

Happymon Jacob

India's cumbersome battle with COVID-19

COVID-19 has had a major impact on India's economy, society, politics, and foreign policy. As of now, India is nearing 14 million reported infections, more than 170,000 people have lost their lives, and it is the second-worst affected country in the world. India fumbled on more than one occasion while responding to the pandemic. Nevertheless, for a developing country with a poor health infrastructure, India's response has not been entirely unsatisfactory, and it may have learned crucial lessons from the epidemic. This paper seeks to examine and analyse India's response to the pandemic.

Keywords:

COVID-19 – diplomacy – economic impact – geopolitics – India – lockdown – vaccine

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Covid-19 in India

In late December 2019, China officially informed the World Health Organization's (WHO) local office that 27 cases of "pneumonia of unknown cause" had been detected in Wuhan. Around 10 days later, the country reported its first known death from coronavirus disease (COVID-19) caused by severe/acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (World Health Organization [WHO], n.d.–c). WHO's initial response was that the outbreak constitutes a public emergency. However, on January 30, 2020, it recognised the seriousness of the disease and declared the outbreak a public health emergency of international concern. Around the same time as the WHO statement, the first case of COVID-19 was reported in India; a student who had returned to Kerala's Thrissur district from Wuhan University was found to be infected. Later in February, more students tested positive for the virus, which led to the Indian state of Kerala declaring COVID-19 as a "state calamity". India recorded a steep

rise in infections, with numbers touching 1,000 cases around the end of March. The WHO declared COVID-19 a "pandemic" on March 11, 2020, prompting the government of India to announce a 21-day lockdown from March 25, 2020. With the rise in cases, the national lockdown was further extended until May 3, then May 17, then May 31, before a phased unlock was announced. In June 2020, the country started a phased reopening of its economy (Bharali et al., 2020). Amid a record 75-day lockdown, India recorded more than 250,000 Covid-19 cases and 7,200 deaths (D. Kumar, n.d.). In India, from January 3, 2020, to March 30, 2021, there were 12,095,855 confirmed cases of COVID-19, with 162,144 deaths (WHO, n.d.–a).

Among other factors, elections in India contributed to the spread of the virus. During the October–November state assembly elections in the Indian state of Bihar, election rallies held by politicians were attended by the masses, even though the Election Commission of India had ordered that no more

Table 1: Worst affected Indian states (top 5)
Not included the UTs, only states.

State	Cases	Active	Cured/Discharged	Deaths
Maharashtra	1,823,896	91,623	1,685,122	47,151
Karnataka	884,897	23,298	849,821	11,778
Tamil Nadu	781,915	10,997	759,206	11,712
Kerala	602,982	62,025	538,713	2,244
Delhi	570,374	32,885	528,315	9,174

Table 2: Least affected Indian states (top 5)
 # Not included the UTs, only states.
 Source: The Wire, 2021

State	Cases	Active	Cured/Discharged	Deaths
Mizoram	3,847	343	3,499	5
Sikkim	4,989	248	4,632	109
Nagaland	11,186	928	10,194	64
Meghalaya	11,810	763	10,936	111

Month-wise details of COVID-19 tests conducted (March to October)
 Source: Parliament of India, 2020b.

Month	Tests
March	33,330
April	864,517
May	2,937,283
June	4,993,407
July	10,532,295
August	23,977,081
September	33,069,878
October	33,878,288

than 200 people could attend outdoor rallies (The New Indian Express, 2020, October 8). TV footage from Bihar showed massive rallies attended by people ignoring social distancing norms. Amid concerns of a fresh wave of the virus, India is going to hold assembly elections in five states, and reports show that political leaders are holding massive rallies flouting covid protocols (ET Bureau, 2020).

India's containment strategy

For a country as huge, diverse, and underdeveloped as India, fighting a major pandemic such as COVID-19 was not going to be easy. India's first instinct was to shut down the country, which it did for a considerable period of time – 75 days, from March 25 to June 7, 2020 (Daniyal, 2020). However, despite the shutdown, the pandemic continued to surge in certain pockets and through superspreader events. Moreover, the country's response to

COVID-19 was not uniform, varying across states and between rural and urban settings.

India established robust disease surveillance measures by mid-January and issued a series of travel advisories and restrictions. International travel restrictions were imposed, and most types of existing visas were suspended, especially those travelling from countries that reported a high number of cases. Domestic flights were also restricted. Around the same time, all passengers arriving from mainland China and Hong Kong were subject to thermal screening at three major international airports (S. Sinha, 2020). Thermal screening was extended to all international flights by early March (Parliament of India, 2020a).

Equally importantly, the country decided to repatriate and quarantine Indian nationals arriving from abroad. As per the data released by the Ministry of External Affairs, "As of March 10, 2021, around five million people have returned to India under Vande Bharat Mission (VBM). Ministry of External Affairs has incurred Rs335 million (as of December 31, 2020) to assist Indian nationals in distress to bring them to India under VBM" (Times Now Digital, 2021).

Challenges faced by India in containing COVID-19

The imbalanced availability of healthcare infrastructure across different states was one of the criticisms of India's handling of the pandemic. For instance, a study by re-

searchers at the Center for Disease Dynamics, Economics & Policy concluded that India has approximately 1.9 million hospital beds, 95,000 ICU beds, and 48,000 ventilators. Most of the beds and ventilators in India are concentrated in seven states – Uttar Pradesh (14.8%), Karnataka (13.8%), Maharashtra (12.2%), Tamil Nadu (8.1%), West Bengal (5.9%), Telangana (5.2%) and Kerala (5.2%) (Kapoor et al., 2020).

A similar study by Brookings Institution highlights that some Indian states such as Bihar, Jharkhand, Gujarat, Uttar Pradesh, Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Haryana, Maharashtra, Odisha, Assam, and Manipur fall below the national level figure (0.55 beds per 1,000 population). These 12 states also account for 70% of India's population (Singh et al., 2020).

