

Will South Korea Model Beat COVID-19 Work in India Too?

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Coronavirus pandemic: Will South Korea model beat COVID-19 work in India too?

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Written by [Guest](#)
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By Dr. D.K. Mangal

COVID-19: Within 2-and-a-half months of reporting the initial cases, [India](#) has crossed 6-and-a half thousand active cases of COVID-19. Last month on 24 March 2020 midnight, a nationwide lockdown was imposed to curtail movement and contain the spread of diseases as a means to control the number of cases and provide treatment to the infected people with [Covid 19](#). The sheer size of India's population is a major concern as it increases the burden on healthcare infrastructure far more than any other country on the earth. As a result, containing the spread of infection through social distancing and early detection of infected persons and quarantining of suspected cases are the most effective measures.

In technical terms, India is still one step away from the ultimate stage of a pandemic where a large number of cases are reported with no chain tracing their source or infection. Going by the global experience, this stage, known as community transmission, will be a most difficult situation for the public healthcare system in India to deal with. Since the Covid 19 virus cannot be eradicated because it is a zoonotic pathogen having an extra-human reservoir, which means it does not have natural habitat in humans (bats are likely reservoir of infection), it is difficult to exterminate infection altogether. Primary prevention and secondary prevention (treatment of cases) are the only

The stitches in time that saved more than nine

Ever before the first few cases were traced in late-January in Kerala, the government of India had taken a note of the global situation and initiated thermal screening of all passengers coming from China and Hong Kong. Soon, it was upgraded to universal screening to cover all the airports and other entry points, followed by surveillance of people traveling from COVID-19 affected countries. However, while South Korea, that has a population of a little more than 5 crore, could roll out its programs on a national level, India, with its billion plus population adopted for a more location-specific approach. In addition to the nationwide lockdown, a containment plan was devised after identifying the affected clusters through a cluster containment plan.

COVID-19: Innovative approaches will be key differentiators and solutions

The inclination towards prioritizing testing based on clinical and epidemiological criteria avoids indiscriminate testing for COVID-19 and from an equity perspective, helps avoid the downside of indiscriminate testing, i.e. only the rich section of society benefits due to ease of access. However, the downside of this strategy is that it would miss mild cases of disease and therefore the magnitude of the problem in the community would be difficult to ascertain. This can affect the efforts to curtail transmission of disease as data about the magnitude of the problem will be crucial to plan clinical and strategic interventions.

Another issue arising due to missing mild cases will be an inadequate understanding of the pattern of transmission of disease in community. This can be potentially counterproductive as India has already identified 45 hotspots in only the national capital of Delhi. And the list is not final either for Delhi or India, for numbers are still rising.

Therefore, population-based serological studies can help in overcoming these issues and the Indian Council of Medical Research (ICMR) has plans to undertake sero-prevalence studies are a welcome move – the sooner these studies are conducted, the better for India.

One other factor to consider while trying to follow South Korea in India is that in 2012, the East Asian country has faced an outbreak of Middle East respiratory syndrome (MERS), a viral respiratory disease caused by a novel [coronavirus](#) that was first identified in Saudi Arabia in 2012. Since the COVID-19 virus is similar to SARS and MERS (the World [Health](#) Organization has named the virus as SARS-CoV-2) but differ hugely in contagiousness and fatality, one can assume that exposure to MERS that claimed 185 lives in Saudi Arabia gave it some advantage in containing similar diseases.

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