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India

COVID-19 PANDEMIC IN INDIA: A SEVEN-PRONGED PEOPLE'S PACKAGE

The COVID-19 pandemic has created an unprecedented, once in a century, public health, social and economic emergency. It has disrupted lives, impacted the economy and brought into focus prevailing social and economic inequality in the country. The government's response including the 21-day lockdown is an unprecedented step that shows it's cognizance of the gravity of the situation. However, much more needs to be done.

India has a small window of opportunity to implement prevention measures to stop and delay the further spread of the virus. 30% of the world's deaths during the 1918 pandemic came from India, an experience we have to avoid at all cost[i]. We fear that the epidemic will push millions, particularly women, further into poverty. A pro-poor and sensitive response that recognises structural inequalities in society will not only minimise the impact of the endemic, but also create a fairer, equal and just society. We recommend that Indian Government should do the following:

1.   Ramp up free testing

Until recently, India, among all the countries with confirmed cases of COVID-19, has been conducting one of the lowest numbers of tests per million—15 tests[ii] per million people. While physical distancing has been emphasised, adherence has been low in practice.

- **Aggressively ramp up testing:** With the World Health Organisation (WHO) declaring that testing is at the heart of the response, India needs to enhance testing of all those with symptoms or even loosely matching the criteria to curtail community spread. India also needs to enhance transparency in its testing by providing district level information on COVID-19 cases to ensure preparedness of the health system and keep the public informed.

- **Make testing free in both public and private sector:** This is in line with the recommendations made by the Indian Council of Medical Research (ICMR). The current cost of testing in the private sector is too high for India's poor given that 74.25% of households earn less than 5000 INR per month (SECC, 2011).

- **Encourage collection of samples from homes or collection centres closer to the communities to minimise crowding at health facilities.**

2.   Ensure humane enforcement of the lockdown to keep people safe, ensure uninterrupted essential services and an effective response

While critical for curtailing disease spread, the shutdowns and lockdowns have contributed to unemployment of India's informal sector workers, many of whom inter-state migrants. This will push them into abject poverty. Given loss of income they have been forced to return to their states and villages of origin (potentially spreading contagion into rural areas having poor health infrastructure), or left stranded or forced to walk hundreds of kilometres to get home.

OPD shutdowns, absence of ambulances and public transport has led to anxiety and panic regarding access to medical care. Human rights and privacy and confidentiality of COVID-19 positive or suspected persons has occasionally been compromised risking victim-blaming and concealing of symptoms reducing access to essential medical care, putting lives at risk.

- **Enforce physical distancing:** This should include within communities and home. Home quarantine should be enforced to flatten the curve of infection.

- **Support to elderly, children, chronically ill:** Physical distancing and testing of the elderly, children under the age of five and chronically ill should be enforced. Provision should be made to ensure home delivery of groceries, food and other essentials to those medically vulnerable. Establish a decentralised quarantine network across the country.

- **Proper orientation of the enforcers: There should be proper orientation and training of those who have been tasked with the enforcement,** of the 21-day lockdown, to allow movement of essential workers and protect respect of human rights of those suspected or infected or needing to travel for unavoidable reasons. Panchayati Raj Institutions (PRIs) and local public health workers can help to ensure compliance with quarantine protocols.

- **Ensure continuity of free public transport:** This should be continued to transport personnels of essential services and address existing emergency needs of the poor. Regular and proper disinfection of transport vehicles and streets need to be strengthened.

- **Develop a protocol for those engaged in COVID-19 response:** The government should develop Standard Operating Procedures (SOPs) for volunteers, animators and NGO workers involved in responding to COVID-19. This will enable all organisations with credible experience to enter into the response.

3. Enhance public health provision in preparation of the spread of COVID-19

India is entering into third phase of the Coronavirus pandemic and given the fact that our healthcare system, particularly public healthcare, isn't robust, we will struggle to cope with peak patient loads. The response, furthermore, needs to be sensitive to the needs of its many poor who will have no option but the public healthcare system.

Consider this: India has eight doctors per 10,000[iii] people compared to 41 in Italy and 71 in Korea. It has one state-run hospital for over 55,000 people and 0.7 hospital beds and a similar number of physicians per

1,000 people (2011) while China had 3.8 and Italy 3.5. While 60,000 quarantine beds have been earmarked, by some estimates, this falls far short of what will be needed.

