

# White Paper on the Management of COVID-19 by the Government of India

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ALL INDIA CONGRESS COMMITTEE



# Congress Parliamentary Party

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## FOREWORD

The COVID-19 pandemic is a once-in-a-century public health crisis that has caused unimaginable havoc worldwide. India is still bearing the brunt of a devastating second wave. This pandemic will continue to endanger our people's lives and damage livelihoods until we vaccinate all those above 18 years and enthusiastically adopt safety norms and behaviour.

It is imperative that we, as a nation, respond to the current and future waves with all the resources at our command. The Congress party stands committed to working with the Union government to overcome this extraordinary challenge.

In that spirit of cooperation, fulfilling the role expected of the principal opposition party, the Congress party has repeatedly reached out to the Union government and offered concrete suggestions on how to respond to the COVID-19 pandemic. The Congress party's members have also been at the forefront of voluntary efforts to help people in need.

In this time of unprecedented crisis, the government has a duty to apprise our people about its key policy decisions in response to COVID-19. At the last Congress Working Committee meeting, it was suggested that a detailed examination of the Union government's policy responses to the pandemic would be timely. Such an assessment will provide insights to help correct mistakes in our nation's efforts to contain and conquer COVID-19.

Therefore, the Congress party has prepared this White Paper on the Management of COVID-19 by the Government of India. It carefully examines key aspects of the government's policy responses to COVID-19, chiefly from a public health perspective. It concludes by offering a set of measures that will enhance our nation's response to the COVID-19 crisis. We hope that the Union government will act responsibly by examining the facts presented in this White Paper and taking appropriate steps.



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# Executive Summary

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The mismanagement of the COVID-19 pandemic has been independent India's gravest governance failure. The Union government under Prime Minister Narendra Modi did not take adequate measures to prevent and contain the pandemic. Therefore, there is a **Need for a White Paper** (Chapter-1) that examines the government's acts of omission and commission, its impact on India and suggests constructive measures to improve policy responses to the current and future waves of the pandemic.

The Modi government's handling of the COVID-19 crisis began with its **Early Inaction** in January 2020 (detailed in Chapter-2). The government ignored early warnings from experts and political leaders from the Opposition. It failed to learn from the lessons and response models of other countries which had been hit by the pandemic. It did not scale up nationwide the lessons from Kerala's experience in successfully suppressing a virus outbreak (the Nipah virus). This inaction for a period of nearly two months was completely avoidable and cost us dearly.

## *Early Inaction*

Instead, the Modi government should have:

- Acted with seriousness and urgency after the outbreak of the pandemic in other countries, learnt from their lessons and followed the 3Ts — Testing at scale, Tracing with diligence and Treating with precision.
- Screened all international passengers and quarantined them as necessary from January 2020, since the virus had already spread beyond China and Hong Kong by January 18, 2020.
- Tested symptomatic persons with no travel history. According to a mathematical model prepared by the Indian Council for Medical Research (ICMR) in February 2020, such a move would have identified 50% of all infections in India.

The government's failure to proactively manage the pandemic in India continued in its **Policy Response to the First Wave** (detailed in Chapter-3). Its initial response consisted of measures like the Janata Curfew, thali clanging and diya lighting, which did not adequately communicate the risks from COVID-19 to the public. It did not prepare them to undertake appropriate preventive measures. Instead, PM Modi announced a nationwide lockdown with only four hours' notice. It triggered a terrible humanitarian crisis impacting approximately 4 crore migrant workers and disrupted the livelihoods of poor families. The highly publicised PM-CARES Fund turned out to be an opaque entity with no transparency on utilisation of funds. Medical ventilators procured through the Fund were even found to be defective.

The government ignored the suggestion of epidemiologists to conduct door-to-door screening to detect and curb the spread of the virus at the nascent stage. It ignored the advice of experts about the ineffectiveness of lockdowns. While the lockdown bought the government time to enhance testing and hospital facilities, its efforts on this front were demonstrably inadequate. The lockdown thus imposed severe social costs without the equivalent benefit of disease control.

Instead, the Modi government should have:

- Communicated clearly and transparently about COVID-19 risks and ensured that people followed appropriate safe behaviour.
- Acted on warnings of epidemiologists, virologists and other scientists who projected the rise in caseload.
- Decentralised resources, and empowered and equipped local authorities to arrest the spread of the virus.
- Prepared a response plan ahead of time, based on the experience of other countries, including the earmarking of resources and the ramping up of infrastructural requirements such as hospital beds and medical oxygen.

Two characteristics that stand out from the Modi government's handling of the pandemic are **Hubris and Political Avarice** (detailed in Chapter-4). The government declared victory over COVID-19 prematurely in early 2021. It deceptively used the Vaccine Maitri scheme as a tool to project the Prime Minister's image globally, when the bulk of exports were contracts placed directly with private sector vaccine manufacturers.

Further, at a time when large gatherings should not have been allowed, the ruling party demonstrated political avarice by conducting large election rallies during the eight phases of the assembly election in West Bengal, when the nation was already reeling from the second wave of the pandemic. Earlier, during the first wave, the Modi government denied that COVID-19 posed a major threat to public health until a Bharatiya Janata Party (BJP) government had been installed in Madhya Pradesh.

Instead, the Modi government should have:

- Acted swiftly on warnings from scientists and the Indian SARS-CoV-2 Genomic Consortia (INSACOG) about contagious new variants of the virus.
- Avoided declaring victory over COVID-19, which instilled a false sense of safety among the public, who believed their leaders and lowered their guard.
- Banned large gatherings, including election rallies, and postponed panchayat elections in Uttar Pradesh.
- Insisted that even small gatherings should follow strict protocols on the number of people allowed, social distancing, and masks.

The Modi government's practice of **Ignoring the Signs and the Science** (detailed in Chapter-5) proved disastrous. It notified ICMR, a research organisation, as the nodal agency to manage the pandemic instead of the battle-ready National Centre for Disease Control (NCDC) and National Institute of Virology (NIV). The government disregarded warnings and recommendations from scientists. It did not act on INSACOG's timely alert about the prevalence of a mutated, highly transmissible strain (B.1.617) of the virus, with fatal consequences. The government did not rectify the under-reporting of the number of cases and deaths during both waves, crucial to frame policies based on accurate data. It did not adequately assess and prepare responses to the risks of community transmission. Further, its ministers publicly promoted unscientific remedies such as *Coronil*.

Instead, the Modi government should have:

- Selected the appropriate, experienced organisation to coordinate containment of the pandemic.
- Strengthened institutional infrastructure, e.g., expert panels, COVID-19 Taskforce and INSACOG, and not prematurely declared victory over the virus.
- Updated protocols and treatments at regular intervals in line with emerging scientific evidence.
- Acted on expert recommendations about new strains of the virus and their potentially aggressive impact on an impending second wave.
- Reinforced testing infrastructure.

During April and May 2021, India experienced severe shortages of medical oxygen and Intensive Care Unit beds in both public and private hospitals, leading to innumerable avoidable deaths. Mass cremations were reported from multiple cities. India's healthcare infrastructure was overwhelmed by the rising number of patients affected by the second wave of the COVID-19 pandemic.

After India's experience with the first wave of COVID-19, the Modi government should have put in place measures in anticipation of the second wave. There were ample warnings from experts and lessons from the experiences of countries that faced the brunt of COVID-19 before India. Unfortunately, through its actions and inaction, the Modi government failed to prepare India to face the second wave of COVID-19. Its **Unforgivable Negligence** (detailed in Chapter-6) pushed our country into a colossal disaster.

Compounding the problem, the government tried to silence sections of the public and the media by directing social media platforms to block trenchant criticism of its COVID-19-related failures on the grounds of spreading misinformation and creating panic. It also failed to provide adequate support to state governments in their efforts to contain the pandemic

Instead, the Modi government should have:

- Strengthened healthcare infrastructure, particularly in district hospitals.
- Instituted a comprehensive testing strategy nationally.
- Ensured the availability of required medical supplies and equipment.
- Set up sufficient oxygen generation plants and ensured the availability of oxygen cylinders and tankers across India.
- Enhanced public risk communication to ensure awareness of and compliance with COVID-19 safety protocols, especially in rural India.
- Promoted effective cooperation with state governments.
- Prioritised transparency and provision of accurate data, including compliance with World Health Organization protocols on reporting COVID-19 deaths.
- Instituted an ex-gratia relief of at least Rs. 4 lakhs for the families affected by COVID-19 deaths.

As the second wave of the COVID-19 pandemic gathered momentum, vaccine shortages were reported across India. This situation was the direct result of the Modi government's **Vaccine Mismanagement** (detailed in Chapter-7). Despite knowing the magnitude of the universal vaccination drive that India required, the

government's approach toward vaccination has been ad-hoc, short-sighted, unscientific, and inequitable. The Modi government did not intend to vaccinate all Indians and called this strategy "smart vaccination", ignoring multiple warnings to the contrary, and thereby committed the critical error of not placing sufficient orders in advance, cascading to the vaccine shortages since April 2021.

Consequently, the government placed its first vaccine orders as late as January 11, 2021, and even then ordered only 1.65 crore doses from the two domestic manufacturers. It failed to provide adequate advance support to India's vaccine manufacturers to expand production capacity leading to minuscule supply, and also delayed licensing Covaxin (developed jointly by ICMR and Bharat Biotech) to other Indian firms. It abdicated its responsibility to procure adequate, affordable vaccine supplies and offloaded this task onto states despite the disadvantages that they faced. It insisted on measures such as mandatory registration on the Co-WIN platform prior to vaccination for the 18-44 age group, which favoured digitally literate, urban middle classes and excluded the vast majority. It arbitrarily increased the dosage interval for Covishield to 12-16 weeks without evidence. Finally, it announced a target to vaccinate all adults by December 2021 without a roadmap.

Instead, the Modi government should have:

- Placed orders globally for vaccines as soon as India faced the first wave.
- Ramped up production capacity, by proactively providing grants to public and private sector units to upgrade and expand their facilities, and by invoking compulsory licensing for made-in-India vaccines and their raw materials.
- Focused diplomatic efforts to secure access to vaccines, raw materials and peripherals for our population, before making international commitments.
- Procured vaccines centrally and allocated them in a fair and transparent manner, giving states control over implementation.
- Improved vaccine access by limiting digital, physical and financial exclusion.
- Fixed dosing intervals for vaccines based on evidence of efficacy against different variants of the coronavirus.
- Revealed a detailed roadmap and strategy on vaccinating India fully at the earliest with clear timelines of vaccine production and allocation.

Among the major **Impacts of Policy Failures** (detailed in Chapter-8) was that India was forced to break away from its 17-year-long tradition of not accepting foreign aid to deal with domestic crises. The Union government then delayed the distribution of the foreign aid it received and is yet to make public the details of donations.

The near collapse of India's healthcare infrastructure led to avoidable deaths due to acute shortages of medical oxygen, deaths of frontline workers due to COVID-19 and the growth of an illegal market for anti-viral drugs and oxygen devices. India was partly saved by civil society organisations and political parties that stepped up to provide crucial support to families of COVID-19 patients, including those affected by the lockdown. Courts have reprimanded the Modi government for its policy failures, including an "arbitrary and irrational" vaccination policy. The Allahabad High Court even described the death of patients due to the mishandling of the pandemic as equivalent to a 'genocide'.

Instead, the Modi government should have:

- Ramped up the logistics for additional oxygen production and supplies and enhanced the production of antiviral drugs and other medical care necessities.
- Promoted data transparency, including the allocation of medical resources and foreign aid to states, as well as disbursements from the PM-CARES fund.
- Focused on building sufficient capacity of hospitals and of healthcare personnel to ensure that all COVID-19 and non-COVID patients get adequate attention.

The Modi government will finally do some justice to our people if it implements **Key Policy Recommendations for the Way Ahead** (detailed in Chapter-9). It should:

- Ensure that all Indians receive free and universal vaccination in the shortest possible time frame. The government should share a detailed weekly roadmap of progress towards its announced December 31, 2021 deadline to vaccinate all of India's adults.
- Collaborate with vaccine manufacturers, raw material suppliers, and foreign governments to ensure a steady supply of raw materials and vaccines for India.
- Invoke compulsory license provisions under the Patents Act 1970 to ramp up domestic vaccine production.
- Allocate vaccines to states based on a transparent, justifiable formula, centered on evidence, equity and particular local requirements.
- Make accurate vaccine-related and COVID-19-related data publicly available in a transparent manner.
- Implement political and administrative measures including a national level, all-party committee to review measures to contain the pandemic, to improve coordination with state governments, and to collaborate with civil society.
- Decentralise decision-making, management of critical resources and transfer funds to the district level to organise essential health services, from primary to tertiary care, and address regional imbalances.
- Prepare for possible third and future waves by heeding expert advice, scaling up testing significantly (especially in rural areas), and pooling human resources at the state and district levels.
- Provide ex-gratia relief of at least Rs. 4 lakh for all COVID-19 related deaths under the Disaster Management Act, 2005.
- Implement relief measures including a minimum income support scheme for the poor and most vulnerable, continue free food supplies to the poor, reduce excise taxes on petrol and diesel, grant wage subsidies to Micro, Small and Medium Enterprises (MSMEs), increase budgetary support to the Mahatma Gandhi National Rural Employment Guarantee Scheme and provide relief for the urban poor.

As the COVID-19 pandemic continues to take its toll on India, it is imperative that the Modi government set aside divisive and discriminatory political agendas, exclusionary policies, and implements these recommendations to help mitigate the ongoing second wave, and to ensure that India is well prepared to face future waves of the pandemic.



# Chapter 1

## The Need for a White Paper on the Management of the COVID-19 Pandemic

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The mismanagement of the COVID-19 pandemic has been independent India's gravest governance failure. The Union government under Prime Minister Narendra Modi fell tragically short in preparing for and containing the pandemic. As the first wave receded, the government resorted to triumphalism and hubris. Now that the second wave appears to be receding, the government is back in the mode of self-congratulation, headline management, and obfuscation.

This White Paper aims to set the record straight.

Consider: On June 3, 2021, Union Home Minister Amit Shah made several declarations about India's ongoing fight against the COVID-19 pandemic. The official press release from the Press Information Bureau reported that:

*"Shri Amit Shah said that we achieved collective success in controlling the second wave of COVID-19 in a very short time and taking it towards its decline. Even in the developed countries of the world, the system seemed to be crumbling, but here in India, under the able leadership of Prime Minister Shri Narendra Modi, we organised a battle against it."*<sup>1</sup>

This incredible claim was made while India continued to stagger from the devastation unleashed by the second wave of COVID-19. Just two weeks earlier, on May 18, 2021, the *Times of India* had reported that:

*"Every day since April 25, India has had more than 40% of the global coronavirus cases. On some days it crossed the 50% mark. World Health Organisation data shows India reported more Covid infections than the rest of the world on May 4, 5, 10, 11 and 12. Since May 4, India has also reported more than 30% of the global Covid deaths. These are only the reported cases and deaths. Many experts say the real numbers are much higher."*<sup>2</sup>

It is clear that the Home Minister was misleading the nation. Not only was the second wave catastrophic, India became the third country in the world to record more than 3,00,000 official deaths after the United States of America and Brazil,<sup>3</sup> countries whose administrations have been censured for their handling of the pandemic, especially under President Trump<sup>4</sup> and President Bolsonaro.<sup>5</sup>

<sup>1</sup>Press Information Bureau (2021, June 3). Press release on Ministry of Home Affairs. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1724140>

<sup>2</sup>Thakur, A. (2021, May 18). Why India's second wave has shocked the world. *The Times of India*. Retrieved from <https://timesofindia.indiatimes.com/india/why-indias-second-wave-has-shocked-the-world/articleshow/82731781.cms>

<sup>3</sup>Biswas, S. (2021, May 26). Has India's deadly second wave peaked? *BBC*. Retrieved from <https://www.bbc.com/news/world-asia-india-57225922>

<sup>4</sup>Lipton, E., et al. (2020, April 11). He Could Have Seen What Was Coming: Behind Trump's failure on The Virus. *The New York Times*. Retrieved from <https://www.nytimes.com/2020/04/11/us/politics/coronavirus-trump-response.html>

<sup>5</sup>Stott, M., Pooler, M., Harris, B. (2021, April 3). Brazil's coronavirus nightmare: 'Bolsonaro is more isolated than ever'. *Financial Times*. Retrieved from <https://www.ft.com/content/55713895-2423-4259-a222-f778f9587490>

On June 7, 2021, four days after the Home Minister's statement, PM Modi addressed the nation and announced a U-turn in the Union government's vaccination policy.<sup>6</sup> Among the false assertions made by the PM in his speech,<sup>7</sup> the most egregious was:

*“There were apprehensions not only in the country but also in the world about how India will be able to protect such a large population? But friends, when the intention is pure, the policy is clear and there is continuous hard work, good results are also expected.”*<sup>8</sup>

He made this statement on a day when the official COVID-19 death toll crossed 3.5 lakhs, and a day after India recorded more than a quarter of the world's average daily deaths, including the highest number of daily deaths in the world for days on end.<sup>9</sup> A large number of these deaths were avoidable, which the government had failed to prevent, and many times more deaths are yet to be counted. He made this statement one week after the Supreme Court termed the Union government's vaccination policy “arbitrary and irrational.”<sup>10</sup> It can be further inferred that the Union government had not intended to vaccinate a large section of the population despite the claims of the Prime Minister (see Chapter - 8). The “purity” of the government's intention can be gauged from the following:

On March 14, 2020, the Union government declared COVID-19 a “notified disaster for the purpose of providing assistance under the SDRF”— the State Disaster Response Fund, through a Ministry of Home Affairs (MHA) notification. The MHA initially listed “ex-gratia relief to families of deceased persons” and “cost of hospitalisation for managing COVID-19 patients at rates fixed by the State government” among the items for assistance from the SDRF. However, this notification was inexplicably withdrawn within a few hours<sup>11</sup> and the above two items were removed from the new MHA notification.<sup>12</sup> Since then, the Union government has only provided some relief for orphaned children.<sup>13</sup> In its recent affidavit to the

<sup>6</sup>Kaul, V. (2021, June 8). What explains the sudden U-turn of Central govt on covid vaccine policy. *Livemint*. Retrieved from <https://www.livemint.com/news/india/what-explains-the-sudden-u-turn-of-central-govt-on-covid-vaccine-policy-11623140669725.html>

<sup>7</sup>Koshy, J. (2021, June 8). Fact check | History shows India did not lack access to vaccines as claimed by PM Modi. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/news-analysis-history-shows-india-did-not-lack-access-to-vaccines-as-claimed-by-pm-modi/article34758021.ece>

<sup>8</sup>Press Information Bureau. (2021, June 7). Press Release on PM's address to the Nation. Retrieved from <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1725133>

<sup>9</sup>*The Hindu*. (2021, June 7). Coronavirus | Death toll in India tops 3.5 lakh on June 7, 2021. Retrieved from <https://www.thehindu.com/news/national/coronavirus-death-toll-in-india-tops-35-lakh-on-june-7-2021/article34755915.ece>

<sup>10</sup>Ananthakrishna, G. (2021, June 3). Supreme Court asks govt for a vaccine roadmap, calls policy for 18-44 to pay 'arbitrary, irrational'. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/supreme-court-asks-govt-for-a-vaccine-roadmap-calls-policy-for-18-44-to-pay-arbitrary-irrational-7341605/>

<sup>11</sup>*The Hindu*. (2020, March 14). COVID-19: Centre withdraws order on ex-gratia within hours of notification. Retrieved from <https://www.thehindu.com/news/national/covid-19-centre-withdraws-order-on-ex-gratia-within-hours-of-notification/article31070237.ece>

<sup>12</sup>Ministry of Health and Family Welfare (2020, March 14). Circular from Ministry of Home Affairs regarding Revised Item & Norms for utilisation of SDRF dt.14-03- 2020. Retrieved from <https://www.mohfw.gov.in/pdf/RevisedItem&NormsforutilisationofSDRFdt14032020.pdf>

<sup>13</sup>*Hindustan Times*. (2021, May 30). PM CARES to help kids orphaned due to Covid. Retrieved from <https://www.hindustantimes.com/india-news/pm-cares-to-help-children-orphaned-due-to-covid-101622312732729.html>

Supreme Court in response to a PIL that sought ‘minimum standards of relief’ and ex-gratia payment for the families of those who have died from COVID-19, the Union government has shamefully refused it because of ‘financial constraints’.<sup>14</sup>

The Union government’s *modus operandi* has been to centralise the management of pandemic response but to shirk responsibility when met with challenges. It is opportune to recall that on March 11, 2020, the Union government asked states to “invoke provisions of Section 2 of the Epidemic Disease Act, 1897.”<sup>15</sup> Further, on March 24, 2020, the Union government invoked the Disaster Management Act, 2005 (DMA) to impose a blanket lockdown to ensure “consistency in the application and implementation of various measures across the country.”<sup>16</sup>

As per the Constitution, public order and public health are subjects that are under the purview of states. But the Union government used the DMA to bypass states and assume complete control.<sup>17</sup> While this was the norm during the first wave of the COVID-19 pandemic, during the second wave the Union government passed the baton onto the states on various occasions, notably with respect to procurement of vaccines. A commentator on constitutional law observed:

*“the Union Government has both centralised and decentralised badly, botching the fight against the pandemic.”<sup>18</sup>*

*Prima facie*, there is enough evidence to point towards a total failure on the part of the Union government to contain and manage the COVID-19 pandemic. Its early inaction, inappropriate policy responses to the first wave, its reckless disregard for science, its sheer negligence and callousness — by not planning for medical oxygen and medicine supplies, and its underinvestment in critical health infrastructure have proved very costly to our nation.

But the recent statements of the Prime Minister and the Home Minister demonstrate their hubris and the unwillingness of the Union government to accept responsibility.

In order to ensure accountability, this White Paper examines the government’s response to the pandemic through publicly available information and analysis by experts and commentators. In keeping with the best democratic traditions, this White Paper offers constructive criticism. It devotes a chapter to policy recommendations for the way forward.

<sup>14</sup>*Times of India*. (2021, June 20). Can't pay Rs 4 lakhs ex gratia amount to Covid-19 victims' kin due to financial constraints: Centre to Supreme Court. Retrieved from [http://timesofindia.indiatimes.com/articleshow/83683031.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/83683031.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

<sup>15</sup>Perappadan, B.S. (2020, March 11). Coronavirus | States to be asked to invoke Epidemic Disease Act: Centre. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/coronavirus-states-to-be-asked-to-invoke-epidemic-disease-act-centre/article31043653.ece>

<sup>16</sup>Parliamentary Research Services (2020, March 24). Copy of National Disaster Management Authority Lockdown Order. Retrieved from [https://prsindia.org/files/covid19/notifications/143.IND\\_Citizens\\_Order\\_Lockdown\\_Mar\\_24.pdf](https://prsindia.org/files/covid19/notifications/143.IND_Citizens_Order_Lockdown_Mar_24.pdf)

<sup>17</sup>James, K. (2020, April 3). Covid-19 and the need for clear centre-state roles. *Vidhi Centre for Legal Policy*. Retrieved from <https://vidhilegalpolicy.in/blog/covid-19-and-the-need-for-clear-centre-state-roles/>

<sup>18</sup>Kumar, A.P. (2021, May 2). The paradox of centralised federalism. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/amp/opinion/the-paradox-of-centralised-federalism-981404.html>

There is much more that this White Paper could have covered in its documentation and analysis of the critical failures in the Union government's handling of the pandemic. For instance, it has not addressed the impact of the mismanagement of the pandemic on India's economy. That deserves a separate investigation and report.

In pre-2014 India, an unmitigated disaster of this magnitude would have led to the initiation of multiple independent inquiries by Parliament, the Comptroller and Auditor General, and fact-finding Commissions to probe into different dimensions of governance failures during the pandemic. In post-2014 India, there is a sustained attempt to shrink the space for institutional oversight and to do away with the checks and balances integral to a vibrant democracy. Instead, the government tries to evade accountability by criticising those who raise questions in the public interest for "politicising" the issue or by accusing them of being "anti-national." This trend is extremely dangerous for our democracy.

India needs an exhaustive and independent public inquiry into the Union government's management of the COVID-19 pandemic in order to avoid a repeat of such deaths and devastation in the future. The hope is that this White Paper will spur many such efforts by the citizens, civil society, independent institutions, state governments, as well as the Union government. As Indians, this is the least that we owe to the memory of our compatriots who have left us long before their time.

## Chapter 2

# Early Inaction Against COVID-19

### WHAT THE UNION GOVERNMENT DID

- Wasted nearly 2 months before taking action to mitigate the spread of the COVID-19 virus in India.
- Failed to learn from the early lessons from other countries, as well as from Kerala which had experience dealing with a virus outbreak (i.e., Nipah virus).
- Ignored warnings from political leaders about the urgency of addressing the COVID-19 threat. It was only on March 3, 2020, that PM Modi first publicly acknowledged the virus, even though India had already reported many cases.
- Prioritised political agendas over public health, e.g., the communalisation of the Tablighi Jamaat congregation and the delayed adjournment of Parliament *sine die* until after a BJP government had been installed in Madhya Pradesh.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Acted with seriousness and urgency after the outbreak of the pandemic in other countries, learnt from their lessons and followed the 3Ts — Testing at scale, Tracing with diligence and Treating with precision.
- Screened all international passengers and quarantined as necessary from early January 2020, since the virus had already spread beyond China and Hong Kong by January 18, 2020.
- Tested symptomatic persons with no travel history. According to a mathematical model prepared by the Indian Council for Medical Research (ICMR) in February, such a move would have identified 50% of all infections in India.

## I. Emergence of COVID-19

On December 31, 2019, the World Health Organisation (WHO) formally announced that a novel pneumonia virus had spread in Wuhan, China.<sup>19</sup> By January 2020, the coronavirus had already begun to spread across the world, and WHO declared the virus as a 'Public Health Emergency of International Concern' on January 30, 2020.<sup>20</sup> It was officially declared a pandemic by WHO on March 11, 2020.

## II. Failure to Learn from Early Lessons

The first countries other than China to be impacted by the virus were Thailand, the Republic of Korea, and Japan. The responses from these countries were characterised by early and immediate action.<sup>21</sup> For example, Thailand initiated screening and set up an emergency operations centre within 3-4 days of the

<sup>19</sup>World Health Organisation. (2020, January 5). Pneumonia of unknown cause – China, Disease Outbreak News. Retrieved from <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/>

<sup>20</sup>World Health Organisation. (2020, January 30). Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). Retrieved from [https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

<sup>21</sup>Mahapatra, Anirban. (2021). COVID-19: Separating Fact from Fiction. India Viking. New Delhi.

announcement of the outbreak in Wuhan.<sup>22</sup> Similarly, both Thailand and Korea raised their national emergency/crisis protocols within days of their first confirmed cases.<sup>23</sup> Another common factor in the response of both countries was community-oriented healthcare, wherein civil society and community health workers were marshalled to manage the crisis.<sup>24</sup> Large-scale screening, surveillance for respiratory illnesses, epidemiological investigations, and public risk communication were also crucial early response strategies employed by these countries.<sup>25</sup>

Lessons from the West include those from Italy, where its unpreparedness to deal with a pandemic led to a delayed response<sup>26</sup> with tragic consequences. The lack of testing and regional inequalities in its national healthcare system were among the reasons for Italy's rapid early rate of infection and high mortality rates.<sup>27</sup> While delayed responses were also seen in the United States of America (USA) and United Kingdom (UK), the eventual response of the UK managed to control the rapid spread of the virus.

While the Union government was ignoring lessons from other countries, it was also ignoring those from within the country. India's first confirmed case was recorded in Kerala on January 30, 2020,<sup>28</sup> which declared COVID-19 to be a state calamity on February 3 after more cases were reported. Recognising the need for an immediate response, the Kerala government implemented stringent measures to ensure testing, contact tracing, treatment, and isolation.<sup>29</sup>

Kerala had previous experience dealing with the Nipah virus.<sup>30</sup> Thus, it began monitoring the virus outbreak as early as December 2019 and began surveillance and emergency preparedness at this time.<sup>31</sup> Early actions taken by Kerala, based on lessons learnt from dealing with two outbreaks of the Nipah virus, include:<sup>32</sup>

- Stringent surveillance and quarantine guidelines were in place after the Nipah outbreak. Similar guidelines for COVID-19, including testing and clinical protocols were devised and updated regularly.

<sup>22</sup>Arunrugstichai, S. (2020, June 18) A look inside Thailand, which prevented coronavirus from gaining a foothold. National Geographic. Retrieved from <https://www.nationalgeographic.com/history/article/look-inside-thailand-prevented-coronavirus-gaining-foothold>

<sup>23</sup>World Health Organisation. (2020, January 21). Novel Coronavirus (2019-nCoV) Situation Report - 1. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf>

<sup>24</sup>Issac, A et al. (2021). An examination of Thailand's health care system and strategies during the management of the COVID-19 pandemic. *Journal of Global Health*, 11(03002).

Jeong, E et al. (2020). Understanding South Korea's Response to the COVID-19 Outbreak: A Real-Time Analysis. *International Journal of Environmental Research and Public Health*, 17(24) 9571

<sup>25</sup>*Supra* note 23.

<sup>26</sup>Indolfi, C. and Spaccarotella, C. (2020). The Outbreak of COVID-19 in Italy: Fighting the Pandemic. *JACC Case Reports*, 2(9), 1414–1418.

<sup>27</sup>*Ibid.*

<sup>28</sup>Andrews, M A et al. (2020). First confirmed case of COVID-19 infection in India: A case report. *The Indian Journal of Medical Research*, 151(5), 490-492.

<sup>29</sup>Lahariya, C. et al. (2020). *Till We Win*. Penguin Random House, 2020.

<sup>30</sup>Ghosh, Abantika. (2021). *Billions Under Lockdown*. Bloomsbury India, New Delhi.

<sup>31</sup>Maya, C. (2020, February 15). Fighting a virus, yet again" How controlling the Nipah outbreak helped Kerala to take on COVID-19. *The Hindu*. Retrieved from <https://www.thehindu.com/sci-tech/health/fighting-a-virus-yet-again-how-controlling-the-nipah-outbreak-helped-kerala-to-take-on-covid-19/article30825430.ece>

<sup>32</sup>*Ibid.*

- Mass technology-based contact tracing was initiated along with decentralised governance for flexibility in local responses.<sup>33</sup>
- Immediate alerts were sent out through the Integrated Disease Surveillance Programme to district surveillance teams to monitor all influenza-like symptoms and illnesses. WHO protocols were also shared.
- From January 23, all passengers at airports showing mild symptoms were sent to isolation wards in special ambulances. Non-symptomatic passengers were instructed to undergo strict home quarantine.
- All districts were ordered to ensure the readiness of tertiary health care facilities, Intensive Care Units (ICUs) and ventilators.
- All protocols for surveillance and contact-tracing were implemented immediately after the first case was confirmed on January 30.

The Union government could have drawn upon the Kerala government's experience in dealing with Nipah virus to ready itself for the fight against COVID-19. It could have also consulted experts to bolster its preparations. Its inaction cost India dearly.

India had more than a month to learn from global and local responses to the coronavirus. Measures that could have been implemented during this time include the quarantine of all international travellers and not just those who had visited China given that the virus had already begun to spread globally. It could also have commenced contact tracing of those diagnosed with severe respiratory illnesses.

### Box 2.1: Warnings from Political Leaders Ignored

On February 12, 2020, the former President of the Indian National Congress party, Rahul Gandhi alerted the Union government to the need for proactive and timely action.<sup>34</sup>

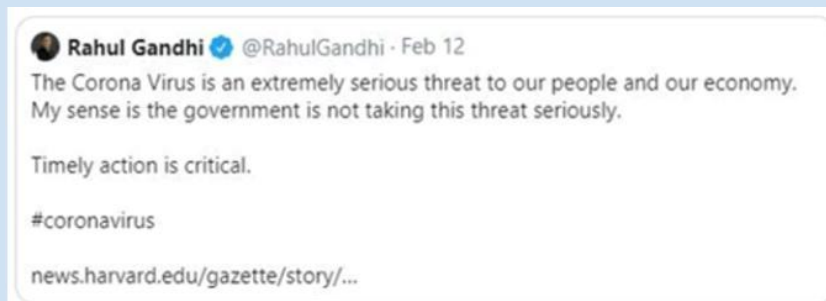


Image Source: Twitter<sup>35</sup>

Rahul Gandhi warned the Union government again on March 17, 2020. By this time confirmed cases were reported in Delhi and Hyderabad, proof that the virus had spread across India: *"I have been warning the government that a massive tsunami is coming and they are not clear about what they have to do. India should be preparing itself not just for Covid-19 but for the economic devastation that is coming. I am saying it again and again, nobody is listening to me. Our people are going to go through unimaginable pain in the next 6 months."*<sup>36</sup>

<sup>33</sup>Anandan, S. (2020, July 26). The Hindu Explains – Why have COVID-19 cases surged in Kerala?. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/kerala/the-hindu-explains-why-have-covid-19-cases-surged-in-kerala/article32192847.ece>

<sup>34</sup>Gandhi, R. [@RahulGandhi] (2020, February 12). "The Corona Virus is an extremely serious threat to our people and our economy. My sense in the government is not taking this threat seriously. Timely action is critical". [Tweet]. Twitter. Retrieved from <https://twitter.com/RahulGandhi/status/1227536939479228417>

<sup>35</sup>*Ibid.*

<sup>36</sup>*Economic Times*. (2020, March 17). India must prepare not just for fighting coronavirus but also for economic devastation: Rahul Gandhi. Retrieved from

Just two days after Rahul Gandhi's second unheeded warning, the WHO raised its risk assessment at the global level to "very high."<sup>37</sup> The government remained silent, and ignored concerns raised in the Budget session of Parliament.<sup>38</sup>

### III. The Government's Dismissiveness and Complacency

The Union government's decision to screen passengers from China and Hong Kong from January 18, 2020, and to suspend e-visa facilities for Chinese citizens from February 3,<sup>39</sup> was already too little and too late. Passengers infected with COVID-19 had already been entering India from other affected countries.

#### Box 2.2: Fact Check

In his April 14 address to the nation, PM Modi claimed that India had begun screening passengers from COVID-19 affected countries before it had a single patient.<sup>40</sup>

The reality is that thermal screening of passengers from January 18, 2020, was restricted to those from China and Hong Kong,<sup>41</sup> even though by this time, Thailand, South Korea and Japan were also countries affected by COVID-19.<sup>42</sup>

The government decided to screen all international passengers on March 4, 2020,<sup>43</sup> but this measure came too late, given that the virus had affected other countries more than a month earlier.

A mathematical model prepared by the Indian Council for Medical Research (ICMR) by mid-to-end February acknowledged that screening of international passengers is not an effective measure on its own, and that the government should have also tested symptomatic persons with no travel history. This would have helped identify 50% of all COVID-19 infections in India and helped flatten the curve.<sup>44</sup> The published study also admitted that India was only using up to 10% of its COVID-19 testing capacity at the time.<sup>45</sup>

<https://economictimes.indiatimes.com/news/politics-and-nation/india-must-prepare-not-just-for-fighting-coronavirus-but-also-for-economic-devastation-rahul-gandhi/articleshow/74673983.cms?from=mdr>

<sup>37</sup>World Health Organisation. (2020, March 20). Coronavirus disease 2019 (COVID-19) Situation Report - 60. Retrieved from [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200320-sitrep-60-covid-19.pdf?sfvrsn=d2bb4f1f\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200320-sitrep-60-covid-19.pdf?sfvrsn=d2bb4f1f_2)

<sup>38</sup>These interventions include those raised by INC MP Prof. M.V. Rajeev Gowda, as well as by Late INC MP H. Vasanthakumar, who later succumbed to COVID-19, and was interrupted and cut off while speaking on COVID-19 in Parliament.

<sup>39</sup>Ministry of Information and Broadcasting. (2020, March 28). India's response to COVID outbreak. PIB Delhi. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1608727>

<sup>40</sup>Prime Minister's Office. (2020, April 14). Text of PM's address to the Nation. PIB Delhi. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1614215>

<sup>41</sup>*Ibid.*

<sup>42</sup>*Supra* note 23.

<sup>43</sup>*Ibid.*

<sup>44</sup>Pulla, P. (2020, March 28). ICMR study suggests Its testing strategy was flawed, airport screening a miss. *The Wire Science*. Retrieved from <https://science.thewire.in/health/coronavirus-testing-icmr-testing-strategy-covid-19-diagnostic-kits-community-transmission/>

<sup>45</sup>*Ibid.*



It took two months after the global viral outbreak for PM Modi to publicly acknowledge the threat of the coronavirus, by tweeting about it on March 3, 2020.<sup>46</sup> Despite his declaration that there was no need to panic, the Union Health Ministry reported 22 new confirmed cases the very next day.<sup>47</sup> WHO declared COVID-19 to be a pandemic on March 11, 2020. It took another week for PM Modi to make his first speech on this grave threat on March 19, 2020.

The Union government's actions made it amply clear that it prioritised its own political agendas and vendettas over the public health of Indians. The crisis was actively communalised through vilification of the Islamic sect Tablighi Jamaat's congregation in New Delhi, who the Delhi High Court later affirmed were "made scapegoats by a political government."<sup>48</sup>

The Union government is also accused of delaying action until the Congress government led by Kamal Nath had been toppled in Madhya Pradesh.<sup>49</sup> Its intentions were starkly revealed when it imposed a nationwide lockdown on March 24, 2020 a day after the Bharatiya Janata Party's (BJP) Shivraj Singh Chouhan was sworn in as Chief Minister of Madhya Pradesh amidst a large crowd at an oath-taking ceremony which did not follow the PM's advice from just a week earlier to follow social distancing.<sup>50</sup> The same day, the Union government also suddenly adjourned parliament *sine die*, a move it had previously been resisting.<sup>51</sup>

<sup>46</sup>Modi, N. [@narendramodi] (2020, March 3). "Had an extensive review regarding preparedness on the COVID-19 Novel Coronavirus. Different ministries & states are working together, from screening people arriving in India to providing prompt medical attention." [Tweet]. Twitter. Retrieved from <https://twitter.com/narendramodi/status/1234762637361086465>

<sup>47</sup>*The Wire* (2020). Half a million COVID-19 cases in India: How we got to where we are. Retrieved from <https://thewire.in/covid-19-india-timeline>

<sup>48</sup>Tripathi, K., Irfan, M. (2020, December 2020). Criminalised By Govt, Cleared By Courts: The Tablighi Story. *Article 14*. Retrieved <https://www.article-14.com/post/criminalised-by-govt-cleared-by-courts-the-tablighi-story>

<sup>49</sup>*The Print*. (2020, April 13). Has politics in Madhya Pradesh damaged its battle against coronavirus? Retrieved from <https://theprint.in/talk-point/has-politics-in-madhya-pradesh-damaged-its-battle-against-coronavirus/400788/>

<sup>50</sup>Jain, A. (2020, March 24). BJP ignores PM Modi's Social Distancing Advice at Shivraj Singh Chouhan's oath-taking. *Huffpost*. Retrieved from <https://www.huffpost.com/archive/in/entry/bjp-madhya-pradesh-social-distancing-shivraj-singh-chouhan-in-5e79a7bbc5b62f90bc508234>

<sup>51</sup>Tewari, R. (2020, March 24). Modi's refusal to shut Parliament despite COVID-19 shows BJP's cynical politics. *The Print*. Retrieved from <https://theprint.in/opinion/modis-refusal-to-shut-parliament-despite-covid-19-shows-bjps-cynical-politics/386753/>

## Chapter 3

# Policy Response to the First Wave

This chapter lays out the flawed policy responses by the Union government during the first wave of the COVID-19 pandemic in 2020 and elaborates on their impact.

### WHAT THE UNION GOVERNMENT DID

- Failed to acknowledge COVID-19 as a health emergency in early March 2020.<sup>52</sup>
- Highlighted measures like thali clanging and diya lighting, with not enough emphasis on effective risk communication to prevent the spread of COVID-19.
- Imposed a nationwide lockdown that dislocated economic activity, triggered a terrible humanitarian crisis impacting approximately 4 crore migrant workers, and disrupted the livelihoods of poor families.
- Ignored epidemiologists' advice to conduct door-to-door screening to detect and curb the spread of the virus early, and on the ineffectiveness of lockdowns.
- Failed to fix data discrepancies, leading to policy based on inadequate data.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Communicated clearly and transparently about COVID-19 risks and ensured that people followed appropriate safe behaviour.
- Acted on warnings of epidemiologists, virologists and other scientists who projected the rise in caseload.
- Decentralised resources, and empowered and equipped local authorities to arrest the spread of the virus.
- Prepared a response plan ahead of time, based on experiences of other countries, including the earmarking of resources and the ramping up of infrastructural requirements such as hospital beds and medical oxygen.

## I. Prime Minister's Efforts at Communicating the Risks

### a. Counterproductive Messaging for the Janata Curfew

On 19 March 2020, when the total number of cases had doubled in India within a span of a few days, PM Modi delivered his first COVID-19-related address to the nation. He called for a 14-hour "Janata curfew" on March 22, 2020, urged citizens to stay indoors, and instructed people to follow COVID-19-appropriate behaviour.

However, PM Modi also asked people to end the curfew by clapping hands and banging vessels as a tribute to health care personnel at the forefront of responding to COVID-19. Heeding his call, people across India indulged in mass celebrations when the Janata curfew ended. They did not maintain social distancing and indulged in risky behaviour that was entirely counter to PM Modi's intended message.<sup>53</sup>

These counterproductive responses to PM Modi's efforts at risk communication may have contributed to the lack of safety-oriented behaviour from the public which set the stage for exponential growth in COVID-19 cases across India.

<sup>52</sup>*The Hindu*. (2020 March 13). Covid-19 is not a health emergency, no need to panic: Health Ministry. Retrieved from <https://www.thehindu.com/news/national/coronavirus-outbreak-union-health-ministry-press-conference-in-new-delhi/article31061163.ece>

<sup>53</sup>Ghosh, Abantika. (2021). Billions Under Lockdown. Bloomsbury India, New Delhi.

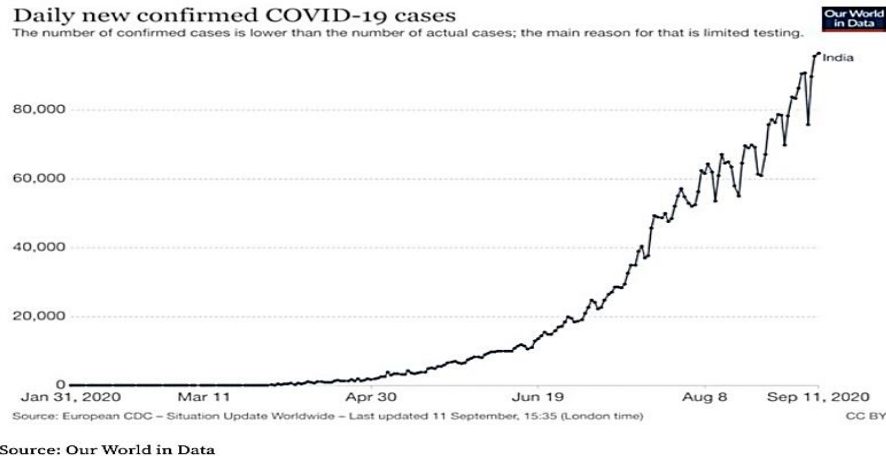


Image Source: *The Wire*<sup>54</sup>

## II. Unplanned Lockdown

On 24 March 2020, five days after announcing the Janata curfew, and with just four hours' notice, PM Modi suddenly announced a 21-day country-wide lockdown that was intended to break the chain of virus transmission.

The nationwide lockdown was one of the world's most stringent. All economic activity (except essential services) came to a grinding halt. In contrast to other countries which had imposed lockdowns, India had not put in place the requisite infrastructure, resources, and strategy to enable large sections of the population to cope. An already slowing economy came to a standstill. India's vast informal economy was hit hard. Goldman Sachs predicted a 45% economic decline in the three months between April to June 2020. Ratings agency Moody's also slashed India's credit ratings to the lowest investment grade level.<sup>55</sup>

### a. Centralised Decision Making and Curbs on State Governments

Centralisation of decision-making within the Union government rendered state governments powerless. They had to wait for the Union government to provide them with personal protection equipment (PPE) kits and other medical equipment. The Union government overlooked<sup>56</sup> pleas from Chief Ministers to decentralise the procurement of testing and PPE kits and to leave the 'gradual opening up' of the local economy to their judgment. Additionally, inconsistencies between the economic supply chain and designated containment zones weakened the country's fight against COVID.

<sup>54</sup>Pramesh, C.S. (2020, September 12). The lockdown is ending but India's epidemic is far from over, *The Wire Science*. Retrieved from <https://science.thewire.in/health/india-unlock-covid-19-epidemic-raging-remember-hygiene-distancing/>

<sup>55</sup>Choudhary, S. (2020, June 22). India's economy was hit by coronavirus lockdown. These charts show how. *CNBC*. Retrieved from <https://www.cnbc.com/2020/06/22/economic-impact-of-indias-coronavirus-lockdown-in-four-charts.html>

<sup>56</sup>Madhukalya, A. (2020, April 10). Covid 19: States protest against Centre's directive on PPE procurement. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/covid-19-states-protest-against-centre-s-directive-on-ppe-procurement/story-C2HLEkLKvPL9gMYGA494LP.html>

## b. Impact on Migrant Workers

The Prime Minister's declaration of the nation-wide lockdown at a short notice of only four hours triggered a mass exodus as millions of migrant workers left urban centres on foot. For weeks, they walked with their families back to their native villages, without any regular supply of food and water. Many migrant workers and their family members died during this padayatra of the poor.<sup>57</sup>

Only after a country-wide uproar did the government start railway operations. The first Shramik Express aimed at helping migrant workers return home started operating<sup>58</sup> from May 1, 2020 - more than one month after the migrant crisis unfolded. Migrant workers' woes were exacerbated by a series of chaotic travel orders and gross mismanagement of the repatriation process.<sup>59</sup>

**TAKING A U-TURN**

- Charged from migrants (according to May 1 notification): Sleeper mail express fare plus ₹50 each
- Shramik Special trains carry around **1,200 people** in 24 coaches
- A rough estimate indicates total fare for one train running 2,000 km would cost a little under **₹10 lakh**
- **58** Shramik Special trains have been pressed into service since May 1
- Railways is already under stress. In March, passenger earnings saw a **62%** drop, while freight earnings dipped **38%** against March 2019

Image Source: Business Standard<sup>60</sup>

At a time when migrant workers had no means to survive, and were struggling to make ends meet, the Union government insisted on charging them fares to ferry them back to their native place. Only after Congress President Sonia Gandhi intervened and offered to pay the fare of returning migrant workers did the Union government bear 85% of the ticket fare, passing on 15% to migrants' home State governments.<sup>61</sup>

India received international criticism for its ineptness in responding to the pandemic. The government had announced only three economic measures initially: free food grains, cash transfers to *jan dhan* accounts from April-June 2020, and a second tranche of its financial relief package. This included cash support for registered construction workers. However, since more than two-thirds of construction workers are not registered, they were not even eligible to receive any cash support.<sup>62</sup> A year and a second mass exodus later, there is still no reliable data or robust policy to address the challenges faced by migrant workers.<sup>63</sup>

<sup>57</sup>Rawat, M. (2020, September 16). Migrant workers' deaths: Govt says it has no data. But didn't people die? Here is a list. *India Today*. Retrieved from <https://www.indiatoday.in/news-analysis/story/migrant-workers-deaths-govt-says-it-has-no-data-but-didn-t-people-die-here-is-a-list-1722087-2020-09-16>

<sup>58</sup>Press Information Bureau. (2020, May 1). Railways start Shramik Special Trains to move migrant workers, pilgrims, tourists, students and other persons stranded at different places due to lockdown. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1620027>

<sup>59</sup>Adhikari A., et al. (2020). Manufactured Maladies: Lives and Livelihoods of Migrant Workers During COVID-19 Lockdown in India. *The Indian Journal of Labour Economics* 63, 969-997

<sup>60</sup>Jacob, S. (2020, May 5). Lockdown 3.0: Political slugfest breaks out on migrant workers' rescue. *Business Standard*. Retrieved from [https://www.business-standard.com/article/current-affairs/lockdown-3-0-political-slugfest-breaks-out-on-migrant-workers-rescue-120050500074\\_1.html](https://www.business-standard.com/article/current-affairs/lockdown-3-0-political-slugfest-breaks-out-on-migrant-workers-rescue-120050500074_1.html)

<sup>61</sup>*Ibid.*

<sup>62</sup>*Supra* note 59.

<sup>63</sup>Paliath, S. (2021, March 24). A Year After Exodus, No Reliable Data Or Policy On Migrant Workers. *India Spend*. Retrieved from <https://www.indiaspend.com/governance/migrant-workers-no-reliable-data-or-policy-737499>

### c. Prioritising the Needs of the Rich over the Poor

The pandemic and the subsequent lockdown laid bare the vast inequality between India's rich and the downtrodden. Citizens with means were transported back to their homes safely with the aid of the government, including through specially organised Vande Bharat flights from foreign countries. Migrant workers had to struggle to find their way back home, facing harassment and even chemical spraying at the hands of various local authorities.<sup>64</sup>

## III. Data Inadequacies and Risk Management

By July 20, 2020, India had the third largest caseload globally. However, mass testing was scaled up only after the positivity rate in India crossed 12.3 percent in July 2020.

The sharp fall in positivity rates, to 7.6% in August 2020 (before rising again to 9% in September 2020)<sup>65</sup> suggests that ramping up testing did make an impact. However, according to experts, this drop in August 2020 can partly be attributed to an increase in rapid antigen tests, which are less accurate than reverse transcription polymerase chain reaction (RT-PCR) tests.



Image Source: Times of India<sup>66</sup>

### a. Inadequacy of Accurate Information

In October 2020, with 80 lakh confirmed cases, India was the second most affected nation globally. The Union government asserted that India had reached the peak and that caseloads would dwindle. However, experts, health economists and epidemiologists stated that the real nature of the peak could only be deduced by looking at multiple variables, such as serological surveys and testing patterns. Based on that data, they argued that the first wave was yet to peak in October 2020.<sup>67</sup>

Serological surveys indicated a huge disparity in the expected number of COVID-19 cases and the official number of cases reported by RT-PCR/rapid antigen tests across the country. The first national seroprevalence survey in September 2020 indicated that about 6.4 million adults in India had been exposed to the coronavirus by early May 2020, as opposed to 52,592 reported cases at the time. The stark contrast with

<sup>64</sup>BBC. (2020, March 31). Coronavirus: Anger as migrants sprayed with disinfectant in India. Retrieved from <https://www.bbc.com/news/world-asia-india-52093220>

<sup>65</sup>Times of India (2021, April 5). Explained in 10 charts: How Covid cases are rising, spreading during second wave. Retrieved from <https://timesofindia.indiatimes.com/india/explained-in-10-charts-the-rise-of-covid-19-second-wave-in-india/articleshow/81910892.cms>

<sup>66</sup>Ibid.

<sup>67</sup>John, R.M. (2020, November 10). The peak could be premature. *The Indian Express*. Retrieved from <https://indianexpress.com/article/opinion/columns/covid-coronavirus-india-peak-could-be-premature-cases-deaths-recoveries-7046529/>

confirmed cases was likely a result of restrictions on generalised testing, which kept a large number of asymptomatic people from getting tested, as well as the low numbers of tests conducted till July 2020.

## IV. Risk Assessment Errors and Failure to Heed Experts

### a. Misleading Projection by NITI Aayog

During a presentation on April 24, 2020, Dr. V K Paul, a member of NITI Aayog and chairperson of the national task force and Empowered Group 1, displayed a slide with a prediction that India would have no new COVID-19 cases after May 16, 2020.

