

ALL INDIA POLITICAL PARTIES (AIPPM)

Agenda: Tackling COVID - 19 on Social and Economic Fronts

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The Virus and Its Origination

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the subtype or strain of coronavirus that is responsible for COVID-19; a contagious, respiratory illness that was officially declared as a global pandemic by the World Health Organisation (WHO) on March 11, 2020.

The outbreak originated in Wuhan, a city in the Hubei province of China, where the first cases began to emerge in December, 2019. Several reports trace the origin of the virus back to a variety of seafood and animal markets in Wuhan. It is hypothesized that the transmission of this particular strain of coronavirus came from bats, or possibly even pangolins.

One of the most deadly characteristics of the coronavirus is that it has the ability to spread through person-to-person contact. A person less than six feet away from another infected person could potentially contract this virus. Although this disease is most contagious when an infected person's symptoms are at its highest, it is possible for someone exhibiting no symptoms to spread the virus, as well. A study conducted by *Medical News Today* suggests that 10% of COVID-19 infections are contracted by people showing no notable symptoms of the virus.

Additionally, another way a person can contract this virus is through droplets containing the infection, that have landed on nearby surfaces or objects. If a person comes into contact with such a surface or object, they too can be infected with this dangerous disease.

Data illustrated by WHO suggests that 80% of COVID-19 infections are mild or asymptomatic, 15% are quite severe infections with the possibility of requiring hospital-care, while the remaining 5% are critical and have the potential of being fatal.

India's Patient Zero

On January 23, three medical students travelled from Wuhan, China to their hometowns in Alappuzha, Thrissur and Kasargod in Kerala, India. They had been studying at the Wuhan Institute of Medical Sciences, but were evacuated from China — along with hundreds of other students — after the government announced it would lock down the city and others in Hubei province, in response to the coronavirus crisis.

On returning, the students were asked to report to their nearby hospitals for screenings and to self-isolate at home, out of concern that someone could bring the virus — which had already infected over 7,000 people and killed 170 others in China — home. A week later, on January 30, one of the three students tested positive for the virus, becoming India's COVID-19 Patient Zero.

“It's not surprising that Kerala was the first to report a case,” Anant Bhan, a researcher in bioethics and global health policy, told the National Post. The state boasts higher-than-average international traffic within the country, due to tourism and travel between the Gulf states.

By the time the students were placed into quarantine, a state-wide strategy to combat any potential spread of the virus had already been put into place. As of January 25, the government deployed healthcare teams to locate all returnees from China, screening them and quarantining them at home. People returning from high-risk areas were asked to report to their nearby hospitals for temperature checks. Local government bodies had been asked to monitor their own localities for people who flew into the state after Jan. 14.

Current Situation in India

As this virus continues to spread all across the globe, India is increasingly victimised by its harmful effects. Currently, India is the second-most COVID-19 infected country in the world, with both positive cases and deaths rapidly on the rise.

With the global average being close to 4%, India currently possesses an average fatality rate of 2.3%. Since the beginning of the outbreak, India has recorded over 120,000 deaths and over eight million positive cases; however, the number of active cases has declined in the country by roughly 6%, in the last few weeks.

Under the government of Shri Narendra Modi, India initiated its first nation-wide lockdown on March 24, 2020. Originally, this lockdown was ordered for twenty-one days but extended into four phases till the month of May. Since June, the government has

commenced opening up the country with “Unlock” initiatives. While making sure to enforce strict regulations and adhere to preventative measures, the country is now in its fifth Unlock phase (“Unlock 5.0”).

These “Unlock” initiatives come after the intense economic decline that has been seen in the country due to the adverse effects of the virus. In a shocking revelation, India’s GDP has declined by 23.9% in the last few months, and continues to be shaken as the virus spreads. Furthermore, the pandemic in India has contributed to a rise in unemployment rates to a recorded 27.11% in May. If this trend continues, the fear of a shattering nation is impending.

