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EDITORIAL

IN ABSENCE OF DATA, THE QUESTION IS HOW WOULD ECONOMIC PACKAGE EMPOWER THE POOR

Prime Minister Narendra Modi in the month of May this year announced a Rs 20 lakh crore package for the revival of the Indian economy. Wary of the fact that his government is seen to be pro-rich and has come in for criticism for the not able to take care of the poor, especially the migrant labour population, during the Covid lockdown, the Prime Minister was particular in assuring that the relief package would empower one and all and will not be "trickle down". He claimed it would cover all sections from the word go.

Soon after the Prime Minister Narendra Modi's address, opposition Congress said the address "failed to address woes of millions of migrant workers." While the details are awaited as the package details announced by Finance Minister Nirmala Sitharaman would need to be deciphered, but the Prime Minister's mention about for the street vendors must have come as a big relief for a major section of the urban poor and people who form a very important clog in our economy.

The mention about street vendors was important, as the informal sector has been worst hit by the drastic consequences of the Covid pandemic. Though the government figures may differ, the social sector organisations working in the sector, claim that the informal sector workers constitute 93% of the workforce. During the lockdown several of these workers have been pushed towards destitution, as evident from the images and reports of misery of migrant population from across the country.

According to industry estimates around 44 crores workers in the country are in occupation such as domestic helps, daily wage workers, construction workers, brick kiln workers, manual scavenging workers, home based workers, entertainment industry workers, street vendors, auto rickshaw workers, auto goods carrier workers, service industry workers particularly food and hospitality sector, restaurant workers, gig economy workers like delivery boys, radio cab drivers and waste pickers, and now not to forget the newspaper hawkers.

Of these, the street vendors form the biggest and most diverse group. It includes the vegetable and fruit vendors, the cooked food vendors, ice cream vendors, the general utility items vendors (those who throng the weekly markets), roadside barbers, tailors and cobblers among others. Except for those in the business of vending vegetables and fruits rest all have taken a big beating.

The challenge before the government, whatever the amount of money to be sanctioned for the rehabilitation of informal section, is reaching out directly and, as the Prime Minister himself said, not waiting for the trickle- down effect. In the past six years, the country missed on the opportunity to structure the informal sector by failing to implement the Street Vendors Act passed in 2014.

The fallout of lethargy of the state governments in implementing the Act is that today we have a big gap in the number of street vendors actually present and the numbers issued license. The situation is actually very pathetic in the metropolitan and big cities, where the local municipal organisations and the state governments have cared two figs for implementing the act. According to figures issues by the

National Association of Street Vendors of Indian (NASVI), in Mumbai alone there are 2.5 lakh street vendors, none with a license under the new act.

The story is same in the national Capital, where there are 4.5 lakh vendors and none having a license. In Ahmedabad there are 1.25 lakh vendors, none with license, similarly Kolkata 1.5 lakh vendors and none with license.

The cities down South are somewhat better with Chennai having issued license to 28000 of its estimated 88000 vendors. Bengaluru has issued licenses to 15400 out of 1.25 lakh vendors. Hyderabad is similarly placed with license to 14500 out of the 100,000 street vendors. The best performance is by centrally-administered Chandigarh, which has issued license to 21622 vendors out of an estimated number of 30000.

What's more worrisome, is the whack of the administration which comes raining down on the vendors as soon as a measure like lockdown is taken. On the same day that the Prime Minister mentioned about street vendors, a video clip of a vegetable vendor's cart being upturned in Meerut was going viral. "Include the vegetable and fruit vendors in essential service. Registered food vendors should be allowed to vend in colonies," says Arbind Singh, national convenor of NASVI on the possible way out.

How else the government can reach out to this particular section, which has such substantive social presence and crucial to the revival of economy. We have some existing data with the government which could be put to use.

To establish 'identity', one could look at the data of those holding BPL and APL cards. Then such workers possessing 'construction worker welfare board card' could be identified for giving the benefits. Similarly, street vendors possessing identity cards or licence for vending or surveyed, those booked for vending without license, trained by government organisations National Skills Development Council and FSSAI, could be made beneficiary. Auto rickshaw and goods carrier vehicle drivers possessing driving licence could be given the benefit.

The government could also use the data of the members of the various labour and trade unions to contribute to the making of its own data for beneficiaries. The challenge would, however, still remain to cover such workers who are not covered under any of the above-mentioned data bases or if covered migrate seasonally in search for livelihood. The latter constitute as large number, as evident from the reverse migration from the urban centres. The government has shown the intent but must also showcase the wherewithal to implement the intent.



Sidharth Mishra

S E C R E T A R Y ' S D E S K

This is the second edition of *The Discussant* which is being brought out amidst very challenging situations. There was a lockdown worldwide as the globe has been invaded by disease causing virus Covid-19. Though the process of unlocking has started, the signs of the pandemic being on wane is nowhere in sight. It would be sometime before the threat of the virus is fully erased. There is no doubting the fact that as and when the pandemic subsides, there would be plenty of study commissioned in the different disciplines on how the world coped with the threat and how the way of life too altered under the extra-ordinary situations.

Keeping this in mind, the editorial board of *The Discussant* has decided to dedicate a few issues of the journal to the emerging field of Covid Studies. Towards this end, the last edition focussed to bring out a repository of selected articles covering four fields - economics, agro issues, social/political issues and health, published in different newspapers and news portals. The reading of these articles introduced us to the beginning of Covid Studies.

For this edition, we commissioned a project in association with the Vivekananda Institute of Professional Studies (VIPS), Guru Gobind Singh Indraprastha University, New Delhi under which a number of research articles on the Covid related topics were written. All these articles were reviewed as per our policy and thereafter approved for publication. This could well be the first exercise of its kind in the emerging field of Covid Studies.

This is part of our endeavour to establish high bench marks for scholastic research. It's with great humility and also sense of achievement that we acknowledge that *The Discussant* is in its 8th year of regular publications and among its various achievements have been successful audition by an international agency for impact factor - International Scientific Indexing.

With equal humility we share the information that *The Discussant* was shortlisted by the Library of the US Congress as part of its India Collection and in due course awarded the LCCN (Library of Congress Control Number) and also will be catalogued online. In these years, this journal has proved to be an asset in promoting research among young scholars across the universities, and what better recognition for our effort than the one coming from the US Congress. *The Discussant* indeed has come to be recognized as journal of honest endeavour.

We have completed seven years of unbroken publication of *The Discussant* as an RNI registered quarterly periodical. We had received the ISSN accreditation a year earlier. I am happy to share with you that our online edition too is crossing new frontiers and getting accessed from new territories, which gives our writers a global exposure unthinkable for any journal of our vintage. The online edition too has been successfully audited for impact factor. We continue with our endeavours to partner in intellectual exercises.

I have repeatedly mentioned in reports at the beginning of the various past editions, the members of Centre for Reforms, Development and Justice including Centre president, self and other members have taken up academic activities in the right earnest participating in seminars and deliberations of national importance. We welcome young scholars to associate with us with ideas and proposal for an intellectual enterprise, where we can join hands.



Dr Sanjeev Kumar Tiwari

India's Soft Power Diplomacy Under Modi

Dr. Niranjana Chichuan*

ABSTRACT

Ever since Joseph S. Nye Jr coined the term “soft power,” several countries in the world began to embrace the approach in their foreign policies including India. To boost its reputation internationally, India has been projecting soft power image in its diplomacy since 2006. However, unlike his predecessors, Narendra Modi desires to promote India as a reliable economic and military partner by showcasing its soft power assets in the eyes of other states. This reflects from his diplomatic visits to several nations where he usually emphasizes on soft power elements like Buddhism, Yoga, Diaspora, Space Technology etc., and the present Government has successfully achieved in institutionalizing Yoga as a global soft power. However, the larger goal of soft power diplomacy is making India into a large investment destination, thereby contributing to its economic and military power (Hard Power) as well. The article explains how the government has eager to exploit its soft power assets in the face of power shifts in the international politics to fulfill its foreign policy objectives.

Key words: Soft Power, Diaspora, Buddhism, Yoga, Space Technology

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INTRODUCTION

For Joseph S. Nye Jr soft power is when ‘one country gets other countries to want what it wants’.¹ Thus, soft power emerged as a race to compete for dominance in International Politics by attracting other countries to admire the culture, political values and foreign policy. India is widely regarded as ‘a cultural superpower’, with the history of vibrant parliamentary democracy, human rights, freedom of speech, independent judiciary, non-violence, dynamic civil society² and its rich cultural resources like Bollywood, Diaspora, Religious Diversity, Yoga, Ayurveda, Cuisine, Cricket and recent global successes of Indian Information Technology Firms, Multinational Companies and the growing reputations of institutions like the Indian Institutes of Management and Technology.³ The successful launch of a space mission to Mars in 2013 has also contributed to the development of a new image of India as an economic powerhouse. How have these resource been improving India’s international reputation? Writing in 2003, Indian foreign policy expert C. Raja Mohan said:

*The spiritualism of India has attracted people from all over the world, and its Gurus have travelled around the world selling yoga and mysticism. Bollywood has done more for Indian influence abroad than the bureaucratic efforts of the Government. From classical and popular music to its cuisine, from the growing impact of its writers and intellectuals, India now has begun to acquire many levers of soft power”.*⁴

Indian politician and former UN Under-Secretary-General Shashi Tharoor highlighted how the Indian soft power influencing at global arena:

*“When a bhangra beat is infused into a Western pop record or an Indian choreographer invents a fusion of kathak and ballet; when Indian women sweep the Miss World and Miss Universe contests, or when “Monsoon Wedding” wows the critics and “Lagaan” claims an Oscar nomination; when Indian writers win the Booker or Pulitzer Prizes, India’s soft power is enhanced”.*⁵

In this sense, it can be seen that India has various untouched soft-power elements that gradually influencing the global sphere. When Modi government came to power in 2014, he propagated soft power diplomacy similar to other major powers in the world. The major goal in his foreign policy was to project India’s reputation as a peaceful rising

power and non-threatening unlike China⁶ and thereby attracting trade and foreign investment, technology, tourism, and close ties with its neighbours and great powers. Throughout his foreign visits, he has made a point to address the Indian diaspora and desire to visit religious temples and talked about India's cultural heritage in his speeches.

WHAT IS SOFT POWER?

Traditionally in international politics, military and economic powers were considered the major factors in foreign policy and diplomacy.⁷ After the end of cold war, Joseph S. Nye Jr suggested a new way of exerting power by using attractiveness and subsequently the term "Soft Power" was coined by him in 1990. As a result, many nations begun to identify with their soft power capability and increasingly deployed it in their foreign policy. In 1990 he defined soft power as "when one country gets other countries to want what it wants-might be called co-optive or soft power in contrast with the hard or command power of ordering others to do what it wants".⁸ He also noted that "today, however, the definition of power is losing its emphasis on military force and conquest that marked earlier eras. The factors of technology, education, and economic growth are becoming more significant in international power".⁹ In 2004, he says, "Soft power grows out of a country's culture; it grows out of our values—democracy and human rights, when we live up to them; it grows out of our policies".¹⁰ In 2006 he elaborated further that "Power is the ability to alter the behaviour of others to get what you want, and there are basically three ways to do that: coercion (sticks), payment (carrots) and attraction (soft power)".¹¹ He also asserted that a nation has three main sources of soft power: Its culture (in places where it is attractive to others), is political values (when it lives up to them at home and abroad), and its foreign policies (when they are seen as legitimate and having moral authority).¹² In short, the soft power concept is aimed at projecting to other countries a positive perception of one's culture, values and governance. In Indian context, Shashi Tharoor believes that although India's soft power may not directly persuade others to support the country, it at least enhances its international standing.¹³ At the same time, he cautions that favourable outcomes depend on the context, i.e. geopolitics, and not simply on soft power.¹⁴

INDIA'S SOFT POWER POTENTIAL

There are primarily three sources of soft power that play a crucial role in international politics as outlined by Nye: culture, political values and its domestic and foreign policies. India has considerable soft power resources.

RICH CULTURAL HERITAGE

Given India's soft power potentiality, several noted scholars and reports begun to project India as a model of soft power. In 1896, how American writer Mark Twain has summarized the Indian cultural heritage in his own words: "This is indeed India! The land of dreams and romance, of fabulous wealth and fabulous poverty, of splendour and rags, of palaces and hovels, of famine and pestilence, of genii and giants and Aladdin lamps, of tigers and elephants, the cobra and the jungle; the country of a thousand nations and a hundred tongues, of a thousand religions and two million gods, cradle of the human race, birthplace of human speech, mother of history, grandmother of legend, great-grandmother of tradition, whose yesterday's bear date with the mouldering antiquities of the rest of the nations – the one sole country under the sun that is endowed with an imperishable interest for alien prince and alien peasant, for lettered and ignorant, wise and fool, rich and poor, bond and free, the one land that all men desire to see, and having seen once, by even a glimpse, would not give that glimpse for the shows of all the rest of the globe combined". Former diplomat Pavan Kumar Varma wrote: Descriptions of India's past show how cultural negotiations - the gifting of gems and jewellery, art objects and artifacts, the sharing of court poets, dancers, musicians, painters, sculptors, even cooks, craftspeople, weavers and so on, are records of how political issues have been resolved, or at least restrained, with help from things which are part of the cultural composite of a nation.¹⁵ The possession of these unique qualities has been regarded India as a "cultural superpower".¹⁶ The parliamentary committee on external affairs describes India as a "soft power superpower".¹⁷

SPIRITUALITY

India is a multi-religious society. It is the birthplace of four major religions; namely Hinduism, Buddhism, Jainism, and Sikhism. India is also home to Islam, Christianity, Judaism and Zoroastrianism. Cultural diversity and religious tolerance are the defining characteristics of Indian ethos and tradition. India is officially a secular state and the constitution of India guarantee the right to freedom of religion as a fundamental right. India's culture has absorbed all religions cutting across sectarian differences and live in harmony with one another, though with some communal tension caused by political interests. Ignoring it, cultural unity in India strengthened through its rich culture and it represents a perfect model of 'unity in diversity'.¹⁸ These are the traits of Indian culture that prompted the Tibetan Buddhist leader Dalai Lama to express that "India's religious tolerance can be a role model for the rest of the world".¹⁹ Buddhism – which originated in India but now it has become indigenized in Japan, and most of South-East

Asia, Nepal and Sri Lanka. The huge influence of Buddhism in these countries provides them with a spiritual link with India, whose culture has historically been disseminated through Buddhist teachings.

MEDICINE

Ayurveda, Naturopathy, Unani and Siddha forms of medicinal practices are Indian specialties. Quality care, relatively cheaper services compared to the west, package deals and cheap services from the tourism and hospitality sectors are the biggest attractions for medical tourism in India.²⁰ Kerala is one of the famous states for Ayurvedic treatment in India, as it provides Ayurveda and natural treatment to the patients which is in great demand among the foreign tourists. Apart from Ayurvedic medicines, India is also one of the world's largest producers of generic drugs and vaccines and Indian drug producing companies are getting recognition around the world.

DIASPORA

India's large diaspora is a major asset for Indian diplomacy. According to Annual Report 2015-16 of India's Ministry of External Affairs, there were about 27 million Indian diaspora in 2016.²¹ The Reserve Bank of India estimated that India received about US\$69 billion in the form of remittance from overseas in 2017, making it the top recipient country in the world.²² Diaspora reflects the multiplicity and variety of the rich social, ethnic, religious, and cultural tapestry that constitutes India and the Indian experience.²³ According to Shashi Tharoor, Indians have been involved in some 40 per cent of the start-ups in Silicon Valley and invented the Pentium chip, another created Hotmail, a third started Sun Microsystems. Now Americans in Silicon Valley have equated the Indian Institute of Technology to Massachusetts Institute of Technology and the Indian engineers and software developers, taken as synonymous with mathematical and scientific excellence. India is increasingly becoming a land of engineers and computer experts.²⁴ Sreeram Chaulia rightly pointed out that "for the most part, an average American, Canadian or Dutchman does not see Indian immigrants as national security or economic threats, thanks to their humble, flexible and endearing qualities."²⁵ C. Raja Mohan, writes "people of Indian origin are extremely important sources of support for the Indian Government in the execution of its policies through the influence and respect they command in the countries in which they live."²⁶ Indian diaspora are amongst the best-educated and the most successful communities of the world. Their role is also significant in terms of economic development, Political lobbying, knowledge sharing and deepening home country's interest abroad.

BOLLYWOOD

India is the world's largest film industry, surpassing Hollywood with an annual output of over 1000 movies.²⁸ In the words of Shashi Tharoor: "India produces various kinds of culture, notably including the films of Bollywood, now reaching ever-wider international audiences. The success of 'Slumdog Millionaire' at the 2009 Oscars both reflects and reinforces this trend. Bollywood is bringing its brand of glitzy entertainment not just to the Indian diaspora in the US, UK or Canada, but around the globe, to the screens of Syrians and Senegalese alike."²⁸ Bollywood movies and Indian soap operas have reached a growing global audience that has become increasingly familiar with Indian society and culture.²⁹ Apart from, renowned sitar player Pandit Ravi Shankar who popularize Indian instrumental music in the west, several world famous western dancers and singers such as, Michael Jackson, Madonna, and Shakira have admired Indian dance and mixed up in their performances.

POLITICAL VALUES

India is a largest democracy in the world and known for its commitment to democratic values. It has been successfully conducted seventeen general elections within a span of seventy years since its independence in 1947. A parliamentary democracy, multi-party political system and free and fair periodic elections conducted by independent election commission have enhanced India's standing at international arena. Democratic countries are respected by other nations and often do better in the business environment.³⁰ India's democratic experience and its rise has been perceived as complementing rather than challenging the existing Asian and international orders.

INDIAN PUBLIC DIPLOMACY INITIATIVES

The Ministry of External Affairs along with the Ministry of Information and Broadcasting, the Ministry of Tourism and Indian Council for Cultural Relations (ICCR) engaged in promoting India's image abroad. To boost its reputation internationally, in May 2006, India's Ministry of External Affairs (MEA) established its Public Diplomacy Division to educate and influence global and domestic opinion on key policy issues and project a better image of the country.³² It is modeled on the Public Diplomacy Office of the US State Department. It begun to focus on two levels: structural and activities level. The structural level includes establishment of cultural centres, Indian Studies Chair's deployment of teacher abroad to teach Indian languages, music, dance and Yoga etc. and providing scholarship to foreign students to study in India. The activities level include exchange of intellectuals, academicians, experts, authors, scholars and artists, organizing sports events, seminars, conferences and bringing out publications and

periodicals in prominent international languages along with performing music and dance etc.³³ These efforts are broadly targeted global audience, particularly Indian diaspora, global business communities.³⁴ In addition to this, India has also launched several brand building campaign such as 'Brand India', 'Incredible India' and 'Know India' etc. to promote its soft power reputation at the international arena.

MODI'S SOFT POWER DIPLOMACY: BUDDHISM, DIASPORA, YOGA, AND SPACE DIPLOMACY

BUDDHISM

The 2014 election manifesto of Bharatiya Janata Party (BJP) proclaimed: "India's contribution to the march of civilization goes back to several thousand years before the Christian era. From the Vedas to Upanishads and Gautam - the Buddha".³⁵ Soon after coming to power in 2014, Prime Minister Narendra Modi has carefully incorporated Buddhist heritage in its foreign policy. He emphasized that Buddhism has long been the "uniting and binding factor" in Asia and that, if an Asian Century is to be realized, Buddhism's truths and contribution must be recognized.³⁶ Narendra Modi has a personal interest in promoting India's rich Buddhist heritage since his Chief Minister period in Gujarat.³⁷

Over the years, China has been trying to expand its influence through hard power (military threats) as well as soft power (Buddhist diplomacy) particularly in South Asia, Southeast and East Asian region. The prevailing Chinese activities in the regions are being viewed as an attempt to check India's traditional sphere of influence. For example, the "One Belt–One Road" (OBOR) initiative, pumping of billions dollars infrastructure development in Lumbini, the birthplace of Buddha in Nepal³⁸ and growing proximity between China and Pakistan have an underpinning of fostering its cultural connectivity with Asia. In contrast, Modi government has projected India as the custodian and protector of Buddhist heritage³⁹ and Buddhism lies at the core of India's identity as a cradle of wisdom.⁴⁰ India is the 'spiritual teacher' and China is the 'disciple'.⁴¹ India has also been proving refuge to the 14th Dalai Lama, the Tibetan spiritual leader and his people since the early 1950s. At the same time, India has started undertaking several counter measures, for example, sponsoring Buddhist conferences, stepping up the playing of the Tibetan card and checkmating Chinese Buddhist influence in India's neighbourhood.⁴² The 'Neighbourhood First' policy and the 'Act East' policy are considered to be a broader strategy of India in this regard.

Modi government has made Buddhism an important feature of his diplomatic engagement. During his visits to Bhutan, Nepal, Sri Lanka, Japan, Mongolia and China, Modi sought to draw upon India's Buddhist links with these countries. He chose to visit

the ancient temple of China, the Daxingshan Temple and Big Wild Goose Pagoda in Ci'en Temple in Xi'an and gifted a Bodhi tree sapling to the temple.⁴³ The focus of his visit to Nepal was on 4 Cs agenda- cooperation, connectivity, culture and constitution. He also gifted a sampling of the sacred Bodhi tree, reiterating deeper the cultural bonding.⁴⁴ He also made a strategic choice to visit Sri Lanka's ancient capital Anuradhapura and the Jaya Sri Mahabodhi which still symbolizes the historical link between two nations.⁴⁵ In addition, he inaugurated the India funded Jaffna Cultural Centre. In his second visit, he inaugurated UN Vesak Day celebration in Colombo in 2017 which is celebrated across the world to mark the birth, enlightenment and death of Gautam Buddha and his contribution to spirituality, humanity, universal peace and compassion. He made third visit to Sri Lanka in his first tenure in office as India was worried during former president Mahinda Rajapakse's tenure as his government appeared to be getting very close to China. The bilateral relations between two nations have improved during the President Maithripala Sirisena's tenure.

Modi is the first ever Prime Minister to visit Mongolia in May 2015.⁴⁶ His first stop was Gandan Tegchenling Monastery in Ulaanbaatar where he gifted a Bodhi Tree. He emphasized India and Mongolia's strong historical linkage of Buddhism and democracy and addressed the Mongolian parliament. Both sides agreed to promote Buddhism worldwide and India is ready to extend its assistance in digitalization of Buddhist manuscripts at various Mongolian institutions as part of the commitment to preserve and promote the common Buddhist heritage. In addition to it, both sides announced student exchanges programmes on Buddhist monastic studies and Mongolian studies.⁴⁷ During his visit to South Korea he gifted 'Bodhi' tree sapling to Mayor of Gimhae in his second visit to South Korea in 2019 as a mark of close ties between two nations. In Japan, he visited two prominent ancient Buddhist temples Toji and Kinkakuji and offered prayers. During his visit to Vietnam in September 2016 he announced special annual scholarships for Vietnamese students to pursue advanced Buddhist studies at Indian institutes for the members of the Buddhist Sangha in Vietnam.⁴⁸ The hall mark of his visit to abroad a day is reserved for visiting Buddhist temples and presenting saplings from the sacred Bodhi tree from Bodh Gaya.⁴⁹

As part of its outreach to Buddhist devotee across the world, Modi government hosted an international Buddhist function on the occasion of 'Buddha Poornima' on 4 May 2015. Modi himself was the chief guest and attended by various dignitaries and monks and nuns both from India and abroad. It was intended to preserve rich Buddhist legacy as well as promotion of Buddhist pilgrimage to India. In his address to the audience at Mahabodhi Temple in Bodh Gaya in September-2015 he said:

“I recognise how Buddhists all over the world revere Bodh Gaya as a place of pilgrimage. We in India would like to develop Bodh Gaya so that it can become the spiritual capital and civilisational bond between India and the Buddhist world. The government of India would like to provide all possible support that its Buddhist cousin nations need for the satisfaction of their spiritual needs from this holiest of holy places for them”.⁵⁰

Buddhism is an integral part of India's historical and cultural link with Asia. However, Modi government's recent push on peaceful religious diplomacy using Buddhism is strengthening India's cultural bonds with Buddhist Asia in particular and Buddhist around the world in general.

