

## India Must Learn to Live with Coronavirus

Author – Anil Chawla

### A. Coronavirus (Covid-19) Present Situation

A fear psychosis seems to have gripped everyone in India. Coronavirus (Covid-19) has been painted as such a deadly malaise that the country is ready to sacrifice anything and everything in the war against the disease. The sentiment seems to be that unless we make all the sacrifices, the world will come to an end and we shall all be dead sooner or later.

While there is no denying that Coronavirus is a deadly virus which can leave a percentage of those affected by it dead, it seems to me that we need to step back a little and put Covid-19 mortality in the perspective of deaths caused by various reasons in India.

Before we begin, let us look at the facts related to Covid-19 as on the date of writing this article (9 April 2020):

- Cases of Covid-19 across the world – approx. 1.5 million
- Deaths caused by Covid-19 globally – approx. 84,000
- Covid-19 positive cases in India – approx. 6,000
- Covid-19 deaths in India – approx. 200

The above figures are unquestionable. However, interpreting the figures needs some context. Presently, the world is seeing parabolic projections based on the above figures. There is no way that anyone can contest projections which are based on impeccable mathematical models. However, the fact remains that nature most often does not follow mathematical models and has a mind of her own. And also there is the fact that in the present world, there are vested interests who want to profit from the hype about the virus. Of course, there are also global games of putting one country or the other down and profiting from it. Let us not get mixed up with either the mathematical models or the interests / games that are behind them.

## B. Deaths per Year in India

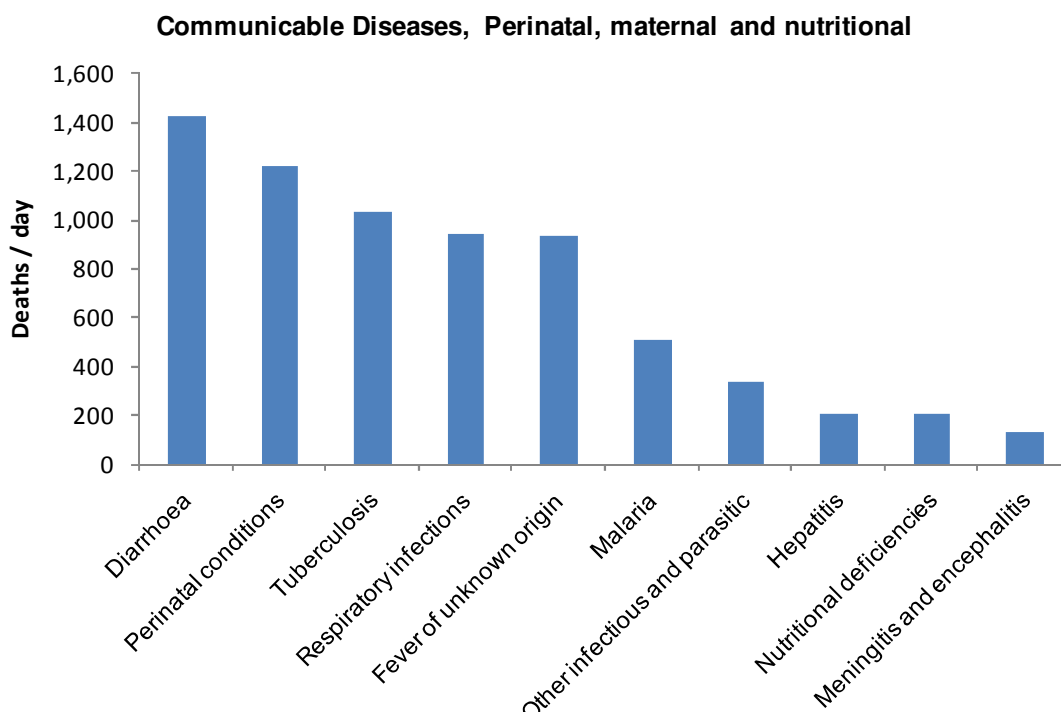
	Cause of Death	Deaths in 2017	
		Thousands	Per Cent
	<b>All Causes</b>	<b>9,652</b>	<b>100.00%</b>
Communicable, perinatal, maternal and nutritional	Diarrhoea	519	5.38%
	Perinatal conditions	445	4.61%
	Tuberculosis	375	3.89%
	Respiratory infections	342	3.54%
	Fever of unknown origin	339	3.51%
	Malaria	185	1.92%
	Other infectious and parasitic	123	1.27%
	Hepatitis	75	0.78%
	Nutritional deficiencies	73	0.76%
	Meningitis and encephalitis	49	0.51%
	<b>Sub-Total</b>	<b>2,525</b>	<b>26.16%</b>
Non-communicable	Ischaemic heart disease	1,554	16.10%
	Chronic respiratory diseases	833	8.63%
	Stroke	656	6.80%
	Cancers	544	5.64%
	Liver and alcohol related conditions	270	2.80%
	Diabetes and other endocrine	228	2.36%
	Renal failure	190	1.97%
	Digestive	145	1.50%
	Neuropsychiatric conditions	66	0.68%
	Congenital anomalies	44	0.46%
	Genitourinary diseases	28	0.29%
	Musculoskeletal disorders	27	0.28%
	Vision and other sensory loss	9	0.09%
		<b>Sub-Total</b>	<b>4,594</b>
Injuries	Road traffic injuries	275	2.85%
	Suicide	199	2.06%
	Falls	190	1.97%
	All other injuries	149	1.54%
	Drowning	62	0.64%
	Venomous deaths	46	0.48%
	<b>Sub-Total</b>	<b>921</b>	<b>9.54%</b>
	Ill defined or cause unknown (age less than 70 years)	<b>238</b>	<b>2.47%</b>