Government’s Response to the Pandemic

Protective measures were first applied in January. India began thermal screening of passengers arriving from China on 21 January. Initially carried out at seven airports, it was expanded to 20 airports towards the end of January. During February, the screening was extended to passengers from Thailand, Singapore, Hong Kong, Japan and South Korea. Nepal, Vietnam, Indonesia and Malaysia were added to the list towards the end of February. Very few new cases were discovered during February, The Indian Council of Medical Research (ICMR) admitted that airport screening alone was insufficient.

By early to mid-March, the government had drawn up plans to deal with a worsening of the pandemic in the country. This included seven ministries working together to set up additional quarantine and treatment facilities across the country. States and twenty ministries, including Home, Defence, Railways, Labour, Minority Affairs, Aviation and Tourism, were informed of the containment plan. Plans to avoid a panic-like situation were also made.

The Ministry of Textiles was to ensure the availability of protective and medical materials. The Department of Pharmaceuticals was to ensure the availability of essential medicines. The Ministry of Consumer Affairs, Food and Public Distribution was asked to ensure availability of essentials.

On 17 March, the Government of India issued an advisory, urging to all Indian states to take social distancing measures as a preventive strategy for implementation till 31 March. A government directive was issued asking all Central Armed Police Forces to get into battle mode; all non-essential leave was cancelled. A COVID-19 Economic Response Task Force was also formed.

Union and state governments set up national and state helpline numbers.

On 22 March, the Government of India announced complete lockdown in 82 districts in 22 states and Union Territories of country where confirmed cases were reported. 80 cities including Delhi, Bengaluru, Chennai, Mumbai, Chandigarh and Kolkata were put under lockdown. Some states sealed their borders barring inter-state movement.

On 24 March, PM Narendra Modi announced a complete 21-day national lockdown to contain the pandemic. By 6 April, the doubling rate had slowed to six days from earlier figure of three days.

After his consultation with CMs and administrators of states and UTs on 11 April, PM Narendra Modi announced lockdown extension till 3 May in his address to nation on 14 April, with conditional relaxations in areas with lower spread from 20 April.

On 1 May, the Government of India extended nationwide lockdown further by two weeks until 17 May. On 17 May, NDMA extended the lockdown till 31 May in all Indian states.

On 30 May, it was announced that lockdown restrictions were to be lifted from then onwards, while the ongoing lockdown would be further extended till 30 June for only the containment zones. Services would be resumed in a phased manner starting from 8 June. It was termed as "Unlock 1.0". PM Modi later clarified that the lockdown phase in the country was over and that 'unlock' had already begun.

While generally regarded as necessary, the implementation of the lockdowns was also criticised for worsening the problems of the people.

On 19 March, during a 30-minute live telecast, Indian Prime Minister Narendra Modi asked all citizens to observe a 'Janata Curfew' (people's curfew) from 7 am to 9 pm on 22 March. During this curfew he asked everyone, except those involved in essential services, to stay at home. He also asked people to avoid routine check-ups and elective surgeries to reduce the burden on the health system. He announced the formation of a COVID-19 Economic Response Task Force. To acknowledge the work being done by various sectors during the outbreak, he urged people to gather in front of their own doors, windows or balconies at 5 pm and applaud them for five minutes. State and local authorities were told to blow the siren to remind people about the same. On 24 March, Modi announced a nationwide lockdown from midnight of that day, for a period of 21 days. He also announced a ₹150 billion (US\$2.1 billion) aid for the healthcare sector. This money would be used for developing testing facilities, PPEs, ICUs, Ventilators and for training medical workers. On 3 April, PM Modi addressed the nation to turn off the lights for nine minutes and lighting the candles on 5 April.

In an address on 14 April, PM Modi asked the citizens to follow seven steps to help in the fight against coronavirus, "Use homemade masks, Take care of elderly people, Protect jobs, Help the poor and needy, follow the guidelines set by Ministry of AYUSH to improve immunity and download the 'Aarogya Setu' app to track your health."