Ensure safety of health workers and those on the frontline of the response: While health insurance for frontline responders announced on March 26, 2020 is welcome, additional steps like hazard/incentive pay, reimbursement of all expenses, testing and provision of PPE, and enhanced

ex gratia compensation would be important. Ensure safety equipment for all scavengers and sanitation workers. The government should put in place protective measures to minimise the risk of their infection, make provision for hazard pay, and monitor and prevent attacks on health workers. Exponentially increase manufacturing of Personal Protective Equipment (PPE) for healthcare professionals, delivering essential services. Strict action should be taken against hoarders and those selling the same at exorbitant prices.

- **Ramp up temporary health infrastructure by creating temporary hospitals:** This will be an essential step towards coping with the upcoming demand. The number of beds must be enhanced, both overall, and to address their skewed distribution. India may need to leverage additional doctors and nurses by calling in volunteers among undergraduate medical and nursing students and call in retired doctors and paramedical professions as Himachal Pradesh has done[iv].

- **Address the shortage of medical equipments:** There is an urgent need to address the shortage of ventilators, oxygen and Personal Protective Equipment (PPE) through all means including ordering the manufacturing industries to switch to production of essential equipment. While the availability of ventilators has increased 2.5 times since January, capacity needs to be expanded further. Ramping up of production of new ventilators and repair of existing units needs to be prioritised. India should create ambulance facilities and other measures for transportation of patients to hospitals amidst the current lockdown. We must train and equip public health workers (ANMs, ASHAs, others) with PPE to enable them to raise awareness and guide patients to appropriate care.

- **Supplies of soaps and sanitisers:** Soaps and sanitisers, essential to preventing the spread of the disease, should be supplied to the community. The government should enforce price controls for essential items like soaps which continues to be sold for high prices.

- **Ensure that healthcare is free:** It is critical that strict measures should be put in place to address patients' rights and prevent overcharging. Every year, 7% of the Indian population are pushed into poverty due to high Out of Pocket Expenditure (Draft National Health Policy 2017).

- **Requisition private hospital facilities, while also surging state capacity:** Uttarakhand has taken over private hospitals having 100+ beds[v]. Other states should also harness beds in private hospitals bringing them under the umbrella of public services for this purpose. Motivating private hospitals to voluntarily step up or relying on insurance, however, may not be enough. The Ministry of Health and Family Welfare (MoHFW) has issued an advisory for public and private hospitals to not turn away suspected patients. However, many state governments have not made this mandatory; reports of denial of care have emerged from different states. While the government has asked the National

Health Authority which manages the Government's Ayushman Bharat to identify capacities in its empaneled hospitals to admit COVID-19 patients, these are disproportionally in urban areas, are unevenly distributed across districts, and many lack isolation beds and respiratory facilities. While 132 million households are eligible for coverage, only 67 million e-cards were issued[vi].

- **In the long run, significantly** e**nhance the health budget and strengthen the public health system**.

4. Protect informal workers, the poor, marginalised and the vulnerable

The economic slowdown and job losses on the back of the lockdown risk pushing millions, particularly women, further into poverty. The informal sector workers, which constitutes 90 percent of the Indian workforce, is the most vulnerable. Most of the lowest paying jobs in the formal sector are done by contractual workers who have no paid sick leave, option of working from home, lay-off benefits or unemployment insurance.

- **Amping the recovery package:** The raft of measures taken as part of the recovery package announced yesterday are welcome. However, more could be done. There is an urgent requirement for food, temporary housing, and cash transfer for migrant informal workers, especially those who are stranded. Some of the most marginalised, like unregistered construction workers and daily wage labourers, and those without Jan Dhan accounts, will remain outside the ambit of of social protection during the pandemic. According to the World Bank's Global Findex Database 2017, 20 percent of Indian adults lack a bank account and 54% of women's Jan Dhan accounts are inactive. Contingency plans are needed for those on the other side of the banking and digital divide. **In the long run**, the government should formalise informal workers and extend to them basic social security measures.

