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A Review on Government Financial Aids and Mortality due to COVID-19 in India

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Abstract

The COVID-19 has left whole world devastated. The infections and deaths kept on rising despite of all the precautions and efforts of Governments of various countries. This study attempts to review the relationship between the Governments efforts in the form of expenditure during this period on this fatal disease and the mortality rates of different states of India. But government expenditure can't be alone responsible to curb this infection. Other factors may also be contributing towards it like, safety followed by citizens.

Keywords: Mortality; COVID-19; Government; Infection

Introduction

The corona virus has spread rampantly throughout the world. It's been almost a year that this fatal virus infected the human race. Mankind is striving hard to overcome the COVID-19 pandemic for their survival. Numerous corona viruses have been found responsible for respiratory infections. They are responsible for common cold in human beings, whereas, some others can cause more fatal disease like Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The current global pandemic is cause by a newly found virus from the big corona family. On February 11th, 2020, World Health Organization (WHO) has named this disease caused by novel corona virus as COVID-19, and the virus causing it as SARS-CoV-2. The point of great concern is the rate at which the COVID-19 disease is spreading. According to a report of World Health Organization (WHO), SARS-CoV-2 can infect people of any age (from children to older people). However, it is observed that older people and people with pre-existing medical conditions are more prone to get this infection. Advisories issued from time to time by the government have warned older people not to go out of their homes. However, the COVID-19 disease is a nightmare for all, but people with pre-existing medical conditions are more likely to be severely affected by the pandemic as they need to fight on multiple fronts with their underlying health issues and, COVID-19 pandemic [1,2].

Countries across the globe have allocated colossal budgets for their healthcare infrastructure in the current year, which is expected to surge in future. The impact on the economy of developing countries will be more conspicuous in comparison to the developed countries' as they lack infrastructure to cope up with, the corona virus. The nations are struggling to slow down the infection and bring down the mortality. Article 246 of the Constitution of India, 1950 along with seventh schedule distributes subject matters between the union and the state to legislate. The matter of 'public health and sanitation; hospitals and dispensaries' comes within the state list. This adds responsibility of state for management, treatment and maintaining details of COVID-19 patients [3,4].

After a break of around 2 to 3 months the Indian government decided to open and revive the economy. This is known as the unlock phase in India. Now with the lifting of restrictions on various economic sectors people are striving back to lead a normal life, but with certain restrictions. Though the government and regulatory authorities are trying to give the best possible support and proper guidance to the citizens, still the corona virus infection is affecting the masses.

The COVID-19 cases were declining in many cities. As per Johns Hopkins Coronavirus Resource Center data, nationally 60,000, new COVID-19 cases were reported every day, it indicates decline in new cases. The careful 3 months (March to May) lockdowns in India and the following measures to open the economy in order to prevent a devastating crisis to lives made India an exclusive model for study. Permitting the state to reopen the school and coaching after December 15th, may have

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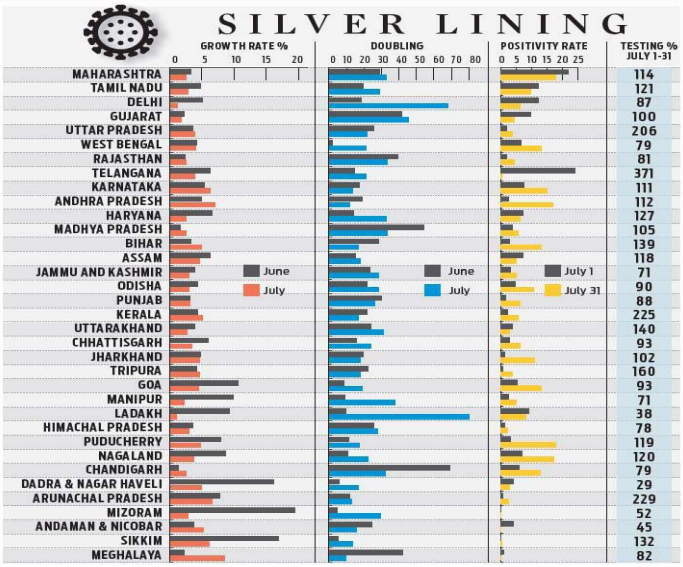

Figure 1: The state wise progress in growth rate of COVID-19 pandemic.

distressing effect, seeing evidences from states like Tamil Nadu and Andhra Pradesh where a high prevalence of infection among children was found. Governments are taking a benevolent view of obstinate people not wearing masks using public transport and at crowded commercial places or those who spit in public. During monsoon and winters and especially in the festive season, safety measure is must to reduce infection rates [5-8].

