

Ministry of External Affairs

**Opening Statement by Secretary West' s briefing on India's battle with
Coronavirus**

Good evening friends,

Thank you for joining us virtually. I am grateful you accepted our invitation at rather short notice. I have with me our Additional Secretary, Mr. Dammu Ravi, who, as you probably know, is the Chief Coordinator in the Ministry of External Affairs for COVID 19 and also Mr. Anurag Srivastava, who has just taken over as Joint Secretary (XP) and Official Spokesperson.

So why are we having this interaction with all the foreign correspondents based in Delhi? As you report on what is **the** story of the millennium, the novel Coronavirus pandemic sweeping the globe, we thought it would be useful to brief you on India's response to COVID-19 and the world's biggest lockdown. How is it being managed, and what does it mean for a country of 1.3 billion people?

Before I go any further, let me update you on the latest figures in India. As of this morning, there are 5916 confirmed cases; and 178 deaths.

The way we have structured this briefing is that I will make an opening statement to give you factual information on the lockdown, its management, mitigation measures taken, particularly for the most vulnerable segments of our population, and finally what we are doing to contribute to the global effort to

combat this pandemic, leveraging our status as one of the world's most reliable suppliers of essential drugs.

Given the limitations of this medium through which we are engaging--and I must confess I am using it for the very first time--it is possible we may encounter some glitches. I seek your understanding for that. This is also why it is good that some of you have sent questions in advance. I will tackle those first. Thereafter, we will be happy to take questions on the spot.

I will make three broad sets of points today.

The first is the measures taken to reduce the contagion rate of COVID-19.

With the information available to the world since early January both in the public domain and authoritative international sources, India has taken proactive measures. On balance, our effort has ensured we stay ahead of the curve, as this crisis evolved. To be specific, we had put in place:

- Our flight-screening systems started from 17 January, a full 13 days before the first case was detected in India (on January 30);
- Screening and graded travel restrictions, which were increased step by step from mid-January upto March 11, when WHO finally declared COVID-19 to be a pandemic;
- Measures to propagate social distancing, including graded stoppage of international flights and suspension of visas, from March 11.
- And from March 22, we began to phase-in lockdowns, culminating in a full-nationwide lockdown from the night of March 24;

Let me put that in context:

- We started screening **before** even phase-1 of the infection in India. In comparison, Italy started screening 25 days after the first case, and Spain did so 39 days after its first case;
- We started partial lockdown within 52 days of the first case, by which time we had only 451 active cases.
- We moved to full lockdown on the 55th day of the outbreak in India, with only around 600 confirmed cases. Other countries have undertaken full lockdowns only after case loads rose beyond several thousands.

This lockdown was truly unprecedented. It has included, for instance stoppage of over 13,000 railway passenger services a day, for the first time in India's history as a Republic. We also stopped all flight services, most public transport and so on. Even the WHO acknowledged that our public health responses were proactive, pre-emptive and graded.

And yet we maintained continuity of essential services—power supply, water, energy, food products, banking, even delivering essential goods to India's neighbours—at this time.

Such measures were inevitable for India because we had no other realistic choice. It is a measure of the acceptance of this need that all political parties, in all of India's 28 States and Union Territories have enforced the lockdown.

This is because all public authorities in India know that there are immense variations in availability of medical services and infrastructure in India. Therefore, an exponential rise in the infection rate could overwhelm our doctors and hospitals.

The initial results have been positive. Data shows that our lockdown let us:

- a. Upgrade capacity: we have now readied 520 dedicated COVID hospitals, with nearly 85,000 isolation beds and 8500 ICU beds. We also have prepared 5570 additional health facilities, which will bring in another 197,400 isolation beds and a further 36,700 ICU beds.
- b. Innovate to meet needs: upto 40,000 extra isolation beds have been prepared by converting 2500 railway carriages;
- c. Ramp-up production and procurement of essential PPE sets, ventilators and testing equipment. Our current target is 17mn PPE sets, N95 Masks; as well as tens of thousands of new ventilators. Our private sector is being fully involved in the quest to make affordable local alternatives. For instance, we now have 32 Indian companies that have started work to produce PPE kits, up from zero at the beginning of the year. We have ensured a six-fold increase in supply of oxygen for medical purposes since February 1, 2020;
- d. Expand production of pharmaceutical supplies, from anti-pyretic tablets to Hydroxychloroquine, to meet domestic needs and start supplying the world.
- e. Scale-up testing: from one laboratory in January 2020, to 223 labs nation wide (157 public labs; 66 private); with over 115,000 samples tested. We are also developing Indian testing kits to meet escalated demand for more liberalized testing. And we have developed the necessary related capacities to use the data generated from testing, including through rapid response teams that will take forward contact-tracing, the use of GIS-based programmes to enhance surveillance, and so on.
- f. Upgrade medical support skills, in public-private partnership. And advisories about the disease and mitigation measures have gone out using social media, through over 5.5 billion SMSs etc;

But most importantly, epidemiologically speaking, the lockdown has reduced the reproductive rate of the virus here. Scientific estimates suggest that without social distancing measures, the reproductive rate would have been 2.5 people

per day, but with the lockdown, we have been able to reduce social exposure by over 75%, leading to an infection rate of around 0.625 persons per day.

