



THE COVID-19 PANDEMIC; IMPACT ON THE WORKING OF DEMOCRATIC INSTITUTIONS: AN ANALYSIS

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ABSTRACT

The outbreak of novel and recent coronavirus disease 2019, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, has made an emergency throughout the world. In India, the outbreak of the pandemic was observed on 3 March 2020, and after that exponential growth in the cases was observed in the country. Owing to the widespread transmission, high population density, high testing capacity and ineffective treatment, a continuous rise in cases was observed due to the pandemic in India. In this paper, we have analyzed the impact of Covid 19 impact on the working of Democratic institutions in India

KEYWORDS : Covid19, pandemic, Democratic institutions, WHO, ICMR.

History of COVID-19 in India

The first COVID-19 case in India was linked to the person who had a travel history to China, which has reported a high quantity of cases in the initial stage of the pandemic. Later, the cases in India were reported as a result of local transmission due to human-to-human contact. Figure 2 shows the travel history of the first 100 patients of COVID-19 in India. These analyses indicate that out of 100 patients, 68 patients had a travel history to a country which was already affected by the outbreak of COVID-19, and the remaining 32 patients had contracted the disease through local transmission in India (MoHFW, GOI). Among the first 100 patients in India, 27% of the patients had a travel history to Italy and 21% of the infected person from Italy has further contracted the disease to Rajasthan State of India (MoHFW, GOI). On 30 January 2020, the Ministry of Civil Aviation and MoHFW issued an advisory-related travel to avoid the non-essential travel to China and also initiated the screening for cough and fever of travelers coming to India from China.

The COVID-19 pandemic has overwhelmed the entire world, and India also has borne the brunt of the same. The spread was so colossal that the World Health Organization (WHO) had to declare it as a pandemic. The only way to control and defeat this mammoth pandemic was to make people follow social distancing and also to restrain them from moving out to avoid social connect.

To effectively achieve this objective, the entire country had to be shut, and all activities had to be stopped with minimal human interaction. Hence, inevitably the country had to be brought under lockdown. In this regard, the Indian government started taking a strong stand against this pandemic attack in the mid of March. By the last week of March, India sealed all internal and external borders. From March 22, the whole country is under lockdown phase that has now been extended till May 3, 2020.

The masses have stood by the government during this lockdown, and a great response is observed throughout the country. Yet there are certain exceptions which are a challenge. While nearly 95 per cent of the citizenry are co-operating, the rest are creating a threat to the efforts and measures to contain this pandemic and are responsible for the collapse of the whole system.

In this context, we must mention the reference of a book titled 'Collapse' authored by Jared Diamond. This book identifies factors that contribute to the collapse of complex societies. The author refers to historical societies which were far less complex than today's complex international system of nations. In today's situation, the first three factors are viable threats to our nation. The COVID-19 crisis can be the trigger for the

fourth factor of failing trade due to a weakened economy. Looking at these theoretical threat indicators mentioned in the book, we will find that the society actions and attitude and approach of people resonate into these threat indicators.

Focusing on the point of 'Hostile Neighbours', listed in the book, let us emphasis upon the hostility faced by common people from their neighbours in the society. The basic reasons of such hostility lie in the comparative behaviour or attitude of the people in many small instances such as purchasing of small grocery items, vegetables, petrol and getting official permission to go out for essential/emergency reasons.

Cases of Hostility can be observed in housing societies regarding residents having recent travel history from other countries. Such residents responded adversely when requested by the fellow society neighbours to get themselves tested for COVID-19 or to get self-isolated. Instead, such individuals misunderstood, misbehaved and even reacted aggressively by getting into a fight with their neighbours. On the other hand, some citizens have not disclosed their travel history even to the government officials owing to fear of being thrust out from their homes and societies. Such cases have been observed in affluent class or upper-middle-class societies.

Surprisingly, such hostility has been observed even against the Corona Warriors like Doctors, Nurses, Health Professionals, Police, and such other people residing in the housing societies or neighbourhood. Several cases of these warriors who are at the forefront of this battle against COVID are being shunned by others for fear of being infected. Instead of showing respect and gratitude towards them, they and their families are treated with suspicion and not supported by the society members in the wake of this undue fear in their minds. This includes the threat of being evicted from their apartments and general ostracism. Many doctors and health workers have been asked to vacate their rented homes by landlords as they believe their stay may make them more susceptible to COVID-19.