DIASPORA

Modi has also successfully engaged with the Indian diaspora abroad. His outreach efforts appear to have been quite successful in terms of connecting with the diaspora going by the huge turnouts at his various speeches, the large number of people lining the streets to see him and how many wanted to shake hands and take 'selfies' with him.⁵¹ He joined the diaspora and addressed enthusiastic audiences of Indians and Indian-origin people in numerous cities such as New York (September 2014), Sydney (November 2014), Paris, Toronto (April 2015), San Francisco (July 2015), Dubai (August 2015), Kuala Lumpur, (November 2015), Singapore (November 2015) and London (November 2015), and Houston (September 2019). He also addressed to the Indian diaspora in number of countries including Japan, Fiji and European Union countries. He urged the diaspora to contribute their capital, expertise, time and energy to India's growing economy as well as to strengthen existing bilateral ties between India and their host countries. Modi government desires to harness this to boost India's economic growth and development, beginning with their involvement in the flagship programmes such as Swachh Bharat Mission; National Mission for Clean Ganga; Make in India and Start-up India etc.

The government of India has also been paying serious attention to the physical safety and security of the Indian diaspora. In the past, India has carried out more than thirty evacuation operations across Africa, Asia, and Europe, including largest civilian airlift of 110,000 people from the Persian Gulf in 1990.⁵² In recent years the Indian government has also taken a series of evacuation measures. In April 2015, the government successfully evacuated around 5,000 stranded Indians and almost 1,000 citizens from 41 other countries from Yemen under "Operation Raahat".⁵³ Thousands Indian and foreigner nationals were evacuated from Nepal, as part of "Operation

Maitiri”, in the aftermath of the massive earthquake in 2015.⁵⁴ July 2016, hundreds of distressed Indians citizens and Nepalese were evacuated from South Sudan under the “Operation Sankat Mochan”.⁵⁵ Due to the outbreak of Covind 19 pandemic across the world and it led to the global lockdown. As a result, the government of India made an effort to bring back the repatriate Indian citizens from overseas under various mission programme. A large number of Indian and south Asian nationals were brought back from China, Japan and Iran, and Italy. The Vande Mataram Mission is a largest evacuation mission which also includes the ‘Operation Samudra Setu’ (Sea Bridge) launched to bring back around 15,000 Indian nationals stranded around the world.⁵⁶ In addition to it, according to Ministry of External Affairs about 60,000 foreign nationals from 72 countries were also evacuated from India.

In order to protect and safeguard the interests of Indian emigrant workers, the Government has also amended Pravasi Bharatiya Bima Yojana in 2017. The objective of the scheme is to protect women migrants and semi-skilled and unskilled workers seeking employment in west Asia. India has signed bilateral Social Security Agreements (SSA) with 19 countries and agreement operationalised with 16 countries.⁵⁷ The government has continued to organize the annual “Pravasi Bharatiya Divas” (non-resident Indian day), to celebrate the successes of the Indian diaspora and to recognize their contribution to India’s growth and development. In order to improve efficiency and avoid duplication of work, the government merged the existing Ministry of Overseas Indian Affairs (MOIA) with the Ministry of External Affairs.⁵⁸

YOGA

The declaration of International Yoga Day celebration by United Nations General Assembly since 21 June 2015 is a major victory for the Indian government. However, the focus on Yoga has generated some controversy. Critics have argued that Modi’s championing of Yoga is an expression of Hindutva, and a way to pander to his Hindu nationalist constituency.⁵⁹ Prime Minister himself has clarified that yoga is not a religious activity.⁶⁰ Today people around the world celebrate the International Yoga Day with great fanfare. For the first time in India has organize large scale Yoga events on 21 June 2015, where around 35,985 people including a large number of foreign dignitaries have participated at Rajpath, New Delhi. It broke the world records for the largest Yoga demonstration at a single venue.⁶¹ In addition to it, in November 2015, the government set up a separate ministry called AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) to make available for affordable source of health care.

SPACE DIPLOMACY

The success of India's maiden mission to Mars is hailed as a global landmark in 2014 and India became the fourth nation to enter the elite space power club—along with the US, Russia and China. On his visit to US and addressing the crowd at Madison Square Garden in New York City, Prime Minister Modi said that once India was “regarded as a land of snake-charmers was now spinning the world around its finger with a (computer) mouse and how India had sent a spacecraft to Mars for seven rupees a kilometre when it cost 10 rupees a kilometre in Ahmedabad”.⁶² He further said “everything about Mangalyaan is indigenous. We reached Mars at a smaller budget than a Hollywood movie,” he also said adding “India is the only country to reach Mars on its first attempt. If this is not talent, then what is?”.⁶³ Apart from the success story of space mission, Indian government gifted a satellite to its neighbours but Pakistan opted out from joining in the SAARC satellite group and subsequently it has been renamed as ‘South Asia Satellite’.⁶⁴

CONCLUSION

Soft power is as important as hard power, particularly in international politics. It is an ability to influence others by persuasion rather than coercion. India is a hub of soft power assets and these assets are successfully designed to complement in India's diplomacy since 2006. The current government has been successfully portraying India's culture and heritage in eyes of others particularly the religious diplomacy while using Buddhism, Yoga, Indian Diaspora and Indian Space Mission. One of the major achievements is the global recognition of ‘International Yoga Day’. As Nye asserts that the exercise of soft power may not always help to achieve its desired goals, but it does enable to influence the behavior of others.

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History of Pandemics: Their Cause, Pattern & Cure

Dhruv Mishra*

ABSTRACT

CCOVID-19 has emerged as a pandemic in the recent months, claiming over lakh lives globally and while there is much debate about its origin, cure and actions to be taken to curb it, we can take a look at the history of pandemics and understanding how various outbreaks of epidemics changed into pandemics with diseases like plague, flu, cholera etc.

INTRODUCTION

Corona virus, also known as COVID-19 has emerged as a pandemic in 2020. It has infected over 5.5 million people around the world and taking more than 356,000 lives. Caused by the SARS-CoV- 2 virus, which is similar to the one that caused Severe Acute Respiratory Syndrome (SARS) outbreak in the year 2002.

The term Pandemic means outbreak of a disease that occurs in a wide geographic area and affects an exceptionally high proportion of the population. Throughout history, we have seen many pandemics breaking out, the first known pandemic was

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Antonine Plague, followed by Plague Of Justinian, the infamous Black Death and since then has emerged every few decades or so in small regions or endemics (a disease restricted to a particular area). Spanish Flu, SERS and MERS are examples of diseases which were spread by viruses and are relatable to today's Corona virus situation. With this paper, I aim to relate the history of pandemics with current scenario, step by step.

BODY

The Antonine Plague, sometimes referred to as Plague of Galen, erupted in 165 CE, at the zenith of Roman power throughout the Mediterranean world during the reign of the last of the Five Good Emperors, Marcus Aurelius Antoninus (161-180CE). The first phase of the outbreak would last until 180 CE affecting the entirety of the Roman Empire, while a second outbreak occurred in 251-266 CE, compounding the effects of the earlier outbreak. It has been suggested by some historians that the plague represents a useful starting point for understanding the beginning of the decline of the Roman Empire in the West but also the underpinning to its ultimate fall.¹

The symptoms observed back then were fever, diarrhoea, swollen throat and coughing. A Greek physician, Galen, noted that the rashes or skin eruptions were distinguished by red and black papules or eruptions. The infected people suffered for about two weeks and not everybody who contracted it died, but its impact on the Romans was such that it could be understood as the beginning of end for the Roman Empire. Modern researchers concluded that this was most likely caused by smallpox.

Plague was most likely to emerged in China, spread towards the west via the Silk Route. In the later centuries, many other epidemics too, spread via trade links such as Silk Route and various sea routes, thus revealing that traders had been carrier for most of these diseases. At that time, the inexplicability about the origins of this disease due to lack of scientific research developments and understanding many people termed it as 'punishment by the Gods.' Effects of this pandemic were on various sectors like agriculture, military, businessmen and taxpayers understandably leading to the fall of the Roman Empire.

Plague Of Justinian (541- 542 CE) is considered as one of the most lethal pandemics in ancient history, killing 30 to 50 million people. The plague was caused by bacteria -- *Yersinia pestis*. The Byzantine Empire was under the reign of Justinian I when the plague struck, hence the name. The plague arrived in Constantinople in 542 CE, almost a year after the disease first made its appearance in the outer provinces of the empire. The outbreak continued to sweep throughout the Mediterranean world for another 225 years, finally disappearing in 750 CE.²

Its origin have been traced to China and northeast India, arriving in Constantinople from sea routes via Egypt. The mode of transmission was the black rat (*Rattus rattus*), which travelled on the ships and carts arriving in the city. Many goods and services like paper, oil, ivory and slaves were brought from North Africa and grains being stored in big warehouses, was the perfect breeding ground for rats, thus spreading the plague.

The plague affected nearly half of the population of Europe. Based on DNA analysis of bones, the plague was bubonic (swollen lymph nodes) but, probably, pneumonic (causing respiratory issues) and septicaemia (causing bleeding) were also present.

Black Death also known as ‘Bubonic Plague’ is the deadliest pandemic to have taken place, killing about 200 million people. Caused by *Y. pestis*, the bubonic plague seems to have originated in China around 1331, it spread and infected the Mongols, who in 1347 spread it to the port of Kaffa/Caffa, catapulting the plague-infested corpses of the affected soldiers during the siege. From Kaffa, it carried westward to Mediterranean ports, whence it spread inland to other parts of Europe within a year.

The spread was due to flea carrying rats that moved around in ships going from infected cities to other areas. Venice faces its own outbreak by pioneering the first organized response, with committees ordering ship inspections and burning those with contagions, shutting down taverns, and restricting wine from unknown sources. The canals filled with gondolas shouting official instructions for disposing of dead bodies. Despite those efforts, the plague kills 60 per cent of the Venetian population.

With the Black Death considered safely behind them, the people of Europe face a changed society. The combination of the massive death rate and the numbers of survivors fleeing their homes sends entrenched social and economic systems spiralling. It becomes easier to get work for better wages and the average standard of living rises.

With the feudal system dying, the aristocracy tries to pass laws preventing any further rise by the peasants, leading to upheaval and revolution in England and France. Significant losses within older intellectual communities brought on an unprecedented opportunity for new ideas and art concepts to take hold, directly leading to the Renaissance and a more youthful, enlightened period of human history.

The Bubonic Plague never completely exits, resurfacing several times through the centuries.³ The Adriatic port city of Ragusa (modern-day Dubrovnik) was the first to pass legislation requiring the mandatory quarantine of all incoming ships and trade caravans in order to screen for infection.

The order, which miraculously survived in the Dubrovnik archives, reads that on July 27, 1377, the city’s Major Council passed a law “which stipulates that those who come from plague-infested areas shall not enter [Ragusa] or its district unless they spend a month on the islet of Mrkan or in the town of Cavtat, for the purpose of disinfection.”

Tomic says that some medical historians consider Ragusa's quarantine edict one of the highest achievements of medieval medicine. By ordering the isolation of healthy sailors and traders for 30 days, Ragusan officials showed a remarkable understanding of incubation periods. New arrivals might not have exhibited symptoms of the plague, but they would be held long enough to determine if they were in fact disease-free.⁴

The plague emerged every few decades in Europe but not as catastrophic as before. In 1518, the first regulations to stop plague were introduced in London. A bale of straw had to be hung on a pole outside infected houses for 40 days. People from infected homes had to carry a white stick when they went out to warn others to stay away. More rules were gradually added over the years, such as putting a cross on the door of plague-ridden houses, only burying the dead at night, and ringing a bell-like this one for 45 minutes for each burial. The noise of bells ringing during burials was meant to remind people to follow the plague prevention rules.⁵ The Black Death is considered to have wiped off 2/3rd of Europe's population. London faced 40 outbreaks in 300 years.

Smallpox became the first disease to be completely eradicated in 1980. Origins of the disease are unknown but are believed to date back to the Egyptian Empire in 3rd Century BCE and the first description of the disease is seen in texts from China in 5th Century CE, India in 7th Century CE and Asia Minor in 10th Century. The earliest evidence of skin lesions resembling those of smallpox is found on faces of mummies from the time of the 18th and 20th Egyptian Dynasties (1570-1085 BC). The mummified head of the Egyptian pharaoh Ramses V (died 1156 BC) bears evidence of the disease⁶

It has taken the lives of about 56 million people, becoming the 2nd deadliest pandemic till date after the infamous Black Death/Bubonic Plague.

Here is an overview of its spread across the world:

- 6th Century - Increased trade with China and Korea introduces smallpox into Japan.
- 7th Century - Arab expansion spreads smallpox into northern Africa, Spain, and Portugal.
- 11th Century - Crusades further spread smallpox in Europe.
- 15th Century - Portuguese occupation introduces smallpox into part of western Africa.
- 16th Century - European colonization and the African slave trade import smallpox into the Caribbean and Central and South America.
- 17th Century - European colonization imports smallpox into North America.
- 18th Century - Exploration by Great Britain introduces smallpox into Australia.⁷

Smallpox was a devastating disease. On average, 3 out of every 10 people who got affected by it, died. Those who survived were usually left with scars, which were sometimes severe.

One of the first methods for controlling the spread of smallpox was the use of variolation. Named after the virus that causes smallpox (variola virus), variolation is the process by which material from smallpox sores (pustules) was given to people who had never had smallpox. This was done either by scratching the material into the arm or inhaling it through the nose. With both types of variolation, people usually went on to develop the symptoms associated with smallpox, such as fever and a rash. However, fewer people died from variolation than if they had acquired smallpox naturally.

The basis for vaccination began in 1796 when an English doctor named Edward Jenner observed that milkmaids who had gotten cowpox did not show any symptoms of smallpox after variolation. The first experiment to test this theory involved milkmaid Sarah Nelmes and James Phipps, the 9-year-old son of Jenner's gardener. Dr Jenner took material from a cowpox sore on Nelmes' hand and inoculated it into Phipps' arm. Months later, Jenner exposed Phipps a number of times to variola virus, but Phipps never developed smallpox. More experiments followed, and, in 1801, Jenner published his treatise "On the Origin of the Vaccine Inoculation," in which he summarized his discoveries and expressed hope that "the annihilation of the smallpox, the most dreadful scourge of the human species, must be the final result of this practice."

Vaccination became widely accepted and gradually replaced the practice of variolation. At some point in the 1800s (the precise time remains unclear), the virus used to make the smallpox vaccine changed from cowpox to vaccinia virus.⁸

In 1959, the World Health Organization (WHO) initiated a plan to eradicate Smallpox, but due to lack of funds, it was unsuccessful. In 1967, an intensified program was started with renewed efforts in regions where smallpox occurred regularly. The program made steady progress and on May 8, 1980, the 33rd World Health Assembly officially declared the world free of smallpox, it was considered the biggest achievement in international public health.

The outbreak of **Cholera** was first seen in India in 1817. Since then, seven cholera pandemics have occurred in the past 200 years. Caused by bacteria *Vibrio cholerae*, it has taken over 1 million lives globally.

There are hundreds of strains or "serogroups" of the cholera bacteria: *V. cholerae* serogroups O1 and O139 are the only two strains of the bacteria known to cause outbreaks and epidemics. These strains produce the cholera toxin that causes cells lining the intestines to release increased amounts of water, leading to diarrhoea and rapid loss of fluids and electrolytes (salts). A single diarrhoea episode can cause a one-million-fold increase of bacterial numbers in the environment, according to the National Institute of Allergy and Infectious Diseases.⁹

A major outbreak of cholera reached the district of Soho, London, in August 1854. This was the third cholera outbreak in London, having previously occurred in 1832 and 1849. In the mid-19th century, Soho had a serious problem with filth due to the large influx of people and a lack of proper sanitary services: the London sewer system had not reached Soho at this point and drainage was poor throughout London. It was common at the time to have a cesspit under most homes.

By talking to local residents (with the help of the Reverend Henry Whitehead), Snow identified the source of the outbreak as the contaminated public water pump on Broad Street (now Broadwick Street). He did this by mapping the deaths from cholera and noted that they were mostly people whose nearest access to water was the Broad Street pump. His studies of the pattern of the disease were convincing enough to persuade the local council to disable the well pump by removing its handle. This action has been credited with contributing significantly to the containment of the disease in the area. It was later discovered that the water for the pump was polluted by sewage-contaminated with cholera from a nearby cesspit.

Snow's efforts and findings influenced changes in public health and the construction of improved sanitation facilities.¹⁰

The **Spanish Flupandemic** of 1918, the deadliest in history, infected an estimated 500 million people worldwide-about one-third of the planet's population-and killed an estimated 20 million to 50 million victims, including some 675,000 Americans. The 1918 flu was first observed in Europe, the United States and parts of Asia before swiftly spreading around the world. At the time, there were no effective drugs or vaccines to treat this killer flu strain. Citizens were ordered to wear masks, schools, theatres and businesses were shuttered and bodies piled up in makeshift morgues before the virus ended its deadly global march.¹¹

The flu did not originate in Spain. During World War I, Spain was a neutral country with a free media that covered the outbreak from the beginning while the Allied and Central powers had censorships on their media who covered up the news of the flu.

We still don't know where the virus came from, but we know that the first known case was reported at a military camp in Kansas, on March 11, 1918. It is believed that it spread to other military camps and the soldiers took it across the Atlantic.

When the 1918 flu hit, doctors and scientists were unsure what caused it or how to treat it. Unlike today, there were no effective vaccines or antivirals, drugs that treat the flu. (The first licensed flu vaccine appeared in America in the 1940s.

By the following decade, vaccine manufacturers could routinely produce vaccines that would help control and prevent future pandemics.)

Complicating matters was the fact that World War I had left parts of America with a shortage of physicians and other health workers. And of the available medical personnel in the U.S., many came down with the flu themselves.

Additionally, hospitals in some areas were so overloaded with flu patients that schools, private homes and other buildings had to be converted into makeshift hospitals, some of which were staffed by medical students.

Officials in some communities imposed quarantines, ordered citizens to wear masks and shut down public places, including schools, churches and theatres. People were advised to avoid shaking hands and to stay indoors, libraries put a halt on lending books and regulations were passed banning spitting.

According to *The New York Times*, during the pandemic, Boy Scouts in New York City approached people they had seen spitting on the street and gave them cards that read: “You are in violation of the Sanitary Code.”

By the summer of 1919, the flu pandemic came to an end, as those that were infected either died or developed an immunity. Almost 90 years later, in 2008, researchers announced they had discovered what made the 1918 flu so deadly: A group of three genes enabled the virus to weaken a victim’s bronchial tubes and lungs and clear the way for bacterial pneumonia.

Since 1918, there have been several other influenza pandemics, although none as deadly. A flu pandemic from 1957 to 1958 killed around 2 million people worldwide, including some 70,000 people in the United States, and a pandemic from 1968 to 1969 killed approximately 1 million people, including some 34,000 Americans. More than 12,000 Americans perished during the H1N1 (or “swine flu”) pandemic that occurred from 2009 to 2010. The novel corona virus pandemic of 2020 is spreading around the world as countries race to find a cure for COVID-19 and citizens shelter in place in an attempt to avoid spreading the disease, which is particularly deadly because many carriers are asymptomatic for days before realizing they are infected.

Each of these modern-day pandemics brings renewed interest in and attention to the Spanish Flu, or “forgotten pandemic,” so-named because its spread was overshadowed by the deadliness of WWI and covered up by news blackouts and poor record-keeping.¹²

SARS (Severe Acute Respiratory Syndrome) is a highly contagious respiratory illness characterized by a persistent fever, headache, and bodily discomfort, followed by a dry cough that may progress to great difficulty in breathing. SARS appeared in November 2002 in Guangdong province, China, where it was first diagnosed as atypical pneumonia. From Guangdong, it was brought by an infected doctor to the important business centre of Hong Kong, and from Hong Kong, it was quickly spread by global travellers throughout East Asia, to North America, and to Europe and the rest of the world. The

most notable affected group was health-care workers infected before SARS was officially identified as a distinct disease threat by the World Health Organization in March 2003. By the end of May, more than 8,000 cases, most of them in mainland China and Hong Kong had been reported, and some 800 people had died from the disease. Near-panic conditions gripped major Asian cities from Singapore to Beijing, with many schools and public buildings closing and citizens avoiding places where infection might spread. Health authorities around the world instituted strict control measures, including prohibitions on travel to and from affected countries as well as quarantines of hospitals and other places where persons were found to be infected. By June 2003 the contagion had been controlled to the point where restrictions were eased.¹³

COVID - 19 (Coronavirus) is caused by 2019 - nCoV / SARS- CoV-19 and has infected 5,695,290 people globally. These numbers are not much compared to the numbers of previous pandemics but surely is a cause of concern. Made up of mediums size RNA strands, its genome is 80 per cent similar to SARS - CoV. COVID - 19 is a β type corona virus and the 7th corona virus found to cause illness in humans. Believed to have originated from a wet market in Wuhan, China, the virus is 96 per cent similar to the one found in bats.

We are unsure about the exact origins of this virus and the end is nowhere in the sight with no vaccine or cure yet. The spread of plagues such as Antonine Plague, Plague of Justinian and Black Death is an example of how increased human interactions through activities such as travel, trade are of utmost cruciality when dealing with a pandemic because the virus is found to survive on various fomites (objects which are likely to carry an infection). The ability of its genome to effectively mutate with new hosts and develop new clades and strains is what has given this virus the ability to spread so fast and the way we don't give much attention to hygiene in our day to day lives.

One possibility, historians say, is that the corona virus pandemic could end socially before it ends medically. People may grow so tired of the restrictions that they declare the pandemic over, even as the virus continues to smoulder in the population and before a vaccine or effective treatment is found.

"I think there is this sort of social-psychological issue of exhaustion and frustration," the Yale historian Naomi Rogers said. "We may be in a moment when people are just saying: 'That's enough. I deserve to be able to return to my regular life.'"

It is happening already; in some states, governors have lifted restrictions, allowing hair salons, nail salons and gyms to reopen, in defiance of warnings by public health officials that such steps are premature. As the economic catastrophe wreaked by the lockdowns grows, more and more people may be ready to say "enough."

"There is this sort of conflict now," Dr Rogers said. Public health officials have a medical end in sight, but some members of the public see a social end.

“Who gets to claim the end?” Dr Rogers said. “If you push back against the notion of its ending, what are you pushing back against? What are you claiming when you say, ‘No, it is not ending.’”