- **Ensure compensation for workers:** The government must ensure that compensation for work days lost for daily wage and informal sector workers must be in line with the minimum wage. Given that work under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) is suspended in view of physical distancing requirements, days of closure should be considered as days worked without waiting for the local administration to find work that is safe and make PPE available.

- **Make Public Distribution System (PDS) ration free:** Free ration under the PDS should be available for everyone in need and requirement for biometric verification on PoS machines in PDS outlets should urgently be removed and home delivery of PDS and mid-day meals/dry ration/nutrition supplements under the anganwadi programme undertaken. Moreover, the government must expand network of community kitchens to ensure the homeless, destitute, most marginalised population who are left outside the ambit of PDS and other cash transfer benefits do not remain hungry

- **Provision for the formal sector:** In the formal sector, the government should pay Employee Provident Fund (EPF) contribution to all employees earning under Rs 15,000 per month and not just those employed by companies where they constitute 90% of the workforce or companies having less than 100 workers. The government should explicitly ban reduction in workforce of MSMEs and other enterprises and put a freeze on evictions and demolitions in all low-income settlements for the duration of the pandemic.

5. Put in place a package to revive the economy, but for the people and not corporations

India's growth forecast has been cut to 5.1% for the next financial year on the back of COVID-19 outbreak. This was already at a six-year low of 4.7% in Q3 of last year. While the decision to prioritize India's poor in the package is welcome, concrete, credible and urgent steps are needed to also revive the economy. Federation of Indian Chambers of Commerce and Industry's (FICCI) survey shows that 47% of companies surveyed indicated the pandemic was having moderate to very high impact on business even at an early stage. More than three-fifth of the respondents indicated their supply chains were affected. On the economy's supply side, many sectors face an imminent raw material and component shortage due to impact on imports while the slowdown in global markets has impacted Indian exports. On the demand side, consumer spending on air travel, transportation and tourism has shrunk significantly. Global financial markets have been facing unease as a result of the prevailing global uncertainty and the oil price war between Saudi Arabia and Russia. While these economic shocks would be expected to impact everyone, the poor would be most affected.

- **Conditional recovery package:** Any recovery packages for the industry must be conditional to them committing to no layoffs, enhanced workplace public health measures and introduction of paid sick leave.

- **Freeze corporate bonuses:** The Government should call upon the corporate sector to donate pay and bonuses for response and reconstruction and to step up to address shortage of critical equipment.

- **Support to SMEs and women operated home-based enterprises:** The government should extend affordable credit to SMEs and woman run home-based enterprises through nationalised and private sources to enable them to survive the crisis.

- **Responsibility of the state:** All states must be directed against laying off workers, particularly in the informal sector and MSMEs. Wage subsidy should be considered to enable companies to continue employment. In the given crisis, the government should postpone proposed dearness allowance to government officials, tax large farmers, religious institutions, increase wealth taxes, reconsider non-essential expenditure and use funds to ensure social protection of the vulnerable.

6. Address the needs of India's children

Almost all states have by now announced full or partial closure of schools. Worldwide, 138[vii] countries have declared closures of schools that have affected 72.9% of the world's students. In many states, teachers have been asked to utilise this period for academic activities and MHRD has asked academic calendars to be revised. Examinations in many states have been postponed; they have opted for automatic promotion of children this year. This delay will have a cascading effect on the 2020-21 academic calendar including delays in declaration of results, holding further entrance examination and implication of admission process. At the same time, ed-tech measures have become more prominent, raising concerns about potential profit making by private tech companies and widening of the digital divide.

- **Ensure child safety, protection and counselling:** Teachers or other personnel should remain in touch with children in families with history of domestic violence to minimise child abuse. In case of prolonged closure, put in place stringent mechanisms to monitor and ensure that children do not enter child labour.

- **Ensure data privacy, age appropriateness of digital content used**; take steps to curtail possible profiteering.

- Ensure timely availability of textbooks, uniforms, scholarships and other entitlements in the event of prolonged school closure.

- Plan for early re-opening of schools given the risks vulnerable children face; use of schools as quarantine centres should be avoided. In case of prolonged closure, schools must be readied for re-opening by preparing accelerated learning programs to compensate for instructional time loss, revising school calendars to accommodate lost time, providing counselling and disinfecting school buildings and other facilities to ensure school safety.

