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State and the COVID-19 pandemic

Kerala in the context of global, national and subnational experiences

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1 Introduction

History repeats, ironically, in times of crisis. History has repeated in the recent COVID-19 crisis by raising once again the role of the collectivity, state, hitherto subordinated to the neo-liberal liberalization. Thus has started the present state-led war against the pandemic. However, given the profoundly unequal world, characterized by unacceptable divides between and within countries in the aftermath of over thirty years of liberalization, there has been considerable variation in the ability to fight the virus. The nature and extent of the war have also been governed by the underlying economic and political philosophy followed by the countries concerned. Thus, when the WHO declared a 'Public Health Emergency of International Concern' on 30 January 2020, many of the world's nation-states have obliged to take measures to contain and eliminate the pandemic, but some have not. However, no country has stayed safe while the virus ravaged in global circulation, but its impact has been very uneven. While some countries have miserably fallen crippled, some others have seen some luck for a quick reversion to almost normalcy. Such significant differential impact owes a lot to the critical variances in the political will of the governments concerned to pursue policies and in their institutional capacity to execute them, as well as in their unwavering collective commitment and dedication to the people at large.

In this paper we explore the strategies followed by countries at large, with special focus on[1] India and Kerala

2 The crisis and the response: Global trends

Battled and battered by ever new virus mutants in successive infection waves, coupled with the great vaccine divide over the globe in the face of visceral vaccine protectionism, the global economy still remains overcast with extreme uncertainty. As of 14 February 2023, there were 75,61,35,075 confirmed cases of COVID-19, including 68,41,152 deaths, reported to WHO, with 0.905% case fatality rate; and as of 30 January 2023, a total of 13,16,89,35,724 vaccine doses were administered, number of persons fully vaccinated per 100 population being 64.85. That the virus mutates as long as it lives with humans and that *nobody* is safe until *everyone* is safe must be an unescapable pointer towards the essential necessity for speedy and universal vaccination on a war footing.

COVID 19 has hit an already unequal world and firmly reinforced the inequalities of class, race, ethnic origin and gender, giving rise to new trends. According to the Institute for Policy Studies, drawing on data from *Forbes*, the world's 2,690 global billionaires saw their combined wealth rise from $8 trillion on 18 March 2020 to $13.5 trillion as of 31 July 2021, a gain of over 68 percent.[2] The Oxfam report on *the inequality virus* categorically states it took just nine months for the top 1,000 billionaires' fortunes to return to their pre-pandemic highs (Oxfam 2021:4), but for the world's poorest people recovery could take 14 times longer, more than a decade (World Bank 2020).

It is significant to note that the global equality advocates have called on all the nation-states to levy a one-time 99% tax on these billionaire windfall gains during the pandemic, enough to pay for COVID-19 vaccine for everyone across the globe and to provide a $20,000 cash grant to all unemployed workers,[3] but no country has so far dared or cared to raise a finger. It is also significant to highlight the finding that women are globally overrepresented in the sectors of the economy that are hardest hit by the pandemic (International Labour Organisation. 2020: 3) such that if women were represented at the same rate as men in those sectors, 112 million women would no longer be at high risk of losing their incomes or jobs (Oxfam 2021: 13). The response to the crisis was greatly influenced by the development

[1] For a detailed discussion, see Joseph and Vijayamohanan (2022)
[2] https://ips-dc.org/global-billionaires-see-5-5-trillion-pandemic-wealth-surge/. Accessed 1 January 2022.
3 https://ips-dc.org/global-billionaires-see-5-5-trillion-pandemic-wealth-surge/ Accessed 1 January 2022.

strategy pursued by the countries concerned. National governments and their central banks over the globe pursued policies and measures in the form of additional fiscal spending, foregone revenues, capital and debt injections, contingent liabilities, and liquidity/funding for lending adding up to US$ 16 trillion or 15.3 per cent of world GDP (IMF 2021c: 1).

Behind the diverging performance

The great vaccine divide

The diverging performance across countries could be attributed to a great extent to the great vaccine divide. **While the developed countries have managed to provide their citizens with adequate inoculation, the developing countries in general and the least developed ones, especially from Africa, were deprived of the protection from the virus through vaccination.** In advanced economies about 58 percent of the population has been fully vaccinated against COVID-19, whereas the rest of the world has lagged much behind, with fully vaccinated population shares of about 36 percent in emerging market economies and less than 5 percent in low-income developing countries, both constrained primarily by vaccine supply and distribution. It goes without saying that as long as this vast vaccine divide persists increasing inequalities in health and economic outcomes, without fail, will remain to further driving divergences between the two blocs of countries.

