

PRISM

A PPF Dispatch

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COVID-19 SPECIAL EDITION



The Policy Perspectives Foundation (PPF) is a non-profit, apolitical think tank on matters on national interest. PPF's activities focus on complex and inter-connected challenges to peace, stability and development in India in cognizance of the external dimension. PPF is committed to spreading awareness, building capacity and promoting resilience.

COVID-19 has impacted the entire world, forcing us to reflect on all aspects of our lives. In view of this Policy Perspectives Foundation made the easy decision to dedicate an entire special edition of our newsletter PRISM to COVID-19.

Our COVID-19 special edition combined newsletter for April & May includes the regional situation in the wake of the COVID-19 pandemic and through eight commentaries highlights various aspects of the coronavirus pandemic.

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We at PPF wish our readers and their families health and safety during these difficult times.



Situation in South Asia in the wake of the Coronavirus disease (COVID -19)

Coronavirus disease (COVID-19) is affecting 212 countries and territories with nearly 3.49 million people affected and 244,957 dead around the world. South Asian region comprises of over 21% of the world's population which remains vulnerable towards COVID-19. As on May 4, 2020 there are around 75,970 cases, a total of 2,092 deaths, and 17,849 recovered cases in South Asia.

As of May 4, 2020, the total number of COVID-19 affected cases in Afghanistan stands at 2469 with 72 deaths. In Bangladesh 10143 persons are affected with 182 dead. In Pakistan 462 people have died and the number of cases stands at 20,186. As yet there have been no COVID-19 related deaths in Bhutan, and Nepal. In Maldives there has been one death and the number of cases is gradually increasing with 527 as per last count on May 4, 2020. Sri Lanka has seen a rapid increase in the number of cases which now stands at 718 with 7 dead. With 42,533 India records the highest number of COVID-19 cases and highest casualty figure with over a 1,373 dead.

Most of the region's countries have imposed strict restrictions on international and domestic travel, except for Pakistan, which for a while allowed flights to China.

India sent a major consignment of 5,022 metric tons of wheat (first consignment of total 75,000 metric tons) and 5,00,000 tablets of HydroxyChloroquine, among other drugs to Afghanistan via Iran's Chabahar port. Responding to Afghan President Ashraf Ghani, who thanked India for providing medical and other support, Prime Minister Narendra Modi said, India and Afghanistan share a special friendship, and they will combat COVID-19 together, with solidarity and shared resolve.

India Bangladesh Chambers of Commerce and Industry (IBCCI) along with the High Commission of India organize a webinar on April 23, 2020 to discuss bilateral trade. High Commissioner of India to Bangladesh Riva Ganguly Das called upon the

business leaders of India and Bangladesh to come forward with innovative ideas in response to the emerging economic scenario during Coronavirus pandemic in the world. President, India-Bangladesh Chamber of Commerce Mr. Abdul Matlub Ahmed expressed the hope that the business will emerge stronger from this adversity.

While Bangladesh has extended its nationwide lockdown or "general holiday" till May 5, 2020 over two thousand ready-made garment factories have been reopened. As thousands of desperate workers crowded into Dhaka despite prohibitions, by ferry, auto rickshaw and foot, health experts criticized the decision to reopen factories, saying workers will be put at risk. The government has directed factory owners to pay garment workers 60 percent of their wages for April despite factory closings.

Religious leaders and volunteers are working to spread awareness in the Rohingya camps of Bangladesh. Till now, the Rohingya refugee camps have not reported any confirmed cases of Corona.

On April 27, 2020, India sent 1 lakh Hydroxy Chloroquine tablets, 50,000 sterile surgical gloves and other emergency medical supplies to Bangladesh. Earlier, India had provided 15,000 head covers and 30,000 surgical masks to Bangladesh in the first tranche of assistance under COVID-19 emergency fund.

Bangladesh has called upon the member states of Organisation of Islamic Countries (OIC) to give utmost importance to the job retention of the migrant workers. Bangladesh also called upon the OIC countries to connect the medical research organizations and equipment manufacturers to facilitate bulk production of the required medical items.

The Kingdom of Bhutan has the fewest coronavirus cases in South Asia. Unemployed Bhutanese are able to apply for relief deposits from a royal family fund. On April 27, the UN Development Program announced that it will disburse \$340,000 to the Bhutan government to upgrade the health



ministry's COVID-19 monitoring technology, supply personal protective equipment, and disseminate information to vulnerable groups.

In Maldives, the number of Coronavirus positive cases has begun to grow rapidly. Over 40 percent of the Maldives' 280 total cases as of April 30, 2020 are Bangladeshi citizens. Bangladeshi migrant workers make up a quarter of the Maldives population. The government has extended the lockdown until mid-May, suspending travel between islands.

On April 2, 2020 India delivered 6.2 tonnes of essential medicines and hospital consumables to Maldives. The consignment was airlifted to Male by an Indian Air Force (IAF) C-130 aircraft as part of 'Operation Sanjeevani'. India had also sent a 14-member COVID-19 Rapid Response Team of doctors and specialists to enhance Maldives' preparedness.

India has sent 23 tonnes of essential medicines, 3.2 lakh doses of Paracetamol and 2.5 lakh doses of Hydroxychloroquine to Nepal to help it fight the coronavirus pandemic. Nepal's nationwide prohibition on nearly all movement by foot or vehicle will continue until May 7, 2020.

On April 14, 2020 India repatriated 41 Pakistani nationals through the Attari-Wagah border as a friendly gesture. These Pakistani nationals came to India on different visas including Visit, Pilgrimage and Medical much before the COVID-19 pandemic surfaced in the country. India has been facilitating return of stranded nationals even in times of this global pandemic.

Pakistan's Prime Minister Imran Khan has said that the country's death rate has been "lower than feared." He has decided to allow mosques to hold community prayers during the month of Ramazan and for many shops and offices to reopen. Health care professionals in Pakistan fear, looser restrictions during Ramazan will spread coronavirus.

Pakistan has received an emergency loan of 1.39 billion US Dollars from the International Monetary

Fund to boost its foreign exchange reserves in the wake of the further economic downturn due to the Corona virus crisis. Pakistan requested the global money lender for a low-cost, fast-disbursing loan under its Rapid Financing Instrument (RFI) to deal with the adverse economic impact of COVID-19. The 1.39 billion US Dollar loan is in addition to the six billion US Dollar bailout package that Pakistan has signed with the IMF in July last year to stave off a balance of payment crisis. The World Bank has approved one billion US Dollars and the Asian Development Bank (ADB) 1.5 billion US Dollars for Pakistan to keep its economy afloat.

On April 7, 2020 India sent a 10 tonne consignment of essential lifesaving medicines to Sri Lanka in view of the ongoing COVID-19 crisis. Sri Lankan government had previously lifted restrictions movement but re-imposed them when coronavirus community spread was detected among nearly 250 sailors and their families at a naval base near Colombo.

A video conference of senior trade officials, inviting all SAARC countries, was held on 8 April 2020 to discuss the impact of travel restrictions and the larger COVID-19 situation on intra-regional trade. All SAARC countries, except Pakistan, participated in the video conference. It was recognized that the COVID-19 pandemic is likely to have a considerable adverse impact on trade in the SAARC region. It was stressed that new ways and means be jointly identified to sustain and expand the intra-regional trade until the normal trade channels are fully restored.

Other news from the Neighbourhood

There has been a surge in violence across Afghanistan that is threatening to jeopardize a fragile peace deal between the United States and the Taliban. According to the Afghan National Security Council, the Taliban has carried out an average of 55 attacks a day since March 1, 2020. After appeals from UN, U.S., and President Ashraf

Ghani's calls for a ceasefire for a cease-fire to mark Ramadan and to stem the spread of the coronavirus, a Taliban spokesman accused the government of creating "hurdles" to peace by delaying a planned release of prisoners and said the United States had violated the peace deal by delivering ammunition to Afghan forces. The fighting limits Afghanistan's public health response and endangers stalled peace negotiations.

Even in the midst of a global coronavirus pandemic Pakistan found time on April 25, 2020 to test fire anti-ship missiles in the North Arabian sea. Interestingly, the missiles were successfully fired at sea level from aircraft and warships from the surface ships.

India has conveyed its strong protest to Pakistan over a recent order, the Pakistan Supreme Court allowing the conduct of general elections in Gilgit-Baltistan. India lodged a strong protest to Pakistan government and conveyed that its judiciary has no locus standi on territories "illegally and forcibly" occupied by it. Pakistan's recent actions cannot hide the "grave human rights violations, exploitation and denial of freedom" to the people residing in these areas for the past seven decades.

Sri Lanka's Election Commission has set the country's parliamentary election for June 20, after it postponed the April 25 polls in the wake of the COVID-19 pandemic. On March 2, President Gotabaya Rajapaksa by a special gazette notice, dissolved the parliament and declared parliamentary elections to be held on April 25. Sri Lanka's parliament was dissolved after four and a half years, which is the legal limit, paving the way for polls to elect 225 members in the House.

Initial History of Evolution of COVID-19 Pandemic

— Prof. Gautam Sen

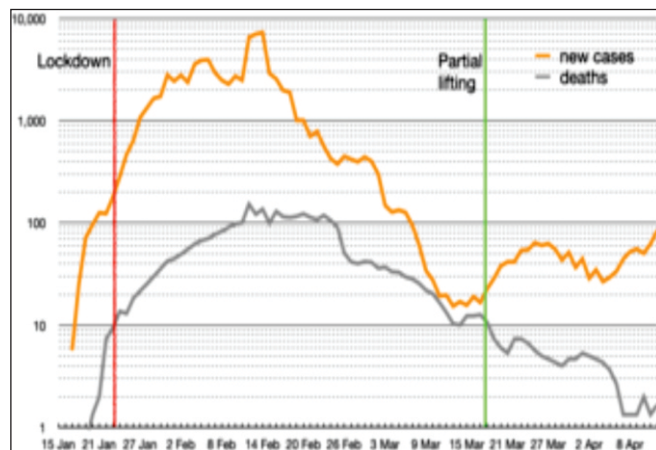
The COVID-19 pandemic has claimed a huge toll nearing three hundred thousand persons and

infected more than a million globally. This tends to spread exponentially if left undetected and spreads through human-to-human transmission. Although its fatality in COVID-19 is low, the percentage of fatality, however, is noticeably higher amongst the senior citizens. Measures like 'lockdown', 'social distancing' and a few other simple precautions are known to have an impact on its rate of spread but the first two measures also leave a negative impact on the local economy. Experts have also been cautioning about a second wave of infection. Several drugs are on trial, but no vaccine or medicine has yet been identified.

