The Impact of COVID - 19 on Socio-economic and Health in India

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ABSTRACT

As on 17th September 2020, In India, 10,10,614 Active positive cases have been reported. India, with a population of more than 1.34 billion - the second largest population in the world will have difficulty in controlling the transmission of severe acute respiratory syndrome coronavirus 2 among its population. Multiple strategies would be highly necessary to handle the current outbreak; these include computational modeling, statistical tools, and quantitative analyses to control the spread as well as the rapid development of a new treatment. The Ministry of Health and Family Welfare of India has raised awareness about the recent outbreak and has taken necessary actions to control the spread of COVID-19. The central and state governments are taking several measures and formulating several wartime protocols to achieve this goal. Moreover, the Indian government implemented a 55-days lockdown throughout the country that to reduce the transmission of the virus. This outbreak is inextricably linked to the economy of the nation, as it has dramatically impeded industrial sectors because people worldwide are currently cautious about engaging in business in the affected regions. It has also sparked fears of an impending economic and Health crisis. In contrast, the needs for medical supplies and revival package have significantly increased. In response to this global outbreak, summarise the socio-economic and Health effects of COVID-19 on individual aspects of the Indian economy.

Keywords: COVID-19, Health, India, Lockdown, Socio-economy

INTRODUCTION

The Indian economy has been hit hard by the ongoing Coronavirus (COVID-19) -driven global crisis. As on 17th September 2020, about 51,18,253 people in India have been affected by COVID-19. With some variations, there has been an unprecedented rise in number of Corona patients across the world reached in second position. [1] A health crisis worldwide has generated a global economic crisis. The entire world is passing through great uncertainty. There are, primarily, two major challenges that the Indian economy is facing at this juncture. First is to save the country from the spread of Corona virus, which is a health emergency. Saving lives is the principal concern of the Indian government. Second is to save the economy from the unfolding economic crisis due to the dual effects of the Coronavirus pandemic and the global and national lockdown. [2] Countries across the world are facing serious consequences and damages to the economies. According to the International Monetary Fund (IMF), many economies may face negative per capita income growth in 2020 due to the Coronavirus pandemic. In its recent forecast, the World Trade Organisation (WTO) indicated a clear fall in world trade between 13 percent and 32 percent in 2020, perhaps the highest fall since the Great Depression of the 1930s. The IMF has also slashed growth forecast for the Indian economy, projecting a GDP growth of 1.9 per cent in 2020. Covid-19 pandemic has taken the entire world under threat by surprise. It has created a threat to human life as no vaccine or medicine has so far been invented to control it. In order to contain the spread of this virus, the
governments have accepted the guidelines of the World Health Organisation (WHO) to create social (physical) distancing within their territories. The infected persons are isolated from the rest of the population, and patients for a specified period of two weeks. Lockdown had been adopted as a model of social distancing. The citizens were asked to stay in their homes during the lockdown period. Except for essential services like health, supply of milk, vegetables, fruits, items of daily use, medicines or ICT services, every other economic and social activity is closed. [3] The supply of essential services is allowed through authorized persons or pass-holders in curfew bound areas and by the shopkeepers/suppliers in non-curfew areas. All the institutions such as schools, colleges, universities, shops, market places, dhabas, restaurants, factories, construction activities, transport, cinema halls, etc. are closed. Advisories have been issued to be followed even in social ceremonies related to marriages and deaths. Borders of nations are closed to citizens of other countries. Within India, state boundaries have been sealed to stop the mixing of infected persons from outside states. The identified infected persons are put on quarantine for two weeks, while serious patients are admitted to the hospitals. All these measures have hit the economy very hard due to closure of a large number of economic activities. [4] As yet no systematic estimates are available about the total economic loss during the lockdown/curfew period in any country including India. Various international organisations like the World Bank, IMF, and other rating agencies have been projecting negative/zero growth of various countries. Although various agencies differ in their projections, they also point out towards substantial negative impact on various economies.

**Impact on socio-economic**

The social fabric of India thrives on interdependence, both emotional and economic, within families, relatives and friends. [5] Close physical interactions like living in crowded housing and other places, pushing and jostling are extremely common and are deterrent to ‘social distancing’ as dictated during this pandemic. Despite the lockdown, crowding has been observed in religious places, during travel (e.g. ‘herds’ of migrants on buses), or even while purchasing liquor at the shops. [6] While ‘vertical distancing’ is the cause of inequalities in India, the ‘horizontal distancing’ put in place in the wake of COVID-19 has further exacerbated these inequalities. [7] The more troubling aspect is the lack of proper provision of safety nets (e.g. food safety) for those hit the hardest by lockdown. [8] Due to the enormous scale of the problem the government schemes remain vastly inadequate. As a result of the lockdown, there is increased possibility of malnutrition among the low SES. The Food Corporation of India recently allotted 12.96 lakh metric tonnes of food grains under the Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY) as an initiative of Government of India in its fight against the COVID-19. [9] Efficacy of this scheme and adequacy of food distribution remains to be seen.