Differences in fiscal support

From a policy point of view, **the common feature of the countries that managed to record an almost V -shape recovery has been the prompt and strong fiscal policy measures exceeding even 10% of the GDP to address the fallout of the economic downturn**. In addition to the fiscal backing, many emerging market economies came up with extraordinary monetary policy actions, including, for the first time, asset purchases by their central banks, and regulatory efforts to support credit. While the advanced economies continued with substantial fiscal support, very few countries among the emerging market economies (Chile, Serbia and Thailand) were able to muster above-10% fiscal spending, and unfortunately none among the low-income countries. Especially notable was the case of India, among the emerging market economies, with less than 5% fiscal spending and a little-above 5% monetary support; note that in India, the GDP growth was in the southward direction even before the outbreak of the pandemic on account *inter alia* of demonetization in 2016 and the hasty and unscientific introduction of the GST reform in 2017. It is unfortunate that Indian

fiscal spending initiatives looked less impressive than those in a number of countries (other than Chile, Serbia and Thailand, mentioned above) such as Brazil, Indonesia, Mauritius, Peru, Serbia, etc. Even her monetary support was much less than that of Peru and Turkey and stood dwarfed by that of Mauritius.

Rising public debt – the price of saving lives and livelihood

As virus diffusion went up, so did the debt everywhere, both private and public. **Going by the evidence from the Global Debt Database published by IMF in 2020,[4] the stock of Global debt scaled a new peak of $226 trillion, the largest one-year debt surge since World War II,** when the world was hit by the pandemic and a deep recession followed. The global debt rose by 29 percentage points to 257 percent of GDP in 2020, and the global public-debt-GDP ratio reached a new peak of 99% in 2020, which is apparently the highest increase since the second world war. With unprecedented increase, the public debt accounted for almost 40 percent of total global debt, the highest share since the mid-1960s. It is evident that the emerging markets and low-income developing countries faced much tighter financing constraints, along with large disparities across countries. China alone accounted for 26% of the global debt surge. Hence the emerging markets (excluding China) and low-income countries accounted for small shares of the rise in global debt, around $1-$1.2 trillion each.

Inflationary pressures

Another factor of burden that rose with the virus, inflation rate has got rapid momentum in the United States and in some emerging market and developing economies. In general, the rising inflation reflected "pandemic-related supply-demand mismatches" (IMF 2021b: xv); following the relaxation of restrictions, demand has surged much faster than the slow-responding supply. With loss of employment and loss of income against rising prices of essential commodities, poor households stand hapless and helpless already under the psychological pressure from anguishing anxiety in the face of a ravaging virus. It is estimated that 95 million additional people were forced into extreme poverty during 2020, with 80 million more left undernourished than before, mostly in low-income countries (IMF 2021a: xiii). Again, about 65–75 million additional people are estimated to be in extreme poverty in 2021 (IMF 2021b: 7).

[4] https://www.imf.org/ Accessed 1 January 2022.

3 The crisis and the response: Indian trends

The first case of COVID-19 in India was reported on January 30, 2020 in its most outward oriented state of Kerala. Within two weeks of the World Health Organisation (WHO) declaring Covid-19 a pandemic, India imposed a strict lockdown on 25 March 2020. On 10 June 2020, India heaved a sigh of relief as recoveries exceeded active cases for the first time.[5] Though infection rates started to drop in September 2020, there appeared a second wave beginning in March 2021, much more devastating than the first, with shortages of vaccines, hospital beds, oxygen cylinders and other medical supplies in parts of the country.[6] By late April 2021, India started to lead the world, though for a few days, in new and active cases; on 30 April 2021, it became the first country to report over 400,000 new cases in a 24-hour period.[7] Now in India, as of 15 February 2023, there were 4,46,84,376 confirmed cases of COVID-19 with 5,30,756 deaths, reported to WHO, with a case fatality rate of 1.19%. As of 30 January 2023, a total of 2,20,51,13,973 vaccine doses were administered, number of persons fully vaccinated per 100 population being 68.97.[8]

Measures to prevent the spread of the virus: Lockdowns/unlocks/vaccination

In sync with the Global practice India resorted to lockdown and social distancing that got manifested in a series of measures. The lockdown process in India continued in different phases: Lockdown Phase 1 (25 March – 14 April), Phase 2 (15 April – 3 May), Phase 3 (4–17 May) and Phase 4 (18–31 May). And then started a series of unlock processes from 1 June 2021 onwards.

