

COMMITTEE ON EXTERNAL AFFAIRS (2021-22)**Covid-19 Pandemic - Global Response, India's Contribution And The Way****Forward****THIRTEENTH REPORT****ABSTRACT**

While outlining the medical research done on the virology of COVID-19, the report mainly focused on assessing the pandemic preparedness of India. It also evaluated the measures taken to tackle the pandemic by various ministries, and touched upon the efforts taken by the international community to mitigate the disastrous effects of the pandemic as well as the various vaccination programmes. These parameters were examined over the time period of 2019-2022.

INTRODUCTION- AN OVERVIEW OF THE PANDEMIC

Coronaviruses are a large family of viruses that may cause illness in animals or humans, particularly respiratory illnesses. The unprecedented outbreak of the Novel Coronavirus Disease (COVID-19), initially noticed in a seafood market in Wuhan city of China in mid-December, 2019, has ravaged the world due to its highly contagious nature. It was **declared a “pandemic” on March 11, 2020, by the WHO**. Subsequently, many more variants of the virus have emerged due to imperfect mutation of the RNA virus. Of these, the “Variants of Concern” (VoC) are responsible for the rise in transmissibility and fatality. The **Alpha variant** was 50% more contagious than the original SARS-CoV-2 strain. The **Delta variant**, which was first detected in India and which primarily drove the cases high in the second wave in India, was 50% more transmissible than the Alpha variant. The **Omicron variant**, responsible for more than 3 lakh cases per day in India, was the major strain in the third wave in India. There is an apprehension of subsequent waves in the future, which made it imperative to review India's performance, response and future preparedness.

How has India fared in comparison with other countries?

Globally, India stands **second in terms of the number of covid cases after the US**, with over 4.06 crore reported cases. The Case Fatality Rate (CFR) of covid cases is 2.15% globally at present, while India has a comparatively lower CFR of covid cases, standing at 1.37%. While comparing with neighbouring countries with similar environmental conditions, India had the highest cases due to its population but had the third-lowest CFR of covid cases after Bhutan and Maldives.

A. India's Overall COVID-19 Management Strategy

India followed a **case-based approach** in covid management, as outlined by the Ministry of Health and Family Welfare. Different strategies were adopted according to different levels of transmission of the virus- travel-related cases, local clustered transmission, large outbreaks, and covid-19 becoming endemic. Broadly, there were seven important interventions/elements for covid management:

(1) Entry Surveillance- Much before the outbreak was declared a pandemic, thermal screening had begun at international airports, land ports and seaports to ensure proper screening of passengers and end to end management of suspect cases to ensure proper screening of passengers and end to end management of suspect cases.

(2) Community Surveillance- Following the guidelines of WHO, the Ministry implemented the **“test-trace-treat” strategy** to contain the community spread of the pandemic. All states/UTs were advised for Severe Acute Respiratory Infection (SARI) surveillance to pick up any travel-related case reported in the community and then for clusters within the community. This was followed by contact tracing, isolation and quarantining.

The Indian Council for Medical Research (ICMR) conducted three sero surveys in a limited sample population to find out the nature of the spread of the disease, which is done by taking a blood sample to ensure the presence of antibodies among the population segments. Till now three such surveys have been conducted and the national seroprevalence was found to be 0.7 %, 6.6% and 21.5% respectively. The report recommended regular sero surveys with an increased sample size. It also recommended bringing the results of the surveys into the public domain for increased awareness.

(3) Logistics Intervention- In the initial phase of the pandemic, there was a significant shortage of many types of equipment such as PPE kits, N95 masks, goggles, and ventilators which were essential to fight against COVID-19. These essential commodities were imported with the help of the Ministry of External Affairs. To supply medicines and testing kits, samples, and other equipment in all the States and UTs, the civil aviation sector launched a special initiative Lifeline UDAN, to which private operators contributed too. Production of N-95 Masks, PPE kits, and goggles has since been ramped up and India now exports this equipment. Production of ventilators has also received a boost under the 'Make In India' initiative. A **national action plan** to prevent such shortages in unprecedented times in the future was recommended.

(4) Lab Testing- The detection of COVID-19 cases is being done through **Reverse Transcription Polymerase Chain Reaction (RT-PCR) and Rapid Antigen Test (RAT)** and the number of samples being tested has substantially increased. Since the start of the pandemic, the number of testing labs has been enhanced from a single laboratory, the National Institute of Virology in Pune, to 1962 across the country during this period. A large number of RT-PCR kits and Rapid Test Kits have been developed indigenously and ICMR has validated 178 RT-PCR kits and 126 antigen-based RAT kits. Due to increased manufacturing capacity, the prices of these kits have been brought down to affordable levels.