Given the country's poor health infrastructure, it became apparent as the fight began to contain COVID-19 that India's response to the virus was going to be tough. To begin with, the country simply did not have sufficient hospital beds and ICUs for its population. According to the Department-Related Parliamentary Standing Committee on Health and Family Welfare, "Data from National Health Profile – 2019 states that there are total 713,986 Government hospital beds available in India which amounts to 0.55 beds per 1,000 population. As per Reports, 12 States stand below the national level figure" (Parliament of India, 2020b).

The Committee's report, released at the end of 2020, further stated that "lack of hospital beds and the inadequate (too few) ventilators further complicated the efficacy of the containment plan against the pandemic". In May 2020, it was reported that India needed as many as 75,000 ventilators compared to the available number of 19,398 (The Economic Times, 2020). During the peak summer in 2020, some hospitals had to deal with the problem of unexpected electricity shortage, which affected the functioning of ventilators,

thereby complicating the circumstances of the COVID-19 patients (Raja, 2020).

While the numbers of cases were on the rise, searches for vacant hospital beds were both frantic and harrowing. Instances of patients being turned away from overburdened hospitals due to lack of vacant beds became the new normal. India witnessed unprecedented news stories wherein patients and their families were going door to door across various hospitals carrying oxygen cylinders in search of hospital beds (Parliament of India, 2020b).

India's effort to carry out contact tracing was implemented with some vigour during the early months of the spread of the disease, especially by states such as Kerala (Gopika, 2020), but it began to falter as the epidemic started spreading rapidly. India's COVID-19 containment rules require the states "to identify contacts as early as possible for preventing the spread of further transmission". However, the states simply did not have the wherewithal or personnel to do so (Farooqui, 2020).

The National Centre of Disease Control had instructed states: "Attempts should be made to identify all household members, social contacts, contacts at workplace and contacts in health care settings who have had contact with a confirmed case anytime between two days prior to the onset of symptoms and the date of isolation." However, this did not happen as people attempted to avoid contact tracing by officials owing to both the social stigma associated with COVID-19 infection and fear of unhygienic, government-run quarantine facilities (Saikia, 2020).

The epidemic began spreading through the country, concentrated in certain hotspots, especially in urban areas. In its report, the Parliamentary Standing Committee also observed this pattern, stating that "poor contact tracing and slow testing in the initial phase of pandemic led to the increased number of infections in the country." (Parliament of India, 2020b)

Early on, during the spread of the epidemic, the government also issued several confusing and contradictory guidelines, which led to ineffective control of the disease. The Parliamentary Standing Committee, for instance, observed “that plethora of guidelines issued by the Ministry in the course of the containment of an outbreak of pandemic Covid-19 also caused ambiguity in the interpretation of multiple guidelines. The contradiction in guidelines and the resultant chaos among the general masses could have been averted by making the public aware of the provision of guidelines and better implementation of the advisories. Needless to say, particularly the separate guidelines on the quarantine issue by different State Governments created more panic and confusion” (Parliament of India, 2020b)

One of the biggest mistakes that the government of India committed, however, was shutting down the country without notice, planning, or consultation with stakeholders. A recent report by the BBC reported that the government, headed by Prime Minister Modi, “did not consult key ministries and states” concerning the lockdown decision. The report further suggests that a lack of consultation was evident in the mismanagement of the migrant crisis that India witnessed due to the lockdown (BBC News, 2021).

When Prime Minister Modi announced the lockdown in late March 2020, he gave less than 14 hours’ notice to the country. Several key decision-making ministries, including chief ministers, were taken by surprise, despite the fact that it was their responsibility to implement the prime minister’s decision. This had the biggest impact on the country’s inter-state migrant workers. Millions of these workers did not know how to address the sudden loss of income due to the shutdown of the economy. They had no way of getting to their homes in rural India since the railways, the country’s lifeline, had been closed with only 3.5 hours’ notice. Tens of thousands of migrant labourers had to walk hundreds of

miles with their families to reach their native villages, with the government doing little to help them.

According to a Brookings Institution study, between 2 and 10 million migrants were impacted by the pandemic (Bharali et al., 2020).

The analysis also shows that the sudden lockdown had far-reaching implications for the health sector. “Between 100,000 and 200,000 children missed routine vaccinations during February and March. Treatment for tuberculosis also showed declines. Claims for cataract eye surgery and joint replacements fell by over 90 per cent, and significant declines were also seen in cardiovascular surgeries, child delivery, and oncology. These findings raise concerns about a potential resurgence of vaccine-preventable illnesses, infectious diseases, and chronic ailments” (Bharali et al., 2020).

Given India’s complexity, the measures taken to address the COVID-19 challenge, however insufficient they may be, have to be appreciated. As Poonam Khetrapal Singh, the WHO’s regional director for Southeast Asia, points out, “India took bold decisions such as screening people at ports of entries, tracing contacts, training health workers, scaling up testing capacities, preparing health facilities and engaging with communities” (Krishnan, 2020). Despite the various challenges, the central and state governments managed to raise awareness about the disease, impose lockdowns for the most part, produce vaccines at home, and contain the spread of the pandemic.

What was missing from the measures was a lack of prior planning before major announcements and coordination between state governments and central government.

India’s vaccination efforts

At present, COVID-19 vaccination drives are in full swing in the country. As of March 24, 2021 India had vaccinated a cumulative total of 5,08,41,286 people (Awasthi, 2021).

India is a global vaccine manufacturing hub, with the capacity to mass-produce vaccines developed domestically and internationally. The infrastructure of India's Universal Immunization Programme (which inoculates about 55 million people a year) allows for an added advantage in a vaccine rollout.

An estimate suggests that the total expenditure on vaccine rollout would amount to Rs60 to Rs65 trillion (around €7.5 bn). India's approved vaccines include Serum Institute of India's locally made Oxford & AstraZeneca vaccine, 'Covishield', and the homegrown coronavirus vaccine, 'Covaxin', jointly developed by Bharat Biotech and Indian Council of Medical Research.

COVID-19 fallout

1. Social implications

India presents unique concerns in terms of fighting the pandemic due to its sheer size and the complexity of its diversity, beliefs, and practices. In addition, poor social indicators, like lower life expectancy, higher fertility, high child mortality, widespread illiteracy, poverty, poor sanitary conditions, and open defecation make for a deadly mix. These indicators highlight the gravity of the situation that can worsen conditions in the face of a massive community outbreak of the epidemic. More so, this also goes to show the sheer vulnerability of India and its people while faced with a deadly virus such as COVID-19 (Mufsin & Muhsin, 2020).