The challenge, Dr Brandt said, is that there will be no sudden victory. Trying to define the end of the epidemic “will be a long and difficult process.”¹⁴

CONCLUSION

We can't put a label on how and when we will recover from this pandemic, keeping the methods used to control previous pandemics, like mapping of the cases in an area as done by John Snow, the concept of Quarantine seen in the 16th century Italy, social distancing, reduced human to human contact and entrusting medical sciences to find ways to tackle the challenge of producing a vaccine or cure. Pandemics, epidemics and diseases have always been a part of our civilizations, we need to invest more in biomedical and genetic researches to better understand and predict these outbreaks, for they will continue to occur in some form or quantity. We should learn from history and become socially adept in dealing with this situation until a medical breakthrough is achieved.

FOOTNOTES

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COVID-19 & History of Pandemics: A Panoramic Study

Gantavya Adukia*

ABSTRACT

W*ith the onset of the COVID-19 pandemic, it is imperative to look back at the major pandemics in history and evaluate human responses to the same to extract lessons to deal with the current crisis. Each pandemic is defined by unique characteristics and historical accounts of it provide evidence of how they reflect, shape and alter society. A study of the nature of the outbreaks, their physical and social implications on mankind as well as the community's response in its aftermath would help provide certain insights on the implications of the present disease. While they highlight some common implicit factors across all the pandemics, the eventual battle against COVID-19 will rely on the response in accordance with the present times and means available.*

INTRODUCTION

A pandemic's accepted international definition is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people" (World Health Organization, 2009). However, it fails to take into

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account immunity, virology and severity of the disease. This broadens its ambit to annually occurring seasonal epidemics that cross boundaries to affect masses of people globally. Thus, a true pandemic is indicated by almost simultaneous global transmission (Doshi, 2011).

Its occurrence is a rarity, most people have little or no immunity because they have no previous exposure to the virus or similar viruses and healthy people also may be at high risk for serious complications (Centre for Disease Control and Prevention, n.d.).

Throughout the course of history, thriving civilizations have fallen prey to global pandemics. Even though medical science has made major breakthroughs with rapid technological advancements, population density has also increased at a high rate (United Nations, 2019). Combined with other factors such as urbanization, global integration and transport systems, changes in land use and exploitation of nature, this has led to an increased possibility of occurrence of pandemics (Kate E. Jones, 2008).

However, man has become better equipped to deal with such outbreaks. Alarming death tolls of the past has led to countries preparing national contingency plans to deal with large-scale health emergencies. Resource sharing and collaborative efforts of international associations has helped bridge research gaps and develop vaccines. Whether humans have fulfilled their expected potentials while facing pandemics is, however, a different question.

With the emergence of COVID-19 and the world engulfed in another pandemic, it has become necessary to peek into the past and learn lessons. Apart from causing a high number of deaths, pandemics also shape society. They alter behavioural mechanisms and interaction patterns between humans to redefine the future. Thus, a detailed study of past major pandemics seeks to evaluate how human beings have responded and what has gone wrong in the reiterating battle against pandemics.

The interpretation of first-hand accounts of ancient pandemics has played a major role in extracting information about the society in those days. The analysis of the journals of historians and medics such as Thucydides, Cyprian, Galen and Hippocrates has been succinctly provided in the works of (Barnes, 1978), (Bray, 2000), (Crespigny, 2007) and (Harper, 2015).

Relentless scientific research and medical breakthroughs over the years have led to extensive literature encapsulating the virology and nature of past pandemics. Research articles such as (Downie, McCarthy, & Macdonald, 1950) and (Haensch, et al., 2010) have helped greatly improve the understanding of the complex interactions between the disease-causing organisms and the human body.

These have helped define the behaviour and to a certain extent predict the possibility of pandemics. (Kate E. Jones, 2008) and (Saunders-Hastings & Krewski, 2016) have

stated certain patterns and trends based on a study of the past pandemics and their surrounding circumstances.

However, sparse literature explains the social, political and cultural aftermath of the pandemics. While literature such as (Cockerell, 1916) and (Ghose, 2011) provides details about the consequences of certain pandemics, hardly any comprehensive studies exist that determine whether any correlation exists between the said aspects of all the major pandemics.

Similarly, economic evaluations are well accounted for in various research papers both before and after pandemics. However, the direct impact of pandemics on the economy and its brunt on specific strata of the society has proven to be difficult to gauge for economic experts. (Duncan-Jones, 1994) provides a thorough understanding of the Byzantine empire, but such literature is limited for other major pandemics.

PANDEMICS IN THE CLASSICAL ANTIQUITY ERA

The first known human pandemic dates back to 1200 B.C, as recorded by native Indian Sanskrit scholars. The disease infected the densely populated areas of Mesopotamia, Central Asia and Southern Asia, having a severe impact in the city of Babylon. Symptoms included cough, headache, pain in the eyeballs, copious tears and water gushing from the nose, stained with blood or all blood. Named 'plu' by Sanskrit historians, it might be a precursor to the modern term 'flu.'

The first detailed narrative of a pandemic is found in Thucydides accounts of the Peloponnesian war. The Great Plague of Athens struck the empire in 430 B.C. and decimated around a quarter of its population (Webster, 1915). It was the first record of an epidemic ravaging a society unknown to have encountered any similar infections before (Shrewsbury, 1950). The disease is believed to have originated south of Ethiopia, making its way to Egypt, Libya and the Persian Empire before falling upon Athens in the second year of the war.

Patients were gripped with violent sickness, heating of the body and inflammation of the eyes. It worked its way down the body, giving rise to violent coughs followed by bile vomits and then diarrhoea. These symptoms were accompanied by swelling and pustules, causing death in seven to nine days. The few survivors were left with marks throughout their bodies, along with loss of fingers, toes or an eye and such (Jowett, 1881). Medical professionals have failed to state with certainty the virology of the pandemic, but have largely restricted the possibilities to typhus, influenza, the bubonic plague and measles.

The physicians of the time were ignorant of the nature of the outbreak, thus seeking to apply remedies and consequently falling victim to the disease. People turned to religion and sought supplication and oracles, but eventually gave in to the horrors of the

disease. Shrewsbury arrives upon the conclusion that the Athens population was well aware of personal and domestic cleanliness, thus maintaining it to the best possible extent. However, the influx of refugees coupled with shortage of supplies due to war may have led to increased number of infectants such as lice and house louse, accelerating the pandemic.

There were major socio-political implications, leading to the fall of Athens who could never reclaim its former glory. Military and civil policies took a severe hit, as General Pericles succumbed to the disease. The decrease in population caused a more even distribution of wealth. Citizenship rules became strict, leading to alienation of refugees many of whom were made slaves. However, Thucydides who himself survived the infection, believed it made the survivors more sympathetic even though it corrupted the morals of the population on account of the loss of leaders. The plague lasted for four years, but ultimately culminated in the loss to Sparta over the course of 27 years.

Another devastating plague hit the Roman Empire in 165 C.E. under the rule of Marcus Aurelius Antoninus, whose name has since been associated with the plague. The Antonine Plague lasted initially for 15 years before another outbreak nine years later (Gilliam, 1961). It is believed to have claimed 5 million lives (WEF, n.d.). Greek physician Galen's accounts are the primary sources of information, even though they are scattered in description. Roman historian Dio Cassius extensively covered the second outbreak.

The returning army from Seleucia were the primary carriers of the disease. It soon spread to Asia Minor, Egypt, Greece and Italy. However, accounts by Chinese author Ge Hong suggest the outbreak of disease in Eastern Han during the same period may have also been inflicted from Rome. The two empires shared trade relations and may have caused the eventual destruction of the Han Empire (Crespigny, 2007).

The disease was marked by ulcerated exanthema, covering the whole body. Temperature of the body was not affected even though patients suffered from raging internal fever. Occasional vomiting and stomach upsets occurred. Other symptoms included severe diarrhoea and blood stained cough. The crisis point was reached on the ninth to twelfth day, post which the disease overpowered the immune system or vice versa (Littman, 1973). Vagueness in description has made it difficult to arrive upon a cause with certainty, but medical researchers largely believe to be either smallpox or measles.

Slaves were the major victims of the outbreak owing to their lifestyle consisting of communal sleeping arrangements and improper nutritional composition. The disease rapidly ravaged the large standing army, pushing it to the brink of extinction. Little remedy was available through physicians, causing Galen to flee the empire.

The Roman Empire was at the height of its empire covering a large mass of land. The society was cohesive in nature with a fledgling economy and political system. The outbreak decimated their hegemony to a great extent, raising questions upon traditional and religious values. Historians have argued it to be the basis for the collapse of the empire (Sabbatini & Fiorino, 2009), but recent findings suggest such claims are exaggerated (Mordechai, et al., 2019).

However, Dio describes the rule of Marcus as “a kingdom of Gold” that persevered admirably “amidst extraordinary difficulties.” It offers the earliest example of how consolidated communities and strong leadership can rid society of the social horrors of a pandemic until it evolves into an endemic.

The empire was again struck by a pandemic in 249 AD, which raged on for more than 15 years. The Cyprian Plague, named after the Bishop of Carthage whose accounts paint a picture of the times, is believed to have claimed more than a million lives though no evidence exists of the exact demographic effect. Orosius describes the impact as “killing nearly the entire race of man and the livestock” (Orosius, 418). Deaths of more than 5,000 people in a single day in 262 is an indicator of the disease’s mortality (Barnes, 1978).

The outbreak began in Ethiopia and travelled westwards, spreading across the entire Roman Empire. It arrived in Alexandria followed by Rome and Carthage in a span of two years (Stathakopoulos, 2004). The disease was characterized by crippling diarrhoea, acute fever, vomiting, limb disabilities and loss of vision or hearing (Cyprian, 1868).

The pandemic offers the earliest evidence of the evolution of a financial system in the aftermath of large scale fatality. The silver-based economy disintegrated, giving way to a monetary system revolving around the value of gold. It also led to the spread of Christianity as faith trumped paganism, allowing re-integration of society. Even as the military succumbed to the disease, the empire was reformed with a new outlook (Harper, 2015).

THE THREE WAVES OF PLAGUE

The Justinian Plague was the last and most lethal pandemic of the classical antiquity era. It occurred in the Byzantine Empire in 541 and is the first outbreak in world history where biological evidence exists of the cause of the pandemic. The disease was caused by the *Yersinia pestis* bacteria, which is carried by fleas that live on rats. It recurred multiple times over a course of the next couple of centuries. While some accounts place the death toll at more than 50 million (WEF, n.d.), it is said with certainty to have caused at least 25 million deaths (Rosen, 2007).

The plague is believed to have originated in North Africa and entered the Byzantine Empire in Pelusium through a shipment from Ethiopia. It rapidly ravaged Egypt,

Palestine and Syria in the east, while sea-routes led to a westward spread in Spain, Gaul and Italy (Bray, 2000).

However, recent findings show the origins of the bacteria can be traced back to China (Haensch, et al., 2010)

Its onset was characterised by acute fever accompanied by bubonic swelling below the abdomen, in the armpits, behind the ears and in certain regions of the thighs. Deep coma ensued in some cases, while others suffered from black pustules covering the body. Vomits stained with blood was another common occurrence. The disease took merely a day or two to succumb its victims (Bray, 2000).

Justinian I's kingdom could not recover from the pandemic's damage, having lost 40-50% of its population (Russell, 1958). His attempt to reunite the eastern and western factions of Rome failed and was met by invasions from the Arabs (Findlay & Lundahl, 2016). It begun the descent towards the Dark Ages, bringing about drastic socio-political shifts. As historian Rosen describes it, the plague "would mark the end of one world, and the beginning of another."

The second wave of plague struck Europe in 1347, causing the most destructive pandemic in human history. Referred to as the 'Black Death,' estimates suggest it caused 200 million deaths, wiping out 30-50 percent of the pre-plague European population (Wood, Ferrell, & Dewitte-Aviña, 2003). It recurred every few years for centuries, even though with significantly lower mortality rates than in the 14th century.

The outbreak is believed to have begun in China, spreading through Inner Asia before plaguing Crimea. Trade routes carried the disease westwards, ravaging almost the entirety of Europe, especially effective in the coastal countries (Britannica, 2020).

The large death toll played a significant role in reforming society and medical practices. It led to the introduction of the practice of quarantine. In certain instances in Italy, the infected were sent out to large field to isolate in their road to either recovery or death (Jewell, 1857). This eventually gave birth to the practice of observing an isolation period of 40 days (Mackowiak & Sehdev, 2002). However, doctors failed to provide effective remedies, despite various consultations by the monarch of France (Cockerell, 1916).

The social response to the chaos was highly positive at large. The distress was met with determination and strenuous effort. Despite resource limitations, the survivors scripted a lesson in history on how to overcome practical pessimism through resolve (Gasquet, 1893). Dr. Gasquet wrote, "No time was wasted in vain laments." The demise of the elite class and surplus of personal wealth led to an upsurge by the lower classes and spelled the end to practices of serfdom. "New ideas of liberty, fraternity and equality, the germs of our latter-day socialism, filled the air." The lack of instructors led to the

upcoming generation introducing English as the main tool of conversation, replacing gentrified French. In a century's time, the language became popular with the masses and led to authors such as Shakespeare and Milton.

It recurred every few years until the 19th century, with varying mortality rates. The 17th century witnessed a series of deadly recurrences across Europe, causing large number of deaths in Seville, Vienna, Milan and London with the latter two being the most severely affected. Man had by then already figured out preventive and restrictive measures against the outbreak, but remained ignorant of the virology. The Italian Plague from 1629 to 1631 claimed an estimated million lives, while the Great Plague of London in 1665 led to the demise of 25% of the city's population (Hays, 2005).

The final wave of plague hit China in 1855, spreading outwards from the south-western province of Yunnan. It had a major impact on British colonies, severely affecting the Indian subcontinent. The outbreak caused deaths upwards of 12 million (WEF, n.d.). While vaccines and methods of containment had already been developed, it was a herculean task to administer the same in rural India. It eventually led to the upgradation of the public health system in India, which was also the epicentre of the cholera outbreaks.

SMALLPOX

Smallpox is believed to have originated at the time of the first agricultural settlements in North Africa in 10,000 B.C. (Hopkins, 1983). Traces of the disease have also been found in some Egyptian mummies dating back 3,000 years. (Ruffer & Ferguson, 1911). Around the same time, records of smallpox infection exist in Chinese and Indian scriptures. Europe encountered the outbreak in the medieval antiquity age from where it spread to the Caribbean through exploration campaign.

The devastating streak of the disease began once it encroached upon the New World in 1520 through Spanish and Portugal conquerors. Since, it led to 56 million deaths. (WEF, n.d.)

Smallpox is caused by two virus strains, Variola major and Variola minor with the former being much more severe. It is characterised by the onset of high fever, body ache and vomiting. Once the fever subsides, pustules cover the entire body include the tongue, mouth and throat. The virus actively attacks the skin cells, taking nearly two weeks to show symptoms post infection (Downie, McCarthy, & Macdonald, 1950).

Smallpox is a landmark achievement in medical history since it is the only pandemic disease to have been completely eradicated. No cases of it exist across the globe with the only strains of virus present in laboratories. The death toll over millenniums led to the development of variolation. It involves introducing the pus from a patient to a healthy

person to trigger the formation of antibodies and make the person immune from smallpox infection. Practiced for centuries in Asia and Africa, it caused scarring of the body and at times led to death due to severe infection (Gross & Sepkowitz, 1998). Thus, Edward Jenner developed the more effective method of vaccination, which is recognized as the first scientific attempt to control an infectious disease. He used lesions from cowpox infections to inoculate a healthy person, thus making them immune from smallpox (Reidel, 2017). Philanthropic efforts of King Charles IV of Spain in late 18th century helped expedite this cure to the rest the world at the expense of him losing his kingdom (Franco-Paredes, Lammoglia, & Santos-Preciado, 2005).

Smallpox led to the fall of the Aztec and Incas empires, while also ravaging through the Native American population. It made European colonial expeditions into Africa impossible, since the disease had become endemic in the continent. It was also the infection to be used in biological warfare, with the French using it to infect the Indians during the French and Indian Wars in the 18th century (Crucibles of War, 1988).

THE SEVEN CHOLERA PANDEMICS

The Cholera pandemic hit the world in six successive waves in the 19th and 20th century, before breaking out for a seventh time in 1961. The disease has existed since before the times of Galen and Hippocrates, though it might not have evolved into an epidemic then (Macnamara, 1876).

The first global outbreak began in 1817 in Bengal, lasting for six years. It recurred in 1826 and lasted till 1837, with the third wave spanning 1846 to 1863. It hit again in 1865 and took 10 years to recede (Hirsch, 1883). The fifth wave began in 1881 and was the last European outbreak, ending in 1996. The sixth consecutive pandemic lasted from 1899 until 1923. The ongoing pandemic began in 1961, though developments in medical science have diluted its effects since 1975.

It is a severe intestinal infection caused by strains of the bacteria *Vibrio cholerae*. The disease spreads through food and water contaminated by the excreta of an infected person. It induces vomiting, severe diarrhoea and shock (Tappero & Tauxe, 2011). Over the course of last two centuries, it has caused more than a million deaths and continues to run rampant in areas suffering from a lack of hygiene (WEF, n.d.).

The socio-cultural ramifications of the pandemic have been way worse for the poorer strata of society. The slums and shanty towns with lack of access to clean drinking water, sanitation methods and hygienic food are highly vulnerable to the disease. Unequal distribution of medical facilities is thus a primary hurdle in the battle against cholera. The enormity of the chaos caused by cholera also led to many medical breakthroughs as well as memorable human achievements. In 1854, when the disease ravaged London, physician

Jon Snow managed to pinpoint the source of the infection to a water pump in the city. Thus, his systematic investigation helped end an epidemic and increased the emphasis on organized data collection to battle recurring pandemics. This has since played a major role at the times of health emergencies throughout the world (Ghose, 2011).

INFLUENZA

Influenza is a commonly occurring endemic temporal disease caused by the influenza virus. However, throughout history, its evolved strains have led to global epidemics. It is accompanied by high fever, cough, runny nose and fatigue. In severe cases, it leads to shortness of breath, vomiting and dizziness (Tesini).

The 17th and 18th century witnessed several influenza pandemics with high infection rates but the low mortality rate meant it only had a moderate impact (Saunders-Hastings & Krewski, 2016). The first major outbreak of the disease began in Russia in 1889, rapidly spreading to Europe and North America causing the demise of approximately a million people (WEF, n.d.).

The most devastating outbreak took place between 1918 and 1920. Generally, known as the 'Spanish flu', it is a misnomer. Spain was not the epicentre of the disease but since it did not participate in the ongoing World War at the time, it enjoyed a greater degree of freedom of press. Thus, the country was responsible for the spread of accurate news even while it was suppressed in other countries for political reasons (Trilla, Trilla, & Daer, 2008). Its devastation is comparable to that of the Justinian Plague, despite the latter ravaging for half a century (Mamelund, 2008).

Another influenza outbreak was reported in Asia in 1957. It only lasted a year but spread globally in the meantime and caused nearly a million deaths. Hong Kong became the epicentre of the final major outbreak 11 years later, even though the spread of the disease was rather contained. Even so, it managed to kill a million people (WEF, n.d.). A milder pandemic occurred in 2009 and was labelled the 'swine flu,' causing 200,00 deaths within the space of two years.

The Spanish flu had grave social and economic costs due to its peculiar feature of a highly increased mortality in people aged 20-40 years. Consequently, an unprecedented number of marriages were left dissolved, while causing many children to become orphans. This drove up the suicide rates, adding to the life loss. With hardly any effective pension or social security schemes in place globally, a large fraction of the surviving population plunged into poverty. This led to a surge in the insurance industry, introduction of welfare schemes to prepare for such situations and government instating medical security for various strata of society. It is estimated that the pandemic cost the US alone a 100 billion dollars (1968) (Osborn & Millar, 1977).

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

For the past few decades, the human immunodeficiency virus has been the major cause of medical deaths across the globe. It causes the Acquired Immunodeficiency Syndrome (AIDS) which originated in the US as a result of some inoculation procedures involving chimpanzees (Sharp & Hahn, 2011). The outbreak has caused nearly 35 million deaths since 1981, with its cure yet to be developed (WEF, n.d.).

The disease weakens the immunity system of an individual and makes them susceptible to various kinds of disease. HIV is transmitted sexually, infecting a person through pre-sexual fluids, breast milk and blood. Medical professionals have developed a procedure to contain the virus known as Highly Active Anti-Retroviral Therapy, which restrains the virus from becoming active. However, it does not kill the virus and is not easily available in developing countries.

The disease is most rampant in African countries with poor medical infrastructures, especially in the sub-Saharan region. It affects an individual during his prime, thus reducing his capability to earn. There exists a well-known stigma around AIDS due to its transmission nature, leading to social exclusion and isolation from opportunities. This adds to the pre-existing medical challenges, adding the element of a social pandemic. The stigma is also associated with the care giving society who face taboo for indulging in treatment of AIDS on the pretext of supporting immoral behaviour in society (UK Essays, 2018).

CONCLUSION

Pandemics throughout history have hit civilizations in no certain pattern. Their unpredictability, both in terms of virology and periodicity, make it an improbable task to prepare sufficiently for a large-scale health emergency. However, even though not entirely avoidable more often than not, certain common elements of pandemics can be identified and provisions can be made for the same. The outbreak of cholera in India was amplified by the lack of sanitation in rural areas and eventually led to a global spread. Similarly, lack of sexual education and disease-prevention awareness in African countries has been a primary factor in the battle against AIDS.

The response quality and time to an outbreak serves a major role in its future course. Initial ignorance to the medical aspects of the smallpox in medieval Europe and reliance on religious faith acted as an impetus to the destruction caused by the disease. Meanwhile, quarantine measures introduced in the 14th century limited the damage from the plague.

Pandemics usually have long-reaching social, political and economic consequences. The collapse of the Roman Empire and some major wars in history were dictated by

pandemics. At the same time, pandemics offer the surviving generation a new power and opportunity to reform society. The plague helped end the oppressive practice of serfdom. The outbreak of yellow fever in Saint Dominigue had restricted Napoleon from conquering Latin America, heralding an independent era in the region (Marr & Cathey, 2013).

Economic experts have discovered over studies of past pandemics that the disruptions caused in the economic order are difficult to predict. Thus, the governments will have to work on original methods to deal with the current crisis. As for the medical aspect, COVID-19 has witnessed the quickest clinical trials of vaccination in human history, with quarantine measures helping contain the virus to a large extent. However, preventive measures have to be reinforced better. Past pandemics have shown the weight of consequences bear larger on the poor, highlighting the need for governments to develop methods to revitalize them, both socially and economically.

Each pandemic at large bears unique characteristics that determine its aftermath. Thus, while past pandemics can offer scientific evidence to further medical research, the social battle against the novel Coronavirus will be won only through original ideas and initiative on behalf of the government and the public.

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The Pandemics, Their History and Human Response

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ABSTRACT

The humanity has faced several pandemics that had changed the course of history. Pandemics endanger the survival of humans and their containment is of dire importance. With each plague and epidemic, world has learned how a viral outbreak spreads, what can be a possible source and how to stop it from spreading further. With time, a clear dichotomy has been formed from, prayers to the God for protection to vaccines. The contrast between the first plague of 541-542 AD to the current Corona pandemic becomes the core of human evolvement in fight against mortality. The research focuses on leading reasons of a pandemic and its spread and impact on global scale. The paper's underlying core is to analyse and defamiliarize the history and key features of each pandemics hitting humanity.

