**India fights the invisible: A saga of Strategies, Hope and Resilience**

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***There is light at the end of tunnel!***

The world is going through humanity’s biggest invisible war – corona virus disease (COVID) 19 crisis. Such wars are not won individually, but collectively.

The first case of corona virus disease (COVID), was described in November 2019 in Hubei Province of China. This was neither reported nor informed by China and it was only in January that world Health organization (WHO) did the take cognisance but still failed to acknowledge the severity of the problem. The COVID19 has not only battered lives but has shattered economies globally. With more than 200 countries already affected, the disease has already devastating China, much of Europe (especially Italy and Spain) and some cities of United States [1]. It is evident that the virus does not respect borders. Every country has to be prepared for its first: case, cluster, community transmissions. To get it right or wrong is in our hands.

Developing countries like India were no exception. In a country of more than 1.3 billion people, it is a race against time and the virus while crossing obstacles like extreme poverty in many areas and extraordinarily densely populated areas [2]. The first case in India was detected on 30th January, 2020 [3]. ***India followed a simple, smart and dynamic strategy of, Observing,***

***Absorbing, Integrating and acting*** (Figure). This is a dynamic interlinked process and has a direct impact on our survivability in a crisis.

It was evident that the management of this pandemic required acting at three levels of a pyramid: at the base were policy decisions for the whole nation. At the middle were individual steps for prevention at local level and at the top was the hospital care for the infected patients. India recognised that its only chance to stop this pandemic rip through its population was prevention. It observed that even the countries with best health care systems were unable to manage the situation. So it was necessary that we acted on the roots: taking some tough decisions and formulating powerful policies.

India took almost 3 months to reach the first 100 positive cases of coronavirus (15th March 2020), which then multiplied four times over the next ten days. Comparatively, Japan saw a 13% daily increase in cases before reaching 100 cases and a 8.1% daily increase in cases from its 100th case to its latest. The decrease in the average daily increase is indicative of a flattening curve and several countries, like South Korea and Singapore were on the same path.[4] Realising that India is going in the opposite direction, the government enforced the Epidemic Disease Act, 1897 followed by National Disaster Management Act, 2005 in mid-March. All organisations, educational institutions and companies were asked to work from home and movement of people was restricted. All flights (domestic and International) were discontinued and all passenger trains and buses were put to halt. Special Flights were arranged to evacuate national citizens from other countries. Special buses were arranged to facilitate movement of staff on duty. Knowing that millions of poor people would be left in running around for food, the central government, respective state governments and many non-governmental organisations have opened make shift night shelters and distributing food and necessary material to millions of people across the country. This was the spirit of togetherness. India new that partial measures would not help contain the spread of the disease and hence such harsh steps in the interest of the nation were important. This was unprecedented. Consequently, India has so far been able to limit the massive community transmission. It was evident that the gravity of the situation needs to be put across to everyone in the nation in a right manner keeping in mind the limitations that we have. From that perspective, the prime minister of India was clear and decisive. Understanding that such decisions in democracy require support of people of all races and ethnicity and states being governed by different policies, he gave an impactful emotional address as a citizen of India asking people to cooperate and support his decision for their wellbeing. He took everyone along with him. He is regularly connecting with the chief ministers of different states, and key leaders of various political parties and social and religious organisations and even panchayat leaders asking for opinions and suggestions. This is the spirit of true leadership.

Integrating the data and information with preventive strategies and appropriate management patterns according to our needs is critical and it requires inter-sectoral coordination. This is being done under the direct supervision of high powered committee. Measures like social distancing, mask wearing, and hand washing are the key strategies that have been put across to public by messages, advertisements, social and digital media as key preventive measures.

A cluster-containment strategy was being adopted, seeing the successful results in eastern Asian countries. India started working on enhancing testing capacity, manpower training and increase in hospital resources like isolation wards, ICU and Ventilator as done by countries like Germany which have a low CFR. Sufficient isolation beds and supplies have been made available in the tertiary facilities across the country to manage any outbreak. The number of tests per million in the country was 5 as of 14th March. In comparison, it is 26 in US, 76 in Japan, 1,005 in Italy and 4,099 in South Korea [5]. India realized its limited testing capability, led primarily by the apex laboratory at the National Institute of Virology at Pune. The Indian Council of Medical Research (ICMR) started working on increasing its diagnostic ability, allowed private labs to test. Within a week, 111 additional labs for testing became functional on 21st March. Pool testing was further approved by ICMR in the low infection areas to increase the capacity of the testing and save resources [6]. This is one area where India needs to focus and work on. The scientists of India are working day and night to develop a vaccine against COVID.

The Ministry of Electronics and Information Technology launched a smart phone application called Arogya Setu to help in "contact tracing and containing the spread" of COVID-19 pandemic in the nation [7]. (in line with privacy and data security parameters). This has drawn global attention and praise. While all this is being done, one must understand that health care facilities are much less accessible and available for a large portion of population as compared to western countries. We cannot build a new health system now for sure but can appropriately triage the facilities for accommodating increasing number of patients. Large number of quarantine facilities have been created by all the states. While sealing and cluster containment is being done after identifying the hotspots, this needs to be stepped up to prevent community transmission. Individuals, organisations and institutions have come forward to contribute liberally to PM relief fund [7]. Most important backbone of the health care system are the health care workers. Steps have been taken up at all levels to provide adequate personal protective equipment (PPE) to them but the performance on this is still patchy. Lack of PPE might lead to quick decline in number of health care workers. Government has taken adequate steps for maintaining safety and dignity of health care workers and has enforced a special law against anyone attacking a health care worker. They have also given special insurance covers to health care workers [8].

The COVID19 has not only battered lives but has shattered economies globally. If lockdown distancing remains protracted, large parts of the economy would collapse. Can a developing nation afford to take the route of avoiding economic lockdown, allowing the epidemic to spread and treating those who get affected? India is ready to pay any price for saving life of its citizens. Although India has managed to be in the plateau zone of pandemic curve, the curve is gradually rising. India is not among the worst-hit countries, but its grossly under-funded and patchy public health system, with huge variations between different states, poses special challenges for the country’s disease containment strategy.

Covid-19 has not yet proven itself to be in the same class of lethal diseases – and may it ever be so – but at this point, the premier medical treatment is: “take measures not to contract it”. Adopting preventive strategies – repeated hand washing, maintaining distance, folding hands instead of shaking hands, usage of mask, working on oneself to increase immunity and better adaptation remains the mainstay.

**“It is not the strongest or the most intelligent who will survive but those who can best manage change.”**

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**Figure: Strategic Approach to COVID-19 In India**