This unique complexity of India is also conducive to culturally rooted and domestically driven misinformation and misconceptions that add to the problem. One often finds political, religious, and other influential figures distributing ill-informed "truths" (Mufsin & Muhsin, 2020). This was especially evident during the pandemic.

Local "remedies" to treat Covid-19 were peddled by popular yoga gurus, as well as gov-

ernment agencies. The Indian government's Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), for instance, released an advisory on January 29 in which it claimed that Unani Medicines were useful in the symptomatic management of the coronavirus infection (Press Information Bureau [PIB], 2020). Then there were fringe Hindu groups who advocated the use of cow urine for treating COVID (The Hindu, 2020b). "Misguidance in the form of suggesting cow urine as a protection against the virus; religiously-oriented obligations that discourage social distancing; and mass disregard and refusal to adhere to rules restricting and in some cases prohibiting altogether cultural gatherings suggest that such behaviour escapes the particularity of any one religious, cultural and geographic identity" (Mufsin & Muhsin, 2020).

Communalization

Large religious gatherings have become common despite the real danger that they are superspreader events. Hundreds of thousands of Hindus attended the Kumbh Mela in Haridwar, Uttarakhand. This was not the first time religious gatherings had been held amid the pandemic. Given the religious nature of these functions, local authorities often find it difficult to cancel the event or screen and monitor tens of thousands of devotees. However, these religious gatherings, in the middle of a new wave of the pandemic, are worrying.

An international gathering of a Muslim missionary group, Tablighis, had brought in hundreds of foreign nationals from Thailand, Nepal, Myanmar, Indonesia, Bangladesh, Malaysia, Sri Lanka, and Kyrgyzstan. More than 4,500 people gathered together for a meeting despite a government order prohibiting large gatherings. Many of them had arrived in the city by early January itself, stranded in the Nizamuddin area of Delhi when the lockdown was announced (Trivedi, 2020). The situation, at best an offence against the government order, suddenly assumed a religious colour with "Tablighi virus" and "Corona Ji-

had” trending on social media and flashing on TV screens. In other words, even though they were not the only group to have flouted COVID guidelines, they were singled out due to their religious identity.

New-age racism

Yet another undesirable outcome of the pandemic was a spike in various forms of discrimination. Across the world, including India, societies were becoming more self-absorbed and inward-looking, leading to further push-back against liberal policies regarding migration and refugees. New questions are likely to be asked about the source of goods when trade resumes. A more stringent imposition of phytosanitary measures by advanced states on products emanating from the less developed countries might become the new normal. Lockdowns and travel restrictions could potentially legitimize the rhetoric around border walls in more conservative countries. Tragically, therefore, while one answer to global pandemics is political globalization, COVID-19 might further limit it. Within India, too, there could be a trend towards discrimination, with “social distancing” producing undesirable social practices. People with Mongoloid features being called “coronavirus” and gated communities have discriminated against those quarantined, indicate a new age of discrimination. COVID and the resultant lockdown also adversely affected the already marginalized sections of Indian society: the poor, lower castes and women. Those without sufficient means or savings to ride out the lockdown-induced economic stress were perhaps the worst affected. In a country where there is little social security for the underprivileged, they had to fend for themselves. Reports also indicate that domestic abuse has increased as a result of the lockdown (Seth, 2021).

Puritan claims based on birth and class and the associated declarations about hygiene could become even sharper. The more the virus persists, the deeper such practices will get.

2. Political implications

Centre–state relations

One visible impact of COVID-19 has been on the shifting of balance in centre–state relations in India. For instance, during the initial stage of the pandemic in March 2020, the central government implemented the central disaster management law and announced a national lockdown. The central government, through the Ministry of Home Affairs, issued a set of guidelines for states to follow thereafter. This arrangement eroded the decision-making power of Indian states and increased their financial dependency on the central government during the pandemic (Burman, 2020).

COVID-19 placed the already frayed centre–state relations under greater stress. There have been differences between the centre, ruled by Bharatiya Janata Party, and the opposition-ruled states on a range of issues such as “the management of the disease itself; the management of the lockdown; a roadmap for lifting restrictions so that normalcy returns; and allocation of financial resources to meet the health, social and economic challenges ahead” (The Hindu, 2020b).

Even though health is a state subject under the Indian Constitution, New Delhi’s intervention in managing the pandemic is a result of the deadly nature of the virus. The government of India’s intervention invoked the Epidemic Diseases Act 1897, and declared Covid-19 a “national epidemic”, giving overarching powers to central government (The Hindu, 2020b). What made the states more concerned was “the use of the Disaster Management Act, 2005, to declare a national lockdown. This Act gives the Centre sweeping powers for administrative and financial control. Moreover, states are feeling the heat in the rules and regulations that have been framed for the lockdown” (The Hindu, 2020b).

One of the things states were unhappy with was the alcohol ban imposed by central government. Banning the sale of alcohol blocked a major source of income for states at a time when all economic activity was brought to a standstill. “The loss of liquor tax revenues an estimated seven billion rupees (\$92 million) a day – has prompted calls from states like Punjab to lift the ban” (Chaudhary, 2020). It is important to note here that the central government had not consulted the states when announcing the lockdown – it made the grand announcement and left the responsibility of implementing the measures to state governments. This has contributed to fissures within the country’s federal structure and further deepened the mistrust between the central government and the states.

Right to privacy

The pandemic has also led to privacy concerns and worries about state surveillance. Since May 4, 2020, the government of India has mandated the installation of a contact-tracing smartphone app called Aarogya Setu to monitor those with the disease. While this is not unique to India, what makes it more worrying in the country, according to critics, is that this contributes to the pre-existing tendency in the government to enhance the surveillance of citizens. As Dhar points out: “There is real danger that Aarogya Setu could be a gateway to nationwide surveillance. National security, personal safety, and dispersal of essential services, and now disease surveillance in the past few years, the Indian government has used all of these as pretexts to infringe more and more on privacy. The country has already seen an unbridled drive toward digitalization, automation, and surveillance, and the COVID-19 crisis has added a new layer to this, one that could have far-reaching humanitarian, social, and economic consequences” (Dhar, 2020).

