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Title: The Minister of Health and Family Welfare made a statement regarding Covid Pandemic and the steps taken by the Government of India.

THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES (DR. HARSH VARDHAN): Hon. Speaker, Sir, thank you for giving me this opportunity. ...*(Interruptions)*

I have briefed this august House on two earlier occasions, once in February and again in March this year on the COVID-19 pandemic. ... *(Interruptions)*. I would again like to brief the hon. Members on the current situation of COVID-19 pandemic and the actions taken by the Government of India.

Since my last briefing, the World Health Organization declared COVID-19 a pandemic and asked all countries to take urgent and aggressive action against this public health crisis.

As on 11th September, 2020, 215 countries/territories worldwide are affected. As per WHO, there are more than 2.79 crore confirmed cases across the world with more than 9.05 lakh deaths, with a case fatality rate of 3.2 per cent.

As on 11th September, 2020, a total of 45,62,414 confirmed cases and 76,271 deaths with a case fatality rate of 1.67 per cent have been reported in India. ...*(Interruptions)*. As many as 35,42,663 cases, that is, 77.65 per cent have recovered. The maximum cases and deaths have been primarily reported from Maharashtra, Andhra Pradesh, Tamil

Nadu, Karnataka, Uttar Pradesh, Delhi, West Bengal, Bihar, Telangana, Odisha, Assam, Kerala and Gujarat. All these States have reported more than one lakh cases. With our endeavour to manage COVID-19 through a whole of Government and whole of society approach, India has been able to limit its cases and deaths to 3,328 cases and 55 deaths per million population respectively, which is one of the lowest in the world as compared to similarly affected countries. ...(*Interruptions*)

Many of the epidemiological parameters such as mode of transmission, subclinical infection, period of virus shedding, role of immunity etc. are still being researched. Once a person is exposed to the infection, the disease may develop any time between 1-14 days. The main symptoms of COVID are fever, cough and difficulty in breathing. ...(*Interruptions*). In our country, about 92 per cent of the cases ... (*Interruptions*)

माननीय अध्यक्ष : माननीय मंत्री जी आपका वक्तव्य बहुत लम्बा है, सदन भी सहमत है, आपके वक्तव्य को हम ले करा देते हैं, सभी सदस्यों को बांट देंगे। वक्तव्य की मुख्य बातें बोलने के बाद ले करा देते हैं।

DR. HARSH VARDHAN: Sir, I feel that this is a very important issue and each and every Member should be apprised and I think they should have a total thorough knowledge ...(*Interruptions*)

माननीय अध्यक्ष : आपका पूरा भाषण सभी को बांट देंगे, आप इसमें से मुख्य बातें बोल दें।

DR. HARSH VARDHAN: Sir, I will try to finish in 10-15 minutes. You have given so much of time for other things also. ...(*Interruptions*).

Many of the epidemiological parameters such as mode of transmission, subclinical infection, period of virus shedding, role of

immunity etc. are still being researched. Once a person is exposed to the infection, the disease may develop any time between 1-14 days. The main symptoms of COVID are fever, cough and difficulty in breathing. ...(*Interruptions*). In our country, about 92 per cent of the cases are reported to be having mild disease. In only about 5.8 per cent of cases, oxygen therapy is required and the disease may be severe enough to require intensive care in only about 1.7 per cent cases.

The increasing magnitude of this outbreak in India called for a pre-emptive, pro-active, graded, whole-of-Government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

The Government of India undertook the COVID-19 challenge with the highest level of political commitment. The nationwide lockdown, a bold decision undertaken by the Government duly involving community, initiated as self-imposed Junta Curfew as per the call given by hon. Prime Minister is testimony to the fact that India has collectively stood up to manage COVID-19 and successfully blunted the aggressive progression of COVID. It has been estimated that this decision prevented approximately 14 lakh to 29 lakh cases and 37,000 to 78,000 deaths....(*Interruptions*) Further, these four months were utilised to create additional health infrastructure, enhance human resource and produce within India critical elements such as PPEs, N-95 masks and ventilators. A case in point is increase in dedicated isolation beds 36.3 times and dedicated ICU beds above 24.6 times to what existed in March, 2020. Whereas there was no indigenous manufacturing of PPE, with the requisite standards, at that point in time, we are now self-sufficient and, in a position, to even export the same. On behalf of our countrymen, I take this opportunity to congratulate our hon. Prime

Minister, Shri Narendra Modi, who personally continues to monitor the situation and provides his leadership. ...(*Interruptions*)