Keywords : Pandemics, containment, outbreak-spread, history, defamiliarization.

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INTRODUCTION

A pandemic (from Greek 'pan-all' & 'demos-individuals') is an epidemic of illness that is spread across a huge area, for example, multiple continents or globally, affecting a considerable number of individuals.

The research paper summarizes the deadliest Pandemics that have devastated humanity and were proved fatal.

Reason of the infection and the systematic spread of the infection are of prime importance. Focus is also on the circumstances that lead to the spread, initial reaction, treatments and consequences.

The paper discusses lethal outbreaks starting from the Bubonic Plague, to several Cholera outbreaks scattered across countries and different centuries and gradually towards 20th century pandemics of Spanish flu and HIV/AIDS pandemic.

Research's target is to defamiliarize the history of pandemics and create a contrast with the current Corona pandemic and offer a window to learn from past pandemic responses.

THE BUBONIC PLAGUE

Historical pandemics have gone down in history by the word 'Plague'. The root cause of these was the bacterium *Yersinia Pestis*.

Rats have long been blamed for spreading the plague around Europe but new studies suggest that it would have been unlikely to spread as fast as it did if it was transmitted by only rats. The rodent model (rat-fleas to human) did not match the historical death rates. Current research show that human to human transmission of fleas and lice would also have needed to take place.

Though, there have been three recorded instances of plagues in history, the most infamous and deadly pandemics that world had ever faced were the 'Bubonic Plague'. Considered to be history's most devastating pandemic, it claimed anywhere between 75 to 200 million people in Eurasia within four short years as it marched across Europe, Scandinavia, Northern Africa, the Middle East and the Central Asia.

It arose at a time of emerging empires, greater exploration and new discoveries. Armies, colonisers and traders all imported and exported the disease in ships and overland.

This ruthless, unforgiving & pestilential pandemic got the name 'Black Death'

The earliest accounts described it as emergence of tumours(buboes) in groin or armpits, some of them grew as large as a common apple, others as an egg. Later, black spots would appear on arms and legs. These were followed by acute fever and vomiting blood. Victims usually died between two and seven days after being infected. The death rate was 60-90 per cent.

Historian and researches postulate that the Black Death originated in Central Asia, specifically in Mongolia and western China. Since the rodents, that carry the plague diseases are indigenous to the central and western Asian areas of Kurdistan and Northern India, graves found in Kyrgyzstan from 1338-39 made written mention of the plague.

In 1347, Mongols attacked Crimea and this is how the infection travelled to Italy. Twelve Genoese ships that fled Kaffa (Crimea) arrived in Sicily with decks filled with dead bodies. The Italian authorities, being informed of the new disease started refusing docking. Due to the lack of quick communication these were allowed to Marseilles, France. Thus, marking the full-fledged commencement of the Black Death in Europe through ports.

Understanding of medicine and the spread of disease was extremely limited in medieval period. The concept of hygiene during this period was drastically different than we see it today. Human and animal waste were common inside the home and were disposed of in the streets, which more often than not weren't drained or washed until it rained. These circumstances would have been the ideal breeding ground for diseases of all kinds.

As the plague claimed more lives, one of the most challenging, morbid and unseen dilemma was how to dispose of the dead. The best solution would have been to burn the bodies at a removed location. However, Catholic law prohibited this as burning bodies was considered desecration, as the Church believed the human soul would return to its body at the end of days.

Contemporary treatments were often religious or superstitious in nature, people were advised to hold flowers in or around their noses to ward off the bad air (medieval doctors thought the illness was caused by exposure to 'bad air') that surrounded them.

One of the most infamous figures to come out of the Black Death was the plague Doctor. This person had no medical knowledge and were hired by a village, town or city to deal with the victims of plague. Common cures were bloodletting and attaching leeches to buboes.

In the end, the plague in general and the Black death in particular remains one of the history's most lethal events, if not the deadliest. Not only did half the world's population perished but the entire economic system on which Europe was built was irrevocably damaged.

CHOLERA PANDEMIC

The word Cholera means a bilious disease and is derived from the Greek term 'chole' or bile which is a non specific word that has been used in past centuries for various gastrointestinal diseases. It is caused by a bacterium, *Vibrio Cholera*, mostly found in

salty and dirty water, it causes severe dehydration and diarrhoea and death without treatment.

In the 18th century, British physician John Snow (1813-1858) explained the association of a terrible cholera outbreak in London in 1849 to contamination of the drinking water supply with human excreta. Despite his finding, the causative agent of this dreaded illness was unidentified until later in the 19th century.

In 1817, the first lethal outbreak occurred in Jessore, India, midway between Calcutta (Kolkata) and Dhaka (now in Bangladesh), and then spread throughout most of India, Burma (Myanmar), and Ceylon (Sri Lanka). By 1820, epidemics had been reported in Siam (Thailand), in Indonesia (where more than 100,000 people succumbed on the island of Java alone). At Basra, Iraq, as many as 18,000 people died during a three-week period in 1821. The pandemic spread through Turkey and reached the threshold of Europe.

Cholera kept spreading from this point, since then numerous outbreaks and seven global pandemics of cholera took place until 1923.

Drinking water was either dipped or pumped from shallow dug wells, rivers or lakes. Water sellers carried water drawn from wells or rivers. Sewage was deposited by individual households in streams or in cesspools which were allowed to overflow or seep into nearby sites. Water sources and sewage disposal were positioned for convenience, not safety - often so close together that the odour and taste of drinking water was a problem.

In general, cholera was blamed on miasmas, filthy living conditions, especially the poor blacks and Irish or the minority. Some blamed the sinful behaviour of whole population groups and the just wrath of an angry God.

Orthodox cholera treatment in that period would have been recognized long ago by Galen (famous physician of the Roman Empire).

Bleeding, purging, and opium were used. Astringents such as lead acetate were often prescribed. Some advocated oral salt solutions-even intravenous solutions-but the idea was not accepted, though a few reported excellent results. There was no objective means of diagnosis.

Cholera did not spread widely again until 1961, the beginning of the seventh pandemic. The seventh pandemic started in Indonesia in 1961 and spread globally, infecting 3-5 million people annually. Cholera still affects developing economies like India where proper water sanitation is not followed.

SPANISH INFLUENZA

In 1918, when World War-I was winding down and peace was on the horizon,. deep within the trenches, men lived through some of the most brutal conditions of life, which

it seemed could not be better. Then, across the globe, something erupted that seemed as benign as the common cold.

The influenza (a virus that attacks the respiratory system, highly contagious: When an infected person coughs, sneezes or talks, respiratory droplets are generated and transmitted into the air, and can then be inhaled by anyone nearby) of that season, however, was far more than a cold.

In the two years, when this scourge ravaged the earth, a fifth of the world's population was infected and left 50 million people dead. The flu was most deadly for people within age group of 20 to 40 years. This pattern of morbidity was unusual for influenza which is usually a killer of the elderly and young children. The virus infected as much as 40 per cent of the global population over the next 18 months.

Spain was one of only among few major European countries to remain neutral during World War I. Unlike the Allied and Central Powers nations, where wartime censors suppressed news of the flu to avoid affecting morale, the Spanish media was free to report it in its gory detail. As nations were having a media blackout, they could only read in depth accounts from Spanish news sources. Thus, they naturally assumed that the country was the pandemic's ground zero. This is one of the reasons why it is called the Spanish Flu even when it might not even have originated from this country.

The first wave of the 1918 pandemic occurred in the spring and was generally mild. The sick, who experienced such typical flu symptoms as chills, fever and fatigue, usually recovered after several days, and the number of reported deaths was low.

However, a second, highly contagious wave of influenza appeared with a vengeance in the fall of that same year. Victims died within hours or days of developing symptoms, their skin turning blue and their lungs filling with fluid that caused them to suffocate. In just one year, 1918, the average life expectancy in America plummeted by a dozen years.

Unlike most outbreaks this one did not spread due to transport and usual business between countries, reasons for its drastic spread was the period in which it had started spreading. Since 1918 was the year when the first World War was ending, soldiers from all countries were going back to their native land and, it was believed that the infected soldiers spread the disease to other military camps across the country, then brought it overseas, when the war ended.

One stark difference we see from past pandemics to this one is the acceptance of a medical explanation for the situation. Photographic evidence shows people using masks to cover their faces and even in makeshift hospitals measures were taken to quarantine sick people. The public health sector was extremely swift in some American cities, they

immediately shut down schools, public spaces and restaurants. Newspapers were continuously publishing public health warnings and the severity of the Influenza.

But public health messages were confused too- and, just like today, fake news and conspiracy theories abounded, although the general level of ignorance about healthy lifestyles did not help. In some factories, no-smoking rules were relaxed, in the belief that cigarettes would help prevent infection. There was no centrally imposed lockdown to curb the spread of infection, although many theatres, dance halls, cinemas and churches were closed, in some cases for months.

Most American cities that were placed under quick and efficient lockdown had visible decrease in death rates and those who did not comply faced dire consequences. One of the examples would be of city of San Francisco.

Though the city had a lockdown but they ended it too soon in November as they had low death rates and thought that the contagion was over. Churches, public parks and gatherings started taking place without precaution. By December 1918, the deadly second wave of the Influenza hit America again and cases began to surge. Officials soon asked the public to wear masks again in January, 1919. It was during this time that a protest took place of 45,000 people to defy this order. In February, 1919, the city faced 3213 deaths, by the end of 1919, 45,000 San Franciscans had gotten the flu making it one of the hardest hit cities in America.

After the lethal second wave struck in late 1918, new cases dropped abruptly - almost to nothing after the peak in the second wave, a theory holds that the 1918 virus mutated extremely rapidly to a less lethal strain. This is a common occurrence with influenza viruses: there is a tendency for pathogenic viruses to become less lethal with time, as the hosts of more dangerous strains tend to die out.

HIV AIDS PANDEMIC

Today, HIV (human immunodeficiency virus), remains one of the largest pandemics in the world. HIV is the virus that can lead to AIDS (acquired immunodeficiency syndrome). It doesn't have a cure. There were approximately 37.9 million people across the globe, affected with HIV/AIDS in 2018.

Over the decades, the virus spread through Africa, and to other parts of the world. It wasn't until the early 1980s, when rare types of Pneumonia, Cancer, and other illnesses were being reported to doctors that the world became aware of a presence of a Virus. HIV was first identified in 1984.

The epidemic came into global light when it came to the United States in the 1980s, increasing numbers of young homosexual men succumbed to unusual infections and rare malignancies. Given the sociological parameters of known HIV patients in 1982, early

scientists labelled the group of mystery illnesses as a gay-related immune deficiency, gay cancer or community-acquired immune dysfunction. Later research proved that females and heterosexual people were also susceptible to the virus.

The early months and years of HIV and AIDS research were marked by rapid change. Scientists not only grappled with a new killer illness that was poorly understood, but the virus itself exhibited new characteristics almost as fast as researchers could identify them.

In March 1989, 145 countries had reported 142,000 AIDS cases. However, the WHO estimated there were up to 400,000 cases worldwide.

In most of Africa, though there was a steep increase in transmission of virus, public opinion was backed by the leadership of African politicians who refused to acknowledge the existence of sex between men, let alone a health crisis that affected a nation's homosexual population. In many countries, homosexuality was and still is a criminal act; it was not uncommon for early AIDS activists to end up in jail. In countries where the gay social network operated underground, reaching the population with lifesaving education and antiretrovirals (drug used to control HIV) was near impossible.

In 1999, researchers found a strain of SIV in a chimpanzee that was almost identical to HIV in humans. The researchers, who discovered this connection concluded that it was proved that chimpanzees were the source of HIV-1, and that the virus had at some point, crossed species from chimps to humans.

Created in 2003, PEPFAR is the U.S. government's global effort to combat HIV. As an interagency initiative, PEPFAR involves multiple U.S. departments, agencies, and programs that address the global epidemic.

Although HIV testing capacity has increased over time, enabling more people to learn their HIV status, about one in five people with HIV (21%) are still unaware they are infected. Under Sustainable Development Goal 3, the global community has agreed to aim to end the AIDS epidemic by 2030, and under the UNAIDS "90-90-90" targets, countries work toward achieving, by 2020, "90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

SWINE FLU EPIDEMIC

The 2009 swine flu pandemic was an influenza pandemic that lasted for about 19 months, from January, 2009 to August, 2010, and the second of two pandemics involving H1N1 influenza virus (the first being the 1918-1919 Spanish flu pandemic which lasted about 15 months). First described in April 2009, the virus appeared to be a new strain of H1N1, which resulted from a previous triple reassortment of bird, swine, and human flu

viruses further combined with a Eurasian pig flu virus, leading to the term “swine flu”. The virus of the same H1N1 family as the pandemic flu had been circulating as ordinary seasonal flu since 1977.

The swine flu pandemic of 2009 killed an estimated 284,500 people, some 15 times the number confirmed by laboratory tests at the time, according to a new study by an international group of scientists. The flu infected from 700 million to 1.4 billion (estimate) people.

Swine flu, caused by the H1N1 influenza virus, infected its first known victim in central Mexico in March 2009. By April, it had reached California, infecting a 10-year-old, and then quickly spread around the world, triggering fears and even panic. On April 27, with 900 cases of suspected swine flu reported in Mexico, the World Health Organization (WHO) upgrades the pandemic warning level from 3 to 4 on a six-point scale. Intensive efforts to understand the virus and develop a vaccine began immediately.

Pandemic's impact varied widely by region, with 51 per cent of swine flu deaths occurring in Africa and southeast Asia, which account for only 38 per cent of the world's population.

Even though the elderly were more likely to die once infected, so few caught the virus that 80 per cent of swine flu deaths were of people younger than 65 years.

The swine flu lead individuals differ in the way they react to viruses. A virus that binds deep in the lung can trigger potentially fatal pneumonia if the person infected mounts a strong inflammation in response to it.

Although swine flu seemed to be spreading slowly, it was still progressing quickly enough to justify preparing for a pandemic. However, the WHO delayed declaring a pandemic, partly because there was not enough evidence that the virus was spreading in the general population outside the Americas, where it originated.

Researchers discover that the swine flu virus binds far deeper in the lungs than ordinary flu, possibly explaining why it is sometimes fatal. However, the majority of cases were still mild, and it appeared that many of the people with severe cases have an underlying health problem - although some of these “problems” were no more remarkable than being overweight, pregnant or unborn.

By September 2009, a vaccine was formed which worked similar to a seasonal flu shot. By November 19, 2009, doses of vaccine had been administered in over 16 countries.

CURRENT PANDEMIC AND CONCLUSION

The Corona outbreak came from the wet markets of China in 2019 and has since become a pandemic. The Corona pandemic is not the first pandemic that arose from China in the 21st century. In 2003, the SARS outbreak was traced to a wet market in

Foushan, China. Chinese officials were quick to shut these markets and banned wildlife farming. But they tried to hide the outbreak first. A few months after the outbreak, the Chinese government declared 54 species of wildlife animals legal to farm again.

That SARS outbreak which was related to the current virus, took almost 800 lives. But due to global efforts, it was stopped from spreading like the current contagion.

The first SARS outbreak of China had a 10% rate of fatality but its spread from human to human was not as strong as the current SARS COVID-19 plus the symptoms were so extreme most people immediately went to the hospitals.

If lessons were learned from this outbreak and earlier outbreaks and precautions were taken, maybe this pandemic could have been avoided.

Both of the viruses arose from contact between a sick animal and a human; conditions adequate in a wet market. China knew of the dangers but didn't pay heed.

Testimonials from Wuhan doctors and citizen journalist provide adequate proof that the officials tried to hide this outbreak. They did not impose restrictions on meetings during the Chinese New Year which acted as a breeding ground for a massive infection strain.

The viral outbreak was not called the Chinese flu or the Wuhan virus because WHO has identified best practices for the naming of new human diseases, with the aim to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups. These practices have taken place considering the stigma that happened during the Spanish Influenza.

Similarities we see in this pandemic with the past ones are of panic and a general atmosphere of doubt. As the information about the virus spread, people in large numbers started migrating to their native lands and this spread the Corona virus further.

During Bubonic plague misinformation played a big role in false treatments and misconceptions of the disease. Just like the belief that the smell of roses could ward off the plague, many believed in false news of corona being cured by alcohol.

From the example of San Fransico, it can be understood that opening a lockdown too quickly or not abiding to social-distancing norms can lead to massive infections and deaths of thousands.

During Cholera particular communities were blamed for the pandemic just like the Chinese community is being ostracized now.

AIDS pandemics shows how certain government tries to hide outbreaks due to social stigma and how they rather let the situation go untreated than let the world know of a deadly infectious virus.

In both the Swine flu and current pandemic situation inadequacy of WHO leadership can be noticed.

My research portrays the adverse effects of a pandemic, how it spreads when officials fail to contain it or understand its seriousness, and areas which a pandemic strikes hard. In all the pandemics findings, the source land of the pandemics and the patient zero has been deemed essential. Spread of a virus can help us understand how it was created and which places need to be locked-down to stop its spread. Example- London Cholera outbreak was traced to the source infected water tank and stopped.

Given the effects of globalization, the intense mobility of human populations, and the relentless urbanization, it is likely that the next emerging virus will also spread fast and far. It is impossible to predict the nature of this virus or where it will start spreading.

Through the history we learn the marvellous thing about humanity, its capacity to survive, and to record its own history. And through that desire, we keep track and tell tales of hardship and woes. Today, we understand the devastation that a disease can wreck. Because of this desire to avoid pain and sufferings, we have modern medicines and to avoid global pandemics, we need to make sure such outbreaks never happen again and that can only be done through worldwide containment efforts across all countries.

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Post-Covid-19 World Order: India Will Be a Key Player

Esha Naqvi*

ABSTRACT

The entire globe has come under one umbrella to fight the ongoing war against COVID-19 and a lot has changed since then. This paper focuses on the various economic factors that have been affected by the pandemic by reviewing facts and figures from credible sources like the International Monetary Fund (IMF), International Labour Organization (ILO) and other news articles and reports. The first part of the paper sets out the different elements of the economic damage while in the second part, the paper discusses some suggestions for the future decisions to be made to recover from the loss. Further, we would conclude how resilience and agility are the way India can reorient its position in Asia and beyond in the future.

Keywords : COVID-19, Economic, India, Lockdown, Policy

INTRODUCTION

While addressing a convocation ceremony in Indianapolis in 1959, John F. Kennedy, the then Senator of Massachusetts, eloquently declared: “The Chinese use two brush

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strokes to write the word ‘crisis. ‘ One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger—but recognize the opportunity.” Even though in today’s world, Kennedy’s interpretation is regarded largely as erroneous, still its essence of a crisis resulting in opportunity must not be overlooked, especially as the COVID-19 pandemic rages through the world.¹

The economic impact of this fight against the coronavirus is going to be incomprehensible, the reason being the involvement of almost the whole world in this war. The outbreak has disrupted the functioning of almost all sectors as well as affected the human life of both the developed and emerging economies, thereby smashing the façade of the present world order.

The representation of countries like India, the largest democracy of the world, with 17.7% of the world’s population² needs to be given due thought. Given the extent of the damage to the economy from the disruption to business, a medium term plan for recovery is the need of the hour.³ Unlike in 1991, India does not face a balance of payments crisis. Instead, the country requires to overcome challenges such as non-availability of long-term funds and high cost of doing business. This requires simultaneous reform across both real and financial sectors.⁴ This paper discusses the position of India economically in the current and post COVID-19 world through a dynamic comparison between the world and India in various economic aspects.

ECONOMIC COSTS

BACKGROUND

The IMF had previously reported how the world economy in 2019 had entered its “slowest pace” of a “synchronised slowdown” since the Global Financial Crisis of 2007-08, which resulted in a sharp deterioration in the manufacturing activity of global markets. According to the IMF, the Brexit and the Sino-American trade war were the primary reasons to be blamed, resulting in ‘heightened trade and geopolitical tensions’ and hence economic slowdown.⁵

LOCKDOWN IMPACT ON ECONOMY

As the SARS-CoV-2 virus has spread around the globe, concerns have shifted from supply-side manufacturing issues to decreased business in the services sector.⁶ The pandemic caused the largest global recession in history, with more than a third of the global population at the time being placed on lockdown.⁷ Under the assumption that the pandemic and required containment peaks in the second quarter for most countries in the world, and recedes in the second half of the year, in the April ‘World Economic Outlook,’ the IMF projected global growth in 2020 to fall to 3 percent, which was a downgrade of 6.3 percentage points from January 2020. This makes the Great Lockdown

the worst recession since the Great Depression, and far worse than the Global Financial Crisis.⁸

The primary sign of the coronavirus recession was the 2020 stock market crash that started on 20 February, and the International Monetary Fund (IMF) reported on 14 April that all of the G7 nations had already entered or were entering into a “deep recession” and that there had already been a significant slowdown of growth in emerging economies.⁹ Consequently, the imposition of lockdown by the governments across various countries resulted in the reduction of the demand of travelling as well as the factory activity, causing the oil prices to fall significantly. This triggered the Russian-Saudi Arabia oil price war, initiated by Saudi Arabia in response to Russia’s refusal to reduce oil production in order to moderate the oil prices. US oil prices crashed as much as 34% to a four-year low of \$27.34 a barrel as traders brace for Saudi Arabia to flood the market with crude in a bid to recapture market share.¹⁰ Crude finished with a staggering loss of nearly 26% to settle at \$31.13 a barrel. Brent crude, the global benchmark, plunged 24% to close at \$33.36 a barrel. Both oil contracts suffered their worst day since 1991, according to Refinitiv. And they are both now at four-year lows.¹¹

The shock to oil also rattled stock markets, which were already in a panic because of the novel coronavirus outbreak. Markets in Asia plunged during Monday trading, while US stocks recorded massive declines. In Europe, the FTSE 100 (UKX) plunged 8.5%, while Germany’s DAX was down 7.4% and Italy’s main index fell 7%.¹² India’s BSE SENSEX fell 2919 and NIFTY 50 fell 950 points in a single day on 12 March 2020.¹³ The United Nations Development Programme expects a US\$220 billion reduction in revenue in developing countries, and expects COVID-19’s economic impact to last for months or even years.