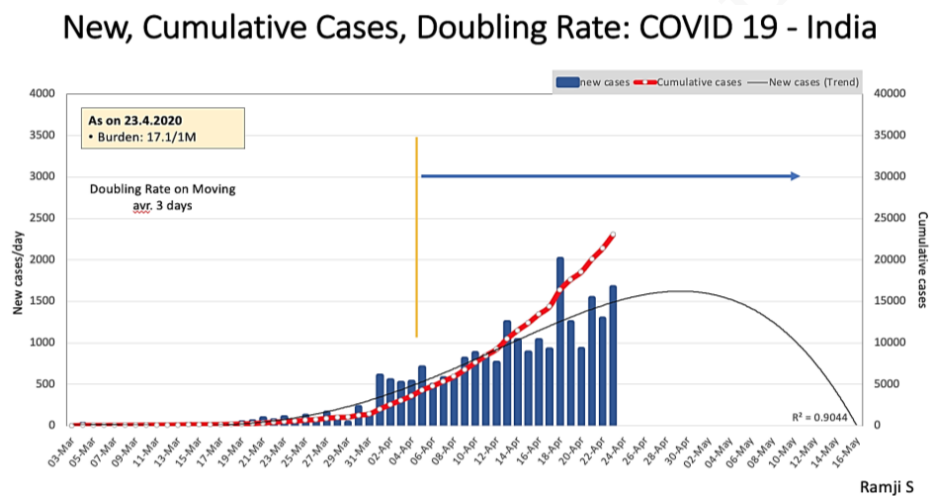


Image Source: Presentation Delivered by Dr. V K Paul, available via Press Information Bureau.<sup>68</sup>

According to this prediction, new cases should have been on a significant decline by early May 2020, yet India was still reporting spikes in new cases and deaths.<sup>69</sup> On May 16, 2020, the date on which India was predicted to have no new cases, the number of new cases marked the highest spike till then at 4,987,<sup>70</sup> and the total number of cases crossed the 1-lakh mark just three days later.<sup>71</sup>

### b. Over-reliance on Bureaucrats Instead of Experts in Epidemiology

On May 30, the Indian Public Health Association, Indian Association of Preventive and Social Medicine, and Indian Association of Epidemiologists issued a critical statement on the government's management of the disease:

<sup>68</sup>Press Information Bureau. (2020, April 24). Decision of lockdown was timely, the curve has begun to flatten, no need to fear of hidden spike in cases, the disease is in control. Retrieved from <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1617870>

<sup>69</sup>Krishnan, V. (2020, May 7). Surge in COVID cases proves Centre wrong; pandemic response marked by theatrics, not science. *The Caravan*. Retrieved from <https://caravanmagazine.in/health/surge-in-covid-cases-proves-centre-wrong-pandemic-response-marked-by-theatrics-not-science>

<sup>70</sup>Rawat, M. (2020, May 17). In April, Govt predicted zero new Covid-19 case by May 16. What went wrong? *India Today*. Retrieved from <https://www.indiatoday.in/news-analysis/story/health-ministry-covid19-pandemic-case-prediction-graph-1678917-2020-05-17>

<sup>71</sup>Chakrabarti, A. (2020, May 22). Govt apologises for 'misconception' month after graph said India to halt Covid spread by May. *The Print*. Retrieved from <https://theprint.in/health/govt-apologises-for-misconception-month-after-graph-said-india-to-halt-covid-spread-by-may/427472/>

*“Had the government of India consulted epidemiologists who had better grasp of disease transmission dynamics compared to modellers, it would have perhaps been better served ... From the limited information available in the public domain, it seems that the government was primarily advised by clinicians and academic epidemiologists with limited field training and skills. Policy makers apparently relied overwhelmingly on general administrative bureaucrats.”<sup>72</sup>*

The government’s failure to consult with epidemiologists was highlighted by a member of an Empowered Group. He questioned why Dr. V. K. Paul, a paediatrician, was asked to work on the (inaccurate) prediction and mathematical model instead of assigning the task to an experienced team of epidemiologists.<sup>73</sup>

### **c. Advice on Inadequateness of National Lockdown**

One week after the lockdown was announced, the Indian Council of Medical Research (ICMR) had informed the government that it would not be effective, that it would only prevent 20-25% of eventual infections, and that its effect would be “temporary.”<sup>74</sup>

While the study was not made public, Dr. V K Paul referred to its findings in a presentation. It suggested using the lockdown period to strengthen preparedness, i.e., by conducting house-to-house screening and providing door-to-door supply of essential items to the poor, fast reporting, setting up central quarantine facilities for high density areas, and increasing hospital and Intensive Care Unit (ICU) beds.<sup>75</sup> The lockdown was an opportunity for the Union government to enhance testing and hospital facilities, but its response was demonstrably inadequate.

## **V. Other Questionable Initiatives**

### **a. Prime Minister’s Citizen Assistance and Relief in Emergencies Situation Fund (PM-CARES Fund)**

Instead of utilising the existing National Disaster Relief Fund, the Union government set up the PM-CARES Fund with the PM and senior Union Ministers as Trustees. It was to rely entirely on voluntary contributions from individuals and organisations.<sup>76</sup> According to its official website, the Fund has spent Rs. 3,100 crores on ‘made-in-India’ ventilators, aid for migrant workers, and vaccine development. The Fund

<sup>72</sup>Ghosh, A. (2020, June 25). No ICMR panel or GoM meetings, no briefings – Modi govt ‘retreats’ even as Covid cases surge. *The Print*. Retrieved from <https://theprint.in/health/no-icmr-panel-or-gom-meetings-no-briefings-modi-govt-retreats-even-as-covid-cases-surge/447861/>

<sup>73</sup>Krishnan, V. (2020, May 7). Surge in COVID cases proves Centre wrong; pandemic response marked by theatrics, not science. *The Caravan*. Retrieved from <https://caravanmagazine.in/health/surge-in-covid-cases-proves-centre-wrong-pandemic-response-marked-by-theatrics-not-science>

<sup>74</sup>Mandal, S. et al. (2020). Prudent public health intervention strategies to control the coronavirus disease 2019 transmission in India: A mathematical model-based approach. *Indian Journal of Medical Research* 151(2). 190-199.

<sup>75</sup>Sethi, N., Shrivastava, K.S. (2020, June 21). Govt Knew Lockdown Would Delay, Not Control Pandemic. *Article 24*. Retrieved from <https://www.article-14.com/post/govt-knew-lockdown-would-delay-not-control-pandemic>

<sup>76</sup>Prime Minister’s Citizen Assistance and Relief in Emergency Situations Fund. (n.d.) About PM CARES Fund. Retrieved from [https://www.pmcared.gov.in/en/web/page/about\\_us](https://www.pmcared.gov.in/en/web/page/about_us)

reportedly<sup>77</sup> collected more than Rs. 10,000 crores in relief funds from various ministries, celebrities, business leaders and citizens. Yet, the government has insisted that the Right to Information Act does not apply to the Fund as it is not a public authority. Its finances and operations continue to be shrouded in opacity.<sup>78</sup>

This opacity of the PM-CARES fund is doubly problematic in light of revelations about the quality of medical resources procured through the Fund. Reports from May 2021 reveal that more than half of the ventilators procured under PM-CARES were faulty.<sup>79</sup> On June 2, 2021, the Bombay High Court ruled that the Union government would be responsible for any deaths caused due to faulty ventilators procured through PM-CARES. The case pertained to a finding that 133 out of 150 ventilators supplied to a hospital in Aurangabad through PM-CARES were defective.<sup>80</sup>

## b. Suspension of MPLADS

In April 2020, the government suspended<sup>81</sup> the Member of Parliament Local Area Development (MPLAD) scheme for two years. MPLAD funds could have been used for decentralised, timely, and targeted purchases by MPs to respond to acute localised needs during the pandemic, but the government's action prevented such a response.

## VI. Misleading the Supreme Court

When the government's inaction in the face of the migrant worker crisis was brought to the notice of the Supreme Court, the government chose to mask its failure using falsehoods. When asked about its roadmap to help migrants reach home, the government told the Supreme Court that there were no migrants on the road.<sup>82</sup>

A month later, there were reports<sup>83</sup> of migrant workers dying on the Shramik Express due to lack of food and other amenities. When confronted in the Supreme Court, the government yet again concealed its wilful neglect and submitted that the deaths were caused due to 'early illnesses' and not from lack of food and water.

<sup>77</sup>Chitra, R. (2020, May 19). PM-CARES corpus crosses \$1 billion. *The Times of India*. Retrieved from <https://timesofindia.indiatimes.com/india/pm-cares-corpus-crosses-1-billion/articleshow/75830605.cms>

<sup>78</sup>Joy, S. (2020, December 27). PM-CARES owned by govt but cannot be under RTI, says new RTI response. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/national/national-politics/pm-cares-owned-by-govt-but-cannot-be-under-rti-says-new-rti-response-932026.html>

<sup>79</sup>*Hindustan Times*. (2021, May 18.). Almost half of PM Cares ventilators faulty, RIMS doc tells PM Modi. Retrieved from <https://www.hindustantimes.com/cities/ranchi-news/almost-half-of-pm-cares-ventilators-faulty-rims-doc-tells-pm-modi-101621352654195.html>

<sup>80</sup>*News18*. (2021, June 3). Centre Responsible if Faulty Ventilators Procured Through PM CARES Cause Deaths: Bombay HC. Retrieved from <https://www.news18.com/news/india/centre-responsible-if-faulty-ventilators-procured-through-pm-cares-cause-deaths-bombay-hc-3806699.html>

<sup>81</sup>Ministry of Statistics and Programme Implementation, MPLADS Division. (2020, April 8). Circular No. E-4/2020-MPLADS (Pt 11). Retrieved from [https://www.mplads.gov.in/MPLADS/UploadedFiles/circulardated08.04.2020\\_764.pdf](https://www.mplads.gov.in/MPLADS/UploadedFiles/circulardated08.04.2020_764.pdf)

<sup>82</sup>*Scroll* (2020, March 31). Coronavirus: 'No migrants on roads as of 11 am,' Centre tells Supreme Court. Retrieved from <https://scroll.in/latest/957784/coronavirus-no-migrant-workers-on-roads-as-of-11-am-centre-tells-supreme-court>

<sup>83</sup>Sharma, M. (2020, May 30). 80 died on Shramik trains for migrants: Railway officials. *India Today*. Retrieved from <https://www.indiatoday.in/india/story/migrant-workers-shramik-special-trains-80-deaths-1683618-2020-05-30>



## VII. Restricting Parliament

Instead of harnessing technology to ensure the timely functioning of Parliament in 2020, the government delayed convening the Monsoon Session to September 2020 – and then with the crucial ‘Question Hour’ suspended. It evaded accountability by declining to allow virtual meetings of Parliamentary Standing Committees citing concerns about ‘confidentiality’ and ‘security of the nation’. Given that parliamentary committees of several other countries had met virtually, the Indian Parliament could have found ways to do so as well.<sup>84</sup> The government also adjourned the Winter Session of Parliament abruptly, further evading parliamentary accountability.

<sup>84</sup>Madhavan, M.R. (2020, June 4). India’s Parliament is missing in action. *The Hindu*. Retrieved from <https://www.thehindu.com/opinion/op-ed/indias-parliament-is-missing-in-action/article31742536.ece>

## Chapter 4

# Hubris and Political Avarice

On March 25, 2020, PM Modi announced that while the Mahabharata battle took 18 days to win, it would take 21 days to win the battle against COVID-19.<sup>85</sup> This misleading statement was an indicator of how he and the BJP government would go on to handle the pandemic. Their approach has been characterised by bombastic claims in the face of grave challenges and propaganda at the cost of scientific evidence. Their hubris (excessive pride and overconfidence) and overriding focus on political gains have made India pay a steep price. This chapter highlights examples of their hubris and political avarice and explains the tragic consequences.

### WHAT THE UNION GOVERNMENT DID

- Demonstrated its overconfidence through its premature declaration of victory of COVID-19 in India in early 2021. Its focus has been on image management rather than on actually addressing constructive criticism.
- Displayed political avarice during the first wave when it denied that COVID-19 posed a grave threat until a BJP government was installed in Madhya Pradesh.
- During the second wave, it ignored the health impacts of large gatherings and prioritised conducting large election rallies in West Bengal, held panchayat elections in Uttar Pradesh.
- Exported vaccines through the opaque Vaccine Maitri scheme and forced states to try to secure vaccines from the market amidst a global scramble.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Acted swiftly on warnings from scientists and the Indian SARS-CoV-2 Genomic Consortia (INSACOG) about contagious new variants of the virus.
- Avoided declaring victory over COVID-19, which instilled a false sense of safety among the public, who believed their leaders and lowered their guard.
- Banned large gatherings, including election rallies, and postponed panchayat elections in Uttar Pradesh.
- Insisted that even small gatherings should follow strict protocols on the number of people allowed, social distancing, and masks.

In 2020, during the first wave, the BJP government denied that COVID-19 was a threat to public health until the Congress government in Madhya Pradesh had been toppled.<sup>86</sup> Thereupon PM Modi imposed a sudden, badly planned nationwide lockdown. In 2021, the BJP prioritised partisan political gains by conducting rallies without masks or social distancing in an 8-phase election in West Bengal (a state that it was desperate to win) and conducting panchayat elections in Uttar Pradesh.

The Union government invoked provisions under the National Disaster Management Act 2005 to centralise decision making regarding the pandemic. Key policy decisions such as the announcement of the nationwide lockdown, development and procurement of vaccines, etc., also fall under its ambit. Thus, it is the Union

<sup>85</sup>Scroll (2020, March 25). Covid-19: 'Mahabharata was won in 18 days, war against coronavirus will take 21 days,' says PM Modi. Retrieved from <https://scroll.in/latest/957248/covid-19-mahabharata-was-won-in-18-days-war-against-coronavirus-will-take-21-days-says-pm-modi>

<sup>86</sup>Dixit, R. (2020, June 16). Madhya Pradesh: The Dislodging of the Congress Government Leaves BJP with a Pyrrhic Victory. *Economic and Political Weekly* 55(2).

government which must be held accountable for the overconfident and politically driven pandemic management and their tragic consequences.

## I. Overconfidence and Premature Self-Congratulation

### a. Celebration at Davos

In January 2021, PM Modi addressed the World Economic Forum's Davos Dialogue and proclaimed that India had defeated COVID-19. He emphasised that India had solved the problem for itself and was now helping other countries by exporting vaccines.<sup>87</sup> Again, on February 16, 2021, PM Modi proclaimed that India's fight against COVID-19 is inspiring the world ... it is a "human-centric" approach.<sup>88</sup>

### b. BJP declares PM Modi as the Victor

On February 21, 2021, the BJP passed a resolution at its national office-bearers meet which stated, "it can be said with pride that *India not only defeated Covid-19 under the able, sensitive, committed and visionary leadership of Prime Minister Shri Narendra Modi*<sup>89</sup> but also infused in all its citizens the confidence to build an 'Atmanirbhar Bharat'."<sup>90</sup>

The resolution asserted that "the world has applauded" India's achievement in containing the virus, and heaped praises on measures like "appeal for activities like clapping and clanging of thalis, lighting of diyas, showering of flowers over hospitals". It spoke of India standing "tall", achieving "vaccine victory", and moving in the "direction of complete triumph over Covid."<sup>91</sup> It devoted an entire section to winning the state elections that were to follow, clearly demonstrating the BJP's priorities.

### c. Emphasis on "Endgame" and Misguided Priorities

#### i. Ignoring Warnings of the Scientific Community

In early March 2021 scientists from the Indian SARS-CoV-2 Genetics Consortium, or INSACOG,<sup>92</sup> had warned the government about new and more contagious variants of the virus that were of high concern.<sup>93</sup> INSACOG was worried about the "exponential growth" of new cases which would be "very dangerous" with "much more

<sup>87</sup>PM India. (2021). PM's address at the World Economic Forum's Davos Dialogue. Retrieved from [https://www.pmindia.gov.in/en/news\\_updates/pms-address-at-the-world-economic-forums-davos-dialogue/](https://www.pmindia.gov.in/en/news_updates/pms-address-at-the-world-economic-forums-davos-dialogue/)

<sup>88</sup>*The Hindu*. (2021, February 16). India's fight against COVID-19 is inspiring the world: PM Modi. Retrieved from <https://www.thehindu.com/news/national/indias-fight-against-covid-19-is-inspiring-the-world-pm-modi/article33852627.ece/amp/>

<sup>89</sup>Emphasis added

<sup>90</sup>*The Hindu Business Line*. (2021, February 21). BJP hails PM for "defeating" Covid-19. Retrieved from <https://www.thehindubusinessline.com/news/national/bjp-hails-pm-for-defeating-covid-19/article33896405.ece>

<sup>91</sup>Gupta, S. (2021, April 24). As Modi govt faces up to Covid disaster, BJP learns a tough truth — the virus doesn't vote. *The Print*. Retrieved from <https://theprint.in/national-interest/as-modi-govt-faces-up-to-covid-disaster-bjp-learns-a-tough-truth-the-virus-doesnt-vote/644949/>

<sup>92</sup>INSACOG was set up as a forum of scientific advisers in December 2020 to detect genomic variants of the coronavirus that might threaten public health. It consists of 10 national laboratories.

<sup>93</sup>Ghoshal, D., Das, K. (2021, May 3). EXCLUSIVE Scientists say India government ignored warnings amid coronavirus surge. *Reuters*. Retrieved from <https://www.reuters.com/world/asia-pacific/exclusive-scientists-say-india-government-ignored-warnings-amid-coronavirus-2021-05-01/>

mortality.”<sup>94</sup> The Union government did not take its warnings seriously. There was a gap of over two weeks between the communication of the findings to senior officials of the Union government (including an official reporting directly to the Prime Minister) and when they were made public on March 24, 2021.

#### *ii. Institutional Arrangements Discarded*

In September 2020, the government decided to disband 5 of the 11 empowered groups that had been set up to respond to the pandemic.<sup>95</sup> The COVID-19 Task Force set up by the Union government did not even meet once in months of February and March 2021, even though the surge during the second wave was evident by then.

#### *iii. Emphasis on “endgame”*

On March 7, 2021, Union Health Minister Harsh Vardhan continued in PM Modi’s self-congratulatory vein while speaking at a Delhi Medical Association event. He asserted: “We are in the endgame of COVID-19 pandemic in India.”<sup>96</sup> This statement coincides with the period during which the government was informed by INSACOG about the danger posed by new variants. In response, the Indian Medical Association urged the government to not drop its guard against the virus and issued a statement on March 8, 2021, highlighting how the last few weeks had seen a 35-40 per cent increase in COVID-19 cases from different parts of India.<sup>97</sup>

### **d. Peddling Indian Exceptionalism and the Myth of the Mortality Rate**

The Prime Minister<sup>98</sup> and the Union Health Minister<sup>99</sup> repeatedly emphasised Indian exceptionalism on COVID-19 by talking up India’s low mortality rates. By early 2021, as the number of cases declined, the view that India had acquired herd immunity was deeply embedded in the public discourse, including in sections of the scientific community.<sup>100</sup> A government committee that was responsible for a ‘supermodel’ made the astonishing claim that India had obtained herd immunity by September

<sup>94</sup>Thapar, K. (2021, May 4). 'We Warned Govt in Early March of Covid Surge, Impossible to Believe Modi Wasn't Told'. *The Wire*. Retrieved from <https://thewire.in/government/watch-karan-thapar-covid-early-warning-modi-government-insacog-rakesh-mishra>

<sup>95</sup>Ghosh, A. (2020, September 14). Modi govt’s 11 Covid empowered panels now replaced by six larger groups. *The Print*. Retrieved from <https://theprint.in/india/governance/modi-govts-11-covid-empowered-panels-now-replaced-by-six-larger-groups/502802/>

<sup>96</sup>*Economic Times*. (2021, March 8). We are in the endgame of Covid-19 pandemic in India: Harsh Vardhan. Retrieved from <https://health.economictimes.indiatimes.com/news/industry/we-are-in-the-endgame-of-covid-19-pandemic-in-india-harsh-varadhan/81384488>

<sup>97</sup>*The Week*. (2021, March 8). IMA urges not to drop guard against COVID-19 after Vardhan's 'endgame' remark. Retrieved from <https://www.theweek.in/news/india/2021/03/08/ima-urges-against-dropping-guard-against-covid-19-after-vardhans-endgame-remark.html>

<sup>98</sup>Press Information Bureau. (2020, June 16). PM holds interaction with CMs to discuss situation emerging post Unlock 1.0. Retrieved from <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1631923>

Press Information Bureau. (2020, October 20). English rendering of PM's address to the nation. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1666176>

<sup>99</sup>Press Information Bureau. (2020, December 19). Dr Harsh Vardhan chairs 22<sup>nd</sup> meeting of Group of Ministers (GOM) on COVID-19. Retrieved from <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1681944>

Business Standard. (2021, April 29). India has one of the lowest Covid mortality rates in world: Vardhan. Retrieved from [https://www.business-standard.com/article/current-affairs/india-has-one-of-the-lowest-covid-mortality-rates-in-world-varadhan-121042901212\\_1.html](https://www.business-standard.com/article/current-affairs/india-has-one-of-the-lowest-covid-mortality-rates-in-world-varadhan-121042901212_1.html)

<sup>100</sup>Bhuyan, A. (2021, May 1). Experts criticise India’s complacency over COVID-19. *The Lancet* 397. 1611-1612. Retrieved from [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)00993-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)00993-4.pdf)

2020, and that the pandemic would be history by February 2021.<sup>101</sup> This conclusion had fatal consequences as it underplayed the impact of the pandemic in India and contributed to the lack of preparation in anticipating the second wave.

The comparison of deaths per million population was made with countries such as Brazil, USA, and UK where the median ages are 33.5, 38.4 and 40.5 respectively. It was conveniently skipped that India is a young country with only 6% of Indians above the age of 65 and has a median age of 28.4, leading to fewer deaths in proportion to the population. Countries in our neighbourhood with young populations like Pakistan and Bangladesh with a median age of 22.6 and 27.6 respectively were experiencing lower COVID-19 mortality rates than India, but this was ignored.<sup>102</sup>

As the devastation from the second wave hit a peak, the scale of under-counting and under-reporting of the official COVID-19 death toll (detailed in Chapter-4) became apparent. A model suggested that even the national capital reported only 15% of total deaths.<sup>103</sup> Thus, until the under-reporting of deaths is corrected, the official death toll is unreliable. The tendency to homogenise vast swathes of both rural and urban India as part of a large denominator while calculating the mortality rate, may also have contributed to skewed conclusions. Thus, using the mortality rate as an indicator of success based on official data is far from credible. It was important for the Union government to put to rest the notion that India somehow was an exception and had lower mortality rates.

## II. Prioritising Politics over Public Health

On February 26, 2021, the Election Commission announced the election schedule for West Bengal, Assam, Tamil Nadu, Puducherry and Kerala. Polls in West Bengal were to be held over 8 phases between March 27 and April 29. Commentators pointed out that West Bengal, with 294 assembly constituencies, did not need an 8-phase poll, when Tamil Nadu, with 234 assembly constituencies, could conduct elections in just one phase.<sup>104</sup> They argued that the schedule was aimed at helping the BJP hold more rallies for the Prime Minister and Home Minister across West Bengal.<sup>105</sup>

As campaigning was underway, COVID-19 cases were on the rise. On March 31, 2021, the date of notification for Phase 7 and 8 of the West Bengal polls, over 70,000 cases were reported across India and more than 450 people had died. The Trinamool Congress and Indian National Congress urged the Election Commission to either

<sup>101</sup>Agarwal, M. et al. (2021). Modelling the spread of SARS-CoV-2 pandemic - Impact of lockdowns & interventions. *Indian Journal of Medical Research* 153(1). 175-181. Retrieved from <https://www.ijmr.org.in/article.asp?issn=0971-5916;year=2021;volume=153;issue=1;spage=175;epage=181;aulast=Agrawal>

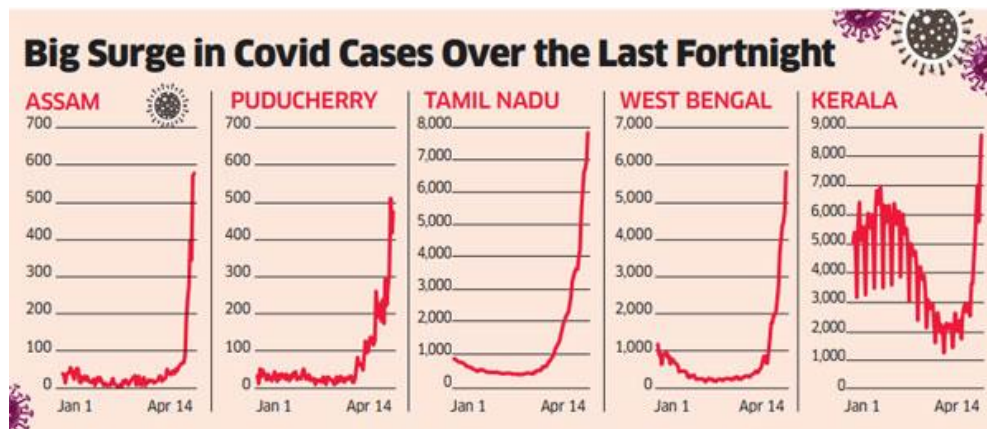
<sup>102</sup>Menon, G.I. (2021, May 19). Covid-19 and Indian Exceptionalism. *The India Forum*. Retrieved from <https://www.theindiaforum.in/article/covid-19-and-indian-exceptionalism>

<sup>103</sup>Pons-Salort, M. et al. (2021). Reconstructing the COVID-19 epidemic in Delhi, India: infection attack rate and reporting of deaths. *medRxiv* 2021.03.23.21254092. Retrieved from <https://www.medrxiv.org/content/10.1101/2021.03.23.21254092v1.full-text>

<sup>104</sup>*National Herald*. (2021, February 26). 'Why one day poll in TN with 234 seats, and over eight phases in Bengal with 294': EC schedule raises eyebrows. Retrieved from <https://www.nationalheraldindia.com/india/why-one-day-poll-in-tn-with-234-seats-and-over-eight-phases-in-bengal-with-294-ec-schedule-raises-eyebrows>

<sup>105</sup>Bhattacharya, S. (2021, February 27). Spread Over a Month, Bengal's Eight-Phase Election Triggers New Political Debate. *The Wire*. Retrieved from <https://thewire.in/politics/spread-over-a-month-bengals-eight-phase-election-triggers-new-political-debate>

club or postpone the last few phases of the elections but their requests were not heeded.<sup>106</sup>



Spike in Election Going States | Image Source: Economic Times<sup>107</sup>

The Election Commission banned roadshows and vehicle rallies, and put restrictions on public meetings only on April 22, 2021, an hour after PM Modi cancelled his remaining rallies in Bengal. During the overall election process, significant spikes in COVID cases were seen in election-going states (see graph above for April 14, 2021).

The Uttar Pradesh (UP) panchayat polls conducted between April 15 and April 29, 2021, had tragic consequences. These polls were greenlit and conducted at a time when the UP government was struggling to provide beds and medicines to patients. The polls turned smaller districts into hotspots. For instance, on April 12, 2021, four major cities of Agra, Lucknow, Varanasi, and Prayagraj had 53.3% of the total number of COVID-19 cases.<sup>108</sup> On April 19, 2021 this proportion had reduced to 40.68% of the total cases. Reportedly, over 1000 teachers on election duty died due to COVID-19.<sup>109</sup>

On April 26, 2021, the Madras High Court criticised the Election Commission for failing to prevent political parties from holding massive rallies without restrictions and protocols in place. The court observed, “You are the only institution that is singularly responsible for the situation today ... No action against political parties taking rallies despite court orders. Your election commission officials should be put up on murder charges probably.”<sup>110</sup>

<sup>106</sup>Chopra, R. (2021, April 27). As Covid curve and deaths surged, hardly a blip on Election Commission radar. *Indian Express*. Retrieved from <https://indianexpress.com/article/india/as-covid-curve-and-deaths-surged-hardly-a-blip-on-election-commission-radar-7290505/>

<sup>107</sup>Sharma, N. (2021, April 15). Coronavirus has a free run in poll states; West Bengal’s only half done. *Economic Times*. Retrieved from [https://economictimes.indiatimes.com/news/india/covid-has-a-free-run-in-poll-states-bengals-only-half-done/articleshow/82072338.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://economictimes.indiatimes.com/news/india/covid-has-a-free-run-in-poll-states-bengals-only-half-done/articleshow/82072338.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

<sup>108</sup>*National Herald*. (2021, April 20). Uttar Pradesh: Panchayat elections making smaller districts COVID-19 hotspots. Retrieved from <https://www.nationalheraldindia.com/india/uttar-pradesh-panchayat-elections-making-smaller-districts-covid-19-hotspots>

<sup>109</sup>*Deccan Herald*. (2021, May 6). Over 1000 teachers on UP panchayat poll duty died of Covid-19. Retrieved from <https://www.deccanherald.com/national/north-and-central/over-1000-teachers-on-up-panchayat-poll-duty-died-of-covid-19-983058.html>

<sup>110</sup>Chandrababu, D. (2021, April 27). Madras high court blames Election Commission for surge in Covid cases. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/madras-high-court-blames-election-commission-for-surge-in-covid-cases-101619488095052.html>

In May 2021, the Allahabad High Court observed that the Election Commission, higher courts and the government, “failed to fathom the disastrous consequences” of permitting elections in various states and for the UP panchayat polls.<sup>111</sup>

**a. PM Modi and Home Minister Amit Shah’s Maskless Rallies**

When lakhs of cases a day were being reported,<sup>112</sup> BJP leaders were busy with election campaigns in West Bengal. The Prime Minister, Home Minister and others held massive rallies with crowds who did not wear masks or practice social distancing. In total, PM Modi reportedly held 20 rallies, while Shah held 50 rallies, and BJP National President JP Nadda held 50 rallies.<sup>113</sup>



PM Modi (without mask) at Purulia, West Bengal on April 18, 2021 (Image Source: India TV<sup>114</sup>)



Home Minister Amit Shah (without mask or social distancing) at a Rally in Dakshin Dinajpur on April 19, 2021 (Image Source: Indian Express<sup>115</sup>)

Date	New cases	Death toll	What PM Modi/Amit Shah/Harsh Vardhan said
April 1, 2021	81,398	469	PM Modi at an election rally, “In such big numbers, all of you have come to give blessings.” <sup>116</sup>
April 3, 2021	93,249	513	Harsh Vardhan states “It is clear from the massive crowd at PM Modi’s rally in Assam that the people of the state want a government of double engines.”

<sup>111</sup>Pandey, R.K. (2021, May 13). EC, higher courts & government failed to see risk of holding polls: Allahabad high court. *Times of India*. Retrieved from <https://timesofindia.indiatimes.com/city/lucknow/election-commission-higher-courts-government-failed-to-see-risk-of-holding-polls-allahabad-high-court/articleshow/82593280.cms>

<sup>112</sup>Deshpande, A., Nair, S.K. (2021, April 17). Coronavirus | No response from PM on call for oxygen, says Maharashtra CMO. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/coronavirus-no-response-from-pm-on-call-for-oxygen-says-maharashtra-cmo/article34346829.ece>

<sup>113</sup>Varma, S. (2021, May 6). Timeline: How Indian Govt Ignored Warnings and Led People into COVID-19 Catastrophe. *The Leaflet*. Retrieved from <https://www.theleaflet.in/timeline-how-indian-govt-ignored-warnings-and-led-people-into-covid-19-catastrophe/>

<sup>114</sup>India TV. (2021, March 18). TMC created new breed of Maoists to loot public money: PM Modi at Purulia rally. Retrieved from <https://www.indiatvnews.com/elections/news-pm-modi-rally-live-bengal-polls-2021-purulia-assam-karimganj-bjp-tmc-mamata-691759>

<sup>115</sup>Indian Express. (2021, April 21). Elections 2021 Highlights: BJP not to hold big public meetings in Bengal any further amid Covid surge. Retrieved from <https://indianexpress.com/elections/bengal-assembly-elections-2021-live-updates-amit-shah-bjp-tmc-mamata-banerjee-7278584/>

<sup>116</sup>Brut India on Youtube. (2021). India’s Covid Numbers Vs Election Rallies: A Timeline. Retrieved from <https://www.youtube.com/watch?v=eoXJSanw8tA>

April 16, 2021	2.34 lakh	1341	Amit Shah says there is no connection between election rallies and corona cases and that a “full-fledged” fight was on and that he was confident “we will declare a victory over this”. <sup>117</sup>
April 17, 2021	2.6 lakh	1501	PM Modi at a rally in Asansol, “I have never ever seen such huge crowds at a rally. Today, in all directions, I have seen such a rally for the first time ... today you have shown such a force, such power ... wherever I see I just see people.” <sup>118</sup>

## b. Image Management Trumps Pandemic Management

Instead of focusing its energies on dealing with the crisis or coordinating aid from foreign countries, the government was busy with image management, “countering narratives” and issuing “rejoinders” to media reports.

On April 29, 2021, External Affairs Minister S Jaishankar urged Indian ambassadors and high commissioners to counter the “one-sided” narrative of PM Modi and his government’s failure. He stated that “negative” reports should not dominate the discourse but rather the “government’s side of things.”<sup>119</sup> In late April, when *The Australian* newspaper published an article criticising PM Modi for his handling of the pandemic, the Indian High Commission in Australia issued a rejoinder to the newspaper while boasting of India’s Vaccine Maitri initiative and other “achievements.”<sup>120</sup>

## III. Vaccine Maitri

### a. The Build-up as Savior of the World

On March 17, 2021, Union Minister for External Affairs, S. Jaishankar, made a statement in the Lok Sabha about “Vaccine Maitri,” India’s diplomatic initiative to provide vaccines to other countries. He stated: “In planning and executing Vaccine Maitri, we are naturally guided by a determination to make a difference at a difficult moment for global society. Our reputation as the ‘Pharmacy of the World’ has been reinforced in that process. So, indeed, has the faith in ‘Make in India.’”<sup>121</sup>

<sup>117</sup>Mathew, L. (2021, April 18). Not right to link surge to polls... no situation for lockdown in a hurry: Amit Shah. *New Indian Express*. Retrieved from <https://indianexpress.com/article/india/covid-surge-assembly-elections-amit-shah-on-lockdown-7278319/>

<sup>118</sup>NDTV [@NDTV] (2021, April 27). “Have never ever seen such huge crowds at a rally”: PM Modi in Asansol.” [Tweet]. Twitter. Retrieved from <https://twitter.com/ndtv/status/1383419909128933377?lang=en>

<sup>119</sup>*The Quint*. (2021, April 30). Counter Media’s ‘One-Sided’ Narrative: Jaishankar at COVID Meet. Retrieved from <https://www.thequint.com/news/india/counter-medias-one-sided-narrative-jaishankar-at-covid-meet#read-more>

<sup>120</sup>Haidar, S. (2021, April 27). COVID-19 crisis: Govt. issues rejoinder to Australian paper for scathing article. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/covid-19-crisis-govt-issues-rejoinder-to-australian-paper-for-scathing-article/article34420451.ece>

<sup>121</sup>Chandra, P. (2021, June 1). As ‘Vaccine Maitri’ flops, China steps in. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/opinion/in-perspective/as-vaccine-maitri-flops-china-steps-in-992307.html>



Starting January 2021, India provided vaccines to countries in its neighbourhood, including Bangladesh, Bhutan, Maldives, Myanmar, Seychelles and Sri Lanka. India became the first country to contribute vaccines under the global COVAX initiative to developing countries when a shipment of 6 lakh doses left India for Ghana on February 23, 2021. According to the Ministry of External Affairs, 64 million doses were sent abroad between January and March 2021.<sup>122</sup> In contrast, it took France another two months, until April 23, 2021, to contribute 1 lakh doses to COVAX.<sup>123</sup>

In March 2021, the Union government boasted that more vaccine doses had been sent abroad through Vaccine Maitri than had been administered in India.<sup>124</sup> The speed and scale at which India sent vaccines abroad astounded diplomats and policymakers abroad<sup>125</sup> because exports continued even as a second wave began to engulf India in early March 2021.<sup>126</sup> Only in April 2021 did exports fall to 1.2 million doses and did the Union government begin to prioritise vaccine supplies for Indians.<sup>127</sup>

## **b. The Deception Exposed and the Aftermath**

As the second wave raged across India, in the face of growing criticism, the Union government changed its story. It now claimed that 84% (5.50 crores) of vaccine doses that were sent abroad under Vaccine Maitri were part of the Serum Institute of India's (SII)<sup>128</sup> commercial obligations. Under its licensing agreement with AstraZeneca, SII was contractually obliged to supply 100 crore doses of Covishield to COVAX, the global vaccine facility. 40 crore doses had to be provided by the end of 2021.

The Union government was thus exposed for deceptively taking credit for global vaccine supplies from India that it had no role in arranging. For example, President Jair Bolsonaro had tweeted thanking PM Modi for arranging vaccines for Brazil. His tweet had featured an evocative image from the Ramayana of Lord Hanuman carrying the mountain with the lifesaving Sanjeevani plant, this time with vaccines for Brazil. In reality, Brazil had purchased 20 lakh vaccine doses each from SII in January and February 2021 and had not received them as a humanitarian grant from India.

<sup>122</sup>Arora, N., Das, K. (2021, April 16). India shifts from mass vaccine exporter to importer, worrying the world. *Reuters*. Retrieved from <https://www.reuters.com/world/india/india-shifts-mass-vaccine-exporter-importer-worrying-world-2021-04-16/>

<sup>123</sup>Mazoomdar, J. (2021, May 9). Vaccine Maitri: As cases rose and stocks shrank, most vaccines exports went where Covid much less severe than India. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/covid-vaccine-stocks-coronavirus-cases-7307609/>

<sup>124</sup>*The Hindu*. (2021, March 27). We have supplied more vaccines globally than having vaccinated our own people. India tells United Nations. Retrieved from <https://www.thehindu.com/news/international/we-have-supplied-more-vaccines-globally-than-having-vaccinated-our-own-people-india-tells-united-nations/article34175794.ece>

<sup>125</sup>Mishra, A. (2021, May 8). India's vaccine Maitri timing questioned. *Sunday Guardian*. Retrieved from <https://www.sundayguardianlive.com/news/indias-vaccine-maitri-timing-questioned>

<sup>126</sup>Sen, M. (2021, March 16). Maharashtra 'in beginning of second wave of Covid-19', warns central govt team. *Livemint*. Retrieved from <https://www.livemint.com/news/india/maharashtra-in-beginning-of-second-wave-of-covid-19-finds-central-govt-team-11615872412721.html>

<sup>127</sup>*Supra* note 122.

<sup>128</sup>*The Indian Express*. (2021, May 13). BJP: 84% jabs sent abroad as part of commercial, licensing liabilities of manufacturers. Retrieved from <https://indianexpress.com/article/india/bjp-84-of-jabs-sent-abroad-as-part-of-commercial-licencing-liabilities-of-manufacturers-7312871/>

The government's attempt at damage control by imposing export curbs in turn damaged the global reputation of India's private sector vaccine manufacturers. Germany's Chancellor Angela Merkel remarked: "We now have a situation with India where, in connection with the emergency situation of the pandemic, we are worried whether the pharmaceutical products will still come to us."<sup>129</sup>

Curbs on vaccine exports caused recipient countries in the neighbourhood to plead with India to at least allow commercial supplies of Covishield to provide second doses to their citizens.<sup>130</sup> Bangladesh and Nepal then turned to the United Kingdom for help. At this point, China stepped in with offers of its vaccines to enable these countries to complete their vaccination drives, which they readily accepted. Thus, the Vaccine Maitri diplomatic initiative ended up becoming counterproductive in many ways.

#### IV. Conclusion

In an editorial in May 2021, *The Lancet*, observed that the Union government was more concerned with censoring criticism on Twitter rather than with managing the pandemic. It criticised the government for prematurely declaring that India had beaten COVID-19 despite expert warnings of new waves and mutated strains.<sup>131</sup>

The Union government has attempted to shift the blame onto the people of India. For instance, Amitabh Kant, Chief Executive Officer of NITI Aayog, stated, "Instead of just blaming the government and instead of blaming institutions, I would tend to blame the people of India also."<sup>132</sup> The truth is that it is the people of India who have paid a high price and have been let down by their leaders.

<sup>129</sup>Laskar, R.H. (2021, April 24). US defends curbs on vaccine raw material exports, Angela Merkel targets Indian pharma. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/world-news/us-defends-curbs-on-vaccine-raw-material-exports-angela-merkel-targets-indian-pharma-101619206077962.html>

<sup>130</sup>Chandra, P. (2021, June 1). As 'Vaccine Maitri' flops, China steps in. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/opinion/in-perspective/as-vaccine-maitri-flops-china-steps-in-992307.html>

<sup>131</sup>*The Lancet*. (2021). India's COVID-19 emergency. *The Lancet* 397 (10286), p. 1683. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01052-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01052-7/fulltext)

<sup>132</sup> Kazmin, A. et al. (2021, May 13). How India's Covid-19 crisis diminished Narendra Modi. *Financial Times*. Retrieved from <https://www.ft.com/content/dcc6a9eb-b28f-40c3-84ee-6aa053d87e05>

# Ignoring the Signs and the Science

India failed to respond proactively to COVID-19 because the Union government was complacent, rejected scientific advice, scapegoated the public,<sup>133</sup> and preferred theatrics and unscientific remedies.<sup>134</sup> This chapter details multiple governance failures that led to the collapse of India's healthcare system during the second wave.

### WHAT THE UNION GOVERNMENT DID

- Mismanaged the COVID-19 crisis by ignoring the signs of an impending second wave and by disregarding the recommendations of scientific experts.
- Encouraged large gatherings such as election rallies.
- Ignored warnings from the Indian SARS-CoV-2 Genetics Consortium (INSACOG) about the prevalence of a mutated, highly transmissible virus strain (B.1.617) and its advice to the Union government to take mitigative action.
- Failed to remedy the underreporting of the number of cases and deaths, during both the first and second waves.
- Failed to employ adequate testing strategies, to assess the risks of community transmission, and to conduct contact tracing at the scale required.
- Failed to denounce the use of unscientific medicines like *Coronil* as promoted by none other than the Health Minister.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Selected the appropriate, experienced organisation to coordinate containment of the pandemic.
- Strengthened institutional infrastructure, e.g., expert panels, COVID-19 Taskforce and INSACOG, and not prematurely declared victory over the virus.
- Updated protocols and treatments at regular intervals in line with emerging scientific evidence.
- Acted on expert recommendations about new strains of the virus and their potentially aggressive impact during an impending second wave.
- Reinforced testing infrastructure.

## I. The First and Second Waves

As the first wave of COVID-19 receded in early January 2021, the government prematurely declared victory<sup>135</sup> and neglected preparations for an inevitable second wave.<sup>136</sup> Scientists and experts insist that the government ignored warnings and evidence of new strains of the virus which could strike again during the second

<sup>133</sup>Nabi, J., et al. (2021, April 29). For the COVID crisis, blame policy, not people. *The Indian Express*. Retrieved from <https://indianexpress.com/article/opinion/covid-crisis-india-second-wave-policy-7295717/>

<sup>134</sup>Khan, R. (2020, March 22) Banging plates will not defeat coronavirus – we must build a quality public-health system to do that. *Scroll*. Retrieved from <https://scroll.in/article/956918/banging-plates-will-not-defeat-coronavirus-we-must-build-a-quality-public-health-system-to-do-that>

<sup>135</sup>*BusinessLine* (2021, February 21). BJP hails PM for “defeating” COVID-19, Retrieved from: <https://www.thehindubusinessline.com/news/national/bjp-hails-pm-for-defeating-covid-19/article33896405.ece>

<sup>136</sup>*Scroll* (2021, April 21) Watch: Prime Minister Narendra Modi had declared India's victory over Covid-19 in January. Retrieved from <https://scroll.in/video/993076/watch-prime-minister-narendra-modi-had-declared-indias-victory-over-covid-19-in-january>

wave.<sup>137</sup> In early March 2021, the Indian SARS-CoV-2 Genetics Consortium (INSACOG) set up by the government to monitor virus variations had warned officials of contagious new variants that were taking hold.<sup>138</sup> The government's failure to heed its warnings and to take steps to curb the spread of the virus led to an exponential rise of cases and the avoidable death of tens of thousands of people.

### **a. Failure to Prioritise Tracking and Sequencing of Virus Mutations**

The coronavirus that causes COVID-19, like other RNA viruses, mutates faster than DNA viruses to produce more aggressive variants. A variant (B.1.1.7) that was initially detected in the UK in September 2020 and then identified in the USA in December 2020 had certain changes associated with rapid transmission of the infection. A second, perhaps more contagious variant (B.1.351) was first detected in South Africa in December 2020 and was identified in the USA by the end of January 2021. A third variant (P1) was identified in passengers traveling from Brazil to the USA in January 2021.<sup>139</sup>

Sequencing of SARS-CoV2 variants from as many COVID-19 positive patients as possible is crucial to track the emergence of new variants of the virus and to curtail their spread. Even though experts have emphasised the need to undertake sequencing of variants since the beginning of the pandemic, it took the government almost 11 months since the first case was detected in India to invest in and set up INSACOG.<sup>140</sup> INSACOG brought together 10 national laboratories capable of assessing virus variants and was only set up on December 30, 2020.<sup>141</sup> Yet, according to the Global Initiative on Sharing Avian Influenza Data (GISAID), India has sequenced and deposited only 0.053% of cases as of May 29, 2021, as compared to 59.2% cases by Australia, 9.37% cases by the United Kingdom and 2.7% cases by China.<sup>142</sup>

Data from ICMR scientists show that the original strains introduced in India in early 2020 were from China, Italy, and Iran. By September 2020, ICMR concluded that the variants circulating in India from May 2020 onward paralleled those dominant in the world. It also noted that the strains circulating in different states in India were inter-mixing, as a result of inter-state movement of infected patients. ICMR found two

<sup>137</sup>*Business Today* (2021, May 5). Scientists says Centre ignored warnings of new, contagious variant amid COVID-19. Retrieved from surge <https://www.businesstoday.in/current/economy-politics/scientists-says-centre-ignored-warnings-of-new-contagious-variant-amid-covid-19-surge/story/438287.html>

<sup>138</sup>*Reuters* (2021, May 1). Scientists say India government ignored warnings amid coronavirus surge. Retrieved from <https://www.reuters.com/world/asia-pacific/exclusive-scientists-say-india-government-ignored-warnings-amid-coronavirus-2021-05-01/>

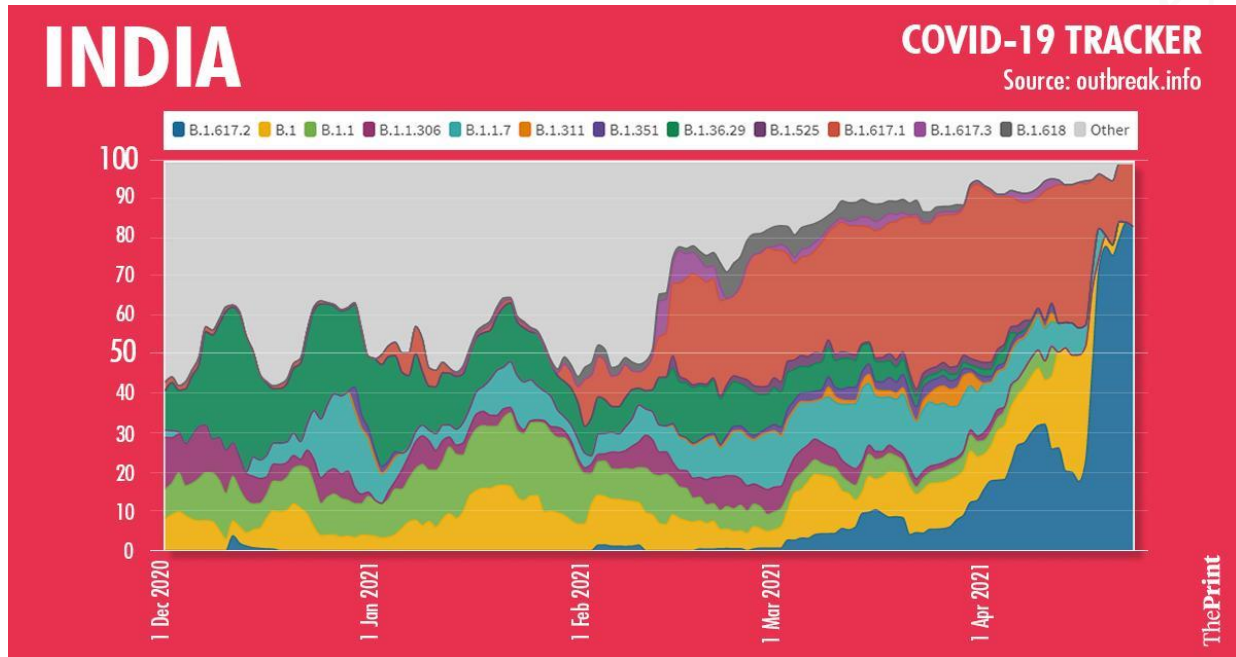
<sup>139</sup>Centres for Disease Control and Prevention. (2021, May 20), About Variants of the Virus that Causes COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>

<sup>140</sup>Ramesh, M. (2021, May 23). India's genome project on low gear. *Hindu Business Line*. Retrieved from <https://www.thehindubusinessline.com/business-tech/genome-project-on-low-gear/article34626317.ece>

<sup>141</sup>Department of Biotechnology, Government of India (2021, April 21), Note on INSACOG Data and Mutants. Retrieved from [http://dbtindia.gov.in/sites/default/files/Note%20on%20INSACOG%20Data%20and%20Mutants%2021-04-2021\\_0.pdf](http://dbtindia.gov.in/sites/default/files/Note%20on%20INSACOG%20Data%20and%20Mutants%2021-04-2021_0.pdf)

<sup>142</sup>GISAID Submission Tracker Global. (n.d.). Retrieved from <https://www.gisaid.org/index.php?id=208>

strains with an indigenous lineage: B.1.18 in Telangana and B.1.113 in Gujarat. The strains circulating in Delhi were interspersed with strains from several states all over the country.<sup>143</sup> The B.1.617 variant was taken from samples in Amravati, Maharashtra in October 2020. The B.1.1.7 was in India by December 2020 and the B.1.351 strain was reported in February 2021.<sup>144</sup>



*Dataset revealing how B.1.617 strains (B.1.617.1 and B.1.617.2) have outgrown other strains of SARS-CoV2*

If the Union government had paid attention to scientific evidence, it would have learned that virus mutations were occurring among different lineages, a phenomenon known as “convergent evolution,”<sup>145</sup> where a mutation confers an advantage to the virus. For international disease surveillance, this is deeply concerning as it means that there are features that are unique and more complicated about these variants.

## **b. Ignoring Warnings from INSACOG and Parliamentary Committees**

### *i. Failure to Heed INSACOG*

As early as March 2021, scientists from INSACOG warned the government about the discovery of a dangerous new mutant variant in India (B.1.617), which displayed “severe transmissibility and immune escape.”<sup>146</sup>

<sup>143</sup>Potdar, V. et al. (2021). Phylogenetic classification of the whole-genome sequences of SARS-CoV-2 from India & evolutionary trends. *Indian Journal of Medical Research* 153 (1), 166-174.

<sup>144</sup>Yadav, P.D. et al. An Epidemiological Analysis of SARS-CoV-2 Genomic Sequences from Different Regions of India. *Viruses* 13 (5), 925.