Government of India has initiated a series of actions to prevent entry of the disease and to contain it. I am daily reviewing the situation. Honourable Prime Minister himself has interacted with the Chief Ministers of all States and UT Administrations and all stakeholders to regularly understand issues and collaborate with the States for effective Covid management. The Group of Ministers under my Chairmanship consisting of Minister of External Affairs, Minister of Civil Aviation and Minister of State for Home Affairs, Minister of State for Shipping and Minister of State for Health and Family Welfare have met 20 times since its inception on 3rd February, 2020. The Committee of Secretaries under the Cabinet Secretary has taken regular reviews with all related Ministries of Health, Defence, External Affairs, Civil Aviation, Home, Textiles, Pharma, Commerce and other officials including State Chief Secretaries....(*Interruptions*)

Under the overall guidance of the hon. Prime Minister, the Ministry of Home Affairs, Government of India has constituted 11 Empowered Groups on 29th March, 2020 on different aspects of COVID-19 management in the country to take informed decisions on issues ranging from (i) medical emergency planning, (ii) availability of hospitals, isolation and quarantine facility, disease surveillance and testing, (iii) ensuring availability of essential medical equipment, (iv) augmenting human resource and capacity building, (v) supply chain and logistic management, (vi) coordination with private sector, (vii) economic and welfare measures, (viii) information, communications and public awareness, (ix) technology and data management, (x) public grievance

and (xi) strategic issues related to lockdown....(*Interruptions*) These Groups have recently been restructured on 10th September based on the need and evolving scenario....(*Interruptions*)

My own Ministry is constantly reviewing the evolving scenario. Video conferences are being held with States regularly. We have held 63 video conferences so far with State Health Ministers, Health functionaries and district level officials. The Joint Monitoring Group (JMG) under the Chairmanship of Director General, Health Services which advises the Ministry on technical matters has met 40 times till now to assess the risk, review the preparedness and response mechanisms and finalise technical guidelines.

The Government of India, based on its experience of successfully managing pandemics and epidemics in the past, provided the requisite strategy, plans and procedures to the State Governments and UT Administrations. This includes containment plans and guidelines on a wide range of subjects related to travel, behavioural and psycho-social health, surveillance, laboratory support, hospital infrastructure, clinical management, rationale use of Personal Protective Equipment (PPE) etc. including inspirational guidance for healthcare personnel.

Government of India has also taken several other measures to contain/suppress the transmission of Covid. First Travel Advisory was issued on 17th January, 2020 and as situation evolved, the travel advisories were revised in a graded manner. Universal screening of passengers from all countries was introduced and up to 23rd March, 2020 (till suspension of all commercial flights), a total of 14,154 flights with 15,24,266 passengers were screened at the airports. In addition to airports, about 16.31 lakh persons were screened at land border

crossings and about 86,379 persons were screened at 12 major and 65 minor sea ports.

Presently, Government of India has advised no scheduled international commercial passenger aircraft be allowed to take off from any foreign airport for any airport in India, from March 22, 2020 except under Vande Bharat Mission on May 7th 2020, which aims to bring home stranded Indians in many countries due to Covid-19 pandemic. Temporary air travel arrangements (Transport Bubbles) between India and 9 other mutually consenting countries aimed at restarting commercial passenger services have commenced. They are reciprocal in nature, meaning airlines from both countries enjoy similar benefits. Guidelines for International arrivals have also been issued by the Ministry on 24th May, 2020, which were revised on 2nd August, 2020.

Prior to the lockdown 1.0, Government of India evacuated Indian nationals from Wuhan in China, Diamond Princess Cruise Ship, Japan, Iran, Italy and Malaysia. Under Vande Bharat Mission, as reported on 11th September, 2020, a total of 12,69,172 passengers have been brought back to India.

Community surveillance was initiated initially for travel related cases and subsequently for cases being reported from community by Integrated Disease Surveillance Programme (IDSP). As on 11th September 2020, a total of about 40 lakh persons have been kept under surveillance and extensive contact tracing of all positive cases is regularly being undertaken through disease surveillance network so as to break the chain of transmission.

Ministry of Health & Family Welfare released containment plans to contain cluster and large outbreaks on 2nd March and 4th April, 2020 respectively and these plans were updated from time to time. The containment plans envisage a strategy of breaking the chain of transmission by (i) defining containment and buffer zones, (ii) applying strict perimeter control, ...(*Interruptions*)

माननीय अध्यक्ष: माननीय मंत्री जी, आपके वक्तव्य को सदन के पटल पर रख दिया मान लिया गया है। सभी माननीय सदस्य सहमत हैं?

