

COVID-19 Effect on Public Health and Policy Makers in India

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Commentary

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ABOUT THE STUDY

The first corona patient was detected in China's Wuhan city on 25 December 2019 (who.net). The World Health Organization declared the outbreak of Coronavirus Disease 2019 (COVID-19) on March 11, 2020 as a pandemic, highlighting the importance of preventive measures to limit the transmission of infections. Soon the pandemic spread like a forest fire. In mid-July, more than 1 million cases were reported globally in just four days, indicating its accelerating spread.

The COVID-19 pandemic evoked ostentatious global disruption setting immense burdens on global healthcare systems. The public health policymakers and governmental agencies endeavored to manage this historic medical event and finding potential solution to contain this pandemic, especially in limited resource settings. On economic front, the pandemic battered the global economy with the International Monetary Fund declaring a "severe recession" in the world economy.

worldwide one billion people are living in urban slums which emerged as hotspots for COVID-19 transmission. The urban slums are highly susceptible to COVID-19 infection due to short supply or unavailability of adequate water, toilets, sewers, drainage, waste management systems, housing, and other basic necessities.

In India, which eventually became the third country behind the United States and Brazil in terms of confirmed coronavirus cases, the first corona patient was reported on 27th January 2020 in the state of Kerala (Ministry of health in India mohfw.gov.in). The Indian government declared the countrywide lockdown on 25th March 2020 for

containing the transmission of infection. But the lockdown imposed a hard measure for the socio economically poorer sections of the society. India's strict lockdown left millions of the slum's daily-wage residents on the verge of indigence.

The first corona patient in Maharashtra, a prominent state in India, was reported on 30th January 2020 (mohfw.gov.in) while the first patient in Mumbai city, the capital of Maharashtra and financial capital of India was detected on 11th March. The lockdown in Mumbai, declared on 20th March 2020, was the world's largest in terms of people, with a population of over 12 million in a geographical area of 437 sq. km making it one of the most densely populated cities on earth, among all the major global cities combating war against COVID-19. Dharavi, urban slum in Mumbai had reported its first patient on first April and very soon emerged as the hotspot of corona with hospitals overwhelmed and all ICUs occupied and it was anticipated that people in slums would be hardest hit by COVID-19. But things turned out differently.

This pandemic is an opportunity for policymakers worldwide especially of emerging economies to make cities more all-encompassing and resilient. The governments must strive to improve the quality of basic amenities in the urban slums in the crowded cities to improve the quality of life of its residents and improving the current public health care infrastructure and improve share of the spend on healthcare out of its GDP while working to achieve the millennium goals of education, public health, safety, and economic prosperity unto the last.