Protecting India's most vulnerable may be key to lockdown exit

Nearly 100 million people in India are extremely vulnerable to covid-19 due to old age or pre-existing health conditions

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People stand in a queue to receive free food distributed by volunteers during a lockdown to prevent the spread of the new coronavirus, in the Dwarka area of New Delhi**(AP)**

As covid-19 spreads across the country, identifying and protecting the most vulnerable may be the most critical factor in limiting deaths in the country, and in exiting the lockdown early.

The data on the initial cases released by the government and by a volunteer group crowd-sourcing covid-19 case histories suggest that most Indian patients are young, in line with India's demographics. But most of the fatalities are among the aged and among those with previous ailments, the data suggests.

The international experience has been similar. Older male patients with a history of diabetes or cardiovascular diseases are more prone to succumbing to covid-19 compared to others. The World Health Organization (WHO) notes that "...older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others." Other than medical professionals who are at the frontlines of the war against

the pandemic and have been hit the hardest, it is this demographic that requires protection the most.

A Mint analysis of the latest National Sample Survey (NSS) health data suggests that Uttar Pradesh, Maharashtra, West Bengal, and Tamil Nadu have the most numbers of people in the extremely vulnerable category, with the number of such people exceeding 7 million in each of these states.

The analysis uses the unit-level data from the 2017-18 NSS household survey on health and the latest population projections available from the UIDAI to arrive at these estimates. The NSS household survey for 2017-18 provides data on population suffering from different types of ailments. The extremely vulnerable category includes the aged (all who are above 60 years of age) as well as those who report suffering from the ailments that are known risk factors for covid-19 deaths: cardio-vascular ailments, cancer, diabetes, and serious respiratory illnesses.

Our findings suggest that at least 98 million individuals or 7.3 percent of India's current population fall in the 'extremely vulnerable category'. This group includes 65.6 million people in rural areas and 32.6 million living in urban areas.

The highest number of extremely vulnerable were in Uttar Pradesh (13.3 million), followed by Maharashtra (11.8 million) and West Bengal (9 million). This is expected given that these are populous states. Tamil Nadu follows close behind with 7.8 million extremely vulnerable to covid-19.

However, if we consider the share of population that is extremely vulnerable, Kerala tops the list with 16.7 percent in the extremely vulnerable category. Himachal Pradesh, Goa, and Tamil Nadu also have high shares of extremely vulnerable, with the share of this category exceeding 10 percent of the population in each of these states.

Bihar, Jharkhand, Chhattisgarh, and Telangana have relatively lower shares of the extremely vulnerable (5 percent or less). This is a result of two factors: age demographic and possible underreporting of ailments.

The aged population in Kerala is over 15 percent of its population, and close to 10 percent in Tamil Nadu, Himachal Pradesh, and Goa. Bihar and Jharkhand are relatively younger.

At the all India level, around 4 percent of the elderly population live alone, either at home or as an inmate of an old-age home. 47 percent are fully economically dependent on

others. About one-fifth perceive the current status of their health as ‘poor’. Safeguarding the elderly population would thus require specific policies --- ensuring physical distancing, taking care of other ailments, and special support for people who live alone.

Around 5.5 million people reported pre-existing ailments which can make the impact of covid-19 worse. About 3.2 million among them were less than 60 years of age. Kerala fares worse in this list with about 2.3 percent of its population reporting such ailments, whereas Bihar, Jharkhand, Chhattisgarh and Assam have lower share of people reporting such ailments.

As noted by an earlier Plain Facts column, these numbers reported by the NSS surveys may be underestimates. Higher proportion of ailments in states with better health indicators such as Kerala and Himachal Pradesh might be a result of better reporting and more accessible health services.
The data presented here might be an underestimate also because of exclusion of pre-existing conditions such as malnutrition and other ailments which might possibly compromise the immune system. Moreover, there is another set of people who are likely to be vulnerable now because of other serious ailments. Around 3.7 percent of India’s population reported suffering from a chronic ailment in 2017-18: which translates to about 50 million for the current year.

About 4 percent of India’s population reported being hospitalised at least once during the NSS survey in 2017-18, a ‘normal year’.

If the same proportion of people get hospitalised this year, it would imply 55.4 million people seeking hospitalisation because of reasons other than covid-19. At a time when our healthcare system is already strained because of the covid-19 crisis, this poses an additional risk factor.

The challenge is particularly high for states such as Kerala, West Bengal, and Andhra Pradesh, where the ratios of those hospitalized and facing chronic illnesses are higher.

To prevent excessive strain on hospitals, and to save more lives, India must put in place a strategy to identify, screen, and support the extremely vulnerable demographic. India’s formidable army of frontline healthcare and ancillary workers (Asha and anganwadi workers) can be quickly trained, insured, paid minimum wages, they can be re-equipped for this purpose. They could monitor this demographic, and provide them with both basic

medical and other kinds of aid (nutritional supplements and health advice). It would then be possible to detect serious covid-19 cases early, and lower both hospitalization and fatality rates.

The screening-cum-protection strategy could continue as long as the threat of the contagion looms over us, and might help in a relatively quicker exit from the lockdown, allowing the rest of the population to restart the engines that fire the Indian economy.

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