अनेक माननीय सदस्य: हां।

***DR. HARSH VARDHAN:** (iii) Intensive active house to house search for cases and contacts, (iv) isolation and testing of suspect cases and high risk contacts, (v) quarantine of high risk contacts, (vi) intensive risk communication to raise community awareness on simple preventive measures and need for prompt treatment seeking and (vii) strengthening of passive Influenza Like Illness (ILI)/ Severe Acute Respiratory Illness (SARI) surveillance in containment and buffer zones.

With the evolving scenario, laboratory network is continuously being strengthened. From a situation of a single laboratory equipped to undertake testing for Covid in January, presently 1705 laboratories are conducting COVID-19 Testing. Laboratories have been established in difficult terrains like Ladakh, Sikkim, Arunachal Pradesh, Nagaland as well as other North Eastern states, Lakshadweep and Andaman & Nicobar island. Currently the testing is about 1 million tests a day (which translates to 720 tests per million population per day), much higher than that stipulated by WHO which is 140 tests per million population per day. A total of 5,51,89,226 samples have been tested so

far as on 11th September 2020. While there were no indigenous manufacturers of laboratory diagnostics or testing machines for Covid, today we have an indigenous production capacity of more than 10 lakh kits/day.

For appropriate management of COVID-19 cases, a three tier arrangement of health facilities [(i) COVID Care Centre with isolation beds for mild or pre-symptomatic cases; (ii) Dedicated COVID Health Centre (DCHC) with oxygen supported isolation beds for moderate cases and (iii) Dedicated COVID Hospital (DCH) with ICU beds for severe cases] has been implemented. Tertiary care hospitals under ESIC, Defence, Railways, paramilitary forces, Steel Ministry etc. have been leveraged for case management.

As on 12th September, 2020, a total of 15,284 COVID treatment facilities with 13,14,646 dedicated isolation bed without O₂ have been created. Also, a total of 2,31,093 oxygen supported isolation beds and 62,717 ICU beds (including 32,575 ventilator beds) have been created. Constant monitoring of the disease trend, analysis of available infrastructure and planning in advance for the future has averted a major crisis as was faced by many developed countries. In addition, a total of 12,826 quarantine centres with 5,98,811 beds have been created.

Guidelines on Clinical management of COVID-19 were issued and regularly updated & widely circulated. These include case definition, prevention of infection control, laboratory diagnosis, early supporting therapy, management of severe cases and complications. No specific antivirals have been proven effective so far. Symptomatic treatment for fever and cough, appropriate rehydration, supplemental oxygen therapy remains the mainstay of treatment. We have re-purposed the drug

Hydroxychloroquine for mild (but high-risk cases) and for moderate cases. This was done with limited scientific evidence but well acknowledging that this drug has been used widely in India for other ailments where it is used for prolonged periods of time, with good safety profile.

In addition, provisions for investigational therapies has also been made for using Remdesivir, Convalescent plasma and Tocilizumab for managing severe cases under close medical supervision.

With the intent to ensure dissemination of these standard treatment protocols and reduce mortality to maximum extent, a number of initiatives have been launched. An AIIMS Corona helpline 9971876591 has been started to guide the doctors on medical management. AIIMS Delhi is running the COVID-19 National Tele-consultation Centre (CoNTeC) which can be reached by calling +91-9115444155. It is catering to doctors, from anywhere in the country, who want to consult AIIMS faculty for the management of COVID-19 patients, as well as to the public in general. Telemedicine guidelines have been issued on 25.03.2020 to provide tele-consultation to patients for mitigation of their illness and prevention of crowding in clinics. It may also help in triage, treatment and counselling for care of ill patients by healthcare providers in areas with limited access.

A clinical Centre of Excellence (CoE) initiative has also been launched by Ministry of Health & FW with AIIMS, Delhi as apex nodal institution and State level CoEs to provide guidance on clinical management protocols. Weekly webinars are being organized by AIIMS to guide these State level CoEs on crucial clinical issues that doctors

may require guidance on managing Covid cases. These State level CoEs are expected to further disseminate these in their districts.

To ensure accessibility of quality treatment for both Covid and non-Covid health issues, to far flung areas, use of telemedicine has been promoted in a big way. 'eSanjeevani', a web-based comprehensive telemedicine solution is being utilized (in 23 states) to extend the reach of specialized healthcare services to masses in both rural areas and isolated communities.

ICMR is establishing a National Clinical Registry on COVID that will provide insights into clinical course of COVID-19 disease, its spectrum and outcome of patients.