This piece proposes to generally discuss the history evolution of COVID-19 since the last part of the previous year and share a few observations on the basis on open source material. The narrative begins in the city of Wuhan in Hubei province of China.

The chain of events eventually leading to COVID-19 Pandemic began with the first case of unconfirmed Coronavirus case occurring in China as early as 17 November 2019 and definitely by first week of December 2019 when China became acutely aware of its potential danger of emerging as a global pandemic. The following graph shows incidence of new cases and deaths in China between the start and lifting of 'lockdown' in China.

Wuhan Leishenshan Hospital is an emergency specialty field hospital built in response to the



Semi-log graph of new cases and deaths in China during the COVID -19 epidemic showing the lockdown and lifting

2019-20 coronavirus pandemic. A temporary hospital for treating mild cases of COVID-19 in Wuhan, one of more than 10 such hospitals in the city. The first confirmed case of COVID-19 has been traced back to 1 December 2019 in Wuhan. (One unconfirmed report suggests the earliest case was on 17 November.) Dr. Zhang Jixian observed a cluster of pneumonia cases of unknown cause on 26 December, upon which her hospital informed Wuhan Jiangnan CDC on 27 December. Initial genetic testing of patient samples on 27 December 2019 indicated the presence of a SARS-like coronavirus. A public notice was released by Wuhan Municipal Health Commission on 31 December. The World Health Organisation (WHO) was also informed the same day. As these notifications occurred, doctors in Wuhan were warned by the police for "spreading rumours" about the outbreak. The Chinese National Health Commission initially claimed there was no "clear evidence" of human-to-human transmission.

On 20 January, the Chinese National Health Commission announced that human-to-human transmission of the coronavirus had already occurred. During the Chinese New Year travel period in late January, Chinese authorities instigated a lockdown of the City of Wuhan. However, travelers from Wuhan had already transported the virus to some Asian countries, the Chinese government launched a radical campaign described on 10 February by the Chinese Communist Party general secretary Xi Jinping as a "people's war" to contain the spread of the virus. In what has been described as "the largest quarantine in human history," a cordon sanitaire was announced on 23 January stopping travel in and out of Wuhan, which was extended to a total of 15 cities in Hubei, affecting a total of about 57 million people. Private vehicle use was banned in the city. Chinese New Year (25 January) celebrations were cancelled in many places. The authorities also announced the construction of a temporary hospital, Huoshenshan Hospital, which was completed in 10 days. Another hospital,

Leishenshan Hospital, was built afterwards to handle additional patients. In addition to newly constructed hospitals, China also converted 14 other facilities in Wuhan, such as convention centers and stadiums, into temporary hospitals.

On 26 January, the government instituted further measures to contain the COVID-19 outbreak, including issuing health declarations for travelers and extending the Spring Festival holiday. Universities and schools around the country were also closed. The regions of Hong Kong and Macau instituted several measures, particularly about schools and universities. Remote working measures were instituted in several Chinese regions. Travel restrictions were enacted in and outside of Hubei. Public transport was modified, and museums throughout China were temporarily closed. Control of public movement was applied in many cities, and it has been estimated that 760 million people (more than half the population) faced some form of outdoor restriction. In January and February 2020, during the height of the epidemic in Wuhan, about 5 million people lost their jobs. Many of China's nearly 300 million rural migrant workers have been stranded at home in inland provinces or trapped in Hubei province.

After the outbreak entered its global phase in March, Chinese authorities took strict measures to prevent the virus re-entering China from other countries. For example, Beijing imposed a 14-day mandatory quarantine for all international travelers entering the city. At the same time, a strong anti-foreigner sentiment quickly took hold, and foreigners experienced harassment by the general public and forced evictions from apartments and hotels.

On 23 March, mainland China had only one case transmitted domestically in the five days prior, in this instance via a traveler returning to Guangzhou from Istanbul. On 24 March 2020, Chinese Premier Li Keqiang reported that the spread of domestically transmitted cases has been basically blocked and the outbreak has been controlled in China. The

same day travel restrictions were eased in Hubei, apart from Wuhan, two months after the lockdown was imposed.

The Chinese Ministry of Foreign Affairs announced on 26 March 2020 that entry for visa or residence permit holders would be suspended from 28 March onwards, with no specific details on when this policy would end. Those wishing to enter China must apply for visas in Chinese embassies or consulates. The Chinese government encouraged businesses and factories to re-open on 30 March and provided monetary stimulus packages for firms.

The State Council declared a day of mourning to begin with a national three-minute moment of silence on 4 April, coinciding with Qingming Festival, although the central government asked families to pay their respects online in observance of physical distancing to avoid a renewed COVID-19 outbreak.

Duration

The WHO asserts that the pandemic can be controlled though its peak and ultimate duration (of the outbreak) are uncertain and may differ. Maciej Boni of Penn State University stated, "Left unchecked, infectious outbreaks typically plateau and then start to decline when the disease runs out of available hosts. But it's almost impossible to make any sensible projection right now about when that will be". The Chinese government's senior medical adviser Zhong Nanshan argued that "it could be over by June" if all countries can be mobilised to follow the WHO's advice on measures to stop the spread of the virus. On 17 March, Adam Kucharski of the London School of Hygiene & Tropical Medicine said SARS-CoV-2 "is going to be circulating, potentially for a year or two". According to the Imperial College study led by Neil Ferguson physical distancing and other measures will be required "until a vaccine becomes available (potentially 18 months or more)". William Schaffner of Vanderbilt University stated, "I think it's unlikely that this coronavirus - because it's so

readily transmissible - will disappear completely" and it "might turn into a seasonal disease, making a comeback every year". The virulence of the comeback would depend on herd immunity and the extent of mutation.

Xenophobia and racism

Since the outbreak of COVID-19, heightened prejudice, xenophobia, and racism have been noted toward people of Chinese and East Asian descent, and against people from hotspots in Europe, the United States and other countries. Incidents of fear, suspicion, and hostility have been observed in many countries, particularly in Europe, East Asia, North America, and the Asia-Pacific region. Reports from February (when most of the cases had still been confined to China) documented racist sentiments expressed in various groups worldwide about Chinese people deserving the virus, or it being justified retribution. Some countries in Africa have also seen a rise in anti-Chinese sentiment. Many residents of Wuhan and Hubei have reported discrimination based on their regional origin. There has been support for the Chinese, both on and offline, and towards those in virus-stricken areas. Following the progression of the outbreak to new hotspot countries, people from Italy, the first country in Europe to experience a serious outbreak of COVID-19, were also subjected to suspicion and xenophobia.

Citizens in countries including Malaysia, New Zealand, Singapore, and South Korea initially signed petitions lobbying to ban Chinese people from entering their countries to stop the disease. In Japan, the hashtag # Chinese Don't Come To Japan trended, on Twitter. Chinese people as well as other Asians in the United Kingdom and the United States have reported increasing levels of racist abuse and assaults. U.S. president Donald Trump has been criticised for referring to the coronavirus as the "Chinese Virus", which critics say is racist and anti-Chinese. Protesters in Ukraine attacked buses carrying Ukrainian and foreign evacuees from Wuhan to Novi Sanzhary. Discrimination against



Muslims in India escalated after public health authorities identified an Islamic missionary group's large gathering in New Delhi in early March 2020 as a source of coronavirus contagion. A number of hotels and guesthouses in Vietnam have hung signs on their doors saying Chinese guests are not welcome and many Vietnamese have demanded the closure of all border crossings with China."

In China, xenophobia and racism against non-Chinese residents has been inflamed by the pandemic, with foreigners described as "foreign garbage" and targeted for "disposal". Some black people were evicted from their homes by Chinese police and given 24 hours to leave the country, with no place to sleep, due to misconceptions and disinformation that they and other foreigners were spreading the virus. Chinese racism and xenophobia directed towards them during the outbreak received a strong response from foreign governments and diplomatic corps and resulted in apologies from China for discriminatory practices such as for restaurants excluding black customers. Despite this, accusations of harassment, discrimination and eviction of black people in China continued, as they described "No blacks" signs, essentials like water being turned off, and being forcibly moved into hotels by police.

China denied and hid from the world about COVID-19 spread in China and did not accept the presence of the same when a Chinese doctor Scientist published a report and the implications therein. The earliest known person with symptoms was later discovered to have fallen ill on 1 December 2019, and that person did not have visible connections with the later wet market cluster.

On 23 March, mainland China had only one case transmitted domestically in the five days prior, in this instance via a traveller returning to Guangzhou from Istanbul. On 24 March, 2020, Chinese Premier Li Keqiang reported that the spread of domestically transmitted cases has been blocked and the outbreak has been controlled in China. Globally,

the pandemic started in S Korea on 20 January, 2020, Iran on 19 February, UK by 18 March, US by 26 January, S. America 26 February, Italy and Spain by 31 January and so on.

By the time, COVID-19 Pandemic had hit the rest of the world, China had declared itself to have become free of the same. China had assessed well by then the medical and manufacturing infrastructure that would be required to be mobilised to make a business venture to supply materials needed to encounter the Global Pandemic need in terms of face masks, ventilators, diagnostic kits etc. short of a vaccine. China had managed to assess and premanufacture materials needed by the rest of the world to face the COVID-19 Pandemic. This assessment and capability development were almost ruthlessly calculated - as if almost like recovering the cost of domestic pandemic management.

China started opening domestic flights after 3 March, the international flights as well as road communication system. All this after China between December 2019 and 26 March, 2020 had controlled public movement in many cities, and it has been estimated that 760 million people (more than half the population) faced some form of outdoor restriction. In January and February 2020, during the height of the epidemic in Wuhan, about 5 million people lost their jobs. Many of China's nearly 300 million rural migrant workers have been stranded at home in inland provinces or trapped in Hubei province.

