

Review Paper

Leading by Example: The Work of Minister K. K. Shailaja of Kerala State, India in Combating COVID-19

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1. Introduction

In recent months, much public attention has been given to the women leaders of developed countries who have done well in containing the coronavirus and ensuring a low rate of infection and death. Such leaders include Jacinda Ardern, Prime Minister of New Zealand; Angela Merkel, Chancellor of Germany; Erna Solberg, Prime Minister of Norway; Katrin Jacobsdottir, Prime Minister of Iceland; Sanna Marin, Prime Minister of Finland; and Tsai Ing-wen, President of Taiwan. In addition to their own expertise, these leaders have been fortunate in being able to rely on the support of well-trained public officials and scientists, adequate financial resources, and well-equipped health facilities. Little has been written, however, about women leaders from developing countries who are trying hard to contain the pandemic. Sadly, in Africa, a continent with 54 states, only Namibia and Togo have women prime ministers, while the only African woman president hails from Ethiopia.

This paper briefly examines the work of K.K. Shailaja, Minister of Health and Social Welfare of the state of Kerala in India, and proposes how lessons from her work could be useful for other parts of the developing world, especially in Africa.

2. Kerala State

Kerala state has a population of 35 million people and is located in the southern part of India. It has a land area of 15,005 square miles and is the 21st largest Indian state by area. It has 14 districts and has the tenth largest economy in India.

Kerala enjoys the highest life expectancy and lowest infant mortality of any state in India. It is also the country's most literate state (Lopez, 2020). Every village has a health-care centre and there are hospitals at each level of its administration and 10 medical colleges. When the coronavirus disease pandemic broke out, each of the 14 districts was asked to set aside two hospitals for COVID-19, while

each college set aside 500 beds, with separate entries and exits to each facility (Spinney, 2020). The state has had approximately 546,000 positive cases of COVID-19 with 475,000 recoveries and 1,976 deaths as of 20 November 2020.

3. Minister K. K. Shailaja

Minister Shailaja was born in Kerala in 1956. She graduated as a science teacher and taught until 2004 when she entered politics. Shailaja's childhood was influenced by her grandmother, who was involved in local movements against the persecution of the lowest castes in society, the untouchables (Chandrashekhar, 2020). Her grandmother, who was a member of the Indian Communist Party, taught Shailaja to be brave not only in politics but in all aspects of life. This has helped her to overcome the resentment aroused by her success as a woman, especially when she was featured in a film called *Virus* to honour the work she did to contain the Nipah virus outbreak in Kerala state in 2018 (Chandrashekhar, 2020).

Minister Shailaja was elected as a member of the state parliament in 2016 and was appointed Minister of Health and Social Welfare. In 2018, when there was a deadly outbreak of the Nipah virus, she was praised not only for her proactive response, but also for visiting the villages which were the centre of the outbreak (Spinney, 2020). The residents of the villages were terrified and were ready to flee the area. However, Minister Shailaja rushed to the area with a team of doctors and organized a meeting with the village elders to calm things down (Chandrasekhar, 2020). Her success in establishing herself as a hands-on, proactive leader meant that, when the COVID-19 pandemic began, her voice was heard and listened to.

The following are some of the activities she has coordinated as part of her efforts to contain COVID-19:

- 1) Before the outbreak in Kerala, Minister Shailaja learned that COVID-19 was a highly contagious disease without treatment or vaccine. She met with her senior Ministry officials and with their consent set up a rapid response team in the Kerala state headquarters and in each of its 14 districts. By the time the first case appeared, Kerala state had adopted the WHO protocol of testing, tracing, isolation, and support. Affected people are placed in quarantine at the government's expense. Contact tracing is very important and the Rapid Response Team uses various communication methods, including advertising on social media.
- 2) Minister Shailaja has also ensured that her Ministry has relevant contingency plans and that there is a strategy in place to implement those plans. When Kerala residents returned from the Gulf States after the lockdown was lifted, the Ministry of Health

and Social Welfare had a well-established quarantine programme in place, with all expenses covered by the state.

- 3) The Ministry ensures that the results of COVID-19 tests are released within 48 hours.
- 4) Where possible, home-care quarantine for people able to take responsibility for themselves is supported.

Owing to the above activities and others, Minister Shailaja was named among the World's Top Thinkers for COVID-19 by the British magazine *Prospect*. In terms of leadership, she was ranked first, ahead of the Prime Minister of New Zealand, Jacinda Ardern. A Bangladeshi architect, Marina Tabassum, was ranked third. According to Singh (2020), Minister Shailaja was first because, among other things, her public messages are consistent and she herself follows them to the letter, including social distancing.

4. Lessons from the Work Done by Minister Shailaja

There are a number of lessons for developing nation leaders that may be learned from the exemplary work of Minister Shailaja.