Source: National Burden Estimates of healthy life lost in India, 2017; Indian Council of Medical Research; Lancet Glob Health 2019; 7: e1675–84; December 2019

### C. Deaths per Day in India

We live in a country where every day 6,918 persons die due to communicable diseases, perinatal, maternal and nutritional causes. It might interest some to know that of the above figure, there are 929 persons dying every day due to fevers of unknown origin.

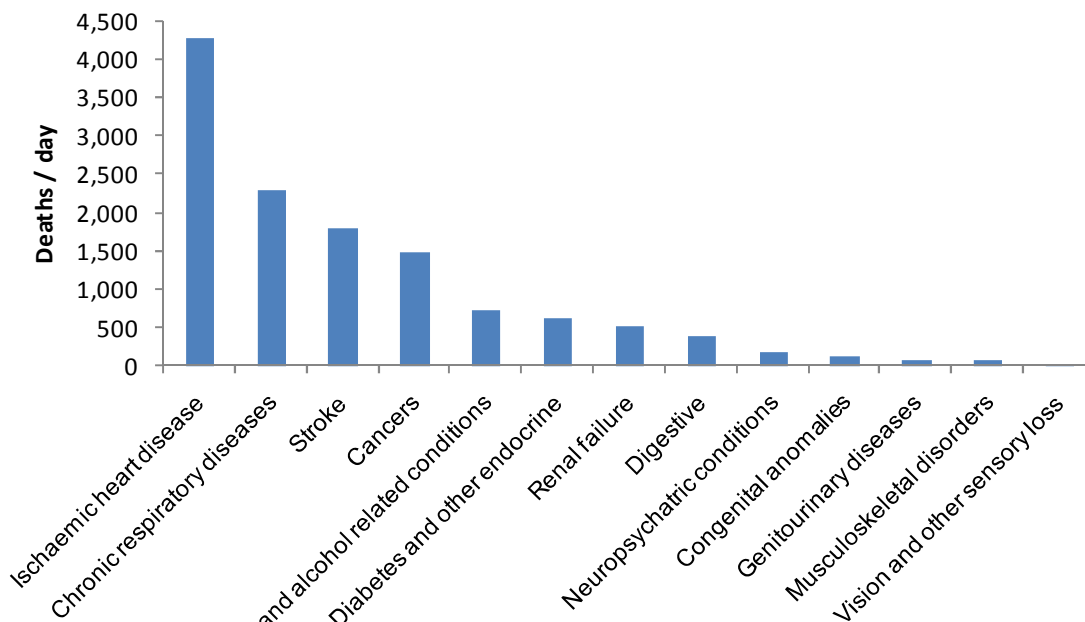
Let us look at charts showing deaths per day due to various causes.



Data relates to year 2017.