China appears to have successfully created a diplomatic space in the post COVID-19 world order. However, China has demonstrated grave error of intent towards the rest of the world by first systematically denying that she had a very large biological weapons program which may have gone astray and contributed towards the spread of Coronavirus as a man-made disaster (though no concrete evidence is yet available as it is still being investigated), and hiding the fact initially that COVID-19 is highly contagious and susceptible to human to human transmission. China has also

demonstrated that while they have enormous financial resources yet lack the credibility of being a responsible global power.

India has entered 'Lockdown 3.0' till 17 May 2020 with a graded application of the restrictions. The pandemic (COVID-19) should be regarded as an early warning for India in order to understand such contingencies and prepare a detailed national perspective plan for the country by incorporating all possible scenarios. Controlling the aftereffects of pandemics related restrictions and its aftermath should not be a mere law and order related development. Any effective strategy for mitigation would require to carefully involve a deeper understanding of social psychology, cultural underpinnings and above all a nuanced approach/mechanism.

The author is a Visiting Professor with PPF

The Devil in the COVID-19 Detail

— Dr. Kumar Aniket

As deaths stack up and steeply inclined graphs of casualties reflect our new dystopian normality, the story contained within Mark Shannon tweets of how he lost his fight against coronavirus disease 2019 (COVID-19) is sobering to read. He was a young IT professional in UK, working from home and diligently looking after his 5-month-old baby. He seemed very worried about the pandemic and had researched it. He went out of his way to take precautions against it. On 16 April he tweeted proudly about his parenting skills. On April 25, he died from COVID-19 after a short but brief period in hospital. Mark Channon could have been any of us. Mark Channon could be any of us.

Understanding why someone as careful as Mark Channon could get infected and subsequently die as a result of COVID-19 requires an understanding of the epidemiological framework called SIR that describes how epidemics unfold. Individuals in a population can be either infected (I) or not infected. The non-infected can either be individuals who

have never been infected and are thus susceptible to infection (S) or individuals that have recovered (R) from the diseases and thus are immune to the disease. The infected could pass on the infection to the susceptible through contact. The reproduction rate in this framework is the number of people each infected individual infects on the average. If the reproduction rate is less than, the contagion will slowly dwindle away. The necessary condition for an epidemic in any population is that reproduction rate is greater than one.

There are two distinct stages in how a typical epidemic unfolds. The initial stage is where the pool of infected is very small in the population and the probability of a susceptible individual coming in contact with an infected person remains low. The infection grows very slowly in this stage. If the reproduction rate remains unchecked, the pool of infected grows slowly and steadily and the probability of susceptible individuals coming in contact with infected individuals increases with it. As the pool of infected becomes large, the probability of susceptible coming in contact with an infected person becomes high and the infections start growing exponentially. COVID-19 can potentially have an extremely high reproduction rate because it is an extremely infectious disease and the infection period where the infected individual remains asymptomatic is extremely long, giving them time to infect the people they have proximal contact with.

In Figure 1, we can discern the two distinct phases of growth in the COVID-19 outbreak in New York City. The cases per-million increase slowly at first and start growing exponentially once a sufficiently large proportion of New Yorkers were infected.

The South Korean were able to stop the epidemic by taking decisive action early on. On 8 March 2020, the authorities in South Korea were notified of a confirmed case of COVID-19 in a person working on 11th floor of a 19 storey building in the busiest part of Seoul. S. Park et al. (2020) reports how the authorities immediately closed down the building and tested 1,143 individuals who either worked or

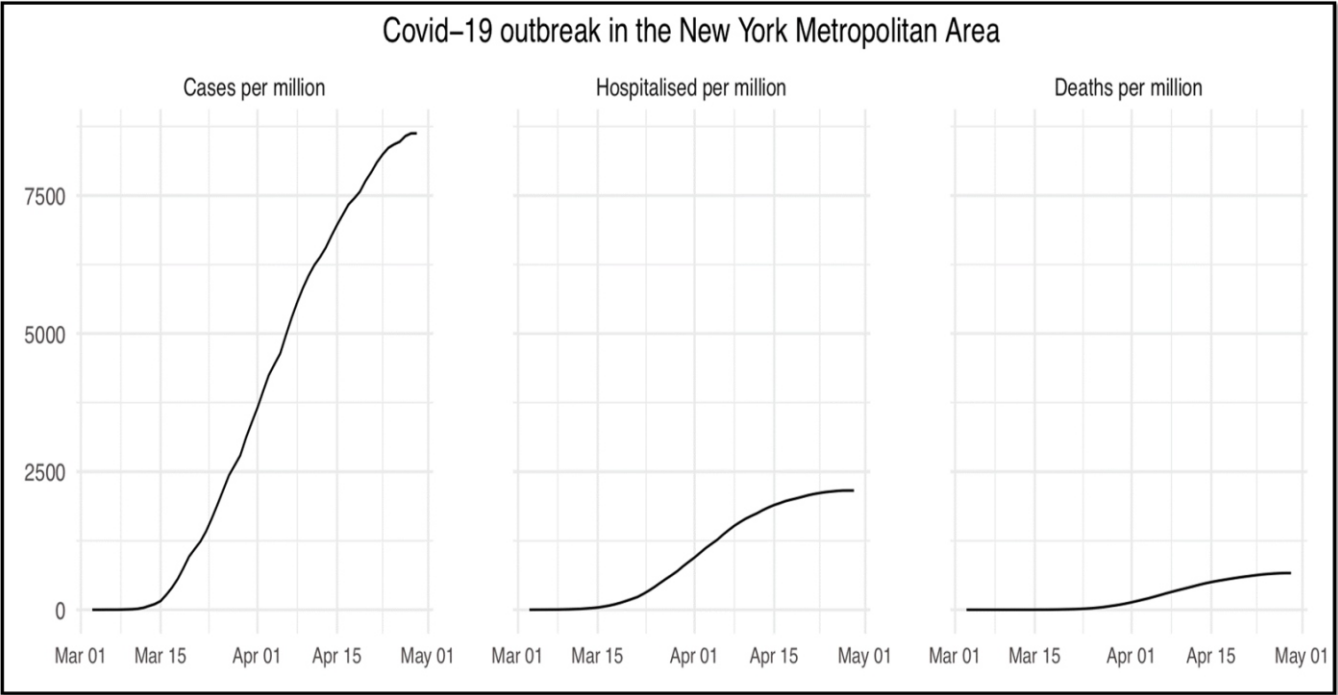


Figure 1 : COVID -19 Cases and Deaths in New York City

lived in the building, 97 individuals of those people tested positive for COVID-19 were quarantined immediately. This implies 8.5% of people in the building had got infected. Off the people working on the 11th floor, 43% had got infected. This case illustrates a number of key points that need to inform the policy response to COVID-19.

The urban spaces that have been the location of COVID-19 clusters across the world. It turns out that population density is one of the key determinants of COVID-19 reproduction rate.

Urban areas have enclosed focal points for dense human interaction, which makes them more vulnerable to COVID-19 outbreaks. These focal

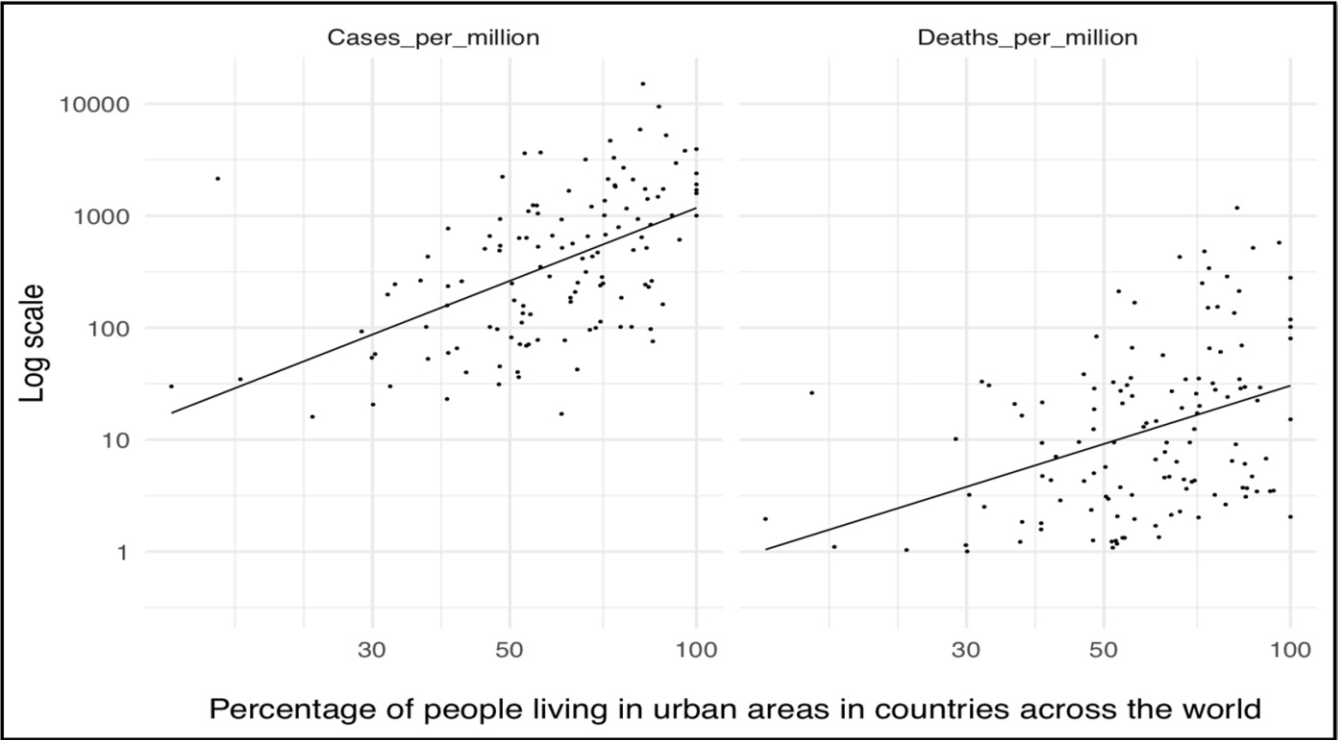


Figure 2 : COVID -19 and Urbanisation across the World

points are markets, places of work and transport networks. Qian et al. (2020) study 318 outbreaks involving 1245 confirmed cases in 120 prefectural cities across China and find that all but one case of infection occurred in an indoor environment with 34% cases occurring in a transport setting. This may explain why the spread of COVID-19 hitherto has been correlated with urbanisation. At this stage, the available data shows the COVID-19 cases and deaths per million in a country is positively correlated with the extent to which it is urbanised.