ECONOMIC SCENARIO ANALYSIS

For the first time since the Great Depression both advanced economies and emerging markets and developing economies are in recession. The IMF states that for this year, according to the baseline scenario, growth in advanced economies is projected at -6.1 per cent.¹⁴ Emerging market and developing economies with normal growth levels well above advanced economies are also projected to have negative growth rates of -1.0 per cent in 2020, and -2.2 per cent if you exclude China. Income per capita is projected to shrink for over 170 countries. Both advanced economies and emerging markets and developing economies are expected to partially recover in 2021.¹⁵

Given the extreme uncertainty around the duration and intensity of the health crisis, the IMF also explored alternative, more **adverse scenarios**. It is possible that the pandemic may not recede in the second half of this year, leading to longer durations of

containment, worsening financial conditions, and further breakdowns of global supply chains. In such cases, global GDP would fall even further: an additional 3 per cent in 2020 if the pandemic is more protracted this year, while, if the pandemic continues into 2021, it may fall next year by an additional 8 per cent compared to our baseline scenario.¹⁶

Confederation of Indian Industry (CII) in their ‘A Plan For Economic Recovery’ have estimated GDP growth in India under three different scenarios, namely Optimistic scenario, Base scenario and Downside Risk scenario. In the Base scenario, it is predicted that economic activity will resume after the lockdown period but will take time to reach traditional capacity standards, as restrictions on the population and goods will continue in the identified hot spot regions even beyond the lockdown phase. This will lead to disruption in supply chains, slow pick-up in investment activity, labour shortages in the short-run and muted consumption demand on account of reduced household income.¹⁷

The optimistic scenario predicts that economic activity will start to recover right after the lockdown is uplifted and will get back to normal in a periodical manner within a short span of time. The downside risk scenario predicts that the restraints on the free movement of people and goods in hot spot regions gets extended far beyond the lockdown phase as the COVID-19 pandemic extends and persists on for longer. Additionally, new regions are established as ‘hot- spots’ contributing to an increase in the number of hot spot regions. In this scenario, consumption demand will contract sharply, the investment activities will crash, and the government will be forced to increase fiscal spending to sustain the economy and to prevent any humanitarian crisis.¹⁸

Based on these scenarios and the estimated impact on different sectors of the economy, the IMF expects GDP growth to lie between -0.9 and 1.5 per cent for FY2021.¹⁹ In the **Base scenario**, GDP growth is estimated at a negligible level of 0.6 per cent while in the **optimistic scenario** it is projected at 1.5 per cent.²⁰ In the **downside risk scenario**, where the pandemic outbreak gets prolonged, thereby restricting full restoration of economic activity for an extended period, the GDP growth for FY2021 could possibly contract by as much as -0.9 per cent.²¹

LOSS OF JOBS AND PRODUCTIVITY

In its preliminary assessment report titled “COVID-19 and world of work: Impacts and responses”, the International Labour Organization (ILO), a US agency, stated that nearly 25 million jobs could be lost worldwide due to the pandemic. Based on different scenarios for the impact of COVID-19 on global GDP growth, the ILO estimates indicate a rise in global unemployment of between 5.3 million (“low” scenario) and 24.7 million (“high” scenario) from a base level of 188 million in 2019.²²

The ILO explained how falls in employment also meant large income losses for workers to the tune of between USD 860 billion and USD 3.4 trillion by the end of 2020. This will translate into falls in consumption of goods and services, in turn affecting the prospects for businesses and economies.²³ Working poverty is expected to increase significantly too, as “the strain on incomes resulting from the decline in economic activity will devastate workers close to or below the poverty line,” the ILO said. It estimates that between 8.8 and 35 million additional people will be in working poverty worldwide, compared to the original estimate for 2020 (which projected a decline of 14 million worldwide).²⁴ The outbreak is expected to wipe out 6.7% of working hours across the world during the second quarter of 2020. That is the equivalent of 195 million full-time workers losing their jobs.²⁵

The Indian workforce has many people employed informally — estimated at a minimum of 60 per cent who could either be casual labour employed in the formal or informal sectors or self-employed in various professions. According to the last labour survey for 2017-18, out of a total of around 480 million workers, 250 million were self-employed while 109 million were casual labour.²⁶ The sectors which generate most of the employment, including both manufacturing and services, are all currently under lock down. According to a CII report on employment generation, the ten largest sectors by employment are: building, construction and real estate; beauty and wellness; retail; transportation, logistics and warehousing; tourism, hospitality and travel; electronics and IT hardware; handloom and handicrafts; textile and clothing; food processing; auto and components wherein most of these sectors are dependent on informal workforce to a large extent.²⁷

Within a month, unemployment rose from 6.7% on 15 March to 26% on 19 April and an estimated 14 crore (140 million) people lost employment.²⁸ The unemployment rate shot up to 23%-24% from 7%-8%, the labour force participation rate dropped to 35.5% from 43%, and over 45% households reported a reduction in income compared to a year ago, says Mahesh Vyas who is the Managing Director and Chief Executive Officer of the Centre for Monitoring the Indian Economy.²⁹

ACTIONS TAKEN BY THE GOVERNMENT

Globally in a poll by the ‘Edelman Trust Barometer’, out of the 13,200+ people polled, 67% agreed that “The government’s highest priority should be saving as many lives as possible even if it means the economy will recover more slowly”; that is, life should come before livelihood.³⁰ For India, the poll showed a ratio of 64% to 36%, where 64% of the people agreed that saving as many lives as possible was a priority, and 36% agreed that saving jobs and restarting the economy was the priority.³¹

In India, the life versus livelihood debate also played out, with the government first announcing that life would be prioritized over livelihood, which later changed to an equal importance being given to life and livelihood. Prime Minister Modi announced the first 21 days of India's lockdown on 24 March. During this address to the nation he said, "*Jaan hai toh jahaan hai*" (transl. Only if there is life there will be livelihood).³² On 11 April, in a meeting with the Chief Minister's of India, the Prime Minister said "Our mantra earlier was *jaan hai toh jahaan hai* but now it is *jaan bhi jahaan bhi* (transl. Both, lives and livelihood matter equally).³³

While India's lockdown was announced when the number of cases was not particularly high relative to the population (there were 500 cases when the lockdown was announced), the public health implications of rapid community transmission, especially from the urban areas to rural areas, were clearly on the minds of the national political leadership in initiating such a drastic shut down of economic activity.³⁴ If COVID-19 was allowed to continue unabated, an estimated 35 million individuals would have been hospitalized and 6 million deaths would have occurred, according to the epidemiological modelling of the global impact of COVID-19.³⁵ If mitigation measures of mild social distancing of the entire population (reducing social contact rates by 45 per cent) and social distancing of the elderly (reducing contact rates of the elderly by 60 per cent) had been enacted, the number of deaths would reduce to 4 million and 3 million respectively.³⁶ A national lockdown-which is equivalent to a suppression strategy that reduces interpersonal contact rates by 75 per cent-would, however, lead to only 0.3 million deaths caused by COVID-19.³⁷

On 12 May, the Prime Minister addressed the nation saying that the coronavirus pandemic was an opportunity for India to increase self-reliance. He proposed the Atmanirbhar Bharat Abhiyan (Self-reliant India Mission) economic package worth Rs 20 lakh crore or 10% of India's GDP in 2019-20.³⁸ The economic package consisted of a mix of reforms, infrastructure building, support to stressed businesses and a certain amount of direct cash support wherein the "collateral-free loans" that the package provides aimed to "resume business activity and safeguard jobs".³⁹

RECOVERY FROM THE DOWNTURN

On 26th May 2020, the World Health Organization (WHO) released its manifesto for a healthy and green recovery from the pandemic. WHO Director-General Dr Tedros Adhanom Ghebreyesus while addressing the 73rd World Health Assembly held on 18th May said "The pandemic is a reminder of the intimate and delicate relationship between people and planet. Any efforts to make our world safer are doomed to fail unless they address the critical interface between people and pathogens, and the existential threat

of climate change, that is making our Earth less habitable.”⁴⁰ Various prescriptions were laid out by WHO namely protecting and preserving nature, investment in essential services, from water and sanitation to clean energy in healthcare facilities; ensuring a quick healthy energy transition; promoting healthy, sustainable food systems; building healthy, liveable cities; stopping use of taxpayers’ money to fund pollution.⁴¹

On the same day, more than 200 organisations representing at least 40 million health workers - making up about half of the global medical workforce - signed an open letter to the G20 leaders and their chief medical advisers, pointing to the 7 million premature deaths to which air pollution contributes each year around the world.⁴²

The International Labour Organization (ILO) has structured its key policy messages for response to the crisis around four pillars. Like any solid foundation, each pillar complements the others in sharing the weight of the enormous load faced by countries.⁴³ International labour standards provide a tried-and-trusted blueprint for policy responses designed to facilitate a recovery that is sustainable and equitable.⁴⁴ The ILO’s four-pillar policy framework, based on international labour standards, for tackling the socio-economic impact of the COVID-19 crisis-

Pillar 1 — Stimulating the economy and employment

- Active fiscal policy
- Accommodative monetary policy
- Lending and financial support to specific sectors, including the health sector

Pillar 2 — Supporting enterprises, jobs and incomes

- Provide various types of relief, including financial and tax relief, for enterprises
- Implement employment retention measures
- Extend social protection to everyone

Pillar 3 — Protecting workers in the workplace

- Strengthen occupational safety and health measures
- Adapt work arrangements (eg. teleworking)
- Prevent discrimination and exclusion
- Provide access to health for all
- Expand access to paid leave

Pillar 4 — Relying on social dialogue for solutions

- Strengthen the capacity and resilience of employers’ and workers’ organizations
- Strengthen capacity of governments
- Strengthen social dialogue, collective bargaining and labour relations institutions and processes⁴⁵

While India’s initial attempt to ‘contain the contagion’ has been applauded by many

for its rapid response, what remains crucial for its role in the post-COVID-19 world order is the extent to which the damage will be controlled.⁴⁶ Dr Duvvuri Subbarao, former governor of the Reserve Bank of India (RBI) and a veteran economist, says India can expect to see a V-shaped economic recovery post coronavirus crisis.⁴⁷ “Most recessions have seen a V-shaped recovery except the global financial crisis of 2008. Why do I say a V-shaped recovery is possible out of this for India? I say this because this is not a natural disaster. It is not a cyclone or a flood or an earthquake. Our infrastructure is intact and so is our transport system. Our factories are intact too. So, with the right policies, many firms can revive and engineer a V-shaped recovery,” he says.⁴⁸

The Confederation of Indian Industry (CII) in its ‘A Plan For Economic Recovery’ sets out some suggestions for actions to be taken in the short and medium-term. According to them, in addition to the immediate stimulus which is required urgently to overcome the deep distress in the economy, a medium-term plan is needed to be implemented over two years. This would include not only immediate restructuring requirements to support the economy from the damages inflicted by coronavirus but also prepare for a more competitive economic landscape over the next decade.⁴⁹

1. Short term plan

a. Fiscal stimulus required

According to some sources, India’s government debt is already high and a further increase in the fiscal spending can lead to a rating downgrade. Yet, while on one hand, comparing India’s debt level with other G-20 countries shows that it still lies lower than other countries, at 68.1% GDP (2018); on the other hand, the stimulus so far provided by the Finance Ministry is small compared to many of the other countries that are fighting the COVID crisis.⁵⁰ This leads us to the conclusion that the government needs to provide a sharp but temporary stimulus that can be withdrawn once the economy is back on track. Without such a step, the budget will continue to bleed for several years, as the revenue shortfall continues.⁵¹ Some of the elements of the fiscal cost will include the following:

- The cost on additional health infrastructure such as hospital beds, medical equipment and drugs required to treat the surge in patients (Centre and States).⁵²
- Transfers to the poor who have lost their jobs and livelihoods will be necessary, as a consumption booster (Centre and States).⁵³
- Support to businesses who are facing distress and are unable to repay their loans and make statutory payments. They need government support, both general as well as sector specific ones in stressed sectors such as aviation, retail, tourism and hospitality (Centre).⁵⁴

2. Medium term plan

a. Structural reforms

Structural reforms are now urgently required for reducing the cost of doing business. They would also renew confidence in the economy and support the recovery in the medium-term. Broadly, they fall in the following five buckets.

- The cost of transportation and logistics needs to be lowered through better quality infrastructure. The National Infrastructure Plan has laid out the details. Serious implementation is now required.⁵⁵
- Commercial power tariffs remain high in India, further affecting industry's competitiveness. Further, the state power distribution companies are running at huge losses. Taking forward the reform / privatization of the Discoms is necessary.⁵⁶
- The cost of credit remains high and credit availability is constrained. Reform of the banking sector including reduction of government stake in public sector banks is required to improve governance and address their NPA problem.⁵⁷
- The high level of regulatory permissions required for businesses affects the Ease of doing business. This includes the difficulty in getting access to reasonably priced land for industry. Reforms by State governments are especially important in this area.⁵⁸
- Complicated taxation structure, especially in indirect taxes. A three-tier tax structure with raw materials and intermediate goods being taxed at a lower rate than final products must be implemented. In addition, the GST structure can be simplified in the form of one registration.⁵⁹
- Labour market reforms are required to enhance labour market flexibility and provide incentives to small companies to increase their scale and employment.⁶⁰

b. Macro stability

For the medium-term, it is important to return to macro-stability. A roadmap for fiscal consolidation should be drawn up and any sign of inflation should be nipped in the bud. In case of food inflation, supply side management can be useful in holding prices instead of monetary tightening.⁶¹

CONCLUSION

Undoubtedly, one could see the prevailing times as the first real evaluation of the developed as well as emerging economies in face of a crisis. COVID-19 will force a renewal of many industries as we all sit at home in lockdown, re-evaluating and re-imagining modes of supply, consumption, interaction and productivity. We will rise from this period stronger, wiser and more united as a global society. Flexibility will be at the forefront of every planning, yet it is agility that will ensure competitiveness, and a capacity to counter the unpredictable. To attain this, businesses will have to re-examine where they must be strong

and where they must be flexible. It would be necessary for the government to consult all key stakeholders, including public health professionals, civil society representatives, and economists, so that there is a general agreement on the best way forward given the certainly crucial circumstances. With China losing its credibility, and India's new FDI policies, it is possible that companies looking for an alternative to China would start investing in India. Although, India would face numerous difficulties while competing with China, it would be balanced out in the light of Sino-US war, if India manages to reorient its role in South Asia and beyond.

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India's Role in New World Order Post Covid-19

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ABSTRACT

The Coronavirus outbreak has made political analysts and international relations specialists to think whether the current world order could change or not after the containment of the pandemic. If it does, who will take the charge of the world? Would the United States move into oblivion or would China challenge them for global hegemony? Where would India stand in the hypothetical new world order? Many such queries have to be answered but before thinking about them, we need to understand the meaning of world order, its pecking order and how it has changed within the contours of history. We need to understand the difference between a unipolar world order and a multi polar system. The circumstances in which India entered the order were not easy. This paper looks into how India has made an upward push for power in the current scenario to reach at a position where it is being touted as one the world's budding superpower.

Keywords : World Order, Century, Hegemon, Realism, Bloc, India, Economic

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INTRODUCTION

Henry Kissinger, former US Secretary of State, defined the World Order to be the distribution of power among the world powers in his book of the same name in 2014 (Kissinger, 2014). Though it is widely cited to be an International Relations term, the world order has throughout time decided the power structure of the world and the pecking order of countries and states on the basis of resources.

This order generally dictates the superiority or hegemony of a country over the globe. In International Relations Theory, hegemony denotes to a situation of great material asymmetry in favor of one state that has:

- 1) Enough military power to systematically defeat any potential contender.
- 2) Control of the access to raw materials resources, capital and market.
- 3) An accepted ideology reflecting their status quo, for example, capitalism.

These prerequisites are required to surmount a global hegemony. In the past two centuries, many countries and kingdoms have tried to possibly 'control' the whole world. The United States has been regarded by many to such a superior force since the dissolution of the U.S.S.R in 1992. Its dominance is reflected by the fact that almost the entire world has started to follow the free market system based on the American principle of capitalism.

Since the early 1990's, India too has overseen a great jump to regional dominance and international popularity. Its growing resources, the expanding GDP and giant infrastructure push has made India a serious contender for becoming a global power. But, the current scenario has been dominated by the U.S.A and China, with India lurking silently at the fringes. The COVID-19 pandemic has given India a chance to further grow its powers in many spheres which could transform it into world reckoning. The ultimate aim of the research is to find to whether India has the resources and the international backing to become a global superpower.

REVIEW OF LITERATURE

The phrase, 'world order' was first coined by Woodrow Wilson, the 28th President of the United States of America when he talked about a "new world order" in connection with the global zeitgeist during the period just after World War I during the formation of the League of Nations. According to him, the bloodshed was necessary to end 'it' forever as was clear from his use of the phrase "a war to end all wars" (Jamieson, 1990).

The new world order President Wilson was referring to, meant a change in the international politics of those times. The phrase was popularized in Europe by German chancellor Adolf Hitler in a speech in 1941, where he called on his fellow citizens to build a new order by their support to the Reich (Leszcynski Gumkowski, 1961).

The world order has had different meanings for different nation states. According to some historians, President Wilson's use of the phrase sided with making America the new leader in terms of international politics whereas Hitler's views make it seem that his plan for a new order was connected to a further ideological connotation. Both these statements were made in a time gap of 21 years, the world had witnessed two great wars and a breakup of several kingdoms by then. This led to the conclusion that the world order could only be dominated by a single hegemony, if not then a multi polar world order can lead to disturbance, conflicts and eventually wars (Schubert, 2004).

India, which became independent in 1947, had a long way to go as it had to establish an economy and relations with other countries needed to be mended. That is why India did not exist high enough in the world's pecking order for a significant amount of the twentieth century.

Published works of theorists like Jack Donnelly and Stephen Krasner give stable bedrock to the research. These works also help us understand the actual definition of "International Relations" and the terms associated with it. Personal anecdotes of politicians and diplomats who have witnessed the international power balance swing in various directions provide the paper with a much needed analysis. The global power balance has taken various twists and turns over centuries and still no one could ever understand its dynamics. Many thinkers have seen it through the prism of realism whereas many think of it idealistically. Therefore, theories of Wershiemer and Waltz add different views to this research. The inclusion of various newspaper reports help us to organize the series of event which led to change in the world order in a chronological and understandable way.

The Indian scenario, from its inclusion into the world polity to the heights of attaining regional power has been incorporated through various indigenous publications and reactions to Indian foreign policy by the global media. Many official reports of the World Health Organization and the International Monetary Fund have been cited to back some the claims quoted in the research. All the works and reports have been cited to give the reader an overview of the balance of power in global system.

AN OLD WAR, A NEW WORLD

According to political scientist and thinker Jack Donnelly, the international system has always worked on the principle of realism (Donnelly, 2000). Realism is a Foreign Relations term which indicates that the international system is more likely to remain stable when a single nation state is the dominant world power. Thinkers like Stephen Krasner, George Modelski and Robert Gilpin have seconded this notion in their respective publications. Krasner went on to write in his book, *The Subversive Realist*,

that the fall of an existing hegemon or the state of having no dominant force diminishes the stability of the international system (Krasner, 2010).

There have been many such instances where states have tried to usurp power whenever a large and dominant force (country/kingdom) has waned. The tussle between European empires for obtaining hegemony in the Indian subcontinent after the end of the Mughal rule is an apt example of this. This fight for regional supremacy resulted in many bigger conflicts in the subsequent decades. Three Carnatic Wars were fought between the French East India Company and the British East India Company from 1746 to 1763. The sequence in which these countries tried to set camp in the subcontinent also tells us that these conquests were a part of showing one-upmanship over the others in middle-age Europe.

Portugal was a dominant power in Europe throughout the 16th century due to their dominance in navigation. This is the reason why Vasco da Gama, a Portuguese, was the first European to navigate a route to India in 1498. It was nearly a century later that Britain and The Netherlands challenged the Portuguese monopoly over the “trade route” to India. The timing of their quests also corresponds with the years of English and Dutch domination over Europe. This means that a nation state that has got superiority over its regional rivals yearns for more authority as is shown in the European context. It is a very important conclusion that was later addressed in Krasner’s theory of realism.

It was Britain in the end that got the better of their rivals in the subcontinent and also ruled almost all the landmass on the globe. They dominated the world for more than two centuries and made themselves the sole proprietors of global hegemony. There were the leading manufacturers, had all modern amenities and were privy to many life changing inventions. It wasn’t until the First World War, that Britain’s role as the world leader was challenged. The war in Europe had been fought in alliances, namely- the allied powers and the central powers. The four year war had led to widespread destruction in the continent which made many industrialists and workers shift their bases to the United States. Britain, who fought in an alliance with the U.S. suddenly found its workforce migrating westwards. This led to a huge economic crisis in the entire continent. Since the English had many colonies under their rule, they survived the hit but their story of global domination had no takers now. The United States’ dramatic rise and resurrection of Asian economies like Imperial Japan had made the one sided world order into a multi-polar one.

The economic crisis made central powers like Germany, who had lost the war, go completely bankrupt. The Great Depression of the 1930’s also did not make their work easier. As a result of growing disobedience amongst the general public, many governments were being thrown out in every nation, every next election. In such an

election in Germany in 1933, the Nazi Party of Adolf Hitler won a majority in the German Reichstag. Unlike many European countries, Germany started privatization of state industries, opened its economy and ordered tariffs on imports. According to reports, weekly income increased by nearly 19% in real terms although working hours were increased as well by 1939 (Bry, 1960). This economic bailout was followed by a call to German citizens by Hitler to build a new order. This new order included radicalization of social sentiments of the population. As German currency grew, so did its wishes of becoming a European power. Expansionism became a state sponsored policy and Germany invaded Poland on September 1st 1939. Two days later, British and French forces declared war on Nazi Germany, beginning the Second World War. Though largely concentrated in Europe, Germany had gained access to most of it by 1941. They signed important treaties with Benito Mussolini's Italy and Imperial Japan and formed the Axis alliance. The Axis regime had gained significant control over most of Europe and Asia and it was likely that a huge change was about to take place in world politics. The Axis was guaranteed success in their military conquests mainly due to their post-great depression economic stability and war victories. But it all changed on December 7th 1941, when the most decisive action of the war was undertaken.

Japan attacked Pearl Harbor, a U.S. naval base which resulted in deaths of more than 2000 American soldiers. U.S.A entered war the next day and hence opened up the Pacific Ocean as another theatre of war. Around the same time, Germany invaded the Soviet Union so as to extend their borders eastwards. This opened up the western theatre of war to Britain and France, who started inflicting losses on the Nazi nation through air. The Soviets too, defeated Germany famously at the Battle of Stalingrad and from then on all seemed to go bad for the Axis powers. Both United States and Soviet Union decisively won against Imperial Japan and Nazi Germany respectively. The Soviets captured Berlin which led to Germany's unconditional surrender on May 8th 1945. On the other hand, the Americans dropped atomic bombs on Japanese cities of Hiroshima and Nagasaki, which effectively ended the war and led to Japanese surrender on September 2nd 1945.

The Second World War was the most important event to take place in the history of contemporary world. The war was won by the Allied nations but it gave the world two superpowers- the United States of America and the Soviet Union. Their own race for global supremacy would later change world's power dynamics.

INDIA'S ENTRY INTO THE ORDER

India got its independence from her British colonizers in 1947. A major part of the post World War 2 scenario was the rapid decolonization of former colonies under British rule.

India was already a founding member of the United Nations (UN), an international organization formed after the Second World War as a platform to bring a global consensus on conflicts. India also helped in the making of the UN Charter of Human Rights, which put India as one of the budding democracies in mostly empirical Asia. But being a newly formed nation, it needed to make its international presence felt around the globe, both diplomatically and strategically.

India's early years as an independent country corresponded with the start of the Cold War between U.S.A and the Soviet Union. This "silent war" for global supremacy was fought on many fronts. One of the most striking features of this conflict was the grouping of nations on the basis of their allegiance to either of the two superpowers. Those countries which sided with capitalist America and were part of the North Atlantic Treaty Organization (NATO) were collectively known as the Western Bloc. These included 30 North American and European countries. On the other hand, the countries supporting Soviet Union signed the Warsaw Pact in 1955, thereby forming the Eastern Bloc, which were mostly communist regimes in Eastern Europe.

