

COVID-19 Pandemic: India Fights Back and Lessons Learnt from the Perspective of Disaster Management

Dr. Shivani Sharma

Associate Professor, Department of English, Government Post Graduate College Solan, Solan, India
Email – shivanitm@gmail.com

Abstract: India is among the top ten most disaster prone countries due to its unique geo-climatic and socio-economic conditions. Earthquakes, floods, cyclones, tsunamis, droughts, landslides, avalanches, forest fire etc. is recurrent phenomenon. Change in demographic and socio-economic conditions, unplanned urbanization, developmental activities in high risk areas make India more vulnerable to environmental degradation, climate change, geological hazards and pandemics. This time disaster was quite uncommon and invisible and came in the form of COVID-19. This disaster changed our understanding of disaster management in several ways. Firstly, it is not limited to any specific area like it happens in an earthquake, flood etc. Secondly, the effects of the disaster are so invisible that one can easily underestimate its potency. Thirdly, to mitigate the impacts of COVID-19, we could have fought against the crisis globally instead we restricted the process of globalization, which adversely affected our response in terms of handling the crisis globally. India, so far, is dealing with the crisis rigorously and learning lessons in dealing the same. The paper highlights lessons learnt by India from the perspective of disaster management.

Key Words: COVID-19, Pandemic, Disaster Management, Mitigation, Preparedness, Response, Recovery, Lessons.

1. AN OVERVIEW: COVID-19, which originated in Wuhan city of China, had spread rapidly across the world in a very short period of time. World Health Organisation notified the outbreak of the virus as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 and the virus has now spread worldwide. During the early stage of outbreak, the number of infected cases continued to grow with remarkable speed. The world faced problems like lack of public health emergency response system to make contingency plan and to coordinate the anti-pandemic response action. Lack of adequate manpower and resources made the problems even worst. The situation continued to get worse, the virus continued to spread from country to country, from continent to continent, and finally on March 11, 2020 WHO officially declared COVID-19 as a pandemic. COVID-19 is an infectious disease caused by a novel virus of the coronavirus family of the viruses. Symptoms of the disease are fever, cough, fatigue and shortness of breath. Its symptoms are similar to flu (influenza) or the common cold. There is no medical intervention available; hence the only mode of prevention was various non-pharmacological interventions, which can save humans from the wrath of the virus.

2. OBJECTIVE: COVID-19 has infected almost 74 million people worldwide with over 1.6 million deaths. Initially, positive cases in India were much lower than the global incidence rate, but currently India is amongst most severely affected countries including US, Brazil etc. Considering its large population, India has managed COVID-19 crisis with a mix of strategies better than many developed countries. It was India's mitigation strategies which proved helpful in building its capabilities to combat the crisis. The Prime Minister of India led a pandemic response that is historic in its ambition and complexity. India adopted pragmatic crisis response measure tailored to Indian conditions which demonstrated favourable results. There were some alarming issues which India was able to address timely which put it in better position to fight the pandemic. The two major aspect of India's vulnerability were wrong public health strategy and lack of resources to contain the pandemic. We, as a country or government, took lessons from our weaknesses in fighting the COVID-19 pandemic. The paper is a study of India's response to the COVID-19 crisis and the lessons learnt from the perspective of managing disasters.

3. CYCLE OF DISASTER MANAGEMENT: The first world conference on natural disasters in Yokohama, Japan in 1994, adopted the Yokohama Strategy for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation, the Principles, the Strategy and the Plan of Action. These guidelines are the broader principles based on which disaster management works. The cycle of disaster management is the ongoing process of handling disaster in which steps are taken in a systematic manner to reduce the impact of disaster.

3.1. MITIGATION: Mitigation is the pre-disaster risk reduction phase. It deals with reducing the risk of disasters by carrying out activities with a view to reduce or modify the scale and intensity of the disaster. It is a phase for preventing

disaster risk, so as to reduce the number of infected population. It involves taking measures to reduce both the effects of the disaster itself and the vulnerability of the same in order to reduce the scale of a future disaster. In present context, the healthcare system needs to take some remedial measures before any disaster occurs to reduce its effects.