- In the long run, strengthen the public system, support teachers and ensure private sector is regulated.

7.   Ensure that the response is gender and socially inclusive

The gendered impact of this virus is only beginning to become clear. Women shoulder the vast burden of unpaid care, which is bound to increase dramatically as caring for sick relatives and looking after children at home becomes more urgent. The advisory of regular hand-washing and sanitation would translate into more demand for water in a family which will have to be met by women doing the extra work. Being quarantined for weeks at a time raises the risk of gender-based violence. According to some reports in China, the number of domestic abuse cases was three times as high as usual after weeks of strict isolation measures. Reports across the country have also come about racial discrimination and abuse against people from the Northeast and the response inadequately addressing the specific needs of transgender and LGBTQ persons and persons with disability.

- **Provide access to water:** The Government should ensure that water tankers are provided to slums and rural areas with poor access to water.

- **Keep helplines running:** Ensure helplines are available, working and publicised for information and psycho-social support for women facing domestic violence. Special police units should be put in charge of rescuing women who face domestic violence and take them to their natal families, relatives of their choice or functioning shelter homes.

- **Stop discrimination:** The response needs to further respond to the specific needs of transgender and LGBTQI communities and persons with disabilities. Racial discrimination against people from the Northeast too needs to be addressed.

Conclusion: The world into which we would emerge at the end of the pandemic would be a fundamentally different one. All steps need to be taken to ensure that it is a better one.

Annexure 1: What some countries and Indian states are doing as part of their COVID-19 response

Some policies adopted by other countries as part of their Covid-19 response

- **Nationalisation of hospitals and healthcare** providers to deal with the Covid-19 spread (Spain)
- **Payment of risk allowance** to those responding to the emergency, meeting allowances to officials tasked with monitoring, investigating, preventing and controlling its spread (Thailand)
- **Unemployment benefits** (Philippines) Subsidies to firms providing paid sick leave (UK)
- **Cash transfers** for vulnerable groups (China, USA, Australia and Italy)
- **Tax relief** for people and business (China, Korea, Italy, France, Germany, Vietnam, US and Iran)
- **Moratorium on mortgage payments**, guarantees that basic services — water, gas, electricity — will not be shut off for non-payment and/or non-eviction for non-payment (Spain, Germany)
- **Subsidies to small companies** and individual freelancers (Germany)
- **Wage subsidies** for people who have taken leave to care for children due to schools being closed (France, Japan and Korea)
- **Uninterrupted education** by partnering with post offices to deliver work sheets to students and via Internet (Argentina, Croatia, Egypt, Greece, etc). Mobile data packages and subsidies for students (China). Lend devices and print assignments for those without internet or computers (France). Use of TV and other media (Argentina, Croatia, Costa Rica, Iran, Mexico, Rwanda, Senegal, Peru, Thailand, Vietnam). App to maintain communication between teachers and learners (Iran, Thailand)
- **Child protection:** Online pedagogic support (China), online courses for relationship management (Italy). Teaching guidelines/learning materials to parents (Guatemala)

Some early positive measures taken by Indian States
- **Take over private hospitals**, reserve 25% beds for COVID-19 patients (Uttarakhand)
- **PDS distribution free and for several months for the marginalised and vulnerable (**Rajasthan-1 to 2 months free; Kerala-1 month free for all; Odisha, Maharashtra, Himachal Pradesh, Madhya Pradesh-3 months; Punjab-6 months. Haryana-Free)
- **Doorstep delivery of food** or ration (UP, J&K)
- C**ash or DBT to informal sector workers**, ration card holds (UP, Punjab, HP, TN, Meghalaya, Bihar, MP)
- **Community Kitchens** for urban poor (Delhi, Tripura, Jharkhand, Kerala)
- **PRIs tracking** those with travel history (Telangana, Punjab, AP)
- **Incentives to doctors** and paramedical staff (Bihar)
- **Use of hotels to quarantine patients**; GST bills on such bills has been dropped (Delhi)
- **Use of recorded lessons, tutorials and ICT in government schools** during school closure (Gujarat, Assam, Haryana)

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