<sup>145</sup>S. Cherian et al. (2021). Convergent evolution of SARS-CoV-2 spike mutations, L452R, E484Q and P681R, in the second wave of COVID-19 in Maharashtra, India. *bioRxiv preprint*. Retrieved from <https://www.biorxiv.org/content/10.1101/2021.04.22.440932v2.full.pdf+html>

<sup>146</sup>*The Wire Science*. (2021, May 1), Scientists Say Centre Ignored Warnings of Variants That Opened Door to Disaster. Retrieved from <https://science.thewire.in/health/covid-19-surge-scientists-centre-ignored-warnings-new-variant-gatherings/>

INSACOG shared its discovery of the mutant variant with the Health Ministry’s National Centre for Disease Control (NCDC) prior to March 10, 2021, urging it to take the necessary steps to address its emergence – but this warning was ignored by the government.<sup>147</sup>

This variant was classified as a “variant of concern” by WHO on May 11, 2021,<sup>148</sup> indicating its risk level as a global health threat.<sup>149</sup> The predominance of this variant in India as of May 17, 2021, shows that INSACOG’s warning was prescient.

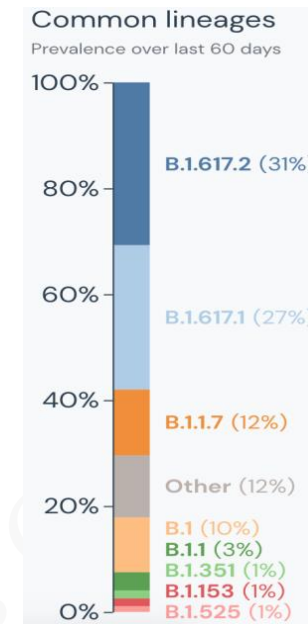


Image Source: outbreak.info<sup>150</sup>

#### ii. Failure to Heed Advice from Parliamentary Standing Committees

The government neglected the recommendations of Parliamentary Standing Committees, including the Standing Committee on Home Affairs on ‘Management of COVID-19 Pandemic and Related Issues’ and the Standing Committee on Health and Family Welfare on ‘Outbreak of Pandemic COVID-19 and its Management.’ The report by the Standing Committee on Health and Family Welfare had predicted the possibility of a second wave, and forecast oxygen and bed shortages, but the government did not heed this warning.<sup>151</sup>

#### c. Failure to Check Under-reporting of Deaths

In order to respond to the COVID-19 pandemic, it is imperative that policymakers possess accurate data in order to work out scientifically appropriate responses. However, perhaps to keep up appearances of being in control over the situation, the Union government and some state governments have not initiated corrective steps to check massive under-reporting of the number of cases and deaths.

<sup>147</sup>Ibid.

<sup>148</sup>WHO website, (2021, May 11), Weekly epidemiological update on COVID-19 – May 11 2021. Retrieved from <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---11-may-2021>

<sup>149</sup>Lovelace, B. Jr. (2021, May 11). WHO classifies triple-mutant Covid variant from India as global health risk. *CNBC*. Retrieved from <https://www.cnbc.com/2021/05/10/who-classifies-triple-mutant-covid-variant-from-india-as-global-health-risk-.html#:~:text=B.1.617%20has%20three%20sublineages,wave%20of%20infections%20in%20India.&text=The%20variant%20has%20since%20spread,countries%2C%20including%20the%20United%20States>

<sup>150</sup>Outbreak.info, Location Tracker: India Mutation Report, Retrieved from <https://outbreak.info/location-reports?loc=IND>

<sup>151</sup>Meghnad, S. (2021, April 28). Parliamentary panel predicted second Covid wave in November. *NewsLaundry*. Retrieved from <https://www.newsLaundry.com/2021/04/28/mps-panel-predicted-second-covid-wave-in-november>

India is not alone in under-reporting COVID-19 deaths. However, the scale of under-reporting in India is deeply worrying. An analysis from the University of Washington Institute for Health Metrics and Evaluation states that India may have under-reported as many as 4.3 lakh deaths due to COVID-19 between May 2020 and May 2021.<sup>152</sup> Another expert estimate based on mathematical modelling places the actual number of deaths to be at least two to five times what has been reported.<sup>153</sup>

Country	Reported Deaths*	Estimated Deaths*
India	2,21,181	6,54,395
US	5,74,043	9,05,289
Mexico	2,17,694	6,17,127
Brazil	4,08,680	5,95,903
UK	1,50,519	2,09,661
Russia	1,09,334	5,93,610

Source: IHME | \*Up to May 3 | Analysis In This Category Includes 15 Countries Not Mentioned Here

Image Source: Times of India<sup>154</sup>

*i. Protocols Ignored*

Under-reporting arises from failure to follow WHO guidelines on clinical classification of COVID-19 deaths. WHO mandates that the death of a person who has tested positive for COVID-19, including when the person dies without symptoms of the disease, should be recorded as due to COVID-19. Even where respiratory failure is linked to comorbidities, or where patients do not test positive but are symptomatic, the cause of death should be COVID-19 or suspected COVID-19, respectively.<sup>155</sup>

On paper, ICMR follows these protocols, but in practice these guidelines have not been followed.<sup>156</sup> Only cases where the patient had been confirmed to be positive are recorded as COVID-19 deaths. Moreover, comorbidities are usually listed as the cause of death instead of the COVID-19.<sup>157</sup> Crematoria workers have also reported that they had been directed to record the cause of deaths as “illness” or “sickness” rather than COVID-19.<sup>158</sup>

*ii. More Dead Bodies in Crematoriums Than Reported*

Across India, morgues, crematoriums and graveyards have overflowed with bodies, and mass cremations have taken place due to lack of space. Allegations of covering up official death tolls have been reported in Uttar Pradesh. The President of the Muzaffarnagar city crematorium criticised local government officials, saying that

<sup>152</sup>CNBC TV18. (2021, May 14). India undercounted COVID-19 deaths by 4.3 lakhs, says study. Retrieved from <https://www.cnbctv18.com/healthcare/india-undercounted-covid-19-deaths-by-43-lakhs-says-study-9299821.htm>

<sup>153</sup>Gettleman, J, et.al. (2021, April 24). As COVID-19 devastates India, deaths go undercounted. *The Economic Times*. Retrieved from <https://economictimes.indiatimes.com/news/india/as-covid-19-devastates-india-deaths-go-undercounted/articleshow/82234586.cms?from=mdr>

<sup>154</sup>Kumar, C. (2021, May). US undercounted 3.4 lakh deaths, India 4.3 lakh: study. *The Times Of India*. Retrieved from <https://timesofindia.indiatimes.com/india/us-undercounted-3-4-lakh-deaths-india-4-3-lakh-study/articleshow/82622386.cms>

<sup>155</sup>*Times of India*. (2021, April 23). Why reported deaths from Covid don't match the official count. Retrieved from <https://timesofindia.indiatimes.com/india/explained-why-reported-deaths-from-covid-dont-match-the-official-count/articleshow/82277171.cms>

<sup>156</sup>Gupta, A. et al. (2021, May 11). India is undercounting Covid-19 deaths. Here's how to work around the problem. *Scroll*. Retrieved from <https://scroll.in/article/994619/india-is-undercounting-covid-19-deaths-heres-how-to-work-around-the-problem>

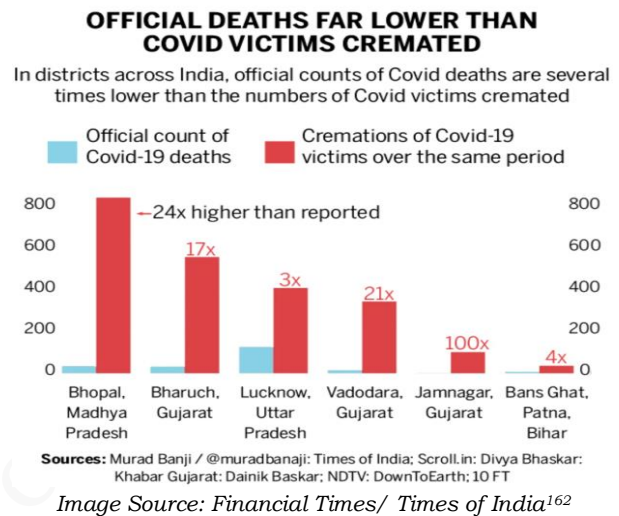
<sup>157</sup>Ghose, A., et.al, (2021, May 12). Explained: How Indian states misreport their Covid-19 death toll. *Scroll*. Retrieved from <https://scroll.in/article/994631/explained-how-indians-states-are-able-to-misreport-the-covid-19-death-toll>

<sup>158</sup>Agarwal, S. (2021, April 19). More ‘deaths by illness’ in Ahmedabad than Covid as crematoriums see rise in ‘bimari’ funerals. *The Print*. Retrieved from <https://theprint.in/india/more-deaths-by-illness-in-ahmedabad-than-covid-as-crematoriums-see-rise-in-bimari-funerals/642129/>

official data does not come close to the scale of bodies handled at the crematoriums.<sup>159</sup>

In Ahmedabad, Gujarat, the largest cremation ground saw bodies being cremated 24 hours a day. According to workers there, they have “never seen such a never-ending assembly line of deaths.” Further, the cause of death at crematoria was typically not recorded as COVID-19.<sup>160</sup>

Shocking visuals of overflowing crematoriums and graveyards, of bodies floating in the Ganga, and of thousands of bodies buried in shallow graves along riverbanks<sup>161</sup> have alerted us to the scale of death and devastation.



### iii. Tracking Excess Deaths

Clearly there is a significant gap between the official number of deaths due to COVID-19 and the reality. Regional newspapers, journalists and activists have worked to systematically ferret out information from the official registration data on deaths across districts and states. This data has been analysed for excess deaths registered during this year compared to previous years to reveal estimates closer to the reality.

The scale of under-reporting can vary across the country — from modest levels to huge.<sup>163</sup> In Madhya Pradesh for example, the scale of under-reporting is staggering. It reported only 4,461 COVID-19 deaths between January 1 and May 31, 2021. But excess deaths for that period are 42 times the official COVID-19 death toll.<sup>164</sup>

<sup>159</sup>Petersen, E.H., Alam, S.M. (2021, May 1 ). We're burning pyres all day: India accused of undercounting deaths. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2021/may/01/were-burning-pyres-all-day-india-accused-of-undercounting-deaths>

<sup>160</sup>Gettleman, J., et al. (2021, May 31). As Covid-19 Devastates India, death go undercounted. *New York Times*. Retrieved from <https://www.nytimes.com/2021/04/24/world/asia/india-coronavirus-deaths.html>

<sup>161</sup>*The Indian Express*. (2021, May 14). Covid horror: more bodies found floating, shallow graves along banks of Ganga in UP. Retrieved from <https://www.newindianexpress.com/nation/2021/may/14/covid-horror-more-bodies-found-floating-shallow-graves-along-banks-of-ganga-in-up-2302300.html>

<sup>162</sup>*Times of India*. (2021, May 23). Why reported deaths from Covid don't match the official count. Retrieved from <https://timesofindia.indiatimes.com/india/explained-why-reported-deaths-from-covid-dont-match-the-official-count/articleshow/82277171.cms>

<sup>163</sup>Banaji, M. (2021, May 10). Estimating Covid-19 Fatalities in India. *India Forum*. Retrieved from <https://www.theindiaforum.in/article/estimating-covid-19-fatalities-india>

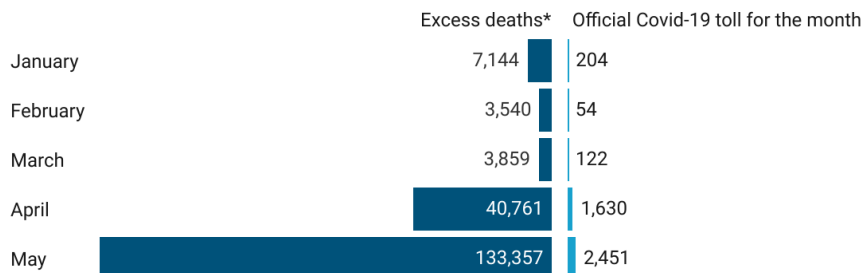
<sup>164</sup>Rukmini, S. (2021, June 12). Madhya Pradesh saw nearly three times more deaths than normal after second wave of Covid-19 struck. *Scroll*. Retrieved from <https://scroll.in/article/996772/madhya-pradesh-saw-nearly-three-times-more-deaths-than-normal-after-second-wave-of-covid-19-struck>



In Gujarat, based on reporting by the newspaper *Divya Bhaskar*, a faculty member at the Indian Institute of Management Ahmedabad estimated an under-counting factor of almost 11 for the period March 1 to May 10, 2021, based on the excess mortality method. Regional variations were noted within Gujarat and the scale of under-reporting was less where testing capacity had increased.<sup>165</sup>

Reports from Uttar Pradesh and Bihar show estimates of between three to 30 times the official death tolls.<sup>166</sup> Andhra Pradesh saw a 400% increase in deaths in May 2021.<sup>167</sup> This is not only for the second wave. Assam saw excess mortality of 30 times the official COVID-19 count during the first wave.<sup>168</sup>

### Excess deaths in MP far exceed the official Covid-19 death toll



\*Difference between reported deaths in 2021 and the 2018-19 average for the same month  
 Source: Civil Registration System, Madhya Pradesh government • Created with Datawrapper

Image Source: Scroll<sup>169</sup>

Such undercounting has serious systemic impacts as it creates poor data, which then serves as the basis for poor policy decisions. This cripples efforts to calibrate public health measures like lockdowns, the distribution of medical supplies and targeted vaccination drives. For instance, an undercount of the number of cases could impact the allocation of oxygen to a particular state or region.

The state government of Jharkhand conducted an Intensive Public Health Survey (IPHS) survey, a first such door-to-door survey by any state which revealed that 25,490 people died in the state during April-May 2021, which is 43 per cent higher than during the same period in 2019.<sup>170</sup> In Bihar, the COVID-19 death count went

<sup>165</sup>Tumbe, C. (2021, May 26). Why ‘excess mortality’ figures for Covid must be calculated. *Indian Express*. Retrieved from <https://indianexpress.com/article/opinion/columns/why-excess-mortality-figures-for-covid-must-be-calculated-7330348/>

<sup>166</sup>Purohit, K., Aafaq, Z. (2021, May 14). BJP States Hiding Covid-19 Deaths Are Endangering India’s Health Response. *Article 14*. Retrieved from <https://www.article-14.com/post/bjp-states-hiding-covid-19-deaths-are-endangering-india-s-health-response>

<sup>167</sup>Rukmini, S. (2021, June 13). Andhra Pradesh saw 400% increase in deaths in May, Tamil Nadu saw more modest excess mortality. *Scroll*. Retrieved from <https://scroll.in/article/997427/andhra-pradesh-saw-400-increase-in-deaths-in-may-tamil-nadu-saw-more-modest-excess-mortality>

<sup>168</sup>Saikia, A. (2021, June 17). Assam saw 28,000 more deaths than normal in months when first wave of Covid-19 struck. *Scroll*. Retrieved from <https://scroll.in/article/997683/assam-saw-28000-more-deaths-than-normal-in-months-when-first-wave-of-covid-19-struck>

<sup>169</sup>Rukmini, S. (2021, June 12). Madhya Pradesh saw nearly three times more deaths than normal after second wave of Covid-19 struck. *Scroll*. Retrieved from <https://scroll.in/article/996772/madhya-pradesh-saw-nearly-three-times-more-deaths-than-normal-after-second-wave-of-covid-19-struck>

<sup>170</sup>Angad, A. (2021, June 14). Jharkhand door-to-door survey: April-May deaths up 43% from 2 years ago. *Indian Express*. Retrieved from <https://indianexpress.com/article/india/coronavirus-jharkhand-door-to-door-survey-apr-may-deaths-up-43-from-2-years-ago-7357609/>

up by 72% overall and in some districts by 200%, after the Patna High Court ordered a recount.<sup>171</sup> The Union government needs to institute an independent Public Commission to ascertain the correct death toll and ensure accurate data collection.

#### **d. Failure to Take Steps to Prevent the Spread of the Second Wave**

As COVID-19 infections surged in India through April and May 2021, the government not only failed to put in place public health measures to curb the spread of the second wave but ended up enabling risk-laden mass gatherings.

Decision-makers at the helm relied on flawed models such as the Government-backed “COVID-19 Indian National Supermodel.”<sup>172</sup> As per one model, the pandemic was to end by February 2021.<sup>173</sup> Subsequently, the Chair revised this prediction of the peak to April 2021, and then again to mid-May 2021, as the pandemic progressed.<sup>174</sup> Ultimately the scientists working on the SUTRA model issued a statement that “the model predictions in this instance were incorrect.”<sup>175</sup>

By February 2021, the upward trend in cases was already being documented by several health care workers, hospitals, and the press. Despite this the National Task Force for COVID-19 did not meet even once during the months of February or March 2021.<sup>176</sup> On February 26, 2021 the Election Commission announced elections for five state assemblies<sup>177</sup> (including an 8-phase election in West Bengal) in March-April 2021. The ensuing campaigns featured large election rallies with inadequate use of masks or social distancing, including those addressed by the Prime Minister and Home Minister, that likely triggered the spread of the pandemic. The conduct of elections is analysed in detail in Chapter 4.

Despite the potentially grave consequences from such large gatherings of people at a time when INSACOG had detected and raised concerns about a contagious new variant of COVID-19, there was no attempt by any of the key official entities to suspend or postpone these events or advise each other to do so. There was no

<sup>171</sup>Joshi, P. (2021, June 10). Bihar Covid deaths up 72% after court-ordered recount. *Hindu Business Line*. Retrieved from <https://www.thehindubusinessline.com/news/national/bihar-updates-death-count-by-3917-fatalities/article34782793.ece>

<sup>172</sup>Government of India, Department of Science and Technology. (n.d). DST initiates COVID-19 India National Supermodel for monitoring infection transmission & aid decision-making by policymakers. Retrieved from <https://dst.gov.in/dst-initiates-covid-19-india-national-supermodel-monitoring-infection-transmission-aid-decision>

<sup>173</sup>*Deccan Herald*. (2020, October 18). India can control Covid-19 pandemic by February 2021, says government-appointed panel. Retrieved from <https://www.deccanherald.com/national/india-can-control-covid-19-pandemic-by-february-2021-says-government-appointed-panel-903708.html>

<sup>174</sup>Koshy, J. (2021, May 5). Scientists see flaws in govt-backed model’s approach to forecast pandemic. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/government-backed-model-to-predict-pandemic-rise-and-ebb-lacks-foresight-scientists/article34479503.ece>

<sup>175</sup>Press Information Bureau. (2021, May 2). Scientists working on SUTRA model for charting trajectory of COVID-19. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1715485>

<sup>176</sup>Krishnan, V. (2021, April 22). India’s COVID-19 taskforce did not meet in February, March despite surge, say members. *The Caravan*. Retrieved from <https://caravanmagazine.in/health/india-covid-19-taskforce-did-not-meet-february-march-despite-surge-say-members>

<sup>177</sup>Ramachandran, R. (2021, May 6). Opaqueness in India’s National Task Force for COVID-19 shows the government did not prepare for the second wave of the pandemic. *Frontline*. Retrieved from <https://frontline.thehindu.com/the-nation/public-health/indias-national-task-force-for-covid-19-and-the-government-did-not-prepare-for-the-second-wave-of-the-pandemic/article34471646.ece>

proactive action from the Prime Minister's Office, Ministry of Health, National Task Force for COVID-19, or the Election Commission.

### e. BJP Ministers Promoted False “Cures”

The fight against the pandemic has also been thwarted by egregious anti-scientific behaviour by senior government functionaries and BJP leaders.

Union Ministers Harsh Vardhan and Nitin Gadkari endorsed an unproven COVID-19 cure called Coronil produced by Patanjali.<sup>178</sup> Its founder Baba Ramdev released an unscientific “research paper” to back his claim of Coronil being the “first evidence-based medicine for Covid-19”. Patanjali has a track record of and has been fined for misleading, misbranding and misrepresenting its products.<sup>179</sup>

Despite being reprimanded in 2020 by the AYUSH Ministry for falsely advertising Coronil as a “cure” for COVID-19, Baba Ramdev asserted that he had the approved licensing and paperwork. This claim was later refuted by the licence officer in the Uttarakhand Ayurveda Department who stated that the application had no mention of coronavirus and was licensed as an immunity booster against cough and fever.<sup>180</sup>

### f. Failure to Test Adequately and to Scale-up Testing Capacity

#### i. Poor Testing Strategies

When the virus first broke out, WHO recommended a strategy of “test, trace, isolate” to contain and eliminate the virus at an early stage. However, the government chose to adopt its own strategy of a hasty, nation-wide lockdown, which resulted in the migrant workers’ crisis and a painful reverse migration. It paid no heed to the advice of experts and epidemiologists.

Restrictive guidelines by the ICMR also prevented an approach of early and aggressive testing. Until May 18, 2020, ICMR guidelines only provided for the testing of certain categories of persons, thereby excluding others who would possibly have tested positive.<sup>181</sup> A study published by ICMR at the end of March 2020 showed that community testing should have been initiated as an early measure, and that the screening of symptomatic international passengers was an inadequate strategy.<sup>182</sup> In

<sup>178</sup>*India Today*. (2021, February 19), Ramdev releases “research paper” on Patanjali’s “Coronil” medicine for coronavirus in presence of Harsh Vardhan. Retrieved from <https://www.indiatoday.in/coronavirus-outbreak/story/ramdev-research-paper-patanjali-coronil-medicine-coronavirus-harsh-varadhan-nitin-gadkari-1770846-2021-02-19>

<sup>179</sup>Taskin, B. (2020, June 24), Why Coronil working or not against Covid makes no difference to Ramdev or his Patanjali, *The Print*. Retrieved from <https://theprint.in/opinion/pov/why-coronil-working-or-not-against-covid-makes-no-difference-to-ramdev-or-his-patanjali/448000/>

<sup>180</sup>*Ibid*.

<sup>181</sup>This restricted category of persons was limited to those who had travelled internationally 14 days prior and were exhibiting symptoms, along with any symptomatic contacts; symptomatic health care workers; patients with specified illnesses; and high risk contacts of confirmed cases. [Dixit, S., Naik, S. (2020, October 19). Serosurveys point to inadequacies in India’s COVID-19 testing strategy. *First Post*. Retrieved from <https://www.firstpost.com/health/serosurveys-point-to-inadequacies-in-indias-covid-19-testing-strategy-8908041.html>

<sup>182</sup>Pulla, P. (2020, March 29). ICMR Study Suggests Its Testing Strategy Was Flawed, Airport Screening a Miss. *The Wire Science*. Retrieved from <https://science.thewire.inhttps://science.thewire.in/health/coronavirus-testing-icmr-testing-strategy-covid-19-diagnostic-kits-community-transmission/>

November 2020, the Parliamentary Standing Committee on Health and Family Welfare concluded that "poor contact tracing and less testing could have been a factor for the exponential growth of COVID cases in the country."<sup>183</sup>

Testing has also been inaccessible. RT-PCR tests, which are considered to be the gold standard for COVID-19 testing, cost upwards of Rs. 2,000 rupees in multiple states. This is not affordable for most households and thus discouraged people from testing even if they had COVID-19-related symptoms or were exposed to COVID-19 patients. Governments did not provide adequate incentives or subsidies for private entities to develop cheaper, reliable tests.

#### *ii. Inadequate Testing Infrastructure*

Poor testing infrastructure has also played a role in India's COVID-19 crisis. Although India ramped up testing facilities during the first wave, all efforts were put on hold after the first wave ended. Only 249 new laboratories were added between December 2020 to May 2021.<sup>184</sup> As a result, laboratories are now overburdened beyond capacity, with wait times for testing increasing from 12-24 hours to 3-5 days.<sup>185</sup> Shortage of testing kits has<sup>186</sup> re-emerged during the second wave.<sup>187</sup>

#### **Box 5.1: Unreliable Testing Data**

Inconsistencies in India's testing data emerged in April 2020, when it was revealed that there was a stagnant number in the difference between the number of overall samples tested and number of individuals tested. The difference of 890 stayed constant every day for over a week, even though there was an increase in both sets of numbers every day.<sup>188</sup>

India's steady and low positivity rate of 4% in early 2020 was found to be the result of vast divergences in regional data that offset each other when calculating the national figure.<sup>189</sup>

<sup>183</sup>Parliament of India, Rajya Sabha Department-Related Parliamentary Standing Committee on Health and Family Welfare. (2020, November). 123<sup>rd</sup> Report on The Outbreak of Pandemic Covid-19 and its (page 28). Rajya Sabha Secretariat. Retrieved from [https://rajyasabha.nic.in/rsnew/Committee\\_site/Committee\\_File/ReportFile/14/142/123\\_2020\\_11\\_15.pdf](https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/142/123_2020_11_15.pdf)

<sup>184</sup>*India Today*. (2021, May 10) A tragedy of errors: 10 reasons behind India's catastrophic Covid crisis. Retrieved from <https://www.indiatoday.in/magazine/cover-story/story/20210517-a-tragedy-of-errors-10-reasons-behind-india-s-catastrophic-covid-crisis-1799925-2021-05-07>

<sup>185</sup>Acharjee, S. (2021, May 14). India's covid collapse, part 4: How the delay in test results accelerated spread of the virus. *India Today*. Retrieved from <https://www.indiatoday.in/magazine/cover-story/story/20210517-india-s-covid-collapse-part-4-how-the-delay-in-test-results-accelerated-spread-of-the-virus-1800972-2021-05-10>

<sup>186</sup>Altstedter, A. (2020, April 3). India Finds Itself At The Back of The Line For Virus Test Kits. *Bloomberg*. Retrieved from <https://www.bloomberg.com/news/articles/2020-04-02/india-finds-itself-at-the-back-of-the-line-for-virus-test-kits>

<sup>187</sup>*The Wire*. (2021, April 13). As Demand for COVID-19 Tests Rises, Labs in Delhi and Mumbai Are Running Out of Kits. Retrieved from <https://thewire.in/health/covid-19-tests-collection-labs-kits-delay-rt-pcr>

<sup>188</sup>*IndiaSpend*. (2020, April 5) Bhuyan, A. For Days, Samples Tested Were More Than People Tested By Exactly 890. Retrieved from <https://www.indiaspend.com/for-days-samples-tested-were-more-than-people-tested-by-exactly-890/>

<sup>189</sup>Bansal, S. (2020, May 20). Indian Govt Trots Out Meaningless Data As COVID-19 Cases Rocket Despite Lockdown. *HuffPost*. Retrieved from [https://www.huffpost.com/archive/in/entry/india-coronavirus-cases-response-data-crisis\\_in\\_5ec49658c5b6956f4169fb4f](https://www.huffpost.com/archive/in/entry/india-coronavirus-cases-response-data-crisis_in_5ec49658c5b6956f4169fb4f)

In May 2020, ICMR would issue mere one-liners on the number of tests done daily and would also remove the previous day's numbers.<sup>190</sup>

## II. Ignoring the Experience of Second Waves in Other Countries

The Indian government had the advantage of being able to observe the experience of the USA and several countries in Europe, which went through deadly first and second waves before India. Yet it failed to learn any lessons from other countries. These lessons included the need for early vaccine procurement, graded lockdowns, better health surveillance, and investment in health infrastructure and medicines.

In July 2020, during its second wave, the USA reported more than 70,000 cases, about double the number of cases reported just a few months earlier. The USA's numbers rose, and by January 2021, it reported about 300,000 cases and 4,000 deaths each day, with new infections and mortality rates up ninefold.<sup>191</sup> To tackle this aggressive infection rate, the USA increased its pace of vaccination to reach as many citizens as possible. By late May 2021, citizens who have been fully vaccinated were no longer required to wear masks in public, as per guidelines issued by the USA's Center for Disease Control and Prevention (CDC).<sup>192</sup>

In April 2020, Europe was reporting around 35,000 new cases a day. By November 2020, it was gripped by the second wave as new infections climbed past 300,000, the highest number of daily infections that Europe reported during the pandemic. In response, Europe imposed intensified controls and restrictions. Having been aggressive on this front, Europe has begun lifting restrictions as new cases have now dropped by almost 30%.<sup>193</sup>

Both the USA and Europe deployed targeted lockdowns and aggressive vaccination strategies. As of June 17, 2021, it is estimated that the USA has administered 95 doses per 100 people, with 45% of the population fully vaccinated and 53% having received their first dose.<sup>194</sup> In stark contrast, India is estimated to have administered 19 doses per 100 people, with 3.5% of the population fully vaccinated and 15% having received their first dose.<sup>195</sup>

<sup>190</sup>Baheti, A. (2020, July 23). How India's lack of transparency on coronavirus data is hindering the battle against pandemic. *Scroll*. Retrieved from <https://scroll.in/article/962138/how-indias-lack-of-transparency-on-coronavirus-data-is-hindering-the-battle-against-pandemic>

<sup>191</sup>WION News. (2021, May 7). Lessons for India: How Europe, US tackled COVID-19 second and third waves. Retrieved from <https://www.wionews.com/india-news/lessons-for-india-how-europe-us-tackled-covid-19-second-and-third-waves-383317>

<sup>192</sup>Holcombe, M., Waldrop, T. (2021, May 15). CDC mask guidance opens doors for the vaccinated, but a long road is ahead for those who are not, experts say. *CNN*. Retrieved from <https://edition.cnn.com/2021/05/14/health/us-coronavirus-friday/index.html>

<sup>193</sup>*Supra* note 191.

<sup>194</sup>*New York Times*. (2021, June 17). Tracking Coronavirus Vaccinations Around the World. Retrieved from <https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>

<sup>195</sup>*Ibid*

### III. Failure of Institutional Processes

#### a. Failing Processes: Infrequent and Opaque Briefings

ICMR representatives were initially present at all Health Ministry briefings. Once journalists began to question ICMR's role in verifying the accuracy of rapid diagnostic test kits procured from China, they stopped attending the briefings. Officers with little expertise were left to field questions instead. Further, without any explanation, briefings by the Ministry of Health became infrequent from mid-May 2020, with gaps as long as 12 days between live briefings. Instead, written updates were released.<sup>196</sup>

Testing and surveillance are conducted by the National Centre for Disease Control (NCDC) under the Integrated Disease Surveillance Programme (IDSP). Starting on 2 February 2020, the IDSP stopped publishing its data in public. Reportedly, at a meeting on March 31, 2020, the Minister-in-charge explicitly refused to make the data public. Leaving aside the academic and scientific communities—which were actively collaborating worldwide—in India, there was little-to-no sharing of data even within the Government.<sup>197</sup> ICMR and IDSP do not appear to have shared data with each other. Even the NITI Aayog commented that: “Systematic quality control under surveillance was never optimally addressed.”<sup>198</sup>

ICMR's COVID-19 Taskforce also failed to meet and discuss any course of action in the months of February and March 2021 leading up to the second wave. A member of the Taskforce revealed that the group met only to “rubber stamp some decision already taken by politicians”,<sup>199</sup> indicating just one of many significant lapses by the government in its COVID-19 management system.

In May 2020, after just a month of operation, ICMR disbanded an expert panel appointed to investigate COVID-19 drugs and vaccines, and which was part of the National COVID-19 Task Force. The panel had only met three times.<sup>200</sup>

#### b. Dismantling of COVID-19 Response Infrastructure

##### i. Empowered Groups (EGs)

In March 2020, PM Modi established 11 Empowered Groups (EG) under the Disaster Management Act, 2005, each including a member of the Prime Minister's Office and

<sup>196</sup>Ghosh, A. (2020, June 25). No ICMR panel or GoM meetings, no briefings — Modi govt 'retreats' even as Covid cases surge. *The Print*. Retrieved from <https://theprint.in/health/no-icmr-panel-or-gom-meetings-no-briefings-modi-govt-retreats-even-as-covid-cases-surge/447861/>

<sup>197</sup>Krishnan, V. (2021, May 12) Epidemiologists say India's centre for disease control withheld COVID-19 data since pandemic began. *The Caravan*. Retrieved from <https://caravanmagazine.in/health/epidemiologists-say-india-centre-disease-control-withheld-covid-19-data-since-pandemic-began>

<sup>198</sup>Kaur, B. (2020, December 14). No integration in India's disease data collection systems: Niti Aayog. *Down To Earth*. Retrieved from <https://www.downtoearth.org.in/news/health/no-integration-in-india-s-disease-data-collection-systems-niti-aayog-74642>

<sup>199</sup>Krishnan, V. (2021, April 22) India's COVID-19 taskforce did not meet in February, March despite surge, say members. *The Caravan*. Retrieved from <https://caravanmagazine.in/health/india-covid-19-taskforce-did-not-meet-february-march-despite-surge-say-members>

<sup>200</sup>Rajagopal, D. (2020, May 4). ICMR disbands committee on research for drug, vaccine. *The Economic Times*. Retrieved from <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/icmr-disbands-committee-on-research-for-drug-vaccine/articleshow/75523417.cms?from=mdr>

the Cabinet Secretariat, to constitute quick response teams and to work with state governments to deploy sector-wise management strategies.<sup>201</sup>

By September 2020, the government felt the need to “reconstitute the eleven empowered groups into six groups in view of current requirements of managing the COVID-19 pandemic.”<sup>202</sup> This hasty decision had a detrimental impact, because the earlier EG 11, Empowered Group in charge of lockdown strategy, no longer existed. Thus, there was no effective institution in place before the second wave struck.

#### *ii. Resignation of Experts*

Various experts and scientists who were at the forefront of India’s battle against COVID-19 resigned due to government resistance to heeding scientific advice.

On May 16, 2021, virologist Shahid Jameel resigned from the position of chair of INSACOG), the 10-laboratory consortium set up only in December 2020 by the government to conduct genetic sequencing of virus variants circulating in India.<sup>203</sup> Jameel criticised the government for resisting “evidence-based policy-making,” stating: “Decision-making based on data is yet another casualty, as the pandemic in India has spun out of control. The human cost we are enduring will leave a permanent scar ... All these measures have wide support among my fellow scientists in India. But they are facing stubborn resistance to evidence-based policymaking.”<sup>204</sup>

In July 2020, Gagandeep Kang, Executive Director of the Translational Health Science and Technology Institute in Faridabad (an autonomous body under the Department of Biotechnology, Ministry of Science and Technology), resigned from her position.<sup>205</sup> Her resignation came at a time when the government disbanded an ICMR committee headed by her, which had been tasked with looking into the development of indigenous COVID-19 drugs and vaccines.<sup>206</sup>

## **IV. Conclusion**

In order to respond appropriately to the COVID-19 pandemic, it was imperative for the Union government to harness India’s substantial scientific expertise and heed

<sup>201</sup>Gupta, M.D. (2020, March 29). PM Modi sets up 11 empowered groups as quick response teams to tackle coronavirus outbreak. *The Print*. Retrieved from <https://theprint.in/india/governance/pm-modi-sets-up-10-empowered-groups-as-quick-response-teams-to-tackle-coronavirus-outbreak/390849/>

<sup>202</sup>*Ibid.*

<sup>203</sup>Ray, K. (2021, May 17). Virologist Shahid Jameel resigns from INSACOG Science Advisory Chair. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/national/virologist-shahid-jameel-resigns-from-insacog-science-advisory-chair-986630.html>

<sup>204</sup>Jameel, S. (2021, May 13), How India Can Survive the Virus, Vaccines alone won’t save the country. *The New York Times*. Retrieved from <https://www.nytimes.com/2021/05/13/opinion/india-coronavirus-vaccination.html>

<sup>205</sup>Koshy, J. (2020, July 6). Gagandeep Kang quits Translational Health Science and Technology Institute, Faridabad. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/gagandeep-kang-quits-translational-health-science-and-technology-institute-faridabad/article32000744.ece>

<sup>206</sup>*The Wire Science*. (2020, July 6), Gagandeep Kang Quits as Director of Translational Health Science and Technology Institute. Retrieved from <https://science.thewire.in/health/gagandeep-kang-quits-translational-health-science-and-technology-institute/>

the advice of experts. Unfortunately, from the beginning, it became clear to the scientific and medical community that political priorities would prevail over science.

For example, PM Modi unleashed an unplanned lockdown on the nation in March 2020 without consulting the National Task Force for COVID-19.<sup>207</sup> This crucial body then faded into irrelevance. Other entities central to the nation's pandemic response clearly also chose not to speak scientific truth to political power. This verdict applies to the Prime Minister's Office, the High Level Group of Ministers, the Ministry of Health and Family Welfare, the Department of Science and Technology, and the Indian Council for Medical Research.<sup>208</sup> A recent example came in early May 2021, when the Principal Scientific Advisor to the Government of India, K. Vijay Raghavan, warned that a third wave in India is "inevitable", only to retract his statement just two days later by claiming that a third wave could be avoided with strong action.<sup>209</sup>

Throughout the course of the pandemic, it became evident that the Union government did not respect scientific expertise or heed expert recommendations. The end result is starkly visible in the large-scale deaths, devastation of people's lives and livelihoods, and damage to the economy. The tragedy is that these were all preventable if only the government had heeded the science and the signs.

<sup>207</sup>Ramachandran, R. (2021, May 6). Opaqueness in India's National Task Force for COVID-19 shows the government did not prepare for the second wave of the pandemic. *Frontline*. Retrieved from <https://frontline.thehindu.com/the-nation/public-health/indias-national-task-force-for-covid-19-and-the-government-did-not-prepare-for-the-second-wave-of-the-pandemic/article34471646.ec>

<sup>208</sup>*Ibid.*

<sup>209</sup>Dutta, S.S. (2021, May 8). Centre takes u-turn over 'inevitable' coronavirus third wave. *The New Indian Express*. Retrieved from <https://www.newindianexpress.com/nation/2021/may/08/centre-takes-u-turn-over-inevitablecoronavirus-third-wave-2299921.html>



# Chapter 6

## Unforgivable Negligence

*“We are at pain in observing that death of Covid patients just for non-supplying of oxygen to the hospitals is a criminal act and not less than a genocide by those who have been entrusted the task to ensure continuous procurement and supply chain of the liquid medical oxygen.” – Allahabad High Court, May 4, 2021.<sup>210</sup>*

### WHAT THE UNION GOVERNMENT DID

- Failed to prepare the country’s healthcare system for the second wave of the COVID-19 pandemic, despite repeated expert warnings about an aggressive second wave. As a result, both government and private hospitals grappled with mitigable crises like shortages of medical oxygen and hospital beds.
- Failed to spread awareness about COVID-19 safety measures through effective communication strategies to all citizens, particularly to those in rural India.
- Undercounted COVID-19 deaths. Morgues, crematoriums, and graveyards overflowed with dead bodies, indicating that deaths far exceeded official figures.
- Attempted to silence criticism from sections of the public and the media.
- Failed to adequately support state governments.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Strengthened healthcare infrastructure, particularly in district hospitals.
- Instituted a comprehensive testing strategy nationally.
- Ensured the availability of required medical supplies and equipment.
- Set up sufficient oxygen generation plants and ensured availability of oxygen cylinders and tankers across India.
- Enhanced public risk communication to ensure awareness of and compliance with COVID-19 safety protocols, especially in rural India.
- Promoted effective cooperation with state governments.
- Prioritised transparency and provision of accurate data, including compliance with World Health Organization protocols on reporting COVID-19 deaths.
- Instituted an ex-gratia relief of at least Rs. 4 lakhs for the families affected by COVID-19 deaths.

## I. Introduction

In November 2020, the Parliamentary Standing Committee on Health and Family Welfare, in its 123<sup>rd</sup> Report, warned: “A second wave of COVID has been witnessed in European countries ... India must also be prepared to combat a possible second wave of Corona especially in the ensuing winter season and superspreading series of festive-events.”<sup>211</sup> Again, in early March 2021, the Union government was warned by

<sup>210</sup>Srivastava, S. (2021, May 5). Death of Covid Patients due to non-supply of oxygen not less than genocide: Allahabad HC. *India Today*. Retrieved from <https://www.indiatoday.in/coronavirus-outbreak/story/covid-patients-death-non-supply-of-oxygen-genocide-allahabad-high-court-1798953-2021-05-05>

<sup>211</sup>Parliament of India, Rajya Sabha Department-Related Parliamentary Standing Committee on Health and Family Welfare. (2020, November). 123<sup>rd</sup> Report on The Outbreak of Pandemic Covid-19 and its Management. Rajya Sabha Secretariat. Retrieved from [https://rajyasabha.nic.in/rsnew/Committee\\_site/Committee\\_File/ReportFile/14/142/123\\_2020\\_11\\_15.pdf](https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/142/123_2020_11_15.pdf)

its scientific advisors about a more contagious variant of the COVID-19 virus.<sup>212</sup> Yet the Union government did not take sufficient measures to contain its spread. This is surely a case of monumental negligence.

## II. Deaths Due to Lack of Oxygen and Medical Infrastructure

### a. Deaths Due to Lack of Oxygen Supplies

In early 2020 itself, it was clear that medical oxygen was crucial in the battle against COVID-19. However, the Union government took eight months, i.e., till October 2020, to get the Central Medical Services Society, an autonomous body under the Union Health Ministry, to call for bids to establish pressure swing adsorption oxygen plants in 150 district hospitals across the country. Most of these plants, however, are still not functional.<sup>213</sup> On April 18, 2021, the Union Health Ministry tweeted that out of the 163 plants proposed (more were added later) only 33 plants have been installed. An investigation by *Scroll* found that only 5 oxygen plants were operational.<sup>214</sup>

Thus, when the second wave of COVID-19 struck India, hospitals scrambled to shore up supplies of medical oxygen. The lack of attention to the supply chain for oxygen availability proved very costly. According to one report, the daily consumption of medical oxygen as of April 12, 2021 was only 54% of India's production capacity.<sup>215</sup> Yet, a shortage of cylinders and tankers led to the unavailability of oxygen, resulting in many avoidable deaths.<sup>216</sup>

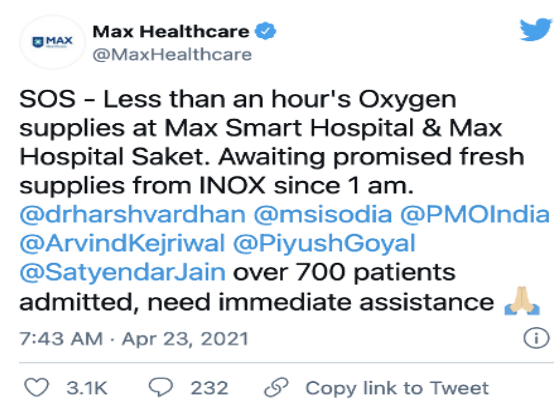


Image Source: Twitter<sup>217</sup>

<sup>212</sup>Ghoshal, D., Das, K (2021, May 1). Exclusive Scientists say the Indian government ignored warnings amid coronavirus surge. *Reuters*. Retrieved from <https://www.reuters.com/world/asia-pacific/exclusive-scientists-say-india-government-ignored-warnings-amid-coronavirus-2021-05-01/>

<sup>213</sup>Lalwani, V., Saikia, A. (2021, April 18). India is running out of oxygen, COVID-19 patients are dying- because the government wasted time. *Scroll*. Retrieved from <https://scroll.in/article/992537/india-is-running-out-of-oxygen-covid-19-patients-are-dying-because-the-government-wasted-time>

<sup>214</sup>*Ibid.*

<sup>215</sup>Kapoor, M. (2021, April 21). Oxygen shortage myth or reality. *Business Today*. Retrieved from <https://www.businesstoday.in/current/graphics/oxygen-shortage-myth-or-reality/story/437150.html>

<sup>216</sup>Sengar, M.S., Shukla, S. (2021, April 24). 25 COVID Patients dead at Delhi hospital due to low oxygen pressure. *NDTV*. Retrieved from <https://www.ndtv.com/india-news/20-covid-patients-died-last-night-at-delhis-jaipur-golden-hospital-due-to-low-pressure-oxygen-say-hospital-authorities-2420818>

<sup>217</sup>Max Healthcare [@MaxHealthcare] (2021, April 23). "SOS - Less than an hour's Oxygen supplies at Max Smart Hospital & Max Hospital Saket. Awaiting promised fresh supplies from INOX since 1 am. @drharshvardhan @msisodia @PMOIndia @ArvindKejriwal @PiyushGoyal @SatyendarJain over 700 patients admitted, need immediate assistance". [Tweet]. Twitter. Retrieved from <https://twitter.com/maxhealthcare/status/1385416435325755395?lang=en>

## b. Deaths Due to Shortage of Hospital Beds

Scarcity of hospital beds led to delays in hospital admission, which led to deaths from lack of medical attention. In 2020, India had about 1.5 million isolation beds across 15,375 treatment facilities for a population of 1.38 billion, or around 1 bed per 1,000 people. Out of these, only 18% were oxygen supported beds.<sup>218</sup> In early 2021, when cases had reduced after the first wave, many dedicated COVID facilities that had been established were discontinued or closed down. This was also a costly mistake.

## III. Disease Spreads Deep into the Rural Heartland

In 2021, COVID-19 spread deep into rural India, where healthcare infrastructure is rudimentary, hospital beds are in short supply and the nearest Intensive Care Unit (ICU) bed is hours away. On May 11, 2021, Uttar Pradesh (UP) reported 20,000 new cases and over 300 deaths. Bihar had over 10,000 cases and 72 deaths.<sup>219</sup> 65% of Indians reside in rural India but do not receive the same medical attention as urban residents.

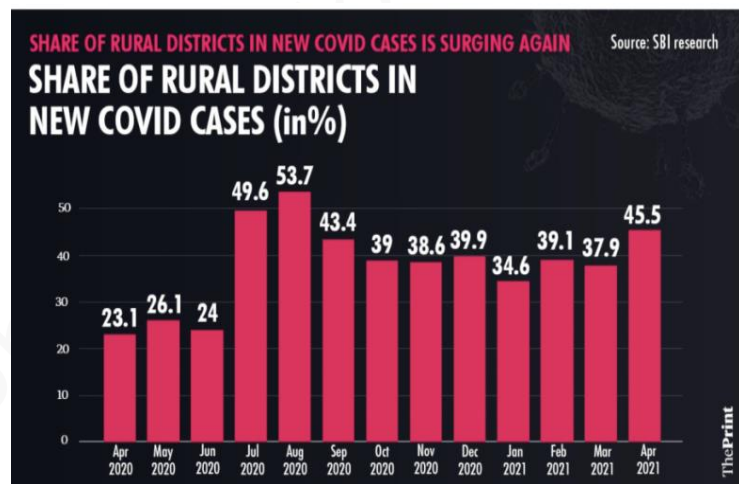


Image Source: *The Print*<sup>220</sup>

Although the second wave appears to be waning, with UP recording 270 new cases and 56 deaths<sup>221</sup> on June 15, 2021, the reality is that unpreparedness and negligence enabled the second wave to spread across rural India, wreaking havoc on its vulnerable population. A report titled 'Pandemic Pointers' by Centre for Science and Environment suggested that every second new case and death reported from India in May 2021 was from rural districts.<sup>222</sup>

This report further flagged the acute shortage of primary health infrastructure in community health centres in rural India, which need 76% more doctors, 56% more radiographers, and 35% more laboratory technicians.<sup>223</sup> Most of the deaths in rural

<sup>218</sup>Edwin, T. (2021, April 30). Analysis: India has long been short of hospital beds. The pandemic intensified the shortage. *Money Control*. Retrieved from <https://www.moneycontrol.com/news/trends/health-trends/analysis-india-has-long-been-short-of-hospital-beds-the-pandemic-intensified-the-shortage-6836021.html>

<sup>219</sup>NDTV. (2021, May 12). "A Hell Out Here": COVID-19 Ravages India. Retrieved from

<https://www.ndtv.com/india-news/a-hell-out-here-covid-19-ravages-rural-india-2440439>

<sup>220</sup>Nair, R. (2021, May 8). Worrying signs: Covid hits rural India hard, it now has nearly half of all new cases. *The Print*. Retrieved from <https://theprint.in/economy/worrying-signs-covid-hits-rural-india-hard-it-now-has-nearly-half-of-all-new-cases/654359/>

<sup>221</sup>*Government of India: COVID-19 Updates*. Retrieved from <https://www.mygov.in/covid-19>

<sup>222</sup>Mohan, V. (2021, June 5). Covid-19: Rural India worst hit in 2<sup>nd</sup> wave, says report. *The Times of India*. Retrieved from <https://timesofindia.indiatimes.com/india/covid-19-rural-india-worst-hit-in-2nd-wave-says-report/articleshow/83248710.cms>

<sup>223</sup>*Ibid*

India were caused due to the lack of medical oxygen. In some cases, entire families were wiped out as the second wave devastated rural areas.<sup>224</sup>

Rural India has been badly affected by the ineffectiveness of the Union government's efforts to spread awareness about precautionary measures against COVID-19. According to research by the State Bank of India, the share of rural districts in new cases increased to 45.5% in April 2021 and 48.5% in May, from 37% in March.<sup>225</sup> In UP, rural district populations now account for 65% of cases.<sup>226</sup> These numbers could be substantial underestimates due to data collection challenges, especially since many people from villages with limited access to healthcare have died at home.<sup>227</sup>

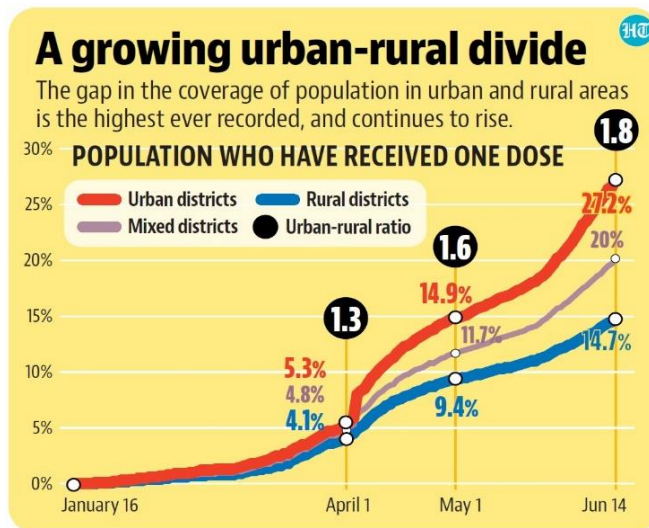


Image Source: *The Hindustan Times*<sup>228</sup>

The rural-urban asymmetry exists in vaccination coverage too, with the rural population having comparatively lower number of vaccinations. 27.2% of the urban population has received a first dose of vaccination compared to only 14.7% in rural areas. This urban-rural divide can worsen health outcomes in rural areas. This may not show up readily in data, given the difficulty of data collection in rural areas and undercounting of cases and deaths.