Source for data: ICMR study published in The Lancet

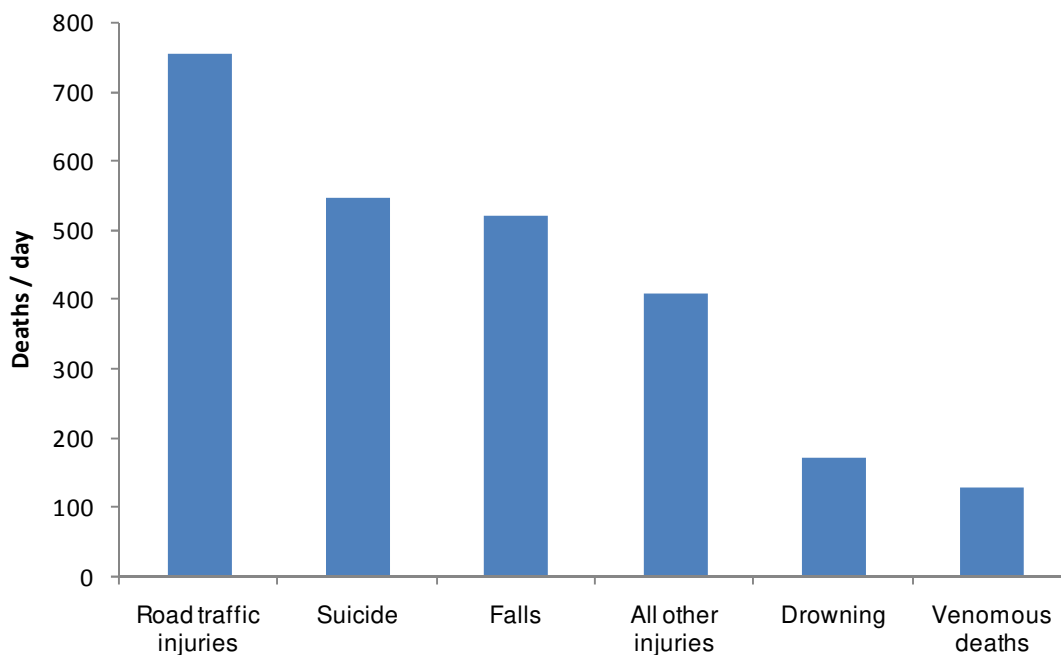
Non-Communicable Diseases



Data relates to year 2017.

Source for data: ICMR study published in The Lancet

Injuries



Data relates to year 2017.

Source for data: ICMR study published in The Lancet

## D. Comparing Covid-19 Deaths with Other Deaths

In a country where 545 persons commit suicide every day, where 170 persons die due to drowning every day and where 126 persons die due to snake / scorpion bites every day, one may be excused for thinking that a disease that has killed about 200 persons over four weeks is likely to be treated as a minor ailment.

It may be relevant to mention here that snake / scorpion bites can be completely prevented if every villager is provided with some basic footwear. Do you know the cost of providing footwear (costing say USD 10 per pair per annum) to all poor villagers (assume 60% of the population, about 780 million persons) of the country? Simple back of the envelope calculations will tell you that the cost is about USD 7.8 billion or about Rs. 58,500 Crores per year (1 Crore = 10 million). That figure seems small when one compares it to the Rs. 170,000 Crores package announced by the Finance Minister of India on 26<sup>th</sup> March 2020 to help the poor of the country face the lockdowns in wake of Coronavirus. We are a poor country with lack of resources when it comes to preventing deaths of poor landless farm workers, but no resource is to be spared for a disease that affects international travelers.

Earlier we talked about 929 deaths every day due to fevers of unknown origin. Given the poor state of medical research in India, it should surprise no one that many of these deaths are caused by viruses that have not yet been mapped. If you live in India you would surely know that around February-March and also during September-October across the country every third house has someone or the other suffering from cold, cough and fever. Doctors will tell the patients that it is viral infection without bothering to identify the virus. Indian doctors routinely prescribe antibiotics to such patients while admitting that antibiotics have no effect on the virus. Nevertheless, most patients get cured and the few who are not cured end up to make the statistics of 929 deaths per day. Indian Council of Medical research and various medical colleges of India have made no efforts to map the virus / viruses that cause 3.4 Lakhs (340,000) deaths every year.