3.2. PREPAREDNESS: Preparedness is the pre-disaster preparation phase, which refers to capacity building and to put things in order in terms of disaster preparedness. The entire goal of preparedness is to accomplish a satisfactory level of readiness through acquiring technical, logistic and managerial capacity to cope with disasters effectively. Preparedness includes emergency planning, development of warning systems, rescue measures, evacuation plans, public awareness, organizing training and drills related to anti-pandemic activities for healthcare personnel and general public.

3.3. RESPONSE: Response refers to the intra-disaster emergency response phase, which is a phase of combating the pandemic. The aim of response is to provide immediate assistance to save lives; such assistance may range from providing aid, shelter, food, medicines and other lifesaving essentials. In the present context, the local administration should immediately dispatch a number of healthcare teams with adequate resources to the outbreak zone to combat the infection.

3.4. RECOVERY: Recovery refers to the post-disaster recovery and reconstruction phase, which is phase of facilitating affected people to recover physically, psychologically and socially. The administration should provide adequate care and support to facilitate affected people and healthcare workers to restore their mental and physical health. During this phase, there will be opportunities to enhance mitigation and increase preparedness, thus, reducing vulnerability.

4. INDIA'S RESPONSE ON COVID-19 AND LESSONS LEARNT:

4.1. MITIGATION: In epidemiological terms mitigation means flattening the curve, which means the projected number of people, who are going to contract COVID-19 in a given time frame. Infection curves may rise or fall. In case it rises rapidly, it would result in an overloading of healthcare system beyond its capacity, leading to high fatality rate. Our priority at this stage must be keeping mortality as low as possible. In the present scenario, if mitigation efforts are made in time the infected cases would be stretched for longer time, thereby flattening the curve and avoiding overburdening of the existing health infrastructure. India's fight against the pandemic has been unique in many ways. The first COVID-19 case was reported in India on January 30, 2020 in Trissur, Kerala. Clampdowns here have actually come much earlier than in most other countries, which helped to buy some time to develop its healthcare capabilities to fight back the disease. India proactively responded to COVID-19 with heavy handed preventive approach which helped in containing the spread of virus to a greater extent. The mitigation strategies adopted by India and lessons learnt are as follows:

4.1.1. SOCIAL DISTANCING: Many researchers say that the rapid spread of COVID-19 is likely due to the movements of infected persons with no or very mild symptoms. It is true that complete lockdown is not possible for longer time; social distancing is such an important mitigation measure. Timely implementation of aggressive strategies of social distancing by the Government of India in close collaboration with the state governments were proved effective in delaying the rates of transmission. The countrywide lockdown showed a positive impact with significantly decreased growth rates and increased doubling time of cases. Social distancing measures include isolation of infected people, quarantine of their contacts, options for people to work from home, the closure of educational institutions and the cancellation of large social gatherings. It was because of aggressive mitigation strategies guided by the cautious and meticulous approach of the government that despite being the second most populous country, we were able to contain the effect of the virus significantly. On the other hand, long lockdown had adverse effect on the economy of the country. Indian economy which was dealing with demand depression and high unemployment, long countrywide lockdown added supply-side stress, accelerating slowdown further and jeopardising the economic well being of the people.

4.1.2. LESSONS LEARNT: Implementing aggressive social distancing measures is one of the ways, if not the only way, to stop the spread of COVID-19. For this reason, researchers maintain that social distancing is the most effective measure of containing the spread. The importance of social distancing and better hygiene has been adopted by majority of the population. It was realised that in the absence of treatment, aggressive social distancing measures like lockdown cannot be a permanent measure for long time. Lockdown is an extreme form of social distancing to break the chain of transmission of virus. India learnt that it is necessary to lift lockdown as it has socio-economic repercussions, but at the same time other norms of social distancing need to be followed strictly. In this direction, the Prime Minister of India's clarion call on 'Do Gaz Doori' or maintaining a distance of two yards, has now become a mantra of social distancing. Social distancing supplemented by other public health measures like testing, contact tracing, isolation etc. helped in

containing the pandemic effectively. It is necessary to use the mitigation strategies very judiciously, keeping in view the diversity of the country.