It has been widely observed that most of the doctors who run private clinics are not permitted to open them by the residents of private societies and apartments. Several instances of attack on doctors and police have also been reported. Even misconduct and harassment of doctors and health workers have been reported. Medical associations have requested support from the government for the safety and security of their members. It is an Irony that those who are our lifesavers are facing the threat of their lives.

Analyzing the scenario in lower class or slum areas, a similar mentality is seen; only the problem is different. Let us take an

example of getting grocery on ration or free food packets. Amidst free distribution of food and essential items to the needy and poor, people were seen fighting amongst themselves in the race to get there first and even to the extent of snatching it from others. Members of the NGO's and social organisations engaged in community service during these times were also harkled and abused.

Another aspect is that of Panic Buying, which has been largely observed in all parts of the country during this lockdown. Everyone tries to procure as much as they can, with least botheration or concern about their neighbours. Unwarranted purchasing and stocking of grocery and other essential items by people, without considering the resultant shortage problem which may affect other people in the society shows the unreceptive nature of people.

This creates disharmony and jealousy, which ultimately leads to weakening of bonding between the neighbours. Though it may be a temporary phase, its implications are long-lasting. Moreover, it has caused the small proprietor-partnership businesses, travel/tourism and other service sectors to wind down. Such a situation poses a serious threat to the survival of daily-wage workers, roadside vendors, petty traders, etc. because of no cash in hand. People cannot carry on with their usual jobs or occupations. The existing situation of unemployment worsens. Incomes fall or cease. Economically better-off people manage with varying degrees of difficulty, but people from the lower economic sections become almost destitute. With very less or no money-in-hand people are on the verge of starving. Their weakened physical condition increases their susceptibility to disease. With the weakening of the socio-economic system, a large number of people losing their livelihood are in danger of irreversible impoverishment. They will need immediate concrete help in terms of both food and money and not just a promise of better tomorrow.

This is the crucial period and call for everyone to act socially more responsible and adhere to our duties as a part of our society. Society, acting through elected governments, needs to address the threats with proper, sufficient and timely measures to eliminate the risk of socio-economic breakdown beyond the point of restoration. Responsibility for this help rests firmly with the central and state governments for targeted social, economic and fiscal aid devoid of any corruption.

The Indian government led by PM Narendra Modi has taken numerous measures to minimise the risk of socio-economic breakdown along with its continuous measures to control the spread of coronavirus. Prime Minister Modi urged people to assume that there is a 'Lakshman Rekha' outside their houses and not to put a step outside their homes. During his second address to the nation on the COVID-19 outbreak, PM Modi said that several people had used their time in lockdown in the past few days to create innovative placards. He mentioned one particular placard which described 'cbUW as a phonetic acronym for 'Koi Road Par Na Nikle'. On Prime Minister's appeal, the entire country showed a sense of solidarity and respect towards the doctors, nurses and other medical staff, sanitation and health workers, police force and all those who are tirelessly working in this fight against corona. Also, millions of Indians turned off their lights. They lit up balconies and doorsteps with lamps, candles and flashlights on Sunday, April 5, in response to Prime Minister Narendra Modi's appeal to "challenge the darkness" spread by the coronavirus crisis. Thus, he has unified the country like never before.