In India, approximately 34% of people live in urban agglomerations. This means only one-third of the country is in a high-risk COVID-19 environment. Conversely, the population density in urban areas is extremely high. Mumbai's population density at 83,660 people per square kilometer is comparable to Manhattan's density of 71,340 people per square kilometer. There are densely populated high-risk areas all across India.

The detail of on-going research can help India avoid the devastation experienced by cities like Milan, New York and London. Several recent papers have shown the flow of air plays a critical role in preventing transmission in a confined environment. In an article published in *Emerging Infectious Diseases*, Lu et al. (2020) carefully study the transmission of COVID-19 in a Chinese restaurant in early February where an infected person passed on the infection to people sitting on three tables in one row but not to the rest of the people in the restaurant. What is surprising was that the infection pattern was consistent with the airflow pattern created by the air-conditioning.

In a paper published in the scientific journal *Nature* on 27 April 2020, Y. Liu et al.

(2020) examine the aerosol concentration of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA concentration within two Wuhan hospitals. They found that the aerosol concentration of SARS-CoV-2 RNA was low in well-ventilated areas like the isolation wards but much higher in low ventilated areas like the patient's toilets and staff areas. Louise Walsh from Cambridge University¹ shows that replacing the standard mixing ventilation in hospitals with partial cross-ventilation reduces the risk of COVID-19 infection between patients in hospitals.

What matters is not whether an interaction between the infected and the susceptible occurs, what matters is where it occurs. The reproduction rate is higher indoors. Further, the pattern of ventilation and airflow in confined spaces is one of the key determinants of the reproduction rate. Morawska & Cao (2020) is emphatic in arguing that recognising the risk of transmission in confined spaces is key to fighting the COVID-19 epidemic.

The approach to COVID-19 till now has been a uniform policy of social distancing. Imposing perfect lockdown across India is a gargantuan task with obvious social and economic costs. The figure below shows that despite lockdown in India there has been an uptick in COVID-19 related deaths in four states. According to the currently available data, the death rate is about 3 per million in these

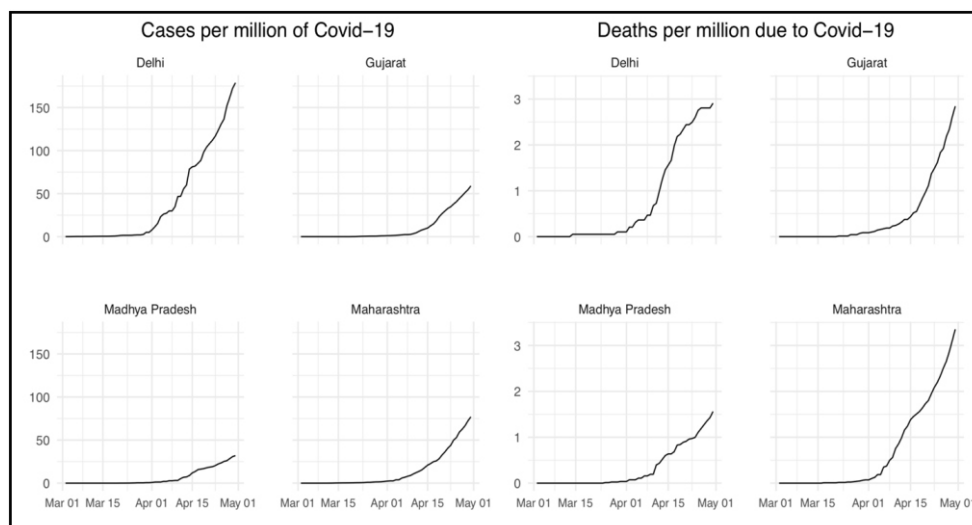


Figure 3 : COVID -19 Cases and Deaths in Delhi, Gujarat, Madhya Pradesh and Maharashtra

1. <https://www.cam.ac.uk/stories/emergency-hospitals>.

states. The concern is that there seems an almost imperceptible, yet discernible pattern of exponential growth that indicates an increasing pool of infected in these states.

COVID-19 clusters have their own endogenous pattern that do not respect administrative boundaries. Aggregated data can often create a misleading picture and obscure the devil in the detail. With COVID-19 it is the detailed understanding of the spatial clustering of COVID-19 infection. Fighting the COVID-19 epidemic requires real time-mapping and data-driven approach like the one used by the army and scientists in the ultra-orthodox community in Bnei Brak, Israel² or South Korea.

Each COVID-19 cluster creates a pattern of death and destruction in its own unique way. Each COVID-19 cluster offers lessons in how future deaths can be prevented. South Korea's ability to contain the outbreak stemmed from the lessons they had learnt from the experience of dealing with previous outbreaks of SARS and MERS. How India deals with COVID-19 depends on whether it learns lessons from its early clusters and use the information to redesign its urban spaces to reduce the risk of transmission. It can be done. It just requires parsing the devil in the detail.

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Impact of COVID-19 Pandemic on Power Sector

— Dr. R P Singh

The COVID-19 pandemic has impacted the global economy severely. Power being one the critical inputs for productivity, a sharp fall in its demand, due to lockdowns, in most major economies of the world portends a severe weakening of the global economy. In India too, Power sector due to weakening demands for energy has become vulnerable. Although long-term impacts can be assessed with time, the short time impacts are already becoming discernible at least for India.

A strict COVID-19 lockdown throughout the country has resulted in a virtually complete shutdown, of all except designated essential commercial activities in the country. Consequently, the electricity demand from industrial and, commercial customers declined sharply while the residential demand is expected to have increased. This differential has a significance for the power sector economy as Electricity Regulatory authorities in India ensure that distribution utilities have a lower tariff for domestic and agricultural consumers, sometimes even below the average cost of supply, as compared to that for commercial and industrial consumers.

2. Ultra-Orthodox Enclave in Israel Opens to Outsiders to Fight a Virus, New York Times, 15 April 2020

When the lockdown began in the month of March, the demand for power was already soft as according to analysts, the demand had gone up only by 1.5 per cent during the first 11 months of 2019-20. Most of the impact of the decline in demand is being borne by coal-based plants. According to reports, generation from thermal plants fell 40 per cent year-on-year (YoY) between March 25 and March 30.

Notwithstanding several steps taken by the government of India, the lockdown poses a serious challenge for the power sector in India as well as globally. The impact on the power sector came in terms of its financial models. For example, in thermal power sector, normally, the generating companies are required to pay in advance to procure inputs like coal and to wait through a gap of round 60-90 days to recover the money from Discom, the distribution utilities. It is not an India specific development. Worldwide, Utilities across the globe are already taking measures to include or maximise renewables in their energy mix. Gas based generation plants are also set to take hit.

According to the data from the Power System Operation Corporation of India (POSOCO), which is tasked with managing and keeping track of load despatches, the supply on March 16 i.e. before the lockdown was to the tune of 3494 MU as against 3113 MU on the day of Janata curfew (March 23 , 2020). The average supply further reduced to a range between 2600-2800 MU between March 25 to March 31 and stood on 30th April, at 2955 MU. As mentioned, ever since lockdown has been declared, there has been significant drop in the industrial, commercial and other economic activity in the country leading to an unprecedented fall in peak demand from 170 GW to 125 GW (27%). While the share of consumers paying higher tariffs and cross-subsidizing the domestic and agricultural consumers has significantly come down due to people confining themselves to home and doing work-from-home, domestic consumption has gone up significantly. The impact of the above fall in

demand and change in its composition is a double whammy for the distribution Utilities. Their average cost per unit of supply increases since the capacity charges payable to the generators or transmission charges payable to the transmission utilities are now to be recovered over a reduced number of units, whereas their average revenue per unit electricity supplied would reduce due to fall in the industrial and commercial demand. Ballpark estimate show that by the time lockdown will be lifted, tariff dues to be recovered will be over ₹100000/- Crores.

Ministry of Power, recognising that Discoms will be in deep red, has passed a direction under Section 107 and 108 of Electricity Act 2003 to Central Electricity Regulatory Commission (CERC) and State Regulators to waive off or reduce the late payment surcharge (LPS) under Power Purchase Agreements (PPAs). The MOP has also issued directions for a reduction of 50% in the Letter of Credit (LC) limit required to be maintained by Discoms while scheduling power.

India, despite a push for renewable, is heavily dependent on fossil power plants to the extent that in total electric mix, its share is as high as 65%. Plant load factor of thermal plants has reduced to around 57%, after the impact of COVID-19. Coal India Limited produced on an average 1.34 million tonnes during first 22 days of April '20 as compared to 1.51 million tonnes per day in April'19, down 11.3%

As far as the renewable operating plants, the Ministry of New and Renewable Energy (MNRE) has insisted on protecting the 'must run' status and rejected any claim by Discoms of force majeure under PPAs on account of lack of finance or funds. The MNRE has been proactively supporting RE developers by seeking shareholders inputs and addressing the challenges being faced by them. The decision would help developers to tide over this period of crisis and build a sentiment during the tough time. MNRE has granted a 30 day blanket extension beyond the lockdown period for RE



projects and added that all its RE implementing agencies would treat lockdown as force majeure due to COVID-19; case to case extension is not required and no need for any evidence to grant extension. RE implementing agencies are pleading for a longer period of 90 to 120 days. However, COVID-19 pandemic is a wakeup call for domestic solar industry as it is heavily dependent on imports, but domestic manufacturing can be sustained only if there is profitability. As much as 80% of the demand for solar cells and modules are met from imports from China. But setting up of manufacturing facilities in India must be a long-term business proposition.