Knowing the above facts, one is shocked when one hears the leaders of India shout from TV, radio and every other media that every life is precious or "*jaan hai to jahan hai*" (if there is life there is world) and so on. One wonders whether the agenda is indeed what is made out to be or there is something else at play.

## E. Years of Life Lost (YLLs)

An important parameter for measuring the burden of a disease is YLLs. The YLLs for 2017 are as follows:

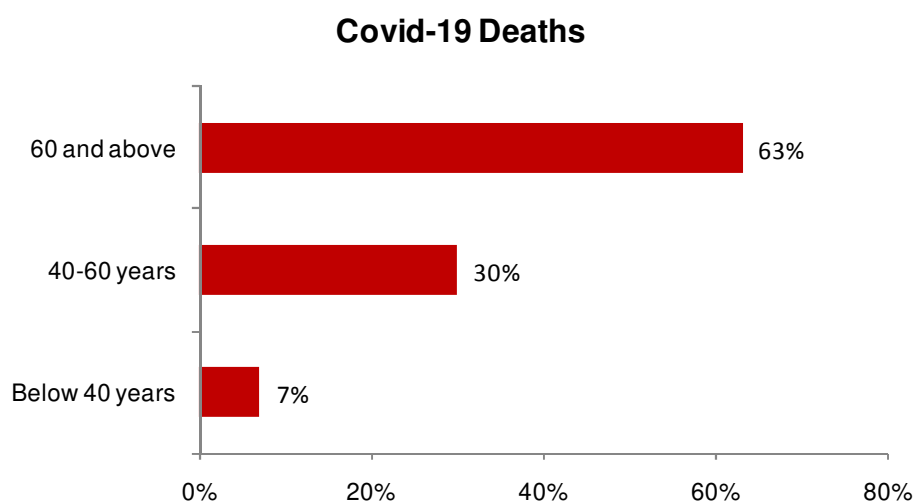
	Cause of Death	YLLs in 2017	
		Millions	Per Cent
	<b>All Causes</b>	<b>346</b>	<b>100.00%</b>
Communicable, perinatal, maternal and nutritional	Perinatal conditions	41	11.85%
	Respiratory infections	20	5.78%
	Diarrhoea	20	5.78%
	Tuberculosis	14	4.05%
	Fever of unknown origin	11	3.18%
	Malaria	8	2.31%
	Other infectious and parasitic	7	2.02%
	Hepatitis	4	1.16%
	Nutritional deficiencies	4	1.16%
	Meningitis and encephalitis	3	0.87%
	<b>Sub-Total</b>	<b>132</b>	<b>38.15%</b>
Non-communicable	Ischaemic heart disease	45	13.01%
	Cancers	19	5.49%
	Chronic respiratory diseases	19	5.49%
	Stroke	17	4.91%
	Liver and alcohol related conditions	12	3.47%
	Digestive	6	1.73%
	Renal failure	6	1.73%
	Diabetes and other endocrine	6	1.73%
	Congenital anomalies	4	1.16%
	Neuropsychiatric conditions	3	0.87%
	Genitourinary diseases	1	0.29%
	Musculoskeletal disorders	1	0.29%
	Vision and other sensory loss	0.5	0.14%
		<b>Sub-Total</b>	<b>140</b>
Injuries	Road traffic injuries	14	4.05%
	Suicide	11	3.18%
	All other injuries	7	2.02%
	Falls	6	1.73%
	Drowning	4	1.16%
	Venomous deaths	3	0.87%
	<b>Sub-Total</b>	<b>45</b>	<b>13.01%</b>
	Ill defined or cause unknown (age less than 70 years)	<b>8</b>	<b>2.31%</b>

Source: National Burden Estimates of healthy life lost in India, 2017; Indian Council of Medical Research; Lancet Glob Health 2019; 7: e1675–84; December 2019

When a young person dies, more years of life are lost as compared to when an old man dies. The above table takes this into account. Hence, perinatal conditions account for 11.85% of YLLs but account for only 4.61% of deaths.

## F. Age Profile & Other Diseases for Covid-19 Morbidity

The following profile of Covid-19 morbidity shows that the Coronavirus hits elderly more than the young. In other words, the disease causes low loss of Years of Life (YLLs).