In a live telecast on 12 May, PM Modi announced an economic package of ₹20 trillion (US\$280 billion) for 'Atma Nirbhar Bharat' (self-reliant India). The economic package is nearly 10% of the GDP. He added that Special economic package was for labourers, farmers, honest tax payers, MSMEs and cottage industries. Modi added that the five main pillars India stands on are – economy, infrastructure, governing systems, vibrant democracy and supply chain.

“Prepare, but don't panic' has been India's guiding mantra in dealing with the virus outbreak. Our region has reported less than 150 coronavirus cases, but we need to remain vigilant.

Step-by-step approach helped avoid panic, made special efforts to reach out to vulnerable groups.” said Prime Minister Narendra Modi during the video conference with SAARC nations, 15 March 2020.

On 12 May, the Prime Minister, in an address to the nation, said that the coronavirus crisis should be seen as an opportunity, laying emphasis on domestic products and "economic self- reliance", creation of an *Atma Nirbhar Bharat* (transl. Self-reliant India) through *Atma Nirbhar Bharat Abhiyan* (Self-reliant India Mission). He announced a 20 trillion rupees stimulus package, equivalent to 10% of India's GDP, which was laid out in detail by the Finance Minister in a series of tranches

PM CARES Fund

The Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES Fund) was created on 28 March 2020, following the COVID-19 pandemic in India. The fund will be used for combating, and containment and relief efforts against the coronavirus outbreak and similar pandemic like situations in the future. Although the documentation for the constitution of the fund has not been made public, the Government of India has stated that the Prime Minister of India, Narendra Modi, is the chairman of the fund. The documentation concerning the establishment of the PM CARES Fund has not been made publicly available. Officials have described the Fund as a "public charitable trust" and stated that the deed establishing the trust was registered on 27 March 2020. However, in June 2020, the Prime Minister's Office stated in response to an application for the disclosure of the founding documents of the trust, that the Fund is not a "public authority" as far as transparency laws such as the Right to Information Act 2005 are concerned, and declined to provide the documentation. The fund has certain legal exemptions. Foreign contributions and donations are regulated by the Foreign Contribution (Regulation) Act 2010 (FCRA) which requires registration, and regular documentation of funds received; however, the Fund has been exempted from all provisions of the FCRA. Per an order of the Home Ministry from 2011 and a subsequent order on in January 2020, organisations that are given exemptions from the provisions of the FCRA must be compulsorily audited by the Comptroller and Auditor General of India (CAG).

However, the PM CARES Fund is not being audited by the CAG, and is being audited by a private party appointed directly by the Government of India instead. The Ministry of Corporate Affairs announced in March 2020 that donations would be counted as part of the statutory Corporate Social Responsibility (CSR) obligation of the companies, with additional CSR being offset in subsequent years. As the Companies Act 2013 only allowed CSR exemptions for funds established by the government for socio-economic development and relief work, the Ministry of Corporate Affairs issued a circular in March 2020, authorising exemptions for the PM CARES Fund, noting that it was a public fund established by the Central Government. Prior guidelines concerning donations to similar funds such as

the Prime Minister's National Relief Fund disallowed CSR exemptions, and a government panel had described these as allowing the same tax benefits twice, amounting to a "regressive incentive".

However, the Prime Minister's Office and other government authorities subsequently declined to provide information regarding the PM CARES Fund on the grounds that it was not a public authority. In order to resolve the conflict on whether the PM CARES Fund was a public authority, in May 2020, the Ministry of Corporate Affairs amended the relevant schedule to the Companies Act 2013, to allow CSR donations to funds that were not set up by the Government of India. The amendment was made with retrospective effect, to cover any donations made prior to the amendment. Information obtained under the Right to Information Act by the *Huffington Post* has revealed that the exemptions were made at the request of a Bhaskar Kulbe, advisor to Prime Minister Narendra Modi.