The Power sector, in general, has been struggling with its financial management, the power sector in India has been suffering on account of payment delays by the State Discoms leading to bankruptcy of large generation capacities. Now the challenges from the pandemic and the consequent nationwide lockdown are unique and devastating and are threatening to push already moribund sector over the edge. The Lockdown has precipitated the situation aggressively. The sector has been demanding financial support to mitigate its constraints in this sphere. There is an urgent need to think of a stimulus to the Power sector as it must return to its pre-lockdown productivity soon and sustain the momentum to ensure a speedy recovery of India's story of economic growth. Already the Chief Minister, Punjab has written to the centre in this regard. The government of India may include the following suggestions among others under its consideration. These are : a) Extension of the benefit of TLRO to the PFC & REC may be extended the benefit of TLRO; b) Approaching multilateral agencies for grants or loan with longer moratorium period at low interest rates for project funding or working capital; c) Permitting performing entities to raise tax free bonds with longer tenure; d) Permitting PFC & REC to approach LIC & EPFO to raise economical funds; e) Permitting Discoms to establish Joint Ventures with Central PSUs and f) Harmonisation of tariffs charged by 'Discoms' to

cover fixed and variable costs, genuinely rather than leaning towards unit of power supplied.

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Impact of COVID-19 on Civil Aviation Sector in India

— K M Singh

The prolonged lockdown due to COVID-19 coming closely on the heels of economic slowdown in the world, including India is set to cause immense setback to all industries in India. One of the worst affected sectors will be the Civil Aviation. While other sectors may be able to gradually recover from the setback, the civil aviation sector is faced with a situation of virtual extinction unless rescued by the government.

As per the estimate released in late March by the Aviation Research Agency CAPA, which closely monitors civil aviation in the country, if flight operations in India remained grounded till June in the country, the country's industries could incur losses of US\$ 3.3 to 3.6 billion. The report further mentions that April-June quarter is traditionally considered one of the stronger quarters for the fiscal year for the Indian aviation industry, but as of now it looks to be a total wash out in the current scenario. It predicts that the carriers may need up to 12 months to get back to the capacity level that existed before Coronavirus grounded the aircrafts.

In this context it is significant that McKinsey & Company in its COVID-19 briefing materials has pointed out that among 30 major industries, the two most seriously affected by this pandemic are commercial aerospace and travel with an estimated reduction of 50% in 2020. Global airlines grouping the International Air Transport Association (IATA), in its report dated 17th April, estimates that almost 30 lakhs jobs are at risk in the Indian aviation

dependent sectors. They have recommended immediate bailout package by the Govt.

Looking into the background of the growth of the civil aviation sector in India it is seen that until 2005 air travel in India was very expensive and was by and large the prerogative of only affluent people or business executives etc. However, the advent of low-cost airlines like Indigo (2006), Spice Jet (2005) and Go Air (2005) brought about a paradigm shift bringing air travel within the reach of an average citizen in the country. The enormous contribution of these LCCs may be judged from a report of Directorate General of Civil Aviation (DGCA) which mentions that "Indian air passenger traffic has grown by at least 16% annually over the past decade. In 2001 it was nearly 14 million passengers. In 2017 Indian airlines flew nearly 140 million passengers, most of them domestic. It is now the third largest aviation market in the world with growth rate that leaves the USA and China far behind". The Indian aviation sector contributes a reported US\$ 72 billion to the national GDP. After such rapid growth, the civil aviation sector is today at the crossroads with total uncertainty about its future. According to IATA, fuel cost in India, which accounts for 40% of the overall cost of low-cost carriers is "well above the global average of 24%". Besides, the fixed costs include lease rental of aircraft, labour expenses, sales & marketing, steep airport charges and other operating expenses.

Most of the low-cost airlines that have come up in the last 15 years have only seen the good time in this industry. Thus, they have placed orders for a large number of planes. They have not built sufficient cash reserve to meet unforeseen situation like the present lockdown. Significantly, a plane on the ground costs the airline enormous amount. Out of about 650 commercial aircrafts in the country with all the airlines, about 50% are on lease. So even when they are grounded, the lease rentals have to be paid. Same is true of pilots, crew and other ancillary staff of the airlines. Thus, both machine and manpower are taking a heavy toll on the aviation industry. All these make the scenario in

this industry very scary. One of the major challenges faced by the aviation industry is a massive plunge in the cash reserve as fleets remain grounded for a prolonged period. Even when these commercial flights become operational, the airlines will continue to face enormous problems like reduction in seats due to social distancing norms, no family/ leisure travel due to high cost of tickets and people preferring video conferencing instead of business travel etc.

Under these circumstances it is doubtful as to how many of the existing airlines will be able to survive. According to CAPA "most Indian airlines have not structured their business models to be able to withstand even regular shocks such as increased fuel prices or economic downturn, let alone once-in-a-century crisis". Needless to mention that even in the normal situation some of the major airlines like Kingfisher and Jet Airways with deep pockets could not survive the highly competitive aviation market in India. Thus, The Indian aviation sector lies perilously close to bankruptcy and bailing out airlines is inevitable also because of the important role air connectivity plays in the global economy.

For a balanced recovery it is equally important to bail out the airports because of the complimentary role played by it to provide numerous logistic supports to help the airlines fly. The prospective recovery of the aviation sector is as much dependent on the survival of the airlines as of the airports.

FICCI has sought a bailout package for the domestic aviation industry which includes direct cash support from the Govt, interest free soft loans and a two-year tax holiday to help this sector overcome the COVID-19 crisis. It has also sought deferment of term loans by upto six months, 180 days credit window by the oil marketing firms and waiver of aircraft insurance premium among others. It has also suggested deferment of GST for the airlines as well as rebate on payment of taxes paid to date this year and/or extension of payment terms for the rest of 2020 along with a temporary



waiver of ticket taxes and other Govt imposed levies.

Globally, Govts have announced massive aid programmes for their country's airlines to avert a situation of meltdown of their aviation sector and prevent millions of job losses in this industry. For example, USA has announced a bailout package of US \$ 50 billion for their airlines. Singapore is supporting business in the aviation sector by funding 75% of their salaries, besides an enhanced support package of US \$ 243 million in addition to US \$ 78 million announced in Feb, 2020. Australia has announced US \$ 430 million comprehensive aid package. Hongkong provided relief of HK \$ 2 billion in relief, including purchasing 5,00,000 tickets for Hongkong based airlines to inject liquidity into the airlines. Similar financial packages for their airlines have been announced by different countries like New Zealand (US \$ 580 m), Norway (US \$ 533 m), Sweden & Denmark (US \$ 300 m).

In case of India, there is no bail out or relief package yet. Financial institutions are unlikely to come forward as the balance sheets of some of the airlines are weak and given the post-lending experience in Kingfisher and Jet Airways FIs will shudder to extend any helping hand. Onus is, thus, on the Government to come out with a bailout package as soon as possible. Secondly, losses of the industry will be directly proportional to the time they are mandated to ground the fleet. Hence, it is imperative that Govt. announces an early resumption of air services, may be in a calibrated manner to begin with keeping in view passenger safety in the wake of the epidemic. Incidentally, airline shut down has been rarely resorted to globally. Thinning of services have taken place but a complete shut down in response to the epidemic is a rarity.

In this backdrop, the Govt. of India may consider certain relief measures and financial package to the airlines which may include support for salaries, exemption of airport charges for the period of

disruption for reasons beyond their control, reduction on excise duty of ATF, bringing ATF under the GST, waiving GST for pilot/ technician trainings, suspending infrastructure charges at Indian airports and bearing the entire expense on airport security from the consolidated fund for around two years.

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Religious Communities and Response to COVID-19: The Case of the Gülen Movement

— Prof. Anwar Alam

COVID-19 or Corona virus has ignited the old debate of religion vs. science as its faster spread has been traced to congregation of religious faith groups across many communities amidst a worldwide call for social distancing in order to contain the spread of the virus. Thus, the congregation of South Korea's Shincheonji Church of Jesus in Wuhan has been widely held responsible for half of South Korea's COVID-19 contractions and in other parts of other South East countries. A major source of COVID-19 in India, Malaysia, Pakistan, Indonesia, and further in parts of West Asia was traced to the congregation of an Indian transnational Islamist movement known as Tablighi Jamaat. The Shia religious congregation in Qom, the major center of Shia Islamic knowledge production, was identified as the major source for the spread of COVID-19 in Iran, Iraq, Afghanistan, Lebanon, and Bahrain. A good number of Hindu devotees defied Indian lockdown and gathered in various temples on the occasion of the Hindu festival Ramanavami. A few Sikh devotees were arrested for illegal gathering at Gurdwara. There are several reports from the USA that many denominational Churches and orthodox Jewish religious groups continue to hold congregation for religious practices and have been found to be instrumental in the spread of COVID-19 within the

country. Worst of all, in view of the conservative nature of American society, many states in USA have officially exempted places of worship from ban on gathering and stay-at-home order.

However, given the global demonization of Islam, Islamic movements, and the widespread prevalence of Islamophobia, Islamic congregations received wide attention from the public for its blind faith and conservative, messianic, and eschatological approach towards life and religion. However, a careful observation reveals that similar approach to religion, life, and normal congregational practices during the COVID-19 pandemic has been found among segments of many religions and their communities including Hinduism, Christianity, Judaism, Sikhism, and many others as mentioned above. While religious gatherings have been blamed for the spread of this virus, "secular gatherings" have also been potential carriers. For instance, one can trace the roots of this virus' spread across Europe to an Austrian Ski resort, a famous tourist destination in the village of Ischgl in Tyrol, despite warnings beforehand from public health officials as early as March 5.

It is in the above context, particularly the raging issue of religion vs science or religious vs secular, that I am trying to figure out approach of "Gülen movement" (also called Hizmet movement), towards dealing with this global pandemic. The Gülen movement is inspired by Fethullah Gülen's pacific exposition of Islam's universal values. It has considerable presence with networks of schools, universities, dialogue centres and relief organisations across 150 countries of the world. The movement is currently facing an existential dilemma in the backdrop of the brutal crackdown of the Erdogan regime in Turkey, its birthplace.

It seems to me that the perspective of Gülen movement towards the phenomenon of COVID-19 is shaped through two broad principles: (A) relationship between religion and science in general and (B) revival of ethical dimension of Islam. The Movement sees the relationship

between the religion and science as one of complementarity or one of organic whole, as opposed to modern discourse which presumes a perennial inherent conflict between the two, mostly shaped through Church-State struggle and development of positivism in the European Continent which eventually led to the secular's high distrust towards religion and regulation, control, marginalization and finally banishment of religion to the other world. The more religion, science, and secular became modern, ideological, and identity discourse, the more they became bereft of their inner ethical dimension, lost their internal connectivity to each other, and finally found themselves in an antagonistic relationship, often resulting into violent responses. For Gülen movement, religion and science are two mega methods and approaches to address the various aspects of the ever-changing complexities of life processes with a view to create a harmony between their physical-material, metaphysical, and spiritual aspects.