Preventive Measures Taken By India And Future Prospects

Government Of India is pursuing its proactive and preemptive approach for management, prevention and containment of COVID-19 through collective efforts from states and UTs. The

management efforts against the pandemic are being reviewed and monitored regularly at the highest level by MoHFW, ICMR and National Task Force (NTF) in collaboration with the WHO. MoHFW is rigorously and continuously working with states/UTs to strengthen the health infrastructure in the Country. For the containment of COVID-19, GOI has issued an order under the Disaster Management Act 2005 to impose the nationwide lockdown in a phased manner for strengthening the surveillance, building the capacity of the health delivery system and maintaining mandatory physical distancing. In this regard, all the states/UTs have been advised to strengthen their preventive measure including community surveillance, trained manpower, supply of adequate PPEs, isolation wards, quarantine and rapid response team to combat COVID-19. All the international travel and nationwide travel through road and railways were suspended in these lockdowns; however, the health services remained functional as per the guidelines of the Ministry of Home Affairs (MHA, GOI). All the travelers arriving in India from overseas are subject to 14-days of mandatory quarantine. The Ministry of Finance, GOI, has recently announced a special economic and comprehensive relief package of 200 billion USD (which 10% of India's Gross Domestic Product) to support the economy's fight against COVID-19. The GOI has also come up with quick financial packages for developing laboratories, procuring more testing kits and improving the health service infrastructure in the country.

The Ministry of Health Family Welfare has come up with setting up of COVID-19 dedicated hospitals and planned for a more number of quarantine zones for the suspected and/or positive cases. A key component for the successful implementation of TESTING aggressively, TRACKING comprehensively and TREATING efficiently has ensured a rising recovery rate, which stands at 71.17% as on August 15. For the quality assurance of COVID-19 testing, 1465 laboratories and the National Institute of Virology (NIV), Pune of ICMR is the apex laboratory that is performing the testing of COVID-19. In collective efforts made by Central and State Governments, as many as 3231 dedicated COVID health centers, 1488 dedicated COVID hospitals and 10,755 COVID care centers with 14,59,278 isolation beds, 50,252 ICU beds and 1,83,249 oxygen supported beds are available from 1 August 2020 to combat COVID-19 in the country (MoHFW, GOI). Under the Essential Commodities Act 1955, the GOI issued an order to declare the hand sanitizers and face masks as an essential commodity for the management of COVID-19. Nearly 3 lakh N95 masks and 3 lakh Personal Protective Equipment (PPEs) coveralls are now being manufactured per day by > 300 domestic producers. To date, the GOI has provided almost 3.04 crore N95 masks, 1.28 crore PPE kits and 23,346 "Make in India" ventilators to various states/UTs/central institutions at free of cost for the successful utilization of these preventive measures. Besides, to break the chain of transmission, GOI launched the mobile app "ArogyaSetu" in line with data security and privacy parameters to trace and monitor the movement of peoples to access their risk of COVID-19 infection. With the view of the management of COVID-19, all states have been asked to uniformly implement the containment plan in all the districts and to divide the districts into green, red and orange zones based on the growth rate of the COVID cases. As of May 22, out of 800 districts in India, 400 falls into the red zone, 200 falls into the orange zone, and 100 falls into the green zone (MoHFW, GOI).

World Health Organization and MoHFW are collaboratively working to further strengthen the surveillance and response system based on transmission scenarios and providing the COVID-19 testing kits to dedicated laboratories through ICMR to meet their huge testing requirement. A real-time PCR test is recommended by ICMR for early diagnosis and clinical trials of plasma therapy have been commenced by ICMR (ICMR

2020a, 2020b). The testing capacity of COVID-19 in India has increased to approximately 8 lakh test per day from a total of 1465 laboratories (968 Government and 497 private) (MoHFW, GOI). Among these laboratories, 751 are real-time PCR-based, 597 are TrueNat-based and 117 are CBNAAT-based testing laboratories (as on 15 August 2020). Also, India's TEST, TRACK, TREAT strategy has achieved another peak with 8 lakh tests conducted by ICMR in a single day and taking the cumulative tests to 2.85 billion as on 15 August 2020. As of 1 April 2020, India was conducting 36 tests per million, which increased to 677 tests per million (as on May 1), 3505 tests per million as on 4 June 2020, 8396.4 tests per million as on 13 July 2020 and 21,213 tests per million population as on 15 August 2020 (MoHFW, GOI). According to ICMR, the use of hydroxychloroquine and Personal Protective Equipment (PPE) together may reduce the COVID-19 risk by 80%. According to clinical management protocol for COVID-19, the usage of drug remdesivir has been encompassed as an "investigational therapy" only for limited emergency purposes (MoHFW, GOI).

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