It was suspected that India too, would join either of the blocs as a newly built nation with a fragile economy needed a push from foreign powers. But India chose to remain neutral, i.e. it did not align itself with any of the two blocs. India, therefore, formed the Non Aligned Movement along with Egypt, Ghana, Indonesia and erstwhile Yugoslavia in 1961. The then Indian dispensation's belief was that the developing countries should not help either of the two blocs in the Cold War as it could be detrimental for their relations with other countries.

Although, India never explicitly supported anyone, it had good diplomatic and economic relations with the Soviet Union. Jawaharlal Nehru, India's then Prime Minister visited Moscow and Nikita Khrushchev, the First Secretary of the Communist Party paid a visit to India in 1955. While in New Delhi, Khrushchev announced that the Soviet Union supported Indian sovereignty over Kashmir and over Portuguese coastal enclaves of Goa (Mastny, 2010).

This relationship caused enmity in the Indo- U.S. and Sino- Soviet relations.

Nearly two decades later, it was the Morarji Desai led Janata Alliance who started a diplomatic renaissance with western countries, most notably the United States. Still, India depended heavily on the Soviets militarily. India reached out to many NATO countries, which in turn thawed the Indo- U.S. relationship. Till the late 1980's though, India was seen as a Soviet ally by many in the western half of the globe. India's foreign policy was classified as defensive realism. Defensive Realism is theory derived by Kenneth Waltz in his book, Theory of International Politics (Waltz, 1979) in which he argues that the anarchical structure of international system encourages states to

maintain moderate and reserved policies to attain security. It wasn't until Rajiv Gandhi's 1985 visit to the United States that American administration decided to have good ties with India (PTI, 2018).

The Cold War effectively came to an end in November 1991 with the fall of the Berlin Wall. The same year, Government of India decided to liberalize the Indian economy. On November 12th 1991, based on an application from Government of

India, the World Bank sanctioned a structural adjustment loan, which was primarily one to support the government's program of stabilization and economic reform. This specified deregulation, increased the foreign direct investment, liberalization of the trade regime, reforming domestic interest rates, strengthening capital markets and initiating public enterprise reform (Report of the IBRD and IDA on a proposed structural adjustment loan to India, 1991).

The economic reforms not only made India a haven for foreign investment but also created a new Asian market which could be used to breach the North-South divide.

INDIA UP THE PECKING ORDER

The liberalization exercise made India a new centre point for world trade. Though, there can be no concrete conclusions on its impact on Indian people. The dissolution of the Soviet Union on December 26th 1992 further forced India to globalize its market and be more investor friendly in its approach.

Its foreign policy and international relations also improved. India continued from its legacy of the Non Aligned Movement and joined various regional and strategic alliances like the South Asian Association for Regional Cooperation (SAARC) in 1985 and the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) in 1997. It also tried to improve its relations with the United States with all Prime Ministers since Atal Bihari Vajpayee visiting the country at least once in their terms.

India and China became important markets and also doubled up as supply chains for western powers after the Gulf War. The unipolar world order, massively ruled by the U.S.A, became more concentrated after America attacked Iraq in 2003. This made India a more preferable destination for investors and private sector undertakings. International collaborations with indigenous companies made the Indian economy grow faster than ever before.

The software boom in India during the early 2000's also gave it a push upwards in the world's power balance. The IT boom had helped the country to absorb a big chunk of demographic dividend, which otherwise could have been wasted. India also became a hub of Knowledge Economy, i.e. export of professional in various fields throughout the globe. Many doctors, engineers, scientists and teachers of Indian origin have been employed in

various countries as professionals. This “export” of knowledge itself led India to have a current account surplus for three years during 2000-2002 (INSIGHT, 2014).

India had become a full fledged nuclear state in 1974 but discontinued its operations after being encountering opposition from many quarters. The Nuclear Suppliers Group (NSG) was formed in reaction to the Indian tests to check international nuclear proliferation. India again carried nuclear tests in 1998 and detonated three bombs. But due to the growing relations between India and the U.S.A, both countries signed a civil nuclear deal in 2008, overriding all restrictions posed on international nuclear non-proliferation by the NSG (Nuclear Deal: A Chronology of Key Developments, 2008).

India's participation in international summits and its inclusion in groups of nations like G20 and BRICS have strengthened its overall outlook. It has been one of the biggest contributors to the United Nations Peace Keeping Force serving in African countries like Congo, Ghana and Libya. Since the start of the 21st century, the annual average GDP growth has been around 6%-7%, and from 2014-2018, India was the world's fastest growing major economy, surpassing China (World Economic Outlook October 2018: Report for Selected Countries and Subjects, 2018).

A NEW WORLD ORDER

In December 2019, an infectious disease caused by a relatively undiscovered virus was identified in Wuhan, China. Since then it spread globally forcing the World Health Organization (WHO) to declare the outbreak a public health emergency of international concern on January 30th, 2020, and a pandemic on March 11th 2020.

The pandemic caused global social and economic disruption, including the greatest global recession since the Great Depression of 1930's. It has affected a huge chunk of the world populations and has resulted in more than 360,000 deaths globally till the last week of May 2020. Such has been the affect of this virus that it has led to the postponement or cancellation of sporting, religious, political and cultural events, widespread supply shortages exacerbated by panic buying on a scale seen only during the Second World War. Schools, Universities, and colleges have been closed either on a nationwide or local basis in 177 countries, affecting approximately 98.6% of the world's student population (COVID-19 Educational Disruption and Response, 2020).

In India, the index case or the first case of the Coronavirus was found on January 30th, 2020 in Thrissur, Kerala. India started screening of passengers at airports, both international and domestic in order to stop unknown foreign infection. It reported its first confirmed death from the virus on March 12th 2020 in Kalaburgi, Karnataka. Subsequently, India suspended all non-essential traveller visas and closed all land border crossing within the country via road or rail in the following days.

On March 22nd, 2020, India observed a 14-hour voluntary public curfew at the instance of Prime Minister Narendra Modi. The curfew was followed by a lockdown in 75 districts where COVID-19 cases had come up as well as in all major cities. Further on 4th March, 2020, the Prime Minister (PM) ordered a nationwide lockdown for 21 days, affecting the entire 1.3 billion population of country. After its completion, the PM extended the nationwide lockdown till May 3rd, 2020. He did again twice, extended the lockdown till May 31st, 2020.

On the other hand, many countries like China, U.S.A and the United Kingdom had put their citizens under a lockdown but partially reopened it after a slight decrease in cases and a significant economic loss. As a result, these nations had to witness a second wave of Coronavirus cases. The United States has seen the highest death rate in the world as of now with more than 100,000 people dead. Similarly, China is being accused of not giving timely information about the virus. Some nations have even asked for an independent investigation on the virus' origin.

India too, has witnessed more than a lakh of its citizens getting infected with the deadly virus as it currently stands as the tenth most heavily infected country in the world. But its handling of the pandemic has been hailed by many international organizations and global watchdogs. Michael Ryan, chief executive director of the

WHO's health emergencies program, said that India had "tremendous capacity" to deal with the virus outbreak and, as the second most populous country, will have an enormous impact on the world's ability to deal with it (Ryan, 2020).

Observers state that the lockdown has slowed the growth rate of the pandemic by April 6th to a rate of doubling every 6 days, and by April 18th, to a rate of doubling every 8 days (Gupta, 2020).

The Oxford COVID-19 Government Response Tracker (OxCGRT), in its report based on data from 73 countries, reports that the government has responded more stringently than other countries in tackling the pandemic. It noted the government's strict action, emergency policy making, emergency investment in healthcare, fiscal measures, investments in vaccine research and active response to the situation, and scored India with a "100" for its strictness (India beats other nations in Covid response: Study, 2020).

Although, some commentators are worried about the economic plunge to be caused by the lockdown, which could have a spillover effect on informal workers, micro and small enterprises, farmers and the self employed, who could be left with no livelihood in the absence of transportation and access to markets (Ghosh, 2020). The government after looking into the matter volunteered to start trains to allow migrant workers to reach their villages.

India's fight with the Coronavirus has caught international attention as well. Many countries have been on record to appreciate India for its tough measures. The

Government of United States of America, based on some studies began touting 'Hydroxychloroquine', an anti-malarial drug as a game changer and a possible cure for the virus. Since India is one of the biggest producers and suppliers of the drug, many countries began to request for its requisition. As a result, it exported tonnes of cargo shipments carrying drugs to various countries. Union Health Minister, Dr. Harsh Vardhan, was recently elected to the office of Chairperson of Executive Board of the WHO on May 22nd, 2020. Many nations have also expressed their desire to work with India for developing a vaccine for the treatment of the deadly virus. The United States and Israel have already announced joint research ventures with India for finding the cure.

CONCLUSION

Historical anecdotes always suggest that whenever humanity and world peace have been disturbed by an upcoming disaster, be it a war or a pandemic, it has always ended with the termination of the erstwhile world order and the coronation of a new global super power or a hegemon. The Ottoman Empire folded after the First World War. Europe struggled emphatically after the outbreak of the Spanish Flu in 1917. America and Soviet Union came up as super powers after the Second World War. The United States became the supreme global hegemon after the end of the cold war and the dissolution of the Soviet Union. China emerged as the Asian power after the global economic recession of the mid 2010's.

If the same happens after this pandemic is over, there can be a great chance that India might become the next global super power. Although, the economic activity remains restricted and military power becomes of no use, it is the perception that can transform a country into a true global hegemon in today's day and age. India does have the perception on its side but it all depends on the positions the United States of America and China will take in the end.

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Covid-19 & Contrast Between Developed Economies & Developing Economies

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ABSTRACT

The novel Corona virus that has resulted in a global pandemic, have shown how world's biggest economies in the west has not been able to contain its spread. Despite their developed economies, these nations did not have either well-equipped healthcare systems to deal with a pandemic like this or effective strategies and plans to ensure the safety of their citizens. In contrast, a few developing countries in South Asia and other parts of the world, has been successful in preventing the spread of the virus through their own different measures. This paper investigated the extent to which COVID-19 has threatened the economic growth of both developed and developing countries. The results showed that worst hit economies will take years to recover. The conclusion is that, contrary to common belief, several smaller countries had lessened the damage done by the corona virus.

Keywords: COVID-19, South Asia, Developed economies, Unemployment, Healthcare system, Death rate

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INTRODUCTION

The handling of the COVID-19 pandemic has exposed many hidden truths about the inabilities of fragile healthcare systems of the biggest economies in the world. News stories and reports around COVID-19 have different narratives to tell. The author wanted to study these surprising revelations. Are western countries, claiming to be equipped with world-class health facilities, lagging behind the developing countries in handling the pandemic? What are the possible reasons behind the South Asian countries that enable them to effectively tackle with the corona virus? Can their economic growth shrink to their highest lows in the history?

This paper examined the economic downfalls of nations across the globe, various measures implemented by their leaders to recover and their various plans to financial aids to their citizens affected by unemployment and restrictions on the markets and businesses. Many South Asian countries like Pakistan, Bangladesh and South Korea has been successful in keeping the mortality death rates low, in comparison to the countries like Italy, US and UK. These countries were not only limiting the spread of the virus but they were also constructively managing the economic losses through their unique actions.

DISCUSSION

While much of the media narrative is about reopening, many countries, including several of the largest emerging economies, are still on the “upslope” of the epidemic, with daily case counts increasing. While an increasing number of countries and regions have proven that they can use lockdowns to drive a reduction in cases, to date, we have few examples of success outside higher-income countries.

In some of these countries, the absolute number of deaths is relatively low; interventions against COVID-19 will need to be viewed through the lens of both lives and livelihoods, Russia(379,051), Brazil (413,608), Peru (135905), India (165,074), Saudi Arabia (80,185), Mexico (78,023), Pakistan (61,227) and Chile (86,943).

We have never before attempted to shut down the modern global economy, much less reopen it in the setting of an ongoing pandemic. We have a few examples of strategies that seem to work better, or worse, but none of us know with any certainty the best actions. Even places with strong initial responses like Hong Kong and Singapore have faced challenges as they reopen. China has also seen an increase in cases in the past few days.

The IMF's estimate of the global economy growing at -3 per cent in 2020 is an outcome “far worse” than the 2009 global financial crises. Economies such as the US, Japan, the UK, Germany, France, Italy and Spain are expected to contract this year by 5.9, 5.2, 6.5, 7, 7.2, 9.1 and 8 per cent respectively.

Further predictions by the analysis of the UN Department of Economic and Social Affairs (DESA) said the severity of COVID-19 will largely depend on two factors - the duration of restrictions on the movement of people and economic activities in major economies; and the actual size and efficacy of fiscal responses to the crisis.

Lockdowns in Europe and North America are hitting the service sector hard, particularly industries that involve physical interactions such as retail trade, leisure and hospitality, recreation and transportation services. Collectively, such industries account for more than a quarter of all jobs in these economies.

In the best-case scenario - with moderate declines in private consumption, investment and exports and offsetting increases in government spending in the G-7 countries and China - global growth would fall to 1.2 per cent in 2020.

In the worst-case scenario, the global output would contract by 0.9 per cent - instead of growing by 2.5 per cent - in 2020. The scenario is based on demand-side shocks of different magnitudes to China, Japan, South Korea, the US and the EU, as well as an oil price decline of 50 per cent against the baseline of USD 61 per barrel.

The economic impact in the US, however, could exceed anything experienced since the end of World War II. The world's largest economy shrank at a 4.8 per cent annualized pace in the first quarter, the biggest slide since 2008 and the first contraction since 2014, as the need to fight the corona virus forced businesses to close and consumers to stay home. The downturn was led by the steepest drop in consumer spending since 1980 and the fastest decline in business investment in almost 11 years.

The current quarter is likely to be far worse, with analysts expecting the economy to tumble by a record amount in data going back to the 1940s. Bloomberg Economics has projected a 37 per cent annualized contraction, but UniCredit is the most bearish with a 65 per cent estimate. The IMF and the World Bank have also projected a negative growth rate for the country.

"This is the biggest negative shock to an economy that we have ever seen in our lifetimes. And it hit an economy that in January was about the strongest economy we had ever seen," White House senior economic advisor Kevin Hassett told CNN.

The US and European economies could take until 2023 to recover from the impact of the COVID-19 corona virus crisis, according to a new report from consultancy McKinsey & Company.

If the public health response, including social distancing and lockdown measures, is initially successful but fails to prevent a resurgence of the virus, the world will experience a "muted" economic recovery, said McKinsey. In this scenario, while the global economy would recover to pre-crisis levels by the third quarter of 2022, the US economy would need until the first quarter of 2023 and Europe until the third quarter of the same year.

If the public health response is stronger and more successful - controlling the spread of the virus in each country within two-to-three months - the outlook could be more positive, with economic recovery by the third quarter of 2020 for the US, the fourth quarter of 2020 for China and the first quarter of 2021 for the Eurozone. In these scenarios involving partially effective interventions, policy responses could partially offset economic damage and help to avoid a banking crisis.

The firm has modelled nine scenarios, ranging from rapid and effective control of the virus with highly effective policy interventions to a broad failure of public health measures and ineffective policy and economic interventions.

As the reopening of economies continues across much of Europe and North America, it is worth taking stock of the epidemiological situation and trends that will define the months ahead. In the United States, there is only a loose correlation between disease prevalence and plans for reopening. States with more cases generally plan to reopen later, but there are exceptions.

Resurgence seems to be not a question of if but when, where, and how bad. Many experts are focused on a potential second wave of COVID-19 in the northern hemisphere this autumn. This is certainly possible. But focusing on the risks of autumn and winter causes us to look past the summer, which is risky because it is sooner and because it is when many jurisdictions will be reopening and testing.

The EU is much more gradual in its approach. While the economic shock is common to all nations, it is not undertaken uniformly. So, what we've seen in Europe is an increasingly stricter response on the health front and an increasingly stronger economic support across the continent, but always undertaken in a gradual fashion.

Europe, and Italy in particular, can serve as a point of observation: if we are too gradual in our response, we run the risk of COVID's course being worse than it might have otherwise been. Italy's response made sense in the face of an unknown scenario. The first is relatively easy: we have to test widely without limiting our attention only to the people showing symptoms. When we test people, we have to keep them separated applying as much social distancing as possible.

A concern that we have seen in Europe is that if we don't implement a response nationwide, containing the virus will be much harder. The response might not need to be exactly the same everywhere in the country, but we must require coordination and quick scalability.

Global productive capacity has shrunk severely and abruptly as a consequence of lockdown and some needed equipment, like ventilators, is in short supply. In normal times, the economy would quickly adjust by reallocating its workforce through new investments. This is simply impossible when people can't effectively work due to the outbreak.

As overall production of goods and services is reduced, government action ensuring capacity to contain the epidemic as quickly as possible is justified if we want to bring people back to work. This type of policy action makes sense, and the crucial matter is to identify what is the most effective level of authority needed to aggressively address the outbreak. In any case, whether in the US or in Europe, trying to convert production into what is immediately needed to end the outbreak is appropriate.

Italy has been encouraging this industrial conversion extensively as well, and so have other countries in Europe. There are different cases of companies that have started producing respirators, masks and protective garments, and other helpful medical supplies.

THE IMPACT ON EMPLOYMENT

In the US, Covid-19-related disruptions have led to 40 million Americans filing for unemployment benefits. In April alone, the figures were at 20.5 million, and are expected to rise as the impact of the pandemic on the US labour market worsens.

Meanwhile, India's lockdown resulted in 122 million job losses in April alone, according to data released on May 5 by the private research agency the Centre for Monitoring the Indian Economy. Of these, the vast majority (91 million) were small traders and labourers.

In the UK, the government's independent economics forecaster, the Office for Budget Responsibility (OBR), warned on April 14 that the country's economy could shrink by a record 35% by June 2020. It also estimates that UK unemployment could rise by 2.1 million, to 3.4 million, by the end of June.

At the start of April, data from Spain showed nearly 900,000 people have lost their jobs since its lockdown started in mid-March. The official unemployment figure had also risen to 3.5 million - the highest level since April, 2017.

Meanwhile, Bloomberg reports that around half of jobs in Africa are at risk as a result of the outbreak, according to the United Nations Economic Commission for Africa and the International Labour Organization has warned that nearly half of the global workforce is at risk of losing their livelihoods.

We have to be careful not to pay too much attention to the unemployment rate alone as the crisis is also generating substantial underemployment: a large share of the workforce is not able to work as much as they could or wish. In Italy, only somewhere between 40-50% of the labour force is able to work as efficiently as before. This means that between 50-60% of our workers are either working remotely or not working at all. It's an unprecedented change in peace time, affecting everyone, not just the Italian economy.

There's a large body of literature on the long-term consequences of unemployment, even when due to a short-term shock. When people lose their jobs, the long-lasting effects are not just on their income. Unemployment has a negative effect on workers' skills and education, even on their health-people who are unemployed become sicker. Your human capital, the skills of your country's workforce, decay over time because of the loss of jobs. To mitigate this, the Italian government is doing all it can to keep people as attached to their jobs as possible by preventing companies from enacting layoffs. In order to achieve this objective, short time compensation schemes-usually available only for large industrial firms-have been expanded to almost every sector and firm size. Through these schemes, the government pays reduced salaries, which allows employers to keep their employees without going bankrupt.

In the U.S. these schemes exist in more than 20 states but the country is less equipped in this dimension. U.S. workers experience a quicker turnover: they are laid off more often but then re-hired more quickly compared to the EU. The current scenario is different, though, from the usual business cycle because the current shock could discontinue many of these businesses altogether. What governments need to do at the moment is try to prevent the destruction of capital and desertification of existing businesses. Preventing employers from laying off people is likely to be in theirs and the economy's best interest, even if they work very little, since this can help to better protect essential human capital. At the moment, the size of resources behind the relief package put in place by the U.S. government has surpassed the combined set of responses taken across Europe.

PREDICTED SLUMP FOR ASIA

On April 15, the IMF warned economies in Asia would see no growth this year, for the first time in 60 years, with the service sector particularly under pressure. National lockdowns across the region has meant airlines, factories, shops and restaurants have suffered the greatest economic shocks. Just a day after the IMF warning, official data showed the Chinese economy had contracted in the first quarter - the first time since quarterly records began in 1992.

Gross domestic product (GDP) in the world's second largest economy fell 6.8 per cent in January-March year-on-year - more than the 6.5 per cent forecast by analysts and the opposite of the 6 per cent expansion in the fourth quarter of 2019. The Chinese economy is likely to be hit further by reduced global demand for its products due to the effect of the outbreak on economies around the world. Data released on March 16, showed China's factory production plunged at the sharpest pace in three decades in the first two months of the year. For 2020, the country's economic growth is expected to fall by 2.5%, according to a Reuters poll - its slowest in almost 50 years.

WHY SOUTH ASIA RECORDS 'LOW' CORONA VIRUS DEATHS

Scientists and public health experts are continuing to conduct research into why some South Asian countries - despite their ramshackle health infrastructure and dense populations - has witnessed lower corona virus mortality rates compared with many western countries.

By early May, the world's richest countries accounted for more than 90 per cent of all reported deaths from COVID-19, according to a paper published in The Lancet medical journal. Adding China, Brazil and Iran to that list takes the number up to 96 per cent. In contrast, many densely populated developing countries in South Asia and parts of Africa have fared far better when it comes to the mortality rate from COVID-19, data from Johns Hopkins University (JHU) shows.

In Europe, the observed case fatality ratio (CFR, or the percentage of deaths among confirmed corona virus patients) has been high, with France reporting a rate of 15.2 per cent, the United Kingdom 14.4 per cent, Italy 14 per cent and Spain 11.9 per cent, according to JHU data. In the United States, the CFR is 6 per cent, the data shows. However, in South Asian countries, those rates have been far lower. India has a CFR of 3.3 per cent, Pakistan 2.2 per cent, Bangladesh 1.5 per cent and Sri Lanka 1 per cent.

Doctors and scientists say there are a number of possible explanations for the discrepancy in how COVID-19 is affecting populations in different parts of the world, whether due to varying demographics, different levels of exposure to similar viruses or even incomplete data on mortality in some countries resulting in faulty conclusions.

In Pakistan, home to 220 million people and rickety health infrastructure that offers just six hospital beds per 10,000 people, the virus has spread rapidly, with at least 64,028 cases reported countrywide as of May 29, making Pakistan the 18th in the world with a CFR one-third that of the US, and up to 13 per cent lower than some European countries.

Since its first confirmed case of COVID-19 in late January, South Korea has shown a determination that appears to be paying off. From a sudden spike in the number of cases to its decision to implement widespread testing, the country has shown itself able to respond quickly and decisively.

Although the rapidity with which COVID-19 took hold in South Korea initially surprised authorities, well-established strategies were soon put into place. This joined-up strategy, involving all government ministries and the different regional and city authorities around the country soon paid off.

In 2015, the country experienced a sudden and unexpected outbreak of MERS - Middle East Respiratory Syndrome, which is also caused by a corona virus. It was the

largest MERS outbreak outside of the Middle East, and led to 185 confirmed cases in South Korea. It also led to a firm belief that testing should form a central part of any response to a viral epidemic. So, when COVID-19 hit South Korea, testing became the course of action that seems to have set the country apart from other nations.

As soon as the first cases started popping up, Bangladesh opted for a contained shutdown. First, the educational institutions were decisively shut down. Then non-essential businesses and services were closed, while others were asked to expand their online services. Out-migration from cities was managed in a guided way to avoid a migration crisis.