India began her vaccination programme, the world's largest one, on 16 January 2021, nearly a year after the first reported case in the country, operating 3,006 vaccination centres at the outset, with AstraZeneca vaccine (Covishield) and the indigenous Covaxin. Later on, a few other vaccines were also approved (such as Russia's Sputnik V on April 13, 2021). **As of 16**

[5] https://www.hindustantimes.com/india-news/covid-19-number-of-recoveries-exceed-active-cases-for-first-time/story-uA0C6zESJTdkl9UQ2lHc2M.html. Accessed 3 January 2022.
[6] https://www.theguardian.com/world/2021/apr/21/india-shocking-surge-in-covid-cases-follows-baffling-decline. Accessed 3 January 2022.
[7] https://www.thehindu.com/news/national/coronavirus-india-becomes-first-country-in-the-world-to-report-over-400000-new-cases-on-april-30-2021/article34453081.ece. Accessed 3 January 2022.
[8] https://covid19.who.int/table. Accessed 16 February 2023.

February 2023, India administered over 220 crore (220,62,92,091) doses overall, including first and second doses of the currently-approved vaccines. [9]

Hasty lockdown with too little support?

India's immediate response in the form of an abrupt announcement of lock down of the entire country with zero preparation, within just four hours of notice, has invited a barrage of criticisms. **The Economist (April 2020, issue 4) argued that while India topped in lock-down stringency index, it bottomed in providing fiscal support to its citizens during the lockdown.** Elderly, Children and women turned out to be the worst sufferers of this pandemic. Elderly paid through their lives and isolation. Women were first ones to exit the workforce but the last to join back. They assumed greater burden of reproductive activities and unpaid care work; several suffered the domestic violence in isolation. Children lost their schooling and suffered prolonged isolation. India had to silently witness mass exodus of migrant workers from cities to their villages in multiples of biblical scales, some on bicycles and many on bare foots, without enough food, water and rest, always haunted by the fear of the virus and the anxiety for future, and attacked by the police for violation of the lockdown rules. No doubt "2020-21 will go down in history as the year of the COVID-19 pandemic break in the life and ethos of humanity", as the Reserve Bank of India (2021: 10) remarks, though in another sense.

The governments seem to have forgotten that "the 'hunger hotspots' require much the same political vigilance and concern as 'COVID hotspots'. "Corona *maare ne maare, bhukmari se mar jayenge'* (we may or may not die of coronavirus, but we will certainly die of hunger).[10] The unplanned, hasty, lockdown has in fact put the onus of receiving food and cash, the rights of the helpless poor, on their own shoulders!

Fiscal and monetary measures

According to the Reserve Bank of India (2021), a concerted and determined policy stimulus to counter the pandemic impact started with direct assistance in cash and kind to the poor and then progressively culminated into a comprehensive package called Aatma Nirbhar Bharat

[9] https://dashboard.cowin.gov.in/. Accessed 16 February 2023.
[10] https://thewire.in/rights/hasty-lockdown-crawling-relief-from-duty-to-charity. Accessed 3 January 2022.

(self-sufficient India), a composite package with welfare measures to address the short-term distress of individuals and firms; in 2020-21, it cumulated to 15.7 per cent of GDP.[11]