It is this ethic driven human discourse upon which Gülen constructed a philosophy of life based upon the unity of religion and science, heart and mind, universal and particular, and reason and faith, which on the one hand prevents the "process of othering" - whether emanating from an exclusive understanding of religion or secular - and on the other helps in dispelling the fear of relatively conservative religio-socio segments of humanity towards scientific-technological solution to human problem such as COVID-19. We learn from history how religious bigotry and fear of treatment of medical science resulted in many deaths during the period of epidemics in the past. The resistance of Ulama (clergy) to state's prescribed medical measures including quarantine during plague epidemic (1835) and Cholera epidemic (1848) in the Ottoman Empire, particularly in Egypt, has been well documented. Today, a similar situation has come to exist in India wherein a vast segment of the Indian Muslim population is currently exhibiting a strong resistance and non-cooperative attitude



towards undergoing any kind of medical testing. It is disheartening that none of India's premier Islamic organizations/movements-Darul Uloom Deoband, Darul Uloom Nadawa, Lucknow and Jamait ulema Hind, has put up any detailed instruction of combating COVID-19 or made an appeal to wider Muslim community to maintain 'social distancing' and undergo medical testing for the same. It must be recalled here that the quarantine system, or what is referred as "social distancing," in modern parlance was first invented by the sixth Umayyad caliph Al-Walid in early eighth-century AD, in Damascus, to combat the spread of the virus.

A second aspect of Hizmet's approach towards COVID-19 comes from its ethical understanding of Islam and its universal principles and values which arise from a human-centered Islamic theology and take form in Gülen's vast sermons and published works as well as everyday praxis of Hizmet movement. Thus, like any Islamic movement, or for that matter like any believer, absolute belief in hereafter (life after death) is the cardinal principle of the Hizmet movement. However, unlike many other Islamic religious groups, the Hizmet movement does not disassociate the "earthly life" from the Hereafter. In other words, whereas many religious movements, whether with a political or social focus, tended to pay a very less premium on building human resources with an idea that real life begins in Hereafter, the Gülen movement, under the spiritual leadership of Gülen, invested heavily in human resources and in developing human capabilities through the combination of Islamic universal ethics, morality, and scientific knowledge. This system has an understanding that the most important call of Islam, as exemplified in the model of Prophet Muhammad, is the preservation and balanced growth of lives on Earth which demands ceaseless positive actions that will be accounted for in the Hereafter. All other principles and rituals of Islamic practices must be subjected to this fundamental principle of Islamic universalism.

Guided by the Islamic principle of preservation of life in view of challenges posed by COVID-19, Gülen promptly issued a formal statement on March 13, 2020 offering his profound condolences to all those who lost their loved ones, asked people to trust public health officials and to take precautions based upon medical and scientific data, to show empathy with victims, and offer help to the needy in dealing with COVID-19. When I inquired from one senior volunteer of Gulen movement in India about movement's position on COVID-19 he immediately responded without any pause that "protection of life is the most important duty of Muslims in accordance with Islamic faith" and then further stated, "whom to preach to if there will be no human beings?" Unfortunately, many Islamic movement leaders and government officials in Muslim communities fumbled; ignored World Health Organization guidelines and did not prevent Muslim gatherings either on Friday or on other social occasions partly due to ideological understanding of iman (faith) and Hereafter with a consequence that they became one of the major source of COVID-19 in their respective countries. The Pakistani government had to obtain a fatwa from Al Azhar, the famous Sunni Islamic seminary, to enforce its ban on Friday congregations!

In view of mandatory daily prayers in Islam including Friday congregation a question has emerged whether a mosque, as well as Islamic congregation on Friday, is an essential part of Islamic faith, and whether or not it is permissible to abandon or forbid these prayers. I do not have training in Islamic theology and hence I lack requisite competence to reflect on such questions. However, what is minimally clear to me in light of my understanding of Islamic history in general, and discourse of the Hizmet movement in particular, is that Islam enjoins the preservation of creation and a healthy life on this Earth which is evident from its expression of mankind as "inheritors of the Earth". All other principles, rituals, practices and value systems connected with interpretive field of Islam must be subjected to the

central maxim of Islamic faith: the duty to preserve life on Earth as God's vicegerent/trustee.

COVID-19 is a grim reminder to the globalized humanity of the spiritual call of Gülen and principles of Gülen movement and of many such other ethic oriented movements: (a) that the world is truly inter-connected and inter-dependent; (b) that the transparency in dealings, dialogue, mutual trust and cooperation and collaborative research is needed to overcome the common challenges of humanity such as COVID-19; (C) that humanity is in dire need of philosophy that restores the dialogue between mankind and nature (ecology and environment) and develops a harmonious relationship between the two and connects different cultures, traditions and economies based on the universal value of dialogue, tolerance, trust and respect; (d) that modernity must realize its limitations of establishing supremacy over nature; and (E) that mankind must undergo ethical, moral and spiritual training to overcome his/her greed and ego, to develop self-restraint and build the moral capacity to live together and cooperate.

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राष्ट्रीय लॉकडाउन तथा देश के किसानों और मजदूरों का हाशिये पर आना

— पूजा कुमारी

भारत जैसे लचर चिकित्सा वालें देश में लॉकडाउन बेहद जरूरी कदम था, लेकिन साथ ही एक बड़ी आबादी को बिना किस तैयारी के जैसे मानों दोहरी आग में झोंक दिया गया है। मार्च 24, 2020 से राष्ट्रीय लॉकडाउन की घोषणा के साथ देश ने एक नई समस्या देखी जिसमें लाखों किसानों और मजदूरों पर अचानक से दोहरी मार पड़ी। बिना भविष्य की कल्पना के इस घोषणा ने एक दम से उनका जीवन ठप कर दिया, आगे क्या होगा इसकी सोच ने उनको इतना प्रभावित किया कि देशभर से हजारों मजदूर परिवार सहित सड़कों पर आ गए। उनके लिए ये महज एक बीमारी का खौफ मात्र नहीं था, बल्कि अपने परिवार को पालने की जिम्मेदारी भी थी। जिस शहर में पानी तक बंद बोटलों में

बिकती है उस माहौल में बिना काम और आमदनी के एक किराये के मकान में वो भला कैसे रहने की सोच सकता था!

इस वर्ग ने अचानक सब कुछ ठप हो जाने के माहौल से लड़ने की ठानी और निकाल पड़ा पैदल ही अपने घर की ओर, मीलों का सफर उसे डरा नहीं सकता था जितना इस बात ने डराया कि वो अपने परिवार को क्या खिलाएगा? इस सवाल का उसके पास केवल एक जवाब था कि वो और उसका परिवार अपने गाँव जाकर कम-से-कम भूख से नहीं मरेगा। बस इसी एक सोच ने उसे मीलों के सफर के लिए तैयार कर दिया था, कोई भी उसकी इस हिम्मत की उम्मीद नहीं कर पाया था कि इतना बड़ा वर्ग अचानक से सड़कों के जरिए यूँ बेखौफ निकाल पड़ेगा। सिर्फ दिल्ली में लोगों की भीड़ नोएडा से लगी सड़कों पर करीब 20-30 हजार के पास थी। गांवों से आये वो बच्चे भी शामिल थे जिन्हें भूख की आग ने शहर की ओर मोड़ दिया था रोजगार के लिए महज 15-16 साल की उम्र में भी। सरकारें इसके लिए तैयार नहीं थी जबकि उन्होंने जो घोषणा की, उनमें इनके लिए कोई जिक्र नहीं था और इस बात ने इन सबको परेशानी में ला दिया।

वहीं तमाम शहरी सरकारें इन लोगों को ये भरोसा दिलाने में असफल रहीं कि इस मुसीबत की घड़ी में हम आप लोगों को संभाल लेंगे। इस कदर अचानक बंद होकर देश की हर आधुनिक तकनीक उनके लिए बेमानी हो गई और विकास के पर्याय माने जाने वाले संसाधन उनके किसी काम नहीं आए। आजाद भारत ने इतनी बड़ी संख्या में पहली बार सड़कों पर जो देखा वो था इनका अपना बेखौफ हौसला।

ये कहा जा सकता है कि :

**“रोटी, कपड़ा, मकान नहीं हैं साथ में
है तो सिर्फ एक हौसला,
घर पहुँचने का
अपने घर”**

इन मजदूरों के सड़कों पर आने के बाद कई जगहों पर इनके घर जाने के लिए बसों की व्यवस्था की गई, मगर फिर दो दिन में ही उन्हें बंद कर इन लोगों को सड़कों से हटा कर शेल्टर होम, स्कूलों आदि के अंदर तत्काल रहने और खाने की व्यवस्था की गई। इसके बावजूद उनके मन की शंका बनी रही, दिल्ली में ही बहुत सी जगहों पर बेवक्त और खराब खाने की शिकायत आने लगीं।

बीते दिनों में बहुत से लोग जिन्होंने ये पलायन जारी रखा उनमें से कई लोगों की मौत की घटनाएँ सामने आ रही हैं जिसकी एक बड़ी वजह भूख, थकान और बिना किसी सुविधा के लगातार धूप में चलना रही है, ताजा घटना एक 12 साल की बच्ची की मौत की है जो अपने परिवार के साथ तीन दिन से पैदल चल रही थी।

शहरों में फंसे हुए बहुत से लोगों के पास राशन कार्ड नहीं था ऐसे में ये लोग मुफ्त या बेहद कम कीमत में राशन वाली घोषणा में नहीं आये, जबकि ऐसी व्यवस्था हो सकती थी कि जिनके पास राशन कार्ड नहीं है, उन्हें भी राशन दिया जाए। दिल्ली में 'रोजी रोटी अधिकार अभियान' द्वारा किये एक सर्वेक्षण से पता चला है कि दिल्ली में कई राशन की दुकानें बंद हैं, स्टॉक से बाहर हैं या ऑनलाइन डेटा की आपूर्ति के बावजूद राशन वितरित नहीं कर रहे हैं।

