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## RESEARCH ARTICLE

# A DIAGNOSTIC STUDY ON SECOND COVID-19 WAVE IN INDIA: PUBLIC HEALTH CRISIS

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**ABSTRACT**

Countless lives have been lost in India since February 2021, exacerbating the social and economic destruction brought by COVID-19's second wave. The significant increase in cases across the country has wreaked havoc on the health system, with individuals battling for hospital beds, life-saving medications, and oxygen. Infections in urban areas began to decline in May 2021. In rural regions, though, the second wave's impacts lingered. It was the country's worst humanitarian and public health disaster since independence. COVID-19 mutations' ongoing propagation has regional and global ramifications. With slow vaccine disposal and high health infrastructure, it is necessary to examine India's response and recommend measures to further arrest the current spread of infection and to prevent and prepare for future waves. This diagnostic study is a review and analysis of the second wave of COVID-19 in India. It highlights the emerging reports, literature and research expertise to examine the causes of the second wave, explain its impact, and highlight the systemic issues that have hampered response. This diagnostic study presents important considerations for local and national government, civil society and humanitarian actors on a global and national level, impacting the future wave of COVID-19 in low- and middle-income countries.



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# INTRODUCTION

The WHO designated the B.1.617.2 variation of SARS-CoV-2, now known as Delta, as a variety of concern in May 2021. The impetus for the second COVID -19 wave in India is thought to be this and other more widely disseminated varieties. The second wave in India has grown in size and severity thanks to four additional transferrable varieties, but political and socioeconomic reasons have aided the present rise. In January 2021, the Indian government claimed that the pandemic had been conquered and that sanctions and conventional public health regulations had been relaxed. Despite some experts' warnings in February that infections were on the rise, the administration did nothing to prepare for the next wave. "We are in the final game of the COVID-19 epidemic in India," the Health Minister stated at the end of March 2021, despite the fact that cases were on the rise in numerous parts of the country. India is reaching 3 million active coronavirus cases, according to official documents from June, with 200,000 people dying. This amount is now largely believed to be three to 10 times greater. Within weeks, the second wave's speed and size overlapped the system. Citizens were left to collect vital medical supplies on their own and arrange for beds due to a lack of clear instructions and an overburdened health system. Many people in urban India used Twitter and other social media sites to seek help and critical support.

The first wave disproportionately impacted India's poor, while marginalising the middle and upper classes. The second wave, on the other hand, has impacted everyone, including the urban elite, with long-term consequences disproportionately hitting the poor and disenfranchised. We've witnessed an unexplained devastation. Images of flaming pyres strewn over northern India, cremations without space or wood, and remains floating in the Ganga. The photos of people dying in hospital beds due to a lack of oxygen and life-saving medication shocked the world. More than 40 countries pledged their assistance for India's fight against COVID-19's second wave, prompting the government to accept foreign funding for the first time in 17 years.

Meanwhile, India is keeping an eye on global concerns about COVID-19 vaccine equity. Inadequate vaccine coverage and insufficient methods to halt the virus's spread enhance the risk of new and even more severe mutations. Various medical professionals have warned of the country's impending third wave, which AIMS chief Dr Randeep Gularia has described as "inevitable." This raises the possibility of large-scale Kovid-19 outbreaks in India and around the world, particularly in low- and middle-income countries (LMIC). India and other LMICs must develop a flexible and coordinated response that can be deployed quickly in future COVID-19 waves.