So, from a conceptual point of view, while the state has failed in its ability to save citizens from the pandemic, notwithstanding its claims about national security preparedness,

it has returned with more power, legitimacy, and surveillance technologies. Nevertheless, there is little resistance from the general public thanks to existential concerns about the pandemic and similar dangers. In fact, the nervous citizenry will want the state to be omnipresent and omnipotent, no matter the consequences. Nations around the world that we are losing influence to global economic forces have a chance now to return as the last resort of the people.

3. Economic implications

Covid-19 has derailed the Indian economy and sent the country into a serious recession. Industrial and manufacturing output is down, and unemployment has spiked. According to data from the Centre for Monitoring Indian Economy, the country’s unemployment rates shot up from 8% in March 2020 to as much as 24% in April 2020 – an immediate impact of the lockdown. As people returned to formal and informal jobs in the following months, unemployment rates shrank once again, falling to 6.5% in November 2020. In December 2020, unemployment rates rose to 9%, with as many as nine million people losing jobs between September and December (Johari, 2021).

Even before the pandemic itself, the Indian economy had been facing a slowdown (The Hindu, 2020a). Real GDP growth, for instance, had declined from an average of 7.4% in FY16/19 to 4.2% in FY19/20. COVID-19 further accentuated the downturn, and real GDP contracted by 23.9% (year on year) in Q1 FY20/21 (The World Bank Group, n.d.).

Food inflation in the country went up to 11% in October 2020, and more Indians have fallen beneath the poverty line as a result of the pandemic (Inani, 2021).

Due to the return of Indians, especially from Gulf states, remittances to India are likely to drop by 23% from \$83 billion last year to \$64 billion this year, according to World Bank estimates (Bloomberg, 2020).

According to data from the Centre for Monitoring Indian Economy, India's unemployment rates rose steeply from 8% in March 2020 to as much as 24% in April 2020 – an immediate impact of the lockdown (Johari, 2021). However, the situation seems to be more optimistic in 2021. Reports show that India's unemployment rate in February 2021 stood at 6.9%, lower than the 7.8% in February 2020, which shows that the unemployment rate has recovered to pre-COVID levels (Sharma, 2021).

COVID-19, geopolitics, and emerging global order

One country that is likely to come out stronger from this crisis is China. Reports indicate that China has now managed the outbreak of COVID-19, and its industrial production is recovering even as that of every other country is taking a hit. The oil price slump will quicken its recovery. When the USA, under President Trump, found itself in denial mode and the EU members were looking after their own interests, China appeared to use its manufacturing power to its geopolitical advantage. Beijing offered medical aid and expertise to those in need; it has increased cooperation with its arch-rival Japan, and President Xi Jinping spoke to the UN Secretary-General on how the international community can fight the virus. These Chinese actions are a smart economic investment for geopolitical gains. They will aid Beijing's claims to global leadership, push Huawei 5G trials as a side bargain, and showcase how the Belt and Road initiative is the future of global connectivity. COVID-19 will further push the international system into a world with Chinese characteristics/overtones.

China is set to overtake the US as the world's largest economy by 2028, and the pandemic has further increased the GDP gap between India and China.

However, India and its allies/partners have now ramped up efforts to counter Chinese plans to use the pandemic as an opportunity to improve the country's standing in the region. In mid-

March 2021, QUAD¹ countries, the US, Japan, Australia and India, stepped in to address the pandemic. In their first summit meeting, the QUAD leaders pledged to supply at least one billion doses of vaccines, including one developed by Johnson & Johnson, to Indo-Pacific nations by the end of next year. Under this arrangement, the US, Japan and Australia will fund the production and delivery of the vaccines by a private Indian firm, Biological E. Australia will use its regional logistics expertise to deliver the vaccines (Dhume, 2021).

Given the "anti-China" tone of the QUAD over the years, there is little doubt that the QUAD's efforts at addressing COVID-19 are to undercut Chinese efforts in this domain.

India's vaccine diplomacy

Being a global pharmaceutical giant, India made impressive strides locally manufacturing COVID-19 vaccines. India has been at the forefront of shipping vaccines to foreign nations, especially countries in need of supplies. Its "Vaccine Maitri" campaign has sent millions of locally made Covishield vaccines, manufactured under licence from Oxford-AstraZeneca, to over 60 countries so far. Indian vaccines have been delivered to countries such as Afghanistan, Bangladesh, Bhutan, Sri Lanka, the Maldives, Myanmar, Nepal, Seychelles, Cambodia, Mongolia, and Pacific Island, Caribbean, and African countries. One of the reasons why Indian-made vaccines are more welcome than those made in Western countries is because the former is way cheaper and affordable, especially for poorer nations in Asia and Africa.

New Delhi believes this would contribute to India's standing in the world. External Affairs Minister Jaishankar stated in the parliament: "Our reputation as the 'Pharmacy of the World' has been reinforced in that process. So indeed has faith in 'Make in India'. However, more than the vaccines themselves, our policies and conduct have emerged as a source of strength for the stressed and vulnerable nations of the world" (A. Kumar, 2021).

India's vaccine diplomacy, however, is not entirely its own doing. Its ability to produce the vaccines is contributed to by many outside forces. As Dhume points out: "In reality, India's vaccine prowess comes from collaboration, not self-reliance. Take Serum Institute, the firm that gives India much of its Covid-vaccine muscle by pumping out 2.5 million doses a day of the AstraZeneca vaccine and by collaborating with other Western firms, including Novovax. The 'Made in India' vaccine Indian diplomats tout was developed by AstraZeneca in collaboration with Oxford University and with financial assistance from the US Serum Institute, took a risk by commencing manufacture of the AstraZeneca vaccine before it was clear that it would be approved by the WHO, the UK or India. (US regulators are yet to approve it.) But that risk was underwritten in part by the Bill and Melinda Gates Foundation, which promised to offset potential losses" (Dhume, 2021). While this conflicts with the country's "atmanirbharbharat" (self-reliant India) narrative, it does show India's ability to respond to pandemics.