इन बातों के सामने आने के बाद कुछ उपाय किये गए और जिसके बाद सुप्रीम कोर्ट में राहत कार्यक्रमों का जवाब देते वक्त केंद्र द्वारा प्रस्तुत आंकड़ों का India Today द्वारा किये गए विश्लेषण से पता चला कि 13 राज्यों और केंद्रशासित प्रदेशों में, गैर सरकारी संगठनों ने राज्य सरकारों की तुलना में मुफ्त भोजन प्रदान करने में बेहतर प्रदर्शन किया। इनमें से अधिकांश प्रवासी मजदूरों और गरीबों को मुहैया कराए गए थे, जो कि लॉकडाउन के कारण प्रभावित हुए हैं। इसमें महाराष्ट्र सबसे अच्छे उदाहरणों में से एक है जहां 4.47 लाख लोग, जो राज्य में राहत या आश्रय घरों में हैं, 83.56 प्रतिशत गैर-सरकारी संगठनों द्वारा स्थापित शिविरों में हैं। वहीं हरियाणा और दिल्ली की सरकारें लोगों को भोजन उपलब्ध कराने में सबसे अधिक सक्रिय थीं। कुल मिलाकर, नौ राज्य और केंद्रशासित प्रदेश थे, जहां गैर-सरकारी संगठनों ने 75% से अधिक लोगों को खाना खिलाया था।

'Jan Sahas' नामक गैर सरकारी संस्था ने अपने द्वारा किये गए सर्वे में बेहद भयानक आँकड़े प्रस्तुत किये हैं। निर्माण क्षेत्र से जुड़े करीब 3,196 लोगों में से 94% श्रमिकों के पास श्रमिक-पहचान पत्र नहीं है। लगभग 17% ऐसे हैं जिनके पास बैंक में खाते भी नहीं हैं, ऐसे में सरकार द्वारा दी जा रही राहतों का भी इनको मिलने का आसार बेहद कम है।

इसी बीच सूरत में अप्रैल 10, 2020 को रात के वक्त मजदूरों ने सड़कों पर लॉकडाउन, वेतन और खाना न मिलने के कारण अपने घरों को लौटने के लिए आगजनी कर दी,

पुलिस को मजबूरन उनमें से कईयों को जेल में डालना पड़ा। तो वही दूसरी ओर मुंबई में बांद्रा स्टेशन पर सैकड़ों की भीड़ जमा हो गई घर जाने के लिए स्पेशल ट्रेन चलाए जाने कि अफवाह के कारण और जिसको काबू में करने के लिए पुलिस को लाठी चार्ज करना पड़ा। इस स्थिति में जहां कोई और इनकी मदद नहीं कर सकता था, वहाँ पर ये जरूरी हो जाता है कि सरकारों को इन चुनौतियों से निपटने के लिए दोहरी भूमिका में आना होगा। जहां भी इन मजदूरों को रोक कर क्वारंटाइन किया गया है वहाँ की हालत बिना सोची समझी नीति का नतीजा दिखता है।

हाल फिलहाल में आई कई रिपोर्ट्स चिंता को लगातार बढ़ा रही हैं कि भारत कोरोना से न केवल चिकित्सा स्तर पर बल्कि भुखमरी और बेरोजगारी के रास्ते पर भी धराशाई होता दिख रहा है। एक ओर 'IANS C Voter Covid Tracker' द्वारा किये गए सर्वे में ये बात सामने आई है कि देश में विभिन्न सामाजिक-समूहों, आय, आयु, शिक्षा, धर्म और जेंडर के 62.5% लोगों के पास राशन/दवा आदि या इन जरूरी चीजों के लिए धन तीन हफ्ते से कम के लिए ही बचा है। कुल 37.5% लोग ही तीन हफ्ते से अधिक समय के लिए इन आवश्यक चीजों के लिए तैयार हैं। साथ ही ये बात भी सामने आई है कि कम आय वर्ग और समाज के निचले तबके से जुड़े लोगों के पास पर्याप्त संसाधन नहीं हैं।

वहीं दूसरी ओर एक अन्य रिपोर्ट जो 'सेंटर फॉर मॉनिटरिंग इंडियन इकोनॉमी' ने जारी की है, जिसमें ये बात सामने आई है कि पहली बार भारत में बेरोजगारी 23% हो गई है, कोरोना वायरस के संक्रमण और लॉकडाउन से पहले देश में 8% बेरोजगारी दर थी। पहले करीब 40 करोड़ भारतीय किसी ना किसी रोजगार में थे और तीन करोड़ बेरोजगार थे। अब ये घटकर 28 करोड़ तक पहुँच गया है और 12 करोड़ लोगों का रोजगार एक झटके में चला गया, जबकि ऐसा पहले कभी नहीं देखा गया जहां एक झटके में इतनी बड़ी संख्या में लोग बेरोजगार हो गए हो।

दूसरी ओर है देश के किसान जिनकी गेहूँ की फसल खेतों में बिना कटे पड़ी है, उनकी प्रमुख समस्या अपनी मेहनत की फसल को सही तरीके से घर तक लाना है। हालांकि उनकी फसल की कटाई के लिए संतुलित दूरी बना कर काम की छूट दी गई है मगर बहुत सी जगहों पर ये नहीं हो पा रहा है। एक अनुमान के तहत अगर इसे ठीक से नहीं देखा गया

तो कोरोना संकट के बाद देश में बड़े पैमाने पर भुखमरी और बेरोजगारी आने वाली है। बीते दिनों देश के कई भागों में बारिश और ओले पड़ने की घटनाओं ने इस क्षेत्र में भारी क्षति पहुंचाई है, हर किसान और मजदूर सरकार द्वारा दी जा रही राहत में कवर नहीं होता है इसलिए भी ये बड़ी चिंता का विषय है।

किसानों के लाखों टन अनाज एवं सब्जियाँ खेतों में हैं तो वहीं सरकारी अनाज मंडियों तथा गोदामों में है जिन पर परिवहन पर लगी रोक का असर साफ दिख रहा है। किसान उन्हें शहरों में नहीं भेज पा रहा, जिसका एक असर अब शहरी मंडियों में सामानों की होती कमी के रूप में भी दिखने लगा है। लॉकडाउन के बाद हमें आर्थिक स्तर पर इन सबसे निपटने का बेहतर उपाय करना होगा वरना भारत फिर से 40 साल पुराने भुखमरी के दौर में जा सकता है।

— लेखिका पीपीएफ की शोधकर्ता हैं।

Policy Perspectives in Public Health: Road to Revival

— Manika Malhotra

Confronted with a looming surge of COVID-19 cases, India has reported over 1,373 deaths and more than 42,533 active cases (as on 04.05.2020). India has been fighting this battle with limited options and a fragile healthcare system, hence chose to manage this epidemic by deploying the only defensive weapon it had at its disposal- a strategy of pre-emptive and strict nationwide lockdown.

In India, coronavirus pandemic is unfolding in the perspective of a wrecked health system. The low priority and attention that has been accorded to health for so many years has rendered limited funding in both health infrastructure and health data. In National Health Policy 2002, it was proposed to increase public health expenditure (PHE) as per cent of Gross Domestic Product (GDP) from 0.9% in 2002 to 2.0% by 2010, but the desired target has not been achieved till date. Moreover, the National Health Policy, 2017 proposed to increase

this bar to 2.5% of GDP by 2025. On the other hand, CARE ratings (credit agency) report; released on April 7 this year, highlights the PHE (total of centre and state governments) to be at 1.29% of GDP. The spending on capital health expenditure in particular (expenditure on buildings, machinery, IT, stocks of vaccines for outbreaks etc.) was found to be much lower, at only 0.19%. The path to retrieval of investments in public health seems to be long drawn and unattainable. The total health spending of India is at 3.5% of GDP- so who is actually bearing the burden - 67.78% of total expenditure on health in India (2017) was paid out of pocket (OOP) by households, while the world average is just 18.2% (WHO Health Profile 2017). These are the payments made directly by consumers for services (medicines, diagnostic lab, private care, emergency rescue etc.) which are not covered under any financial protection scheme. Hence, a major portion of the total health expenditure is actually borne by the consumers. With the stature of public healthcare being overlooked, the private sector has progressively come forward to establish the standards both for the care and its costs, thereby achieving economies of scale. India stands sixth in the OOP (consumer) health spending among the low-middle income group of 50 nations. Even lower-income countries like Bhutan, Sri Lanka and Nepal spend a higher per cent of respective GDP's on their public's health.

While the statistical inferences have been trying to indicate the magnitude of the issue for many years, the country now gets to witness the acuteness of these challenges more closely. Even at this stage, when majority accepts that the lockdown was very timely and major contributor towards containing exponential growth of the COVID-19 cases, there are signs that the public health infrastructure is still creaking under the pressure. Indians have been sharing pictures of the unhygienic conditions of the government facilities. Online petitions are being signed against the poor conditions in quarantine centers across the country amongst other factors

concerning lack of resources (lack of testing kits and ventilators) and staff availability. Looking at this, the public indeed is more scared to witness these tough conditions than actually catching and surviving the disease. Those with symptoms are hesitant to come forward because they are anxious and doubtful if the system can help them in their time of need.

We must applaud the country's innate resilience at the times of such crisis and how it is fighting the epidemic but why is it that while we preach that 'health is the ultimate wealth' we lag behind in speeding up healthcare expenditure to build up infrastructure and human resources in the health sector. In 2018-19, only 59% of the total National Health Mission budget for the year was spent. At the hospital level, spending is even lower- only 38% of the funds made available for "hospital upgradation" were spent. Why do we assume that the public health care system, a set up functioning at full occupancy level and facing excess demand, while confronting challenges of deficient infrastructure and manpower and equivocal quality of services will suddenly be able to meet the required needs at the time of any crisis? Why India has just 0.5 hospital beds for every 1,000 people when the World Health Organisation (WHO) recommends at least five. Our limited investments in public health are an answer to that. Situation is worse for many states with Bihar having one government hospital bed for approximately 9000 people. Further, infrastructure is not only limited to hospital beds but adequacy of many crucial facilities like water supply and electricity also intensely affect the functioning of existing facilities.