The Government's fiscal policy response to the pandemic, though less impressive than those in a number of countries, as noted above, included one of the world's largest food grains distribution programme, direct cash transfers to 42 crore individuals, more than 20 crore Women Jan Dhan accounts, cash support to building and construction workers, 30,000 crore additional emergency working capital funding for farmers through NABARD, additional pension payments, provision for free gas cylinders, additional allocation under MGNREGS, government guarantees for credit, postponement of financial deadlines etc (Government of India 2021: Chapter 1). Moreover, in order to boost employment and livelihood opportunities for migrant workers who had returned to their villages and for the similarly affected citizens in rural areas under the pandemic crisis, the government launched *Garib Kalyan Rojgar Abhiyaan* (employment plan for welfare of the poor) on 20 June 2020 for a period of 125 days in 116 districts of 6 States. Also launched was an Emergency Credit Line Guarantee Scheme to provide the required relief to sectors under stress by helping them sustain employment and meet liabilities; this was followed by its second version to offer necessary credit guarantee for loans by banks and NBFCs to identified sectors under stress. The focus of the stimulus measures shifted, with the gradual unlocking of the economy, towards investment inducing and consumption reviving measures (like Production Linked Incentives), by expanding capital expenditure and investments in infrastructure sector. As the fiscal policy interventions appeared inadequately counter cyclical, the Central Bank (RBI) has come forward more proactively with various conventional and unconventional liquidity enhancing monetary policy measures also.

COVID and the Indian economy

The economic impact of Covid-19 in India was devastating under the combined forces of demand compression and supply disruption. The Indian economy had already been in a prolonged slowdown and marked by a number of legacy problems such as a slow rate of job creation and lack of political commitment to improving working conditions along with a fierce neoliberal state agenda for free markets. As the virus hit an already frail and fragile system, the real growth rate of GDP plunged to –8% and that of the total consumption expenditure to -7.1% in 2020-21 (Reserve Bank of India 2021: 20).

[11] https://www.rbi.org.in/Scripts/AnnualReportPublications.aspx?Id=1314 Accessed 3 January 2022.

It goes without saying that the pandemic crisis had a significant impact especially on the poor and vulnerable households in India, as elsewhere. In an already worse situation of humanitarian crisis coupled with the government apathy and neglect, the pandemic inescapably exposed and exacerbated the existing inequalities in the Indian economy. The World Bank projections of GDP per capita growth in India under the pandemic shows that the poverty rates in 2020 likely reverted to the estimated levels in 2016.[12] According to a survey on *Impact of Corona Virus on Indian Businesses* by the FICCI in March 2020, up to 53% of businesses in India specified a certain amount of impact of shutdowns due to coronavirus on operations. [13] The Centre for Monitoring the Indian Economy reported that by **April 2020, unemployment rate in India shot up to 23% to 24% from 7% to 8% in the previous year, labour force participation rate dropped to 35.5% from 43%,** and over 45% households reported a reduction in income compared to a year ago.[14] Various businesses such as hotels and airlines and manufacturing enterprises resorted to salary cuts and layoffs notwithstanding the mass exodus of migrant workers. However, with gradual lifting of restrictions and reopening of the economy, signs of recovery appeared in terms of moderation in the pace of contraction and a promising GDP return to positive terrain.

4 The crisis and the response: Indian states

Even before 24 March 2020, when the Central government ordered a nationwide lockdown from the midnight of the same day, many of the Indian state governments had started to respond to the pandemic situation in the respective states with various declarations of emergency, closure of institutions and public meeting places, and other restrictions helpful to contain the spread of the virus. Lockdown had been in force in many of the states and UTs, schools had remained closed except in a few UTs and in Arunachal Pradesh, Assam and Goa; so had been cinemas/malls; in some of the states and UTs, both the public and private transport also had remained closed.

A number of states came up with immediate relief measures, Kerala being the first one: thus, rising to the occasion, the Kerala government announced on 19 March 2020 a stimulus package of Rs 20,000 crore (US$2.7 billion) in order to counter both the COVID-19 epidemic and the consequent economic hardship. Uttar Pradesh came up on 21 March

[12] https://www.worldbank.org/en/country/india/overview#1. Accessed 5 January 2022.
[13] https://ficci.in/study-page.asp?spid=23194&sectorid=130. Accessed 3 January 2022.
[14] https://scroll.in/article/959756/podcast-how-has-indias-lockdown-impacted-unemployment-rates-and-income-levels. Accessed 3 January 2022.

2020 with relief package of Rs1,000 (US$13) to all daily wage labourers and the next day Punjab announced Rs3,000 (US$40) to all registered construction workers. A number of states and union territories offered free and increased rations for ration card holders, some states to all and some others only to the BPL families. Karnataka's relief measures amounted to Rs1,610 crore (US$210 million) for unorganised sectors including flower growers, washer-men and women, barbers, construction workers, auto and cab drivers, MSMEs, and weavers. The Delhi government offered a compensation of Rs10 lakh to the family of every health care or frontline worker (doctor, nurse, hygiene worker, etc) in the event of death during treatment.