## OBJECTIVES OF THE STUDY

- To identify the reasons behind the second wave of COVID-19 in India
- To analyze the public health crisis faced by India
- To understand the impact of second wave of COVID-19 in India
- To provide possible solutions for the problems faced and remedial measures to be taken to face COVID Waves in the future

## REASONS BEHIND THE SECOND WAVE OF COVID-19

**Scientific warnings about the second wave went unheeded:** Scientists' early warnings of a possible second wave were rejected by the national authorities. Instead, the government's approach is characterised by a lack of transparency in decision-making and inadequate communication. The government paid close attention to and encouraged high-ranking self-styled "babas" who would stymie the work of anti-science doctors and scientists, resulting in high-level resignations. Dr. Shahid Jameel, India's top virologist, has resigned from the Scientific Advisory Group of the Indian SARS-CoV-2 Genomics Consortium (INSACOG), citing Indian scientists as "stubbornly responsive to evidence-based policymaking." […]

**A missed opportunity to build robust health care between two waves:** The government failed to take advantage of the time between the two waves to improve public and private health infrastructure. A report released in November 2020 by the Parliamentary Standing Committee on Health and Family Welfare revealed various flaws in the COVID-19 response, including oxygen and drug shortages, insufficient health care costs, and insufficient health infrastructure (eg, hospital beds, ventilators, oxygen). The government was given cash in April 2020 to construct an elastic health system in case of future illness epidemics. However, the government did not issue an oxygen plant tender until October 2020, and only 33 had been built by April 2021, which was insufficient.

**Massive Political and Religious and rallies & events are super spreader:** Politicians disregarded the warnings and joined the march, allowing millions of people to engage in demonstrations like as electoral rallies (in Assam, West Bengal, Kerala, and Tamil Nadu) and religious festivals. Without following basic public health measures, like the Kumbh Mela (a major public celebration on the Ganges). Approximately 9 million people attended the Kumbh Mela in Uttarakhand in March and April. Following the incident, the number of Covid-19 cases in the state increased by 1800%.

## IMPACT OF COVID-19 SECOND WAVE

The second wave of COVID-19 has struck devastation across the country. This wave differs from the last one in two ways: first, the virus's spread and enhanced testing efficiency have drastically increased the daily infection rate; and second, the Indian healthcare system's demand for personnel and infrastructure has far outstripped the virus's supply. The cumulative effect, combined with social and economic devastation, has resulted in an increase in fatalities among the Indian population, with the weak and underprivileged bearing the brunt of it.

- Worsening economic misery and widespread unemployment: The United Nations predicts that India's economy will grow by 7.5 percent this year, but warns that the prognosis is "extremely bleak" owing to the devastating COVID-19 second wave. COVID -19's first wave has already pushed 230 million Indians below the poverty line (Rs 375 per day), increasing informality, poverty, debt, and inequality. This pain has been exacerbated by the second wave. It warned that savings and economic downturns would have an impact on domestic consumption, which accounts for roughly 60% of GDP. Furthermore, data on the epidemic's impact on the informal sector in terms of poverty and employment is lacking. This pain has been exacerbated by the second wave. It warned that savings and economic downturns would have an impact on domestic consumption, which accounts for roughly 60% of GDP. Furthermore, data on the epidemic's impact on the informal sector in terms of poverty and employment is lacking. The second wave has prompted a new round of job losses in the country; more than 7 million jobs were lost in April 2021. This has once again impacted India's poorest and most vulnerable informal labourers, particularly women. Day labourers, construction workers, farmers, street vendors, and other home-based employees are among them.
- The most insecure workers are those who work in the informal sector: Migrant workers began to migrate from cities to towns and villages in the second wave, just as they did in the first, when states began to announce regulatory measures and lockdowns. Many migrant workers are stuck in railway stations, bus stops, or their workplaces as a result of the rapid spike in COVID-19 and Lockdown cases in states like Gujarat, Maharashtra, and Delhi. These labourers are frequently denied formal government assistance and lack access to basic necessities like food, water, and sanitation.

## SYSTEMIC PROBLEMS THAT HAMPERED WITH THE PANDEMIC RESPONSE

**Dependence on the private health system for unknown health in public health infrastructure:** The health-care system has been neglected and underfunded, and this outbreak has exposed the institution's organisational flaws. Prior to the epidemic, India ranked 155th out of 167 nations in terms of hospital bed availability, according to the Human Development Report 2020. In practise, this equates to only five beds per 10,000 Indians. According to the Economic Survey 2020-21, India is ranked 179th out of 189 nations in terms of government health spending (comparable to donor-dependent countries such as Haiti and Sudan). Recent health-care changes are based on the market and insurance, leaving a big care vacuum. It is incredibly difficult for the impoverished to obtain basic health care in this situation.