Transparency of the PM CARES Fund

- Non-disclosure of information

On 5 June 2020, the Prime Minister's Office stated that the PM CARES fund did not qualify as a public authority for the purposes of the Right to Information Act 2005, and accordingly refused to disclose a copy of the trust deed that established the fund, any government circulars or documents related to the fund, or the exemption certificates granted to it under the Income Tax Act 1960.¹ This order was challenged by appeal, and the Appellate Authority under the Right to Information Act 2005, in the Prime Minister's office again refused to disclose the information.

A challenge against these orders is currently pending in the High Court of Delhi. On 17 August 2020, a second request for information on the PM-CARES Fund under the Right to Information Act 2005 was denied. In October 2020, an application under the Right to Information Act filed with the National Informatics Center indicated that the PM CARES Fund had been allotted a government domain name, which can only be granted to government entities; however, they refused to disclose further information about the Fund, stating that it isn't available with them.

- Criticism

In April 2020, the Prime Minister's Office stated that PM CARES would not be audited by the Comptroller and Auditor General of India, since the PM CARES fund consisted of private donations and not public funds. Officials working with the Comptroller and Auditor General of India stated that they were not allowed to audit the fund, since it was "based on donations of individuals and organisations". In response to criticism concerning the lack of audits, accountability and transparency, the Government of India stated on 30 July 2020 that "independent auditors who will be appointed by the trustees" would audit the fund, and that such auditors would be appointed by the trustees of the

Fund. The Government of India also agreed to start issuing receipts for donations.

In June 2020, a private firm of chartered accountants, SARC and Associates was reported to have been appointed as auditors for the PM CARES Fund for a period of three years. SARC and Associates has previously audited the PMNRF in 2019, replacing another private firm as its auditor. Sunil Kumar Gupta, the head of SARC and Associates, has acted as an advisor to several government entities in the past. The selection and appointment process for the private auditor has not been made public.

Litigation against the PM Cares Fund

In August 2020, the Supreme Court of India rejected a petition filed by the Center for Public Interest Litigation, a non-profit organisation, which sought the transfer of funds from PM CARES to the National Disaster Response Fund, and refused to pass orders directing that the fund should be audited by the Comptroller and Auditor General of India.

The Supreme Court held that the Government of India was free to make transfers between the two funds at its discretion.

The Supreme Court also rejected a related plea calling on the Court to direct the Government of India to create a new national disaster relief plan to address the COVID-19 pandemic in India, finding the existing disaster relief plans to be sufficient. A review petition against this order is currently pending, as of October 2020.

The Supreme Court of India had previously dismissed a Public Interest Litigation (PIL) filed by Manohar Lal Sharma for questioning the legality of the constitution of PM CARES Fund for COVID-19, describing the petition as 'misconceived', in April 2020. A number of petitions concerning the lack of transparency and accountability of the PM CARES Fund are pending in High Courts in India. On 14 May 2020, the Bombay High Court sought a response from the Government of India in response to a petition seeking a declaration of the amount of funds received by the PM CARES Fund, and calling on the government to publish details of funds received and spent on the PM CARES website. On 3 June 2020, the Nagpur Bench of the Bombay High Court issued notice to the Government of India in a petition seeking details of the amounts collected so far in the Fund to fight COVID-19 pandemic and its audit processes,^[96] but later dismissed this petition. On 4 June 2020, the Delhi High Court heard a public interest petition filed, seeking to bring transparency to the PM CARES Fund by making the Right to Information Act 2005 applicable to it. On 10 June 2020, the Delhi High Court heard a petition filed by Samyak Gangwal, who challenged an order of the Prime Minister's Office refusing to disclose information about the establishment and governance of the Fund under the Right to Information Act 2005. The case is ongoing.

International Activity During the Pandemic

On 26 February, India sent 15 tons of masks, gloves and other emergency medical equipment by an Indian Air Force jet to China. The medical supplies sent to China included one hundred thousand masks, five hundred thousand pairs of gloves, 75 infusion pumps, and 30 internal feeding pumps.

