think tanks must be given priorities. Sanitation and health drives need to be increased. More importantly, the civic duties of citizens must be instilled. Efficient garbage and waste disposal systems need to be developed. The drainage system must also be revamped, as it could become the foundation to many vector borne illnesses. A more public interest must be taken into the health education sector, and the government needs to build more infrastructures, so as
to strengthen its existing medical colleges into centers of excellence. Kerala has built its results on strong bedrock of its traditions. Decentralized governance fraternity, equality, trust, accountability, transparency, public trust and governmental accountability. It offers a model that is humane, trustworthy and most importantly, reproducible.

CONCLUSION

The Kerala state set guidelines to manage the virus spread. In India all other states followed the Kerala to control the virus spread.

REFERENCES