Then came the lockdown through awareness campaign. Bangladesh's exemplary civil society machinery joined in. The campaign message was clear and succinct-awareness, not panic. In fact, the government has avoided using the word lockdown in any of its reference to avoid creating panic. It has been a rather soft and effective lockdown with an equilibrium deployment of the civil administration, the military and the police. Once the lockdown went into effect, a 6 pm to 6 am restriction was imposed, especially in dense urban areas. It all happened within a 20- day time span. Within this time, the usage of masks was successfully promoted across the country. So far, the country has adopted a precautionary 'watch and extend' policy, whereby it is extending the lockdown in a piecemeal way (five extensions have been announced since it went into effect).

Initially, Bangladesh's testing capacity was low, and the government decided to directly implement the tests. However, the country soon adopted the WHO prescribed strategy of wide testing. Within a month, the tests were massively expanded. Health authorities went from conducting 1,500 tests in the first month to more than 1,500 tests per day. Currently the testing has edged-up to about 3,500. But although Bangladesh's death and infection rates are near the global average, the recovery rate is worryingly high.

As soon as the lockdown and the health strategy were put into effect, the socio-economic challenge of people losing livelihoods became visible. Within a week of the lockdown, the government decisively rolled out a stimulus package of US\$8.5 billion (3.5 per cent of the GDP) and higher than those announced by India or China. The package was catered towards employment retention, especially in the lower income bracket. The first investment was to the export-oriented formal sector wage payments. Then, it was sectioned out amongst informal SMEs, domestic industries, agro-sector and social security schemes. The stimulus was prepared in consultation with the country's major economists and think tanks. As a result, unlike many other policy actions, the stimulus was applauded by almost all quarters. Within two weeks of the announcement, the social protection measures of food aid and cash delivery have reached nearly 28 million people.

IS THE DATA ACCURATE?

The first question researchers have asked when examining the data is whether the number of deaths being reported in Pakistan and other countries is, in fact, accurate. In India, for example, some have questioned whether deaths are being accurately documented, with as many as 78 per cent of deaths not being medically certified under normal circumstances. In Pakistan, too, this is a possibility - although medical experts working with the government in its fight against the pandemic suggest the error rate would be far lower.

If the data on the number of deaths is relatively accurate, that leaves several other possible explanations for why Pakistan is seeing so few deaths compared with other countries.

The US, for example, at the same stage in its outbreak had reported more than 100,000 deaths. Pakistan's 1,317 is two orders of magnitude below that number. In the UK, more than 37 per cent of the country's 37,837 corona virus-related deaths have occurred in elder care homes, according to the UK's Office of National Statistics. In the US, that number is also about one-third of all coronavirus deaths, according to a report in the New York Times. By contrast, Pakistan - and South Asia in general - has a far younger population than those countries, with a median age of 22.5.

Another factor that has been suggested is differences in the population's immune characteristics. "Is it the environment around us? Or the different environmental factors that have changed our immune system in some way? We have chronic infections like tuberculosis and others [in this part of the world], or it may be because of vaccinations," Head of infectious diseases at Karachi's Aga Khan University Hospital, the largest research hospital in Pakistan, Dr Faisal Mahmood told Al Jazeera. "We don't know the answer to that particular one."

Another possible factor could be the environment in South Asian countries, indicating that regions with higher average temperatures and levels of sunlight and its associated ultraviolet radiation have shown relatively lower death rates so far.

Researchers have, based on the data available so far, downplayed the possibility that the strains of the virus affecting South Asia are different in any meaningful way from those hitting European and other countries where death rates are higher.

CONCLUSION

The developed economies have succumbed to the virus exposing loopholes in their healthcare systems that might have been present even before the outbreak emerged. They will continue to shrink at an alarming rate in the future if well-planned actions are not taken for the welfare of their citizens. Hailed as the fastest growing economy in the

last ten years, Bangladesh can serve as a potential example in studying the pattern of the economic measures put in place to deal with financial and employment losses of businesses and markets. It also paved way to deal with misinformation and fake news on the COVID-19 and how the government can provide the credible and correct information to its citizens.

The worst affected nations, for example, US and Italy did not take swift and immediate action earlier to contain the spread of the virus, making them the epicentres of the outbreak and the highest number of deaths being recorded in their respective territories. Unlike them, countries with less number of deaths are largely from South Asia. These countries have done testing and contact tracing on massive scale to identify COVID-19 affected patients. They also adopted preventive measures with the local administrations and civil societies to prevent the transmission of the virus among the masses. South Korea have been very quick in conducting tests and contact tracing of the positive COVID-19 patients without enforcing lockdowns and closing workplaces that runs the economy. Moreover, with the example of Pakistan, it is clear that South Asian countries have been more successful in tackling the pandemic than the western countries. Considering this, it can be further examined that what are the unique environmental features of South Asia and its population's unique immune characteristics and to what extent they are contributing to cope with the COVID-19.

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India to Emerge as World Leader Post Covid-19

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ABSTRACT

Novel coronavirus, COVID-19 has shaken the world at its entirety and has resulted in muted mutations of economic, social, healthcare and political powers of nations worldwide. The purpose of this study and research conducted is to report what the world order would look like post COVID-19 conundrum and how Indian will emerge with a strong global presence and significance.

This was fuelled by an ardent need to identify the shaking ground on which the international institutions and world superpowers stand today and how India is grappling with the gravity of the situation. This narrative is important so as to identify and educate on factors that will push India's potential beyond the horizons of norms. Using a cross-sectional analysis, segregated into clear sections of how India is surpassing this challenge and coping with the post-corona virus world, this study analyzed and gave factual examples of the supposed superpower's weaknesses and how India is doing better than them which alleviates its chances of resurrecting a stable global image. The results show how the hypothesis is backed by facts and figures of relevance and predicts the

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possible outcome of the pandemic to be a world based on mutual feelings of multilateral measures along with harboring certain protectionist guidelines to save itself, if something like this happens again. This study definitely answers the question of India's probable stance and stand in the changing world order post COVID-19 scenario.

Keywords: post COVID-19, world order, India, US, China, Coronavirus, global network, international institutions, changing dynamics, economic, political, social, change, potential, development, consequences, alleviates, representation.

INTRODUCTION

Changes in the post COVID-19 World Order and India's stand in the Reved Era

John F. Kennedy once eloquently quoted- "When written in Chinese, the word 'crisis' is composed of two characters-one represents danger and one represents opportunity", and even though it was largely uncompelled by its debunked falsehood, the underlying meaning of opportunity arising from debris of disaster cannot be overlooked in today's time. As the clutches of conundrum around the global pandemic of Corona virus, COVID-19 tightens its hold on the current scenario of the world order, it becomes essential and imperative that a new order be obligated. Since after the skirmishes and altercations between Indian and Chinese troops over the border dispute near Pangong Tso lake, Ladakh, has started to gain momentum; criticism from the Trump Administration have been scorching and frequent. (Bagchi, 2020).

A cold war has emerged between the two veto-power holding countries of USA and China which threatens to put the 75-year-old global institution of world peace and geopolitics into the ground. What is certain is the fact that just as this virus has devastated lives, disordered markets exposed the capability and competence (or lack thereof) of governments. It is going to result in perpetual alterations in political and economic supremacy in ways that will become outward only later. (JOHN ALLEN, 2020)

The review of literature revolves around the usage of journalistic articles, correspondence of freelance writers and studies of research and analysis done in lieu of the topic. Comparative data from the servers and an argument based merely on facts and figures to give a comprehensive and comprehensible view to the readers is what the purpose of this paper is. Putting up the elaborative rationale at the front, the central shock to the world's pecuniary and fiscal system is the acknowledgment that global chain of supplies and grids of circulation are deeply susceptible to disturbance. The pandemic will hence not only have lifelong economic effects, but resolve to a more inherit, authentic and fundamental change. In such a geopolitical environment, the trust deficit lies with countries who recognized the need of the hour and are transparent and supportive with their approach of dealing with the crisis of virus.

CLOSED CONFINEMENTS AND CONTAINMENT OF GLOBALIZATION

The status quo of the global relations, be it political or economic was already being challenged with the emergence of strong political leaders and marks of individualism who furthered nationalistic fervor rising from their xenophobic discernment against certain people of race and nations. This can be attested and accredited by US' withdrawal from the TPP, prolonged Sino-American trade wars, Trump's disregard of climate change crisis and Brexit. (Ghosh, 2020).

From a dream and goal of making the world safe for democracy, the post-World War I era ended up leading to the rise of fascism and communism in Europe. The United States turned its back on the world, electing not to join the League of Nations and passing draconian legislation that largely ended immigration. (ENGELKE, 2020)

This pandemic has also witnessed a shift of global exemplary framework of capacity from West to East. When the whole brand of "western lifestyle" was shunned due to the haphazard handling of the virus and its inevitable consequences by America and Europe; the rest of the world retreated to their burrows of independent action and legitimate governmental supremacy. The potential Indo-Pacific security arrangement- "Quad" between the four largest democracies of the world that are India, Australia, Japan, and US sets an example of political solidarity in such grave times, a model of which shall be followed by other countries alike. India can too be looked as a preferred place for investment. Analyzing from this viewpoint, eastern Indian states would be indispensable. With a cumulation of the essential four factors of capital, assumedly: human, social, natural and physical- the opportunities of business are in abundance. (Ghosh, 2020)

MULTILATERALISM IN THE GLOBAL FRAMEWORK

INDIA'S LEADERSHIP ROLES

A lot of what India participates in and takes a vantage point on today is either based on a bilateral considerations or through its South Asian presentation which is not a platform global enough. By voicing its opinions and participating in international policy programs, India can help by sharing its experience of trials and triumphs to gradually and progressively reinforce civic systems and national foundations worldwide. India is set for the congregation of the G20 summit in 2022, which would coincide with the 75th year of its Independence. As a host, India would be in a place to use this occasion to set the agenda of the summit to prioritize multilateral institutional restructuring and catalyze support for an enhanced Indian role in the international order. (Singh, 2020)

The international institutions like WHO and UN have lost their jarring hold on the international community because of their indecisiveness and lack of authority when it comes to US and China, two Veto-power countries. The ties and relations based on the principles of interdependence were exploited and weaponised to be used for nationalist

agenda and loopholes in the existing rules were benefitted from. As suggested in a report by Reuters, Beijing had been reluctant for the UN Security Council to get involved, arguing it was not within its mandate, while Washington had insisted that any council action refer to the origin of the virus, much to the annoyance of China prior to the session which was held by compulsion on April 10th, 2020. (Nichols, 2020)

In such a politically unstable environment, India can emerge as the new global solid stance. For example, if India works closely with the Alliance of Multilateralism founded by Germany and France, it could assume a role of responsibility and hence benefit from the platform it will get to voice its opinions.

MEDICAL AND PHARMACEUTICAL AID

Quoting to a source at ANI, Senior BJP leader Ram Madhav said “We have supplied medicines to 80 plus countries during this pandemic. We are a leader in healthcare, we are leader in the pharmaceuticals, in IT services and we are a model of vibrant and liberal democracy for the entire world.” (Madhav, 2020)

Despite domestic problems, India has stood out for its globalism during the ongoing pandemic. Last month, Modi administration announced a regional cooperation program in South Asia. First, India pledged \$10 million towards an emergency SAARC fund. Later, India explored an information exchange platform (IEP) to facilitate exchange of expertise among South Asian health professionals. (Zeeshan, 2020)

This should not just be seen as an act of fostering a dream of equilibrium or charity but as an act of garnishing support and alliance from such forums. In early 1964, New Delhi established the Indian Technical and Economic Cooperation (ITEC) program to assist fellow developing countries. Among other support, the ITEC provides partners with training on a wide range of contemporary policy issues, deputed Indian experts abroad, and provides consultancy services on capacity building. The Indian government also engages in sharing best practices in governance with partner countries through various forums. In 2012, New Delhi established the Development Partnership Administration (DPA) to support the implementation of development projects worldwide. (Zeeshan, 2020)

In the world yet to be unveiled post-COVID-19, it becomes imperative to upholster a sense of fraternity and welcome so as to save ourselves from a relapse into the virus or the fright of the culmination of a new one.

ATTRACTING BUSINESS PROSPECTS

Former economic advisor to the Prime Minister of India, S Narayan transcripts that the conditional situation is an opening for India to “rediscover manufacturing”. The present situation of adversity causing the crisis has shown up certain

susceptibilities or vulnerabilities of country's manufacturing, he says, pointing out that India depends upon China for 60 per cent of its wholesale bulk drug requirements. "This needs correcting." He calls for a duty-free imports of manufacturing equipment as well as for raw materials that are not available in India, such as special alloys and steel. "These new starts could be given fiscal incentives as well as lower cost finance to set them up and make them viable, and state governments could provide incentives as well. A well thought out intervention could convert current challenges into a great opportunity for India", quotes Narayan in an interview with Hindustan Business Line. (Narayan, 2020).

Having the necessary resources like manpower in abundance that stems from the growing population number and increase per cent of skilled labourers will allow the foreign investment groups to reap benefits of cost and labor while at the same time allowing their brands to have a more open and global outreach of network. With the US facing numerous internal encounters and challenges including but not restricted to the prospects of a deeply contentious and divisive presidential election in November, 2020 and China pebble-dashing a global crisis of trustworthiness/credibility; India can work on the road to solidification of beneficial transcontinental cooperation.

PROMISE OF SELF-RELIANCE IN THE ERA OF GLOBAL MISTRUST

The dependency on Washington would be questioned and tattered to bits ever since after the nations across the globe witnessed the "America First" response under which the sense of fraternity and friendship was forgotten and staked for own personal merits and benefits despite marketing itself as the global protector. The world's most handsome economy which is the localized home of top-tier universities and incredible researchers was seen invalid and unable to foster enough testing and medical equipment to handle the repercussions and consequences of the virus which ultimately is responsible for taking more than 86,000 lives in America.

Subsequently, at the parallel time demands from China for concessions in exchange of equipment, medical or otherwise, required urgently, has distilled a sense of resentment and mistrust amongst the nations. These products, often of truncated quality, combined and culminated with China's unremitting declines for a full-blown investigation into the origin of this pandemic-causing-virus, makes it even less of an option for consideration for the nations that are stuck in a limbo of stagnation between the two superpowers. "The corrosive damage runs pretty deep," said William Burns, a former U.S. deputy secretary of state who is now president of the Carnegie Endowment for International Peace. "The pandemic crisis is a painful accelerant of a lot of the trend lines on the international landscape -- fragmentation among states, greater tendency to focus on narrow

nationalism, aggravation of major-power competition and regional disorders.” (wadhams, 2020) “Neither China nor the US is going to come out of this looking good,” said Kathleen Hicks, senior vice president at the Center for Strategic and International Studies. “The real issue becomes how do other players weigh those factors, their sense that the US is less or not likely to lead?” (wadhams, 2020).

In view of this economic turmoil on the horizon right after corona virus, many countries around the globe had announced for what came to be known as “corona virus stimulus package”. PM Narendra Modi’s dedicated pledge of a total spending of Rs 20 lakh crore to weather the fallout of the pandemic is amongst the largest economic stimulus package announced by nations around the world. Modi’s “Atmanirbhar” package of Bharat Abhiyan or Self-reliant India Mission is about 10 per cent of India’s GDP in 2019-20 and would rank behind Japan, US, Sweden, Australia and Germany. Unlike the most relief packages announced globally, India’s Rs 20 lakh crore is not entirely in new spending. (PTI, 2020)

The month of March saw India commit Rs.1.7 lakh crore (USD 22.6 billion) for relief and help measures and sanctions that also provided a provision for free food grains for the poor and some monetary benefits in terms of hard and fast cash to the poor and senile citizens alongside the dependent womenfolk. Consecutively, a package worth Rs. 3.7 lakh crore was liquidated through the support of RBI (Reserve Bank of India) in the month of March, followed by Rs. 2 lakh crore in the month of April. At first, the interim measure of liquidity infusion and direct transfer of cash to the poor people within the framework is going to absorb the shock of recession for those in situations of acute stress. Secondly, reforms in the dynamic, fast paced, growth-oriented sectors would be long-termed and have lasting regulations with a sense of stability to them so as to increase its market value and make it stand on its own merit in the market of competition while deeming it as more attractive. Impact of this stimulus package would not be just a unified clause but have benefits for the three-dimensional system of developments, mainly- primary, secondary and tertiary. It will not only help in achieving the goal of a self-sustainable rural economy but also pave the way for One Nation, One Market motto.

Initially, the MGNREGA scheme’s infusion of Rs 40,000 crore will aid in assuaging the sorrow and agony of the migrant workers when they return to their hometowns and villages. The importance of MSMEs for Indian economy is immeasurable as it is the second greatest employment generating sector of India and keeping in lieu with this view, this finance-starved sector, post-COVID-19 will be provided with Rs 3 lakh crore collateral-free loan facility to facilitate a kick start to the fatal fabric of the economy in the hopes of making it stable.

Additionally, limiting imports of weapons and increasing the limit of foreign direct investment in defense from 49 per cent to 74 per cent will give a much-needed boost to the production in the Ordnance Factory Board, while reducing India's huge defense import bill. Lastly, the tertiary sector will benefit from the following measures:

- The recently launched PM e-Vidya program for multi-mode access to digital online education provides a uniform learning platform for the whole nation, which shall enable schools and universities to stream courses online without further loss of teaching hours.
- Public expenditure on health will be increased by investing in grass root health institutions and ramping up health and wellness centers in rural and urban areas. (source, 2020)

STABILITY OF INTERNAL CLOGS

When the whole world is at the verge of dismissal because being infected is inflicting their growth, internal strife for the management and exercise of power by the people and the government of the nation is the last stepping stone to the path of turmoil and turbulence. In china, even though the public database lacks the point of evidence because of the authoritarian government, examples of internal unrest is strife and stark. Workers have marched in the streets to demand compensation for weeks of unemployment during citywide lockdowns. Angry and agitated, many young Chinese are pushing back on the government's efforts to conceal its missteps and its resistance to allowing civil society to help. Some have spoken out about the cost of secrecy, taking aim at censorship and the muzzling of whistle-blowers. Still, others have sought to hold opaque state-backed charities to account by exposing how public donations were funneled first to government offices instead of hospitals. The outbreak has prompted a generational awakening that could match the defining effects of World War II or the 2008 financial crisis and that could disrupt the social stability on which the Communist Party depends. (Hernández, 2020)

In America, however, this situation is dire in case of racist and colorist society. Staggering figures from a non-partisan APM Research Lab, released on May 20th, 2020 shows staggering racial divide in corona virus death rate across US where the data presents the percentage of African Americans dying from COVID-19 is thrice more than the white population. The report titled "Color of Corona virus" provides prominent evidence of the racial division between the two communities. Across the country, African Americans have died at a rate of 50.3 per 100,000 people, compared with 20.7 for whites, 22.9 for Latinos and 22.7 for Asian Americans. At the level of individual states, the statistics are all the more shocking. Bottom of the league table in terms of racial disparities is Kansas, where black residents are dying at seven

times the rate of whites. The US Centers for Disease Control and Prevention (CDC) only produced its first set of death statistics by mid-May, despite mounting calls for basic information. Andi Egbert, senior researcher at APM Research Lab, said she was astonished that it was left to an independent organization to produce nationwide statistics that should be coming from the federal government. In a sharp contrast to these ailing situations of the nations, India again emerged victorious and glorious from the rubble of distress. At the early stages of corona virus when millions of migrants were stuck in the metropolitan cities with nowhere to live, Gurudwaras by Sikh servicemen provided food to these people and shelter homes, stadium complexes and local school rooms and halls were made available for the people to sleep at. Many charity funds by Bollywood celebrities and many religious community groups went out of their way to provide support and relief to the people, who are at the lowest strata. The states, although have all closed their borders to restrict movement, the interpersonal communications and supplies of necessary items like food, medicines and raw material has not been stopped. Memos have been issued by the central government with the key guidelines of the restrictions of the lockdown but each state has been given a sense of freedom to add it in their own clause, whatever might help to control the worsening situation. This is nothing if not an example of how well India has been able to stand by its own people and regulated the reforms to prevail upon a situation of public calm tarnished by personal distress, much of which is absent from the previously perceived superior governments.

CONCLUSION

Much of the speculation about world crisis at the junction of pos-COVID-19 world are surmounting an image of displeasure and global dismay but this can be corrected and India can resurrect itself as a strong and key player in the global environments and the ever-changing dynamics of the clogs of authority and representation. It has been proved meritoriously in the paper that how India has the capacity to emerge out of this lockdown with shining prospects of establishing itself as a prominent leader through visions of medical and pharmaceuticals advances coupled with the technical groundwork. As the global pandemic continues to encase and portend all the marginal and infernal countries including the rich and medically advanced west, India is among trickle of realms that has been able to check the spread of virus as of now. Coupled with cooperative federalism and keen political leadership and role realization in the global international platforms, India will stand on a solid ground of self-reliance and global multilateral policy. The much-mocked activities of lighting candles and dias or clapping for the frontline workers may have seemed ignorant at first but it has only gone to become viral internationally and

provide a sense of solace in this growing situation of distress and disaster. It goes without saying that the world is dripping with desolation and the worldwide conundrum has us grappled at the face of new principles of social being and evolving guidelines of healthcare and sanitation. In such an era, India is to stand its ground and be the hope of our future.

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New Impetus to Migration From Villages to Cities

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ABSTRACT

This research is to understand the reason behind the exodus of farmers from villages to cities. Whether the exodus is actually because of neglecting the agriculture sector by the government or there is another story behind it. This report would enlighten the readers about the neglect of agriculture sector by the government and the other reasons for the migration of farmers. It will also show how the government portrays its worker and what actually the reality seems to be. The neglect ion is not only the reason behind the migration of the workers but it also has other causes. The conclusion of this report is to brief readers about the actual situation of the migrants as well as the government in power. Along with how migration affects the growth of the country.

INTRODUCTION

This report assesses the migration of farmers from the villages to the cities and the reason or the cause behind their movement.

Its purpose is to find the actual reason behind their migration and the negligence of government towards agriculture sector.

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This report has several parts defining each phase as appropriately as possible. The first part includes the working of the government and the policies created or reconsideration of the old policies or reframing of old policies with regard to agriculture sector.

The second part specifies the root cause of the movement of farmers' i.e. migrant labour, the challenges faced by them and the potential behind the growth of agriculture sector.

The third part includes some case studies of migrant laborers, their actual story of suffering and challenges faced by them, along with the opportunities presented by cities.

The last part of the report presents the conclusion of all the information gathered and that the exodus of workers is not only because of the government but they do have their own reasons.

GOVERNMENT AND THE AGRICULTURE SECTOR

Until recently, most people in all countries were employed in agriculture and produced their own food. Industrialization in the 18th and 19th centuries moved farmers and their families into cities and factories, and during the 20th century, most workers in these countries shifted from producing goods to providing services.

Ever since then the agriculture sector had been taken for granted by the government. Though, all the politicians' promises to improve the condition of the sector but they have failed to even provide a little help.

Similarly, considering the recent times, BJP- led- NDA government has also promised the farmers of providing many benefits if they come to power. But the scenario is altogether different, presents a gory picture.

The BJP- led- NDA came to power with a promise to double the farmer incomes, increase minimum support prices to 1.5 times the cost of production, rationalize agriculture markets, make institutions for procurement more efficient, promote value additions to food production. However, the ruling party has managed in fulfilling some of its promises.