## IV. Under-testing and Technology Barriers to Hospitalisation

### a. Delayed Scaling Up of Testing

Despite repeated suggestions from experts as well as the advice of the WHO Director General to “test, test, test,”<sup>229</sup> India tested fewer than 2,000 samples per day in March

<sup>224</sup>*Hindustan Times*. (2021, May 19). Covid-19 wiped out ‘entire families’ in rural India. Retrieved from <https://www.hindustantimes.com/india-news/covid19-wiped-out-entire-families-in-rural-india-101621362215330.html>

<sup>225</sup>*Ecowrap*. (2021, May 7). Economic disruptions gain momentum as cases surge: opportunity for administrative reforms. Retrieved from [https://www.sbi.co.in/documents/13958/10990811/07052021\\_Ecowrap\\_20210507.pdf/a9827699-93bb-72dd-507a-cb94152564dc?t=1620387408364](https://www.sbi.co.in/documents/13958/10990811/07052021_Ecowrap_20210507.pdf/a9827699-93bb-72dd-507a-cb94152564dc?t=1620387408364)

<sup>226</sup>Petersen, H.E. (2021, May 12 ). Scores more bodies of suspected Covid victims found in Indian rivers. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2021/may/12/scores-more-bodies-of-suspected-covid-victims-found-in-indian-rivers>

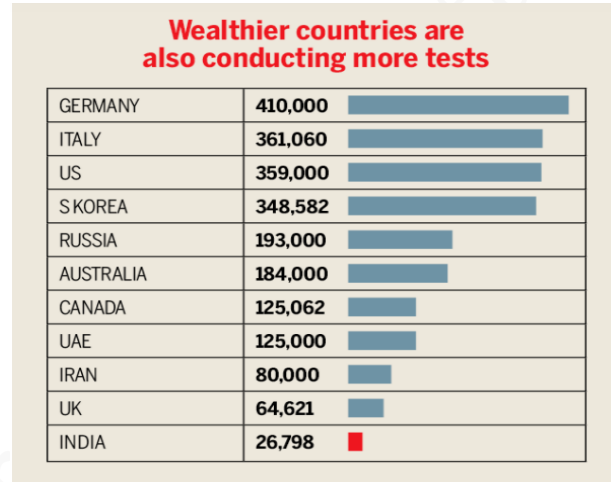
<sup>227</sup>Gaur, O. (2021, June 17 ). The Ganges Is Returning the Dead. It Does Not Lie. *New York Times*. Retrieved from <https://www.nytimes.com/2021/06/17/opinion/india-covid-ganges.html>

<sup>228</sup>Mullick, J. (2021, June 16). The growing urban bias of India's vaccination drive. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/the-growing-urban-bias-of-india-s-vaccination-drive-101623782827156.html>

<sup>229</sup>*World Health Organisation*. (2020, August 16 ). How India scaled up its laboratory testing capacity for COVID 19. Retrieved from <https://www.who.int/india/news/feature-stories/detail/how-india-scaled-up-its-laboratory-testing-capacity-for-covid19>

2020.<sup>230</sup> When the Union government imposed a nationwide lockdown, it had only conducted 26,798 tests in a country of over 1.3 billion people until March 27, 2020, i.e., 19 tests per million people, among the lowest testing ratios in the world.<sup>231</sup> The low testing levels were further exacerbated by attempts by some state governments (such as Uttar Pradesh) to curb testing by private laboratories.<sup>232</sup>

Despite the Union government claiming to have ramped up its testing capacity, as of May 2021, India continues to have one of the lowest testing rates in the world, falling below 112 other countries.<sup>233</sup> According to ICMR, as of May 11, 2021, India has a daily capacity of 16 lakh RT-PCR tests and 17 lakh Rapid Antigen Tests. However, daily tests have not even crossed the 20-lakh mark.<sup>234</sup> The growth rate in testing has not kept up with the growth rate in cases and the positivity rate.



Data as on March 24, 2020; India data as on March 27, 2020

Image Source: Times of India<sup>235</sup>

## b. Failure to Design National Testing Strategy

Since the outbreak, ICMR, the nodal authority to administer COVID-19 testing, has revised its testing strategy several times, leading to delays as well as confusion in devising concrete criteria for COVID-19 testing in India. ICMR was severely criticised for limiting the category of persons who could undertake a COVID-19 test only to symptomatic patients with international travel history, all contacts of laboratory confirmed positive cases, and symptomatic health care workers who are managing respiratory distress/severe acute respiratory illness (“SARI”) patients.<sup>236</sup> This excluded the crucial role of asymptomatic patients in spreading the disease.<sup>237</sup>

On March 19, 2020, ICMR ruled out the existence of community transmission in India on the basis that none of the 826 samples collected of people suffering from severe acute respiratory or influenza like illness till that date were found to be

<sup>230</sup>Corona India Tracker. (2021, June 1). Corona testing per day in India. Retrieved from <https://coronaclusters.in/corona-testing-per-day-india>

<sup>231</sup>Das, A. (2020, May 23). Why testing has been slow to take off. *Times of India*. Retrieved from <https://timesofindia.indiatimes.com/india/why-covid-19-testing-has-been-slow-to-take-off/articleshow/74859149.cms>

<sup>232</sup>*The Logical Indian*. (2021, April 17). Received orders to not conduct COVID-19 Tests: Pathology chains restrict testing in Lucknow. Retrieved from <https://thelogicalindian.com/trending/lucknow-covid-testing-27872>

<sup>233</sup>John, R.M. (2021, May 15). Coronavirus/Testing and the importance of low positivity rate. *The Hindu*. Retrieved from <https://www.thehindu.com/sci-tech/science/coronavirus-testing-and-the-importance-of-low-positivity-rate/article34567424.ece>

<sup>234</sup>*Ibid.*

<sup>235</sup>*Ibid.*

<sup>236</sup>Indian Council of Medical Research. (2020, March 17). Strategy of COVID19 testing in India. Retrieved from [https://www.icmr.gov.in/pdf/covid/strategy/Strategy\\_COVID19\\_testing\\_India.pdf](https://www.icmr.gov.in/pdf/covid/strategy/Strategy_COVID19_testing_India.pdf)

<sup>237</sup> Ghosh, Abantika. (2021). *Billions Under Lockdown*. Bloomsbury India, New Delhi.

positive.<sup>238</sup> However, experts claimed this to be too small a sample to infer such a conclusion.<sup>239</sup> ICMR limited its strategy to random sampling instead of expanding the number of tests conducted or allowing a larger number of persons the opportunity to be tested, given India's vast population size.

Only on March 20, 2020, as India began to witness a surge in COVID-19 cases, did ICMR revise its strategy to include all symptomatic healthcare workers along with hospitalised patients with SARI (Fever and cough and/or shortness of breath), and asymptomatic direct and high-risk contacts of a confirmed case.<sup>240</sup> This was further revised on April 9, 2020<sup>241</sup> and on May 18, 2020.<sup>242</sup> The narrow scope of categories of people eligible for testing excluded many vulnerable people from testing. Low testing numbers can thus be attributed to India's poor testing facilities as well as the ICMR's and government's denial that India had entered the community transmission stage.

These practices continued in spite of a study published online by ICMR on April 28, 2020, which, on the basis of a mathematical model, concluded that merely screening passengers at airports and isolating symptomatic international air passengers would not be sufficient to delay the COVID-19 pandemic in India. The model also suggested that extensive testing of symptomatic people with no travel history would help identify more cases of COVID-19 infections, which would ultimately minimise the pressure on the public health services and help flatten the curve.<sup>243</sup>

### **c. Lack of Testing Infrastructure**

By delaying procurement of testing kits, the Union government failed to utilise the time between the first and second waves to ramp up testing infrastructure. ICMR also delayed allowing private laboratories to carry out COVID-19 testing till the end of March 2020. A March 21, 2020 notification only allowed them to use testing kits that had the approval of the US Food and Drug Administration or European CE certifications. This was relaxed on March 23, 2020, when ICMR approved kits from two companies that produced testing kits indigenously. The Union government and ICMR also did not allow private laboratories to charge more than Rs. 4,500 per test. Only on May 25, 2020, did the Union government allow state governments and private laboratories to negotiate mutually agreeable prices for testing.

<sup>238</sup>Indian Council of Medical Research. (2020, March 19). ICMR initiated sentinel surveillance to detect community transmission of Covid-19. Retrieved from

[https://icmr.org.in/images/pool/press\\_realease\\_files/PressRelease\\_ICMR\\_19March2020.pdf](https://icmr.org.in/images/pool/press_realease_files/PressRelease_ICMR_19March2020.pdf)

<sup>239</sup>Tiwari, S. (2020, March 19). Covid-19:As Govt denies community transmission, experts say too few tested to know. *Indiaspend*. Retrieved from <https://www.indiaspend.com/covid-19-as-govt-denies-community-transmission-experts-say-too-few-tested-to-know/>

<sup>240</sup>Indian Council of Medical Research. (2020, March 20). Revised strategy of COVID-19 testing in India. Retrieved on [https://www.icmr.gov.in/pdf/covid/strategy/2020-03-20\\_covid19\\_test\\_v3.pdf](https://www.icmr.gov.in/pdf/covid/strategy/2020-03-20_covid19_test_v3.pdf)

<sup>241</sup>Indian Council of Medical Research. (2020, April 9). Strategy for COVID 19 testing in India. Retrieved from

[https://www.icmr.gov.in/pdf/covid/strategy/Strategy\\_for\\_COVID19\\_Test\\_v4\\_09042020.pdf](https://www.icmr.gov.in/pdf/covid/strategy/Strategy_for_COVID19_Test_v4_09042020.pdf)

<sup>242</sup>*Health World*. (2020, May 19). ICMR revises Covid-19 testing strategy, returnees with ILI symptoms will be tested within 7 days. Retrieved from

<https://health.economictimes.indiatimes.com/news/policy/icmr-revises-covid-19-testing-strategy-returnees-with-ili-symptoms-will-be-tested-within-7-days/75821017>

<sup>243</sup>Mandal, S., et al. (2020). Prudent public health intervention strategies to control the coronavirus disease 2019 transmission in India: A mathematical model-based approach. *Indian J Med Res* 151(2) 190-199.

Thus, during the initial stages of the pandemic, India severely lacked sufficient testing infrastructure and tried to tackle the pandemic with a limited number of laboratories and testing kits. Pune's National Institute of Virology was the only testing lab equipped to test an COVID-19 sample in India in January 2020. Though the number of testing labs were gradually increased, this was done at a very slow pace. Until March 20, 2020, two months after India reported its first COVID-19 case, only 183 testing labs were equipped to conduct COVID-testing in the whole country.<sup>244</sup> As of May 4, 2021, India had only 2506 molecular testing laboratories.<sup>245</sup>

The increasing number of infections in the second wave has affected the duration within which test results can be obtained. In some states the waiting time for test results has gone beyond 48 hours due to the backlog of samples.<sup>246</sup>

#### **Box 6.1 Technology Barriers to Admission in Hospitals**

Patients across India have also faced technology barriers to admissions in hospitals. For example, in Bengaluru patients were denied admission in hospitals as they did not possess the Bengaluru Urban (BU) Code issued by the Bruhat Bengaluru Mahanagara Palike (BBMP) to every person who has tested positive for COVID-19 and wanted to get admitted in a hospital falling under Bengaluru Urban District. It was hard to get a BU Code due to the inordinate delay caused by the BBMP in generating the codes for patients, due to which they ended up losing valuable time. At a critical stage, patients were kept waiting, first for test results and later for the BU Code as well.<sup>247</sup>

## **V. Crackdown on Information**

### **a. Union Government's Order to Social Media Sites**

The Union government has attempted to stifle criticism of its handling of the second wave of the COVID-19 crisis, especially on social media platforms such as Twitter and Facebook. The Ministry of Electronics and Information Technology directed Twitter, Facebook, etc., to block content in relation to COVID-19. This was done under Section 69A of the Information Technology Act, 2000, on the grounds of spreading misinformation and creating panic. At least 52 tweets made by opposition party leaders, journalists, and filmmakers were blocked or hidden by Twitter at the behest of the government.<sup>248</sup>

<sup>244</sup>*Down to Earth*. (2020, March 31). The 183 labs in India that can test COVID-19 cases. Retrieved from <https://www.downtoearth.org.in/news/health/the-183-labs-in-india-that-can-test-covid-19-cases-70120>

<sup>245</sup>Indian Council of Medical Research. (2021, May 4). Advisory for COVID 19 testing during the second wave of the pandemic. Retrieved from [https://www.icmr.gov.in/pdf/covid/strategy/Advisory\\_COVID\\_Testing\\_in\\_Second\\_Wave\\_04052021.pdf](https://www.icmr.gov.in/pdf/covid/strategy/Advisory_COVID_Testing_in_Second_Wave_04052021.pdf)

<sup>246</sup>Sharma, N.C. (2021, April 15 ). COVID 2.0 lifts lid off India's health infrastructure system. *Live Mint*. Retrieved from <https://www.livemint.com/news/india/covid-2-0-lifts-lid-off-india-s-health-infrastructure-system-11618424294305.html>

<sup>247</sup>Yasmeen, A. (2021, April 14). Delay in BY code generation hits patients hard. *The Hindu*. Retrieved from <https://www.thehindu.com/news/cities/bangalore/delay-in-bu-code-generation-hits-patients-hard/article34320050.ece>

<sup>248</sup>*Scroll*. (2021, April 24). On centre's request, Twitter takes down 52 tweets criticizing India's handling of pandemic: Report. Retrieved from <https://scroll.in/latest/993205/on-centres-request-twitter-takes-down-52-tweets-criticising-indias-handling-of-pandemic-report>

## b. Crackdown on Journalists

A report by the Rights and Risk Analysis Group, titled 'India: Media's Crackdown during COVID-19 Lockdown', states that 55 journalists were either legally or physically threatened by law enforcement agencies between March 25, 2020, and May 31, 2020.<sup>249</sup> The report noted cases of journalists being arrested and having to face police First Information Reports, summons, or show cause notices, either under sedition laws or under the premise of spreading false information. The report also identified instances of journalists being physically assaulted or receiving threats to their life and property for reporting during the lockdown.

## VI. Failure to Safeguard Kumbh Mela Pilgrims

On March 21, 2021, a day after India had recorded the highest single-day rise in cases in 111 days,<sup>250</sup> newspapers across the country carried full page advertisements of PM Modi and the Chief Minister of Uttarakhand, Tirath Singh Rawat. The advertisements invited devotees to attend the Kumbh Mela, assuring them that it would be "safe". CM Rawat also announced that there would be no "rok tok"<sup>251</sup>(restrictions) on Kumbh.



Advertising for the Kumbh Mela | Image Source: The Caravan<sup>252</sup>

Assured of their safety, lakhs of pilgrims took part in elaborate *shahi snans* (holy dips) in the Ganga at Haridwar over a 48-day period till April 27, 2021.<sup>253</sup> Only on April 17 2021, after the daily cases of COVID-positive patients nationwide continued

<sup>249</sup>Chakma, S. (2020, June 15). India: Media's crackdown during COVID-19 lockdown. *Rights Risk*. Retrieved from [http://www.rightsrisks.org/banner/india-medias-crackdown-during-covid-19-lockdown-2/#\\_Toc43105787](http://www.rightsrisks.org/banner/india-medias-crackdown-during-covid-19-lockdown-2/#_Toc43105787)

<sup>250</sup>*The Hindu* (2021, March 21). Coronavirus updates | March 21, 2021. Retrieved from <https://www.thehindu.com/news/national/coronavirus-live-march-21-2021-updates/article34122696.ece>

<sup>251</sup>*Financial Express*. (2021, March 20). Uttarakhand Kumbh Mela: Here is why new CM Tirath Singh Rawat doesn't want any restrictions on pilgrims. Retrieved from <https://www.financialexpress.com/lifestyle/travel-tourism/uttarakhand-kumbh-mela-here-is-why-new-cm-tirath-singh-rawat-doesnt-want-any-restrictions-on-pilgrims/2216734/>

<sup>252</sup>Jaiswal, S. (2021, May 8). BJP fired ex-Uttarakhand chief minister TS Rawat for restricting Kumbh gatherings. *The Caravan*. Retrieved from <https://caravanmagazine.in/politics/bjp-fired-ex-uttarakhand-chief-minister-trivendra-singh-rawat-restricting-kumbh-gatherings>

<sup>253</sup>Rawat, S. (2021, April 29). Over 9.1 million pilgrims visited Mahakumbh this year. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/over-9-1-million-pilgrims-visited-mahakumbh-this-year-101619700042902.html>



to rise alarmingly amidst the second wave, did PM Modi appeal for the last of the four snans to be “symbolic”. Even then, over 27,000 people participated in the last shahi snan.<sup>254</sup>

Reports indicate that Uttarakhand recorded a 1800% increase in COVID-19 cases during the time the festival was held – in one instance, 99% of returnees from a single area all tested positive – and it has emerged that the results of about 100,000 tests supposed to be conducted on pilgrims by a private testing agency were faked.<sup>255</sup> Lakhs of devotees, and their families and friends back home, were put at risk by the government’s failure to implement strict testing and safety protocols, and by PM Modi only belatedly issuing a call to observe the Kumbh Mela in a symbolic manner.

## VII. Neglect of Duty Toward States

The Union government failed to adequately support state governments in the fight against COVID-19, during both the first and second waves. The management of the pandemic was highly centralised during the first wave in 2020, as part of PM Modi’s effort to take control and corner credit. However, case loads continued to rise, and shortages of medical resources were reported across the country. At this point, the Union government delegated its responsibilities to state governments and instead focused on efforts at image rehabilitation.

Throughout the pandemic, the Union government’s support to states has been insufficient. Based on data as of March 2021, one report estimates that the Union government’s total financial support to states amounts to a negligible Rs. 51 per person.<sup>256</sup> In a response to a Parliamentary question, the government revealed that only 36.8% of the funds approved for upgradation of health infrastructure under the National Health Mission for 2020-21 had been utilised.<sup>257</sup> States have therefore been struggling to manage the pandemic on their own, with meagre resources.

The Union government’s shirking of responsibilities toward states with specific reference to India’s vaccine programme is detailed in Chapter 7.

<sup>254</sup> Jaiswal, S. (2021, May 8). BJP fired ex-Uttarakhand chief minister TS Rawat for restricting Kumbh gatherings. *The Caravan*. Retrieved from <https://caravanmagazine.in/politics/bjp-fired-ex-uttarakhand-chief-minister-trivendra-singh-rawat-restricting-kumbh-gatherings>

<sup>255</sup> *The Quint*. (2021, May 8). After Kumbh, Uttarakhand Sees 1800% Jump in COVID-19 Cases. Retrieved from <https://www.thequint.com/coronavirus/spike-covid-cases-uttarakhand-haridwar-maha-kumbh-mela-superspreader>;

*Hindustan Times*. (2021, May 1). MP govt orders all district collectors to trace, quarantine Kumbh returnees. Retrieved from <https://www.hindustantimes.com/india-news/mp-govt-orders-all-district-collectors-to-trace-quarantine-kumbh-returnees-101619816953849.html>;

Slater, J., Masih, N. (2021, May 8). In India’s surge, a religious gathering attended by millions helped the virus spread. *Washington Post*. Retrieved from

<https://www.washingtonpost.com/world/2021/05/08/india-coronavirus-kumbh-mela/>

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<sup>256</sup>Varma, S. (2021, May 10). States Battle Covid .... Without Much Help From Modi Govt. *The Leaflet*. Retrieved from <https://www.theleaflet.in/states-battle-covid-without-much-help-from-modi-govt/>

<sup>257</sup>Government of India (2021, March 16). Reply to Unstarred Question No. 2337 in the Rajya Sabha. Retrieved from <https://pqars.nic.in/annex/253/AU2337.pdf>

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## **VIII. Conclusion**

The Union government wasted precious time focusing on its own political agendas rather than on its duties toward the Indian people. There was enough time to follow through on expert recommendations to ramp up the country's healthcare infrastructure, yet the government failed to adequately increase hospital beds, supply of medical oxygen, and healthcare personnel, which worsened the tragedies of the second wave. This is in spite of the much touted PM-CARES Fund, which also failed to deliver. Additionally, the government failed to protect Kumbh Mela pilgrims and their families after assuring them of safety. It also failed to provide adequate support to state governments in their efforts to contain the pandemic. This unforgivable negligence in the Union government's management of COVID-19 across multiple dimensions is a betrayal of the peoples' trust.

All India Congress Comm.

# Chapter 7

## Vaccine Mismanagement

### WHAT THE UNION GOVERNMENT DID

- Abandoned scientific principles and common sense while planning for and acquiring vaccines to fully vaccinate India.
- Adopted a “smart vaccination” strategy under which it did not intend to vaccinate all Indians and thereby committed the critical error of not placing sufficient orders in advance.
- Deprived India of access to vaccines that had been approved and successfully deployed internationally by imposing inconsistent regulations.
- Shirked from providing early support to India’s vaccine manufacturers to expand their production capacity.
- Delayed licensing of Covaxin to other Indian firms to increase production.
- Abdicated its responsibility to procure vaccines and tried to offload the task of vaccinating the 18-44 age group to states despite their obvious disadvantages.
- Framed policies that excluded the majority, e.g., mandatory Co-WIN registration prior to vaccination which favours digitally literate, urban middle classes.
- Changed the dosing interval for the Covishield vaccine arbitrarily to 12-16 weeks in the face of scientific evidence.

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Placed orders globally for vaccines as soon as India faced the first wave.
- Ramped up production capacity by proactively providing grants to public and private sector units to upgrade and expand their facilities, and by invoking compulsory licensing for made-in-India vaccines and their raw materials.
- Focused diplomatic efforts to secure access to vaccines, raw materials and peripherals for our population, before making international commitments.
- Procured vaccines centrally and allocated them for free to states in a fair and transparent manner, giving states control over implementation.
- Improved vaccine access by limiting digital, physical, and financial exclusion.
- Fixed dosing intervals for vaccines based on evidence of efficacy against different variants of the coronavirus.
- Revealed a detailed roadmap and strategy on vaccinating India fully at the earliest with clear timelines of vaccine production and allocation.

## I. The Quest for Vaccines

Scientists assert that vaccination is the only effective way to counter COVID-19. When the pandemic began, there was uncertainty over whether vaccine candidates could be identified quickly, and whether vaccines could be produced in time and in sufficient quantities to address the global scale of the challenge. In spite of these uncertainties, many countries invested massively in the pharmaceutical industry to facilitate and accelerate vaccine development, research, trials, and production. The global scale of this challenge called for concerted multilateral efforts, expanded vaccine budgets and shrinking timelines, unlike any other time in history.

India’s quest for vaccines faced hurdles, e.g., its large population and the high costs of vaccine development and production. However, India also possessed strengths:

- India had decades of experience executing one of the largest vaccination programmes in the world, the Universal Immunisation Programme.<sup>258</sup>
- India had long exported vaccines to the rest of the developing world. Indian manufacturers had experience with all vaccine technologies, except for mRNA vaccines (which were commercialised only during the COVID-19 pandemic).<sup>259</sup>
- India, across public and private sectors, had the world's largest vaccine manufacturing capacity. Serum Institute of India (SII) is the single largest vaccine producer globally.<sup>260</sup>
- By June 2020, an indigenous vaccine, “Covaxin,” created through a public private partnership between the Indian Council of Medical Research (ICMR) and Bharat Biotech, had received approval to commence clinical trials.<sup>261</sup>

India was therefore uniquely suited to take the lead on vaccine development, research, trials, production, and delivery. However, India's vaccination strategy has featured massive mismanagement, along with planning and execution failures.

### a. A Critical Error and Multiple Warnings Ignored

The Parliamentary Standing Committee on Health and Family Welfare was briefed by officials on 16 October 2020. It was informed that a High-Level Committee had been “constituted to chalk out a plan for smart vaccination.” This strategy assumed that “the pandemic can be contained without vaccinating the entire population,”<sup>262</sup> going against the principle enunciated by PM Modi on 30 June 2020 that vaccination must be universal.<sup>263</sup> The Standing Committee in its report tabled in Parliament on 21 November 2020 clearly advised against this strategy, stating “that smart vaccination may be used as an immediate strategy but **subsequently the whole population should be vaccinated,**”<sup>264</sup> essentially advocating universal vaccination.

The *Deccan Herald* reported this inexplicable change in vaccination strategy by the Union government on December 2, 2020. The assumption underlying the “smart vaccination” strategy was that only targeted groups would be vaccinated to break the chain of transmission. This strategy was questioned by a senior scientist who asserted that “there is no good evidence to demonstrate that such a vaccination prioritisation will substantially reduce the speed of transmission and or the

<sup>258</sup>National Health Portal (2020), Universal Immunisation Programme. Retrieved from

[https://www.nhp.gov.in/universal-immunisation-programme\\_pg](https://www.nhp.gov.in/universal-immunisation-programme_pg)

<sup>259</sup>Sanghi, N. (2021, May 13). A Pandemic Came Calling – and India Was No Longer the World's Pharmacy. *The Wire Science*. Retrieved from <https://science.thewire.in/health/india-pharmacy-of-the-world-covid-19-vaccines-modi-government/>

<sup>260</sup>Ellyatt, H. (2021, May 5). India is the home of the world's biggest producer of Covid vaccines. But it's facing a major internal shortage. *CNBC*. Retrieved from <https://www.cnbc.com/2021/05/05/why-covid-vaccine-producer-india-faces-major-shortage-of-doses.html>;

Serum Institute of India. (n.d). About Us. Retrieved from

[https://www.seruminstitute.com/about\\_us.php](https://www.seruminstitute.com/about_us.php)

<sup>261</sup>*The Hindu*. (2020, June 29). DCGI nod for India-made COVID-19 vaccine ‘Covaxin’ human trials. Retrieved from <https://www.thehindu.com/business/bharat-biotech-vaccine-gains-edge-on-dcgi-nod/article31948151.ece>

<sup>262</sup>*Supra* note 211.

<sup>263</sup>Press Information Bureau (2020, June 30). PM chairs meeting to review planning and preparations for vaccination against Covid-19. Retrieved from

<https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1635319>

<sup>264</sup>*Supra* note 211.

occurrence of outbreaks.”<sup>265</sup> **It can be inferred that this critical error led to the Union government not procuring enough vaccines in time, since it did not intend to vaccinate the entire country, cascading to the vaccine shortages since April 2021.**

Further, in the third week of February 2021, the Parliamentary Standing Committee on Science and Technology had been informed by officials, that **there would be vaccine shortages if the vaccination programme was opened up beyond priority groups**<sup>266</sup> (earlier defined as healthcare and frontline workers, followed by those above 50 years of age and from under-50 population groups who had comorbidities).<sup>267</sup>

The Standing Committee made two crucial recommendations to the Union government: (i) ramp up the production capacity for the two COVID-19 vaccines being manufactured in India; and (ii) provide all research, laboratory infrastructure and capacity building support to the other vaccine candidates in the pipeline.<sup>268</sup>

Despite this advice, the Union Government did not take any concrete action until late April 2021. It then proceeded to abdicate its vital role in vaccine procurement through a change in vaccine strategy that had a negative impact on vaccine supply and demand. The government finally reversed course after sustained criticism.

This chapter documents how the Union Government failed to prepare adequately across all four dimensions<sup>269</sup> of the vaccination challenge and also identifies other missteps for which the nation is paying a steep price:

1. **Development and Production**, including authorisation and scaling up of manufacturing;
2. **Procurement and Affordability**, including pricing that reflects public investment and risk sharing;
3. **Allocation**, to ensure availability of vaccines across the country, and;
4. **Deployment**, for efficient distribution and to maintain public confidence.

<sup>265</sup>Ray, K. (2020, December 2). Now, smart Covid-19 vaccination strategy to check spread. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/national/now-smart-covid-19-vaccination-strategy-to-check-spread-922636.html>

<sup>266</sup>*The Economic Times* (2021, 12 May). Parliamentary panel had asked govt in March to ramp up vaccine production capacity. Retrieved from [https://m.economictimes.com/news/india/parliamentary-panel-had-asked-govt-in-march-to-ramp-up-vaccine-production-capacity/amp\\_articleshow/82574740.cms](https://m.economictimes.com/news/india/parliamentary-panel-had-asked-govt-in-march-to-ramp-up-vaccine-production-capacity/amp_articleshow/82574740.cms)

<sup>267</sup>*Press Information Bureau*. (2021, January 9). Prime Minister reviews status of COVID-19 and preparedness of COVID-19 vaccination. Retrieved from <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1687305>

<sup>268</sup>*Supra* note 266.

<sup>269</sup>Wouters, O. J., et al. (2021). Challenges in ensuring global access to COVID-19 vaccines: Production, affordability, allocation, and deployment. *The Lancet* 397 (10278), 1023–1034.

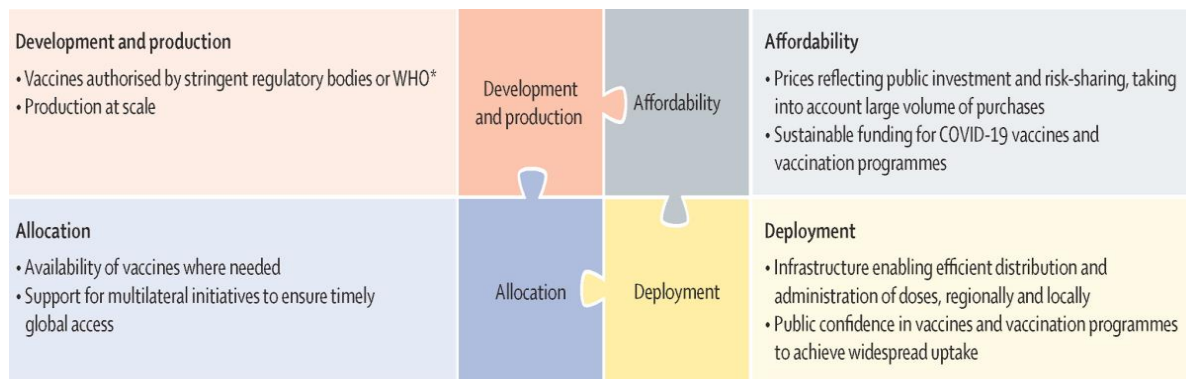


Figure 1: Four dimensions of an effective global immunisation strategy against COVID-19

Source: (Wouters et al., 2021)

## II. The Development and Production Failure

### a. Missed Opportunities in Vaccine Development

Governments across the world recognised that universal vaccination is the only possible strategy out of the pandemic. Many governments proactively supported vaccine production and secured supplies for their populations.

Operation Warp Speed was launched by President Trump as early as May 2020, under which the United States (US) government allocated \$18 billion to support research, development, and manufacturing of COVID-19 vaccines for US citizens.<sup>270</sup> In July and August 2020, the US government invested about \$6 billion (Rs 44,724 crore), across several companies including Moderna, Pfizer and Janssen (Johnson and Johnson) to support and acquire vaccine candidates that were still under evaluation. In parallel, the United Kingdom (UK) government pledged £65.5 million (Rs 488 crore) to University of Oxford researchers for work on the AstraZeneca vaccine. By October 2020, Australia, Brazil, Canada, Japan, and the European Union had pacts in place for one or more candidate vaccines.<sup>271</sup>

By early October 2020, India had drawn up a tentative timeline for a vaccination programme. By now it was clear that timely production of vaccines was a challenge, and that SII and Bharat Biotech would be India's earliest sources of vaccines. However, the Union government did not provide financial support to either company to scale up production capacity.<sup>272</sup> Meanwhile, other countries aggressively ramped up domestic production capacity even before vaccines had been approved. They were thus able to get preferential access from manufacturers to limited vaccine supplies. In contrast, the Indian government displayed no sense of purpose or urgency. This may now partly be explained by the "smart vaccination strategy" that did not intend to vaccinate all Indians.

<sup>270</sup>Baker, S. Koons, C. (2020, October 29). Inside Operation Warp Speeds \$18 Billion sprint for a Vaccine. *Bloomberg Businessweek*. Retrieved from <https://www.bloomberg.com/news/features/2020-10-29/inside-operation-warp-speed-s-18-billion-sprint-for-a-vaccine>

<sup>271</sup>Mudur, G.S. (2021, April, 19). How India landed in Covid vaccine mess. *The Telegraph*. Retrieved from <https://www.telegraphindia.com/india/how-we-landed-in-covid-vaccine-mess/cid/1812969>

<sup>272</sup>*Ibid.*

Without government support to expand manufacturing— which finally came only in April 2021, when vaccine shortages became painfully clear during the second wave of the pandemic — SII and Bharat Biotech had to rely on other sources of funding to scale up their vaccine manufacturing capabilities.

Until March-April 2021, other than SII and Bharat Biotech, no Indian company had a license to manufacture any of the vaccines approved internationally. This created a constraint on the number of doses that could be produced in India.

## **b. Vaccine Candidates and Policy Flip-Flops**

### *i. Covishield*

SII applied for Emergency Use Authorisation (EUA) for Covishield on December 6, 2020. Covishield had been developed by Oxford University in partnership with the pharmaceutical company AstraZeneca and had been deployed in the UK. Covishield was given EUA in January, months before bridging trials were completed on March 24<sup>th</sup>, 2021.<sup>273</sup> The data from these trials have not yet been published.

### *ii. Covaxin*

When India approved EUA for Covaxin in early January 2021, Bharat Biotech had not even finished recruitment for Phase III trials that are required to determine the efficacy of the vaccine in human subjects. The interim Phase III data from Covaxin was only released in early March 2021, with an update in April, and another update in May. Full data has not yet been published in a peer-reviewed journal — one reason why Covaxin has not yet been recognised by the World Health Organization (WHO) or the US Food and Drug Administration.<sup>274</sup> These results are expected to be published in July 2021, six months after EUA was granted to Covaxin. Experts have noted that the hastened approval of Covaxin hurt the reputation of the Make-in-India campaign and could have triggered vaccine hesitancy as well.<sup>275</sup>

There is clearly an inconsistency in demanding bridging trials for vaccines that have been deployed worldwide after successful Phase III trials, while providing EUA to indigenous vaccines that had not yet been fully tested. The implication that can be

<sup>273</sup>*The Wire*. (2021, February 3). As Vaccine Drive Lags, Serum Institute Sits on 55 million Covishield Doses Awaiting Government's Call. Retrieved from <https://thewire.in/government/vaccination-drive-covishield-serum-institute-stockpile-lying-idle-government-procurement-pushing-covaxin>;

Banerjea, A. (2021, January 2). After Serum's Covishield, expert panel recommends restricted emergency approval for Bharat Biotech's Covaxin. *Livemint*. Retrieved from <https://www.livemint.com/news/india/expert-panel-recommends-restricted-emergency-approval-for-bharat-biotech-s-covaxin-report-11609592137135.html>;

Ramachandran, R. (2021, March 26). Promising interim Phase-3 trial data a shot in the arm for acceptance of Covaxin. *Frontline*. Retrieved from <https://frontline.thehindu.com/the-nation/public-health/promising-interim-phase-3-trial-data-acceptance-of-covaxin-bharat-biotech/article34013689.ece>

<sup>274</sup>Banerjea, A. (2021, January 4). Covid vaccine: Covaxin Phase-3 efficacy data by March, says Bharat Biotech MD. *Livemint*. Retrieved from <https://www.livemint.com/news/india/covid-vaccine-covaxin-phase-3-efficacy-data-by-march-says-bharat-biotech-cmd-11609763828034.html>

<sup>275</sup>Kaul, R. (2021, May 29). Covaxin efficacy 78% in Phase-3 analysis. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/covaxin-efficacy-78-in-phase-3-analysis-101622227104005.html>;

Pulla, P. (2021, May 27). How Covaxin became a victim of vaccine triumphalism. *Livemint*. Retrieved from [https://www.livemint.com/science/news/how-covaxin-became-a-victim-of-vaccine-triumphalism/amp-11622022760541.html?\\_twitter\\_impression=true](https://www.livemint.com/science/news/how-covaxin-became-a-victim-of-vaccine-triumphalism/amp-11622022760541.html?_twitter_impression=true)

drawn is that the Union government chose to take the risks associated with a truncated scientific assessment process for Covaxin.

### iii. Sputnik V

The Sputnik V vaccine, developed by the Gamaleya Institute in Russia, has claimed an efficacy of 91.6% in countering COVID-19, according to data published in the peer-reviewed medical journal *The Lancet*. By April 2021, Sputnik V had been administered in more than 32 countries.<sup>276</sup> India delayed EUA and demanded a bridging trial for Sputnik V.

In the face of chronic vaccine shortages and surging COVID-19 cases, former Congress President Rahul Gandhi urged the Union government to fast-track emergency approvals for vaccines being deployed abroad — consistent with how the government approved Covaxin. Consistent with how the Union government has throughout responded to constructive suggestions from the opposition, Union Minister Ravi Shankar Prasad responded by alleging that Mr. Gandhi had become a “full-time lobbyist.”<sup>277</sup> Yet, within four days, Sputnik V was granted EUA in India. Data from the bridging trials for Sputnik V, conducted by Dr. Reddy’s Laboratories, have not yet been published in a peer-reviewed scientific journal.<sup>278,279</sup> The delay in EUA has meant Sputnik V was not administered in India until 14<sup>th</sup> May 2021, and is yet to be widely deployed.<sup>280</sup>

### iv. Pfizer

Pfizer’s vaccine was the first to successfully complete trials and be deployed worldwide. Pfizer was the first to apply for EUA in India, and proposed to import doses from the US and Europe.<sup>281</sup> However, in November 2020, Union Health Minister Harsh Vardhan claimed that India did not need the Pfizer vaccine.<sup>282</sup> After regulators demanded a local bridging trial, Pfizer withdrew its application in early

<sup>276</sup>France 24. (2021, April 24). Billion Covid-19 vaccine doses administered globally: AFP tally. Retrieved from <https://www.france24.com/en/live-news/20210424-billion-covid-19-vaccine-doses-administered-globally-afp-tally>

<sup>277</sup>Business Standard. (2021, April 9). Rahul Gandhi has switched to full-time lobbying: Ravi Shankar Prasad. Retrieved from [https://www.business-standard.com/article/politics/rahul-gandhi-has-switched-to-full-time-lobbying-ravi-shankar-prasad-121040901235\\_1.html](https://www.business-standard.com/article/politics/rahul-gandhi-has-switched-to-full-time-lobbying-ravi-shankar-prasad-121040901235_1.html)

<sup>278</sup>The Hindu. (2021, April 9). Expert Panel calls for more data on Sputnik V. Retrieved from <https://www.thehindu.com/news/national/expert-panel-calls-for-more-data-on-sputnik-v/article34284511.ece>

<sup>279</sup>The Economic Times Healthworld. (2021, January 11). Sputnik V meets primary endpoint of safety in the Phase-2 clinical trial in India. Retrieved from <https://health.economictimes.indiatimes.com/news/pharma/sputnik-v-meets-the-primary-endpoint-of-safety-in-the-phase-2-clinical-trial-in-india/80217620>

<sup>280</sup>ANI. (2021, May 14). Covid-19: Vaccination with Sputnik V launched in India, first dose administered. Retrieved from <https://www.aninews.in/news/world/asia/vaccination-with-sputnik-v-launched-in-india20210514182358>

<sup>281</sup>Arora, N., Das, K.N. (2021, March 10). Pfizer wants to make vaccine in India if faster clearance, export freedom assured: Sources. *Reuters*. Retrieved from <https://www.reuters.com/article/health-coronavirus-india-pfizer/exclusive-pfizer-wants-to-make-vaccine-in-india-if-faster-clearance-export-freedom-assured-sources-idUSKBN2B21AN>

<sup>282</sup>Sharma, N. (2020, November 24). India may not need Pfizer’s vaccine, says Harsh Vardhan. *The Economic Times*. Retrieved from <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/india-may-not-need-pfizers-vaccine-says-harsh-varadhan/articleshow/79377147.cms?from=mdr>



February 2021.<sup>283</sup> Pfizer had told the government that it was ready to produce its vaccine locally if it were assured of faster regulatory clearance and freedom on pricing and exports.<sup>284</sup> The government refused to negotiate and India lost access to the Pfizer vaccine.

#### *v. The Approval Flip-Flop*

On April 13, 2021, the Union Ministry of Health and Family Welfare decided to grant EUA to all COVID-19 vaccines already approved by foreign drug regulators. The requirement of pre-approval bridging studies was scrapped, and a post-approval parallel bridging study was to be conducted instead. Henceforth, the first 100 recipients of foreign vaccines would be assessed for seven days for safety outcomes, after which these vaccines would be rolled out across India.<sup>285</sup>

It is unclear if the earlier requirement for bridging trials was driven by genuine safety concerns or if it was a case of vaccine nationalism taken too far. There is no explanation as to why these changes to protocols were not made earlier. It would have allowed India faster access to tried and proven international vaccines.

#### **c. Serum Institute's Bet**

GAVI, the Global Vaccine Alliance, in partnership with the Bill and Melinda Gates Foundation, paid SII \$300 million (Rs. 2,236 crore) to help it build out its vaccine production capacity and “de-risk” its operations (cover any losses that might accrue if the vaccines never did get approved). In addition, SII invested between \$250 million to \$270 million (Rs 2,012 crore) of its own funds to manufacture Covishield. SII's total investment was \$800 million; the source of the remaining \$230-\$250 million is unknown, but it is possible that AstraZeneca bore some expenses under its licensing agreement with SII.<sup>286,287</sup> SII had the confidence that it did not have to bear the full financial risk in the event of Covishield not being approved.<sup>288</sup>

The Union government provided negligible support during the crucial months when various governments across the world allied with pharmaceutical companies to invest in stepping up their manufacturing capacities. The government only funded the mandatory bridging trial for the Covishield vaccine in India.<sup>289</sup> This was a glaring lapse given that SII, the world's largest vaccine manufacturer, was expected to play an important role in the COVID-19 vaccination drive globally.

<sup>283</sup>Das, K.N. (2021, February 5). Pfizer drops India vaccine application after regulator seeks local trial. *Reuters*. Retrieved from <https://www.reuters.com/article/health-coronavirus-india-pfizer/pfizer-drops-india-vaccine-application-after-regulator-seeks-local-trial-idUSKBN2A50GE>

<sup>284</sup>*Supra* note 281.

<sup>285</sup>*Down To Earth*. (2021, April 13). India to grant emergency authorisation to vaccines approved by foreign regulators. Retrieved from <https://www.downtoearth.org.in/news/health/covid-19-update-india-to-grant-emergency-authorisation-to-vaccines-approved-by-foreign-regulators-76442>

<sup>286</sup>Subramanian, S. (2021, May 6). Why does India, the world's largest vaccine producer, running short of vaccines. *Quartz*. Retrieved from <https://qz.com/2004650/why-does-india-have-a-covid-19-vaccine-shortage/>

<sup>287</sup>*Supra* note 271.

<sup>288</sup>*Business Today*. (2020, December 25). 'Serum won't have to take full loss' if Covid vaccine not approved: Bill Gates on sharing risk. Retrieved from <https://www.businesstoday.in/current/world/serum-wont-have-to-take-full-loss-bill-gates-says-his-foundation-shares-financial-risk-for-vaccine/story/425802.html>

<sup>289</sup>*Supra* note 271.

The Union government provided a grant of Rs 3,000 crores to SII only in April 2021, when the extent of vaccine shortages became clear during the second wave. Had this funding been provided earlier, SII would have been able to increase its manufacturing capacity at a faster pace, thus easing India's vaccine supply constraints. The Union government also failed to place enough orders with SII. This further limited the firm's ability to expand vaccine production. India's current vaccine shortages are therefore a direct consequence of the Union government's confused vaccination strategy.

India was guaranteed limited supply from SII because of its lack of advance orders and investment. Yet, partly because of the government's coercive regulatory powers, India was able to secure 50% of SII's early vaccine production.<sup>290</sup> Eventually, India ensured more supply by placing an unofficial ban on the export of vaccines. This forced SII to supply to the Indian government by defaulting on its other contracts. This situation has hurt the credibility of India's vaccine manufacturers abroad and affected vaccination drives in developing countries. It could have been avoided if the Union government had extended timely financial support and placed early orders with SII.

The Union government's failure to invest up front in SII meant it was unable to procure vaccines early at a cost-effective price. The negotiation with SII for preferential prices was ongoing even in January 2021. This delayed the vaccination drive further.<sup>291</sup> The government eventually secured a price of Rs. 150 per dose.

#### **d. ICMR and Bharat Biotech: Insufficient Support**

In contrast to SII, Bharat Biotech enjoyed support from the Union government. ICMR partnered with Bharat Biotech in May 2020 to develop a fully indigenous vaccine for COVID-19 using virus strains isolated at ICMR's National Institute of Virology in Pune.<sup>292</sup> The Indian government also supported Bharat Biotech's efforts through laboratory research and animal studies at the National Institute of Virology.<sup>293</sup>

However, unlike SII, Bharat Biotech has limited production capacity. As of May 2021, five months after approval, it was able to produce merely 10 million Covaxin doses per month.<sup>294</sup> While the Union government supported its research, it did not provide Bharat Biotech with support to expand production, forcing it to rely on its internal resources. The Union government provided a grant of approximately Rs. 65 crore to

<sup>290</sup>*India Today*. (2020, July 21). 50% of our Covid vaccines will be for India , people won't have to buy the, governments will pay: Adar Poonawalla. Retrieved from <https://www.indiatoday.in/india/story/oxford-covid-vaccine-serum-institute-india-adar-poonawalla-1702981-2020-07-21>

<sup>291</sup>*Livemint* (2021, January 6). Delays over pricing holds back India's vital Covid-19 vaccine rollout. Retrieved from <https://www.livemint.com/news/india/delays-over-pricing-holds-back-india-s-vital-covid-19-vaccine-rollout-11609890986050.html>

<sup>292</sup>Indian Council for Medical Research. (2020, May 9). Indian Council for Medical research partners with Bharat Biotech International Limited for developing indigenous COVID-19 vaccine. Press Release. Retrieved from [https://www.icmr.gov.in/pdf/press\\_release\\_files/ICMR\\_Press\\_Release\\_09052020.pdf](https://www.icmr.gov.in/pdf/press_release_files/ICMR_Press_Release_09052020.pdf)

<sup>293</sup>*Supra* note 271.

<sup>294</sup>*Swarajya*. (2021, April 12). Bharat Biotech to double Covaxin Production From 5 Million to 12 Million Doses Per Month By July. Retrieved from <https://swarajyamag.com/insta/bharat-biotech-to-double-covaxin-production-from-5-million-to-12-million-doses-per-month-by-july>

Bharat Biotech's new Bengaluru facility only in May 2021. This was to repurpose the facility and increase vaccine production capacity.<sup>295</sup>

India's bridging trial requirements made the availability of other vaccines unlikely. SII's significant vaccine supply commitments abroad — which the Union government was aware of and encouraged through Vaccine Maitri — meant that India needed to ramp up Covaxin production for our domestic vaccination programme. Hence financial support to Bharat Biotech to step up production should have been provided and other Indian companies should have been given the license to produce Covaxin.

### e. Failure to Share License of Covaxin

ICMR's contract with Bharat Biotech is open-ended in terms of technology sharing. ICMR is free to share the relevant manufacturing know-how with other companies.<sup>296</sup> Therefore, plans for the mass manufacture of Covaxin, through the transfer of technology to public sector undertakings (PSUs) and private players, should have been formalised in May 2020, when ICMR and Bharat Biotech began to develop the vaccine.<sup>297</sup> These plans should have also addressed aspects related to raw materials, consumables, equipment, facilities upgrades, etc. For inexplicable reasons, the government did not do so. It failed to act in May 2020, then again when EUA was granted in January 2021, and again when the second wave began in March 2021.

#### Box 7.1 Constraints on Mass Manufacturing of Covaxin

Covaxin production facilities require Biosafety Level 3 (BSL3) clearance to manufacture the vaccine safely, as the process requires the cultivation of large batches of the highly infectious virus before killing them. India has over a dozen such laboratories but most of them are in academic institutions and used for testing and research. Significant investment is required to make them fit for large-scale production.<sup>298</sup> The Union government failed to invest to build up the capacity of these laboratories as advised by experts,<sup>299</sup> instead relying on only two private manufacturers with these facilities: Bharat Biotech, and Panacea Biotech, a private firm headquartered in New Delhi.<sup>300</sup> Even in these facilities the Government's call to ramp up vaccine production came as late as May 2021,<sup>301</sup> a move that could have occurred months in advance.

<sup>295</sup>*Livemint*. (2021, May 16). India readies state-run firms to manufacture Covaxin. Retrieved from <https://www.livemint.com/news/india/india-readies-state-run-firms-to-manufacture-covaxin-11621078961652.html>

<sup>296</sup>Yadav, M. (2021, May 7). ICMR ready to offer Covaxin know-how to other firms. *The Hindu Business Line*. Retrieved from <https://www.thehindubusinessline.com/news/icmr-ready-to-offer-covaxin-know-how-to-other-firms/article34501232.ece>

<sup>297</sup>*Livemint*. (2020, May 9). ICMR teams up with Bharat Biotech to develop Covid-19 vaccine. Retrieved from <https://www.livemint.com/news/india/icmr-teams-up-with-bharat-biotech-to-develop-covid-19-vaccine-11589038719666.html>

<sup>298</sup>*The New Indian Express* (2021, May 17). Slow off the starting blocks for Bharat Biotech's Covaxin mass production, Retrieved from <https://www.newindianexpress.com/nation/2021/may/17/slow-off-the-starting-blocks-for-bharat-biotechscovaxin-mass-production-2303416.html>

<sup>299</sup>Rao, K.S. (2021, April 29). The Least The Centre Can Do For People Now Is To Provide Free Covid-19 Vaccines. *The Wire*. Retrieved from <https://thewire.in/health/free-covid-19-vaccine-plan-india>

<sup>300</sup>Leo, L. (2021, April 17). Govt ropes in more PSUs to boost Covaxin output. *Livemint*. Retrieved from <https://www.livemint.com/news/india/govt-ropes-in-more-psus-to-boost-covaxin-output-11618590213317.html>

<sup>301</sup>*Money Control*. (2021, May 12). Panacea Biotech share price up 5% after govt pushes for ramp up in production of COVAXIN. Retrieved from <https://www.moneycontrol.com/news/business/markets/panacea-biotech-share-price-up-5-after-govt-pushes-for-ramp-up-in-production-of-covaxin-6883931.html>

India has seven public sector vaccine manufacturing facilities that have ensured vaccine security for decades. These include the Central Research Institute (CRI), BCG Vaccine Laboratory (BCGVL), Pasteur Institute of India (PII), HLL Biotech, Bharat Immunologicals and Biologicals Corporation Limited (BIBCOL), Haffkine Bio-Pharmaceutical Corporation Limited, and Human Biologicals Institute.<sup>302</sup> There was an inordinate delay in bringing these PSUs into the Covaxin supply chain.

In the absence of proactive moves by the Union government to expand vaccine production and growing shortage, state chief ministers raised the issue. On March 17, 2021, Maharashtra Chief Minister Uddhav Thackeray asked PM Modi to allow the transfer of Covaxin technology to the Haffkine Institute in Mumbai.<sup>303</sup> The same day, the Union Health ministry set up a six-member intergovernmental panel to explore ways to ramp up vaccine production. The panel suggested that more sites be drafted into manufacturing vaccines.<sup>304</sup> Finally, on April 16, 2021, the Union government announced a plan to include three PSUs in manufacturing vaccines.<sup>305</sup>

#### **f. Failure to Rope in PSUs In Time**

Vaccine supply from PSUs will take months to commence and will likely not be available until end-2021. Experts are at a loss to understand why partnerships with all vaccine manufacturing entities in the country including the private sector were not pursued by the Union government.<sup>306</sup> Proactive and timely intervention to expand manufacturing could have allowed domestic manufacturing to scale up by now.

The Union government has stated that the Haffkine Institute has been given a grant of Rs. 65 crores to produce 20 million doses monthly,<sup>307</sup> BIBCOL received a Rs. 30 crore grant to manufacture at least 10 million doses per month,<sup>308</sup> and Indian Immunologicals Limited (IIL) was awarded a grant of Rs. 60 crore.<sup>309</sup>

<sup>302</sup>Varshney, V. (2021, April 17). COVID-19 vaccines: Waiting for advantage India. *Down To Earth*. Retrieved from <https://www.downtoearth.org.in/news/health/covid-19-vaccines-waiting-for-advantage-india-76543>

<sup>303</sup>*Ibid.*

<sup>304</sup>*Ibid.*

<sup>305</sup>Leo, L. (2021, April 17). Govt ropes in more PSUs to boost Covaxin output. *Livemint*. Retrieved from <https://www.livemint.com/news/india/govt-ropes-in-more-psus-to-boost-covaxin-output-11618590213317.html>

<sup>306</sup>*The New Indian Express* (2021, May 17). Slow off the starting blocks for Bharat Biotech's Covaxin mass production, Retrieved from <https://www.newindianexpress.com/nation/2021/may/17/slow-off-the-starting-blocks-for-bharat-biotechscovaxin-mass-production-2303416.html>

<sup>307</sup>*Livemint*. (2021, May 16). India readies state-run firms to manufacture Covaxin. Retrieved from <https://www.livemint.com/news/india/india-readies-state-run-firms-to-manufacture-covaxin-11621078961652.html> ;

Press Information Bureau. (2021, May 13). Union Government consistently and proactively working to secure and enhance the availability of Covid-19 vaccine. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1718332>

<sup>308</sup>*Supra* note 306.