(5) Hospital Preparedness- Health is a state subject in India. Owing to the suddenness of the pandemic, the states lacked the institutional capacity to handle the surge in cases. A three-tier arrangement of health facilities, consisting of Covid Care Centre, Dedicated Covid Health Centre and Dedicated Covid Hospital with different setups, was put in place by the centre.

The scarcity in production and supply of oxygen was particularly felt during the second wave. The government tried to bridge the gap between the demand and supply by restricting the supply of oxygen to other industries and diverting all oxygen for medical purposes. **1220 Pressure Swing Absorption (PSA) plants** were also sanctioned for Government Hospitals which capture air from the atmosphere, convert it into oxygen and then pump it into the medical gas pipeline system of the hospital. In addition, States were provided with one lakh concentrators and two lakh oxygen cylinders, as opposed to a 20-23% hospitalisation rate for 3 lakh+ cases per day during the second wave. Several countries also aided India with oxygen, cylinders, and

concentrators in significant quantities. To make sure such a dire situation does not arise in the future, the government should **ramp up oxygen production and storage under the Make in India initiative**. The Ministry of External Affairs should identify countries which can supply oxygen to India and chart out agreements beforehand.

The government should conduct **research studies on the long term impact of COVID-19** specific treatments on different body systems to assess their usefulness. “eSanjeevani”, a web-based comprehensive telemedicine solution, is being utilized in the country to extend the reach of specialized healthcare services to masses in both rural and isolated communities.

(6) Risk Communication- Awareness about and adapting to COVID appropriate behaviour is a major non-pharmaceutical intervention to contain the transmission of the virus. In this regard, a voluntary “Janta Curfew” before the first lockdown and a “Janta Andolan ” during the lifting of the lockdown was observed to promote COVID appropriate behaviour.

Aarogya Setu App was launched by the Ministry of Electronics and Information Technology to trace the contacts who may be at potential risk. The government also launched a 24*7 dedicated helpline (1075) for COVID-19 response.

(7) Capacity Building- The training of healthcare workers as well as ASHA workers was taken up through various programmes by the government to disseminate the above services.

B. Sector-wise COVID-19 Response and Redressal

The Government followed a “whole of Government” approach to manage COVID-19. The inter-ministerial coordination mechanism established to deal with the challenges arising out of the covid pandemic in the country comprised of a three-tier framework for decision making, namely: (i) Group of Ministers; (ii) Committee of Secretaries; and (iii) Empowered Group of Ministers. The decisions of this mechanism led to sector-wise responses.

MIGRANT WORKERS

To address the hardships faced by the migrant workers during return to their respective States/UTs, a series of advisories were issued with a focus on facilities such as shelters, free foodgrains and payments of wages, etc. and the states were advised to use the State Disaster Response Fund for providing benefits to migrant workers. To facilitate their transportation, special buses and “Shramik Special” trains were run with appropriate health safeguards. 31 State/UT Governments have provided cash benefits (ranging from Rs. 1000/- to 6000/- per worker) by DBT from cess fund to 1.82 crore workers till now.

The welfare measures during the Pandemic had limited impact due to the lack of definition of Inter-State Migrant Worker in the Draft Labour Code on Occupational Safety and Health, no National Database on Workers for the registration of workers, and the improper implementation of “One Nation One Ration Card” addressing the issues of the exodus of migrant workers. **Institutionalising safety nets for workers in the unorganised sector** was recommended on a priority basis.

MSME

The Micro, Small, and Medium Enterprises (MSMEs) and other Industries faced the maximum brunt mainly due to liquidity crunch, interrupted supply chain, inter-state lockdown provisions, and laying off their workers because of the inability to pay them salaries during the lockdown. The government introduced an economic stimulus plan which offered **relaxation for ease of doing business to MSMEs**. The relaxations included **special financial benefits for the licensee of the Bureau of Indian Standards (BIS), rebate in inspection, application and marking fees, renewal of licence without charging a fee, an extension of time limit for renewal of licence and relaxation in the time limit for deposition of samples for grant of licence**. These enterprises also shifted from traditional goods to the manufacturing of essential goods in the wake of the pandemic. Under Atma Nirbhar Bharat, MSMEs should be promoted to generate

employment and reduce dependency on imports, keeping in view the positive role they played in tiding over the adversities of the pandemic.

EDUCATION

The education system underwent unprecedented transformation due to the prolonged closure of schools and higher educational institutions to contain the spread of the virus. Teaching was severely disrupted by an abrupt and uneven shift to online teaching. The education sector has been facing several challenges like the digital divide, availability of devices and connectivity due to which a significant number of students could not continue their studies.