## LACK OF DATA AND INFORMATION TRANSPRENCY

There is substantial evidence that COVID-19 mortality in India are grossly underestimated, with estimates ranging from three to ten times lower. The death rate has been calculated in media reports from states such as Uttar Pradesh, Madhya Pradesh, Gujarat, and Bihar, but does not include people who have died from co-morbidities, for example.

A parliamentary committee study from November 2020 indicated that the data gathering system "failed to produce complete, timely, and accurate data on newly tested persons," according to the report.

**Shrinking Civil Society Space:** In November 2020, India changed its foreign aid guidelines, affecting the operations of civil society and humanitarian organisations. Charitable organisations must now get certifications with notary stamps and create bank accounts with the government-owned State Bank of India in order to collect international money. Many regard such limits and procedures as repressing political opposition and, as a result, limiting civil society actors' ability to speak out.

## WIDER GOVERNANCE CONCERNS

Relationships between national and state governments are deteriorating, particularly with party administrations opposing party rule at the federal level, resulting in greater policy stagnation. One example is the introduction of a vaccine, which required states to purchase significant quantities of their supplies without any financial assistance at first. During the second wave, several states, including Maharashtra, Tamil Nadu, and West Bengal, have complained about a lack of vaccine and oxygen supply. In May, Delhi was one of the worst-affected areas, with an average daily supply of oxygen of 976 MT and a daily supply of 393 MT. Despite the fact that the national government doubled the daily supply quota 500 MT.

## MISSING PRIORITIES

The Central Government has committed funding for the Central Vista Redevelopment Initiative, an ongoing project to rebuild Central Vista, India's Union Territory of New Delhi, amid the Second Wave Crisis and Health Sector Funds. In fact, the plan calls for the region to be redesigned with public museums, a new parliament building, and other amenities. During the Kovid-19 epidemic, the National Government was harshly chastised for sponsoring the Central Vista redevelopment project. Meanwhile, it is critical for the federal government to provide appropriate funding for medical facilities in the states and to refrain from spending on non-essential projects such as the Central Vista redevelopment.

## FINDINGS OF THE STUDY

- Despite the fact that several scientists warned that illnesses were on the rise in February 2021, the national government did nothing to prepare for the second wave. The government's public health communication was a mixed bag, being inadequate in explaining the risks and failing to stop the second wave.
- Response steps must be taken in the short, medium, and long term. Short-term measures should prioritise immediate relief, critical care, and equitable and universal vaccine distribution, while medium- and long-term measures must establish robust processes to deliver effective responses, guarantee basic needs, and protect rights such as the right to protest and dissent. Existing bodies can be enabled to work independently, and new advisory bodies with competence can be established to monitor human rights violations.
- The second wave resulted in a high rate of mortality among Indians. It is expected to exacerbate the negative effects observed during the first wave. In terms of healthcare and livelihoods, vulnerable and marginalised people, such as informal migrants and those living in rural regions, have been struck the hardest. Vulnerable groups such as the elderly, single mothers, pregnant women, individuals with disabilities, children, and marginalised communities such as Dalits, tribal, and migrant populations require special relief measures.
- The incidence and scale of the second wave were exacerbated by systemic issues that compounded its effects, such as gross neglect and underinvestment in the public health system. There is an urgent need to rapidly scale up oxygen capacity, ensure essential emergency and critical care, and stabilise the supply of medicines and medical equipment.
- At the global level, vaccine equity is urgently needed to prevent future waves in India and other LMICs. The WTO should follow calls to waive intellectual property rights for COVID-19 vaccines so that vaccine production can be decentralised, and production capacity can be ramped up.
- It is possible to learn from what has already been done and scale it up if necessary. While India's situation remains dire, numerous inspiring examples of quick response have surfaced from the country.