<sup>309</sup>Press Information Bureau. (2021, May 13). Union Government consistently and proactively working to secure and enhance the availability of Covid-19 vaccine. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1718332>

**Box 7.2 Additional PSU's Capabilities Lying Unused**

At least three major vaccine manufacturing units under the Ministry of Health and Family Welfare, which have the expertise and capacity to produce vaccines, have not yet been included in Covaxin manufacturing. Even the state-of-the-art Integrated Vaccine Complex in Chengalpattu, Tamil Nadu has not been used for Covaxin manufacturing despite it being idle since 2016.<sup>310</sup> The Tamil Nadu Government has made multiple requests to the Union Government to allow it to begin operating the Complex, following which the Union has noted that it will find a partner to do so but these plans are yet to materialise as of early-June 2021.<sup>311</sup> On January 16, 2021, HLL Lifecare Limited, the parent PSU company, issued an expression of interest from vaccine manufacturers to use the plant. However, nothing has yet come of this.<sup>312</sup>

The Union government's timeline for PSUs to begin production may be too ambitious. In its affidavit to the Supreme Court, it stated that it had not disbursed grant funds as of May 9, 2021.<sup>313</sup> This can set back production timelines, as occurred with SII. Latest reports suggest that Haffkine Institute will only start production in February 2022.<sup>314</sup> BIBCOLD is not expected to start production before September 2021.<sup>315</sup> IIL is only expected to supply Covaxin antigens to Bharat Biotech.<sup>316</sup>

The Covaxin manufacturing process is also slow, with Bharat Biotech noting that vaccines take four months from the start of the production process to when they reach the user.<sup>317</sup> Even if BIBCOLD is able to begin production in September 2021, vaccines will not be available to the people before November 2021.

<sup>310</sup>Basu, S. (2021, April 8). State-owned vaccine manufacturers sit idle as India scours for jobs: Report. *The National Herald*. Retrieved from <https://www.nationalheraldindia.com/india/state-owned-vaccine-manufacturers-sit-idle-as-india-scours-for-jobs-report>

<sup>311</sup>Nath, A. (2021, June 2). Let TN start operations at Chengalpattu Integrated Vaccine Complex : Stalin to Harsh Vardhan. *India Today*. Retrieved from <https://www.indiatoday.in/coronavirus-outbreak/story/tn-start-operations-chengalpattu-ivc-stalin-to-harsh-varadhan-1810006-2021-06-02>

<sup>312</sup>Varshney, V. (2021, April 17). COVID-19 vaccines: Waiting for advantage India. *Down To Earth*. Retrieved from <https://www.downtoearth.org.in/news/health/covid-19-vaccines-waiting-for-advantage-india-76543>

<sup>313</sup>Supreme Court Of India (2021). Suo Moto Writ Petition (C) No.3/2021 In Re: Distribution Of Essential Supplies And Services During Pandemic Affidavit Dated 09.05.2021 On Behalf Of The Union Of India. Retrieved from [https://www.livelaw.in/pdf\\_upload/centres-affidavit-in-suo-moto-covid-case-supreme-court-393164.pdf](https://www.livelaw.in/pdf_upload/centres-affidavit-in-suo-moto-covid-case-supreme-court-393164.pdf)

<sup>314</sup>Rajagopal, D., Thacker, T. (2021, April 17). Covid-19: It may take Haffkine 12 months to start producing Covaxin. *The Economic Times*. Retrieved from <https://economictimes.indiatimes.com/industry/healthcare/biotech/pharmaceuticals/it-may-take-haffkine-12-months-to-start-producing-covaxin/articleshow/82108164.cms>;

Leo, L. (2021, April 17). Govt ropes in more PSUs to boost Covaxin output. *Livemint*. Retrieved from <https://www.livemint.com/news/india/govt-ropes-in-more-psus-to-boost-covaxin-output-11618590213317.html>

Dutta, S.S. (2021, June 3). Haffkine to start manufacturing 22.8 crore Covaxin doses from February 2022. *New Indian Express*. Retrieved from <https://www.newindianexpress.com/nation/2021/jun/03/haffkine-to-start-manufacturing228-crore-covaxin-doses-from-february-2022-2310946.html>

<sup>315</sup>Singh, J.S. (2021, May 21). Bibcol to produce 1 crore doses of Covaxin per month at Bulandshahr plant in UP. *India Today*. Retrieved from <https://www.indiatoday.in/india/story/vaccination-production-bibcol-crore-doses-covaxin-bulandshahr-up-vaccine-1805126-2021-05-21>

<sup>316</sup>Sharma, N.C. (2021, May 28). Indian Immunologicals Limited to start production of drug substance for Covaxin under Mission COVID Suraksha. *Live Mint*. Retrieved from <https://www.livemint.com/news/india/indian-immunologicals-limited-to-start-production-of-drug-substance-for-covaxin-under-mission-covid-suraksha-11622213686272.html>

<sup>317</sup>Bharadwaj, S. (2021, May 28). Takes Covaxin 4 months to reach end user from start of production: Bharat Biotech. *Times of India*. Retrieved from <https://timesofindia.indiatimes.com/business/india-business/takes-covaxin-4-months-to-reach-end-user-from-start-of-production-bharat-biotech/articleshow/83036626.cms>

### **g. Raw Material Supplies**

Scarcity of raw materials needed to produce COVID-19 vaccines was exacerbated by export restrictions placed by governments across the world. This was done to ensure that their own populations were vaccinated first. Such restrictions were predicted months in advance and could have been manoeuvred around through deft diplomacy.<sup>318</sup> In the USA, the Biden Administration invoked the Defence Production Act to restrict exports of raw materials for vaccine production on February 5, 2021.<sup>319</sup> On 18 March 2021, foreign policy expert Brahma Chellaney had flagged the potential impact of these restrictions on vaccine production in India<sup>320</sup>

The Indian government reacted only after SII CEO Adar Poonawalla's desperate tweet on April 16, 2021, where he directly requested the US President to lift export restrictions. This was a telling statement on the Indian government's diplomatic efforts until that point. Following this, on April 26, 2021, the issue was flagged by PM Modi with President Biden.<sup>321</sup> The Biden administration finally lifted the ban on raw material exports on April 26, months after it was first imposed.<sup>322</sup>

The Union government needs to also ensure that India builds the upstream manufacturing capacity to produce various peripherals such as glass vials, stoppers and syringes. Shortage of such peripherals can become a bottleneck and importing them will dramatically raise the cost of vaccination.

### **h. Lack of Urgency: Vaccines for Children**

Even amidst speculation that a third wave of COVID-19 might affect children disproportionately, the Union government has been unable to formulate a cohesive strategy to vaccinate children.<sup>323 324</sup> On May 27, 2021, Union Finance Minister Nirmala Sitharaman falsely claimed that no country in the world is giving vaccines

<sup>318</sup>World Trade Organisation. (2020). Developing and Delivering COVID-19 Vaccines Around The World. Retrieved from [https://www.wto.org/english/tratop\\_e/covid19\\_e/vaccine\\_report\\_e.pdf](https://www.wto.org/english/tratop_e/covid19_e/vaccine_report_e.pdf)

<sup>319</sup>Becker, I.S. (2021, February 6). Biden harnesses Defence Production Act to speed vaccinations and production of protective equipment. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/health/2021/02/05/biden-vaccines-tests-gloves/>

<sup>320</sup>Chellaney, B. (2021, March 18). China catalyzes the consolidation of the 'Quad'. *The Japan Times*. Retrieved from <https://www.japantimes.co.jp/opinion/2021/03/18/commentary/world-commentary/china-quad-covid-19-u-s-yoshihide-suga-joe-biden-india-australia-indo-pacific/>

<sup>321</sup>CNBC TV-18. (2021, April 26). PM Modi speaks to Joe Biden, thanks US for support in fight against COVID-19. Retrieved from <https://www.cnbctv18.com/healthcare/pm-modi-speaks-to-us-president-joe-biden-on-covid-19-situation-9070921.htm>

<sup>322</sup>*The New Indian Express*. (2021, April 26). 'Determined to support India in Covid fight, ensure supply of vaccine raw materials': Biden to Modi. Retrieved from <https://www.newindianexpress.com/nation/2021/apr/26/determined-to-support-india-in-covid-fight-ensure-supply-of-vaccine-raw-materials-biden-to-modi-2295174.html>

<sup>323</sup>Ghosh, P. (2021, May 23). Will Covid third wave affect children? 10 things experts have said. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/will-covid-3rd-wave-affect-only-children-10-things-experts-have-said-101621783786753.html>

<sup>324</sup>*Hindustan Times*. (2021, May 18). Why Covid third wave will affect children more: Top Virologist Dr. V Ravi explains. Retrieved from <https://www.hindustantimes.com/videos/shows/why-covid-3rd-wave-will-affect-children-more-top-virologist-dr-v-ravi-explains-101621320703606.html>

to children below the age of 18.<sup>325</sup> In reality, 2.5 million of the 17 million children in the USA had already received their first doses by that date.<sup>326</sup>

India only began planning clinical trials for vaccines for children in the last week of May 2021. Even these trials appear to be insufficient in their sample size, with only 525 children across all age groups being enrolled for both the treatment (Covaxin) and placebo arms of trials. In contrast, Pfizer's trial enrolled 2,260 children aged 12-15 years in the USA. Moderna's trials will enroll 6,750 children in the USA and Canada for between the age of six months and 11 years.<sup>327</sup>

### III. Procurement and Pricing Failures

After failing to arrange for sufficient vaccines, the Union government unilaterally abdicated its role in procurement in May 2021, leaving India's states in the lurch.

#### a. The Initial Failure: Delayed, Inadequate Vaccine Orders

The Union government delayed placing orders for vaccines and also ordered insufficient quantities. India's first two orders in January 2021 were cumulatively for 1.65 crore doses. In contrast, in August 2020, Brazil had placed orders for 9 Crore doses. On 12 March 2021, the Union government, through HLL Lifecare Ltd (a PSU), ordered an additional 10 Crore (100 million) doses. The small size of these orders appear inexplicable given that the scale of the challenge — to vaccinate over a billion people — has not changed since the pandemic began. But it could be explained with the Union government's "smart vaccination strategy" which did not anticipate universal vaccination, and therefore did not place the orders accordingly.

According to CEO Adar Poonawalla, SII did not boost manufacturing capacity earlier, because "there were no orders, we did not think we needed to make more than 1 billion doses a year."<sup>328</sup> Poonawalla eventually retracted parts of his statement. However, a Reuters investigation quoted two sources who claimed that India's delayed orders hurt SII's production plan.

<sup>325</sup>Sitharaman, N. (@nsitharaman) (2021, May 27). "As of now, no country in the world is giving vaccines to children. WHO has no recommendation on vaccinating children. Trials on children in India are going to begin soon. The decision is to be taken by scientists after data is available based on trials." [Tweet]. Twitter. Retrieved from <https://twitter.com/nsitharaman/status/1397853319725391877>

<sup>326</sup>Kumar, S. (2021, May 29). CDC eases face mask, social distancing norms for kids at summer camps. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/world-news/cdc-eases-face-mask-social-distancing-norms-for-kids-at-summer-camps-101622264174155.html>

<sup>327</sup>Suraksha, P. (2021, May 29). Covaxin trials on kids at five locations in India. *Deccan Herald*. Retrieved from <https://www.deccanherald.com/state/covaxin-trials-on-kids-at-five-locations-in-india-991319.html>

<sup>328</sup>Findlay, S. (2021, May 2). India's vaccine shortage will last months, biggest manufacturer warns. *Financial Times*. Retrieved from <https://www-ft-com.stanford.idm.oclc.org/content/01784671-3834-49d8-9640-fc5d95f92eaf>

The Union government spent months negotiating prices and inked an initial purchase order roughly two weeks after the vaccine was approved. Meanwhile, SII ran out of space to store vaccines and decided to limit its stockpile to only 5 crore doses.<sup>329</sup> Advance planning and procurement by the Union government could have solved this storage constraint and allowed SII to create a larger stockpile.

<b>INDIA AND THE OTHERS</b>			
<b>Timeline of early Covid-19 procurement deals</b>			
UK	May 2020	AstraZeneca	90 million doses
	Jul 2020	Pfizer-BioNTech	30 million doses
	Aug 14	Janssen (J&J)	30 million doses
US	Jul 2020	Novavax	100 million doses
	Jul 2020	Pfizer-BioNTech	100 million doses
	Aug 2020	Janssen (J&J)	100 million doses
	Aug 2020	Moderna	100 million doses
EU	Aug 2020	AstraZeneca	300 million doses
	Oct 2020	Janssen (J&J)	200 million doses
	Nov 2020	Pfizer-BioNTech	300 million doses
Australia	Sep 2020	AstraZeneca	33.8 million doses
Brazil	Aug 2020	AstraZeneca	90 million doses
Germany	Sep 2020	Pfizer-BioNTech	30 million doses
Japan	July 2020	Pfizer-BioNTech	120 million doses
	Aug 2020	AstraZeneca	50 million doses
	Oct 2020	Moderna	50 million doses
India	Jan 2021	Serum Institute/ Covishield	11 million doses*
	Jan 2021	Bharat Biotech/ Covaxin	5.5 million doses*

\*These were India's first orders in January 2021. Since then, the Centre has procured at least 150 million doses and health officials have said they are confident of procuring more than 660 million doses by September this year. The list is not exhaustive and only cites examples.

Source: Duke Global Health Innovation Center, the US

Image Source: Telegraph<sup>330</sup>

## b. The Second Failure: Ill-Conceived Modified Vaccination Strategy

On April 19, 2021, the Union Government announced the “Liberalised Pricing and Accelerated National COVID-19 Vaccination Strategy.” This Modified Vaccination Strategy was unprecedented for two key decisions that came as a shock to state governments, vaccine suppliers, and citizens:<sup>331</sup>

- It opened vaccination for people in the 18-44 age group alongside existing priority groups (healthcare and frontline workers, and people above 45).
- It jettisoned the globally recognised vaccine procurement model, i.e., where federal governments procure vaccines and distribute them with the support of state and local authorities. Instead, the Modified Vaccination Strategy stated that the Union government would only procure 50% of vaccine doses from manufacturers. They would be free to sell the remaining 50% in the open market to state governments and private entities.

The Modified Vaccination Strategy allowed manufacturers to set differential prices for the Union government, state governments and private hospitals, increasing the financial burden on the latter two entities. It broke with standard practices in place for large vaccination programmes and posed a number of problems:

### i. It Contravened Established Best Practices

There is no historical precedent for states to procure their own vaccines. Under the Universal Immunisation Programme, states only had to execute the programme, i.e.,

<sup>329</sup>Supra note 122.

<sup>330</sup>Supra note 274.

<sup>331</sup>Supra note 316.



undertake the distribution of vaccines.<sup>332</sup> Further, no other country has adopted such a strategy. Even openly capitalist countries like the USA have not relied on the private sector to administer 25% of vaccines at higher costs. Such a procurement strategy has not been recommended by any global health body.<sup>333</sup> Indeed, even economists and experts affiliated with the Union Government have criticised the policy.<sup>334</sup> Several states denied being consulted by the Union government regarding the shift in strategy.<sup>335</sup> The change in vaccination strategy was unilateral and unprecedented.

#### *ii. No Benefits from Liberalised Regime*

Vaccine allocations to states were to be decided by the Union government (based on states' proportion of under-45 adults) and their prices had been fixed. Thus, it is unclear how the liberalised regime would incentivise the expansion of manufacturing facilities (one of the policy's stated aims)<sup>336</sup> or why this expenditure could not be undertaken by the Union government. Further, since much of the world's vaccine supply had already been booked, it was unlikely that the liberalised pricing regime would trigger an expansion in vaccine production.<sup>337</sup>

#### *iii. Decentralised Procurement Raised Vaccine Prices*

Multiple expert analyses had shown that centralised bulk purchases of vaccines would save substantial taxpayer money.<sup>338</sup> This is one reason why opposition parties, including the Indian National Congress, repeatedly called upon the Union government to centralise procurement and bear the associated costs.<sup>339</sup>

<sup>332</sup>Kaur, B., Kapil, S. (2021, April 29). Why experts are not happy with India's COVID-19 vaccine procurement, pricing policy. *Down To Earth*. Retrieved from <https://www.downtoearth.org.in/news/health/why-experts-are-not-happy-with-india-s-covid-19-vaccine-procurement-pricing-policy-76731>

<sup>333</sup>Neelakantan, M., Kulkarni, A. (2021, May 14). Is any other country in the world using the fragmented, half-private vaccination model India chose? *Scroll.in*. Retrieved from <https://scroll.in/article/994646/is-any-other-country-in-the-world-using-the-fragmented-half-private-vaccination-model-india-chose>

<sup>334</sup>Panagariya, A. (2021, April 27). Averting the next massive wave: India needs to commit a much larger and faster investment to vaccine manufacturing. *The Times of India*. Retrieved from [https://timesofindia.indiatimes.com/blogs/toi-edit-page/averting-the-next-massive-wave-india-needs-to-commit-a-much-larger-and-faster-investment-to-vaccine-manufacturing/;](https://timesofindia.indiatimes.com/blogs/toi-edit-page/averting-the-next-massive-wave-india-needs-to-commit-a-much-larger-and-faster-investment-to-vaccine-manufacturing/)

*Scroll.in*. (2021, May 7). Current and former Modi advisors are calling his new 'liberalised' vaccine policy a mistake. Retrieved from <https://scroll.in/article/994206/current-and-former-modi-advisors-are-calling-his-new-liberalised-vaccine-policy-a-mistake;>

Nageswaran, V.A., Bajoria, R. (2021, April 26). Current and former Modi advisors are calling his new 'liberalised' vaccine policy a mistake. *Livemint*. Retrieved from <https://www.livemint.com/opinion/online-views/of-second-waves-and-new-beginnings-11619459283916.html>

<sup>335</sup>Aravind, I., Sharma, S.N. (2021, May 30). States deny asking GOI for policy to buy jabs directly. *Economic Times*. Retrieved from <https://economictimes.indiatimes.com/news/india/states-deny-asking-goi-for-policy-to-buy-jabs-directly/articleshow/83076941.cms?from=mdr>

<sup>336</sup>*Supra* note 316.

<sup>337</sup>Kulkarni, A., Neelakantan, M. (2021, April 21). India's plan to fragment the vaccine market across the states is mind-bogglingly bad economics. *Scroll.in*. Retrieved from <https://scroll.in/article/992763/indias-plan-to-fragment-the-vaccine-market-across-the-states-is-mind-bogglingly-bad-economics>

<sup>338</sup>*Supra* note 332.

<sup>339</sup>*Live Mint*. (2021, May 12). Dear Prime Minister: Opposition leaders write to Modi, seek funds for oxygen, vaccines. Retrieved from <https://www.livemint.com/news/india/dear-prime-minister-opposition-parties-write-to-modi-seek-free-mass-covid-vaccination-suspension-of-central-vista-project-11620832349529.html>

In its own affidavit to the Supreme Court on May 9, 2021, the Union government noted that “... the Central Government by nature of its large vaccination programme, places large purchase orders for vaccines as opposed to the State Governments ... this reality has some reflection in the prices negotiated.”<sup>340</sup> Thus, the Union Government conceded that centralised procurement would guarantee the taxpayer better prices for the vaccines.<sup>341</sup> Yet it shifted the burden of procurement to the states.

*iv. No Prior Intimation to States About Newly Added Costs*

State governments were also not intimated in advance that they would be required to fund India’s under-45 vaccination drive.<sup>342</sup> In fact, in August 2020, the Ministry of Health and Family Welfare had “advised all the States **not** to chart separate pathways of procurement.”<sup>343</sup> Similarly, when the Union Budget was presented in February 2021, the impression conveyed was that the Union government would pay for all vaccination. Thus, states did not plan for the cost of vaccines in their own budgets.

*v. Unilateral Change Jeopardises States’ Finances*

Devolving the fiscal burden of procuring vaccines to states was fiscally irresponsible:

- State governments have already borne the bulk of the expenditure for COVID-19 treatment, testing, contact tracing, etc.
- State governments face higher borrowing costs than the Union government and have lesser fiscal room for deficit financing due to the Fiscal Responsibility and Budget Management (FRBM) Act.
- After the advent of the Goods and Service Tax (GST) regime, state governments have considerably reduced power to raise revenues. The Union government’s practice of levying cesses (which are non-shareable with states) has left states with a decreasing share of overall national tax revenues. Many poorer states run revenue deficits and need to borrow even to pay employee salaries. Experts estimated that under the modified policy, states would be forced to spend an average of 27% of their annual health budgets just to procure vaccines.<sup>344</sup>

<sup>340</sup>*Supra* note 316.

<sup>341</sup>*Ibid.*

<sup>342</sup>Venkataramakrishnan, R. (2021, April 22). What you need to know about India’s baffling new vaccine policy. *Scroll.in*. Retrieved from <https://scroll.in/article/992921/fragmented-and-opaque-what-you-need-to-know-about-indias-baffling-new-vaccine-policy>

<sup>343</sup>Press Information Bureau. (2020, August 12). National Expert Group on Vaccine Administration for COVID-19 deliberates on strategy to ensure COVID-19 vaccines’ availability and its delivery mechanism. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1645363>

<sup>344</sup>*Supra* note 332.

*vi. The Global Tenders that Were Not*

Twelve states, and the Brihanmumbai Municipal Corporation, attempted to float global tenders to buy vaccines.<sup>345,346</sup> Health policy experts argued that states' lack of expertise in global procurement would make it difficult for them to negotiate prices with international pharmaceutical companies.<sup>347</sup> Moreover, individual states have weaker bargaining power and fewer resources than the Union government. Still, the Union government went ahead with this strategy. However, these global tenders failed to elicit interest from vaccine producers.<sup>348</sup> Companies like Pfizer and Moderna refused to deal with the state governments.<sup>349</sup>

**b. The Pricing Failure: The Dangers of Differential Pricing**

*i. Differential Pricing*

In April 2021, the Union government paid Rs. 150 per dose for both Covishield and Covaxin.<sup>350</sup> The substantially higher prices charged to state governments were not justifiable. With the reversal in policy on June 7, 2021, all vaccine procurement is expected to now occur at Rs. 150 per dose, although this has not been clarified yet.<sup>351</sup>

	<b>Serum Institute</b>	<b>Bharat Biotech</b>
<b>Price to Centre</b>	Rs. 150	Rs. 150
<b>Price to States</b>	<b>Rs. 400</b>	<b>Rs. 600</b>
<b>Price to Pvt Hospitals</b>	Rs. 600	Rs. 1200

*ii. Manufacturing Costs and the Significance of Early Negotiations*

SII CEO Adar Poonawalla had stated that it was making a profit by selling the vaccines at Rs 150 per dose to the Union government, though it was not a 'super-

<sup>345</sup>Rajasthan, Odisha, Andhra Pradesh, Uttar Pradesh, Maharashtra, Uttarakhand, Telangana, Karnataka, Delhi, Madhya Pradesh, Haryana, and Tamil Nadu ;

<sup>346</sup>*Hindustan Times*. (2021, May 14). Now, Rajasthan and Chhattisgarh halt inoculation for 18+ citing vaccine shortage. Retrieved from <https://www.hindustantimes.com/india-news/now-raj-and-chhattisgarh-halt-inoculation-for-18-citing-vaccine-shortage-101620931191761.html>;

Pathak, K., Sharma, N.C. (2021, May 12). States rush to float global vaccine bids. *Livemint*. Retrieved from <https://www.livemint.com/politics/policy/states-rush-to-float-global-vaccine-bids-11620755925557.html>

<sup>346</sup>Varshney, V. (2021, May 12). COVID-19 vaccines for all: India's supply story deconstructed. *Down to Earth*. Retrieved from <https://www.downtoearth.org.in/news/health/covid-19-vaccines-for-all-india-s-supply-story-deconstructed-76892>

<sup>347</sup>Goswami, S., Kaul, R. (2021, May 25). No deals with states, say Pfizer, Moderna. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/no-deals-with-states-say-pfizer-moderna-101621900338001.html>

<sup>348</sup>Das, S., et al. (2021, May 19). Covid-19 crisis: Over no response, states relax global vaccine tender norms. *Business Standard*. Retrieved from [https://www.business-standard.com/article/current-affairs/covid-19-vaccination-drive-states-relax-global-vaccine-tender-norms-121051900019\\_1.html#:~:text=Having%20received%20no%20response%20in,relaxing%20the%20criteria%20for%20procurement](https://www.business-standard.com/article/current-affairs/covid-19-vaccination-drive-states-relax-global-vaccine-tender-norms-121051900019_1.html#:~:text=Having%20received%20no%20response%20in,relaxing%20the%20criteria%20for%20procurement)

<sup>349</sup>Goswami, S., Kaul, R. (2021, May 25). No deals with states, say Pfizer, Moderna. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/india-news/no-deals-with-states-say-pfizer-moderna-101621900338001.html>

<sup>350</sup>Ramakumar, R. (2021, May 11). State governments can purchase only 25% of vaccines – belying Centre's claim of equitable policy. *Scroll.in*. Retrieved from <https://scroll.in/article/994606/state-governments-can-purchase-only-25-of-vaccines-belying-centres-claim-of-equitable-policy>

<sup>351</sup>Shrivastava, R. (2021, June 8). How Centre's U-turn in Covid-19 vaccine policy creates a clear roadmap. *India Today*. Retrieved from <https://www.indiatoday.in/coronavirus-outbreak/vaccine-updates/story/pm-modi-centre-u-turn-covid-19-vaccine-policy-roadmap-1812216-2021-06-08>

profit'.<sup>352</sup> Estimates put the actual cost of manufacturing at Rs. 30 per dose.<sup>353</sup> *Business Standard* estimated that the combined profit of SII and Bharat Biotech from domestic sales and exports of vaccines would be Rs. 10,000 crore this year.<sup>354</sup>

The high prices at which Covishield was being offered to states was partly because the Union government did not lock in an advantageous price through early orders or through early financial support to SII. GAVI has contracted with SII for up to 100 million doses this year at the price of \$3 per dose (about Rs. 220, significantly lower than the prices it offered to Indian states).<sup>355</sup> This is because the Bill and Melinda Gates Foundation, acting on behalf of GAVI, supported SII with financing of \$300 million early in 2020 to help it expand its vaccine manufacturing capacity.

SII's CEO Adar Poonawalla claimed that the prices negotiated by various countries, between \$3 to \$4 (Rs 220 to Rs 300) were special prices negotiated in 2020 when it was still unclear if the vaccines would work. Those prices effectively allowed both governments and SII to share the risk.

The Union government's decision to not procure vaccines in advance resulted in producers demanding higher prices, which the Union attempted to pass on to state governments with little warning.

<b>Table 7.1 Price Per Dose Prices of Covishield</b>	
<b>Indian States</b>	<b>Rs. 300</b>
Bangladesh	~Rs. 292 (\$4) <sup>356</sup>
UK	~Rs. 219.62 (\$3) <sup>357</sup>
EU	~Rs. 157.4 (\$2.15) <sup>358</sup>
USA	~Rs. 292.83 (\$4) <sup>359</sup>

### **c. The Inevitable Flip-Flop: The PM's Address**

The Union government's decentralised procurement strategy failed to increase vaccine supplies. The Supreme Court termed the Modified Vaccination Strategy "arbitrary and irrational" on May 31, 2021 and ordered the Union government to review it by June 13, 2021.<sup>360</sup>

<sup>352</sup>*Supra* note 332.

<sup>353</sup>Subramanian, S. (2021, May 6). Why is India, world's largest vaccine producer, running short of vaccines? *Quartz*. Retrieved from <https://qz.com/2004650/why-does-india-have-a-covid-19-vaccine-shortage/>

<sup>354</sup> Manish, S. (2021, May 10). After just Rs 18,000 cr profits in a decade, Serum, Bharat Biotech may earn big with Covid. *Business Standard*. Retrieved from [https://www.business-standard.com/article/current-affairs/after-just-rs-18k-cr-profits-in-a-decade-sii-bharat-biotech-may-earn-big-with-covid-121051000048\\_1.html](https://www.business-standard.com/article/current-affairs/after-just-rs-18k-cr-profits-in-a-decade-sii-bharat-biotech-may-earn-big-with-covid-121051000048_1.html)

<sup>355</sup>GAVI, *The Vaccine Alliance*. (2020, August 7). Up to 100 million COVID-19 vaccine doses to be made available for low- and middle-income countries as early as 2021. Retrieved from <https://www.gavi.org/news/media-room/100-million-covid-19-vaccine-doses-available-low-and-middle-income-countries-2021>

<sup>356</sup>Paul, R., Krishna, N. (2021, January 11). India's Serum to sell AstraZeneca vaccine to Bangladesh at \$4/dose: Report. *Livemint*. Retrieved from <https://www.livemint.com/science/health/indias-serum-to-sell-astrazeneca-vaccine-to-bangladesh-at-4-dose-report-11610385153944.html>

<sup>357</sup>*The Week*. (2021, March 30). What Covid vaccines cost - and the countries paying over the odds. Retrieved from <https://www.theweek.co.uk/951750/what-do-covid-vaccines-cost-who-pays-what>

<sup>358</sup>*Ibid*.

<sup>359</sup>*Ibid*.

<sup>360</sup>*Economic Times*. (2021, June 7). Days before PM's announcement for free COVID jabs to 18+, SC asked for review of vaccination policy. Retrieved from

Thereafter, on June 7, 2021, PM Modi announced a change of policy. Heeding the advice of economists, health experts, opposition leaders and Chief Ministers, he announced a universal vaccination programme where 75% of the vaccines would be procured and paid for by the Union government, with 25% of the vaccine supply earmarked for private hospitals. Had the Union government listened to various stakeholders earlier, two and a half months of policy chaos could have been avoided.

Even at this juncture, PM Modi politicised the Union government's policy reversal and claimed that it was a result of the incompetence of state governments.<sup>361</sup> Unfortunately, political attacks on state governments have been a regular feature of the Union government's communications around the vaccination drive.<sup>362,363</sup>

While a cap of Rs. 150 has been put on the price of vaccine administration in private hospitals, not enough consideration appears to have been given to the inequitable aspects of this policy.<sup>364</sup> As the Supreme Court noted, most private hospitals are in urban areas, which already have much higher vaccine coverage than rural areas.<sup>365</sup> Only the top 10% of private hospitals – again disproportionately in urban metros – have been able to secure supplies and arrange the logistics for vaccinations. The number of private hospitals providing vaccinations actually fell over the month of May, from 5,000 to between 1,300 – 1,700 hospitals.<sup>366</sup> *The Indian Express* reported that 9 private hospital chains in metropolitan regions had cornered 50% of the vaccines allocated to private hospitals<sup>367</sup>. The Union government clearly needs to think through this aspect of its policy in more detail.

<https://economictimes.indiatimes.com/news/india/days-before-pms-announcement-for-free-covid-jabs-to-18-sc-asked-for-review-of-vaccination-policy/articleshow/83311679.cms>

<sup>361</sup> Mahapatra, R. (2021, June 7). Modi's COVID-19 vaccine turnaround: an answer for Supreme Court queries just in time. *Down to Earth*. Retrieved from

<https://www.downtoearth.org.in/news/governance/modi-s-covid-19-vaccine-turnaround-an-answer-for-supreme-court-queries-just-in-time-77326>

<sup>362</sup> Press Information Bureau. (2021, May 27). Myths & Facts on India's Vaccination Process. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1722078>

<sup>363</sup> Press Information Bureau. (2021, April 7) Statement by Dr. Harsh Vardhan Union Cabinet Minister, Health and Family Welfare; Science and Technology; and Earth Sciences "Deplorable attempts by some state governments to distract attention from their failures and spread panic among the people". Retrieved from

<sup>364</sup> *Economic Times* (2021, June 8). Covid Live News Updates: Centre's service charge cap on COVID-19 vaccines leads to price rejig for private hospitals; Covaxin most expensive at Rs 1410. Retrieved from <https://economictimes.indiatimes.com/news/newsblogs/coronavirus-india-cases-update-covid-vaccine-latest-news-june-8/liveblog/83327368.cms>

<sup>365</sup> *Deccan Herald*. (2021, June 7). India reels under a worsening vaccine-gap as Covid attacks villages. Retrieved from <https://www.deccanherald.com/national/india-reels-under-a-worsening-vaccine-gap-as-covid-attacks-villages-994671.html>

<sup>366</sup> Thakur, A., Nagarajan, R. (2021, June 5). Jabs opened to private hospitals to speed up drive, but number of giving shots down to 1/3<sup>rd</sup>. *Times of India*. Retrieved from <https://timesofindia.indiatimes.com/india/jabs-opened-to-private-hospitals-to-speed-up-drive-but-number-of-giving-shots-down-to-1/3rd/articleshow/83246808.cms>

<sup>367</sup> Barnagarwala, T. (2021, June 5). 9 pvt hospitals corner 50% doses, raise questions of vaccine equity and access. *Indian Express*. Retrieved from <https://indianexpress.com/article/india/covid-vaccine-doses-private-hospitals-coronavirus-cases-7344769/>

## IV. Allocation Failure: Opaque Policies and the Ensuing Chaos

### a. Politicisation and Opacity in Early Distribution

One of former Prime Minister Dr. Manmohan Singh's recommendations to the Union government was to make the vaccine distribution formula to states transparent. This has not been the case. While the Union government claimed that vaccines would be distributed to states based on their performance and disease prevalence, experts found discrepancies in distribution. Gujarat received 0.6-0.7 doses per eligible person, while Kerala, one of the better performing and worst hit states, received only 0.3 doses per person aged 60 plus.<sup>368</sup>

Opposition leaders demanded that states be intimated in advance about availability of vaccine stocks so that they can plan vaccinations accordingly.<sup>369</sup> In his June 7, 2021, speech, PM Modi finally announced that the Union government would do so henceforth. It remains to be seen whether it will be done.

State governments' demands for vaccines have been met with hostility. The opposition-governed state of Maharashtra was an early victim of the second wave - as acknowledged by the Union government on March 16, 2021.<sup>370</sup> However, when the Maharashtra government requested increased vaccine allotments to combat the second wave, Union Health Minister Harsh Vardhan claimed that "allegations of vaccine shortage are utterly baseless" and that "states are trying to divert attention from their poor vaccination efforts."<sup>371</sup> The truth was that vaccine shortages led to the pace of vaccinations slowing significantly even as the second wave peaked.<sup>372</sup>

### b. Vaccine Shortages During April-May 2021

The weekly average of doses administered peaked in the first half of April 2021, at 40 lakh doses per day, but has since consistently fallen.<sup>373</sup> India's current monthly vaccine output is 8.5 crore doses, barely sufficient for about 30 lakh doses per day.<sup>374</sup> The recent dip in vaccinations is being wrongly attributed by the Union government to the incompetence of states.<sup>375</sup> In reality, the SII's stockpile of Covishield vaccines

<sup>368</sup>*Supra* note 346.

<sup>369</sup>*Business Today*. (2021, April 19). COVID-19 second wave: Opposition leaders write to PM Modi; here's what they suggest. Retrieved from <https://www.businesstoday.in/current/economy-politics/covid-19-second-wave-opposition-leaders-write-to-pm-modi-heres-what-they-suggest/story/437014.html>

<sup>370</sup>Sen, M. (2021, March 16). Maharashtra 'in beginning of second wave of Covid-19', warns central govt team. *Livemint*. Retrieved from <https://www.livemint.com/news/india/maharashtra-in-beginning-of-second-wave-of-covid-19-finds-central-govt-team-11615872412721.html>

<sup>371</sup>Press Information Bureau. (2021, April 7). Statement by Dr. Harsh Vardhan: "Deplorable attempts by some state governments to distract attention from their failures and spread panic among the people". Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1710190>

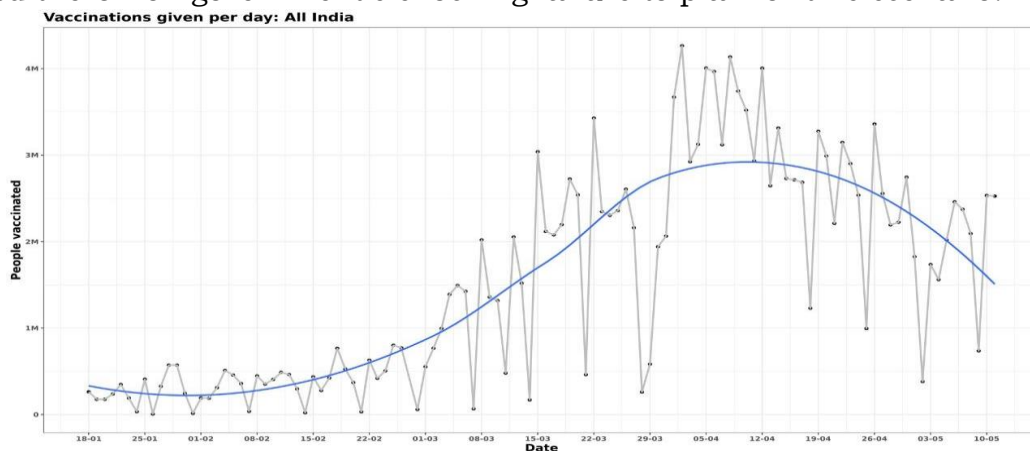
<sup>372</sup>Sharma, S. (2021, May 5). Wastage, shortages slow down India's vaccine drive at first shot. *India Today*. Retrieved from <https://www.indiatoday.in/diu/story/wastage-shortages-slow-down-india-s-vaccine-drive-at-first-shot-1799235-2021-05-05>

<sup>373</sup>*Hindustan Times*. (2021, May 12). States can procure only 20 million Covid-19 jabs for 18+ in May. Retrieved from <https://www.hindustantimes.com/india-news/states-can-procure-only-20-million-covid-19-jabs-for-18-in-may-101620760611347.html>

<sup>374</sup>*Ibid*.

<sup>375</sup>*Supra* note 346.

was exhausted in April 2021. This forced India to rely solely on new production and exposed the Union government's shocking failure to plan for this scenario.



### c. Policy Flip Flops on Second Dose of Covishield

By early March 2021, data from a study published in *The Lancet* showed that raising the gap between doses of Covishield from six weeks to twelve weeks improved the vaccine's overall efficacy.<sup>376</sup> WHO therefore recommended a gap of between 8 to 12 weeks after the first dose of the vaccine.<sup>377</sup> Initially, the Drug Controller General of India's (DGCI) refused to increase the dosage gap from its recommended 4-6 weeks, perhaps because the bridging clinical trial of Covishield in India was based on 28-day dosing intervals.<sup>378,379</sup> Only on March 22, 2021 did the Union government write to states, asking them to increase the gap between the two doses to 4-8 weeks.<sup>380</sup>

In May 2021, the Union government extended the dosage gap to between 12-16 weeks based on the British model.<sup>381 382</sup> Meanwhile, the UK reduced the dosage gap from 12 weeks to 8 weeks after evidence suggested that shorter dosage gaps were more effective in controlling the outbreak of the Delta variant that is dominant in

<sup>376</sup>Prasad, R. (2021, February 3). Coronavirus | Updated efficacy results show benefits of delaying second dose of Oxford vaccine. *The Hindu*. Retrieved from <https://www.thehindu.com/sci-tech/science/updated-efficacy-results-show-benefits-of-delaying-second-dose-of-oxford-vaccine/article33739089.ece>

<sup>377</sup>Leo, L. (2021, February 11). WHO panel suggests 8-12 week interval between Covishield doses. *Livemint*. Retrieved from <https://www.livemint.com/news/india/who-panel-suggests-8-12-week-interval-between-covishield-doses-11613015626019.html>

<sup>378</sup>Tripathi, S. (2021, February 16). Dip in turnout for 2nd vax shot as experts disagree on required gap between doses. *DT Next*. Retrieved from <https://www.dtnext.in/News/City/2021/02/16064731/1276252/Dip-in-turnout-for-2nd-vax-shot-as-experts-disagree-.vpf>

<sup>379</sup>Pilla, V. (2021, May 14). Explained: Will extending gap between two Covishield doses help save more people?. *Money Control*. Retrieved from <https://www.moneycontrol.com/news/business/companies/explainer-will-extending-gap-between-two-covishield-doses-help-save-more-people-6890351.html>

<sup>380</sup>Press Information Bureau. (2021, March 22). Centre writes to States/UTs to Increase the Interval between two doses of COVISHIELD to 4-8 weeks based on NTAGI and NEGVAC Recommendation. Retrieved from <https://pib.gov.in/PressReleasePage.aspx?PRID=1706597>

<sup>381</sup>*Business Standard*. (2021, May 13). Gap between two Covishield doses extended to 12-16 weeks, says govt. Retrieved from [https://www.business-standard.com/article/current-affairs/covid-gap-for-covishield-doses-extended-to-12-16-weeks-says-govt-121051300803\\_1.html](https://www.business-standard.com/article/current-affairs/covid-gap-for-covishield-doses-extended-to-12-16-weeks-says-govt-121051300803_1.html)

<sup>382</sup>Saikia, A. (2021, May 25). Should India reduce the gap between Covishield doses based on UK data?. *Scroll*, Retrieved from <https://scroll.in/article/995684/should-india-reduce-gap-between-covishield-doses-based-on-uk-data>

India.<sup>383,384</sup> Subsequently, three members of the National Technical Advisory Group on Immunisation, the body which recommended the decision according to the government, said there was not enough data to substantiate the recommendation, and that they had accepted an interval of 8-12 weeks.<sup>385</sup> There have since been demands to shorten the dosage interval for Covishield.<sup>386</sup> Clearly the Union government's vaccination policy risks being behind the scientific knowledge curve, thus endangering Indian lives.

## V. The Distribution Failure:

### a. Rural-Urban Divide

Data estimates show that vaccination drives in India have an urban bias, with only 12.7 doses administered per 100 people in rural India as compared to 30.3 for urban India. Worryingly, this 2.5 times gap between the two has remained constant since January 2021, betraying a consistent neglect of rural India, even as the pandemic shifts to India's villages, where healthcare infrastructure is woefully inadequate.

#### Doses administered per 100 persons

Month	Urban	semi-urban	semi-rural	rural
January 2021	0.5	0.3	0.3	0.2
February 2021	2.1	1.3	1.1	1.0
March 2021	9.4	5.6	5.1	4.6
April 2021	25.5	16.4	12.7	10.9
May 2021	30.3	19.2	15.1	12.7

Source: *The Hindu*<sup>387</sup>

In its memorandum submitted to the Supreme Court, the Union government also acknowledged rural-urban differentials in internet and technology access. However, it argued that almost all Gram Panchayats have common service centres (CSC) which provide digital access.<sup>388</sup> However, an investigation by *The Indian Express* found that of the roughly 3 lakh CSCs, only 54,460 were active as on May 11, 2021. Only 1.7 lakh people (or 0.1% of the total vaccination count) had been registered through

<sup>383</sup>Dasgupta, S. (2021, May 15). UK cites variant of Indian origin as reason for decreasing gap between vaccine doses. *The Print*. Retrieved from <https://theprint.in/health/uk-cites-variant-of-indian-origin-as-reason-for-decreasing-gap-between-vaccine-doses/658837/>

<sup>384</sup>Ghosh, D. (2021, June 4). For Delta Variant, Need Shorter Gap Between Vaccine Doses: Lancet Study. *NDTV*. Retrieved from <https://www.ndtv.com/india-news/pfizer-vaccine-shorter-dose-gap-more-effective-against-delta-variant-says-lancet-study-2456597>

<sup>385</sup>Das, K.N., Ghoshal, D. (2021, June 15). Exclusive - Indian scientists: We didn't back doubling of vaccine dosing gap. *Reuters*. Retrieved from <https://www.reuters.com/world/india/exclusive-indian-scientists-we-didnt-back-doubling-vaccine-dosing-gap-2021-06-15/>

<sup>386</sup>Babu, G.R. (2021, June 17). Why Covishield dose gap must be shortened. *Times of India*. Retrieved from <https://timesofindia.indiatimes.com/blogs/toi-edit-page/goi-it-is-time-to-time-the-second-dose-right-why-the-interval-between-first-and-second-covishield-doses-must-now-be-shortened/>

<sup>387</sup>Radhakrishnan, V. (2021, May 18). Vaccination in rural India trails urban areas even as cases surge. *The Hindu*. Retrieved from <https://www.thehindu.com/news/national/vaccination-in-rural-india-trails-urban-areas-even-as-cases-surge/article34589734.ece>

<sup>388</sup>*Supra* note 316.



CSCs. Highly rural states had registrations of less than a fraction of 1% from CSCs.<sup>389</sup> Many CSCs were lying unused, and others were closed due to lockdown or curfew rules. Officials stated that the directive to register vaccine beneficiaries came out in mid-late April after curbs were already in place.<sup>390</sup> It comes as no surprise then that nine of the ten least vaccinated districts in India are rural districts.<sup>391</sup>

## b. Digital and Class Divides in Vaccine Access

Reports from across India confirm that the recipients of vaccination drives are mainly from the middle class. Some doctors estimate that 90% of the recipients are from the middle class, with hospital staff comprising the rest.<sup>392</sup> Both the online registration process and lack of awareness have been blamed for the class-based exclusions in vaccination drives. Even in centres where on-the-spot registration was conducted, participation from the poorer sections of the population has been low.<sup>393</sup> This speaks to limited community outreach in slums and working-class settlements.<sup>394</sup>

The requirement for online registration automatically excludes many of India's most marginalised people, given that as of December 2020, India has only 58 internet subscribers for 100 people.<sup>395</sup> Even those with internet access may have low technological literacy, and may not be able to use smartphones for purposes beyond a few select apps (WhatsApp, Facebook, etc).<sup>396</sup>

Access to vaccines is further complicated by the insufficient attention paid by the Union government to India's linguistic diversity. Only on 4 June 2021 did the CoWIN platform, hitherto available solely in English, start to support Hindi and ten other Indian languages, thus finally expanding access to the larger population.<sup>397</sup>

<sup>389</sup>Aryan, A. (2021, May 14). Vaccination in rural India trails urban areas even as cases surge. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/missing-in-vaccination-rural-service-centres-switch-off-see-tiny-fraction-of-cowin-logins-7314325/>

<sup>390</sup>*Ibid.*

<sup>391</sup>Saikia, A. (2021, June 7). Data shows India's Covid-19 vaccination coverage has huge disparities among districts. *Scroll*. Retrieved from <https://scroll.in/article/996818/data-shows-indias-vaccination-coverage-has-huge-disparities-among-districts>

<sup>392</sup>Lalwani, V. (2021, March 11). A stark class divide is emerging in India's Covid-19 vaccination drive. *Scroll.in*. Retrieved from <https://scroll.in/article/989081/a-stark-class-divide-is-emerging-in-indias-covid-19-vaccination-drive>

<sup>393</sup>Rao, S.R. (2021, March 8). Elders from poorer sections yet to join vaccination drive in Bengaluru. *The Times of India*. Retrieved from <https://timesofindia.indiatimes.com/city/bengaluru/elders-from-poorer-sections-yet-to-join-vaccination-drive-in-bengaluru/articleshow/81387920.cms>

<sup>394</sup>Iyer, M. (2021, March 4). Mumbai: Poor not among vaccine seekers, awareness need of the hour. *The Times of India*. Retrieved from <https://timesofindia.indiatimes.com/city/mumbai/mumbai-poor-not-among-vaccine-seekers-awareness-need-of-hour/articleshow/81319222.cms>

<sup>395</sup>Software Freedom Law Centre. (2021, April 29). SFLC.in writes to National Health Authority against mandatory imposition of CoWIN. Retrieved from <https://sflc.in/sflcin-writes-national-health-authority-against-mandatory-imposition-cowin>

<sup>396</sup>Doulattramani, C. (2021, May 5). Indian Government to 1.4 Billion People: Want a Vaccine? Learn How to Code. *Slate*. Retrieved from [https://slate.com/technology/2021/05/covid-19-vaccines-india-appointments-registration.html?fbclid=IwAR2LFF12ReAD33SnB9RSLFyHe9cBVnmVMjvQOKpdGJfZenM0aU4Lkr\\_WSVs](https://slate.com/technology/2021/05/covid-19-vaccines-india-appointments-registration.html?fbclid=IwAR2LFF12ReAD33SnB9RSLFyHe9cBVnmVMjvQOKpdGJfZenM0aU4Lkr_WSVs)

<sup>397</sup>*News 18*. (2021, June 4). CoWIN Portal is Now Available in Hindi, 10 Regional Languages Including Punjabi, Telugu. Retrieved from <https://www.news18.com/news/india/cowin-portal-is-now-available-in-hindi-10-regional-languages-including-punjabi-telugu-3808481.html>

The vaccine registration process is difficult to navigate even for the digitally literate. There were delays in the registration process when it was opened for the 18-44 age group.<sup>398</sup> The paucity of vaccine appointments, combined with the bizarre ‘fastest finger first’ policy of giving appointments to those who register the fastest, has led to substantial exclusion. Websites (like getjab.in and under45.in) and groups on social media platforms were created by volunteers to alert users when a slot opened in their district. At least 438 public scripts exist on GitHub, a coding website, that can be used to make booking vaccination slots easier,<sup>399</sup> thus favouring only the tech savvy.

Finally, Co-WIN does not have a specific privacy policy in place. Instead, its privacy policy is linked to the National Health Data Management Policy which cannot be a substitute for a specific privacy policy. The Health Data Policy does not specify protection for the personal data collected by Co-WIN, or provide information on data sharing with third parties, data retention, and data deletion.<sup>400</sup>

### c. Exclusion of Vulnerable Groups

The Union government’s limited definition of frontline workers excludes many vulnerable groups and many groups that provide crucial services, including:

- Dialysis patients who are vulnerable due to constant hospital exposure;
- Teachers, who have been prioritised in vaccinations by countries across the world because of their crucial role in reopening schools. In India, teachers are regularly assigned election-related duties. The Uttar Pradesh (UP) State Teacher’s Union stated that at least 700 state government school employees on poll duty in April 2021 succumbed to COVID-19. Inclusion of teachers in the category of Frontline Workers could have prevented these deaths.<sup>401</sup>
- Journalists were also not given frontline worker status, although they are particularly vulnerable. At least, 165 journalists have died of COVID-19.<sup>402</sup>
- Bankers have similarly been exempted from the frontline worker status, despite at least 1,000 bankers dying of COVID-19 in the last year.<sup>403</sup>
- Railway unions have been demanding vaccinations for frontline staff. As per official data, Railways, India’s largest employer, has seen about 1,0000 cases daily and about 2,000 COVID-19 related fatalities in the last year.<sup>404</sup>

<sup>398</sup>Supra note 395.

<sup>399</sup>Supra note 394.