Thirteen clinical trials of repurposed drugs and harnessing of traditional knowledge using the modern medicine approach are building a portfolio of therapeutic options for Covid-19 patients. Phase 2 clinical trial of immunomodulator Sepsivac has been completed successfully. Phase 2 clinical trial of the first-ever phytopharmaceutical ACQH is underway. One prophylactic trial of Aswagandha and three trials of Guduchi + Pippali; Yashtimadhu; and polyherbal AYUSH drug (AYUSH-64) are planned on moderately ill Covid19 patients.

An effective vaccine would be the sure shot tool in armamentarium against this disease. On this front, globally, there are around 145 candidate vaccines in preclinical evaluation and currently 35 vaccines in clinical trial. In India, a major focus has been on facilitating the development of COVID19 vaccine. More than 30 vaccine candidates have been supported which are in different stages of development, 3 candidates are in advanced stage of Phase I/II/III trials and more than 4 are in advanced pre-clinical development stage.

COVID19 Biorepositories have been setup, which have collected more than 40,000 samples which have been made available to researchers and industry for developing diagnostics, therapeutics and vaccines.

To coordinate procurement and distribution of Covid vaccine, Government of India has constituted a National Expert Group on Vaccine Administration for COVID-19 on 7th August, 2020, under the Chairmanship of Member (Health), NITI Aayog.

Ministry of AYUSH has contributed through various measures for the management and mitigation of Covid-19. The Ministry recommended guidelines of self-care for preventive health measures and boosting immunity. Ministry of AYUSH has also issued health advisories from different systems of medicine on prophylaxis and immunity promotion which was translated into eight foreign languages and circulated to Indian Embassies. Various AYUSH Hospitals were designated as quarantine centres, isolation centres, Covid Care Centres and Covid Health Centres. Around 8.5 lakh Ayush healthcare professionals have been registered on covidwarriors.gov.in. Ministry of AYUSH has formed an “Inter-disciplinary AYUSH R&D Task Force”. The Task Force has formulated and designed clinical research protocols for AYUSH prophylactic studies and add-on interventions in COVID-19 positive cases. AYUSH-CSIR collaborative studies were initiated with AYUSH medicines for prophylaxis/treatment. A largescale population-based study through AYUSH Research Councils and National Institutes under the Ministry on prophylaxis of AYUSH interventions in targeted populations in containment zones is underway. Ministry of AYUSH has also initiated impact assessment of effectiveness, acceptance and usage

of AYUSH advisories & measures in prevention of COVID 19 through a mobile application app known as AYUSH-Sanjivani app.

States have been requested to assess the stock of their logistic, particularly Personal Protective Equipment and procure the same. Total orders for 1.92 crore PPEs have been placed by the Central Government so far. The Ministry has already supplied 1.39 Crore PPE Kits and 3.43 crore N95 masks to States (as on 11th September, 2020).

Department of Pharmaceuticals increased the production of drug hydroxychloroquine manifold. As on 11th September, 2020, MoHFW has issued 10.84 crore tablets of Hydroxychloroquine to States/UTs. India has also exported it to more than 140 countries.

The Central Government has already issued orders to purchase 60,948 ventilators to meet any contingencies. As on 11th September 2020, 32,109 ventilators have been allocated to States of which 30,170 have been delivered. The country is self-sufficient in oxygen and oxygen cylinders. Ministry of Health & Family Welfare has procured & supplied 1,02,400 oxygen cylinders to various States/UTs so far. In addition, oxygen concentrators are also being supplied to States.

One of the major challenges was to identify and train a large number of Covid warriors across sectors and departments that can be involved in not only COVID related work but also for ensuring maintenance of other essential medical services. Pooling manpower resources has been done from Defence, AYUSH, NCC, NSS, NYK, public sector enterprises, and private sector.

In spite of various constraints and challenges, the Covid warriors rose to the occasion in serving humanity. The country feels indebted to

the doctors, nurses, paramedics, frontline field workers, security and police personnel, sanitary workers, volunteers and journalists who have worked tirelessly to protect our countrymen from Covid. I would request the August House to place on record the appreciation for the yeoman services delivered by them.

There had been instances where healthcare service personnel had to face harassment, acts of violence, intimidation and danger to life during discharge of their duties. To overcome this and support their efforts, Government of India promulgated Epidemic Diseases (Amendment) Ordinance, 2020 on 22nd April 2020.