Source: Ministry of Health, GOI

From a public health perspective another noticeable fact is that “86% *death cases have exhibited comorbidity related to diabetes, chronic kidney issues, hypertension and heart related problems*” (Source: Ministry of Health & Family Welfare, GOI; Press Note dated 6<sup>th</sup> April 2020). In other words, 86% of deaths are due to a combination of Covid-19 and non-communicable diseases. So, from a statistical point of view 86% of deaths cannot be added to the head of communicable diseases and must at least partly be assigned to non-communicable diseases.

## G. Coronavirus & Immunity to Other Viral Infections

Modern science does not know whether a person afflicted by one virus becomes immune to other viruses. There are instances of a person afflicted by rhinovirus (which causes the common cold) to be afflicted by another virus that also causes

similar symptoms. But by and large it is felt that as the body builds immunity fighting one virus the chances of another virus being able to attack are low. I must emphasize that in health matters there are no absolutes; one can only state something that has a high probability.

It is likely that while the country is fighting Coronavirus, either other viruses lie low or the population develops higher immunity to communicable diseases. This possibility, surely, needs to be verified based on actual data from hospitals and doctors across the country. However, based on my personal experience and also based on what I have heard from a few doctors, I can say that this year (February-April 2020) the instances of viral infections (fevers of unknown origin) as well as malaria etc. are very low as compared to previous years. It seems that nature has a way of taking care of her children.

Before I am accused of being unscientific, let me propose something which is the correct scientific method. Government of India should issue daily bulletins about all communicable diseases on a daily or weekly basis (just the way it is doing now for Covid-19). Let the people know at the end of each week or day, the number of persons who have died due to respiratory infections (excluding Covid-19), Diarrhea, Tuberculosis, Fevers of unknown origin, Malaria, Other infectious and parasitic diseases, Meningitis and Encephalitis besides Covid-19. Let this morbidity be given along with the annual average for each respective disease.

Detailed data for all communicable diseases along with the data for Covid-19 will put Covid-19 in perspective and stop the panic reactions that the country is currently experiencing based on reporting of each death. More importantly, if the daily tally for deaths by communicable diseases, perinatal conditions and nutritional deficiencies (including Covid-19) is lower than the average of 6,918 deaths per day observed during 2017, the nation may conclude that probably Covid-19 has been beneficial and not as much of a killer as it has been made out to be.

If this sounds preposterous, let me back it up with anecdotal evidence. I have a habit of looking in the obituary columns of local newspaper every day. For the past three weeks, I have been noticing that the columns are almost empty. It seems that not many people are dying. The observation has been confirmed by many friends across the country. The joke going around on Whatsapp is that the doctors are busy with Coronavirus and hence they have no time for carrying out unnecessary surgeries leading to drop in deaths. I do not agree with the joke. But the fact that someone



thought of making a joke on the lower number of deaths confirms that this is a widely observed fact.

## **H. Spread of Coronavirus Infection & Living with it**

Much has been made of the deadly nature of Coronavirus and its fast spreading nature. The reports that are quoted in support of these claims are based on very thorough studies carried out by laboratories across the world. However, there is no denying that laboratory and real world are different. In real world, while spread does take place by contact the spread is controlled by factors that we know little about. The word immunity is often thrown around, but again no one really knows what immunity is all about.

Let me explain with an example. We in India live with mosquitoes. More than 600 persons die every day in India due to diseases that are caused by mosquito bites. There is no home in the country which has no mosquitoes and some have swarms of them. If a mosquito bites an Indian, he rubs the spot for a few seconds and forgets about it. My American friends often go hysterical the moment a mosquito bites them. But no Indian will even mention it to his / her family. Yes, we know that mosquito bites cause a number of diseases. But we also know that every mosquito bite does not cause malaria or dengue or encephalitis. There is a chance that a particular mosquito bite may be fatal. But, we Indians do not let that chance disturb our day-to-day life.

Imagine if Indians or Government of India decide to make sure that all contact between humans and mosquitoes should be eliminated completely to save precious lives. There will be no farming or horticulture or aquaculture or pisciculture in the country. Each of us will be living in glass, steel and concrete houses with controlled environment. Actually, the country will just perish in the absence of all types of food. And then people will not die of diseases caused by mosquito bites but will die from starvation.