China has also promoted its own version of vaccine diplomacy. Back in March 2020, China had explicitly linked its decision to supply medical supplies overseas with its "Health Silk Road" initiative as part of the Belt and Road initiative. By early February 2021, three Chinese vaccine makers (Sinopharm, Sinovac, and CanSino) had received overseas orders for more than 572 million doses, accounting for nearly 8% of all doses under contract globally (Huang, 2021).

India's vaccine diplomacy is also viewed as a way to promote its soft power over that of China in the region. Keeping this in mind, India also revived the SAARC forum to address the challenge of COVID-19. In 2020, India had established an emergency fund for SAARC nations and contributed \$10 million to that purpose. Subsequently, in March 2020, Prime Minister Narendra Modi held a SAARC meeting on the COVID-19 pandemic (Mohan, 2021).

Regional efforts continued in 2021 with Modi addressing a workshop on "Covid-19 Management: Experience, Good Practices and Way Forward" with health leaders, experts and officials of 10 neighbouring countries – Afghanistan, Bangladesh, Bhutan, Maldives, Mauritius, Nepal, Pakistan, Seychelles, and Sri Lanka (Government of India/Ministry of External Affairs, 2021).

Conclusion

India's response to COVID-19 was swift but incoherent. It lacked coordination and consultation across various branches of the government and between the centre and the states. Nevertheless, India learned to deal with the disease over time. Despite the country's inadequate health infrastructure and poverty, it managed to address the pandemic relatively successfully. However, the pandemic will have a long-lasting effect on the Indian economy.

A worrying factor is that even a pandemic like COVID-19 has not prompted the country to increase spending on healthcare. The union health budget still remains at about 0.34% of GDP, which is only a slight increase from 0.31% in 2020. As economist Deepa Sinha points out, "if a globally debilitating pandemic could not prompt the government to prioritize health spending, it is difficult to imagine what will" (D. Sinha, 2021).

India needs to pandemic-proof its health security, boost public health expenditure, and create a coordinated national emergency plan that can take on a similar pandemic in the future. Much spending on health and vaccine research, along with innovation in health technologies, is required. There is an urgent need for a legislative upgrade in India's colonial-era Epidemic Diseases Act. India's fight against COVID-19 is far from over, but in the last month of the first quarter of 2021, the impression is that India may manage to overcome one of the worst epidemics in human history without too much damage.

Second wave of COVID-19 in India

A postscript (dated May 29, 2021)

The main report on the impact of COVID-19 and India's response to the pandemic was written in early 2021. However, in the succeeding months, the second wave of the pandemic started wreaking havoc in the country. I decided against revising the article even though much of the analysis of the first wave was dramatically changed by the second. Nevertheless, revising the report would not have served any purpose given that the COVID situation in the country continues to be dynamic, and any analysis at this point in time could be found wanting eventually.

What is fundamentally different about the second wave is the disease's infectiousness and its spread into India's rural landscape.

Latest data on infections and fatalities

According to the World Health Organization, from January 3, 2020 to June 2, 2021, there have been 28,307,832 confirmed cases of COVID-19 with 335,102 deaths (WHO, n.d.–b). The national capital New Delhi recorded 956 new cases and 122 fatalities on May 29, the lowest in over two months. The positivity rate slipped to 1.19%, according to health department data. For reference, the COVID test positivity rate in Delhi reached a peak of 36.2% on April 22 and stayed above 30% for another week (Rai, 2021). This is the first time that daily cases in Delhi have fallen below 1,000 since March 22, when 888 infections were recorded (The Times of India, 2021). This is clearly an improvement from early May, when India was reporting 400,000 new cases a day. Reports indicate that the second wave is impacting the younger population more than during

the first wave: Youngsters between the ages of 26 and 44 account for about 40% of all cases and around 10% of deaths (Udwadia, 2021).

By the end of May 2021, India had administered 201,203,166 vaccine doses (Business Standard, 2021). However, as a New York Times report indicated, only 12% of the 1.3 billion Indians were fully vaccinated by May 28, with only 3.1% fully vaccinated.

Independent analysts believe that India's COVID data is highly underreported. As The Economist puts it: "In most states, deaths are not attributed to covid-19 without a recent positive test result. However, testing, especially outside big cities, is not widespread. Even with more than 1.5m Indians now getting tested each day, the rate of testing relative to population is still less than a tenth of that in Britain, for example. Furthermore, because of the surge in cases, labs even in Delhi, India's capital, are overwhelmed. They now take days to deliver results; many die without knowing they are positive, or after getting a false negative." (The Economist, 2021)

Writing in Foreign Affairs, Ramanan Laxminarayan, Founder and Director of the Center for Disease Dynamics, Economics and Policy in Washington, DC, made a shocking argument that the Indian government had suggested that reported cases reflected only one in 25 to 30 actual infections. If that were accurate, he argues, "India may have had as many as 700 million cases even though it has reported only 26 million cases. The number

of COVID-19 deaths is likely four times the official figure, reaching upward of roughly 1.2 million – by far the highest total in the world.” (Laxminarayan, 2021)

Mayday calls of May!

The month of May was the most catastrophic month for Indians, especially for those in Delhi. For several weeks together, vaccines were running short, and hospitals had no medicine or oxygen for patients, let alone beds. Vehicles carrying COVID positive patients queued outside hospitals waiting for someone to recover or die so that a bed would become vacant for the waiting patients. There were also queues outside the city's cremation grounds, which were running out of slots to cremate the dead. Social media handles were dominated by SOS calls for medicine, oxygen cylinders, and hospital beds. Overcrowded hospitals and overworked doctors were unable to handle the emergency. Reports indicate that since March this year, COVID has killed over 500 doctors and sickened hundreds more in India. (Constable & Dutta, 2021) The emergency calls for help have ceased in the cities, but the spread of COVID to the rural heartland, especially Uttar Pradesh, is one of India's worst-hit states where its rural population has little access to medical care, is deeply concerning.