<sup>400</sup> Sircar, S. (2021, January 24). CoWin App: No Specific Privacy Policy, No Info on Developer, Cost . *The Quint*. Retrieved from <https://www.thequint.com/cyber/cowin-app-privacy-policy-no-rti-information-on-creation-cost>

<sup>401</sup>*Hindustan Times*. (2021, May 1). 700 govt school staff died on poll duty: UP teachers’ body writes to CM, EC. Retrieved from <https://www.hindustantimes.com/india-news/700-govt-school-staff-died-on-poll-duty-up-teachers-body-writes-to-cm-ec-101619812988669.html>

<sup>402</sup>*The Week*. (2021, May 1). 165 Indian journalists lost their lives to COVID so far, says data. Retrieved from <https://www.theweek.in/news/india/2021/05/01/165-indian-journalists-have-lost-their-lives-to-covid-so-far-says-data.html>

<sup>403</sup>*Business Standard*. (2021, May 16). Covid-19 has killed over 1,000 bank employees in India, says union. Retrieved from [https://www.business-standard.com/article/current-affairs/covid-19-kill-over-1-000-bank-employees-in-india-as-cases-surge-121051600056\\_1.html](https://www.business-standard.com/article/current-affairs/covid-19-kill-over-1-000-bank-employees-in-india-as-cases-surge-121051600056_1.html)

<sup>404</sup>Dastidar, A.G. (2021, May 16). As states add frontline workers, Centre says shots for them out of own quota. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/states-add-frontline-workers-get-shots-from-own-quota-says-centre-7316761/>

On May 15, 2021 Union Health Secretary Rajesh Bhushan wrote to state governments to strictly adhere to the Union government's list of frontline workers, despite mounting evidence that the list excluded many vulnerable groups. Instead of taking responsibility, the Union government told states to arrange vaccinations on their own for any categories that states added to the list of frontline workers.<sup>405</sup>

#### **d. The 'Third Phase' That Wasn't: Why The Under-45 Population is Not Getting Vaccinated**

In April 2021, at the peak of the vaccination drive, Opposition parties demanded that the Union government open vaccination to all adults in order to help overcome hesitancy, reduce transmission, and reduce wastage. However, the Union government rejected this demand as lacking 'scientific rationale'.<sup>406</sup> On April 7, 2021, Health Minister Harsh Vardhan declared that "[s]o long as supply of vaccines is limited, there is no option but to prioritise" and that demands for universal vaccination were 'deplorable'.<sup>407</sup>

By late April 2021, however, the Union government decided to move ahead with under-45 vaccination beginning May 1, 2021. This decision to widen the vaccination net increased the number of eligible beneficiaries from around 350 million to 900 million.<sup>408</sup> The Union government's affidavit in the Supreme Court stated that only 2 crore vaccine doses were available for the 18–44 age group in May 2021. However, the population of this age group in India is about 60 crores. Therefore, just one dose was available for every 30 recipients.<sup>409</sup> Still, the Union government decided to expand the programme, creating a situation of acute vaccine scarcity.

In response, the states of Maharashtra, Karnataka, Rajasthan, and Chhattisgarh stopped vaccination for the under-45 cohort.<sup>410</sup> Goa, Himachal Pradesh and Bihar, did not even start vaccination. Telangana and Andhra Pradesh clarified they would start such vaccination only after the completion of a second dose of vaccination for those in the 45 years and above category. Other states, including Uttar Pradesh, opened vaccination for the 18-44 age group in only select districts.<sup>411</sup>

<sup>405</sup>*Ibid.*

<sup>406</sup>Tandon, A. (2021, April 6, 2021). No scientific rationale for 'Covid vaccine for all' debate: Govt. *The Tribune*. Retrieved from <https://www.tribuneindia.com/news/nation/no-scientific-rationale-for-covid-vaccine-for-all-debate-govt-235452>

<sup>407</sup>Mudur, G.S. (2021, April 28). India likely to face extreme Covid vaccine shortage from May 1, warn experts. *The Telegraph*. Retrieved from <https://www.telegraphindia.com/india/coronavirus-outbreak-india-is-likely-to-face-extreme-shortages-of-covid-19-vaccines-if-all-adults-eligible-for-vaccination-begin-queuing-up-for-the-jabs-from-may-1/cid/1813899>

<sup>408</sup>*Ibid.*

<sup>409</sup>Dutta, S.S. (2021, May 12). India vaccination drive: Government affidavit shows low May stock for 18-44 category; states asked to focus on those needing second dose. *The New Indian Express*. Retrieved from <https://www.newindianexpress.com/nation/2021/may/12/india-vaccination-drive-government-affidavit-shows-low-may-stock-for-18-44-category-states-asked-to-2301432.html>

<sup>410</sup>*Hindustan Times*. (2021, May 14). Now, Rajasthan and Chhattisgarh halt inoculation for 18+ citing vaccine shortage. Retrieved from <https://www.hindustantimes.com/india-news/now-raj-and-chhattisgarh-halt-inoculation-for-18-citing-vaccine-shortage-101620931191761.html>;

*Hindustan Times*. (2021, May 12). States can procure only 20 million Covid-19 jabs for 18+ in May. Retrieved from <https://www.hindustantimes.com/india-news/states-can-procure-only-20-million-covid-19-jabs-for-18-in-may-101620760611347.html>

<sup>411</sup>*Ibid.* *Hindustan Times*. (2021, May 14).

According to the Co-WIN dashboard, 17.37 crore vaccine doses have been administered, of which 13.65 crore are first doses. Among these, only 1.89 crore have been given to people younger than 45. This is a testament to the lack of vaccine supplies and the gradual decline in the pace of India's vaccination program.<sup>412</sup>

### e. Vaccine Hesitancy: The Result of Opacity

The Covishield (AstraZeneca) vaccine is not uniformly efficacious against all variants of the Sars-Cov-2 virus. It was found to be effective against the UK and Brazil variants of the virus.<sup>413</sup> However, it was not particularly effective against the South African variant and its use has since been suspended in that country.<sup>414</sup>

The Delta variant that is behind the COVID-19 surge in India has been classified as being a matter of global concern by the WHO and some scientists believe that mutations in its spike protein may render the virus more immune to vaccines.<sup>415</sup> Therefore there is a pressing need for clinical trials and transparency regarding the efficacy of vaccines against this new variant.

Union Health Secretary Rajesh Bhushan, in a press conference on April 21, 2021, released data to claim that COVID-19 vaccinations were highly effective in reducing infections. Investigations by the media however revealed his numbers to be false. It was only on April 7, 2021, that the Union government had begun collecting data on whether COVID positive patients had been vaccinated.

COVID-19 Vaccinations & Post-Vaccine Infections in India	
<b>Covaxin 11mn</b>	
Received 1 <sup>st</sup> dose 9,356,436	Positive for COVID-19 <b>4,208 (0.04%)</b>
2 <sup>nd</sup> dose 1,737,178	Positive for COVID-19 <b>695 (0.04%)</b>
<b>Covishield 116mn</b>	
Received 1 <sup>st</sup> dose 100,302,745	Positive for COVID-19 <b>17,145 (0.02%)</b>
2 <sup>nd</sup> dose 15,732,754	Positive for COVID-19 <b>5,014 (0.03%)</b>

Source: Ministry of Health and Family Welfare press conference - Graphic: Digital Salt

Thus, for 81 days prior to April 7, 2021, the government did not systematically collect data on vaccine efficacy. The adoption of a new form to collect data on vaccination and COVID-positive patients has also been slow, making much of the data collected after April 7, 2021, less accurate.<sup>416</sup> It is likely that the COVID-19 vaccines work, but the Union government sharing poorly collected data to demonstrate their efficacy is counterproductive and only adds to vaccine hesitancy.

<sup>412</sup>*Ibid.* Hindustan Times. (2021, May 12).

<sup>413</sup>*Livemint.* (2021, March 6). Oxford study indicates AstraZeneca effective against Brazil variant: Report. Retrieved from <https://www.livemint.com/news/world/oxford-study-indicates-astrazeneca-effective-against-brazil-variant-report-11615023689558.html>;

Roberts, M. (2021, June 7). What are the India, Brazil, South Africa and UK variants?. *BBC.* Retrieved from <https://www.bbc.com/news/health-55659820>

<sup>414</sup>Mueller, B. Robbins, R., Chutel, L. (2021, February 7). South Africa says AstraZeneca's vaccine doesn't work well against a variant. *The New York Times.* Retrieved from <https://www.nytimes.com/2021/02/07/world/south-africa-astrazeneca-vaccine.html>

<sup>415</sup>Noack, R. et al. (2021, May 11). WHO classifies variant found in India as being of global concern. *Washington Post.* Retrieved from <https://www.washingtonpost.com/stanford.idm.oclc.org/nation/2021/05/10/coronavirus-covid-live-updates-us/n/2021/05/10/coronavirus-covid-live-updates-us/>

<sup>416</sup>Rukmini, S. (2021, April 24). India's claim that there have been very few post-vaccination infections is based on incomplete data. *Scroll.* Retrieved from <https://scroll.in/article/993077/indias-claim-that-there-have-been-very-few-post-vaccination-infections-is-based-on-incomplete-data>

In the first few months of the vaccination drive, the Union government's opaque policymaking triggered vaccine hesitancy centered around Covaxin. There was considerable consternation among health and frontline workers about being administered a vaccine that had not cleared Phase III trials. Vaccine hesitancy is also reflected in wastage rates. In early February, India recorded a wastage rate of 6.3% for Covishield and 25.8% for Covaxin.<sup>417</sup> This was due to two reasons –

1. Each vial of Covaxin has 20 doses (unlike Covishield which has 10 doses). Once a vial is opened, it has to be used within four hours. Vaccination centres found it difficult to utilise all these doses.
2. Relatively low turnout at centres administering Covaxin further compounded the issue. For example, Delhi had 151 centres distributing Covishield and 33 for Covaxin. Turnout at Covaxin centres has consistently been lower than for Covishield. On 6 February 2021 Covaxin centres collectively logged 30.15% turnout against 58.32% for those centres administering Covishield.<sup>418</sup>

## VI. The State of India's Vaccination Drive

### a. Where India's Vaccination Drive Stands

India is a global laggard in vaccination coverage. The share of people in India who have received at least one vaccine dose is just ~16.2% as of June 20, 2021- far behind many countries. The proportion with full vaccinations is even lower at a measly 3.6%.<sup>419</sup> India trails behind the USA and China even in the number of vaccine doses administered - despite the bluster about India running the world's largest vaccination campaign. As of June 20, 2021, India has administered just about 19.88 vaccinations per 100 people, while the USA has administered about 95.07 doses per 100 people and China has administered about 71.51 doses per 100 people.<sup>420</sup> India's large vaccine manufacturing capacity should have enabled a far better performance.

<sup>417</sup> Dey, A. (2021, February 10). Vaccine wastage at 4.1% for Covishield, 17.5% for Covaxin in Delhi. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/cities/delhi-news/vaccine-wastage-at-4-1-for-covidshield-17-5-for-covaxin-in-delhi-101612893597345.html>

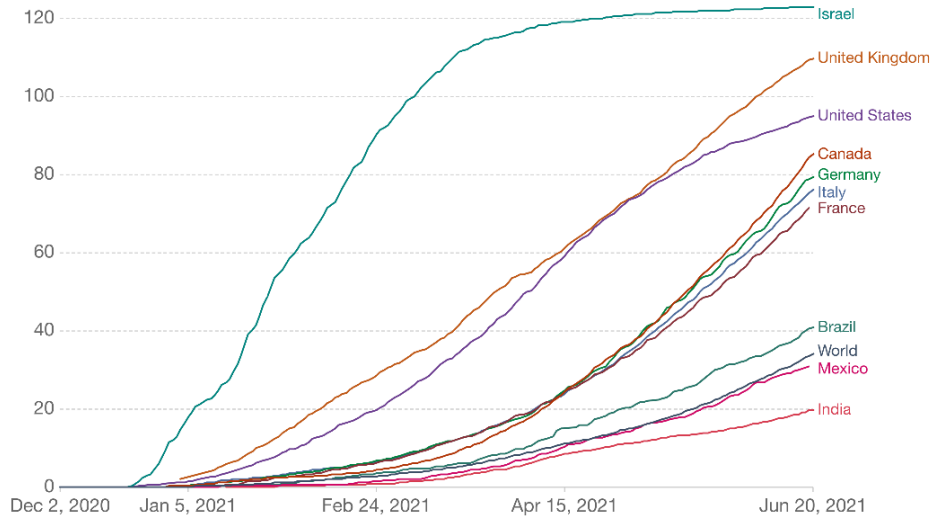
<sup>418</sup> *Ibid.*

<sup>419</sup> Our World In Data (n.d.) Retrieved from <https://ourworldindata.org/covid-vaccinations>

<sup>420</sup> *Ibid.*

### COVID-19 vaccine doses administered per 100 people

Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

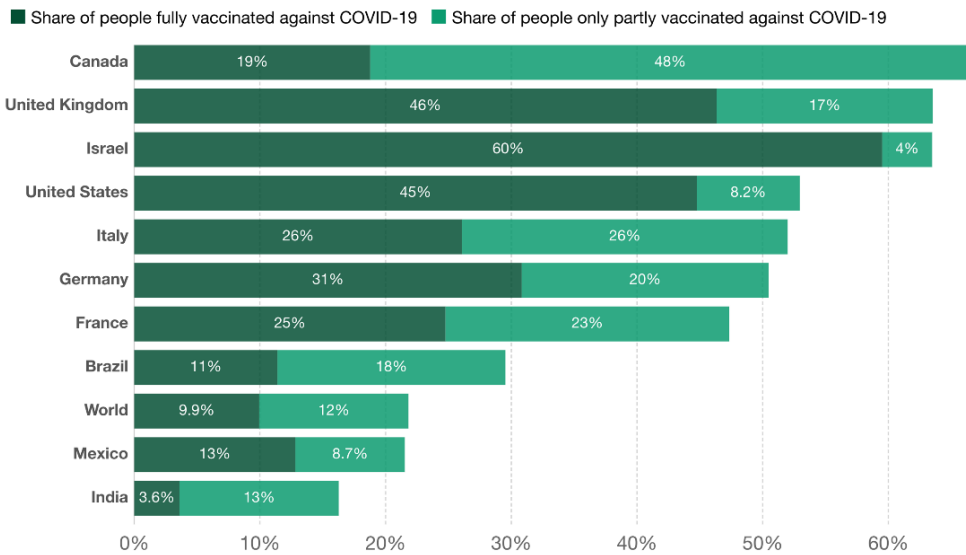


Source: Official data collated by Our World in Data

CC BY

### Share of people vaccinated against COVID-19, Jun 20, 2021

This data is only available for countries which report the breakdown of doses administered by first and second doses.

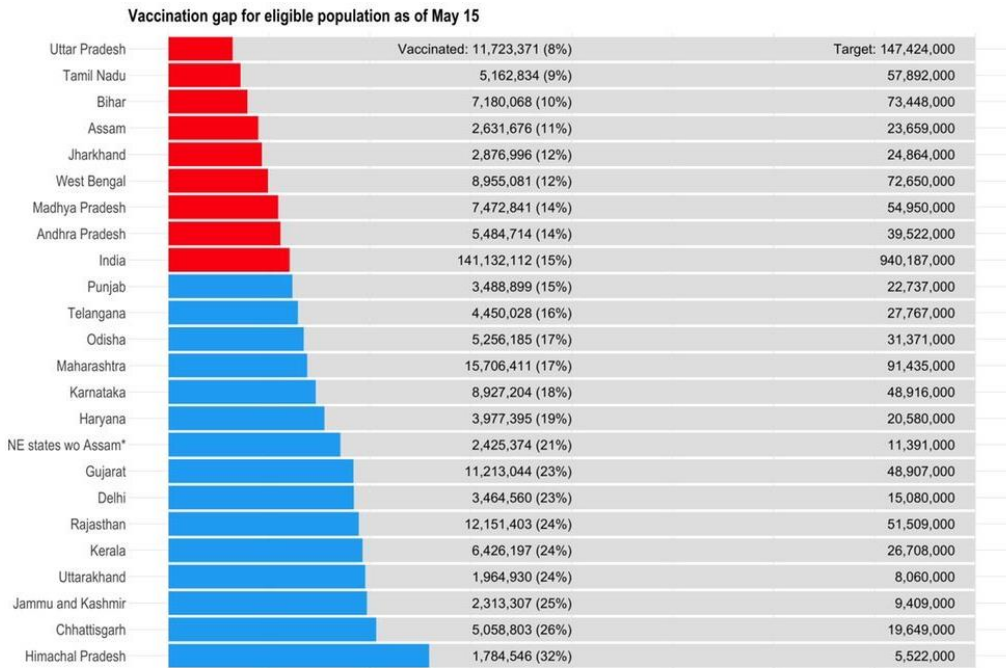


Source: Official data collated by Our World in Data

CC BY

Data as on June 20, 2021 | Image Sources: Our World in Data<sup>421</sup>

<sup>421</sup>Ibid.



Eligible population: 18+ years.  
Population projection is from NATIONAL COMMISSION ON POPULATION MINISTRY OF HEALTH & FAMILY WELFARE report 2019.  
\*For Northeastern states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, and Tripura projected population figures are not available at the state level.  
Data Source: India COVID-19 Tracker, <https://www.covid19india.org/>  
Please see <https://telegra.ph/Covid-19-Sources-03-19> for the sources used by this website  
Mudit Kapoor (ISI, Delhi) & Shamika Ravi

Within India, there is wide divergence in vaccine coverage between and within states. More affluent states have led in coverage while states like UP fare among the worst. There are significant variations within each state – Chennai for instance has the highest vaccine coverage among the metro cities, even while the rest of Tamil Nadu languishes. Rajasthan, however, performs exceptionally well with minimal intra-state variation and high vaccine coverage, despite being considered a backward state historically.<sup>422</sup>

Finally, on 21 June 2021, India jumped to its highest daily vaccination rate with more than 80 lakh doses administered.<sup>423</sup> It is an effort worthy of appreciation since India’s vaccination drive has been languishing so far. The real test though will be to consistently sustain at least this rate. Only then will India have a faint chance of meeting the target set by the Union government. To achieve the target, it is critical for the Union government to also ensure regular and adequate future vaccine supplies.

<sup>422</sup>Supra note 391.

<sup>423</sup>Ministry of Health and Family Welfare (2021, June 21). Co-WIN Dashboard. Retrieved from <https://dashboard.cowin.gov.in/>

## b. Future Vaccine Supplies

Some estimates posit that India's chronic vaccine shortages will last until July 2021 at least.<sup>424</sup> These estimates centre on two assumptions, that:

- i. Bharat Biotech will increase its production capacity to 55 million doses a month and SII to 100 million doses a month.
- ii. Multiple vaccine candidates – as of now not authorised for use – will successfully clear trials and get regulatory approval.

SHOTS ON WAY, ON PAPER		
AUGUST-DECEMBER (In crore doses)		
VACCINES	DOSES	STATUS
Covishield	75	11 cr doses in May-July
Covaxin	55	5 cr doses in May-July
Bio E	30	In phase 3 trials
Zydus Cadila	5	In last stage of Phase 3
SII-Novavax	20	Approval pending
BB Nasal	10	In phase 1-2 clinical trials
Gennova	6	In phase 1-2 clinical trials
Sputnik	15.6	Available next week
<b>TOTAL</b>	<b>216</b>	

Source: Govt of India; in addition to these 2 bn doses, "other foreign vaccines may also become available"

Image Source: Indian Express<sup>425</sup>

Based on these optimistic assumptions, the Union government has begun to claim that between August-December 2021, India will produce 216 crore doses of vaccines.<sup>426</sup> This is likely to be an unscientific and unduly optimistic projection. The three approved vaccines - Sputnik V, Covishield, and Covaxin - together amount to 145.6 crore of this anticipated production. The Union government seems to have calculated that the three PSUs will have joined Bharat Biotech in production by the latter half of 2021. However, delays in the release of grants and the long production process for Covaxin suggest that added supply will not reach the market until the end of 2021.

SII will also have to raise production significantly. In November 2020, before Covishield was given EUA by the DGCA, SII had planned to produce nearly 10 crore vaccine doses per month by February 2021.<sup>427</sup> Its production is still significantly below the target, at about 6 crore doses per month. It now anticipates reaching its target only in July 2021.<sup>428</sup> SII CEO Adar Poonawalla attributed delays to the fire at the SII facility in Pune, which affected the manufacturing ramp-up from April to July, 2021 (after initially claiming that the fire would not hurt production schedules).<sup>429</sup> It is clear that the challenges to SII's production ramp-up are significant.

<sup>424</sup>Cunningham E., Shammass, B., Kornfield, M. (2021, May 4). India's vaccine shortage to last months, top manufacturer warns. *The Washington Post*. Retrieved from

<https://www.washingtonpost.com/nation/2021/05/03/coronavirus-covid-live-updates-us/>

<sup>425</sup>Kaunain, M.S. (2021, May 18). Two billion Covid-19 vaccine doses by year end: hope, and a reality check. *The Indian Express*. Retrieved from <https://indianexpress.com/article/explained/india-second-wave-coronavirus-two-billion-covid-doses-by-year-end-hope-and-a-reality-check-7314296/>

<sup>426</sup>*Ibid.*

<sup>427</sup>*The Print*. (2020, November 28). SII plans to make 100 million vaccine doses a month by February, says Adar Poonawalla. Retrieved from <https://theprint.in/health/sii-plans-to-make-100-million-vaccine-doses-a-month-by-february-says-adar-poonawalla/553947/>

<sup>428</sup>Das, S. (2021, May 14). India's vaccine supply to improve as it braces from Covid-19 third wave. *Business Standard*. Retrieved from [https://www.business-standard.com/article/current-affairs/covid-19-vaccine-supply-bottlenecks-likely-to-ease-by-end-of-2021-121051301321\\_1.html](https://www.business-standard.com/article/current-affairs/covid-19-vaccine-supply-bottlenecks-likely-to-ease-by-end-of-2021-121051301321_1.html)

<sup>429</sup>*The Economic Times*. (2021, January 22). COVID-19 vaccine supply not affected due to fire: Adar Poonawalla. Retrieved from <https://economictimes.indiatimes.com/news/politics-and-nation/covid-19-vaccine-supply-not-affected-due-to-fire-adar-poonawalla/articleshow/80407868.cms?from=mdr;>

Fletcher, M. (2021, May 1). Adar Poonawalla: Aggression over Covid vaccines is overwhelming, everyone expects to get theirs first. *The Times*. Retrieved from



The rest of the anticipated supply comes from vaccine manufacturers such as Biological E, Zydus Cadilla, Gennova, Novavax, and BB Nasal. Gennova and BB Nasal are not even in Phase III Trials yet, while Biological E and Zydus Cadila are attempting to wrap up Phase III Trials.<sup>430</sup> Clearing these trials and demonstrating immunogenicity and safety will be a challenge. Even assuming this bar is cleared, the challenges of ramping up production are real – given that Zydus Cadila already has more orders for its vaccine than it can produce.<sup>431</sup>

Therefore, the Union government must not craft its vaccination policy based entirely on the premise that these vaccine candidates will be given authorisation. If Indians are to be protected adequately, it is incumbent upon the Union government to plan for enhanced vaccine supplies from other approved vaccines as well.

Most importantly, the Union government should not get carried away by event and headline-oriented peaks in daily vaccination rates. The vaccination drive is akin to running a marathon, not a sprint. Thus, the government must proactively put out a weekly roadmap on how it will achieve its ambitious target of vaccinating all adults by the end of this year. The states and civil society will be more aligned towards achieving this goal with increased transparency and adequate planning.

<https://www.thetimes.co.uk/article/adar-poonawalla-aggression-over-covid-vaccines-is-overwhelming-everyone-expects-to-get-theirs-first-bfqbgcm96>

<sup>430</sup>*Supra* note 425.

<sup>431</sup>Pilla, V. (2021, February 8). Zydus Cadila says it has more orders for COVID-19 vaccine than it can make. *Money Control*. Retrieved from

<https://www.moneycontrol.com/news/business/companies/zydus-cadila-says-it-has-more-orders-for-covid-19-vaccine-than-it-can-make-6469001.html>

# Chapter 8

## Wider Impact of Policy Failures

This chapter highlights the larger impacts of the Union government's policy failures.

### WHAT THE UNION GOVERNMENT DID

- Forced India to break its 17-year-long tradition of not accepting foreign aid.
- Delayed distribution of the foreign aid received and did so without transparency.
- Failed to support COVID-19 patients adequately, leading to significant efforts by civil society, individuals, and political outfits to help those affected by the pandemic.
- Failed to prepare for the crisis, despite warnings, resulting in the near collapse of India's healthcare infrastructure, patients dying due to lack of oxygen, and thousands of health workers succumbing to COVID-19.
- Failed to ensure adequate supply of COVID-19 drugs, leading to a burgeoning illegal market for antiviral drugs and oxygen devices.
- Received reprimands from several high courts for failing to handle the pandemic. The Allahabad High Court even compared the death of patients due to the government's egregious mishandling as "genocide".

### WHAT THE UNION GOVERNMENT SHOULD HAVE DONE

- Ramped up the logistics for additional oxygen production and supplies and enhanced the production of antiviral drugs and other medical care necessities.
- Promoted transparency, including about the allocation of medical resources and foreign aid to states, as well as disbursements from the PM-CARES fund.
- Focused on building sufficient capacity of hospitals and of healthcare personnel to ensure that all COVID-19 and non-COVID patients receive adequate attention.

## I. India Forced to Request Aid on the Global Stage

After a year of mismanaging and downplaying the pandemic, the Union government was compelled to seek donations and aid from foreign countries.<sup>432</sup>

### a. UPA Government's Disaster Aid Policy Reversed After 16 Years

Accepting foreign aid reversed the principle of self-reliance instituted by the United Progressive Alliance government. India's emphasis on self-reliance was defined by Prime Minister Manmohan Singh after the 2004 tsunami. He had asserted: "We feel that we can cope up with the situation on our own and we will take their (foreign countries') help if needed."<sup>433</sup> Reflecting that watershed moment in the country's disaster aid policy,<sup>434</sup> India also refused foreign aid after the Kashmir earthquake in 2005, the Uttarakhand floods in 2013, and the Kashmir floods in 2014.

<sup>432</sup>Guha, S. (2021, April 29). India Accepts Foreign Aid After A Show Of 'Generosity'. *Outlook*. Retrieved from <https://www.outlookindia.com/website/story/india-accepts-foreign-aid-after-a-show-of-generosity/381591>

<sup>433</sup>Roy, S. (2021, April 29). First policy shift in 16 yrs: India open to foreign aid, ok to buying from China. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/first-policy-shift-in-16-yrs-india-open-to-foreign-aid-ok-to-buying-from-china-7293052/>

<sup>434</sup>*Ibid.*

## b. Distribution Dilemma: Government Caught Unprepared, Yet Again.

Even the relief received from other countries was mismanaged by the Union government. The first consignments of medical supplies arrived from Singapore on April 25, 2021. Tonnes of foreign aid were received the same week by the Ministry of External Affairs. Yet the Union government took as long as seven days<sup>435</sup> to frame the Standard Operating Procedure (SOP) for the distribution of these medical supplies.

## c. Lack of transparency

The Union government is yet to release figures on the quantum of foreign aid received. News reports and official press releases by donor countries are the only sources of information available.

Without data, there is no way of knowing how or when the Union government allocated the foreign aid it received to various states. The opposition has repeatedly urged the government to make these details public in the interest of transparency and accountability.



Image: Twitter

## II. Damage to India's Soft Power and Trade

The Union government's gross mishandling of the pandemic can potentially affect India's diplomatic ties as countries in Asia and Africa were affected by its decision to suspend committed vaccine orders. These countries are now looking towards China for vaccine procurement.<sup>436</sup>

The mismanagement of the pandemic has also severely strained India's global trade ties and disrupted supply chains. Several ports, including Singapore, Asia's shipping hub, barred crew changes that involve Indian personnel. Some ports also banned vessels originating in India from their harbours.<sup>437</sup>

## III. Response Efforts Led by Non-Government Actors

The impacts of the pandemic were exacerbated by a government and political leadership that was practically absent. As the second wave peaked, citizens were left

<sup>435</sup>*India Today*. (2021, May 4). Foreign Covid aid reached India on April 25. Centre took 7 days to notify SOP as the oxygen crisis deepened. Retrieved from <https://www.indiatoday.in/india/story/foreign-aid-reached-india-centre-days-notify-sop-oxygen-crisis-1798714-2021-05-04>

<sup>436</sup>*Ibid.*

<sup>437</sup>*Business Standard*. (2021, May 11). Damaged reputation India's Covid crisis has implications for supply chain and soft power. Retrieved from [https://www.business-standard.com/article/opinion/damaged-reputation-121051101484\\_1.html](https://www.business-standard.com/article/opinion/damaged-reputation-121051101484_1.html)

to fend for themselves. Only the efforts of individuals,<sup>438</sup> civil society, and proactive political parties averted a total collapse. A report by Participatory Research in Asia (PRIA)<sup>439</sup> found that 73% of efforts undertaken by civil society organisations (CSOs) following the lockdown in 2020 focused on immediate relief. Long-term efforts focused on livelihood support, counselling and family support, support for migrant workers, and help in accessing government social security benefits.<sup>440</sup>

**Table 8.1: Examples of CSO-Driven Relief Efforts**

<i>Organisation</i>	<i>Interventions</i>
COVID Action Collaborative (150 member organisations)	Diverse range of health, nutrition, and social security services to more than 2 million people across India. <sup>441</sup>
Stranded Workers Action Network (SWAN), Jan Sahas, etc.	Immediate support to migrant workers left stranded by the government's unplanned lockdown in March 2020.
Swasth	Coordinating efforts to arrange and distribute PPE kits and other medical supplies.
cashrelief.org	Direct cash phone transfers to the most disenfranchised groups in over 15 states.

**Box 8.1 Initiatives of Indian Youth Congress (IYC)**

President B. V. Srinivas provided exemplary leadership to the IYC which provided timely aid to families of COVID-19 patients. IYC set up the alert hashtag #SOSIYC on Twitter which enabled it to actively respond to Covid-related SOS distress calls. From providing oxygen cylinders to Covid-19 patients to cremating COVID-19 victims, IYC provided help to families on all fronts, ably filling the gap left by absent governments.<sup>442</sup>

<sup>438</sup>Munmun Sarkar, an e-rickshaw driver from Siliguri, West Bengal, would wear a PPE kit and travel through the area sanitising homes of COVID-19 patients. Sarkar would also take patients to the hospital in her rickshaw, when called at any time of the day [Das, S. (2021, May 12) Woman e-rickshaw driver from Bengal helps Covid patients. *Deccan Herald*.

Retrieved from <https://www.deccanherald.com/national/east-and-northeast/woman-e-rickshaw-driver-from-bengal-helps-covid-patients-984828.html>

Mohammad Javed Khan, a rickshaw driver from Bhopal, converted his auto rickshaw into an ambulance with an oxygen cylinder and an oximeter, to help patients amid a growing oxygen crisis. [Al Jazeera. (2021, May 4). Rickshaw 'ambulance' offers free oxygen to India's COVID patients.

Retrieved from <https://www.aljazeera.com/news/2021/5/4/rickshaw-ambulance-offers-free-oxygen-transport-for-patients>

<sup>439</sup>Participatory Research In Asia, Voluntary Action Network In India. (2020). Response Of Indian Civil Society Towards COVID 19. Retrieved from [https://www.pria.org/knowledge\\_resource/1594293825\\_Response%20of%20CSO%20towards%20covid19.pdf](https://www.pria.org/knowledge_resource/1594293825_Response%20of%20CSO%20towards%20covid19.pdf)

<sup>440</sup>*Ibid*

<sup>441</sup>Devex. (2020). Philanthropy's Distinct Role In India's COVID 19 Response. Retrieved from <https://www.devex.com/news/opinion-philanthropy-s-distinct-role-in-india-s-covid-19-response-97702>

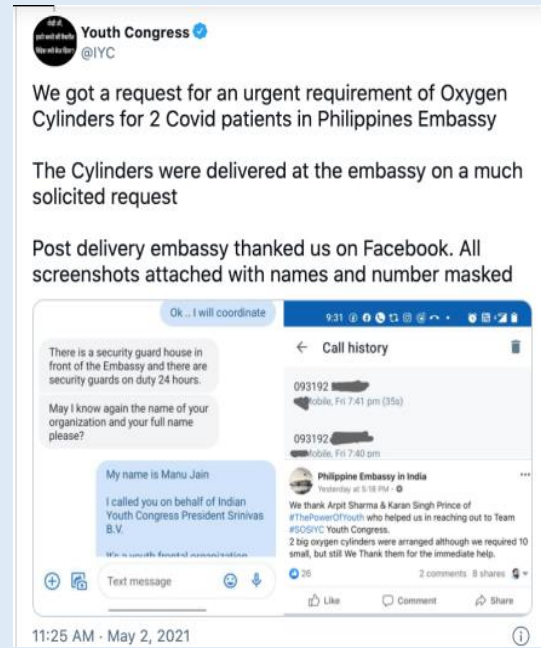
<sup>442</sup>On May 13, 2021, Delhi police questioned B V Srinivas over distribution of medicines during the Covid relief efforts. The Delhi Police, which comes under the aegis of Ministry of Home Affairs, spent approximately half an hour interrogating the IYC president in a bid to intimidate him. This did not dampen his spirit as Srinivas continued with his relief work right after. [Patel, A. (2021, May 14) 'Have nothing to hide', says IYC chief Srinivas BV after Delhi Police quizzes him on Covid relief distribution. *India Today*. Retrieved from <https://www.indiatoday.in/india/story/have-nothing-to-hide-iy-c-chief-srinivas-bv-delhi-police-quizzes-him-covid-relief-distribution-1802620-2021-05-14>

The Philippines Embassy reached out to IYC for Oxygen cylinders. Senior Congress Leader Jairam Ramesh criticised the Ministry of External Affairs for its negligence in addressing the needs of foreign embassies.



Image Sources: Scroll<sup>443</sup>

Minister S. Jaishankar, retaliated with sarcasm and falsely claimed that the news was fake, but his claim was disproved.<sup>444</sup>



A day later, when the New Zealand High Commission was in need of an oxygen cylinder, it approached the IYC President for help instead of the Indian government.<sup>445</sup>



Screenshot of Deleted Tweet | Image Source: Scroll<sup>446</sup>

#### IV. Collapse of Healthcare Infrastructure

The Union government’s incompetent responses to the COVID-19 crisis contributed to the near collapse of India’s healthcare sector. The helplessness of the country’s hospitals was illustrated by the spokesperson of Sir Ganga Ram Hospital: “Currently the hospital is in beg and borrow mode and it is an extreme crisis situation.”<sup>447</sup>

<sup>443</sup> Scroll (2021, May 2). Youth Congress gives oxygen to NZ embassy after it asks for help on Twitter, then deletes tweet. Retrieved from <https://scroll.in/latest/993852/youth-congress-gives-oxygen-to-nz-embassy-after-it-asks-for-help-on-twitter-then-deletes-tweet>

<sup>444</sup> The Print. (2021, May 2). Red faces in govt as New Zealand mission tweets oxygen SOS to Youth Congress, apologises. Retrieved from <https://theprint.in/diplomacy/red-faces-in-govt-after-new-zealand-embassy-tweets-oxygen-sos-to-youth-congress-apologises/650437/>

<sup>445</sup> The High Commission was forced to later take down the tweet after being targeted by trolls. Nonetheless, IYC was already at the embassy with the required cylinders.

<sup>446</sup> Supra note 443.

<sup>447</sup> Reuters. (2021, April 27). Indian Hospitals Swamped By Coronavirus As Countries Promise Aid. Reuters. Retrieved from <https://www.reuters.com/world/india/india-reports-record-352991-new-covid-19-cases-2021-04-26/>

### **a. Risking Lives of Frontline Workers: Lack of Protective Gear**

As of April 17, 2021, more than 800 doctors had lost their lives to COVID-19. On February 27, 2020, WHO had advised countries to increase PPE production by 40%<sup>448</sup> and to stockpile adequate amounts of PPE kits. Despite these directives, the Indian government continued to export medical equipment including PPE kits and gloves.<sup>449</sup>

### **b. Deteriorating Health of Non-COVID-19 Patients**

The health of non-COVID-19 patients deteriorated over the last year due to the unplanned lockdown and the redirecting of medical resources and personnel towards COVID-19 at the cost of Out Patient Department (OPD) and emergency services.

Almost 500 outstation patients, including many cancer patients, were forced to set up temporary shelters on the pavement near the All India Institute of Medical Sciences (AIIMS) in early March, after traveling to Delhi for treatment only to be met with suspended OPD services.<sup>450</sup> Given that almost 2,000 patients die due to cancer every year in India, lack of treatment for non-COVID-19 patients could prove fatal in the long run for many.<sup>451</sup> A study by *The Lancet* shows that almost 59.7% of cancer surgeries were postponed in India in the first three months of the pandemic alone.<sup>452</sup>

## **V. Illegal Trade of Medical Equipment and Drugs**

### **a. Thriving Illegal Trade in Crucial Drugs**

Hospitals across the country reported shortages of antiviral drugs. This led to a thriving illegal trade. Before ICMR cautioned against the indiscriminate use of Remdesivir, one vial, which usually costs Rs 4,000, was being illegally sold at Rs 40,000.<sup>453</sup> The market was also flooded with fake Remdesivir and other medicines.<sup>454</sup>

<sup>448</sup>World Health Organisation. (2020, February 27). Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19). Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf?sequence=1&isAllowed=y)

<sup>449</sup>*The Wire*. (2020). Doctors Are Running Out of Protective Gear. Why Didn't the Govt Stop Exports in Time? Retrieved from <https://thewire.in/government/coronavirus-protective-gear-doctors-ppe-india-exports>

<sup>450</sup>Shrangi, V. (2020, May 17) Outstation AIIMS Patients in Two Minds: To Stay or To Leave? *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/cities/to-stay-or-not-patients-seeking-treatment-in-aiims-unsure-of-what-to-do/story-Kzxi3FU7oXeGVLMSuQSWNM.html>

<sup>451</sup>*The Wire Science*. (2020, May 3). Non-COVID-19 Patients Are Paying the Price of India's Efforts Against the Coronavirus.. Retrieved from <https://science.thewire.in/health/healthcare-non-coronavirus-patients/>

<sup>452</sup>Sharma, DC. (2020, July 1). Lockdown poses new challenges for Cancer Care in India. *The Lancet Oncology* 21 (07), 884.

<sup>453</sup>CBS (2020). Shortage of key coronavirus drug remdesivir fuels illegal market in India. Retrieved from <https://www.cbsnews.com/news/shortage-of-key-coronavirus-drug-remdesivir-fuels-black-market-in-india/>

<sup>454</sup>*India Times*. (2021, May 10). Gangs Are Supplying Fake Remdesivir Injections Containing Salt And Glucose In Madhya Pradesh. Retrieved from <https://www.indiatimes.com/news/india/gangs-are-supplying-fake-remdesivir-injections-containing-salt-and-glucose-in-madhya-pradesh-540189.html>

**Box: 8.3 BJP Leaders Hoarding Drugs**

On April 9, Gujarat BJP President C. R. Patil offered 5,000 injections of Remdesivir — a drug meant for hospitals only — to the public when the state was suffering a shortage. Chief Minister Vijay Rupani and Deputy Chief Minister Nitin Patel claimed they had no idea how Patil managed to get the injections, which had not been procured by the state.<sup>455</sup>

On April 21, BJP MP Gautam Gambhir offered free distribution of the antiviral drug FabiFlu at his office, at a time when hospitals in Delhi were facing acute shortages of the drug. Gambhir offered no explanation for how he obtained the drug, which can only be bought with a doctor's prescription. He was reprimanded by the court for his actions.<sup>456</sup>



Image Source: Twitter<sup>457</sup>

**b. Booming Illicit Trade of Oxygen Devices**

The desperate demand for oxygen along with the lack of government assistance in ensuring its supply spawned an illegal oxygen trade market, where even flow meters and tubes used in cylinders were being sold.<sup>458</sup> Oxygen cylinders and concentrators were sold at exorbitant prices on the black market.<sup>459</sup>

**c. Effects on Production of Additional Medical Oxygen**

When the Union government banned the use of liquid oxygen for industrial purposes on April 25, 2021, it did not realise that oxygen cylinder manufacturers required the gas to manufacture more oxygen cylinders. The Ministry of Home Affairs issued a clarification on April 27, 2021, that these manufacturers should be given liquid oxygen, but some state governments did not lift the ban till the first week of May 2021.<sup>460</sup>

<sup>455</sup>Hindustan Times. (2021, April 13). Political slugfest erupts after Gujarat BJP chief offers free remdesivir. Retrieved from <https://www.hindustantimes.com/india-news/political-slugfest-erupts-after-gujarat-bjp-chief-offers-free-remdesivir-101618257519928.html>

<sup>456</sup>Hindustan Times. (2021, April 22). Row over Gautam Gambhir's offer of free FabiFlu from his office. Retrieved from <https://www.hindustantimes.com/cities/delhi-news/row-over-gautam-gambhir-s-offer-of-free-fabiFlu-from-his-office-101619037923762.html>

<sup>457</sup>Gambhir. G [@GautamGambhir]. (2021, April 21). People of East Delhi can get 'FabiFlu' from MP office (2, Jagriti Enclave) for FREE between 10-5. Kindly get Aadhar & prescription [Tweet]. Twitter. Retrieved from <https://twitter.com/gautamgambhir/status/1384789079473020930?lang=en>

<sup>458</sup>Yahoo News. (2021, April 29). UP: 2 held for black marketing oxygen cylinder, 1 for selling fake flow meter. Retrieved from <https://in.news.yahoo.com/2-held-black-marketing-oxygen-181451963.html>

<sup>459</sup>Thakur, R.K. (2021, May 04). Badly hit by COVID crisis, black-marketing of medical oxygen runs rampant in Bihar. *The New Indian Express*. Retrieved from <https://www.newindianexpress.com/nation/2021/may/04/badly-hit-by-covid-crisis-black-marketing-of-medical-oxygen-runs-rampant-in-bihar-2298238.html>;

<sup>460</sup>The Quint. (2021). Units Manufacturing O2 Cylinders Shut Due to Oxygen Ban: Report. Retrieved from <https://www.thequint.com/coronavirus/units-manufacturing-oxygen-cylinders-shut-due-to-oxygen-ban-on-industries#read-more>

## VI. Courts Forced to Step In

Courts stepped in to hold governments accountable and direct them to take necessary policy measures:

<b>Box 8.4 Reprimands from Various Courts</b>
<p><b>Madras High Court, April 29, 2021</b></p> <ul style="list-style-type: none"> <li>○ The Chief Justice asked, “Why are we acting only now in April, though we had one full year?” He also stated, “There is a need to act on expert advice and not on ad hocism.”<sup>461</sup></li> </ul>
<p><b>Delhi High Court, May 4, 2021</b></p> <ul style="list-style-type: none"> <li>○ Issued a show-cause notice to the Central government for not complying with its May 1 order to supply the entire amount of 700MT of oxygen to Delhi.<sup>462</sup></li> <li>○ Court remarked, “Enough is enough. We will not take a 'no' regarding oxygen supply” and, “You can bury your head in sand like an ostrich, we won't... Are you living in an ivory tower?”, adding that the Supreme Court had also ordered the Central government to provide 700 MT of oxygen to Delhi and not just 490MT.</li> <li>○ On May 11, it ordered the Central and Delhi governments to “do something” about the black market for medical resources “... without waiting for orders from the court.”<sup>463</sup></li> </ul>
<p><b>Allahabad High Court</b></p> <ul style="list-style-type: none"> <li>○ May 4, 2021: Remarked “... death of Covid patients just for non-supplying of oxygen to the hospitals is a criminal act and not less than a genocide” carried out by those charged with its procurement and distribution.<sup>464</sup></li> <li>○ May 11, 2021: Reprimanded the UP government and the Election Commission as they had “failed to fathom the disastrous consequences of permitting the elections in few states and the Panchayat elections in the state of Uttar Pradesh”.<sup>465</sup></li> <li>○ May 12: Called out the UP government for concealing facts about COVID-19 treatment facilities and the number of deaths. It observed that the UP government had failed to comply with its orders on furnishing hospitals with life-saving equipment and drugs.<sup>466</sup></li> </ul>

<sup>461</sup>Press Trust of India. (2021, April 30). Madras HC pulls up Centre on Covid-19 management. *The Indian Express*. Retrieved from <https://indianexpress.com/article/cities/chennai/madras-hc-pulls-up-centre-covid-19-management-7296274/>

<sup>462</sup>Banka, R. (2021, May 4). Like an ostrich’: Delhi high court’s contempt notice to Centre on oxygen supply. *Hindustan Times*. Retrieved from <https://www.hindustantimes.com/cities/delhi-news/like-an-ostrich-delhi-high-court-s-contempt-notice-to-centre-on-oxygen-supply-101620134390033.html>

<sup>463</sup>*The New Indian Express*. (2021, May 11) Don’t wait for court order to do something about black marketing and hoarding of medicines: Delhi HC. Retrieved from: <https://www.newindianexpress.com/cities/delhi/2021/may/11/dont-wait-for-court-order-to-do-something-about-black-marketing-and-hoarding-of-medicines-delhi-hc-2301109.html>

<sup>464</sup>Rehman, A. (2021, May 05). Covid deaths due to oxygen shortage no less than genocide: Allahabad High Court. *The Indian Express*. Retrieved from <https://indianexpress.com/article/india/covid-deaths-due-to-oxygen-shortage-no-less-than-genocide-allahabad-high-court-7302269/>

<sup>465</sup>*The Quint*. (2021). EC, Govt Failed to Fathom Disastrous Effect of Polls: Allahabad HC. *Yahoo News*. Retrieved from <https://in.news.yahoo.com/ec-govt-failed-fathom-disastrous-081113042.html>

<sup>466</sup>Srivastava. P. (2021, May 13). Covid: Allahabad HC raps Yogi govt for hiding facts about treatment facilities and death toll. *The Telegraph*. Retrieved from <https://www.telegraphindia.com/india/covid-allahabad-high-court-raps-yogi-govt-for-hiding-facts-about-treatment-facilities-and-death-toll/cid/1815383>



# Chapter 9

## The Way Ahead

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A lot of water has flown down the Ganga since India was first hit by the COVID-19 pandemic. Lakhs of our fellow citizens have suffered a loss of life in their immediate circle of family and friends. Crores of families have lost their source of income or are staring at diminished opportunities. A tremendous amount of work lies ahead as we come together to rebuild our nation. The first priority is to contain the spread of the pandemic and protect our country from future waves.

It is therefore imperative that the Union government implement the following specific measures towards that goal. This is a summary of key recommendations building on the opinions of experts. It also contains constructive recommendations from the Indian National Congress.

### **Key Recommendations for the Union Government**

1. Ensure that all Indians receive free and universal vaccination in the shortest possible time frame. The government should share a detailed weekly roadmap of progress toward its announced December 31, 2021 deadline to vaccinate all of India's adults.
2. Collaborate with vaccine manufacturers, raw material suppliers, and foreign governments to ensure a steady supply of raw materials and vaccines for India.
3. Invoke compulsory license provisions under the Patents Act 1970 to ramp up domestic vaccine production.
4. Allocate vaccines to states based on a transparent, justifiable formula, centered on evidence, equity and particular local requirements.
5. Make accurate vaccine-related and COVID-19-related data publicly available in a transparent manner.
6. Implement political and administrative measures including a national level, all-party committee to review measures to contain the pandemic, to improve coordination with state governments, and to collaborate with civil society.
7. Decentralise decision-making, management of critical resources and transfer funds to the district level to organise essential health services, from primary to tertiary care, and address regional imbalances.
8. Prepare for possible third and future waves by heeding expert advice, scaling up testing significantly (especially in rural areas) and pooling human resources at the state and district levels.
9. Provide ex-gratia relief of at least Rs. 4 lakh for all COVID-19 related deaths under the Disaster Management Act, 2005.
10. Implement relief measures including a minimum income support scheme for the poor and most vulnerable, continue free food supplies to the poor, reduce excise taxes on petrol and diesel, grant wage subsidies to MSMEs, increase budgetary support to the Mahatma Gandhi National Rural Employment Guarantee Scheme and provide relief for the urban poor.

### **I. Vaccine Strategy**

Universal vaccination is critical to develop immunity and reduce the risks associated with COVID-19. Vaccination is also necessary to prevent the spread of disease particularly among those at increased risk (i.e., healthcare and frontline workers,

those with comorbidities, etc.). Vaccinating a large, critical mass of the population quickly, will be essential to containing the SARS-CoV-2 virus.<sup>467</sup>

### a. Free Universal Vaccination

The government's priority must be to vaccinate all Indians as soon as possible.

- a) Treat vaccines as a public good and ensure vaccination is free and universal.
- b) The Union government should tie-up with vaccine producers, suppliers of raw materials and foreign governments, and ensure that the national target of universal immunisation is met.
- c) Prioritise state governments over private hospitals when allocating vaccines. The 25% allocation to private hospitals is arbitrary and very high when state governments do not have enough vaccines for government hospitals and health centres.
- d) There is growing support worldwide for waivers of patents on vaccines. The World Trade Organization waiver could take some time to materialise. In the meantime, the Union government must invoke the compulsory license provisions under the Patents Act 1970 to ensure that domestic vaccine production can be scaled up rapidly and ensure consistency with our international stance.
- e) Ensure that the vaccination process is equitable and accessible and does not exclude people who do not have access to smartphones and the internet or who do not understand English. Make prior registration through the Co-WIN platform optional and allow on-the-spot registration by health care workers.
- f) Reach out to the public with vaccination drives, instead of waiting for people to come to centres. Alongside, increase the number of vaccination centres, especially in rural areas, to ensure widespread coverage.<sup>468</sup>
- g) Undertake effective communication measures to overcome vaccine hesitancy among people. Rope in respected figures to help in this drive at different levels. Decentralised communication, with reliance on district and primary care facilities, will also allow for communications to be contextualised to local attitudes and beliefs.<sup>469</sup>
- h) Conduct a decentralised assessment of the human resources, transportation logistics, and required vaccination sites to mitigate regional inequalities and urban-rural divides.
- i) Design a comprehensive and repeatable framework that can be implemented not only for the administration of vaccinations in 2021, but also for booster shots in the future, if required.

<sup>467</sup>D'Souza, G, Dowdy, D. (2021, April 6). What is Herd Immunity and How Can We Achieve It With COVID-19?. *Johns Hopkins Bloomberg School of Public Health*. Retrieved from <https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html>

<sup>468</sup>Sharma, M.S. (2021, June 4). Stopping a third wave. *Business Standard*. Retrieved from [https://www.business-standard.com/article/opinion/stopping-a-third-wave-121060401546\\_1.html](https://www.business-standard.com/article/opinion/stopping-a-third-wave-121060401546_1.html)

<sup>469</sup>Gurnani, V. et al. (2018). Improving vaccination coverage in India: lessons from Intensified Mission Indradhanush, a cross-sectoral systems strengthening strategy. *British Medical Journal* 363:k4782

## b. Vaccinating All Adults

To ensure that the Union government's announced target of vaccinating the entire adult population of the country by December 31, 2021, is achieved, chalk out a detailed execution plan.

- a) Strategically and speedily scale up the overall vaccination programme, to procure/produce a minimum of 35 crore vaccine doses every month. To achieve herd immunity by the end of the 2021 calendar year, 100 crore people (i.e., 75% of the eligible population of India) need to be vaccinated. 200 crore doses must be administered at the rate of at least 80 lakhs to 1 crore doses per day, to achieve at least the goal of herd immunity by December 31, 2021. This takes into account that the immunity of people who received the vaccines at the earliest stages will likely expire by the end of 2021.<sup>470</sup>
- b) Plan to vaccinate those who have already been infected with COVID-19. Past infections do not provide permanent protection against the virus.
- c) Vaccinate young parents on priority in the coming months, i.e., approximately 300 million people,<sup>471</sup> given that children require specialised care and cannot be hospitalised without their guardians. One of India's top virologists has predicted that since most adults are already infected or immunised, there is a possibility that a third wave will involve the virus targeting children.

## II. Accountability and Transparency

It is of utmost importance that Union and state governments undertake measures to restore public confidence in their management of the pandemic.

- a) As suggested by Dr. Manmohan Singh in his letter on April 18, 2021, the Union government must allocate vaccines to states based on a transparent and justifiable formula, centered on science, equity and particular requirements.
- b) Bring the PM-CARES Fund under the purview of the Right to Information Act. Make full disclosures regarding all expenditures incurred from the Fund.
- c) The Comptroller and Auditor General of India must conduct an audit into the handling of the pandemic and submit a report in a time-bound manner.
- d) Ensure that case and mortality data are collected accurately. News reports and scientific analyses have shown that there is a massive undercounting of deaths. Union and state governments must ensure that data is reliable and made accessible to experts. The Union government must appoint an Independent Public Commission to enumerate all COVID-19 related deaths.
- e) Make all vaccine-related data public, as should be the norm. Suppressing data will lead to suspicion and vaccine hesitancy among people.