In October 2020 during unlock phase 5, cinemas and multiplexes were allowed to open at 50% capacity was accorded, but this didn't reduce risk for transmission from asymptomatic persons. In the view of the increased risk of surroundings where masks will be detached for eating and drinking such entertainment options may not appeal the masses in the pre-vaccine phase. As the country shifts towards the activity phase, the central government should concentrate on improvement of the health impacts of COVID-19. The central government has emphasized controlling inflation, but couldn't standardize the methods of testing and reporting among states and publishing patient histories, post-recovery status for complications and mortality. All efforts to improve citizen's quality of life should be made, but there should be no divert from the objective of preserving human health until vaccination starts. With such kind of situation throughout the country, this study reviews government expenditure on the mortality of different states of India [9,10].

The Major Affected States

Maharashtra

The state had total case count of 180,298 in the beginning of July and which increased to 422,118 towards the month end. Although Maharashtra persisted with the highest number of COVID-19 cases and deaths in the country, it registered a dip in two important parameters: fatality ratio and growth rate.

From 3.09% in June, Maharashtra succeeded to reduce it to 2.77% in July. The case fatality ratio dropped from 4.46% in June to 3.55% in July. While the cases were doubling almost every 22 days in June, in July the state registered a higher doubling rate of 25.27 days.

Tamil Nadu

Tamil Nadu recorded 94,049 cases on July 1st, cases on July 31st were 245,859. The growth rate improved from 4.58% in June to 3.14% in July and the doubling period increased from 15.28 days to 22.29. The testing for corona virus has increased by 120%. However, the case fatality rate marginally rose, from 1.34% on July 1st to 1.60% on July 31st.

Delhi

The only state to have showed a complete turnaround. The capital had 89,802 cases on July 1st and 135,598 on July 31st. In terms of active cases, it had declined by 61% by month-end. The growth rate of the infection was 4.88% in June and this declined to 1.33% in July. It also showed a marked improvement in doubling time, going up from 14.34 days in June to 52.63 days in July.

On July 1st, the positive case stood at 12.23% and declined to 6.25% in July 31st. Timely intervention followed by ramped-up testing and extensive isolation strategy of containment zones seemed to have worked. The growing graph of active cases began showing a decline in the second half of June and the trend continued throughout the month of July.

Gujarat

It saw marginal improvement with the growth rate reducing from 2.15% in June to 1.98% in July and the doubling time increasing from 32.55 days to 35.35 days during the same period.

There were 1,868 deaths till July 1st, which went up to 2,436 till the end of the month. A 100% increase in tests was achieved, and the positivity rate declined from 9.60% on July 1 to 4.31% on July 31st.

Telangana

The state recorded a 370% increase in testing in July. The massive increase probably led to a sizable change in the positivity rate. Telangana, which struggled with the highest positivity rate for most of June, managed to bring down its positivity rate from 24.04% on July 1st to just 9.28% on July 31st.

The state also made progress in growth rate, which declined from 6.05% in June to 4.22% in July. The doubling time increased from 11.57 to 16.5 days (Figure 1).

Government Support

After the first round of discussion of the Prime Minister with the state leaders on virtual platform in April 2020 for stratagem to handle COVID-19 pandemic, the Centre has released Rs 1,611 crore to Maharashtra under the State Disaster Risk Management Fund (SDRMF) to fight with the pandemic, reporting highest number of COVID cases.

Kerala registered a high number of corona virus cases, got only Rs 157 crore under the SDRF. The reports stated that the central government in a follow-up meeting has approved an allocation Rs 11,092 crore in totals to states under the SDRMF at the commendation of the 15th Finance Commission. The amount is the first installment of the fund released to the states for the year 2020 to 21 to supplement funds accessible with the state governments to manage the pandemic.

Conclusion

The central government expenditures on various areas of health has proven to be of significant importance but still there are varying rates of mortality in different states of India. The central government allocated different amounts to different states as per the rate of infections and mortality. Government is taking significant step to overcome the situation by announcing relief packages. The Government decided to release 3,100 crore from the PM-CARES fund to handle the coronavirus crisis.

In the COVID-19 pandemic, variations in the estimations of case fatality ratio which leads to mortality may be misleading. The states are difficult to judge against each other for a number of reasons. The mortality on the basis of government expenditure only may not be appropriate. They may not detect and report all COVID-19 deaths. Furthermore, they may be using different case definitions and testing strategies or counting cases differently (for example, with mild cases not being tested or counted). Variations in CFR also may be explained in part by the way time lags are handled. Differing quality of care or interventions being introduced at different stages of the illness also may play a role. Finally, the profile of patients (for example their age, sex, ethnicity and underlying comorbidities) may vary between countries.

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