Reasons for the second wave

The most important reason why the second wave hit India hard is its poor preparedness. Just before the second wave of COVID-19, the Indian government was in a hurry to declare victory and move on – that seems to have cost the country dearly. An article in the Lancet journal castigated the government, saying: “Yet before the second wave of cases of COVID-19 began to mount in early March, Indian Minister of Health Harsh Vardhan declared that India was in the ‘endgame’ of the epidemic. ... Modelling suggested falsely that India had reached herd immunity, encouraging complacency and insufficient preparation, but a serosurvey by the Indian Council of Medical Research in January sug-

gested that only 21% of the population had antibodies against SARS-CoV-2.” (Lancet, 2021)

On April 8, during an interaction with the chief ministers, Prime Minister Modi too claimed that “We defeated Covid without vaccines”. (Chaturvedi, 2021) Modi declared victory over COVID even though several of the country's public health specialists and doctors were repeatedly arguing that the pandemic was far from over. (Padma, 2021) The fallouts of such political rhetoric were all evident in the second wave. The nonchalant politicians were not prepared for the second wave: health facilities had not been created, there were no stores of essential medicines, and oxygen was out of stock when the devastating second wave arrived.

The false triumphalism and lack of calibrated policy response based on scientific advice led to the second wave and the devastation that it has caused. Despite warnings from public health experts, the government allowed the Hindu festival Kumbh Mela to take place, where millions of Hindus turned up to bathe in the Ganges river. While around 9.1 million pilgrims took the holy dip in the Ganges from January 14 to April 27, on April 12 itself, 3.5 million thronged the river, (Rawat, 2021) with local authorities unable to impose COVID protocols. The New York Times reported: “At one point, officials dismissed warnings by scientists that India's population remained vulnerable and had not achieved ‘herd immunity’ as some in his administration were suggesting, said people familiar with those conversations.” (Gettleman et al., 2021)

Through the month of April, when infections were spiking every day, the Election Commission of India decided to go ahead with elections to five state assemblies and to local bodies in UP. Modi's massive election rallies in West Bengal, often without mask-wearing, where tens of thousands of people turned up to listen to him even as COVID cases were spiralling in the country, did send the “wrong

message” to other political parties who followed suit, not wanting to be left behind.

Missing vaccines

As the COVID infections reduce in the country, the next big worry is finding vaccines for its close to 1.36 billion population. Even on the vaccine count, the Modi government dropped the ball in 2020 itself while most countries were frantically placing orders for the vaccines, which were still in the early stages of development. India did not start procurement of vaccines until January this year. By then, most vaccine manufacturers had already made commitments to sell vaccines to those who placed orders first. (Laxminarayan, 2021) As a result, India today is facing a severe vaccine shortage. While India has officially opened vaccination for all adults, the reality is that there are not enough vaccines, even for those above the age of 45. The central government has often argued that the state governments should place an order for vaccines independently, but the global vaccine manufacturers are reluctant to deal with individual Indian states. The central government stated that by the end of the year, all Indians would be vaccinated but provided no details as to how it plans to procure vaccines.

Conclusion

The first wave of COVID mainly affected the urban population in the country, with a marginal impact on its rural areas, where around 65% of the population live. The first wave severely hit the migrant worker population from rural India, but the impact was primarily economic. This time, however, the impact is more than just economic, although that too has been serious.

Despite only 12% of Indians having been partially vaccinated (and 3.1% fully vaccinated), India is vaccinating faster than its South Asian neighbours. Nevertheless, the sheer number to be vaccinated and the unavailability of vaccines will slow the country down. Given that the authorities are already

warning of a potential third wave, the government’s inability to vaccinate its population quickly could lead to another disaster.

|| Happymon Jacob

Happymon Jacob is Associate Professor of Diplomacy and Disarmament Studies at the School of International Studies, Jawaharlal Nehru University. He is also the founder of the Council for Strategic and Defense Research, a New Delhi-based think tank.

REFERENCES

- Awasthi, P. (2021, March 24). India inoculates over 5 crore people against Covid-19. The Hindu Businessline. <https://www.thehindubusinessline.com/news/national/india-inoculates-over-5-crore-people-against-covid-19/article34146928.ece>
- BBC News. (2021, March 29). India Covid-19: PM Modi ‘did not consult’ before lockdown. <https://www.bbc.com/news/world-asia-india-56561095>
- Bharali, I., Kumar, P., & Selvaraj, S. (2020, July 2). How well is India responding to COVID-19? Brookings. <https://www.brookings.edu/blog/future-development/2020/07/02/how-well-is-india-responding-to-covid-19>
- Bloomberg. (2020, April 23). Remittances To India Likely To Decline By 23% In 2020 Due To Covid-19: World Bank. <https://www.bloombergquint.com/business/remittances-to-india-likely-to-decline-by-23-in-2020-due-to-covid-19-world-bank>
- Burman, A. (2020, July 28). How COVID-19 is Changing Indian Federalism. Carnegie India. <https://carnegieindia.org/2020/07/28/how-covid-19-is-changing-indian-federalism-pub-82382>
- Business Standard. (2021, May 26). DATA STORY: India’s Covid vaccination goes past 200 mn doses; 14.5% jabbed. https://www.business-standard.com/article/current-affairs/data-story-india-s-covid-vaccination-goes-past-200-mn-doses-14-5-jabbed-121052600458_1.html
- Chaturvedi, A. (2021, April 8). ‘We defeated Covid without vaccines’: PM Modi tells CMs on way forward. Hindustan Times. <https://www.hindustantimes.com/india-news/covid-situation-challenging-focus-on-micro-containment-zones-pm-modi-to-cms-101617893287824.html>
- Chaudhary, A. (2020, April 28). Alcohol Fight Shows India’s States Battling Modi for Virus Billions. Bloomberg. <https://www.bloomberg.com/news/articles/2020-04-28/alcohol-spat-shows-india-states-battling-modi-for-virus-billions>
- Constable, P., & Dutta, T. (2021, May 28). India’s covid surge has killed more than 500 doctors and sickened hundreds of others since March, stretching staffs thin. The Washington Post. https://www.washingtonpost.com/world/asia_pacific/india-coronavirus-health-workers/2021/05/27/a9e31d7c-bd79-11eb-922a-c40c9774bc48_story.html
- Daniyal, S. (2020, June 13). India’s harsh lockdown didn’t work. What can be done now to slow the spread? Scroll.