<sup>470</sup>Lovelace, B. Jr. (2021, April 15). Pfizer CEO says third Covid vaccine dose likely needed within 12 months. *CNBC*. Retrieved from <https://www.cnbc.com/2021/04/15/pfizer-ceo-says-third-covid-vaccine-dose-likely-needed-within-12-months.html>

<sup>471</sup>Shetty, D. (2021, May 12). Vaccinate the parents, quickly: The third Covid wave will attack children. Here's how we must prepare for it. *The Times of India*. Retrieved from: <https://timesofindia.indiatimes.com/blogs/toi-edit-page/vaccinate-the-parents-quickly-the-third-covid-wave-will-attack-children-heres-how-we-must-prepare-for-it/>

- f) Conduct regular seroprevalence surveys at the district level. Ensure that decisions about targeted vaccination drives and unlocking are based on such data, as well as on the availability of hospital beds, oxygen supplies, etc.<sup>472</sup>
- g) Improve and sustain efforts on data collection pertaining to reinfection rates, infection rates for those with both a single and both vaccine doses, genetic markers, etc., and ensure that this data is accessible to experts.

### III. Political and Administrative Measures

It is crucial that the above recommendations be accompanied by a number of political and administrative measures in order to ensure effective management of the pandemic, as well as to ensure preparedness for the future.<sup>473</sup>

- a) Constitute a national-level committee composed of members from across party lines to advise, review, and monitor the management of the pandemic in different parts of India.<sup>474</sup>
- b) Decentralise decision-making, management of critical resources, and transfer funds to the district level to organise essential health services, from primary to tertiary care. groups.<sup>475</sup>
- c) Design a transparent and effective framework of coordination with state governments to ensure that demands for medical resources are met.<sup>476</sup>
- d) Implement transparent allocation of funds to states to support their procurement of medical resources.<sup>477</sup> This should entail a transparent national pricing policy and clearly defined price caps for all essential health services.<sup>478</sup> Further, empower local governments in the fight against COVID-19 by allocating grants as recommended by the Fifteenth Finance Commission.<sup>479</sup>
- e) Declare ex-gratia relief of at least Rs. 4 lakh for all COVID-19 related deaths under the Disaster Management Act, 2005.
- f) Ensure the dissemination of only evidence-based information on COVID-19 management protocols for as diverse a range of cases as possible (e.g., home care, treatment of children, district hospital care in local languages, treatment of secondary infections, tested prescriptions of Indian systems of medicine, etc.).<sup>480</sup>
- g) Collaborate with civil society organisations to further strengthen the reach of India's COVID-19 response. Provide a time-bound waiver of Foreign

<sup>472</sup>Mishra, N. (2021, May 31). How to open up? *Business Standard*. Retrieved from [https://www.business-standard.com/article/opinion/how-to-open-up-121053101601\\_1.html](https://www.business-standard.com/article/opinion/how-to-open-up-121053101601_1.html)

<sup>473</sup>Constitutional Conduct. (2021). Open letter to the Prime Minister India needs action now. Retrieved from <https://constitutionalconduct.com/2021/05/20/open-letter-to-the-prime-minister-india-needs-action-now/>;

Aiyar, Y., et al. (2021, May 25). India's resurgence of COVID-19: urgent actions needed. *The Lancet*. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01202-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01202-2/fulltext)

<sup>474</sup>Constitutional Conduct, *supra* note 473.

<sup>475</sup>Aiyar, Y. et al., *supra* note 473.

<sup>476</sup>Constitutional Conduct, *supra* note 473.

<sup>477</sup>Constitutional Conduct, *supra* note 473.

<sup>478</sup>Aiyar, Y. et al., *supra* note 473.

<sup>479</sup>Aiyar, Y. et al., *supra* note 473.

<sup>480</sup>Aiyar, Y. et al., *supra* note 473.

Contribution Regulation Act requirements as well as easier access to domestic Corporate Social Responsibility funds.<sup>481</sup>

#### IV. Measures to Prepare for the Third Wave

In order to ensure that the nation is well prepared to tackle the challenges that will arise from possible third and future waves of the COVID-19 pandemic, the Union government must give highest priority to the advice and warnings of experts. There must be a direct line of communication between various committees and sub-groups involved in pandemic management with the Prime Minister's Office, the Ministry of Home Affairs and the Ministry of Health and Family Welfare. The Union government needs to:

- a) Hold daily press briefings by the COVID-19 National Task Force and ensure that it meets regularly as long as India reports any new COVID-19 cases. This crucial task force must not become lax when cases are on a decline.
- b) Formulate a clear strategy for all future lockdowns and guidelines for each specific type of lockdown. Communicate these guidelines clearly to citizens well in advance. Do not subject the people to hasty and botched lockdowns and unlocks.
- c) Focus on enhancing healthcare infrastructure and supply of essentials like oxygen, medical equipment, and drugs. The key to mitigating the damage from future waves will be a robust and resilient logistics network.
- d) Ramp up investments in genomic sequencing and real-time tracking of epidemics, variants, and breakthrough infections.
- e) Ensure that the necessary paediatric healthcare infrastructure is in place to meet the possible surge in demand in case the third wave predominantly affects children, as has been predicted by some experts.<sup>482</sup>
- f) Prepare buffer stocks of all medical supplies, including crucial medicines, ventilators and oxygen.<sup>483</sup>
- g) Redress regional inequalities in availability of medical resources. For example, there is a huge divide between the proportion of hospital beds available in urban and rural areas, with only 3.2 government beds available per 10,000 people in rural India.<sup>484</sup> Similarly, improve the necessary infrastructure to store liquid oxygen at low temperatures in rural regions.<sup>485</sup>
- h) As an urgent measure, enhance ongoing efforts to increase the healthcare workforce by deploying final year nursing and paramedical students for COVID care. Also recruit private sector medical professionals as part of the

<sup>481</sup>Aiyar, Y. et al., *supra* note 473.

<sup>482</sup>Nair, G. (2021, May 11). Start preparing to shield children in third Covid-19 wave, Pune Platform tells hospitals. *Financial Express*. Retrieved from <https://www.financialexpress.com/lifestyle/health/start-preparing-to-shield-children-in-third-covid-19-wave-pune-platform-tells-hospitals/2249509/>;

Shetty, D. *Supra* note 471.

<sup>483</sup>*Livemint*. (2021, May 6). Prepare for Covid third wave, need buffer oxygen stock pan-India: SC to Centre. Retrieved from <https://www.livemint.com/news/india/prepare-for-covid-third-wave-need-buffer-oxygen-stock-pan-india-sc-to-centre-11620293064661.html>

<sup>484</sup>Shankar, R. (2021, May 16). How to brace for the coming third wave of coronavirus. *New Indian Express*. Retrieved from <https://www.newindianexpress.com/magazine/2021/may/16/how-to-brace-for-the-coming-third-wave-of-coronavirus-2302196.html>

<sup>485</sup>*Ibid.*

COVID-19 response strategy. Provide all such personnel with PPE, along with necessary insurance and mental health support.<sup>486</sup> Simultaneously, prepare on a fast-track the emergency protocols for the use of foreign medical squads so that they can be deployed when and where the need arises.<sup>487</sup>

## V. Economic Measures

The Union government must implement policy measures to address the short-term challenges of supporting vulnerable lives and livelihoods, as well as the medium-term objectives of reviving employment and incomes over the next few years.

- a) The Union government must institute a minimum income guarantee scheme (on the lines of NYAY, *Nyuntam Aay Yojana*) for the poorest and most vulnerable of the population.
- b) Roll-out a multi-sector fiscal stimulus which is effective and well-targeted, focused on reviving demand. Save existing jobs in the formal sector, especially MSMEs through wage subsidies, grants and incentives for keeping employees on the rolls.
- c) Significantly reduce excise duties on petrol and diesel.
- d) Ensure that relief initiatives are continued beyond November 2021 as announced. Numerous surveys and studies have shown that nutrition and health levels have decreased alarmingly as a result of the pandemic.<sup>488</sup> In spite of this evidence, the Union Budget for 2021-22 did not adequately enhance funding for the Public Distribution System, MGNREGA, cash transfers, or other relief initiatives. The government must therefore immediately:
  - i. Provide free food grains to those below the poverty line for a substantial period beyond November 2021
  - ii. Implement the National Food Security Act in letter and spirit
  - iii. Increase the budget for MGNREGA to the levels in 2020-21
- e) Education has been disrupted significantly and online education has not been accessible to children without smartphones or computers. The government must prioritise measures that would ensure uninterrupted education and learning for all children.
  - i. Design a flexible framework that states can implement to ensure that students of public schools continue to receive mid-day meals even while schools remain closed, in a safe and hygienic manner.<sup>489</sup>

<sup>486</sup>Aiyar, Y. et al., *supra* note 473.

<sup>487</sup>*Livemint*. (2021, May 10). Third wave or a ripple, India must get cracking. Retrieved from: <https://www.livemint.com/opinion/online-views/third-wave-or-a-ripple-india-must-get-cracking-11620573959589.html>

<sup>488</sup>Centre for Sustainable Employment, Azim Premji University (n.d). COVID19: Analysis of Impact and Relief Measures. Retrieved from [https://cse.azimpremjiuniversity.edu.in/covid19-analysis-of-impact-and-relief-measures/#other\\_surveys](https://cse.azimpremjiuniversity.edu.in/covid19-analysis-of-impact-and-relief-measures/#other_surveys)

<sup>489</sup>Committee on World Food Security, High Level Panel of Experts on Food Security and Nutrition. (2020, September). Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic. Retrieved from <http://www.fao.org/3/cb1000en/cb1000en.pdf>

## **VI. Conclusion**

As the COVID-19 pandemic continues to take its toll on India, it is imperative the government cast aside divisive and discriminatory political agendas, exclusionary policies, and instead focus on the crisis management recommendations put forth by experts and political leaders. These recommendations, grounded in data, science, experience, and best practices, will not only help mitigate the ongoing second wave, but they will also help ensure that India is well prepared to face future pandemics.

All India Congress Committee

# Indian National Congress: Compendium of Statements, Letters and Resolutions on COVID-19 (March 2020 – June 2021)

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## I. Statements

### Statement of Congress President Smt. Sonia Gandhi on COVID-19, dated March 21, 2020.<sup>490</sup>

The COVID-19 pandemic is causing grave concern and consternation across the country, endangering lives, affecting livelihoods as also everyday lives of millions of people. In this hour of uncertainty, it is my unflinching belief that we will overcome this huge challenge with resilience and determination.

Let's not forget that precaution and prevention are amongst the most effective remedies. I appeal to all fellow Indians to stay at home, unless urgency and exigencies demand otherwise. Special care needs to be taken of the elderly and children to keep them insulated. This decision to remain at home will restrict the transmission of this virus. All of us must spread awareness that frequent hand washing, not touching the face and reporting all flu and influenza like conditions to medical helpline or a doctor needs to be adhered to.

<sup>490</sup> Indian National Congress (2020, March 21). Statement of Congress President Smt. Sonia Gandhi - The COVID-19. Retrieved from <https://www.inc.in/media/press-releases/statement-of-congress-president-smt-sonia-gandhi-the-covid-19>

As the entire nation stands united in our joint fight against COVID-19, I would urge the Prime Minister & the Government to action some key issues:-

1. Testing is the key to prevention. In a nation of 130 crore, only 15,701 samples are reported to have been tested so far. Despite ample time, early warnings and lessons from other nations, we appear to have underutilised our public and private sector capacities. This must change. We must begin by testing all cases under surveillance and expand to all other symptomatic cases and those coming into contact with the ones testing positive.
2. There is uncertainty and lack of information about number of beds, isolation chambers, ventilators, dedicated medical teams, medical supplies etc. including their location. This information including location of each hospital and their emergency phone line numbers should be publicly shared. A dedicated portal for sharing these and all other necessary information is one way forward. Special budgetary allocation is an equally important factor.
3. Reports suggesting scarcity of Personal Protection Equipments (PPEs) including N95 masks, Gloves, Face Shields, Goggles, Head Covers, Rubber Boots, Disposable Gowns for medical teams engaged in dealing with infected or those suspected to be infected with coronavirus are of great concern. We are proud of our doctors, nurses and supporting staff. At the same time, I strongly feel that grant of special financial incentives for them in these trying times is equally important. Currently, both these are lacking. As the numbers grow, non-availability of sufficient protective gear and lack of incentives can be a huge deterrent.
4. Equally alarming are reports that there is artificial shortages and black marketing of hand sanitisers, face masks and even liquid soap. It is the bounden duty of the Government to ensure adequate supply and take corrective action. What is more unnerving is the fact that prices of essential commodities like vegetables, pulses, rice, etc. seem to be rising unchecked daily.
5. After demonetisation and slowing down of Indian economy, COVID-19 has been a huge setback to millions of daily wage earners, MGNREGA workers, ad hoc and temporary employees, labourers, farmers and those in the unorganised sectors. Even for regular employees, reports suggest massive lay off and retrenchments. Government has to put in place broad based social protection measures including direct cash financial help to these sections.
6. All businesses, especially the Micro, Small & Medium businesses, are under a huge stress on account of COVID-19. Extraordinary times call for extraordinary measures. A comprehensive sector wise relief package needs to be announced forthwith by the Government including necessary tax breaks, interest subvention and deferment of liabilities. For the salaried class, Government and the RBI must consider a deferment of EMIs.

7. COVID-19 has also impacted the biggest employment generator - the agriculture sector. Our farmers, cultivators and farm labourers are bearing the brunt. To top it, the unseasonal rains and hailstorms across India have added to their woes. Government must consider a special relief package for the agriculture sector also.

Lastly, under the present circumstances, it is only natural to be anxious. At the same time, it is important not to be frightened or panic.

India will not bow to this painful crisis. Let us stand united in braving this challenge. Together, we will overcome this.

Jai Hind!

**Congress Working Committee Statement on COVID-19, dated April 2, 2020.<sup>491</sup>**

The CWC is conscious that it is meeting under extraordinary circumstances: India and the whole world faces an unprecedented crisis - the rapid spread of coronavirus or COVID-19 - that has the potential to claim hundreds of thousands of lives and devastate the world's economy.

From the day the first case tested positive in India, the Congress has extended its total support to the central and state governments in their efforts to deal with the grave and unfolding circumstances. The Congress pledges to continue its unstinted support.

In our united fight against COVID-19, we want to specially thank our doctors, nurses, health workers, Safai Karamcharis, Police Personnel and employees of every central and state government departments providing essential services to the people for their courage and services.

**Priorities**

The order of priorities before the country and the government is quite clear:

Firstly, containment of the spread of the virus by extensive testing, medical treatment to the infected persons, and substantial enhancement of the capacity, infrastructure and human resources to fight the epidemic;

Secondly, livelihood support to the poor people, especially daily wage earners, migrant workers, casual and temporary workers, laid-off workers, self-employed, farmers, tenant farmers and landless agricultural workers;

<sup>491</sup>Indian National Congress (2020, April 2). Statement of Congress Working Committee-The CWC is conscious that it is meeting under extraordinary circumstances. Retrieved from <https://www.inc.in/media/press-releases/statement-of-congress-working-committee-the-cwc-is-conscious-that-it-is-meeting-under-extraordinary-circumstances>

Thirdly, maintenance of supply of goods and services SO that people locked down in their homes can access their daily household needs;

Fourthly, preparatory and pre-emptive measures to deal with a sliding economy so that levels of current employment and wages are maintained, business failures of MSMEs are averted, and the groundwork is laid to re-start the engines of economic growth.

Fifthly, make adequate and comprehensive preparations for immediate harvesting and procurement of Wheat and other Rabi crops at minimum support price. Let's not forget that everything can wait but agriculture cannot.

It is in a spirit of co-operation and constructive criticism that the CW wishes to point out that the measures taken by the Modi government so far leave much to be desired and there are several grave shortcomings. It is imperative that we address these shortcomings.

### Shortcomings

On containment and treatment, the government has erred in adopting a strategy of limited testing. A lockdown or any other kind of restrictions is futile unless it is accompanied by extensive testing. It is extensive testing that has yielded results in some countries. Inexplicably, we have not put to full use even our limited testing capacity. The flawed strategy must be revised and testing must be scaled up urgently. Simultaneously, government must undertake massive production and procurement of Personal Protection Equipment (PPE), Hazmat suits, body overalls, goggles, gloves, N-95 masks, ventilators etc. and make them widely available to Doctors, Nurses, Health Workers as also hospitals and all other personnel. Medical infrastructure should be expanded on a war footing with more isolation wards, hospital beds, testing labs, quarantine facilities etc. Supply of drugs must be maintained at pre-February levels and all drug stores must be directed and facilitated to function for an adequate number of hours a day.

Regrettably, the government has miserably failed to provide adequate livelihood support to the poor. The Financial Action Plan I announced on 25 March 2020 was miserly, hopelessly inadequate and left out several vulnerable sections of the people. Financial Action Plan I failed to instil confidence in the poor and, as a result, we witnessed the tragic spectacle of thousands of migrant workers desperately trying to go back to their villages by any means whatsoever, including on foot. That spectacle will forever remain a blot on the Modi government. The CWC demands that the government should immediately announce Financial Action Plan II that will reassure the poor people and also provide adequate financial support to the sections that were left out including farmers, tenant farmers, landless agricultural workers, MGNREGA workers without MGNREGA work, laid-off industrial workers, Jan Dhan account holders (whether men or women) etc. Congress president had written to the prime minister for immediate transfer of Rs. 7500 to every Jan Dhan Account, every PM Kisan Account to tide over the 21 day crisis and this suggestion should be immediately accepted by the government. Also, the supply of 10 kg free ration to every individual through PDS for the 21 day lockdown period needs to be implemented. It is the foremost duty of the government to ensure shelter, rent relief,

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wages and food to the poor. The NYAY scheme put forward by the Congress offers a useful model that can be adapted and implemented.

Wheat and other Rabi crops are ready for harvesting in North and central India. If harvesting and procurement at MSP doesn't take place forthwith, it would put the food security of India under a question mark. Onus lies on Central Government to gear up procurement through FCI and other agencies and ensure remunerative prices for the farmers.

Supply chains to crores of people, especially those living in towns, cities and remote villages, have been severely disrupted by poor preparation and thoughtless orders and notifications.

If people have to survive in a lockdown, these supply chains must be immediately restored and maintained throughout the period of restrictions. In order to give relief to the people, the Congress commends to the government a number of small steps such as cutting GST rates for a period of three months on goods of mass consumption, mandatorily postponing tax payment deadlines and EMI dates to 30 June 2020 and beyond, restoring the thoughtless reduction in interest rates on PPF and small savings etc. Each step, though small, will bring significant comfort to the people in these difficult and stressful times. Thousands of Indian Students, Indian Citizens and sailors are stranded abroad in this pandemic and want to return home. Joining our thoughts with their anxiety and concerns as also of their families, we urge the central government to make arrangements for their return to India after appropriate COVID-19 testing.

The fight against coronavirus must be unitedly fought by Central and State Governments. Majority of the State Governments have complained of inadequate financial resources in absence of the central government not releasing state's share in the GST. We call upon the union government to forthwith release the state's share in GST to enable them to fight COVID-19 more effectively.

### Resources

All of the above will require massive resources in the order of Rs 5-6 lakh crore (USD 70-80 billion). Anything less will be totally insufficient and may actually exacerbate the situation. These resources can be found within the country and largely within the expenditure budgets of the central and state governments for 2020-21. The CWC wishes to underline that eminent economists have supported the Congress' assertion that we must do 'whatever it takes' and find the resources to fund the multi-dimensional effort to save the people and the country.

### Revival

The CWC is of the opinion that the government has not given any thought whatsoever to the deteriorating economic situation. This does not brook any delay. Many useful ideas are on the table. The CWC demands that the government should immediately appoint an Economic Task Force consisting of world renowned economists to suggest three plans: (1) an emergency plan within one week; (2) a short to medium term plan within one month; and (3) a medium to long term plan within three months in order to protect and revive the economy.

**Congress Working Committee Statement on COVID-19, dated April 23,  
2020.<sup>492</sup>**

I. The last CWC Meeting (April 2nd, 2020) discussed key challenges and necessary measures to deal with the COVID-19 pandemic. The CWC had identified key issues and classified them under four distinct heads; (1) Containment & Treatment; (2) Livelihood Support; (3) Maintenance of Supplies; and (4) Economic Revival. The CWC notes with concern that while some issues have been acknowledged partially by the Government, others continue to languish. Furthermore, in the three weeks since, these issues have become complicated due to the failure to address them in a timely and effective manner.

On these four issues, certain crucial insights have also emerged. The fight against Covid-19 is being fought at the state, district, city and village level. States, therefore, must be empowered to devise solutions tailored to their unique situations and challenges. The fight must be bottom-up instead of the top-down, one size fits all policy currently on display. The Central Government can vastly bolster the states' efforts by providing them with adequate financial support starting with releasing their full share of the Goods and Services Tax collected so far and allowing them greater fiscal space to borrow.

II. In light of the above, the CWC wishes to draw the attention of the Central Government to the following urgent issues;

**Livelihood of the poor:**

There is enough evidence that the poor have run out of cash or are on the verge of running out of cash. They do not have stocks of grain or pulses at home. Providing free cooked food to millions of families every day through NGOs, though laudable, is not a solution even in normal times. The CWC reiterates the suggestions made by the Congress President to the Prime Minister that government should immediately give Rs 7,500 (through direct benefit transfer) to every poor family and 10 kg of food grain (rice or wheat) and 1 kg of pulses and sugar to every individual to help them tide over the period of the lockdown. It also makes eminent sense to ensure that MGNREGA is kept operative and wages are disbursed to families to help them cope with the prevailing atmosphere of economic insecurity. This is the only way to save the people from hunger and malnutrition. It is also essential to secure their dignity.

**Migrant Workers:**

The nation has witnessed the plight of our migrant workers in the major cities and towns. Several of them travelled hundreds of kilometres on foot without food, medicines or any kind of support until they were forced to stop and were quarantined. Chief Ministers have written to the Prime Minister pointing out the growing pressure from the migrant workers (and their families in the home states) that they be allowed to return to their home states/ villages. The Government has been aware of this problem for over three weeks and has ten more days to frame a humane policy on migrant workers. The CWC draws the attention of the Central

<sup>492</sup>Indian National Congress. (2020, April 23). Congress Working Committee Statement. Retrieved from <https://www.inc.in/media/press-releases/congress-working-committee-statement>

Government to the necessity of framing a policy under which migrant workers who wish to return to their home states/ villages (1) may be allowed to travel under strict conditions of health safety, (2) be provided with adequate money and food in the interim; (3) be allowed to return to work post the lockdown (4) compensation for the families of those migrant workers who have lost their lives in this period of crisis.

### **Revival of the Economy:**

The CWC notes with regret that the Economic Task Force announced by the Prime Minister a month ago does not appear to have yet presented a plan to the Government. Furthermore, no concrete steps to revive the economy have been taken.

Agriculture activities, despite being given an exemption from the lockdown, continue to face insurmountable challenges of harvesting, marketing and of a near collapse of the system of procurement of wheat and other Rabi crops at MSP. Besides, no steps have been taken to ensure access to easy credit, seeds, pesticides, fertilizers or other implements to enable the farmers to sow the next Kharif Crop.

There has been an ominous silence on the CW recommendations for the revival of Micro, Small and Medium Scale Enterprises that employ over 11 crore Indians and contribute to a third of our nation's GDP. If MSMEs are to survive this crisis, they need working capital, credit assurance, debt moratoriums, lower interest rates, regulatory forbearance and wage support to protect their employees.

In fact, the CWC strongly recommends a complete loan moratorium on agricultural and other loans for a period of at least one year along with complete interest subvention.

### **Testing and Quarantine:**

It is tragic that we are still lagging behind in establishing a robust and accurate testing regime. Testing, Tracing, Quarantine and Treatment are crucial to containing the disease. Furthermore, while we welcome the legislation to protect Doctors and other medical personnel from violence, we ask the Government to take more meaningful steps such as providing adequate PPE's to doctors and other frontline workers along with better testing equipment. This is a time for innovation to be given free reign and full support.

Furthermore, a large number of Indians are stranded abroad waiting to return home and join their families. Onus lies on the Government of India to ensure their safe return, after adequate testing, by operating special flights for that limited purpose.

### **Communal Harmony to fight Covid-19:**

CWC notes with concern that the BJP is seeking to inflame communal divisions even as the entire nation battles Covid-19. The virus does not discriminate on the basis of caste, creed, religion or gender. As a nation we must be wary of forces that seek to polarise in times of crisis such as these. The onus lies on us to ensure that we stand together as one nation in the face of all odds.

**III.** In the light of the above, the CWC demands the utilisation of the remaining lockdown period for the preparation and publication of a detailed 'Exit Strategy' and a comprehensive 'Road-Map' for the future:

1. To substantially increase health infrastructure capacity to deal with the pandemic; and
2. To revive the economy and protect current levels of employment and wages/income.

The CWC also takes this opportunity to thank the Congress workers and our frontal organisations who have worked tirelessly to serve the people of India in this difficult time. We hope that the Government will consider these suggestions in the spirit with which they are made- constructive support to the government and unstinting support to the people of India, so that the country and the people emerge victorious in the battle against COVID-19.

**On Lockdown 3.0, Congress asks 5 questions to Modi government, dated May 2, 2020.<sup>493</sup>**

Lockdown 3.0 - Congress asks Five Questions from Modi Government!

Lay Down the Road Map for Return of Migrant Labour, Checkmate Unprecedented Unemployment, Closure of Businesses & Reviving the Failing Economy!

Home Ministry issued an order late last evening imposing Lockdown 3.0 up till 17th May, 2020. Neither did the PM come forward nor did he address the Nation. Neither did Home Minister come forward. So much so that even a single officer of Government of India chose not to make an appearance. Nation got only an official order of MHA.

Nation was neither informed nor illuminated. Nation wasn't acquainted of the way ahead or enlightened about the time limit. Neither did a conversation take place on the humongous difficulties nor on multiple challenges. No one heard the 'Mann Ki Baat' of fellow Indians nor did we hear Modiji's 'Mann Ki Baat' and there was no one to answer lakhs of questions, doubts and apprehensions.

**130 Cr Indians seek answers:-**

1. What is the aim of Lockdown 3.0? What is the purpose, the objective and the strategy?
2. Nation witnessed Lockdown 1.0, then Lockdown 2.0 and is now seeing Lockdown 3.0. Will there be a Lockdown 4.0 and Lockdown 5.0 in the future? When will it end completely?
3. What is the goalpost to deal with Coronavirus and economic pandemic by 17th May, 2020? What are the achievable goals by 17th of May, 2020 as decided by the Modi Government to deal with the infection, livelihood challenges and huge economic crisis? What concrete and positive steps will be initiated by 17th of May?

<sup>493</sup>Indian National Congress. (2020, May 2). On Lockdown 3.0, Congress asks 5 questions to Modi Government- Statement of Shri Randeep Singh Surjewala, Chief Spokesperson, Indian National Congress. <https://www.inc.in/media/press-releases/on-lockdown-3-0-congress-asks-5-questions-to-modi-government-statement-of-shri-randeep-singh-surjewala-chief-spokesperson-indian-national-congress>



4. What is the 'Exit Strategy' from Lockdown 3.0? What is the thought and policy of Prime Minister, Shri Narendra Modi for the Nation? What is the road map, not only for harvesting and grant of MSP to the farmers but also for sowing of the next kharif crops and availability of fertilizers, seeds, and pesticides? What are the arrangements for ensuring livelihood and ration for over 40 Cr urban & village poor and labourers? What is the relief package for 4.25 Cr MSMEs generating 11 Cr employment? How do you propose to ensure 'jobs & pay protection' for middle class and salaried people? What is the strategy for revival and restarting the Tourism & Hotel Industry, Textile Industry, Construction Industry, Automobile & IT Industry, Transport & Aviation Industry and other such sectors'?
5. What is the time line for safe and time bound return of nearly 8 to 10 Cr migrant labours?

### **Congress Party's Seven Solutions**

Smt. Sonia Gandhi and Shri Rahul Gandhi have repeatedly spoken about immediate announcement and implementation of 'Financial Action Plan Part-2' and have written a number of letters to Prime Minister giving concrete suggestions.

1. Modi Government should ensure free travel in sanitized trains of lakhs of stranded migrant labourers within a period of 15 days. This should be treated as the first responsibility of the Government.
2. India's poor-labourers-farmers be given Rs. 7,500 through DBT in the Jan dhan Accounts, PM Kisan Yojana Accounts, MGNREGA Labourers Accounts as also in the account of every senior citizen-widow-physically handicapped person. In addition thereto, 10 kg food grains (wheat or rice), one kg pulses and half kg sugar be given per person per family for sustenance.
3. Farmer's entire crops be procured at MSP and payment made within 24 hours. Entire outstanding amount, be it of the sugarcane farmers or other farmers be cleared within seven days. All recoveries of the farmers should be deferred for one year and interest waived.
4. A 'Rs. 2,00,000 Cr Salary & Credit Package' should be given for 4.25 Cr Micro, Small & Medium Industries (MSMEs).
5. 'Job & Pay Protection Package' be ensured for the entire middle class & salaried class so that rampant termination of jobs and unprecedented cut on salaries can be checked.
6. Corona testing should be increased multiple times. Personal Protection Equipments (PPEs) be immediately provided to the doctors, nurses and health workers besides giving them special financial package. Similar benefits be extended to police personnel, safai karamcharis and those engaged in essential services.

7. Government of India should put an immediate stop on the wasteful expenditure. Prime Minister, Shri Narendra Modi should put an embargo without delay on the Rs. 20,000 Cr Central Vista Beatification Project, Rs. 1,10,000 Cr Bullet Train Project, Purchase of Special Aircraft worth Rs. 8,458 Cr for travel of the Prime Minister, besides cutting wasteful expenditure by 30%. The money so saved should be utilized for giving a Rs. 1 lakh Cr package to the States to fight Corona and its after effects as also sector specific packages.

**The fight against Corona shall be fought be fought Unitedly and not in a Unitary fashion.**

**Congress President Smt. Sonia Gandhi's Statement on Migrant Workers, dated May 4, 2020.<sup>494</sup>**

Our workers and labourers form the backbone of our economy. Their hard work and sacrifice are the foundation of our nation.

As the Central Government barely gave a four-hour notice of the lockdown, workers and migrant labourers were denied the opportunity to return to their homes. Post the partition of 1947, this is the first time India witnessed a tragedy with such a massive human cost as thousands of migrant workers and labourers were forced to walk home several hundred kilometres on foot- without food, without medicines, without money, without transportation, without anything except for the desire to return to their families and loved ones. The very thought of their plight is enough to break our hearts as there was also the outpouring of support from fellow Indians for their inspiring resolve.

But what is the responsibility of our Government? Even today, lakhs of workers and migrant labourers are languishing in different parts of the country and wish to return to their homes and families but there is neither adequate money nor provision for free transport. What is particularly disturbing is that the Central Government and the Rail Ministry are charging them for train tickets in this hour of crisis.

Our workers and labourers are the ambassadors of our nation's growth. When our Government can recognise its responsibility by arranging free air travel for our citizens stranded abroad, when the Government can spend nearly Rs. 100 crores on transport and food etc. for just one public programme in Gujarat, when the Rail Ministry has the largesse to donate Rs. 151 Crores to the PM's Corona fund, then why can't these essential members of our nation's fabric be given a fraction of the same courtesy, especially free rail travel, at this hour of acute distress?

The Indian National Congress has been raising this issue from the outset of the lockdown. There needs to be provisions for the safe and free rail travel of migrant workers and labourers to their home-towns. However, despite our repeated demands,

<sup>494</sup>Indian National Congress. (2020, May 4). Congress President Statement in Hindi & its English Translation - Return of Migrant Labours. Retrieved from <https://www.inc.in/media/press-releases/congress-president-statement-in-hindi-and-its-english-translation-return-of-migrant-labours-1>

the Central Government and the Rail Ministry have chosen to completely ignore the same.

The Indian National Congress has, therefore, taken a decision that every Pradesh Congress Committee shall bear the cost for the rail travel of every needy worker and migrant labourer and shall take necessary steps in this regard. This will be the Indian National Congress' humble contribution in service of our compatriots and to stand shoulder to shoulder in solidarity with them.

**Statement by Shri Rahul Gandhi, dated May 8, 2020.<sup>495</sup>**

It's now 45 days since India was first put under lockdown. Even as the battle against the COVID-19 virus continues across the country the reality is that the total lockdown has unleashed on India an economic tsunami of unimaginable proportions.

It is clear that we are not going to be able to get our economy moving again, without a massive economic stimulus from the Government. Most countries around the world have already announced huge stimulus packages to help restart the economy and ease the pain being suffered by their citizens. However, in India, the Government has been dragging its feet on announcing an economic package targeting vulnerable groups like farmers, migrant labourers and daily wage earners as well as industry clusters like travel & tourism, automobiles, retail etc. that have been severely damaged. The longer the Government delays announcing this package, the more the pain will grow and the tougher it will become to re-start the economy.

At this press conference, I want to share with you some of the key ideas about the contours of an economic stimulus package that have emerged through an internal Congress consultative process. I hope the Government will give these ideas serious consideration and incorporate as many of them as possible in the economic stimulus package, and that I hope it will announce without any further delay.

### **Recommendations**

#### **1. Income Support**

Extend 'Income Support' to at least 13 crore poorest households. Transfer Rs. 7,500 preferably to each household. Even if Rs. 5,000 is transferred to each of the 13 crore households, it will amount to a total of only Rs. 65,000 crore, which we can and must afford.

#### **2. MGNREGA**

100 days of guaranteed wage employment under MGNREGA should be doubled to 200 days to provide more relief and avenues to earn. Close to 28-30% of our population now resides in urban areas. A MGNREGA like guaranteed wage employment programme must be introduced in urban areas as well.

<sup>495</sup>Indian National Congress. (2020, May 8). Shri Rahul Gandhi's statement on the need and contours of an Economic Stimulus Package to fight Covid. Retrieved from <https://www.inc.in/media/press-releases/shri-rahul-gandhi-s-statement-on-the-need-and-contours-of-an-economic-stimulus-package-to-fight-covid>

### **3. Food Security**

Ensure Food Security for even the 11 crore people currently outside PDS. Our godowns are full of grains. Please ensure delivery of 10 kg food grains (rice or wheat), 1 kg pulses and 1 kg sugar to every individual every month for a period of next six months.

### **4. Agriculture & Farmers**

Empower and support the 'Anndaata' farmer.

- Transfer Rs. 10,000 as Urgent Income Support to each of the 8.22 crore PM Kisan Yojana accounts.
- Purchase every ounce of food grains at MSP.
- Remove GST on Fertilizers, Pesticides and Agricultural Equipment immediately.

### **5. MSMEs**

6.25 crore MSMEs generate over 11 crore jobs. Give 1 lakh crore 'Wage Protection Scheme' & 1 lakh crore 'Credit Guarantee Scheme' to MSMEs. Give six months interest subsidy equal to six months of interest on loan taken by MSMEs.

### **6. Large Industries**

Similar credit guarantee up and interest subsidy facilities must be extended to big businesses as well, provided they support their ancillary/auxiliary units. This will ensure the value chain continues to survive and no layoffs happen.

### **7. Shopkeepers**

Except for hotspots, retail supply chains should be restored. This will bring relief to around 7 crore shopkeepers all across India.

### **8. Migrant Labour**

I am deeply disturbed & saddened by news of trains being cancelled and migrants being forced to stay back in some states. They are not bonded labour and should be allowed to travel home according to their own free will. After announcements of buses and trains, why are thousands still forced to walk back to their villages?

#### **Statement by Shri Rahul Gandhi, dated May 16, 2020.<sup>496</sup>**

52 days have passed since India was put under lockdown. On one hand, the Nation is fighting COVID-19 and on the other, our farmers, migrant labourers, shopkeepers, salaried classes and small & medium industries i.e., MSMEs are facing an unprecedented economic crisis.

I have been repeatedly emphasising the pressing need for an exhaustive economic package, for all sections of society. Although the Prime Minister belatedly announced an economic stimulus package on May 12, 2020, the specific details and the contours of the package and its true extent, are not yet clear to the public and are rather

<sup>496</sup>Indian National Congress. (2020, May 16). Shri Rahul Gandhi's Press Statement in Hindi & English. Retrieved from <https://www.inc.in/media/press-releases/shri-rahul-gandhi-s-press-statement-in-hindi-and-english>

opaque. The Finance Minister's daily press conferences on the issue are only adding to the confusion, making India increasingly skeptical and restless.

Meanwhile our migrant labour tragedy continues to unfold across India. Lakhs of men, women and children are on the march, desperate to get back to their homes. The biggest migration since independence is underway, triggered by policies divorced from India's ground realities and ignoring the needs of our most vulnerable brothers and sisters, who have been left to fend for themselves. Yet, till today, the Government has been unable to tell us what it plans to do for this huge mass of people, whose livelihoods have been cut off, as a result of the nationwide lockdown.

Our farmers have met a similar fate. Unseasonal rains and hailstorms have destroyed their crops in many parts of India. The nationwide lockdown has put a brake on the sale of the harvest at Minimum Support Price (MSP). GST continues to be imposed on fertilizers, pesticides and even agricultural equipment. Though global prices have crashed, the price of diesel, which our farmers use across India, hasn't seen any reduction. Whether it is the fruit growing farmer or the vegetable farmer or those engaged in floriculture or in growing wheat or sarson, all sections feel the same unbearable pain. Yet other than rehashing old schemes and making some advances against them, no concrete steps have been taken to relieve our farmers of their suffering.

The government's apathy can also be seen in how our MSMEs that create over 11 crore jobs, are being treated. Instead of concrete financial relief, the Government has offered them loans, driving them into a debt trap from which many will never exit. The story is no different when it comes to our small traders, shopkeepers, the salaried middle class, government employees and pensioners. All are waiting for concrete steps from the government to help them tide over these difficult times. That help it would appear is not forthcoming.

Within the Congress party, our consultative process had helped us create a list of recommendations for the government's economic stimulus package. Although the government has as yet not acted on these recommendations, it is still not too late for it to seriously consider the recommendations, presented below:

#### Recommendations

1. **Income Support-** Extend 'Income Support' to at least 13 crore poorest households. Transfer Rs. 7,500 preferably to each household. Even if Rs. 5,000 is transferred to each of the 13 crore households, it will amount to a total of only Rs. 65,000 crore, which we can afford.
2. **MGNREGA-** 100 days of guaranteed wage employment under MGNREGA should be doubled to 200 days to provide more relief and avenues to earn. Close to 28-30% of our population now resides in urban areas. A MGNREGA like guaranteed wage employment programme must be introduced in urban areas as well.
3. **Food Security-** Ensure Food Security for even the 11 crore people currently outside PDS. Our godowns are full of grains. Please ensure delivery of 10 kg

food grains (rice or wheat), 1 kg pulses and 1 kg sugar to every individual every month for a period of next six months.

4. **Agriculture & Farmers-** Empower and support the 'Annadaata' farmer.
  - Transfer Rs. 10,000 as Urgent Income Support to each of the 8.22 crore PM Kisan Yojana accounts.
  - Purchase every ounce of food grains at MSP.
  - Remove GST on Fertilizers, Pesticides and Agricultural Equipment immediately.
5. **MSMEs-** 6.25 crore MSMEs generate over 11 crore jobs. Give 1 lakh crore 'Wage Protection Scheme' & multi-crore 'Credit Guarantee Scheme' to MSMEs. Give six months interest subsidy equal to six months of interest on loan taken by MSMEs.
6. **Large Industries-** Similar credit guarantee up and interest subsidy facilities must be extended to big businesses as well, provided they support their ancillary auxiliary units. This will ensure the value chain continues to survive and no layoffs happen.
7. **Shopkeepers-** Except for hotspots, retail supply chains should be restored. This will bring relief to around 7 crore shopkeepers all across India.
8. **Migrant Labour-** The Government is duty bound to ensure the safe return of all our migrant brothers and sisters to their homes, free of cost. Steps must be taken for their protection and wellbeing and to ensure that they are treated with dignity and respect.

**Statement by Shri Rahul Gandhi, dated May 26, 2020.<sup>497</sup>**

It is now over 60 days since the country was put under lockdown on March 24th, 2020. At that time the Prime Minister had said the war against the Coronavirus would be won in 21 days.

60 days later, it is now clear that the lockdown has not been able to defeat the virus. The number of new cases in many areas around the country are increasing exponentially. Clearly the PM and his advisors had underestimated the scale of the battle India had to launch to defeat the Coronavirus.

The Prime Minister was quick to take centre stage in the early stages of this battle. But now, when his leadership is most needed, he's stepped back. However, our state Governments are fighting valiantly against the virus, but they are struggling because the funding that the central government should have made available to them has not been forthcoming.

On behalf of the citizens of India, I want to ask the Government, with utmost humility and in a completely non-partisan manner, what is the Government's plan to tackle

<sup>497</sup>Indian National Congress. (2020, May 26). Statement issued by Shri Rahul Gandhi. Retrieved from <https://www.inc.in/media/press-releases/statement-issued-by-shri-rahul-gandhi>

this growing crisis? It is now clear that 4 stage of the lockdown haven't delivered the results that were anticipated. What is the Government's Plan B?

It is important the Government share concrete plans for how it intends to deal with our migrants crisis? How does it plan to scale up testing which is urgently needed? How does it plan to support our MSMEs? How will our State Governments be funded? There are many critical questions that the Government is not providing us answers to, which need to be addressed urgently.

Earlier this month the PM announced an economic stimulus which according to him was equivalent to 10 percent of the GDP. Economists in India and around the world have done the math and come to the sad conclusion that the economic stimulus announced by the PM is actually less than 1% of our GDP and that too most of it is in terms of loans that could drag our MSME's into a debt trap from which they will struggle to recover.

In Congress run states we have been doing whatever we can to both stop the spread of the virus and reducing the economic pain our people are facing through direct cash our State transfers and other measures. But without financial support from the Centre our State Government's ability to help those urgently in need of support is limited.

**Congress Working Committee Statement on COVID-19, dated June 23, 2020.<sup>498</sup>**

The Congress Working Committee (CWC) is deeply concerned that India's COVID-19 infection curve is rising exponentially, instead of flattening. Health experts suggest that peak of the infection has not even been reached. We express our deepest condolences to the families of more than 14,000 people, who lost their loved ones to the pandemic.

The CWC places on record its deep appreciation and gratitude to the CORONA warriors our doctors, our nurses, our paramedics and hospital staff, out Asha & Anganwadi workers, our police personnel, our safai karamcharis and others who have tirelessly served by risking their own lives.

It is shocking that our country has registered the last one lakh positive cases in just eight days and we are now seeing 15,000 new cases nationwide on a daily basis.

The capacity of our hospitals in major cities is being severely tested, our health workers are stressed and overburdened, and the Union government seems to have abandoned its responsibilities and passed the buck to the states, without offering adequate support. Many patients are being denied treatment or not able to afford it.

Extraordinary times require extraordinary measures. The CWC urges the Centre to provide immediate relief for those paying exorbitant prices for COVID-19 treatment in private hospitals by capping the prices. The government must ensure price control

<sup>498</sup>Indian National Congress. (2020, June 23). Three CWC Statements in English. Retrieved from <https://www.inc.in/media/press-releases/three-cwc-statements-in-english>

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and easy availability of the drugs approved as lines of treatment for COVID and check the astronomically high prices and ongoing black marketeering. The CWC also notes that insurance companies are not coming forward to support or cover the COVID-19 treatment leading to hapless patients being financially stranded in times of pandemic. The government and the insurance regulator must take all steps necessary to control the situation and impose heavy penalties on defaulting insurance companies.

The CWC wants to draw attention to the fact that after more than four months into the pandemic, it is astonishing that the Modi government has not unveiled a coherent strategy on reducing fatalities, increasing testing, contact tracing and ensuring social distancing and safety for the most vulnerable population. There is no nationwide data on available hospital beds and ventilators and no clarity on future capacity planning. There is absolutely no sense of urgency or a credible plan to expand our beleaguered health workforce with quick recruitment of young doctors, nurses and other health workers. Our citizens need a health workforce to deliver public health and health care services effectively and expeditiously.

The PM CARES fund continues to be woefully under-utilised and administered without any transparency whatsoever. The testing protocols set by ICMR keep changing. The recent introduction of antigens testing with lower sensitivity than RT-PCR tests has only added to the policy confusion. Neither is there consistency and transparency on testing data. There have been no awareness campaigns by the Union government to ensure correct masking protocol and social distancing as reports of limited public awareness continue to hit headlines.

To tackle the pandemic effectively, the CWC urges the Centre to engage and enable all sections of society to work together with synergy and speed. Participation of citizenry, voluntary organisations, panchayats and elected urban local bodies has been visible only in a few parts of the country. The NGOs qualifying and willing to provide full facilities of Grade-1 must be involved by the government in the healthcare effort. 'Sab ka saath' requires 'Sab ka haath' in this national effort. Unify, do not divide. Protect all, do not discriminate.

An area of serious concern is complete absence of SOP in expeditious handing over of bodies of COVID victims and their cremation by fully respecting their dignity and sentiments of loved ones. Government must set up a protocol for immediate handing over of bodies to the families and their expeditious cremation with full honour and respect.

It is time that the Modi government discussed all these issues threadbare, take the nation into confidence and safeguard Indian lives and livelihoods with concrete action instead of 'empty words'. To be 'atmanirbhar' as a nation and to combat COVID-19, the Modi government must draw upon this great nation's strength, not undermine it.



**Joint Statement on Public Health dated May 2, 2021.<sup>499</sup>**

In times of the uncontrollable surge of the pandemic across our country:

We call upon the Central government to focus all attention in ensuring the uninterrupted flow of Oxygen supplies to all hospitals and health centres across the country.

We call upon the Central government to immediately launch a free mass vaccination programme across the country.

The budgetary allocation of Rs 35,000 crore for the vaccination programme must be utilised for this.

Sonia Gandhi (INC)  
 HD Deve Gowda (JD-S)  
 Sharad Pawar (NCP)  
 Uddhav Thackeray (SS)  
 Mamata Banerjee (TMC)  
 Hemant Soren (JMM)  
 MK Stalin (DMK)  
 Kum. Mayawati (BSP)  
 Farooq Abdullah (JKPA)  
 Akhilesh Yadav (SP)  
 Tejashwi Yadav (RJD)  
 D Raja (CPI)  
 Sitaram Yechury (CPI-M)

## II. Letters

**Congress President Letter to all Congress Chief Ministers, dated March 6, 2020.<sup>500</sup>**

Dear Chief Minister,

I hope this letter finds you well. We are in the midst of a global health emergency. As the international community steps up efforts to contain the outbreak of COVID-19, there is an urgent need for an effective domestic response. The spike in the confirmed cases of COVID-19 in India over the last week has led to public panic.

In this context, it is critical for the State Government to put in place effective response and preparedness measures. The capacity of public healthcare facilities must be augmented to respond to any potential outbreak. Increased disease surveillance, and strengthening the testing facilities could help early detection and containment. The

<sup>499</sup>Indian National Congress. (2021, May 2). Joint Statement on Public Health. Retrieved from <https://www.inc.in/media/press-releases/joint-statement-on-public-health>

<sup>500</sup>Indian National Congress. (2020, March 6). Corona Virus- Congress President Writes Letter to all Congress Chief Ministers. Retrieved from <https://www.inc.in/media/press-releases/corona-virus-congress-president-writes-letter-to-all-congress-chief-ministers>

State Government must lend all possible support to public health care responders to carry out their duty effectively.

The World Health Organisation has warned of severe shortage of personal protective equipment (PPE), especially for frontline health workers, and have estimated that manufacturers must increase production by 40% to meet requirements. I urge the State Government to ensure adequate supply of PPE, especially in public healthcare facilities, and initiate effective measures to prevent hoarding and black-marketing. It is equally important to strengthen the intensive care facilities to meet any potential contingency.

Given the rising number of confirmed cases of COVID-19 in India, protocols for contact identification and isolation must be put in place. Quarantine facilities, especially at points of entry must be set up urgently. The State government may also consider issuing advisories regarding avoiding large public gatherings. This may help contain community transmission.

Lastly, public awareness campaigns are necessary to quell widespread misinformation. Communities must be educated regarding precautionary and preventive measures, including relevant hygiene and sanitation practices. Dedicated helplines in the local language could be set up. The State Government may also consider holding daily public briefings to appraise communities of the evolving situation and address any unfounded fears.

I am confident that the State Government will take all necessary measures in our collective fight against COVID-19.

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's letter to Prime Minister regarding the migrant workers crisis due to COVID-19 lockdown, dated March 23, 2020.<sup>501</sup>**

Dear Prime Minister,

I hope this letter finds you well. We are in the midst of the worst global pandemic. This has necessitated stringent measures for containment and management of the COVID-19 transmission. These measures have led to widespread economic disruptions that had a debilitating impact on the informal sector.

Over the last week, lakhs of migrant workers in major cities across India have left for their hometowns and villages fearing a prolonged economic downturn. As the second largest employer in India, over 44 million construction workers are now faced with a precarious future. Many are stranded in cities and are deprived of their livelihoods due to the stringent lock down measures.

<sup>501</sup>Indian National Congress. (2020, March 24). Congress President Smt Sonia Gandhi's letter to Prime Minister regarding COVID-19. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-letter-to-prime-minister-regarding-covid-19>

The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 provides for various welfare measures for workers. The Act also provides for the constitution of State welfare Boards and the constitution of welfare fund. It is reported that the Welfare Boards collected Cess amounting to Rs. 49,688.07 crores till March 31, 2019. However, only an amount of Rs. 19,379.922 crores had been spent.

Several countries around the world, most notably Canada has announced wage subsidy measures as part of its COVID-19 Economic Response Plan. Considering the extraordinary circumstance, I request you to consider advising the State Building and Other Construction Workers Welfare Boards to roll out emergency welfare measures, particularly wage support, to the construction workers who are in distress.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's 2nd Letter to Congress CMs  
regarding COVID-19, dated March 23, 2020.<sup>502</sup>**

Dear Chief Minister,

I hope this letter finds you well. I would like to commend your tireless efforts towards responding to the COVID-19 pandemic. This public health emergency has triggered a severe economic downturn that threatens the livelihoods of millions.

The Construction sector is still reeling under the twin blow of demonetization and GST, and slowdown triggered by COVID-19 is likely to further deepen the crisis. While lakhs of migrant workers fled large cities over the last week due to panic and stoppage of work, many are left stranded due to stringent lockdown measures and closure of public transport. Given their dependence on daily wages, it is important to provide urgent wage support to construction workers who have been deprived of work.

At this juncture, it is critical to ensure that workers are given the benefits they are entitled to under various statutory provisions. State Welfare Boards set up under the 'Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996' have a large pool of unutilized funds collected through the levy of Building and Other Construction Workers Welfare Cess.

Given that a significant amount of Cess lies unutilized, the State Welfare Boards may consider providing wage support to their registered beneficiaries. Several countries around the world, most notably Canada has announced wage subsidy measures as part of its COVID-19 Economic Response Plan. In light of the extraordinary

<sup>502</sup>Indian National Congress. (2020, March 24). Congress President Smt Sonia Gandhi's 2nd Letter to Congress CMs regarding COVID-19 Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-2nd-letter-to-congress-c-ms-regarding-covid-19-1>

circumstance, I urge you to advise the State Welfare Boards to take necessary action at the earliest. Kindly keep me informed of progress in this matter.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's Letter to the Prime Minister, dated  
March 26, 2020.<sup>503</sup>**

Dear Prime Minister,

The Coronavirus (COVID-19) pandemic sweeping across the world has caused serious public health concerns, anguish and apprehensions across our country. It has imperilled lives and put at risk the lives and livelihoods of millions, particularly, the most vulnerable sections of our society. The entire nation stands as one in solidarity in the fight to halt and defeat the Corona pandemic.

The 21-day 'Nationwide Lockdown' announced by you as a measure to fight the Coronavirus is a welcome step. As President of the Indian National Congress, I would like to state that we will support and collaborate fully with every step taken by the Union Government to ensure the containment of the pandemic.