- 1) Minister K. K. Shailaja is an elected politician, and she has been empowered by the state government to do her work. Other than in a few countries, most ministers in Africa are appointed by the president or prime minister. As such, a minister's powers are often limited, and their tenure is insecure. There is merit in having ministers appointed from among parliamentarians, as happens in the United Kingdom. The Indian parliamentary system makes it easier for Minister Shailaja to work with her fellow members and consequently, she has been able to achieve many things.
- 2) Minister Shailaja is highly regarded because she has a strong work ethic. As observed in her Wikipedia entry (2020), she is a tough task master: "it does not matter if it's midnight or if she is having any ailments, the Minister is there to monitor every arrangement". In short, the Minister leads by example and convenes assessment meetings daily.
- 3) Minister Shailaja believes that proper planning and effective execution are essential in confronting any health crisis (Lopez, 2020). Under her leadership, the Ministry has devised a very successful plan for testing, contact tracing and quarantine. She has developed another plan for returning Kerala diaspora residents, including isolating them for two weeks at the government's expenses. In addition, her Ministry has developed a number of contingency plans in the event that the number of COVID-19 cases continues to increase. Accordingly, Plan A involves isolating patients in public hospitals while ensuring that beds never reach full capacity at any hospital. Plan C is for the worst-case scenario—including converting private hospitals, hotels and

institutions into COVID-19 hospitals (Nalapat, 2020). Consequently, Kerala state has been more successful than the other states of India in containing the COVID-19 pandemic.

- 4) Developing a successful system of testing, contact tracing, and quarantine has been one of the challenges faced by many developing countries following the outbreak of the COVID-19 pandemic. For example, in Kenya, testing and contact tracing started well during the first three months of the outbreak. Thereafter, contact tracing has become impossible for a number of reasons, including the relatively high cost and the lack of qualified people to carry out the exercise. Further, in order to trace the people involved and isolate them, it is necessary to involve the collaboration of a number of different entities. These problems are not unique to Kenya but apply across Africa and beyond. In this connection, it is recommended that developing countries undertake a post-coronavirus benchmarking tour to Kerala state to learn how Minister Shailaja and her team have contained COVID-19, so as to prepare for future contagious viruses.
- 5) Another success story of Minister Shailaja has been the dissemination of COVID-19 messages (Chandrashekar, 2020; Express News Service, 2020). One of the problems of COVID-19 is misinformation and disinformation. This has been the problem in the USA and Brazil, where the COVID-19 pandemic has been heavily politicized and many lives have been, and continue to be, lost, while millions of people have been infected. In the case of Kerala state, Minister Shailaja has been credited with developing very clear and effective messages about COVID-19 for her compatriots. As a former teacher, her strategy has been to use teachers and student volunteers to disseminate COVID-19 messages to their citizens.
- 6) Minister Shailaja has handled her COVID-19 work with a rare mix of clarity, foresight, rigidity, and compassion (Bhalerao, 2020). She has ensured that the expenses of the people who are quarantined are covered by the state. Moreover, in her messages to the citizens of Kerala state, she has emphasized that COVID-19 is a dangerous disease, and that people should follow the government protocols of maintaining social distancing, washing their hands with sanitizer or soap, and wearing masks. As with her approach to the Nipah virus epidemic in Kerala in 2018, Minister Shailaja has held meetings with local authorities and members of the community to assure them of the government's support in addressing the problem. Her emphatic approach is similar to that of the Prime Minister of New Zealand, Jacinda Ardern, who has also acknowledged the inconvenience caused by the strict COVID-19 restrictions and the daily sacrifices required during the pandemic (Jeffrey, 2020). Unfortunately, Minister

Shailaja and Prime Minister Arden's male counterparts from countries such as the USA and Brazil have not been empathic; rather, they have downplayed the seriousness of the pandemic while the number of positive cases in their countries continues to increase.

5. Conclusion

Minister Shailaja's excellent work demonstrates the vital function that women leaders can perform in times of crisis and emergency, whether at the grassroots or at the national level. Women have been playing a central role in the fight against COVID-19; and, as Gupta and Farrar (2020) recommend, governments should more forcefully equip women with the skills, training, and opportunities to rise to the top. Minister Shailaja's attributes should be emulated by other leaders, both women and men, in developing countries, namely, being visible (she is present where action is needed), calm, hardworking, and courageous (Rajiv, 2020; Fernandez, 2020). It is these attributes of the Minister of Health and Social Welfare which are enabling Kerala state to combat COVID-19.

Minister Shailaja operates at the state level, yet her work is known internationally. Moreover, because of her exemplary work, she joins the higher echelon of women leaders of Denmark, Germany, Iceland, New Zealand, Norway and Taiwan, who have been acknowledged for demonstrating the leadership skills necessary to combat COVID-19.

Minister Shailaja understands how to handle a crisis and, as a woman leader, she understands the importance of compassion, communication, and reason (Jose, 2020). Unfortunately, these qualities seem less apparent in many of the male leaders currently handling the COVID-19 pandemic.

Disclaimer

The views and opinions expressed in this article are solely those of the author and not necessarily associated with AFICS-Kenya.

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