In this context, the government enhanced the scope of open online courses under the **Study Webs of Active-Learning for Young Aspiring Minds (SWAYAM) from 20 per cent to 40 per cent**. It also provided the content through educational channels of DD wherever the access to online content was difficult. The education budget was increased by 11.86% from 2021 to 2022.

Through the **National Initiative for School Heads' and Teachers' Holistic Advancements (NISHTHA)**, thousands of teachers were trained to use technology to get acquainted with online resources and to provide these resources to students. The Classroom activities and Board exams had been avoided keeping the safety of students in mind.

INDIAN DIASPORA

Indian citizens went abroad in large numbers for various purposes and were stranded due to the restrictions on international travel in the wake of the pandemic. To better coordinate the requests of stranded Indians abroad and also of those foreign nationals in India, MEA had set up Covid Cell, Covid Control Room, Helpline and Repatriation Portal. These helped to ensure that information about the returnees was available on a real-time basis, for better tracking of cases.

In addition, the diplomatic Missions abroad reached out to the stranded Indians and made arrangements for food and shelter for them by mobilising **Local Community Associations** as well as guidance, counselling and financial support under the **Indian Community Welfare Fund (ICWF)**. The ICWF was set up in 2009 to assist overseas Indian nationals and operates in times of distress and emergency in the most deserving cases on a means-tested basis.. Noting the crucial role played by the fund in supporting the Indian diaspora during the pandemic, the report recommended governmental support to the fund as well as expanding the eligibility for consular services under the fund.

To bring back the stranded nationals from other countries, the **Vande Bharat Mission (by air)** as well **Samudra Setu Mission (by sea)** of the Indian Navy were launched for a limited period. In addition, the Transport Bubble scheme had been initiated on mutual bilateral agreement with many countries to resume limited resumption of air travel once the situation improved.

The **Skilled Workers Arrival Database for Employment Support (SWADES)** and the **Atma Nirbhar Skilled Employee-Employer Mapping (ASEEM)** were launched jointly by the Ministries of Skill Development and Entrepreneurship, External Affairs and Civil Aviation with the aim of consolidating a database of the skilled workforce returning to the country under the Vande Bharat Mission (VBM) and facilitating employment opportunities for those registering on ASEEM portal.

VACCINATION

India is the world's foremost producer of vaccines and was expected to be the hub of COVID-19 vaccine manufacturing too. In 2020, the Government of India (GOI) launched **Mission COVID Suraksha- the Indian COVID-19 Vaccine Development Mission** for the research and development of Indian COVID-19 vaccines and to inculcate them in public health systems.

India started the **world's largest and fastest COVID -19 vaccination drive** in January 2021 by utilizing the country's vast experience of immunization programmes, employing its experience of elections (booth strategy) to effectively cover large numbers and varied geographies. India has been able to vaccinate more than eighty percent of the eligible adult population and has achieved

the target necessary for developing herd immunity of full vaccination of the adult population. More than 70 per cent of the eligible child population between 15-18 years has also received their first dose. Till now, nine vaccines have been approved for emergency use and four-five of them are being used for covid vaccination in the country, with six more under development.

India also launched the **Vaccine Maitri Programme** under which India shipped millions of “Made-in-India” COVID -19 vaccine doses to various countries in the modes of grant, commercial sales and through the COVID-19 Vaccines Global Access (COVAX) facility. India also provided training to experts in the neighbouring and Gulf countries on vaccine trials, cold chain development and maintenance, and related issues. Through its humanitarian initiatives, India retained its title of the “pharmacy of the world”.

INDIA'S GLOBAL RESPONSE

Multilateral institutions such as the UN and its agencies like WHO, UNICEF, UNDP and G-7, G-20, BRICS, World Bank, Asian Development Bank, SCO, SAARC etc. and international NGOs have played a crucial role in responding to the Pandemic with unprecedented speed and magnitude of financial assistance. India has been an important shareholder in various deliberations on the pandemic.

India played a prominent role in drafting the G-20 Action Plan especially on commitments related to economic response and recovery to strong, sustainable, balanced and inclusive growth, with a people-centric globalisation process.

India provided medical assistance in the form of **essential drugs, test kits and protection gear to over 150 countries during the first wave**, the generosity of which was reciprocated when India was wrecked by the second wave of COVID. Under **SAARC COVID-19 Emergency Fund**, assistance in the form of supply of medicines, medical equipment and Rapid Response Teams was provided to SAARC countries through India’s bilateral aid arrangements.



In addition, **Operation Sanjeevani** and **Mission SAGAR** were initiated to overcome logistical challenges to supply medicines and medical supplies to Maldives, Mauritius, Madagascar, Sri Lanka, Seychelles, Comoros and the Dominican Republic.