Real Gross Domestic Product (GDP) growth had been estimated by the Reserve Bank of India (RBI) at 6.2% in 2019-20. [10] The International Monetary Fund however, lowered India’s growth forecast by 1.3% points to 4.8% for 2019-20 and stated that India’s growth had slowed sharply. [11] It is self-evident, therefore, that an economy already affected by slow growth in the previous fiscal year would be severely affected by the lockdown as a result of the

**METHODOLOGY**

The literature search has been carried out by using the key terms ‘COVID-19’ combined with, lockdown, social, economic, healthcare, diseases, National Health Programs, India from PubMed (National Library of Medicine, Bethesda, MD) and Google Scholar. A manual search of the references was carried out. Articles from several non-academic sources (e.g. news websites etc.) were also accessed.
pandemic. The Small and Medium Enterprises market ratings project that the nationwide lockdown is expected to incur losses of over $4.5 billion (₹ 35,000 crores) every day during the lockdown. [12] During the current pandemic, the economic downturn has greatly affected people from the lower socio-economic stratum (SES). The distressing media visuals of migrant labourers going to their native places from the cities on foot during the lockdown have been critically debated. Remittance of money to the home country, which many migrant Indian workers popularly do, is another way of poverty reduction, economic development and increase in GDP. About $139 billion (₹ 1042500 crores) was remitted to low and middle income (LMICs) countries of South Asia from countries of work (e.g. Gulf countries) in the year 2019. [13] The disruption caused by COVID-19 has had a significant impact on these remittance flows. Importantly, remittances are projected to fall by about 23% in India in 2020 to $64 billion (₹ 4,80,000 crores) in striking contrast to a growth of 5.5% and receipts of $83 billion (₹ 6,20,000 crores) seen in 2019. [14] The World Economic Forum states that in the current pandemic situation, migrants stuck abroad trying to cope with the exigencies will compromise to the adverse circumstances, by taking up low wage jobs, live in poor working conditions, restrict spending and thus, risk exposure to infections like the coronavirus. The economic impact of this pandemic is likely to be more severe for India in the following manner; (a) increase in poverty i.e. pushing more people below poverty line, (b) worsening of socio-economic inequalities. [15]

**Impact on Health**

On 17th September 2020, the worldometer declared the deaths to COVID-19 had reached 83,230 in India. Morbidity and mortality due to COVID-19 in India are largely attributable to co-morbid conditions i.e. non-communicable diseases (NCDs) like diabetes, hypertension or cardiovascular disease. [16] Further, early-onset of NCDs, as seen commonly in India, is likely to put even younger individuals at risk for COVID-19. COVID-19 has the potential to cause disruptions to health and health services in India in different ways. Such an increased load of diabetes related complications will put additional load on an already overburdened public healthcare system. Further, such uncontrolled glycemia and increased cardiovascular complications have the potential to increase the severity of COVID-19 in patients. The lockdown could also be a cause of weight gain during the COVID-19 pandemic, because of poor physical activity, increased snacking and consumption of calorie-dense foods. In an observational study conducted by our group, carbohydrate consumption and frequency of snacking increased by 21% and 23%, respectively, exercise duration was reduced in 42% patients and weight gain occurred in 19% of patients with type 2 diabetes. [17] Weight gain and obesity could increase the severity of COVID-19 (30) and may increase the risk of development of diabetes and cardiovascular disease in the future. Other diseases, the control of some of which had shown an encouraging trend until now, could also surge. For example, Human Immunodeficiency Virus (HIV) infection, TB and malaria-related deaths over 5 years may increase by up to 10%, 20% and 36%, respectively, compared to a scenario without COVID-19 pandemic. [18] The reasons are many; interruption of antiretroviral therapy (ART), reductions in timely diagnosis and treatment of TB and reduced prevention activities including interruption of planned net campaigns for malaria. Another important upcoming health issue is mental health. Increase in chronic stress, anxiety, depression, alcohol dependence, self-harm and heightened physical abuse (domestic violence) has been reported as a consequence of the lockdown. [19] Overall, a setback in the progress made by the National Programs and worsening of health indices is real possibilities in India.
CONCLUSION

With fears of a new recession and financial collapse, times like these call for resilient and strong leadership in healthcare, business, government and wider society. Immediate relief measures need to be implemented and adjusted for those that may fall through the cracks. Medium and longer term planning is needed to re-balance and re-energise the economy and health following this crisis.

REFERENCES

7. Kaul, P.India’s Stark inequalities make social distancing much easier for some than others” .2020, The Conversation.
10. RBI. Reserve Bank of India [Internet], Reserve Bank of India .2020 , Publications.
11. Mishra, A. R. India’s slow growth is a drag on the world: IMF. 2020, Livemint.

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