On 13 March, PM Narendra Modi proposed that SAARC nations jointly fight the pandemic, an idea that was welcomed by the leaders of Nepal, Maldives, Sri Lanka, Bhutan, Bangladesh, and Afghanistan.

On 15 March, after a video conference of SAARC leaders, he allocated ₹74 crore (US\$10 million) of funds classified as COVID-19 Emergency Fund for the SAARC countries.

On 4 April, the Government of India banned the export of hydroxychloroquine "without any exception", to stockpile supplies for domestic use. The United States, which imports half its supply of the drug from India and expects to use it for treating COVID-19 patients, grew concerned. The US President Donald Trump called Prime Minister Modi the next day, and hinted at possible retaliation in a press conference. India agreed to allow its export on "humanitarian grounds". Apart from the US, India had outstanding orders for hydroxychloroquine from some 30 countries, including Brazil, Spain, France, UK, Germany, Australia, the Gulf countries and the SAARC neighbours. The decision to partially lift the ban preceded President Trump's comment on possible retaliation.

On 11 April, India sent a team of 15 doctors and health care professionals to Kuwait to assist in its fight against coronavirus, following a telephone conversation between prime minister Modi and the Kuwaiti prime minister Sabah Al-Khalid Al-Sabah. Kuwait was facing 1,154 COVID-19 cases at this time.

On 16 April, India sent 85 million hydroxychloroquine tablets and 500 million paracetamol tablets to 108 countries. In addition, one thousand tons of mixture were also sent to make paracetamol tablets.

On 10 May the Indian government sent Naval ship INS Kesari, which carried medical teams, essential medicines and food items to the Maldives, Mauritius, Madagascar, Comoros and Seychelles following separate requests for help in dealing with the COVID-19 pandemic.

Conclusion

The first COVID-19 case in India was detected on January 30, the same day that WHO declared it a public health emergency of international concern. India went into lockdown almost two months later.

On June 8, after 10 weeks of lockdown, India started a phased reopening of its economy. With Unlock 1.0, the country is trying to balance attempts to revive the economy while dealing with increasing caseloads and new hotspots.

On 24th March Prime Minister Modi gave citizens only a few hours' warning before announcing: "Every state, every district, every lane, every village will be under lockdown." Panic ensued as people rushed to buy essential supplies. Migrant workers crammed themselves into the last trains home.

The first day of the shutdown witnessed blind police brutality against anyone on the streets, their homes despite the government's condemnation of such actions.

The government has invoked provisions in the Indian Penal Code and India's Disaster Management Act to allow up to 2 years of imprisonment for anyone violating the shutdown. But full compliance with the lockdown is unlikely — blatant violations are happening even at high levels of government. For example, the chief minister of Uttar Pradesh attended a Hindu religious gathering hours after Modi declared the shutdown.

This led to a lot of chaos in the country causing a lot of daily wage earners out of jobs, and many people panicked over basic needs of food and shelter. India has been a breeding ground for community transmission. The Washington Post also reports that the poor health infrastructure has led to "1 doctor per 11,600 people, 1 isolation bed per 84,000 people and a total of 40,000 ventilators for 1.37 billion people."

But the hardest hit is India's very large informal sector, where approximately 450 million people work without formal contractual arrangements or job security. About 60 - 70 % of the Indian economy is unorganized, which means many Indians depend heavily on daily cash earnings to support their families.

Without jobs or permanent housing, migrants workers now have little choice but to return to their villages on foot. In what might be the biggest mass migration in India since the 1947 partition of the South Asian subcontinent, the possibility of dying of hunger and/or exhaustion have become real concerns. While some state governments have started to organize transportation, the lack of social distancing and the intermixing of urban and rural populations via this mass migration undermines the goal of the shutdown. As per the WHO, as of 5th November there have been 8,364,086 confirmed cases and 124,315 deaths. India ranks second in the number of total cases globally currently.

COVID-19 IN INDIA

TIMELINE