- in. <https://scroll.in/article/964264/india-s-harsh-lockdown-didnt-work-what-can-be-done-now-to-slow-spread>
- Dhar, P. (2020, May 11). COVID-19 Could Turn India Into a Surveillance State. *Slate*. <https://slate.com/technology/2020/05/covid19-india-surveillance-aarogya-setu.html>
- Dhume, S. (2021, March 18). India Beats China at Vaccine Diplomacy. *The Wall Street Journal*. <https://www.wsj.com/articles/india-beats-china-at-vaccine-diplomacy-11616086729>
- The Economic Times. (2020, May 1). COVID-19 pandemic: India needs 75K ventilators, 19K available; order placed for over 60K units, says Govt [Video]. <https://economictimes.indiatimes.com/news/politics-and-nation/covid-19-pandemic-india-needs-75k-ventilators-19k-available-order-placed-for-over-60k-units/videoshow/75495376.cms?from=mdr>
- The Economist. (2021, April 28). Are Indian statistics understating covid-19 cases and deaths? <https://www.economist.com/the-economist-explains/2021/04/28/are-indian-statistics-understating-covid-19-cases-and-deaths>
- ET Bureau. (2020, October 21). EC frowns on political parties flouting Covid instructions; reminds them of penal action for violations. *The Economic Times*. <https://economictimes.indiatimes.com/news/elections/assembly-elections/bihar/ec-frowns-on-political-parties-flouting-covid-instructions-reminds-them-of-penal-action-for-violations/articleshow/78792703.cms?from=mdr>
- Farooqui, S. (2020, July 13). India coronavirus dispatch: New insights on managing Covid-19. *Business Standard*. https://www.business-standard.com/article/current-affairs/india-coronavirus-dispatch-new-insights-on-managing-covid-19-120071300995_1.html
- Gettleman, J., Kumar, H., Singh, K. D., & Yasir, S. (2021, May 1). India's Covid-19 Crisis Shakes Modi's Image of Strength. *The New York Times*. <https://www.nytimes.com/2021/05/01/world/asia/india-covid19-modi.html>
- Gopika, I. S. (2020, May 21). How Kerala mastered the art of contact tracing to fight COVID-19, save lives. *The New Indian Express*. <https://www.newindianexpress.com/states/kerala/2020/may/21/how-kerala-mastered-the-art-of-contact-tracing-to-fight-covid-19-save-lives-2146294.html>
- Government of India/Ministry of External Affairs. (2021, February 18). Prime Minister addresses a workshop on "Covid-19 Management: Experience, Good Practices and Way Forward" with 10 Neighbouring Countries [Press release]. https://www.mea.gov.in/press-releases.htm?dtl/33542/Prime_Minister_addresses_a_workshop_on_Covid19_Management_Experience_Good_Practices_and_Way_Forward_with_10_Neighbouring_Countries
- The Hindu. (2020a, February 1). Indian economy experienced abrupt slowdown in 2019, but it's not in a recession: IMF MD. <https://www.thehindu.com/business/indian-economy-experienced-abrupt-slowdown-in-2019-but-its-not-in-a-recession-imf-md/article30709350.ece>
- The Hindu. (2020b, March 14). Coronavirus: Group hosts 'cow urine party', says COVID-19 due to meat-eaters. <https://www.thehindu.com/news/national/coronavirus-group-hosts-cow-urine-party-says-covid-19-due-to-meat-eaters/article31070516.ece>
- Huang, Y. (2021, March 11). Vaccine Diplomacy Is Paying Off for China: Beijing Hasn't Won the Soft-Power Stakes, but It Has an Early Lead. *Foreign Affairs*. <https://www.foreignaffairs.com/articles/china/2021-03-11/vaccine-diplomacy-paying-china>
- Inani, R. (2021, January 22). India's Poor Are Eating Into Their Savings, Thanks To High Inflation And Covid-19. *Bloomberg*. <https://www.bloombergquint.com/economy-finance/indias-poor-are-eating-into-their-savings-thanks-to-high-inflation-and-covid-19>
- Johari, A. (2021, January 30). India's economic crisis took their jobs and careers – and the 'recovery' hasn't brought them back. *Scroll.in*. <https://scroll.in/article/985442/indias-economic-crisis-took-their-jobs-and-careers-and-the-recovery-hasnt-brought-them-back>
- Kapoor, G., Sriram, A., Joshi, J., Nandi, A., & Laxminarayan, R. (2020). COVID-19 in India: State-Wise Estimates of Current Hospital Beds, ICU Beds, and Ventilators. *Center For Disease Dynamics, Economics & Policy (CDDEP)*. <https://cddep.org/publications/covid-19-in-india-state-wise-estimates-of-current-hospital-beds-icu-beds-and-ventilators/>
- Krishnan, M. (2020, August 11). WHO: 'Impressive' how India implemented COVID-19 measures. *Deutsche Welle (DW)*. <https://www.dw.com/en/who-impressive-how-india-implemented-covid-19-measures/a-54526786>
- Kumar, A. (2021, March 17). 'India's reputation as pharmacy of the world has been reinforced'. *Asianet News*. <https://newsable.asianetnews.com/top-stories/jaishankar-briefs-rajya-sabha-on-vaccine-maitri-vpn-qq41uc>
- Kumar, D. (n.d.). Half a million COVID-19 cases in India: How we got to where we are. Retrieved June 4, 2021, from <https://thewire.in/covid-19-india-timeline>
- Lancet, T. (2021). India's COVID-19 emergency [Editorial]. *The Lancet*, 397(10286), 1683. [https://doi.org/10.1016/S0140-6736\(21\)01052-7](https://doi.org/10.1016/S0140-6736(21)01052-7)
- Laxminarayan, R. (2021, May 26). India's Cascading COVID-19 Failures. *Foreign Affairs*. https://www.foreignaffairs.com/articles/2021-05-26/indias-cascading-covid-19-failures?utm_medium=referral&utm_source=www-foreignaffairs-com.cdn.ampproject.org&utm_campaign=amp_kickers
- Mohan, G. (2021, February 17). Pakistan accepts India's invite for SAARC Covid meet. *India Today*. <https://www.indiatoday.in/world/story/pakistan-accepts-india-s-invite-for-saarc-covid-meet-1770159-2021-02-17>
- Mufsin, P. P., & Muhsin, P. P. (2020, March 25). Sociocultural and Religious Factors Complicate India's COVID-19 Response. *The Diplomat*. <https://thediplomat.com/2020/03/sociocultural-and-religious-factors-complicate-indias-covid-19-response/>
- The New Indian Express. (2020, October 8). Masks and maximum 200 people: Centre allows political gatherings in Bihar, bypoll constituencies. <https://www.newindianexpress.com/nation/2020/oct/08/masks-and-maximum-200-people-centre-allows-political-gatherings-in-bihar-bypoll-constituencies-2207621.html>
- Padma, T. V. (2021, April 30). Indian government should heed its scientists on COVID. *Nature*. <https://www.nature.com/articles/d41586-021-01140-6>
- Parliament of India (Ed.). (2020a). Management of Covid-19 Pandemic and Related Issues (Report No. 229). New Delhi. https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/15/143/229_2020_12_18.pdf
- Parliament of India (Ed.). (2020b). The Outbreak of Pandemic Covid-19 and Its Management (Report No. 123). New Delhi. https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/14/142/123_2020_11_15.pdf
- Press Information Bureau (Ed.). (2020, January 29). Advisory for Corona virus: Homoeopathy for Prevention of Corona virus Infections [Unani Medicines useful in symptomatic management of Corona Virus infection]. Ministry of Ayush. <https://pib.gov.in/PressReleasePage.aspx?PRID=1600895>