## MEASURES TO COMBAT COVID-19

### Short-term measurements

- Enable vaccine justice by waiving intellectual property rights and improving global COVID-19 vaccine equity: At the current COVID-19 immunisation rate, it will take 8.7 years for 70 percent of Indians to get vaccinated. The world must decentralise vaccine manufacturing; it cannot rely on just three or four countries since any vaccine-producing country can be forced to close down. As a result, urgent action must be made to halt the spread of COVID-19 mutations and end the epidemic in order to achieve vaccine equity proposals to temporarily ease the patent protection of COVID-19 vaccines, treatments, and testing (eg intellectual property waiver).
- "One Tender, One Nation" Vaccine Collection Policy: The Indian government is now emphasising on vaccine procurement and free distribution to state governments. The function of vaccine-based private sector governance should be limited by state authorities. For the acquisition and supply of vital drugs, similar procedures can be taken. States and municipal governments may assist clinical management with instructions to guarantee that public health authorities respond effectively. This avoids stockouts, as was the case with medications like Remdecivir and Dexamethasone during the second spike.
- Eliminate the digital gap by decentralising vaccination distribution. The digital divide in India is being revealed by a vaccination competition. From May 1, 2021, the Indian government has made all people over the age of 18 eligible for the coronavirus vaccine in phase 3 of the mass immunisation campaign, although

shortages have hampered the third phase of India's vaccine programme. "No internet, no immunisation," according to the Covin website's online registration for the vaccine. To ensure universal immunisation, door-to-door vaccination programmes and walk-in vaccine clinics should be expanded. State governments can propose context-specific methods to guarantee that the immunisation campaign reaches the most disadvantaged and marginalised people.

- The Ministry of Health and Family Welfare (MoHFW) must accelerate the quick expansion of life-saving COVID-19 treatment while maintaining other key health services. In the immediate term, the health system must focus on Kovid-19 treatment while managing other critical services. Increased oxygen capacity, basic emergency and critical care, and medicine supply stability, such as dexamethasone, are all urgently needed.
- Political prisoners must be freed on home arrest or under house arrest.ted severe patients to health centres due to the severity of the pandemic and the dangers of COVID -19 in crowded prisons.

**Long-term measurements:** Increase public spending on health care: Increase public spending on health care from 1% to 2.5 percent to 3% to reduce the overall cost of health care from 65 to 30%. It's yours to spend. In the long run, the government must move toward universal health care, which will need a reconsideration of the current health-care model.

The existing system of government funding for social services is centred on the market, which perpetuates inequality and places a tremendous burden on the poor. Instead, the government may examine alternative models, such as a combination of public service and social insurance, and focus on universal health care.

- Increase universal social protection for the poor, marginalised, and vulnerable: The national government should continue to empower states to extend universal and portable social protection measures to the poor, migrants, and informal sector workers. The Public Distribution System, Cash Transfer, National Social Assistance Program (NSAP), and MGNREGA are vital for emergency use during natural disasters and epidemics. The policy response should start with enhancing these existing programmes, and integration is one way to do so.
- Take into account the special demands of informal sector employees and boost public support for them: Migrant workers working in the informal sector face numerous dangers, including lack of access to the public distribution system, social marginalization, insufficient access to health care, housing, and laundry facilities, and economic uncertainty. Women who work as migrant labourers are also more likely to be subjected to abuse and harassment. The failures of the social protection architecture based on fixed residence and non-portable entitlement are highlighted by immigrant desertion during a statewide lockdown. To preserve the rights of the deceased, develop legislative provisions or laws.

# CONCLUSION

This research study focuses on the deterioration of the institutions that support Indian democracy, particularly in the areas of welfare, health, planning, and science. Future preparations should include bolstering democracy through institutions that are not subject to political pressure. Furthermore, the executive and judiciary must remain apolitical and serve the interests of all Indian citizens, particularly minorities. During and after the pandemic, the Indian state must uphold the human rights of all Indian people (particularly minorities, critics, activists, and marginalised groups).

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