



# INDIA

## Epicenter

**THE INDIAN NOBEL LAUREATE ABHIJIT BANERJEE** has said India must be “fast not clever” in defeating COVID-19. In Kerala, the state first hit by the virus, they seem to have been both, earning the tribute: “Kerala leads, India follows.” The sprinters and strategists in Kerala’s coronavirus team line up behind K.K. Shailaja, a former junior school science teacher, women’s activist and now health minister in the communist-ruled territory in southwest India.

Ms. Shailaja is a textbook Kerala public servant. Her role as teacher is so highly respected that it is added to her name: K.K. Shailaja Teacher. From her teenage years, she was also a functionary of the Communist Party of India (Marxist). The CPI (M) ushered her into the local assembly two decades ago but the dual life of teaching physics and chemistry to teenagers and the Kerala assembly was crushing.

“This is about serving society,” she says of her careers. “In science, I would encourage my students to look beyond their textbooks and understand the role of science in society. Politics I love because it allows me similar interaction with people, this time in healthcare and social justice and women’s development.” But eventually she had to choose. “I was in school and after 4:00pm each day I was going to political meetings. I could not do both and be truthful to either school or politics. So, I became one for politics.”

*Brunswick Review* spoke with Ms. Shailaja as Kerala was, for the third year in a row, handling a statewide health disaster. In 2018, the state had seen

One state’s readiness could serve as a model for the nation and the world. “Coronavirus Slayer”

**K.K. SHAILAJA,**  
Kerala’s Health Minister, talks to Brunswick’s  
**KHOZEM MERCHANT.**

an outbreak of the Nipah virus, which lasted a little over a month and claimed 17 lives. A year later there were major floods in which over 100 people were killed and thousands evacuated.

Soon after the COVID-19 outbreak began, early victories left Ms. Shailaja dubbed “Coronavirus Slayer” by news outlets and since then she and her chief minister, the veteran CPI (M) leader Pinarayi Vijayan, have commanded a national audience. Kerala’s road-tested disaster protocols are serving as important models for the crisis now being faced by the rest of the country.

### KERALA’S EARLY ACTION

On a day toward the end of January, Ms. Shailaja saw an online item about a virus in Wuhan.

“I worried that this virus would come to Kerala because so many of our students were on courses in Wuhan. So, we started our precautions. From January 24 onwards, we set up the state control room [the war room]. Many special groups came into being to address this potential pandemic. We knew what to do because we had been there before—with Nipah—so we knew the protocols, we understood the chain of activity.”

“That first student tested positive; he came into our custody, was quarantined, treated and recovered; it was a victory for Kerala.” Attention quickly shifted from returnees from Wuhan to migrants from the Gulf, where millions of Keralites work and who send money back home, providing an

economic lifeline for the region.

Kerala’s first-mover status was watched across India. In March, the country’s best-known broadcaster noted that Kerala was consistently ahead of Mr. Modi (whose ruling Bharatiya Janata Party bitterly opposes the CPI (M) in Kerala), often by several days, with initiatives on fiscal support, free rice, lockdown, and community kitchens and free food.

In early April, Kerala’s curve began to flatten, while elsewhere in India it was rising. The state saw a drop in active cases in the first week of April, down 30 percent from the previous week. The rate of recovery in Kasaragod district, for example, home to half of all reported cases in Kerala, was three times faster than the national average. Kerala’s prospective lockdown exit was unveiled in mid-April, also a first for the country. That allowed activities, such as small homestead farming, crafts and retail, to resume.

### INDIA’S CRISIS

At that point, the rest of India was seeing the outbreak continue to spread and the number of cases rise, causing Prime Minister Narendra Modi to announce an extension of a national lockdown by a further two weeks.

India’s positive cases and fatalities were initially modest compared to big-population countries such as China and the US. However, as of November it trailed only the US in total number of cases. A country of 1.38 billion people, two-thirds living in rural areas (in some 638,000 villages), the rest in densely populated cities and towns, India is exceptionally vulnerable to a virus whose identity is invisible and velocity a mystery.