Spending on labour welfare and social security

Informal workers, mainly migrant and platform workers were affected badly by the advent of Covid-19 and the lockdowns. Although the central government announced many policies (One nation One Ration card, extension of social security benefits, etc) to address these issues, the allocations have in fact lagged the announcements. As labor, employment and social security come under the concurrent list, orders of the union as well state governments have a crucial role. The governments' spending on social security and welfare is in fact the real lifeline for the distressed population, as they are badly affected by the pandemic and the lockdown. A number of welfare schemes and relief packages were announced by both the Union and State governments.

The budget estimates of 2020-21 over the realized spending of 2019-20 show that all the selected states' allocation had considerable increase, with Andhra Pradesh, Maharashtra and Punjab standing out. But these increases were not completely absorbed when it came to the growth of actual expenditure over the budgeted figures of 2020-21. While comparing the growth of revised estimates of 2020-21 over the realized spending of 2019-20, it can be found that except Andhra Pradesh, all states showed an increase in the growth rate. Maharashtra and Odisha spent around 60 percent more, while Bihar, Kerala, and Karnataka around 30 percent more. Spending by Gujarat and UP showed an increase below 10 percent and Punjab, Rajasthan, Tamil Nadu, Telangana and West Bengal had a growth rate between 10 to 30 percent.

An analysis of the State government expenditure on social security and welfare shows that except Andhra Pradesh, Rajasthan and West Bengal, all other states showed an increase in the

growth of budgeted figures for the 2020-21 over the actualized spending on 2019-20. Coming to the growth of what was budgeted and what was realized, Bihar, Gujarat, Kerala, Maharashtra, and Rajasthan showed an increase of more than 20 percent while Andhra Pradesh, Odisha, Punjab, and UP showed a negative growth in the spending. Notably, **Kerala's spending on social security has been exceptionally high, while comparing the growth of actual spending from 2019-20 to 2020-21, showing the much-acclaimed welfare orientation of the State.** Gujarat and Maharashtra attained a growth around 50 percent. Expect Andhra Pradesh, Odisha and West Bengal which showed a negative growth, all other states showed an increase in spending.

Undercounting of cases and deaths

It is unfortunate to note that many instances of undercounting of total cases and death figures were reported during both the first and second waves in many states in India (as elsewhere globally). The official death counts released by the governments were found to differ substantially from the number of deaths reported in obituaries, at crematoria and burial grounds, etc. It is reported that many states, contrary to the WHO guidelines, have not added suspected (probable) Covid-19 deaths[15] in the final count; and some of the states have tended to attribute the Covid-19 deaths to the patients' underlying conditions or co-morbidities. In this respect, two states, Gujarat and Telangana, were found to have under-counted very heavily.[16] Several countries have now recognised that counting suspected deaths is crucial for getting the true picture of the impact of COVID-19. Thus, in April 2020, the US Centres for Disease Control and Prevention asked the American states to report "probable deaths" apart from confirmed deaths as well.[17] However, in India, it is still not clear if suspected deaths are also counted.

The Hindu daily (11 September 2021) sought to estimate the 'excess mortality' (the number of additional deaths during the pandemic) in 11 Indian States/Union Territories using their Civil Registration System (CRS) data and found it to be 5.78 times the official COVID-19 death toll, the highest among nations with the most recorded fatalities due to the pandemic. Madhya Pradesh topped the list with an undercount estimate of 23.8 (times), followed by Andhra

[15] Suspected (probable) deaths are deaths among patients with COVID-19 symptoms, who lived in or travelled to an area with community transmission, and who did not have positive results from nucleic-acid tests.
[16] https://www.bbc.com/news/world-asia-india-53773070. Accessed 6 January 2022.
[17] https://science.thewire.in/health/india-mccd-comorbidities-covid-19-deaths-undercounting/. Accessed 6 January 2022.

Pradesh (17.88 times) and west Bengal (11.15 times). Though Kerala appears to have a reverse case in this list, an earlier exercise by The Hindu (25 June 2021) reported an estimated undercount factor of 1.6 for Kerala, still the lowest among the states studied. It must be noted that in response to the criticism about the under-reporting of COVID-19 deaths in Kerala, the State government introduced on 15 June 2021 an online, real time COVID-19 death reporting system, wherein all deaths are entered directly by doctors onto the WHO's reporting format, from which the data on deaths are compiled and the count released by districts.