We Indians have learnt to live with mosquitoes and many other bacteria and viruses. It is high time that we learn to live with Coronavirus too. We have to surely contain it and limit the damage that it may cause. But we cannot aim for eliminating Coronavirus. Let us admit that Coronavirus is here to stay with us for a long time to come. Anyone who thinks that the virus will go away in a matter of weeks or months is either too optimist or does not understand the nature of virus. It has been about

four decades since HIV appeared and we still have not been able to get rid of it. There is no reason to believe that Coronavirus will be any different.

## I. Expenditure on Health

Before we discuss about preventing and containing Coronavirus, we should look at the expenditure on health by Government of India and by the state governments.

National Health Policy, 2017 lays down the following objective:

### *2.4.3.1 Health finance*

- a. Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
- b. Increase State sector health spending to > 8% of their budget by 2020.

It is not unreasonable to make a guess-estimate and say that the total expenditure by central and state governments is less than 2% of the GDP.

Budget of Government of India for 2020-21 provides for a total sum of Rs. 68,168 Crores for revenue expenditure and Rs. 3,188 Crores of capital expenditure for AYUSH Ministry, Department of Health & Family Welfare and Department of Health Research. The total expenditure by Government of India in financial year 2020-21 as per budget is supposed to be about Rs. 71,356 Crores or about **0.35% of the country's GDP**.

The above figures of total health budget of Government of India are mentioned to provide a perspective on the sort of money that the country can afford to spend on fighting just one disease (Covid-19).

## J. Economic Cost of Lockdown

Many observers have commented that the 21-day lockdown (24<sup>th</sup> March to 14<sup>th</sup> April 2020) is expected to cost the country about USD 100 billion or about Rs. 750,000 Crores, which is more than ten times the Government of India's budget for health during 2020-21. Of course, if the lockdown is extended the losses are likely to increase more than proportionately.

The above estimate of economic loss does not take into account loss of opportunity due to slow-down in various sectors. GDP growth during 2020-21 may well be close to zero and may even go negative.

One should also not forget the collapse of economic cycle for agriculture which can lead to widespread human distress and may lead to a famine-like situation with large farmer suicides and starvation deaths.

### **K. Lockdown / Curfew & Prevention of Covid-19**

The key question is whether a general curfew with complete lockdown of all economic activity (the type that has been implemented in India) does prevent spread of the disease. The answer is probably No.

If the general curfew could have prevented spread of the disease, in the more than two weeks that have passed since the janata curfew of 22 March the number of new cases should have come down. Undeniable fact is that the number of cases, as well as deaths, has been rising throughout the period of the curfew.

Many of the new cases are from government officers, government staff, police, hospital staff, doctors etc. The strategy of total elimination of Coronavirus has put the complete machinery of government, police and hospitals under extreme strain making them extremely tired and thus more susceptible to virus attack.

An unfocussed approach of stopping all movements of men, materials and vehicles puts demands on the enforcing machinery that are impossible. Most policemen and officers are working for sixteen hours per day. This is clearly unsustainable in the long run.

The enforcement machinery is part of the same society that is suffering due to unavailability of food or water or medicine or job or money. On one hand, the machinery starts permitting leakages. On the other hand, the machinery starts seeing itself as above the law that they are involved in implementing; they start breaking the law in their own personal lives. More than two dozen of health department officials of Government of Madhya Pradesh have tested positive because a couple of senior officers did not take the self-isolation instructions seriously.

Among large countries, India has the lowest ratio of police officers or doctors or health workers for 100,000 population. In such a situation, a general curfew is neither sustainable nor effective.

The need of the country is clearly a focused approach (not unlike the one followed in the case of malaria, HIV and other communicable diseases) with resources targeted at the high-risk sections of society and at the affected persons.

### **L. Recommendations**

Let me quote, Mr. Rajiv Bajaj, Managing Director, Bajaj Auto Limited.

To the best of my knowledge, virtually no country has imposed such a sweeping lockdown as India has; I continue to believe this makes India weak rather than stronger in combating the epidemic.

We should have kept only the vulnerable at home, closed all public spaces, and allowed the young and healthy to keep turning wheels of the economy — with due precautions, with respect to hygiene, masks, distancing, etc.