In announcing the lockdown extension, Mr. Modi noted that he was juggling between lives and livelihoods, but as he spoke it was clear that livelihoods were the greater casualty. On TV, viewers see migrant workers with no money, having lost jobs at building sites, factories, shops, restaurants and other hourly-paid employment, walking from Delhi to their villages in the hinterland. They have become the human face of a crisis that is bigger, more uncertain and more unusual than any economic shock before.

First, because of the broad economic shutdown, the scope of COVID-19 is bigger than the 2008 financial crash and it creates multiple big shocks in multiple geographies. Uncertainty also surrounds the public’s continued tolerance of invasive restrictions on behavior—social distancing works in urban middle classes but is probably unenforceable in rural India, where most Indians live.

Finally, this crisis’ economic impact is elastic,

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impacting everything from manufacturing to services and in between.

A big part of that “in between” is India’s entire informal economy, its supply chain and heartbeat, where four-fifths of the workforce is employed—at least 350 million people. The pandemic has unravelled this supply chain, costing migrants their jobs.

India’s public healthcare system is under-funded and unprepared for COVID-19’s mass fallout, or its by-product, such as hunger. Health and hunger are obvious and immediate threats to migrants, the poor and elderly, and they are the current focus of official food and grains support.

If that were not enough, the pace of GDP growth had weakened sharply between March 2018 and December 2019 and official unemployment was at a 45-year high. So just as coronavirus hit India’s shores in the southwest in late January, India’s economy was already tumbling.

### BEYOND COMMUNISM

Health emergencies tend to show the better side of communist rule in Kerala. The party became India’s first communist government in 1957 and since then it has been a consistent presence—either in power or one step away. However their popular appeal and their effectiveness in a crisis are both built not on ideological slogans but on a foundation of community engagement and development.

Communist governments have lavished resources on building a network of primary and preventive healthcare, topping national league tables and mirrored in human development metrics. In addition, frequent disasters have given Kerala’s political executive, bureaucracy and police a practiced common purpose and rapid response capability.

The Nipah outbreak in particular helped Kerala develop the response that has proven effective against COVID-19. In a country of monsoons and floods, collapsing bridges and buildings, Nipah was different because it yielded knowledge and expertise to handle COVID-19: testing and tracing, geolocation surveillance and data capture, social distancing, livelihood support and aggressive public education.

“Every system has its own method and ours here in Kerala works with the participation of the whole society,” Ms. Shailaja says.

For decades, the treasury of Kerala, a small economy dependent on tourism and rubber, has leaned toward social services. Local literacy is high while healthcare infrastructure runs deep to grassroots levels. Primary healthcare centers are modelled on the UK’s general practice clinics. One innovation



PHOTOGRAPH: COURTESY OF KERALA, INDIA PUBLIC RELATIONS

(with an eye on thriving medical tourism that brings foreigners to Kochi for treatment at a fraction of the cost in Europe) is the creation of “harmony centers,” based on an idea from Cuba.

A culture of democratic participation in each “panchayat,” or village, rounds off a strong, enduring social contract.

“They’ve had communists here and others running the state, but basically the social pact is secular and strong: it’s about the people, and in crisis the government, bureaucracy and police move into action quickly,” says Vijay Sakhare, inspector general of police for Kerala.

The emphasis on community creates unexpected benefits. A practice known as “social policing,” for instance, embeds police in the community, going beyond law and order to build pastoral relations with communities. This constant contact with the

**K.K. Shailaja, Kerala’s Health Minister, earned the nickname “Coronavirus Slayer” for her swift, thoughtful response in the early stages of the pandemic.**

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community led to Mr. Sakhare’s design and launch of an app to connect doctors and patients worried about coronavirus symptoms, broadening direct communication of reliable information.

The minister of the moment, Ms. Shailaja, admits that more than Kerala’s crisis credentials are currently on display, for India and the world to see. The state’s entire system is being judged, she says, and that includes credible governance, healthy and educated workers “and, most important, transparency.”

Those characteristics are equally prized by the world of capitalist investment—a fact she readily acknowledges. Kerala greets 1.1 million foreign visitors to its fabled backwaters each year and investors would be similarly welcomed, she says. But that must wait for a post-coronavirus world.

Until then, “I always feel there is unfinished work and that troubles me.” ♦