Similarly, **a study by the Centre for Global Development reports excess mortality estimates for India from the pandemic's start through June 2021. The study yields an estimate of 4.9 million excess deaths in India (Anand, Sandefur and. Subramanian 2021). This report also shows Kerala with the lowest excess deaths among the Indian states, with (near) zero during the second wave** (op. cit.: Appendix Table 1).

5 The crisis and the response: Kerala

Kerala reported the first ever COVID case in the country on 30 January 2020 and her success in containing the pandemic was widely praised both nationally and internationally.[18] The state effort was remarkably successful in containing COVID-19 during the first wave in achieving a low rate of spread, high recovery, and low fatality, reducing the rate of increase of new cases by 30 April 2020 to less than 0.25% per day. However, in mid-May, there appeared a 'second wave' of new cases, following the return of Keralites from other countries and other Indian states. The surge continued unabatedly following the Onam festival in late August (third wave) and then the state elections to all local bodies in December (fourth wave) and to the State Legislature on 6 April 2021 (fifth wave). Thus, the active cases in Kerala increased from 31,493 on 7 April to 4.32 lakh on 12 May 2021, with 43,529 new cases, the highest single-day record in the state since the outbreak of the pandemic,[19] with a less-than-one (0.793) recovery-cases ratio. July 2021 saw Kerala accounting for more than 50% of daily new cases in India. The state, however, has continued to register very low case fatality

[18]https://www.bbc.com/news/world-asia-india-52283748.amp.
https://www.technologyreview.com/2020/04/13/999313/kerala-fight-covid-19-india-coronavirus/amp/.
https://lfpress.com/news/world/the-kerala-model-how-a-small-indian-states-treatment-of-the-countrys-covid-19-patient-zero-helped-flatten-the-curve/wcm/fa331dd2-1233-4fbd-a141-7086c7edaa95/. All accessed 7 January 2022.

[19] https://www.business-standard.com/article/current-affairs/kerala-sees-biggest-single-day-spike-of-43-529-new-coronavirus-cases-121051201053_1.html. Accessed 7 January 2022.

rate in India (0.3% against 1.51% of all-India, 3.1% of Punjab and 2.6% of Maharashtra as of 23 October 2020).[20]

As of 16 February 2023, Kerala reported 6767856 total confirmed cases, with a recovery rate of 98.8% (against 98.81% all-India), active cases of 0.14% (against negligible% all-India), and case fatality rate of 1.05% (against 1.19% all-India).[21] About 81.51% of total population in Kerala have so far been vaccinated, with 101% in the age group of above 18 years and 84% in the age group of 15-17 years.

Kerala was one of the initial states to set up a comprehensive programme for genomic surveillance of SARS-CoV-2, the data from which is also incorporated in the national surveillance dashboard. The programme has been instrumental in inputting information on the spread and emergence of SARS-CoV-2 variants in the state; a pilot study under the programme suggested that the major clusters in Kerala had come from inter-state rather than international introductions.

Behind the success

Isaac and Sadanandan (2020) highlighted role of various factors especially public health system, social capital and the active involvement of the people through local governments. The importance of the public health system, social capital and the active involvement of the people through local governments that played a significant role in Kerala's success is highlighted The WHO has attributed the success to the state's experience and investment in emergency preparedness and outbreak response earned during the Kerala floods in 2018 and especially, the NIPAH outbreak in 2019. "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". [22]

The **'Kerala model of controlling the epidemic' had its roots in the strong and vibrant health care system consistently built over more than a century of time.** This enabling

[20] https://pib.gov.in/PressReleasePage.aspx?PRID=1667085. Accessed 7 January 2022
[21] For Kerala, https://dashboard.kerala.gov.in/covid/index.php; and for all-India, https://www.mohfw.gov.in/. Accessed 16 February 2023.
[22] https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala. Accessed 7 January 2022.

environment along with the high literacy rate in the state and the high-level political and administrative commitment stood in good stead for the much-needed impetus in the fight against the virus, and facilitated the inter-sectoral coordination among the State Emergency Operations Centre (SEOC), the office of Kerala State Disaster Management Authority and the Health Department as well as community participation. The strategy was "trace, test and contain", in line with the WHO's guidance of tracing, testing and isolating, with extensive measures of screening and quarantine of all the incoming travellers. The state government also set-up at least two COVID-19 dedicated hospitals with well-trained staff and team from all specialties in each district to treat the positive cases. State and District Medical Boards were constituted to bring out treatment and discharge protocols and assess each positive case. True NAAT and CB NAAT *(Xpert-SARS-CoV testing*) has also been initiated in eight government institutions and nine private institutions for testing samples for patients undergoing an emergency surgery, symptomatic health workers, sick patients or Covid-19 suspected death.