4.1.3. INDIVIDUAL PROTECTIVE MEASURES: Individual protective measures such as wearing masks, hand hygiene, have been integral part of fighting COVID-19. It reflected a level of personal commitment and action of the people beyond governmental policies towards stopping the spread of the pandemic. Many researches reveal that face masks and hand hygiene reduce spread of COVID-19 considerably, particularly in shared living settings. Apart from wearing masks, frequent hand washing with soap and water also reduces infection. Disinfection and cleaning of frequently touched surfaces is advised to be carried out to contain infection. Sometimes it is noticed that people lack commitment and awareness to wear mask properly. Another problem is not having access to effective hand washing due to unavailability of clean water and soap, which is putting people at a greater risk of transmitting the virus.

4.1.4. LESSONS LEARNT: The traditional maxim of ‘prevention is better than cure’ is true for COVID-19 too. However, in the face of a disaster whose characteristics are relatively less understood, the choice between ‘prevention’ and ‘cure’ becomes a false one. In India as well as in other countries, even with the best preventive efforts, the public health system was quickly overwhelmed with a large number of people requiring quarantine, testing, isolation and treatment. In a populous country like India taking efficient preventive measures is essential for the containment of COVID-19. Personal protection of an individual from the virus by using personal protective equipment such as masks, face shields etc. is an important component in fighting the on-going pandemic. The important lesson people learnt from their experiences is that appropriate use of the protective equipments like masks etc. reduces risk of viral transmission and brings down viral load significantly. People understood that inappropriate use of mask, not covering nose in particular, is as good as not wearing the mask. Hand sanitizer turned out a good substitute of hand washing with soap, as it is easily accessible and can be provided on subsidised price to the poor people lacking access to clean water and soap.

4.2. PREPAREDNESS: As per the Human Development Index, India is among the lowest rankers in the human development category, due to underinvestment in human welfare enhancing programs particularly in healthcare sector. Until the 1970s, India was committed to the values of socialism and democracy, but its policies lacked the depth to address the inequality, and spending on public health services has been too less. From late 1970s, unregulated private health sector coexisted with an underfunded public health sector. The government did not pay much heed to strengthen the public health sector particularly the primary health sector. India’s expenditure on health is still around 1.5% of its GDP. Millions of Indians are forced to turn to unregulated private health care sector due to an overstretched public sector. Initially, India’s preparedness to combat COVID-19 was not up to the mark due to weak public healthcare system. This was the biggest challenge and health infrastructure was inadequate for dealing such a pandemic. Availability of Personal Protection Equipments (PPEs), testing kits, testing labs etc. was too minimal and insufficient. Due to less investment in health sector, indigenous capacity to produce protective equipments such as ventilators was the biggest problem. India declared lockdown without adequate health system in place and people’s mobility preparedness. State governments were left to find their own ways to cope with COVID-19 crisis, as there was no plan to fight such crisis. Poor management of lockdown resulted in a humanitarian crisis when millions of migrants were stranded.

4.2.1. LESSONS LEARNT: As COVID-19 progressed in India, a range of efforts were made to anticipate its spread and specific requirements were estimated such as the provision of medical equipment and supplies. India was able to mobilize its scientific and technological capacities across multiple disciplines and medical research. This played an important role in ramping up capacities for testing, disease surveillance, production of medical equipments and treatment. Today, India is well prepared than at the beginning of the outbreak and there are constant strides to improve on all fronts. The important lesson in terms of preparedness for such pandemic is that public healthcare system has been undermined by decades of bad policies. The current pandemic proved that a weak primary healthcare sector is unable to combat pandemic like COVID-19. The government schemes such as *Ayushman Bharat* is a step forward in this direction to help the vulnerable people, who are unable to pay for their health and care. The aftermath of COVID-19 crisis provides an opportunity for India to rethink about its policies for health sector and to strengthen public healthcare sector. India needs strong public healthcare system which is capable to predict, act and manage the pandemic like COVID-19, and this can only be achieved by increasing the health expenditure as a percentage of GDP and by creating a strong primary healthcare system, which will address the crisis in far flung areas.