Let me put this another way: without the lockdown, we could have had upto 820,000 cases by 15 April. With the lockdown, we are at around 6,000 cases currently. More importantly, the cases are largely localized to 78 districts that account for over 80% of the cases.

My second set of points is about measures to mitigate the socio-economic costs of this lockdown.

It is not our case that the lockdown of this diverse nation has been easy or without socio-economic costs.

For example, despite public assurances and exhortations from States and at the Central Government, we could not forestall reverse migration from cities, especially in parts of north and west India. This started several days after the lockdown was initiated.

But in response, nearly 28,000 relief camps and shelters have been set up, with relief being provided by State Governments to 1.25 million people. Industry and NGOs have been involved too: a further 36,000 people are being provided shelter by them. Nationwide, 20,000 food camps are being run, with upto 7.5 million people being fed every day.

Management of the lockdown and the repercussions of it are being monitored minutely by the Prime Minister personally several times a day. There is a continuous process of engagement with Chief Ministers, and below that, with State Health Ministers.

A Group of Ministers has been constituted to review and monitor the contagion and responses in this regard. A Committee of Secretaries is coordinating our responses nationwide. And eleven Empowered Groups have been set up for an integrated, all-of-Government response, including to bring on board civil society wherever feasible. A National Task Force of eminent public health and medical experts has been set up to guide our national strategy.

In terms of mitigation:

- The Prime Minister's *Garib Kalyan* (Welfare of the Poor) Package sets out **US\$ 22bn** to alleviate the situation of the poor and vulnerable, including farmers and labourers.
- This includes insurance for 220,000 health care workers (operationalized since 30 March).
- Food relief measures are being implemented, to provide free foodgrain and lentils for 3 months to **800 million** people—delivery has already started and should be completed within this month.
- LPG cylinders will be provided to 80 million poor households. Delivery is also underway.
- Funds are being transferred through our direct cash transfer schemes to poor senior citizens, differently-abled people, and to indigent widows. Some 28 million people have received the first tranche of payments. Impoverished women holding Jan Dhan Programme accounts are also receiving funds through these direct transfer schemes.

I also want to add here the fact that our States are also helping address the problems faced by a large number of foreign guests stranded in various parts of India. For instance, hundreds of South Asian friends already in India prior to the lockdown, for medical treatment, were unable to return home. Our States have not only ensured that in most cases, people can stay on in their hospitals

or lodges free of cost, but they have also offered simple cooked meals to such stranded persons.

It has been heartening to see how positively the nation has responded to the lockdown, recognizing the compulsions and the challenge before India. People responded enthusiastically to Prime Minister's call to demonstrate appreciation to health workers, and again to light lamps of hope. Indeed, recognition of the seriousness of the challenge can be gauged by the fact that Indians at every level of society are doing their best to follow instructions, as can be seen by the wide usage of masks.

My third set of points is what we are doing in partnership with the world to fight this international pandemic.

As you know, we have worked to mitigate the spread of this crisis in our neighbourhood. At an extraordinary SAARC leaders' Summit over videoconference on March 15, Prime Minister set out a series of measures including a commitment to provide upto US\$ 10 mn toward health assistance. We have been able to deliver medical supplies and assistance, where sought, to Maldives, Sri Lanka, Nepal, Bangladesh and Bhutan, and are in the process of preparing packages of medicine and other needed commodities for Nepal and Afghanistan. We have also undertaken to provide medical commodities to Myanmar, Seychelles, Mauritius in our extended neighbourhood, but also to Italy, Iran and China at the height of the crisis in those countries as well.

And in keeping with our standing as a major and responsible provider of pharmaceutical products to the world, on April 6, we cleared commercial and aid supplies of key pharma products not only to partners like the US, Spain, Brazil and Israel, but also to another 25 countries in our neighbourhood, in

Africa and in Latin America and the Caribbean. In future too, we will examine all requests for such supplies on a case by case basis.

All of these steps have been undertaken after ensuring that we have capacity to address our own needs, while at the same time being mindful of the commercial commitments of our companies and the needs of other citizens of the world, at this time of great humanitarian stress.

At the same time, we are committed to the larger international effort to find both a vaccine and to improve treatment protocols. We are ready to contribute to research in the quest for a vaccine; to make any such candidate vaccines at mass scale and at affordable price points; as well as in the production of affordable medicines to treat the disease.

We are also prepared to work with our international partners to ensure that the international organizations that serve as both global control towers and repositories of best practice, are suitably upgraded to help humanity address future global challenges better than this pandemic has been handled.

Finally, my last set of points relate to the way forward.

While it is not possible to forecast what steps we may need to take in future, India will continue to take all possible measures to reduce the spread of this contagion. Domestically, we will continue to focus on 'over-preparedness' at the district level, and continued focus on surveillance, contact tracing and patient management. This includes enhancing supply of isolation beds, ICU beds, ventilators and PPE sets, but also in increasing availability of dedicated hospital space and training. All measures will be taken recognizing the unique vulnerabilities of India's large and diverse population, and in a manner that

protects and preserves India's democratic tradition and institutions, while securing the public health of the greatest number of our citizens.

At the same time, India remains fully seized of the shared nature of this global challenge. We know that it is not possible for only one country to recover from the crisis: the interconnected nature of our world requires us all to cross the line together.

Thank you.

And now I am ready to take your questions.