To build the capacities of human resources including the medical manpower who help managing patients in hospitals; as well as non-medical personnel and field workers involved in surveillance, logistics etc., modules have been made available on iGOT - Diksha (online platform) by DOPT (<https://igot.gov.in/igot/>). The training modules have been translated to regional languages. Close to 29.15 lakh people have registered for various courses. This includes 5,699 doctors, 86,018 AYUSH Professionals, 4,102 Nurses, 963 Allied Health Professionals, 5,881 frontline workers, 2,70,736 volunteers and 25,42,892 other participants. About 18.96 lakh course completions have taken place on iGOT – Diksha platform. Training Resources for medical and non-medical personnel have also been made available on the website of Ministry of Health & Family Welfare.

We have now moved from ‘managing travel related cases’ to containing clusters and large outbreaks due to local transmission to wide spread of infection to urban, peri-urban and rural areas. This would require concerted effort by the Government with people’s participation

to prevent large scale morbidity and mortality. Equally crucial is to maintain the success achieved in management of reproductive maternal and child health, vaccine preventable diseases, non-communicable diseases, tuberculosis, vector borne diseases such as Kala Azar and Malaria. Hence there is an increased thrust for managing non-Covid essential services.

MoHFW website is being updated daily to provide general public with information on current status of COVID-19 spread in India. Regular press releases are being issued and press briefings are being held.

Communication material and toolkits have been developed (pamphlets, poster, audio and AV films) and provided to the States/UTs on COVID-19 disease, preventive steps required to be taken by the communities, handling of myths and stigma related to disease and to widely publicize the helpline numbers available. Communication material is also being hosted on MoHFW website and through social media. Dos and Don'ts are being widely circulated through SMS (550 crore SMSs have been sent). Caller-tune messages are being sent to telecom subscribers in 13 languages and 117 crore subscribers have been reached.

A dedicated call centre / helpline (1075) had been started in the initial days to guide community at large which is being used by the citizens very effectively and on a regular basis. A total of 41.04 lakh calls have been received so far.

Department of Bio Technology, Department of Science and Technology, CSIR and Department of Health Research covered the entire chain of scientific and technological solutions holistically for

COVID-19 through academia, R&D labs, industry, start-ups and NGOs. These solutions include basic scientific studies on the behaviour, transmission and effects of virus, mathematical modelling of the pandemic, and products such as the world class ventilators, diagnostic kits, vaccines, therapeutics, antiviral coatings, disinfectants, PPEs, masks, mobile testing booths and hospitals, artificial intelligence based tools, and information dissemination to masses.

For these purposes, a comprehensive mapping of our entire start-up ecosystem was done to identify and support over 110 technology start-ups and over 20 industries for commercial production. Over 150 projects in all areas of virus behaviour have been initiated.

Government of India is regularly coordinating with WHO headquarters, regional office and country office to get updates on evolving scenario. Government of India has also provided support to other countries in tackling the challenge posed by the Covid. India has played a major role in shaping up G20 and BRICS response to Covid. India is also extending support wherever required to neighbouring SAARC countries.

The Government is proactively identifying gaps and building an Atmanirbhar Bharat that will be able to take challenges of similar pandemics, epidemics and disasters in future. An Expenditure Finance Memorandum of Rs. 65,560.98 Crores under Prime Minister Atmanirbhar Swasth Bharat Yojana for strengthening is under consideration. This includes investment in research, healthcare and public health infrastructure with particular focus on pandemic management.

I would urge all Hon'ble members of Parliament that battle for Covid is still far from over. On one hand, when we are in stage of Unlock so as to revive economy, and have a balanced approach, it is important that sustained community support is ensured consistently to control the spread of Covid infection & break its chain of transmission.

Your support is crucial to create awareness in your respective constituencies for Covid Appropriate Behaviour. The simple public health measures of wearing of mask/face covers, frequent handwashing, respiratory etiquettes, and physical distancing “2-gaj ki doori” as a social vaccine, if practiced in a responsible manner, will help us control/suppress the transmission of Covid.

I wish to inform this house that the Government is taking all necessary measures to prevent spread of the COVID in India.

माननीय अध्यक्ष: आइटम नम्बर-6,

श्रीमती निर्मला सीतारमण जी ।

...(व्यवधान)

माननीय अध्यक्ष: इस विषय पर बीएसी में चर्चा होने के बाद तय होगा, उस समय करेंगे, अभी फिर मंत्री जी को दो घंटे और सुनना पड़ेगा ।

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11.44 hrs

DEMANDS FOR SUPPLEMENTARY GRANTS, 2020-2021

Statement