4.3. RESPONSE: India, a country of 1.3 billion people, was able to control the effects of COVID-19 significantly due to effective co-ordination between centre and state governments. India’s strength has been its institutions and administrative system. The Central Government and State Governments worked as an integrated unit. The Prime

Minister himself led the pandemic response and managed the efforts at highest administrative level. Coordination between centre government and state governments has been remarkable, the Prime Minister himself coordinated with the Chief Ministers of the different states. India proactively responded to the COVID-19 outbreak, so many preventive actions were taken much before declaration of COVID-19 as Public Health Emergency of International Concern by WHO. Due to India's proactive measures, it was able to limit the number of deaths to about 300 in the first 11 weeks since first case was detected in India. With the progression of pandemic, the nodal ministry for disaster management, that is, Ministry of Home Affairs began issuing recommendations regarding social distancing measures and also initiated travel and entry restrictions. On March 24, 2020, the Prime Minister announced a complete 21 days nationwide lockdown to contain the pandemic. With due consultation with the states and UTs, the centre government extended lockdown till May 3, 2020 with conditional relaxations in areas with lower spread from April 20, 2020. Lockdown was further extended from time to time till May 31, 2020 in all Indian states. Thereafter, lockdown restrictions were lifted except for containment zones and other services were resumed in a phased manner. Travel and entry restrictions were imposed. Screening of all international passengers arriving in India was made compulsory. Many states in India began closing educational institutions and other public facilities. Many states invoked provision of Section-2 of the Epidemic Diseases Act 1897. The Government of India declared COVID-19 as a 'notified disaster' under the Disaster Management Act 2005, which enabled the states to spend funds from the state disaster response fund. Violation of lockdown guidelines and other COVID protocols was made punishable under different sections of the Indian Penal Code (IPC). India successfully evacuated its nationals from many virus affected locations across the world under its mega evacuation mission called 'Vande Bharat Mission.' In order to deal with a possible intensification of COVID-19 outbreak number of institutional quarantine centres were established across the country in collaboration with different stakeholders to quarantine and treat people infected with COVID-19. Apart from this, protocols for home isolation were issued from time to time, so that persons suspected with COVID-19 could be managed at home. 'Aarogya Setu' a location-based mobile app was launched, which turned out to be useful for contact tracing.

4.3.1. LESSONS LEARNT: In the early phases of the spread of COVID-19 India tried to control the ingress of the virus into the country by doing screening of entrants, follow-up surveillance and contact tracing. This was followed by a series of countrywide lockdown measures till May 31, 2020. The central government has been in constant dialogue with the state governments and tried to reach out as much as possible to all other stakeholders to receive their feedback and collaboratively design responses for emerging challenges. During last one year, response strategy of India seems to have worked in reducing the impact of COVID-19. In battling with the virus, the two broader lessons are worth learning:

- Global pandemic requires a global response.
- Union government and state governments must work as an integrated unit in fight against '*sui generis*' crisis like COVID-19.

4.3.2. GLOBAL PANDEMIC REQUIRES A GLOBAL RESPONSE: There is relatively little global cooperation in terms of proactively sharing good practices by countries in fighting against COVID-19: efficient surveillance systems, treatment protocols, methods for repurposing existing resources etc. We, as world community, could have fought against the pandemic globally; instead we restricted the process of globalization, travel and access, which adversely affected our response to combat the crisis. The pandemic was just started; the US President Donald Trump announced on May 29, 2020 that US would sever its relationship with WHO and would withdraw from WHO with effect from July 6, 2021. This was a step backward in terms of fighting the pandemic globally. Since outbreak of COVID-19 pandemic, the world saw total lack of coordination among the countries in the response to the pandemic. Even, the United Nations Chief criticised that total lack of international coordination in tackling COVID-19 pandemic and warned that the 'go-it-alone' policy of many countries will not defeat the virus. The Director General of WHO had to appeal on many platforms that a global crisis requires a global effort. He emphasized for global access of vaccines and treatments for every single needy person. The lesson is very clear, not only for India, but all the countries that they need to fight the pandemic globally instead of adopting the 'go-it-alone' policy.