Another feature of this health care mechanism has been the provision of psychosocial support through the Tele medicine portal, *e-sanjeevani, for tele-consultation across the state and the Ottakalla oppamundu* ('You are not alone, we are with you'), a psychosocial support programme to address the mental health needs of the people during the pandemic. As of 23 June 2020, 1143 mental health professionals, including psychiatrists, psychiatric social workers, clinical psychologists and counsellors were deployed to provide support to people in quarantine or isolation, numbering 480,504.[23] Counselling service was also provided to frontline workers working in corona outbreak control activities. The government adopted an inclusive approach and addressed the special needs of mentally-ill patients, children with special needs, migrant labourers and elderly people living alone. As of 23 June 2020, the psychosocial services had reached out to 1,142,701 people in the state by providing them an enabling environment to deal with stress related to the novel coronavirus outbreak (ibid).

An awareness campaign 'Break the Chain' was successful in promoting the importance of hand hygiene, physical distancing and cough etiquette. Hand washing stations were installed in strategic locations, including exit and entry points of railway stations etc to instil and institute a behavior change. The Kerala *Arogyam* portal, Covid *Jagratha* portal and

[23] https://dhs.kerala.gov.in/wp-content/uploads/2020/06/Bulletin-HFWD-English-June-23.pdf. Accessed 7 January 2022.

Directorate of Health Services website were launched by the Department of Health and Family Welfare with comprehensive information on COVID-19.

It must be emphasized that **the empowered women self-help groups, Kudumbashree, helped the cause in a big way**. *Kudumbashree* formed close to 1.9 lakh Whats App groups with 22.5 lakh neighborhood group members to educate on key safety measures as advocated by the government during lockdown.[24] **According to the WHO (on 2 July 2020), Community Kitchen initiative through the Local Self Government Department (LSGD) with the support of Kudumbashree has provided more than 865.2 lakh free meals to workers, those in quarantine/ isolation, destitute and other needy persons.**[25] It goes without saying that such mechanisms of distribution of cooked meals and provision of free ration under the Public Distribution Scheme to those in need is reflective of a well-thought-out and a caring response and relief strategy.

Kerala's economic response to Covid-19

Kerala's response to the Covid-19 was multidimensional in that it has aimed at providing healthcare and other facilities along with measures to ensure food security and to stimulate the economy.

Kerala was the first state to announce a substantial relief programme in the form of a Rs 20,000 crore package, much ahead of the Central Government and the other States in India, in view of the anticipated economic impact of the pandemic. Out of the Rs 20,000 crore economic package, Rs1,320 crore was to disburse welfare pensions in advance for 2 months in March itself. Another tranche of Rs100 crore was to provide assistance of Rs1,000 each for families not eligible for welfare pensions. Rs 2,000 crore was set aside to provide jobs under the employment guarantee scheme.

In order to meet the additional expenses of the Covid-19 public health care facilities, the Government allocated Rs 500 crore. Another allocation of Rs 100 crore was set aside to provide food grain through the public distribution system. Besides, as a part of the Hunger-Free Kerala project, Rs50 crore was allocated to provide meals at just Rs 20 through 1,000 food stalls across the state set up in April 2020 by the government. Further, the State

[24] https://kudumbashree.org/pages/828. Accessed 7 January 2022.
[25] https://www.who.int/india/news/feature-stories/detail/responding-to-covid-19---learnings-from-kerala. Accessed 7 January 2022.

Government allocated Rs 14,000 crore to clear all pending payments of the State Government to institutions and individuals.

Throughout the lockdown period and after, Kerala gave priority to ensuring that the people had enough food materials and no one remained hungry. A kit with 17 items was provided to all ration card-holding households in the State. A total of 84.5 lakh ration cards were provided with such *Athijeevana* (survival) kit. Migrant labourers were also provided food and other provisions during the lockdown period. Camps were set up to ensure better facilities for the migrant workers.