The availability of high-tech modern delivery plays a crucial role in shaping the future of healthcare, but it is the personnel, who utilize these technologies and offer their assistance. However, India averages 0.8 doctors for every 1,000 people (World Bank Data, 2017); even Italy, a country which has been badly hit by the COVID-19 outbreak, has five times as many doctors per capita. Besides rural-urban

dichotomy there is also discrepancy of human resources between the public and private sector which adds to the present set of challenges. This long-standing negligence is a reason for India being ranked amongst the poor performing countries on the World Bank's Human (Health) Capital Index (HCI). Moreover, India has reported more than 200 cases of medical workers (including doctors, nurses etc.) treating COVID-19 patients being tested positive for the virus. In various interviews, our corona warriors, who are relentlessly fighting against the disease, discussed how they have been facing shortage of safety gear in many regions and are forced to adopt and use ineffective substitutes like 'raincoats and helmets' to continue treating patients.

The pandemic has clearly compelled us all to revisit the notion of 'public health' well-being of each individual in a societal setup impacts that of the other. And without ensuring 'universal health', it is not possible to sustain the economy and create wealth. In 2018, IMF identified 'poor public health' as the 12th most significant barrier for ease of doing business, ahead of many variables such as crime, tax regulations and policy instability. The public healthcare system in India stands at crossroads and needs a reboot post COVID-19. There is a need of a paradigm shift to prioritize health and clear the myopic vision that clouds the concerns of the less privileged that depend most on the services of public sector. It is now imperative that our country supports policy initiatives which are directed at strengthening not only curative care but also 'preventive care' by setting up robust Centre-state coordination mechanisms. National Health Accounts data 2017 shows that out of the expenditure incurred, only 6.8% was spent on preventive care in comparison to more than 80% on treatments and curative care in the year 2017-18. While many states over a period of time have come out to be the main drivers of health spending in India, center's involvement has considerably stagnated. Some of these states such as Maharashtra, Rajasthan, and Kerala also fall in the

top fifteen major spending states during pandemic. The road to revival of public health in India strives for a multi-sectoral approach and instituting policies with regard to mainstreaming professionally qualified persons into the health workforce, reinforcing district hospitals, medical college hospitals, and primary health care infrastructure, rejuvenating peripheral health services and improving overall facilities of the public sector to improve health security and addressing increasingly complex health needs. Further, Government must consider a perspective plan for a period of 10 years or so to at least meet the WHO recommended 'patient-hospital bed ratio' and 'doctor-density ratio' within the state-controlled public health ecosystem while leaving a certain sectoral space as a policy for the private sector considering the importance of medical tourism. Besides expanding investments in public health, there is a simultaneous requirement to ensure uniformity in quality of services offered, particularly in the remote and backward areas. The same can be achieved by devising a 'criteria-based rating system' for district hospitals and primary health care centers by an autonomous entity which can be used as a basis for inter-state and intra-state comparison. The criteria against which these hospitals should be judged must include factors like availability of essential medicines, equipment and qualified personnel/health workers, adequate infrastructure, effective service delivery along with proper Hygiene etc. This is a high time that the nation perceives the 'need' to have a strong public sector in order to deliver universal health care and looks upon this time as an opportunity to rebuild faith in our public health system. While the country is utilizing its full potential to protect its citizens and reduce the impacts of COVID-19, the onus is on all of us, the citizens of India, to utilize the experiences as 'resource' and demand for more effective and equitable public health measures. How much we as a nation, learn and grow from this

period, will determine the degree of our resilience to face any future health crisis.

The author is a researcher with the PPF

Irrationality* in the Times of Pandemic (Tablighi Episode)

— Tehmeena Rizvi

The COVID-19 pandemic has once again proved that in moments of social crisis our latent biases and prejudices come to fore defeating our rationality and compassion laying bare some of our insensitivity and irrationality. The crisis globally has killed more than Two hundred thirty-four thousand people (As of May 1, 2020) cutting across geography and religious divides. India has fared well, considering its vast population, with a relatively low casualty figure. But there has been a frightful display of irrational and worrisome behaviour. A man asks for the religion of the vegetable seller before turning him away; a legislator in another part of the country seriously advising his electors the need for doing so and another extolling the virtue of some exotic remedy; medical teams were being driven away by stone pelting locals out of fear or suspicion at many places, a longstanding cancer hospital at a mega city was closed due to opposition from the local residents and the list is long. These incidents stood in contrast in bold relief to the services rendered by dedicated bands of health workers, policemen on the streets and the civil society Samaritans braving all odds and constraints to provide succor and extend a helping hand to needy. One police officer had his limb disconnected by yet another fanatic while many other health workers and police personnel were attacked or got infected by the virus.

This disease needs to be dealt with in a scientific manner. While the right vaccine is yet to be

*'Irrationality' connotes 'the fact of not being based on, or not using, clear logical thought':
Oxford Advanced Learner's Dictionary



identified, there is a lot that can be done to retard the progress of its spread through simple precautions and a broader perception of the dangers of neglect. This is where the thought leaders can contribute a lot and many such leaders decided to skip traditional major religious events in deference to this global challenge of the pandemic. Unfortunately, some religious organisations, sects and denominations across the world also display less than desirable scientific temperament towards the issue of public health. In the past too, many religious outfits have refused to accept and prescribe modern medical treatment even in times of epidemics. This article proposes to briefly discuss the recent developments in the context of COVID-19 involving Tablighi Jamaat in Delhi.

Tablighi Jamaat is an Islamic missionary movement that focuses on exhorting Muslims and encouraging fellow members to return to practicing their religion as it was practiced during the lifetime of the Prophet Mohammed and particularly in matters of ritual, dress and personal behaviour. The organisation has millions of adherents worldwide, with the majority living in South Asia. It has been deemed as one of the most influential and largest Islamic religious movements in the 20th-century.

Established in 1926 by Mohammad Ilyas al-Kandhlawi in Mewat region of India, it began as an offshoot of the Deobandi movement, and as a response to perceived deterioration of moral values and a supposed neglect of the aspects of Islam. The movement aims for the spiritual reformation of Islam by working at the grassroot level. The teachings of Tabligh Jamaat are expressed in "Six Principles" Kalimah (Declaration of faith), Salah (Prayer), Ilm-o-zikr (Knowledge), Ikraam-e-Muslim (Respect of muslim), Ikhlas-e-Niyyat (Sincerity of intention), Dawat-o-Tableegh (Proselytization). Tablighi Jamaat denies any affiliation in politics and fiqh (jurisprudence), focusing instead on the Quran and Hadith.

The global headquarters of the Jamaat in Nizamuddin, New Delhi is also known as Markaz

or Banglewali masjid. The Markaz (cultural/religious centre) comprises a mosque and dormitories that can accommodate 5000 people. The mosque organised a large congregation consisting of 3400 people starting from March 13, 2020. On March 16, 2020 Delhi CM Arvind Kejriwal announced that no religious or political gatherings will take place till March 31 in view of Coronavirus spread. This was not perhaps seriously heeded. Four days later, Indonesians who had attended the gathering were tested positive in Telangana. One day after the Janata curfew, on March 23, 1500 people vacated from the Markaz. Delhi police officials have said that the head of Tablighi jamaat in the Markaz ignored two notices to end the event at the mosque and has also registered a criminal case against him. The organisation spokespersons claim that they suspended the event as soon as a day-long national lockdown was announced on 22 March 2020.

Amidst three-week nationwide lockdown about 2,300 people were stuck at the Tablighi Jamaat headquarters unable to leave or travel. Later, all of those were shifted to quarantine facilities or hospitals. Till March 31 around 1540 were evacuated. This incident came to be referred to as India's first "super-spreader" event. Elaborate efforts had to be made to track down anyone who attended the gathering after this incident. This became a major concern for anyone concerned about the danger of the pandemic spreading irrespective of his or her faith.

By April 19, 2020 about 30% of India's coronavirus cases and 6% deaths were being attributed to this hotspot. A total of 4,291 confirmed cases of COVID-19 were said to have been linked to this event according to the Union Health Ministry. The Ministry's updated data also said the rate of doubling of COVID-19 cases in India came to 4.1 days from estimated 7.4 days due to the Jamaat event in the month of March. This would mean the devotees who had come from all over India and beyond to participate in the religious gathering, left in the first week of March and they, like many other

countrymen before and after them, became unsuspecting carriers of the deadly virus to their communities and contacts. The widespread of COVID-19 cases due to Tablighi Jamaat congregation, is an indicator of how irrational the administration of the organisation has become.

The Markaz believes to present an authentic way of Islam, which appears to differ from the classical theory of Islam. Islam considers public health as a basic human right; lays great emphasis on observing cleanliness under all circumstances and has prescribed seeking appropriate preventive measures including medication. A few quotations from Islamic sources would suffice here:

"When you hear about a break of plague in any area, do not enter there and when it has broken in land where you are, then do not run away from it" (Sahih Bukhari #5730);

"An ill person should not mix with healthy people" (Sahih Muslim #222).

"O messenger of Allah (PBUH), do we take medicine for any disease" to which he replied, "Yes, O you servants of Allah take medicine as Allah has not created a disease without creating a cure except for one." (Abu Dawud #3855)

"Cleanliness is part of the faith" (Sahih Muslim #223).

However, in contrast to the above Islamic injunctions, devotees came from all the corners of India and beyond to participate in the religious gathering at Markaz. When they left in the first

week of March, they unknowingly transferred Coronavirus with them.

Tablighi Jamaat, being a responsible organisation, should have followed the government's advisory on COVID-19 seriously, instead of unwittingly displaying an approach that some would call irrational towards public health and safety. Although disease is never religion centric, in the current scenario, however no religious community should violate any public/legal health advisory. Islamic guidelines require scholars to accurately, as much as possible, weigh the benefits/harms of the contemporary situation before issuing an exemption on any required act.

Government must ensure that no such gathering takes place and if anything like this occurs, leaders of such organisations should be taken into confidence. This event has damaged the credibility of the Jamaat and reinforced a public perception that Muslim community is the most conservative.

There should be more focus towards getting rid of this deadly pandemic. Every effort should be made to provide doctors and other citizens with proper support and supplies. The solution will only come through solidarity. The aim of this article was to share some of the evidence of Islamic practices based on the Quran and sunnah in various aspects such as knowledge, practical prevention and health care which played a pioneer role in the field of public health and safety.

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