4.3.3. UNION AND STATE GOVERNMENTS NEED TO WORK AS AN INTEGRATED UNIT IN FIGHT AGAINST '*sui generis*' DISASTER LIKE COVID-19: India witnessed remarkably coordinated efforts by the Central Government and State Governments in fighting against the pandemic. This coordinated response helped us to understand centre-state relations and cooperative federalism. The way centre and states coordinated each other is truly remarkable and this offered as opportunity to relook distribution of powers under the 7th Schedule of the Constitution of India. There is a debate in the country that health as a subject should be shifted from the state list to the concurrent list. Effective response to collective threats like COVID-19 pandemic linked to the subject required some kind of organization of

federal responsibilities that works as an integrated unit for sustained coordination amongst the centre and states on a long term basis. An obvious response is to recommend shifting health subject from the state list to the concurrent list to enable an active role for the centre in management of such crisis. The 15th Finance Commission has already recommended shifting health from the state list to the concurrent list.

4.4. RECOVERY: Fighting the pandemic has been challenge for governments across the world. On one hand, health services in the country have been improved in response to the on-going health crisis. On the other hand, the economy is falling into an unprecedented recession. International Monetary Fund (IMF) has cut India's growth forecast for 2020-2021 to 1.9% from its earlier estimate of 5.8%. Unorganised sector workers were hardest hit by the pandemic due to long countrywide lockdown. They lost their wages and jobs. It has been estimated that due to lose of job and wages 400 million people in India are at risk of sinking deeper into poverty.

4.4.1. LESSONS LEARNT: COVID-19 pandemic has reinforced the links between health and economy, but at the same time, the pandemic has also demonstrated that governments are capable of combating such crisis. In doing so, the Government of India has taken many measures for revival of economy. On May 12, 2020 the Prime Minister of India announced a special economic package for 'Atmanirbhar Bharat.' The package is to the tune of ₹20 trillion, which is about 10 % of India's GDP. The government needs to do more in this direction to compensate the people affected badly by aftermaths of the pandemic. As countries around the world sought to conquer the pandemic; India raced ahead with work on its indigenous vaccine and may launch its vaccines by early 2021. In doing so, India's own indigenous vaccines 'Covishield' and 'Covaxin' manufactured by Serum Institute of India and Bharat Biotech have got clearance to be used in emergency situation. India must ensure that the vaccines are safe and easily available for public use as soon as possible.

5. CONCLUSIONS: COVID-19 pandemic is a biological disaster and its effects are so invisible that one can easily underestimate its potency. It was not limited to any specific area in which the disaster initially occurred. When such disaster occurs, it is so powerful that humans can neither withstand nor resist it, but can learn to respond to it. This pandemic period has been a time of great learning. As a community or government, we learnt why mitigation measures are so important—we had to slow down the disease and prevent it from spreading. We learnt that why strong healthcare system is essential- India's public healthcare system was so weak. We also learnt that community awareness, along with strong public healthcare system, plays a great role in preventing such disaster. To better prepare for disaster like COVID-19, we should, as a community or government, use the frame works of disaster management cycle given in Yokohama Conference (1994) by: preventing disaster risk (mitigation); capacity building (preparedness); combating the pandemic by providing immediate assistance to affected people (response); and facilitating affected people to recover physically, psychologically, socially and economically (recovery). To conclude, they say, "Never Waste a Crisis." India has not wasted this crisis. India has learnt lessons and has taken measures to deal the crisis, which will be instrumental in making India a stronger nation.

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