Pressures of inflation and public debt

As we have already found, consumer price inflation started to increase in many parts of the world, especially in emerging market and developing economies, along with the pandemic, despite the dampening demand and subdued supply under the lockdown restrictions, adding fuel to fire in the lives of millions left in the lurch with no job and income. India, closely integrated with the world economy, also fell under the inflationary pressures, such that the headline inflation[26] went above the upper tolerance band of the inflation target during June-November 2020, taking fuels from a sharp spike in both food inflation and core inflation (excluding food and fuel) in conjunction with a number of adverse developments (RBI 2021: 39).

Inflation in Kerala, highly dependent on neighbouring states for most of her essential commodities, cannot but toe the Indian trend in general. However, it should be noted that the helping hand of a willing state did come forward in Kerala with all the possible fiscal support to the people in need, as we have already seen above. And this as such has resulted in an unavoidable increase in public debt in Kerala, as elsewhere across the globe. According to the Comptroller and Auditor General (CAG) report tabled in the State Assembly on 11 November 2021, the state's public debt increased to Rs 2.74lakh crore in 2019-20. The Debt-GSDP ratio of Kerala rose from 25.12% in 2012-13 to 30.46% in 2019-20 (Government of Kerala 2021: 44). These figures may present an enjoyable feast to the so-called critics, bent on reaping political mileages, but at the cost of the reality of the devastating impact of the pandemic on the people at large.

[26] Headline inflation is measured by year-on-year changes in the all-India CPI-Combined (Rural + Urban) with base year 2012 = 100 released by the National Statistical Office (NSO), Government of India.

6 Concluding observations

As the pandemic ravaged almost all the sectors of the economies and the sections of the societies over the globe, nation states, regardless of their level of development and social transformation, proactively intervened to save the life and livelihood of people. This in fact was a historical turning point that reinforced the paramount role of the state once again in a world that often tends to push the state to the back seat, albeit the nature and the extent of state intervention vary. It was further revealed that with the pandemic the growing inequalities as exclusion within and between countries, the notorious offshoot of 40 years of neo liberal reform, got further accentuated. We also observed that as a result of counter cyclical fiscal policy measures, the debt burden at the global level reached an all-time high leaving the debt GDP ratio as the highest in the past 50 years. This growing debt was mostly driven by public debt in developed countries. Thus viewed, **the concern for debt did not deter the developed countries from borrowing to save the life and livelihood of their people on the one hand and investment for future development on the other.**

When it comes to the Indian experience, it was evident that the central government was highly proactive in addressing Covid pandemic and fairly successful in managing it during the first wave, although high price had to be paid for the unplanned lockdown imposed with a view to ensuring social distancing to prevent the spread of the pandemic. Evidence in fact tends to suggest that there was much more room for fiscal stimulus. India was at its best when it came to lockdown strictness. Apparently, heavy dependence was on monetary policy measures, to induce the banks to come forward to provide with adequate liquidity to grease the wheels of the economy.

Since the state Governments in India are much closer to the people than the Union Government, the study undertook careful examination of the state level initiatives for different target groups. The study observed hardly any state in the country reneged from their responsibility in times of pandemic. Almost all the States initiated schemes to protect especially the weaker section from the pandemic that included, but not limited to, the ration card holders, MNREGA workers, women, school children, workers in general, health professionals, among others.

However, the study notes that in terms of the initiatives with respect to social protection during the time of pandemic, Kerala stood head and shoulders above all the states. It was

evident that hardly any section of the society remained out of the caring hand of the State. Keeping in mind the dampening effect on investment multiplier of lockdown-induced social distancing, the Government of Kerala ensured the provision of essential goods to all the citizens for almost for a year, while such provision was limited to one or two months and select groups in other states. This is further evident from the fact that **the expenditure on social welfare in Kerala recorded a growth of 165% in 2020-21 (RE) as compared to 2019-20 (actual), which is remarkably higher when compared to other states. True, there is a price that Kerala paid for that care in terms of an inevitably increasing public debt; the state's public debt increased to 32.07%** in 2020-21, which unfortunately became a fascinating subject for some myopic journalists. That this is the price for the collective care in a crisis is the invaluable lesson of the history that has repeated now.

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