- Rai, A. (2021, May 19). Delhi Covid-19 cases fall to 3.8K first time after April 5, positivity rate below 6%. Hindustan Times. <https://www.hindustantimes.com/india-news/delhi-covid-19-cases-fall-to-3-8k-first-time-after-april-5-positivity-rate-dips-101621418422677.html>
- Raja, A. (2020, May 27). Vadodara hospital with 6 patients on ventilator faces power outage for 12 hrs. The Indian Express. <https://indianexpress.com/article/india/vadodara-hospital-with-6-patients-on-ventilator-faces-power-outage-for-12-hrs-6428900/>
- Rawat, S. (2021, April 30). 9.1 million thronged Mahakumbh despite Covid-19 surge: Govt data. Hindustan Times. <https://www.hindustantimes.com/cities/dehradun-news/91-million-thronged-mahakumbh-despite-covid-19-surge-govt-data-101619729096750.html>
- Saikia, A. (2020, July 13). Covid-19: As cases surge in India, most states abandon contact tracing. Scroll.in. <https://scroll.in/article/967223/covid-19-as-cases-surge-in-india-most-states-abandon-contact-tracing>
- Seth, P. (2021, January 23). As COVID-19 Raged, the Shadow Pandemic of Domestic Violence Swept Across the Globe. The Wire. <https://thewire.in/women/covid-19-domestic-violence-hdr-2020>
- Sharma, Y. S. (2021, April 4). India's unemployment rate recovers to pre-Covid level of 6.9% in February: CMIE. The Economic Times. https://economictimes.indiatimes.com/news/economy/indicators/indias-unemployment-rate-recovers-to-pre-covid-level-of-6-9-in-february-cmie/articleshow/81326829.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst
- Singh, P., Ravi, S., & Chakraborty, S. (2020, March 24). COVID-19 – Is India's health infrastructure equipped to handle an epidemic? Brookings. <https://www.brookings.edu/blog/up-front/2020/03/24/is-indias-health-infrastructure-equipped-to-handle-an-epidemic/>
- Sinha, D. (2021, January 2). Explained: Despite Govt Claims, India's Health Budget Only Around 0.34% of GDP. The Wire. <https://science.thewire.in/health/union-health-budget-nirmala-sitharaman-covid-19-pmasby-allocation-gdp-expert-analysis/>
- Sinha, S. (2020, January 21). Thermal screening of flyers from China, Hong Kong at 7 airports. The Times of India. <https://timesofindia.indiatimes.com/india/thermal-screening-of-flyers-from-china-hong-kong-at-7-airports/articleshow/73491947.cms>
- Times Now Digital. (2021, March 18). Vande Bharat Mission: 50 lakh distressed Indian citizens returned to country amid Covid pandemic, says MEA. <https://www.timesnownews.com/india/article/vande-bharat-mission-50-lakh-distressed-indian-citizens-returned-to-country-amid-covid-pandemic-says-mea/734288>
- The Times of India. (2021, May 31). Coronavirus in India: Several states extend Covid curbs, some allow relaxations. <https://timesofindia.indiatimes.com/india/coronavirus-in-india-coivd-cases-vaccine-live-news-updates-28-may-2021/liveblog/83023842.cms>
- Trivedi, S. (2020, April 11). Coronavirus – The story of India's largest COVID-19 cluster. The Hindu. <https://www.thehindu.com/news/national/coronavirus-nizamuddin-tablighi-jamaat-markaz-the-story-of-indias-largest-covid-19-cluster/article31313698.ece>
- Udwadia, Z. (2021, April 29). India's Covid wards are like scenes from Dante's 'Inferno'. Financial Times. <https://www.ft.com/content/ad200d93-3247-409a-8afb-482234b4655c?shareType=nongift>
- The Wire (Ed.). (2021, May 30). COVID-19 India Tracker. <https://science.thewire.in/covid19>
- The World Bank Group. (n.d.). The World Bank In India. <https://www.worldbank.org/en/country/india/overview>
- World Health Organization. (n.d.–a). India. Retrieved June 4, 2021, from <https://covid19.who.int/region/searo/country/in>
- World Health Organization. (n.d.–b). India [June 3, 2021]. <https://covid19.who.int/region/searo/country/in>
- World Health Organization. (n.d.–c). Naming the coronavirus disease (COVID-19) and the virus that causes it. Retrieved June 4, 2021, from [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

FOOTNOTES

- 1 Quadrilateral Security Dialogue (Quad) of the United States, Japan, Australia, and India

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