At this challenging and uncertain time, it is imperative for each one of us to rise above partisan interests and honour our duty towards our country and indeed, towards humanity. It is in the spirit of solidarity and cooperation therefore, that I would like to suggest some measures that I believe will help us to address the massive health crisis we are about to face and to ameliorate the immense economic and existential pain that vulnerable sections of our society will soon be subjected to.

1. It has been announced that the Union Government has allocated Rs. 15,000 Cr to fight the Coronavirus including meeting the requirements of our doctors, nurses and health professionals. - would like to re-emphasize the urgent need to arm our doctors, nurses and health workers with 'Personal Protection Equipment' including N-95 masks and hazmat suits.

Let us ensure the opening and scaling up of manufacture and supply of these items so that not a single health professional faces the predicament of contracting or passing on COVID-19 owing to unavailability of 'Personal Protection Equipment'. Announcing a special "Risk Allowance" for doctors, nurses and health workers for a period of six months retrospectively from the 1<sup>st</sup> of March 2020, is imperative. Health Professionals and their support teams risk their lives to work at the frontlines of the battle against COVID-19. I believe we owe it to them to provide every protection and incentive we can.

<sup>503</sup>Indian National Congress. (2020, March 26). Congress President Smt Sonia Gandhi's letter to Prime Minister Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-letter-to-prime-minister>

2. Over the last few weeks, there has been much uncertainty about designated hospitals and their locations, number of beds, isolation chambers, ventilators, dedicated medical teams, medical supplies etc. This has been caused by a paucity of information. Disseminating all essential information, including the locations of designated hospitals and their emergency phone line numbers is essential to facilitate management of the pandemic. A dedicated portal for sharing these and all other necessary information is one way forward.
3. Given that even the most advanced and developed healthcare systems in the world are facing an overload of patients and crumbling under the weight of the sheer numbers of affected persons, the Union Government could immediately commission and begin construction of temporary facilities with large numbers of ICUs and ventilators in geographical areas where the outbreak is expected to be concentrated in the near future.
4. Daily wagers, MGNREGA workers, factory labour, construction & unorganized workers, fishermen, farm labourers and many more form the most vulnerable sections of our society. It has been recently reported that many businesses and companies are laying off and retrenching large numbers of regular and temporary employees. It would be in order for the Union Government to immediately put in place broad based social protection measures including Direct Cash Transfer to these sections to tide over the period of difficulty. I have suggested some such measures in the succeeding points.
5. The 21-day Lockdown comes at the peak of the harvesting season. The agricultural crop is ready for harvesting in most states by the end of March. With nearly 60% of India's population being economically dependent on agriculture, it is imperative that the Union Government should take necessary steps to enable harvesting and procurement of crops at MSP. This is also the right time to suspend all recoveries from farmers for a period of six months and to consider indebtedness relief liberally.
6. I sincerely believe that implementing the Minimum Income Guarantee Scheme i.e., 'NYAY Yojana' proposed by the Indian National Congress is the need of the hour. At this time of immense distress for the poor who are going to weather the major economic fallout of this pandemic, it will give them a basic economic resource to fall back on.

Alternately, a cash transfer of Rs. 7,500/- to every 'Jan Dhan' Account Holder, 'PM Kisan Yojana' Account Holder, all old-age / widow / differently -abled person's Pension Account, MGNREGA worker's accounts, as a one-time special measure to tide over the 21-Day Lockdown period should be considered.

May I also suggest distribution of 10 kg of rice or wheat per family member to every ration card holder through PDS free of cost as a special measure to tide over the difficulty of the next 21 days.

7. Salaried class employees are also bearing the brunt of the harsh measures required to contain the spread of the disease. The Union Government might consider deferring all EMIs for a period of six months. The interest being charged by the banks for this period may consequently be waived. Similarly, all loan installment deductions from the salary of government employees may also be deferred for six months.
8. All businesses, particularly the Micro, Small & Medium businesses, have been facing unprecedented distress from before the onset of the pandemic. The pandemic has increased their distress multi-fold. The Union Government must consider announcing a comprehensive sector-wise relief package including necessary tax breaks, interest subvention and deferment of liabilities.

Mr. Prime Minister, if implemented, these measures will reaffirm our commitment to each and every one of our citizens when they most need support and protection. We in the Congress Party stand with the people of India at this time of national crisis and we extend to the government, our full support and cooperation.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President's Letter to PM regarding the plight of migrant workers amidst the lockdown, dated March 27, 2020.<sup>504</sup>**

Dear Prime Minister,

I want to draw your urgent attention on the impact of the nationwide lockdown on the poor who are currently stranded in transit toward their homes.

Lakhs of migrant workers are being forced to walk hundreds of miles as there is no public transport available. Several others are stuck in guest houses or hotels and have run out of money to pay their costs.

This lockdown is beginning to have a detrimental effect on such fellow citizens.

It's my earnest appeal that a national advisory be issued to assist those who are trapped in transit. I am taking the liberty to suggest two such measures

<sup>504</sup>Indian National Congress. (2020, March 27). Congress President's Letter to PM regarding the plight of migrant workers amidst the lockdown. Retrieved from <https://www.inc.in/media/press-releases/congress-president-s-letter-to-pm-regarding-the-plight-of-migrant-workers-amidst-the-lockdown>

1. One time State transport services be made available to those who are walking to their home towns or villages.
2. District Collectors to extend all possible assistance to those who can no longer afford to stay in lodges or guest houses.

The citizens of our country are making tremendous sacrifices for a better tomorrow. Therefore, we must make all efforts to ensure that the purpose of the lockdown is not defeated by making the most vulnerable bear its cost.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Shri Rahul Gandhi's Letter to Prime Minister regarding COVID-19, dated  
March 29, 2020.<sup>505</sup>**

Hon'ble Shri Narendra Modi,  
Prime Minister of India

Dear Prime Minister,

I would like to convey to you my solidarity along with that of millions of Congress party workers at this time of immense humanitarian crisis. We are all doing our utmost to cooperate with the steps the government is taking to fight the Coronavirus outbreak in India.

The world has been forced to take immediate, severe measures to contain the rapid spread of the Covid-19 virus and India is currently in the midst of a three-week lockdown. I must urge you to seriously consider the potentially devastating impact a nationwide lockdown would have on our people, our society and our economy.

It is critical for us to understand that India's conditions are unique. We may be required to take different steps than other large countries who are following a total lockdown strategy. The number of poor people in India who are dependent on a daily income is simply too large for us to unilaterally shut down all economic activity. The consequences of a complete economic shut down will disastrously amplify the death toll arising from the Covid-19 virus.

It is important that the government consider a more nuanced and targeted approach that takes the complex realities of our people into consideration. Our priority must be to protect and isolate the elderly and vulnerable from the virus and to clearly and strongly communicate to the young the dangers of their proximity to older people.

<sup>505</sup>Indian National Congress. (2020, March 29). Shri Rahul Gandhi to Prime Minister regarding COVID-19. Retrieved from <https://www.inc.in/media/press-releases/shri-rahul-gandhi-to-prime-minister-regarding-covid-19>

Millions of India's elderly live in villages. A complete lockdown and the resulting shut down of our economic engine will almost certainly ensure that millions of unemployed youth rush back to their villages, increasing the risk of infecting their parents, grandparents and the elderly population. This will result in a catastrophic loss of life.

We must immediately strengthen the social safety net and use every public resource we have to support and shelter the working poor. The financial package announced by the government is a good first step. But speedy delivery of the package is important. Please announce and enforce a clear roadmap with dates for its implementation. Large population centres will require equally large, dedicated hospitals with thousands of beds and ventilators. It is critical that we start setting up these structures and manufacturing the necessary equipment as fast as is humanly possible. At the same time, we need to dramatically increase the number of tests that we are carrying out and get an accurate picture of the virus's spread in order to contain it.

The government's sudden lockdown has created immense panic and confusion. Thousands of migrant workers have been forced to leave their rented homes as they are unable to pay rent. It is important that the government intervenes and provide them money for their rent immediately. Factories, small industries and construction sites have closed, tens of thousands of migrant labourers are trying to walk to their villages and are stranded at various state borders. They are rendered totally vulnerable without their daily wages or access to nutrition and basic services. They are struggling to seek refuge as they march to reach far-away homes. It is important that we help them find shelter and inject money directly into their bank accounts to help them survive these arduous next few months.

It is also critical that we set up a defensive wall around our key financial and strategic institutions to protect them from the shock wave that is bound to come as the true impact of the virus and our economic shutdown hits us a few weeks from now. Our informal economy and immense network of small and medium businesses and farmers are going to be vital to any rebuilding effort. It is crucial that we engage them in a conversation, build their confidence and protect their interests with correct and timely action.

We stand together with the government in fighting and overcoming this tremendous challenge.

With best wishes,

Rahul Gandhi



**Congress President Smt. Sonia Gandhi letter to Prime Minister of India,  
dated April 7, 2020.<sup>506</sup>**

Dear Prime Minister,

In your call yesterday you very kindly asked me to convey to you any suggestions our party has to meet the grave challenge of Covid-19. It is in this spirit that I write to you.

I hope this letter finds you safe and well.

I am writing to convey our support for the decision taken by the Union Cabinet to reduce salaries for Members of Parliament by 30 percent. Austerity measures which can be used to divert much needed funds to the fight against Covid-19 are the need of the hour. I am writing to offer five concrete suggestions. I am certain you will find value in them.

*First*, Impose a complete ban on media advertisements - television, print and online - by the Government and Public Sectors Undertakings (PSUs) for a period of two years. The only exceptions should be advisories for Covid-19 or for issues relating to public health. Given that the Central Government currently spends an average of Rs. 1250 crores per year on media advertisements (not including an equal or greater amount spent by PSUs and Government companies), this will free up a substantial amount to alleviate the economic and social impacts of Covid-19.

*Second*, Suspend the Rs. 20,000 crore 'Central Vista' beautification and construction project forthwith. At a time like this, such an outlay seems self-indulgent to say the least. I am certain that Parliament can function comfortably within the existing historical buildings. There is no urgent or pressing requirement that cannot be postponed until this crisis is contained. This sum could instead be allocated towards constructing new hospital infrastructure and diagnostics along with equipping our frontline workers with Personal Protection Equipment (PPEs) and better facilities.

*Third*, It makes sense to order a proportionate reduction of 30 percent in the expenditure budget (other than Salaries, Pensions and Central Sector Schemes) for the Government of India as well. This 30 percent (i.e., Rs. 2.5 lakh crores per year approximately) can then be allocated towards establishing an economic safety net for migrant workers, labourers, farmers, MSMEs and those in the unorganised sector.

*Fourth*, All foreign visits including that of the Prime Minister, Union Ministers, Chief Ministers, State Ministers and bureaucrats must be put on hold in a similar fashion. Exceptions can be made in case of special emergency or exigencies in national interest to be cleared by the PM. This amount can be utilised extensively in measures to combat Covid-19.

<sup>506</sup>Indian National Congress. (2020, April 20). Congress President Smt Sonia Gandhi letter to Prime Minister of India. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-letter-to-prime-minister-of-india>

*Fifth*, Transfer all money under 'PM Cares' fund to the 'Prime Minister's National Relief Fund' (PMNRF). This will ensure efficiency, transparency, accountability and audit in the manner in which these funds are allocated and spent. It seems like a waste of effort and resources to have and create two separate entities for the distribution of funds. I understand that Rs. 3800 crores approximately are lying unutilised in the PMNRF (at the end of FY-2019). These funds, plus the amount in 'PM Cares' fund, can be utilised to ensure an immediate food security net for those at the very margins of society.

Every single Indian has made great personal sacrifices to fight this disease. They have complied with every suggestion, instruction and decision taken by your office and the Central Government. It is time that the Legislature and the Executive reciprocate this trust and good faith.

Please be assured that you have our unwavering support in meeting the grave challenge of Covid-19 facing the country.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's Letter to the Prime Minister, dated  
April 13, 2020<sup>507</sup>**

Dear Prime Minister,

I hope this letter finds you well.

Lakhs of vulnerable people across the country face chronic food insecurity due to the lockdown. This is tragic given that India has large buffer stock of food grains precisely for exigencies like the current pandemic.

I welcome your decision to provide free of cost, 5kg grain/person in addition to the entitlements under the National Food Security Act (NFSA) from April-June, 2020. However, given the adverse impact of the lockdown and its prolonged impact on people's livelihoods, I write to you to consider a few suggestions.

Firstly, the provision of 10 kg grains/person to NFSA beneficiaries must be extended for an additional period of 3 months i.e., till September, 2020. Given the chronic economic distress faced by these beneficiaries, the food entitlements may be provided free of cost.

Secondly, 10 kg grains / person may be provided free of cost, for a period of 6 months, to those who may be facing food insecurity but not holding ration cards. - would like to bring to your notice that all migrant labour who have been facing acute

<sup>507</sup>Indian National Congress. (2020, April 13). Congress President Smt Sonia Gandhi's letter to the Prime Minister. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-letter-to-the-prime-minister>

distress may not be holding NFSA cards. In addition, many deserving people have been excluded from the NFSA lists.

The current crisis has pushed many relatively food secure families into food insecurity and poverty. Population increases since 2011 have not been considered for determining each State's entitlement under NFSA.

The above measures are critical to safeguard people against food inflation, at a juncture where supply chain disruptions are causing price rise. Furthermore, the release of food grains to the states as suggested above will help create storage space with Food Corporation of India (FCI) to ramp up Rabi season procurement of Wheat and Rice.

In our fight against the pandemic we must ensure that no one faces hunger.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's Letter to PM on MSME, dated April 25, 2020<sup>508</sup>**

Dear Prime Minister

I hope this letter finds you well.

The last five weeks have brought our nation face to face with several challenges. As we continue our fight against Covid-19, I felt it essential to highlight an economic concern that needs immediate attention and intervention. If ignored, this issue has the potential of having a devastating and expansive ripple effect on our economy.

Micro, Small and Medium Scale Enterprises (MSME) contribute close to one third of the nation's GDP and account for almost 50% of our exports. They employ over 11 crore people. At this moment, without appropriate support, more than 6.3 crore MSMEs stand on the verge of economic ruin.

Every single day of the lockdown comes at a cost of Rs. 30,000 crores to the sector. Nearly all MSMEs have lost sales orders, seen a complete cessation of their work, and have had their revenue negatively impacted by the lockdown. Most worrying of all, the 11 crore employees mentioned in the preceding paragraph are at risk of losing their jobs as MSMEs struggle to pay their wages and salaries. The Government needs to introduce a series of measures to meet this crisis head on or risk a much large economic crisis down the road. To this end, I offer the following suggestions.

*First*, announce a Rs. 1 lakh crore "MSME Wage Protection" package. This would go a long way in shoring up these jobs, boosting morale as well as greatly alleviating the predicted economic spiral.

<sup>508</sup>Indian National Congress. (2020, April 25). Congress President's Letter to PM on MSME. Retrieved from <https://www.inc.in/media/press-releases/congress-president-s-letter-to-pm-on-msme>

*Second*, establish and deploy a credit guarantee fund of Rs.1 lakh crore. This is necessary to provide immediate liquidity to the sector and ensure adequate capital is available to MSMEs at a time when they need it the most.

*Third*, actions taken by RBI must get reflected in actions by commercial banks to ensure adequate, easy and timely credit supply to MSMEs. Furthermore, any monetary action at the RBI's end must be supported by sound fiscal support from the Government. A 24x7 helpline in the Ministry to provide guidance and to assist MSMEs during this period would also be of enormous value.

*Fourth*, these measures need to be supported by an expansion & extension of the RBI's moratorium on payment of loans for MSME beyond the stipulated period of 3 months. The Government should also explore a waiver/reduction of taxes for MSMEs and other sector specific measures.

*Fifth*, high collateral security is leading to denial of credit. Same is the case with limits on 'margin money' being extremely high. These factors combine to ensure a lack of access to available credit for MSMEs and must be addressed.

Government has acknowledged MSMEs to be the backbone of our economy. It is time it takes measures to ensure the revival and strengthening of that backbone. This is a case where timely and decisive action can make all the difference.

I also take this opportunity to reiterate our continued constructive support in the fight against Covid-19.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Congress President Smt. Sonia Gandhi's Letter to PM on extension of free food grains for a period of three months up till September 2020, dated June 22, 2020<sup>509</sup>**

Dear Prime Minister,

I hope this letter finds you well. Nearly three months since the country went into a strict lockdown, millions of Indians are at risk of slipping into poverty. The adverse impact on livelihoods has led to chronic food insecurity for both, our urban and rural poor. In light of the current situation, food entitlements must be expanded to address the hunger crisis facing some of the most vulnerable people in the country.

<sup>509</sup>Indian National Congress. (2020, June 22). Letter of Congress President, Smt. Sonia Gandhi addressed to the Prime Minister on extension of free food grains for a period of three months up till September 2020. Retrieved from <https://www.inc.in/media/press-releases/letter-of-congress-president-smt-sonia-gandhi-addressed-to-the-prime-minister-on-extension-of-free-food-grains-for-a-period-of-three-months-up-till-september-2020>

The provision for supply of 5 kg free food grains/person/month to Antyodaya Anna Yojana and Priority Households under the National Food Security Act from April-June, 2020, in addition to regular entitlements was announced at the beginning of the lockdown. The Government also announced free food grains of 5kg/person/month for migrants not covered under any Central or State PDS scheme, for the month of May and June. The Union Government must consider extending the provision for free food grains for a further period of three months i.e. from July-September 2020. Several States have requested for the same. Furthermore, since a significant number of poor households continue to be excluded from the PDS system, temporary ration cards must be issued to all such households.

I hope that the Central Government will consider the above mentioned suggestions and announce the decision at the earliest.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Shri Rahul Gandhi's Letter to Prime Minister of India on COVID-19  
Vaccination, dated April 8, 2021<sup>510</sup>**

Hon'ble Shri Narendra Modi  
Prime Minister of India

Dear Prime Minister,

I write to you with great concern since we are once again at the epicentre of the coronavirus pandemic. Over the last year, our country suffered irreparable losses, made tremendous sacrifices, and yet, we are under a renewed attack by this virus.

This is unfortunate considering our scientific community and vaccine suppliers worked overtime to develop a solution but their efforts are undermined by the Centre's poor implementation and "oversight".

Highlights of our country's current concerns:

1. India had the first mover advantage in vaccination and yet we are moving at snail's pace. Historically, India has achieved abundant experience in designing and executing some of the world's biggest vaccination programs. Yet in the present case, we have managed to fully vaccinate less than 1% of the population in 3 months. Countries with sizeable populations have managed to vaccinate relatively many more people.
2. At our current vaccination rate, it would take years to inoculate 75% of the population. This will have catastrophic effects and will gravely decelerate India's economy.

<sup>510</sup>Indian National Congress. (2021, April 9). Shri Rahul Gandhi's Letter to Prime Minister of India on COVID-19 Vaccination. Retrieved from <https://www.inc.in/media/press-releases/shri-rahul-gandhi-s-letter-to-prime-minister-of-india-on-covid-19-vaccination>

3. There is no clear reason as to why the government permitted large- scale exports of vaccines. While our nation is facing vaccine starvation, more than 6 crore doses of vaccines have been exported. The state governments are repeatedly highlighting vaccine shortages only to receive intemperate statements by the Union Minister of Health & Family Welfare targeting Opposition-ruled states, undercutting cooperative federalism which you too have stressed as essential.

Was the export of vaccines also an "oversight", like many other decisions of this government, or an effort to garner publicity at the cost of our own citizens?

4. Centralization and individualized propaganda are counter- productive. Even though Public Health is a state subject, our states have been bypassed right from vaccine procurement to registration. Additionally, a large section of the poor has been excluded due to the initial mandatory online registration.

The Congress Party takes immense pride in building the framework over last 70 years to make India world's vaccine hub and, hence, we firmly support a well-planned, universalized & speedy vaccination drive.

Our vaccination program has to move beyond an individual's picture on the vaccine certificate, towards guaranteeing maximum vaccination.

Therefore, I humbly request you to:

1. Provide vaccine suppliers with necessary resources to increase manufacturing capacity.
2. Place an immediate moratorium on vaccine export.
3. Fast track approval of other vaccines as per norms and guidelines.
4. Open up vaccination to everyone who needs it.
5. Double central allocation for vaccine procurement from the existing Rs 35,000 crore.
6. Give State governments a greater say in vaccine procurement and distribution.
7. Provide direct income support to the vulnerable sections in the disastrous second wave.

I reiterate our unstinted support to the Covid-19 vaccination program and hope these suggestions will be considered expediently.

Sincerely,  
Rahul Gandhi

**Former Prime Minister Dr. Manmohan Singh's Letter to the Prime Minister of India, dated April 18, 2021<sup>511</sup>**

Dear Prime Minister:

It is now over a year since the world, and India, have been grappling with the Covid-19 pandemic. Many parents have not seen their children, living in different cities, in over a year. Grandparents have not seen their grandchildren. Teachers have not seen children in the classroom. Many have lost their source of livelihood, and several millions have been pushed back into poverty. With the second surge that we are currently witnessing, people are beginning to wonder when their lives will get back to normal.

There are many things that we must do to fight the epidemic but a big part of this effort must be ramping up the vaccination programme. I have some suggestions in this regard. In making them I want to emphasise that I am putting them forward for your kind consideration in a spirit of constructive cooperation in which I have always believed and acted upon.

**First**, the government should publicise what are the firm orders for doses placed on different vaccine producers and accepted for delivery over the next six months. If we want to vaccinate a target number in this period, we should place enough orders in advance so that producers can adhere to an agreed schedule of supply.

**Second**, the government should indicate how this expected supply will be distributed across states based on a transparent formula. The central government could retain 10 percent for distribution based on emergency needs, but other than that, states should have a clear signal of likely availability so that they can plan their roll out.

**Third**, states should be given some flexibility to define categories of frontline workers who can be vaccinated even if they are below 45 years of age. For example, states may want to designate school teachers, bus, three-wheeler and taxi drivers, municipal and panchayat staff, and possibly lawyers who have to attend Courts as frontline workers. They can then be vaccinated even if they are below 45.

**Fourth**, over the past few decades, India has emerged as the largest vaccine producer in the world, thanks to policies adopted by the government and robust intellectual property protection. The capacity is largely in the private sector. At this moment of a public health emergency, the Government of India must proactively support vaccine producers to expand their manufacturing facilities quickly by providing funds and other concessions. In addition, I believe this is the time to invoke the compulsory licensing provisions in the law, so that a number of companies are able to produce the vaccines under a licence. This, I recall, had happened earlier in the case of medicines to deal with the HIV/AIDS disease. As far as Covid-19 is concerned, I have read that Israel has already invoked the compulsory licensing provision and there is an overwhelming case for India to do so as well quickly.

<sup>511</sup>Indian National Congress. (2021, April 18). Dr. Manmohan Singh's Letter to the Prime Minister of India. Retrieved from <https://www.inc.in/media/press-releases/dr-manmohan-singh-s-letter-to-the-prime-minister-of-india>

**Fifth**, since domestic supplies are limited, any vaccine that has been cleared for use by credible authorities such as the European Medical Agency or the USDA, should be allowed to be imported without insisting on domestic bridging trials. We are facing an unprecedented emergency and, I understand, experts are of the view that this relaxation is justified in an emergency. The relaxation could be for a limited period during which the bridging trials could be completed in India. All consumers of such vaccines could be duly cautioned that these vaccines are being allowed for use based on the approval granted by the relevant authority abroad.

The key to our fight against Covid 19 must be ramping up the vaccination effort. We must resist the temptation to look at the absolute numbers being vaccinated and focus instead on the percentage of the population vaccinated. Currently, India has vaccinated only a small fraction of its population. I am certain that with the right policy design, we can do much better and very quickly.

I hope the government will accept these suggestions immediately and act on them promptly.

With warmest regards,

Yours sincerely,  
Manmohan Singh

**Congress President Smt. Sonia Gandhi to Prime Minister on Vaccine Policy & discriminatory Vaccine Pricing, dated April 22, 2021.<sup>512</sup>**

Dear Prime Minister,

I write to convey the deep concern and sense of anguish that the new Covid-19 vaccination policy has caused amongst the people.

It is surprising that despite the harsh lessons of last year and the pain inflicted on our citizens, the Government continues to follow an arbitrary and discriminatory policy, which promises to exacerbate existing challenges.

The policy implies that the Government of India has abdicated its responsibility to provide free vaccination for citizens between the age group of 18 to 45 years. This is complete abandonment of the Government's responsibility towards our youth.

As a consequence of this policy, the vaccine manufacturer, i.e., the Serum Institute of India announced a differential pricing mechanism today, viz., Rs. 150/- per dose for the Central Government, Rs. 400/- per dose for State Government and Rs. 600/- per dose for Private Hospitals.

<sup>512</sup>Indian National Congress. (2021, April 22). Congress President, Smt. Sonia Gandhi to Prime Minister on Vaccine Policy & discriminatory Vaccine Pricing. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-to-prime-minister-on-vaccine-policy-and-discriminatory-vaccine-pricing>



This means that citizens will be compelled to pay these high rates to be vaccinated. This will also bleed the finances of State Governments.

This begs the question, how can the same vaccine manufactured by the same company have three different prices? There is no rationale or justification that allows for such arbitrary distinction.

Furthermore, in these unprecedented times, how can the Government of India permit such brazen profiteering from people's misery? At a time when medical resources are scarce, hospital beds are unavailable, oxygen supply and availability of essential medicine is dwindling rapidly, why is your Government allowing a policy that reeks of such insensitivity. Even with regards to the fifty percent quota for vaccination available with the Central Government, the allocation must be transparent and equitable, in line with the spirit of cooperative federalism.

The Indian National Congress has already demanded a re-evaluation of this policy. Surely, any reasonable person will agree on the benefit of a uniform price for vaccination.

I would urge you to intervene immediately and reverse this ill-considered decision. The nation's goal must be to ensure that everyone over 18 years is given the vaccine, regardless of their economic circumstances.

With kind regards,

Yours sincerely,  
Sonia Gandhi

**Shri Rahul Gandhi's Letter to the Prime Minister dated May 7, 2021.<sup>513</sup>**

Hon'ble Shri Narendra Modi  
Prime Minister of India

Dear Prime Minister,

I am compelled to write to you once more as the Covid tsunami continues to ravage our country unabated.

In such an unprecedented crisis, the people of India must be your foremost priority. I urge you to do everything in your power to stop the needless suffering that our people are going through.

But it is also important to understand India's responsibility in a globalized and interconnected world.

India is home to one out of every six human beings on the planet. The pandemic has demonstrated that our size, genetic diversity and complexity make India fertile

<sup>513</sup>Indian National Congress. (2021, May 7). Shri Rahul Gandhi's Letter to the Prime Minister. Retrieved from <https://www.inc.in/media/press-releases/shri-rahul-gandhi-s-letter-to-the-prime-minister-1>

ground for the virus to rapidly mutate, transforming itself into a more contagious and more dangerous form. The double and triple mutant strains that we are currently grappling with are only the beginning, I fear.

Allowing the uncontrollable spread of this virus in our country will be devastating not only for our people but also for the rest of the world.

It is, therefore, absolutely critical that we address several urgent issues without delay. We must:

- Scientifically track the virus and its mutations across the country using genome sequencing as well as its disease patterns
- Dynamically assess the efficacy of all vaccines against all new mutations as they are identified
- Rapidly vaccinate our entire population
- Be transparent and keep the rest of the world informed about our findings.

Your government's lack of a clear and coherent Covid and vaccination strategy, as well as its hubris in declaring premature victory as the virus was exponentially spreading, has placed India in a highly dangerous position: today the disease is growing explosively. It is currently on the verge of overwhelming all of our systems. GOI's failures have made another devastating national lockdown almost inevitable.

In light of this, it is critical that our people are prepared for such an eventuality. To prevent a repeat of the manifold suffering caused by last year's lockdown, the government must act with compassion and provide critical financial and food support to our most vulnerable people. In addition, it must be ready with a transportation strategy for those who will require it.

I am aware that you are concerned about the economic impact of a lockdown. Inside and outside India, the human cost of allowing this virus to continue its march unimpeded will result in many more tragic consequences for our people than any purely economic calculations your advisors are suggesting.

In times of crisis, various stakeholders must be taken into confidence so we can all work together to safeguard India. Once again, assure you of our support in the fight against this ferocious pandemic.

Please consider these urgent and time-sensitive suggestions.

Sincerely,  
Rahul Gandhi

**Joint Letter by Major Opposition Parties to the Prime Minister, dated May 12, 2021.<sup>514</sup>**

Dear Mr. Prime Minister,

The Covid-19 pandemic in our country has assumed unprecedented dimensions of a human catastrophe.

We have repeatedly in the past drawn your attention, independently and jointly, to the various measures that are absolutely imperative for the Central government to undertake and implement. Unfortunately, your government has either ignored or refused all these suggestions. This only compounded the situation to reach such an apocalyptic human tragedy.

Without going into all the acts of commission and omission by the Central government that have brought the country to such a tragic pass, we are of the firm opinion that the following measures must be undertaken on a war footing by your government.

1. **Procure vaccines centrally** from *all* available sources - global and domestic.
2. Immediately begin a **free, universal mass vaccination** campaign across the country.
3. **Invoke compulsory licensing** to expand domestic vaccine production.
4. Spend budgetary allocation of **Rs. 35,000 crores** for the vaccines.
5. **Stop Central Vista construction.** Use the allocated money for procuring oxygen and vaccines, instead.
6. Release all money held in the unaccounted private trust fund, **PMCare to buy more vaccines, Oxygen and medical equipment required.**
7. Give all jobless at least **Rs. 6000 per month.**
8. **Free distribution of food grains to the needy** (over one crore tonnes of food-grains are currently rotting in central godowns).
9. **Repeal farm laws** to protect lakhs of our annadatas becoming victims of the pandemic so that they can continue to produce food to feed the Indian people.

Though it has not been the practice of your office or government, we would appreciate a response to our suggestions in the interests of India and our people.

Sd/-

**Sonia Gandhi (INC)**  
**HD Deve Gowda (JD-S)**  
**Sharad Pawar (NCP)**  
**Uddhav Thackeray (SS)**  
**Mamata Banerjee (TMC)**  
**MK Stalin (DMK)**  
**Hemant Soren (JMM)**  
**Farooq Abdullah (JKPA)**

<sup>514</sup>Indian National Congress. (2021, May 12). Joint Letter by Major Opposition Parties to the Prime Minister. Retrieved from <https://www.inc.in/media/press-releases/joint-letter-by-major-opposition-parties-to-the-prime-minister>

**Akhilesh Yadav (SP)**  
**Tejashwi Yadav (RJD)**  
**D Raja (CPI)**  
**Sitaram Yechury (CPI-M)**

**Congress President Shri Sonia Gandhi's Letter to the Prime Minister, dated  
May 20, 2021.<sup>515</sup>**

Dear Prime Minister,

Amidst the devastation caused by the pandemic and the heart wrenching tragedies being faced by affected families, news of young children losing one or both parents to COVID-19 are the most poignant. These children are left with the trauma of loss and no support towards a stable education or future.

As you are aware, one of my husband Rajiv Gandhi's most significant legacies is the network of Navodaya Vidyalayas. It was his dream to make high-quality modern education accessible and affordable to talented youth, predominantly from rural areas. There are now, as you know, 661 such schools across the country.

I am writing to request you to consider providing a free education at the Navodaya Vidhyalayas to children who have lost either both parents or an earning parent on account the Covid-19 pandemic. I feel that as a nation, we owe it to them to give them hope for a robust future after the unimaginable tragedy that has befallen them.

With regards,

Yours sincerely,  
Sonia Gandhi

### **III. Congress Working Committee Meetings and Resolutions on COVID-19**

**AICC sets up Central Control Room for coordinating all COVID-19 related matters, dated March 30, 2020.<sup>516</sup>**

Congress President, Smt. Sonia Gandhi has approved the setting up of a 'Central Control Room' at AICC, comprising,

1. Shri Rajiv Satav, MP
2. Shri Devendra Yadav, Ex MLA, and
3. Shri Manish Chatrath, Secretary, AICC

<sup>515</sup>Indian National Congress. (2021, May 20). Congress President Shri Sonia Gandhi to the Prime Minister. Retrieved from <https://www.inc.in/media/press-releases/congress-president-shri-sonia-gandhi-to-the-prime-minister>

<sup>516</sup>Indian National Congress. (2020, March 30). AICC sets up Central Control Room for coordinating all COVID19 related matters. Retrieved from <https://www.inc.in/media/press-releases/aicc-sets-up-central-control-room-for-coordinating-all-covi-d2019-related-matters>

for the purpose of coordinating all COVID-19, related matters. PCs will update the Central Control Room on a daily basis on the actual ground situation with regards to the spread of the virus, the medical preparedness of the respective Governments as also the relief work being undertaken by the party and state agencies.

The Control Room will function under the overall guidance and supervision of Shri KC Venugopal, General Secretary (Organization), AICC.

**Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting held on April 2, 2020.<sup>517</sup>**

Friends,

We meet today in the midst of an unprecedented health and humanitarian crisis. The magnitude of the challenge before us is daunting but our resolve to overcome it must be greater.

The Covid-19 pandemic has already caused untold suffering across the world, but it has also reaffirmed the bonds of brotherhood that unite humanity. In our country, those who are most vulnerable to the consequences of this pandemic are the poor and disadvantaged. We must come together for their sake and do all we can to support them through the difficult days that lie ahead.

The 21 day National Lock Down may have been necessary but the unplanned manner in which it has been implemented has caused chaos and pain in the lives of millions of migrant workers all over India.

It has been heart-breaking to see lakhs of people walking for hundreds of kilometres towards their villages without food or shelter. It is the duty of us all to do our utmost to lessen their suffering. I wish to thank all those who are offering them help, our workers, civil society and people who have shown their kindness and compassion to them.

As far as the Covid-19 virus is concerned, there is no alternative to constant and reliable testing. This is the most effective way to combat it. Our doctors, nurses, and health workers need all the support possible. Personal Protection Equipment such as hazmat suits, N-95 masks, etc. must be provided to them on a war footing. Equally important are Ventilators and breathing equipment, isolation beds and designated hospitals to treat Covid-19. The onus lies on Governments to ensure that the spread of infection and casualties are not caused owing to lack of infrastructure or preparedness.

I would like to request the Government to publish and make available details of designated hospitals, number of beds, quarantine and testing facilities, as well as information regarding the availability of medical supplies to the general public.

<sup>517</sup>Indian National Congress. (2020, April 2). Opening Remarks of Congress President Smt. Sonia Gandhi at CWC in hindi. Retrieved from <https://www.inc.in/media/press-releases/opening-remarks-of-congress-president-smt-sonia-gandhi-at-cwc-in-hindi>

Farmers, who have faced the wrath of inclement weather this season, are now confronted with having to cope with the harvesting season. This, at a time when the entire country has been locked down. They urgently require the availability of fertilizers and pesticides, access to easy lines of credit, forward guidance in preparing for the planting of the kharif crop. Above all proper remuneration prices are essential for them to be able to survive the present economic onslaught.

Medium and Small-Scale Enterprises, are now gravely threatened. They have been hit hardest by recent events. The livelihood of crores of our citizens has been imperilled. Government needs to put in place a comprehensive strategy to manage this crisis.

Close to ninety percent of our fellow Indians toiling in the Unorganised Sector are also extremely vulnerable. The economic consequences of the pandemic threatens to destroy their livelihood. They are already facing tremendous hardship due to hunger and lack of health facilities. As a nation, we owe them our full and constructive support.

The middle classes too are vulnerable. Wage cuts, job losses across all sectors of the economy, high petrol diesel and gas prices are causing them acute distress. If this was not enough, while EMIs have been deferred, no interest subvention or relief has been provided. This offsets the entire purpose of the deferment. I urge the Central Government to prepare and publish a Common Minimum Relief Programme.

This is vital and will help alleviate several of the concerns that currently afflict all people.

I urge our Congress governments, frontal organisations, our leaders and workers to step forward and offer their help to those families who are at extreme risk. We must take immediate measures to guarantee adequate shelter, food and medicines to as many of them as we can.

Covid-19 does not differentiate between political ideology, religion, caste, age or gender. The choices we make today will have a direct impact tomorrow on our family, neighbourhood, community, environment and nation. How effectively we meet this challenge, how we protect all sections of our society, specially the most vulnerable among us will define us for generations to come.

Only if we act together in solidarity, we will overcome.

Jai Hind!

**Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting  
held on April 23, 2020.<sup>518</sup>**

Dr. Manmohan Singh ji,  
Rahul ji,  
Senior Colleagues and friends:

Since our meeting three weeks ago, the pandemic has increased disturbingly - both in spread and speed.

The lockdown continues and all sections of our society continue to face acute hardship and distress - particularly our kisans and khet mazdoors, migrant labour, construction workers and workers in the unorganized sector. Trade, commerce and industry have come to a virtual halt and crores of livelihoods have been destroyed. The Central Government does not appear to have a clear idea on how the situation will be managed after May 3rd. A lockdown of the present nature after that date would be even more devastating.

Since the lockdown commenced on March 23rd, I have, as you all know, written several times to the Prime Minister. I offered our constructive cooperation and also made a number of suggestions to alleviate the suffering of both rural and urban families. These suggestions had been formulated on the basis of feedback we have been receiving from different sources, including our Chief Ministers. Unfortunately, they have been acted upon only partially and in a miserly way. The compassion, large-heartedness and alacrity that should be forthcoming from the Central Government is conspicuous by its absence.

Our focus must continue to be on successfully engaging with health, food security and livelihood issues.

We have repeatedly urged the Prime Minister that there is no alternative to testing, Trace and Quarantine programme. Unfortunately, testing still remains low and testing kits are still in short supply and of poor quality. PPE kits are being provided to our doctors & healthcare workers but the number and quality is poor.

Entitlement of food grains under the National Food Security Act have not yet reached the beneficiaries. 11 crore people who are in need of subsidized food grains, remain outside of the Public Distribution System. It should be our commitment to provide 10 kgs of food grains, 1 kg of pulses and half a Kg of sugar to each person of the family every month, in this hour of crisis. 12 crore jobs have been lost in the first phase of the lockdown. Unemployment is likely to increase further as economic activity remains at a standstill. It is imperative to provide at least Rs.7,500 to each family to tide over this crisis.

Migrant labourers are still stranded, jobless and desperate to return home. They have been hit the hardest. They must be provided with food security and a financial safety net in order to survive this period of crisis.

<sup>518</sup>Indian National Congress. (2020, April 23). Opening Remarks of Smt. Sonia Gandhi at CWC Meeting. Retrieved from <https://www.inc.in/media/press-releases/opening-remarks-of-smt-sonia-gandhi-at-cwc-meeting>

Farmers are facing serious difficulties too. The issues of weak and unclear procurement policies and disrupted supply chains need to be addressed without delay. Necessary facilities must be made available to the farmers for the next round of Kharif crops which will begin in the coming 2 months.

MSMEs employ close to 11 crore personnel today. They make up for one third of the GDP. If they are to be protected from economic ruin, it is imperative that a special package be announced urgently for their survival.

Friends, the states and local governments are the frontline of the battle against COVID-19. Funds legitimately owed to our states have been held back. I am sure our Chief Ministers will brief us on the difficulties they are facing.

Let me also share with you something that should worry each and every one of us Indians. When we should be tackling the corona virus unitedly, the BJP continues to spread the virus of communal prejudice and hatred. Grave damage is being done to our social harmony. Our party, we will have to work hard to repair that damage.

There are a few success stories and we should applaud them. Most of all we should salute every single Indian leading the fight against the COVID-19 pandemic inspite of the absence of adequate personal protection equipment. The doctors, nurses, paramedics, health workers, sanitation workers and all other essential service providers, NGO and the lakhs of citizens providing relief to the most needy all over India. Their dedication and determination truly inspire us all. I should also acknowledge the untiring and relentless efforts of not only the Congress state governments but equally of our party workers and volunteers across the country.

I end by once again reiterating our Party's commitment to extend our constructive support to the government.

Jai Hind.

**Resolution passed by CWC on COVID-19 Vaccination, dated January 22, 2021.<sup>519</sup>**

The CWC places on record its deep appreciation and gratitude to India's scientists and researchers who worked tirelessly to develop the Corona Vaccine in a record time.

The CWC notes with concern that there is complete lack of clarity about availability of the Corona Vaccine for India's population, nor is there a timeline laid out by the Government for vaccination beyond the first 3 crore people. The CWC particularly underlines the fact that India's under-privileged, disadvantaged and marginalised

<sup>519</sup>Indian National Congress. (2021, January 22). Three CWC Resolutions (English copy and its Hindi translations). Retrieved from <https://www.inc.in/media/press-releases/three-cwc-resolutions-english-copy-and-its-hindi-translations>;

Indian National Congress. (2021, January 22). Highlights of CWC Press Briefing by Shri K.C. Venugopal and Shri Randeep Singh Surjewala. Retrieved from <https://www.inc.in/media/press-releases/highlights-of-cwc-press-briefing-by-shri-k-c-venugopal-and-shri-randeep-singh-surjewala>



sections, particularly the Scheduled Castes, the Scheduled Tribes, the Other Backward Classes and poor, need to be administered the vaccine free of charge and within a time-bound period.

CWC expresses its dismay over reports that the Vaccine may be sold in the open market at Rs 2,000/- for two dosages per individual. Such profiteering in times of grave adversity simply cannot be permitted. Government needs to explicitly and publicly declare a clear policy in this regard.

CWC calls upon the Central government to take all steps necessary to overcome the hesitancy amongst front-line health professionals on Covid-19 vaccination. To a large extent, this hesitancy is on account of the blatant politicisation of the regulatory process in order to boost the image of the Prime Minister. The CWC believes that the vaccination programme should be conducted in a manner that enhances public confidence and trust. Time, numbers and avoidance of wastage are critical. Apart from front-line health professionals, the state governments should be given the option of laying out a state-specific order of beneficiaries, so that the vaccination programme is taken forward with utmost speed and efficiency.

CWC appeals to the people of India to come forward without any hesitation and vaccinate themselves.

**Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting held on April 17, 2021.<sup>520</sup>**

The Indian National Congress has always believed that fighting the Covid-19 pandemic is a national challenge that should be kept above party politics. We have extended our hands of cooperation right from February-March, 2020.

We cannot, however, lose sight of the fact that the second wave of the Covid-19 pandemic has hit the country with fury. Despite a year to prepare, we have, regrettably, been caught off guard again.

Families are being torn apart, lives & livelihoods have been lost and entire life savings depleted on healthcare. It is deeply concerning to read news reports of acute shortages of medical equipment and hospital beds. Reports from across the country speak of the scarcity of Covid-19 vaccine as also of important lifesaving drugs including Remdesivir in different parts of the country.

It is in these challenging and emergent times that we, the Members of the Congress Working Committee, meet again.

Let me first of all extend our profound sense of grief and sorrow to the many thousands of families who have lost their loved ones over the past year to the pandemic. Their pain and anguish is our pain and anguish. Let me also reiterate our deepest sense of gratitude to and support for the frontline health workers and the

<sup>520</sup>Indian National Congress. (2021, April 17). Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-opening-remarks-at-cwc-meeting>

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medical fraternity who have been rendering phenomenal service in the face of the severest of pressures and risks. We salute their sense of duty and dedication.

Recently, I had a detailed discussion with the Chief Ministers of the States ruled by the Congress Party as also Ministers, where Congress is in alliance government, to take stock of the emergent situation from them. What transpired was, the gross unpreparedness and avoidable adhocism on part of the Modi Government in foreseeing, evaluating and managing the crisis.

I have written to the Prime Minister after meeting with them. Our Chief Ministers have spoken to the Prime Minister and written to the concerned minister from time to time pleading for relief. Some of them were left with only a few days of vaccine, no oxygen or ventilators.

But there has been thundering silence on the part of the Government. On the contrary some other states have received preferential treatment / relief. Instead of listening to the constructive suggestions of the opposition, Union Ministers are pressed into service to attack leaders of opposition for giving those suggestions. This convoluted "me versus you" debate is childish and totally unnecessary.

It is true that after months of denial, the Central Government has now given emergency use authorization for vaccines developed elsewhere.

Better late than never.

India has already exported nearly 6.5 crore Covid-19 vaccine dosages to other countries. Considering the highest infection rate in the world in our own country, shouldn't vaccine export be held back and priority given to protect our citizens? How is boasting about our generosity to other countries going to help the thousands of our people who are dying.

Government must also reconsider its priority for vaccine candidates by reducing the immunization age to 25 years and above as also all younger persons with at-risk health disorders like asthma, angina, diabetes, kidney & liver diseases and other similar ailments.

In the course of my talks with our Chief Ministers, the question of GST came up. They felt that as a preliminary measure, all equipments, instruments, medicines and support required to prevent and treat Covid-19 should be made free from GST. It is a matter of grave concern that life saving drugs like Remdesivir etc. and medical oxygen as also other basic supplements are subjected to GST @ 12%. Even basic equipments like Oxymeters and life saving critical equipment like ventilators are subjected to 20% GST. In the current state of affairs, this is inhuman and untenable.

As the Central and State governments move ahead to control the situation by resorting to partial curfews, travel restrictions, closure and lock downs; we will again be restricting economic activity that will hit the already beleaguered people, especially the poor and the daily wagers. It is, therefore, imperative to provide monthly income support and transfer an amount of Rs.6,000/- in every eligible citizen's account.

Similarly, with reverse migration of labour already having started, it will be critical to immediately address their need of safe transportation as indeed their suitable rehabilitation in host as well as home States.

Let us ensure that the suggestions our party puts forward are considered by the Government of India in the spirit of true democratic traditions. Taking on these challenging times as Indians rather than as political opponents will be true Rajadharma.

Jai Hind!

**Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting  
held on May 10, 2021.**<sup>521</sup>

*Senior Colleagues, Members of the CWC,*

I trust all of you are staying safe, as safe as possible under these most uncertain and unsettled of circumstances.

We last met on April 17th. In these past four weeks, the Covid-19 situation has become even more catastrophic. Governance failures have become even more stark. Scientific advice has been willfully ignored and the country is paying a horrendous price for the Modi government's neglect of the pandemic, indeed its willful patronage of super-spreader events that were allowed for partisan gains. A far deadlier second wave has now overwhelmed us. Some scientists have now cautioned about a third wave overtaking us soon. Some states have already announced a complete lockdown.

The public health system across the country has all but collapsed. Vaccination coverage is woefully short of need and not expanding at the rate at which it must. The Modi government has abdicated its responsibility. It has obliged the states to bear the cost of vaccinating the hundreds of millions in the 18 to 45 age group. Every expert has said that it would have made more sense and it would have been financially more equitable for the Centre to bear the costs. But we know the Modi government has other priorities, pursuing grandiose projects against the force of public opinion and the face of widespread criticism. It is also a shame that the Central government continues to discriminate against Opposition-ruled states.

Over the past few weeks, the international community has rushed to our assistance. On behalf of the Indian National Congress, I wish to thank all countries and organizations who are helping us in so many different ways. That we should be placed in such a position reflects the monumental arrogance, incompetence and vain triumphalism of the ruling establishment.

Since we met last, our party organization has geared itself to extend relief and provide assistance in the best traditions of public service. The AICC's COVID control room

<sup>521</sup>Indian National Congress. (2021, May 10). Congress President Smt. Sonia Gandhi's Opening Remarks at CWC Meeting. Retrieved from <https://www.inc.in/media/press-releases/congress-president-smt-sonia-gandhi-s-opening-remarks-at-cwc-meeting-1>

has prepared a detailed blueprint. Similar COVID relief control rooms have been set up at the State level. Efforts have been made to organize ambulances, temporary beds, oxygen concentrators and medicines. I want to make particular mention of the Indian Youth Congress. It has been exemplary in its efforts and outreach. In the CPP meeting three days ago, a number of our MPs told us how they are helping in their respective areas in reaching out to those in need. However, I am conscious of the fact that we must ensure a better coordination of these efforts so that they can be as effective as possible. We are in an unprecedented public health emergency. We have repeatedly urged the Modi government to call an all-party meeting to demonstrate national will and resolve. Three days ago I spelt out what we believe needs to be done right away to meet the challenge. I won't repeat what I said, but I will say that the single most important need is to rapidly expand vaccination coverage and ensure that no eligible citizen gets left out. I have said before and I would like to repeat it: The Indian National Congress stands prepared to work with the Union government in this most important and urgent of tasks.

**Resolution passed by CWC on Covid-19, dated May 10, 2021.<sup>522</sup>**

The Congress Working Committee met amidst an unprecedented public health crisis to pass two resolutions, the foremost being on the Covid situation in India.

**It noted:**

The second wave of the Covid-19 pandemic is nothing short of a grave calamity and a direct consequence of the Modi government's indifference, insensitivity and incompetence. It is the direct result of the central government's willful disregard of scientific advice, its premature declaration of victory over the pandemic (that turned out to be just the first wave), and its unwillingness and inability to plan in advance in spite of warnings sounded not only by public health experts but also by the Standing Committee of Parliament concerned.

The Congress Working Committee is deeply concerned about the Modi government's vaccination strategy. Vaccine supplies are grossly insufficient, yet the government denies the hard facts. The pricing policy is opaque and discriminatory. And contrary to economic and all other logic, the government has passed on the financial responsibility for vaccinating the 18-44 year population to the State governments, which are already facing severe financial stress. Worse, the mandatory online registration without a walk-in option will exclude — and may have already excluded — millions of our citizens, particularly those in rural areas and those belonging to the weaker sections of society. Dr. Manmohan Singh wrote to the Prime Minister after the last meeting of the CWC on April 17, 2021 giving five specific suggestions to increase vaccine supplies and coverage. However, instead of taking his suggestions in the constructive spirit in which they were offered, the Prime Minister instructed the Union Health Minister to reply to Dr. Manmohan Singh in a most undignified manner.

<sup>522</sup>Indian National Congress. (2021, May 10). CWC Meeting- Congress President's Opening Remarks; CWC Resolutions & Highlights of Media Briefing. Retrieved from <https://www.inc.in/media/press-releases/cwc-meeting-congress-president-s-opening-remarks-cwc-resolutions-and-highlights-of-media-briefing>

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Since the last meeting of the Congress Working Committee, it is widely noticed that the infection has traveled massively into rural areas with zero access to RT PCR testing, medicines, oxygen or hospitalization resulting into a large number of painful deaths. Even across the country, the inhumane crisis of non-availability of oxygen, hospital beds, Remdesivir – Ivermectin – Tocilizumab injections and vaccines reflects the criminal failure of the central government. This has happened despite India producing sufficient quantity of Oxygen and Remdesivir injections as also the vaccines. The CWC noted with concern that the data on Covid deaths is horribly wrong and afflicted by massive non-reporting of deaths. The solution lies in facing the challenge and stopping the casualties from Covid-19 and not in concealing the truth by burying the data on deaths and infections.

The Congress Working Committee expresses its revulsion at the shocking expenditure priorities of the Modi government. At a time when the nation's resources should be devoted to ensuring expansion of vaccination coverage and supply of essential medicines and oxygen, the Modi government is indulging in criminal waste of money by continuing with the personal vanity project of the Prime Minister in the national capital. This is the height of callousness and insensitivity as also an insult to the people of the country.

The Congress Working Committee appreciates the assistance that has been offered and given by the international community at this time of national crisis. However, it needs to be said that there is total non-transparency in the distribution and utilization of these supplies. Our desperate need for assistance is also a sad reflection of the governance and policy failures of the Modi government.

The Congress Working Committee Is of the firm belief that this a time for showing an unwavering sense of national unity, purpose and resolve. In order that it may become a reality, the Prime Minister must atone for his mistakes and commit to serving the people instead of carrying on with personal agenda, oblivious to the suffering all around.

The Congress Party commits to fighting the Covid-19 pandemic with its entire might and will support every people-friendly initiative of the government in fighting the pandemic.

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