I don't buy the condescending argument that all Indians are a bunch of illiterate, ignorant, indisciplined morons who need cattle-like shepherding.

The current approach is obviously totally unsustainable in the future; every now and then when a virus returns, are we to fear that the lockdown will also be back?

I'm dismayed that despite having a full-fledged Ayush ministry and being the world's centre of excellence in homoeopathy, India has barred homoeopaths and naturopaths from offering affordable, scalable solutions, especially given that homoeopathy is universally acknowledged to have no inimical side effects.

<https://economictimes.indiatimes.com/news/politics-and-nation/view-must-sell-ourselves-out-of-this-crisis/articleshow/75038503.cms>

Mr. Bajaj's concern "*to keep turning wheels of the economy*" must be appreciated and shared by all those who care for India. While agreeing with the line taken by Mr. Bajaj, let me elaborate and suggest the steps for containing (not eliminating) Coronavirus (Covid-19):

- ✓ Strictly ban all large gatherings whether in religious places (temples, mosques, churches, gurudwaras, synagogues etc.) or for business or social (weddings, parties etc.) or political purposes or entertainment (cinema, sports etc.).
- ✓ Order strict curfew (no stepping out of house or other abodes) for all high-risk individuals which will include the following:
  - a) All persons above 70 years of age
  - b) All those who have had tested positive in the past two weeks
  - c) All those who have interacted during past two weeks with persons mentioned at (b).
- ✓ All workplaces and educational institutions to strictly enforce hand-washing and use of masks.
- ✓ Hygiene levels at workplaces and public places (railway stations, airports, bus stations etc.) to be improved.
- ✓ International travel to be restricted to only countries with low level of spread of Coronavirus.
- ✓ All international travelers coming to India to be compulsorily tested for Coronavirus. Pending receipt of test report, all inwards travelers to be compulsorily put under self-isolation or quarantine.
- ✓ Medication of positive cases with no or mild symptoms to be assigned to AYUSH (Ayurved, Homeopathy, Unani) hospitals. (It may be mentioned here that China has been able to control the malaise quickly due to extensive use of Chinese traditional medicine, which broadly follows the same principles as ayurved).

- ✓ Allopathic doctors and hospitals to get involved with Covid-19 patients only in case of severe symptoms.
- ✓ Strictly enforcing the maximum period (eight hours) that any human being can be put to work in a day. This is most important for doctors (allopathic as well as Ayush), nurses, police officers, government officers, software professionals, call centre employees, hospitality industry employees etc. A tired person has lower immunity and is most susceptible to falling prey to the virus.
- ✓ Personal protective equipment to be provided to all those who may be vulnerable.

The approach is clearly to ensure that the productive sections of society are not restricted while the vulnerable are protected to the maximum. The above recommendations, if implemented, should be reviewed after three months.

Indian industry should be encouraged to increase capacities and take advantage of the emerging opportunities as the world moves to develop alternative source for various goods and products. The past few weeks have put the industry in ICU. It needs help to come out of the sad state that it has got into. But the situation is not impossible.

India must get out of the fear psychosis and regain its confidence and enthusiasm. A booming economy can better take care of sick and weak.

India has faced worse in the past and has come out with flying colors. There is no reason that we cannot do it now with determination and vision.

Let me conclude this long article with the objectives that National Health Policy 2017 has set up for two diseases – HIV and TB:

- a. Achieve global target of 2020 which is also termed as target of 90:90:90, for HIV/AIDS i. e., 90% of all people living with HIV know their HIV status, - 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.
- c. To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status by 2025.

Let our objectives for Covid-19 be on the lines that we have for HIV and for TB. Let us not aim to eliminate Covid-19 in a matter of weeks or months. Let us be realistic. Let us not be panicky.



Anil Chawla

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(With editorial support from Yogita Pant)

ANIL CHAWLA is an engineer and a lawyer by qualification but a philosopher by vocation and an advocate, insolvency professional & strategic consultant by profession. His works can be seen at [www.samarthbharat.com](http://www.samarthbharat.com) To know about his professional work, please visit [www.indialegalhelp.com](http://www.indialegalhelp.com) and [www.hindustanstudies.com](http://www.hindustanstudies.com)