The major promise was to double the income of the farmers by 2022. The National Bank of Agriculture and Rural Development (NABARD) released a report in 2016, stating how this can be done. Yet, in real terms, the income was lowest in the last 14 years.

The party also promised to increase the public investment in the sector. But as noted, there was a decline in the investment which is from 43.2 per cent in 1980- 1981 to 18.8 per cent in 2016-2017.

The government also promised to provide 150 days job to the farmers in the case of drought or any other uncontrollable natural disaster under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

But the government even failed to provide basic jobs to the farmers. According to a data, not even 1.8 per cent of jobs were provided to the candidates who applied for it and particularly in Rajasthan, the government failed to provide even 0.2 per cent of jobs. After which, even the Supreme Court intervened and said that the government is being insensitive and neglected the agriculture sector.

After the BJP- led- NDA came into the power ,the death of the farmers have increased massively. Instead of relief , they have caused more pain to the farmers.

Due to the unfulfilled promises and no support from the government ,there had been an increase in the number of deaths of the farmers, to be precise, only in a particular state, there were about 3228 suicide committed by the farmers.

Because of which the state was forced to take action and provide some support to their families.

There had been number of protest by the farmers committee against the government but it was all in vain.

In an interview, the Joint secretary of All India Kissan Sabha said that they have felt neglected and that the government is supporting the corporate sector more than the agriculture sector. And that most of the benefits are provided to the corporate sector rather than the agriculture sector.

Even since the BJP-led NDA have come into the power they have only disappointed the farmer by giving them false hopes which is more painful than promises.

Though, the present regime had failed miserably in providing help to the farmers but there were some good steps taken like linking of the sector through new technology.

MIGRATION AND ITS CAUSES

Exodus or migration means mass movement of people. It can be within a city or state to state or can be between countries.

FARMERS AND THEIR MIGRATION

Farmers started moving with the onset of industrialization. Farmers could see the benefit of city life but the life comes with its challenges. The most crucial challenge is the challenge of survival in the metropolitan cities.

THE MAJOR CAUSES OF MIGRATION

Crop failure: When the farmers fail to grow a particular amount of crops and is unable to pay back the loans in that particular month or season than the option left with him is

to migrate and become a migrant labourer in the cities on daily wages in order to survive and to save some money .

Natural disaster: Disaster like flood or drought forces the farmer to leave their lands and move to a different area. Even in these kind of situations, the support provided by the government is minimal. For example: the relief provided by the ruling government at the time of drought was like a penny that is Rs. 5 to Rs. 40 which is nothing but a joke on their condition. Even at times, the government refused to acknowledge a drought while the farmers were suffering.

For instance, in case of state of Maharashtra , where during drought in Latur district, Centre sent water trains to the district. What was shocking was that the Centre sent a bill of Rs 4 crore to the state for train expenses, despite the fact that the state was facing the crisis .

Climate change: farmers with small landholdings, small-scale fishermen and pastoral farmers are hardest hit by weather related disasters, which are increasing in frequency. Droughts and related food price volatility increase poverty and hunger, and the need to find viable options elsewhere forces them to migrate.

Lack of opportunities: Definitely this can be one of the cause, as we all know that the villages lack opportunities and even the corporate sector doesn't want to work their due to unavailability of resources. But the government took a step and started giving incentive over setups in the backward area to enhance the opportunities but those were not enough to satisfy their needs.

Better Education: One of the most appropriate reason can be this. As there are not proper facilities plus the poor infrastructure, thus this force families to send their younger lot to cities for a better life.

Depletion of natural resources due to environmental degradation and climate change: Land degradation and desertification affect around one-third of the land used for agriculture. Climate change and the use of inappropriate farming techniques further aggravate these challenges. The dramatic state of land degradation is one of the main drivers of conflict between pastoralists and farmers.

The reason of presenting these causes was to make the readers aware of the basic issues which a farmer face and why they choose to migrate rather than staying there and facing them.

Though, the new cities have their own challenges but the challenges are much lesser than what a migrant has to face as a farmer.

Moreover, the exodus has resulted in formation of slums which otherwise pose challenges to cities. For instance, slums or backward areas like Seelampur, Haidarpur in Delhi and Dharavee in Mumbai.

These slums are filled with migrant labourers who are willing to work and are ready to do any job to have a good life style and better standards of living.

Besides, their condition is more worst than the villages yet they prefer staying in cities as the life there is full of opportunities.

CASE STUDIES ON MIGRANT LABORERS

A migrant worker named Ravi Kumar came to Gurugram leaving his family and wife in the village. When asked why he left his family, he said that he didn't earn enough to feed his whole family in Gurugram and besides, he sent money to them in the village. Moreover, the money he earned here is less but still more than what he used to earn there, he added.

He lives in a small flat with 5 other people from different states and they all work at a construction site.

The story of other workers are similar to what Ravi said, also few of them were farm workers back then.

During my research, I came up with a story of an old man who sent his children to the cities to earn more money. According to him, villages don't have enough to feed once family.

Another case study was of a migrant worker called Sunil Yadav, a 14-year-old boy, who came to Delhi with his father to earn to send it to his family in a village near Nepal. Sunil's father was a farmer earlier but due to natural disasters, they weren't able to stabilize their earning. Sunil started working at the age of 14 with his dad at a poultry farm and later on became a servant at a place earning enough to rebuild his house, which was destroyed by the flood in Nepal.

Moreover, the government didn't provide enough money and support to them at the time of difficulties.

Another migrant named Mohammad Javed came to Mumbai just to earn some extra money for a better livelihood.

He said that he had enough resources but still had a craving to have more money and moreover the facilities in the city are better than what he had in his village.

A migrant lady from Bihar too came to Delhi for earning more. She said that few of their neighbouring families were also decided to come along for better opportunities. According to her, their lives were at peace in Bihar and now they are struggling to have a life like Bihar.

CONCLUSION

We cannot say that the government is the only reason behind the exodus of the laborers but one could not deny the role of government in it.

If the policies of the government are enforced properly, the migrant labourers or the workers won't leave their places and would stay there with their families and help in increasing the output of the agriculture sector.

If the government focuses on the root cause, then the growth of the country would enhance as the farmer would make enough money from the farming then they would stay there, study there and would not bother to be a neglected part of the cities.

But we cannot completely blame the government for the crisis. People also migrate because of their jobs and their desire to live a better life.

Here, as the old age saying goes that there is no end to human desires. If one has a car, he would want a big car, if it is a 1BHK, he would go for 2BHK.

Thus, we cannot completely blame the government nor the people. Its all about ones want, wishes, desires. But the government being the major stakeholder has a major role to play at the policy level to check this problem.

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Nation's Resolve to Revive Agriculture Sector Post Covid-19

Palak Ratra*

ABSTRACT

Agriculture is the primary source of livelihood for about 58 per cent of India's population. Country's food security depends on producing cereal crops as well as increasing its production of fruits, vegetables and milk to meet the demands of growing population. Research has shown that the COVID-19 pandemic lockdown has adversely affected the farmers. This study aims at highlighting the challenges faced by the farmers and what forced them to move to their home towns or migrate. Also, this report consists of the schemes and programmes initiated by government for the welfare of the farmers.

I have written this research report on the topic How agriculture sector is affected by COVID-19 lockdown because during this lockdown everyone is busy protecting themselves and their loved ones and nobody even thought about the farmers-who provide us food . The challenges, we are facing due to this pandemic are secondary but the challenges this sector is facing cannot be dreamt of. We are safe inside at our homes and getting food but these people are working day and night in order to earn their livelihood. They are unable to pay off their debts as well as unable to go back to their houses due to lack of conveyance.

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I am writing this report as it is a very sensitive issue and there is a need for people to know about challenges faced by our farmers. I have written this report as it is a part of my Internship programme and above all it helped me to know about a lot of facts.

Keywords: Agriculture Sector, Problems faced by farmers due to COVID-19 pandemic, Crisis in Asia's biggest Onion market, Factors responsible for agriculture failure, Welfare Schemes for farmers, Precautionary measures suggested by government to farmers.

REVIEW OF LITERATURE

The literature, I reviewed while writing this research report helped me in enhancing my knowledge about the agriculture sector. During my research, I also came across some facts and data which I was totally unaware of. More shockingly, I came to know about the political bias against agriculture, the budget bias against agriculture, the reasons responsible for crop failure and market situation, I also came across some letter to the editors related to agriculture, factors responsible for crop failure and schemes initiated by government for agriculture sector.

BODY

Agriculture in India is undergoing a structural change leading to a crisis situation. The growth rate of agricultural sector has been declining in the recent years. The contribution by the agricultural sector to the GDP has been declining steadily. The root cause of the crisis was that the sector is no more a profitable economic activity in comparison with other enterprises. It means that the income derived from this sector by the cultivators is not sufficient to meet their expenditure. The related factors responsible for the crisis include: dependence on rainfall and climate, liberal import of agricultural products, reduction in agricultural subsidies, lack of easy credit to agriculture and dependence on money lenders. It is said that the consequence of decline of the sector would soon hit the other sectors and national economy as well.

The ongoing health crisis around COVID-19 has affected all walks of life. Economic implication due to COVID-19 has once again affected agriculture into the mainstream discourse. The migration of farmers to India's hinterland is having a differentiated impact across regions, while agriculture operations in the well-endowed regions are about to suffer, the hinterlands will have received an excess supply of laborers throwing up new challenges and opportunities. India's peak farming activity happens between April and June. This is when winter crops like: wheat, pulses and rice are harvested and sold. It is also the peak season for fruits. And it is also when farmers begin sowing the summer rain-fed crops, comprising paddy, pulses, cotton, sugarcane- 'The lockdown has hit both these seasons' says Mekhala Krishnamurthy, a sociology and anthropology

professor. Even before the lockdown Indian farmers were struggling. Low crop prices have led to the massive slowdown in rural consumption. Even in normal times, farming has become unviable. Some 2,00,000 farmers have taken their lives in India, most of the suicides.

It appears that the return of migrant labourers is having a negative impact on agriculturally developed regions like Punjab with the proximate cause being the harvest of importance- Rabi crops like: wheat and mustard, resulting in higher production cost. If the lockdown continues without adequate mitigation efforts, even the kharif crop could be affected. Unless compensated for the loss of labor force, many marine fishing and fish processing activities will also be impacted. Fallout would be the reduced capacity of the sector to generate savings, affecting demand for inputs like: fertilizers, pesticides, farm machinery etc. Ensuring sufficient flow of institutional credit to agriculture and small-scale industrial sectors is of critical importance now. India has some 7500 big wholesale farm markets and another 25,000 small weekly markets. Some of them have begun to reopen and trying to figure out how to operate and transport the produce while maintaining social distancing. The main problem faced by the farmers that the markets are closed and there is no transport, so they are unable to sell their produce.

ON 31ST MARCH, ASIA'S BIGGEST ONION MARKET FELL SILENT

The market in Lasangaon in Western Indian state of Maharashtra usually thrums with farmers and traders. But mostly migrant men and women who work as loaders and un-loaders of onions-an essential part of the diet of millions of Indians are missing. The market, which accounts for a third of India's onion produce, managed to stumble for nearly a week after India imposed a strict 21-days lockdown, and suspended bus, train and air travel to prevent the spread of Coronavirus. But the lockdown also led to an unprecedented exodus of workers from their places of work, to their homes in far-flung villages all over the country. Farmers were still able to go to their fields and pick onions after the government made it clear that the agriculture was an essential service and a few workers stayed back to keep Lasangaon market running. But then came a news report that one person had been tested positive for COVID- 19, there was panic everywhere. The day the market stalled, some 450 tons of onions were waiting to be transported all over India as well as to the port in Mumbai for export.

IMPORTANT SCHEMES AND PROGRAMMES INITIATED BY GOVERNMENT FOR AGRICULTURE SECTOR

Welfare of the farmers has been the top priority of Government of India. For this, it has implemented different schemes and programmes to revive agriculture sector and to improve the economic conditions of the farmers. These schemes and programmes are

very beneficial for the farmers. The most useful and popular government schemes in India are:

● PM-KISAN SCHEME

Pradhan Mantri Kisan Samman Nidhi Yojana is an initiative of the government wherein 120 million small and marginal farmers with less than two hectares of landholding will get up to Rs 6000/year a minimum income support. During lockdown, the Modi government has announced Rs 15,000 crore to farmers under this scheme.

● PRADHAN MANTRI FASAL BIMA YOJANA (PMFBY)

Pradhan Mantri Fasal Bima Yojana is an actuarial premium based scheme where farmer has to pay maximum premium of

- 2 per cent for Kharif crops
- 1.5 per cent for Rabi food and oilseed crops
- 5 per cent for annual commercial or horticultural crops, and,
- the remaining part of the actuarial or bided premium is equally shared by the central and state government. An important purpose of the scheme is to facilitate quick claims settlement.

● SOIL HEALTH CARD SCHEME

This scheme was launched in order to help the state government to issue soil health cards gives information to farmers on nutrient status of their soil along with recommendation on appropriate dosage of nutrients to be applied for improving soil health and its fertility.

● PRADHAN MANTRI KISAN MAANDHAN YOJANA

Prime Minister Narendra Modi launched a pension scheme for the small and marginal farmers. Under this pension scheme, about 5 crore marginalized farmers will get a pension of Rs 3000/month on attaining the age group of 60 years. The farmers will be required to make a monthly contribution of Rs 55 to Rs 200 under the age group of 18-40.

● AFTER GREEN, WHITE AND GOLDEN ITS TIME FOR BLUE

The Cabinet Committee on Economic Affairs (CCEA) has approved Blue Revolution in country. It is an integrated scheme designed to increase the productivity and profitability from aquaculture and fisheries resources, inclusive of both inland and marine. With a budget of Rs 3,000 crore offered by the government for the next five years, this scheme aims to maintain an annual growth rate of six to eight per cent of the agriculture and allied sector.

● LAUNCH OF PARAMPARAGAT KRISHI VIKAS YOJANA

The government has launched Paramparagat Krishi Vikas Yojana in order to address the critical importance of soil and water for improving production. The government

would support and improve the organic farming practices prevalent in country. Following cluster approach mode of farming, at least 50 farmers would form a group having 50 acres of land to implement organic farming. The government aims to cover years. Recently, the government has been active in investing in agricultural infrastructure such as irrigation facilities, mechanized farming, and warehousing. The growing use of genetically modified crops will also improve the sector's contribution to GDP.

● NATIONAL AGRICULTURE MARKET (E-NAM)

National Agriculture market gives an e-market platform at the national level and support creation of infrastructure to enable e-marketing. This new market process is revolutionizing agriculture markets by guaranteeing better prices for products.

● ENERGY EFFICIENT IRRIGATION TO BE IMPLEMENTED

A report says that in India more than two-thirds of the arable area lacks proper irrigation facilities. Government has planned to invest Rs 75,000 crore to provide energy-efficient irrigation facilities to farmers, over the next three to four years. Under this scheme, close to 30 million energy-saving pump sets would be given to farmers and this cost would be recovered via savings in the electricity consumed. This would result in about 46 billion KWH of power being saved and creation of 20 lakh jobs.

● PRADHAN MANTRI KRISHI SINCHAI YOJANA (PMKSY)

Pradhan Mantri Krishi Sinchai Yojana was launched on 1 July, 2015 with the motto 'Har Khet Ko Paani' to provide end-to-end solutions in irrigation supply chain, viz. water sources, distribution network & farm level applications. PMKSY focuses on creating sources for assured irrigation, also creating protective irrigation by harnessing rain water at micro level through 'JalSanchay' & 'JalSinchan'.

COMPONENTS

- Accelerated Irrigation Benefit Programme - implemented by Ministry of Water Resources, RD & GR.
- PMKSY (Har Khet koPani) - implemented by Ministry of Water Resources, RD & GR
- PMKSY (Watershed) - implemented by Department of Land Resources.
- PMKSY (Per Drop More Crop - PDMC)

● RAIN FED AREA DEVELOPMENT PROGRAMME (RADP)

Rain fed Area Development Programme was started as a sub-scheme under the Rashtriya Krishi Vikas Yojana (RKVY). The aim was to improve quality of life of farmers especially, small & marginal farmers by giving a complete package of activities to maximize farm returns. It also helps in increasing agriculture productivity of rain-fed areas in a sustainable way by adopting suitable farming system based approaches. It minimizes the adverse impact of possible crop failure because of drought, flood or uneven

rainfall distribution through diversified & composite farming system. The programme also helps in increasing farmers' income and livelihood support for reduction of poverty in rain-fed areas.

● LIVESTOCK INSURANCE SCHEME

Livestock insurance Scheme is aimed at providing protection mechanism to farmers as well as cattle rearing against any eventual loss of animals because of deaths. The scheme also tells about the benefit of insurance of livestock to dairy farmers and popularizes it with the ultimate goal of attaining qualitative improvement in livestock and their products.

● NATIONAL MISSION FOR SUSTAINABLE AGRICULTURE (NMSA)

National Mission for Sustainable Agriculture is one of the eight missions under the National Action Plan on Climate Change (NAPCC). It is aimed at promoting sustainable agriculture via climate change adaptation measures, boosting agriculture productivity especially in rain-fed areas focusing on integrated farming, soil health management and synergizing resource conservation.

SCHEMES UNDER NMSA

- Rain fed Area Development (RAD) - implemented by RFS Division.
- Sub Mission on Agro Forestry (SMAF) - implemented by NRM Division
- Soil Health Management (SHM) - implemented by INM Division
- Paramparagat Krishi Vikas Yojana (PKVY) - implemented by INM Division
- National Rain Fed Area Authority (NRAA) - implemented by RFS Division
- Soil and Land Use Survey of India (SLUSI) - implemented by RFS Division
- National Centre of Organic Farming (NCOF) - implemented by INM Division
- Mission Organic Value Chain Development in North Eastern Region (MOVCDNER) - implemented by INM Division

FACTS

- Farmer suicides have been reported from some villages.
- A farmer in the state of Karnataka committed suicide, being unable to sell his harvest because of the lockdown.
- Ram Bhavan Shukla, another farmer from Jari village in Uttar Pradesh killed himself by hanging from a tree over non-availability of labourers for harvesting his wheat crop.
- Nearly 700 million people of the country's 1.3 billion rely directly or indirectly on an agriculture based livelihood.

SECTOR DURING LOCKDOWN PERIOD DUE TO COVID-19 ADVISORY FOR FARMERS

● HARVESTING AND THRESHING OF CROPS

Amidst the threat of COVID-19 spread, the Rabi crops are approaching maturity. Harvesting and handling of the produce including its movement to the market are inevitable as the agricultural operations are time bound. However, farmers also follow precautions and safety measures;

- Measures of personal hygiene and social distancing field crops, fruits, vegetables etc. before, during and after the field operation.
- All the machines to be sanitized at regular intervals.
- Prefer mechanized operations over the manual wherever feasible. Only the essential number of persons should be allowed to accompany it.
- Maintaining safe distance of 3-4 feet during relaxation, taking of meals, loading/unloading.
- All persons engaged should use masks and wash hands with soap at reasonable intervals.
- All machines should be sanitized at the entry point and regular intervals. All transports vehicles, gunny bags or other packaging material should also be sanitized.

● POST-HARVEST, STORAGE AND MARKETING OF FARM PRODUCE

- While performing drying, threshing, winnowing, cleaning, grading, sorting and packaging operations at the farm level, wearing of protective face mask may help against aerosols and dust particles to prevent respiratory difficulties.
- Adequate precautions to be taken for storage of produce at the farm in jute bags that are made available in sufficient numbers to farmers or in nearby cold storages/ godowns/ warehouses, if needed for better price realization.
- Precautions to be followed for direct marketing/ supply of vegetables such as tomato, cauliflower, green leafy vegetables, cucumbers and other cucurbits from farms.

● STANDING FIELD CROPS

- The temperature in most of the wheat growing areas is still below long-term average and likely to delay wheat harvesting by at least 10-15 days beyond April 10, therefore, farmers can delay wheat harvesting till April 20 without incurring any significant loss, which gives enough time to manage logistics for procurement and announcement of dates.
- In case of any unseasonal rain at harvesting stage in paddy, spray 5% salt solution to prevent seed germination.

- Rabi paddy in grain filling stage in southern states is widely affected due to neck blast incidence, adequate precautions to be taken while spraying of recommended fungicide by contract sprayers/farmers.
- In summer, pulses in rice fallows, whitefly management with proper safety measures may be taken up to prevent yellow mosaic virus incidence.
- In horticultural crops at fruiting stage such as mango, while carrying out field operations related to nutrient sprays and crop protection, adequate precautions in handling of inputs, mixing, delivery and washing of equipment is to be undertaken.

The Indian Council of Agricultural Research (ICAR) has issued state-wise guidelines for farmers to be followed during the lockdown period. The advisory mentions specific practices during harvest and threshing of various Rabi (winter sown) crops as well as post-harvest, storage and marketing of the farm produce.

The Reserve Bank of India (RBI) has also announced specific measures that address the “burden of debt servicing” due to COVID19 pandemic. Agricultural term and crop loans have been granted a moratorium of three months (till May 31) by banking institutions with 3 per cent concession on the interest rate of crop loans up to INR 300,000 for borrowers with good repayment behavior.

The visible impact of COVID-19 in the rural sector is on the agriculture supply-chain. While the government has issued permits to trucks allowing them to carry groceries, fruits, and cereals, a large number of transporters are yet to receive their permits. This has increased the time taken for the farm produce to reach the market. The second impact of COVID-19 is the delay in sowing and harvesting of crops due to the unavailability of products such as seeds, tractors, ancillary support, and medicines for crop protection. The third impact of COVID-19 is the expected job cuts in the sector. As per the government, there are nearly 9 crore farmers along with a similar number landless agriculture labourers. While the farmer will be receiving relief from the government directly, the latter is placed in a difficult position at this time. The fourth big impact is the complete shutdown of exports. India has been a major exporter of crops and as per APEDA; India's overall agri-exports in 2018-19 were to the tune of Rs 685 billion. Currently, all the ports have been locked and huge inventory has piled up with the traders and farmers.

CONCLUSION

‘Empty shelves can be frightening, but empty fields and barns would be devastating’. India's lockdown is hurting its crucial farming sector having about half of the country's workforce. Due to this COVID-19 pandemic, many farmers have migrated to their home town as they are unable to earn basic livelihood and are

struggling to pay off their debts. They are unable to even sell their crops due to lack of transportation facilities. But the government has initiated many schemes which would help them to fight this pandemic as well. All farmers, agriculture labourers, societies, government and people's organization should work collectively to revive the Indian Agriculture.

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Stepping Stones Towards an Aatmnirbhar Bharat

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ABSTRACT

Though the concept was long standing, it had the anti-globalisation feeling attached to it as so many developing countries opted not to touch it then. But today, it is a diffeae closed. The world is paying the price for being dependent on single country for most of their manufacturing needs. The world is realising the importance of the 'local' as the supply chains across the globe are disrupted. Local is feeding the public but the dependency need to be understood more deeply in India and elsewhere. The purpose of this paper is to discover if the Prime Minister's call of **Aatmnirbhar Bharat** (self-reliant India) be brought to the ground or is it like any other slogan? Literature reviews of many research paper have been the primary source of data for this study. Report on **Aatmnirbhar Bharat Abhiyaan** produced by the Finance Minister was studied during the research.

Keywords: Aatmnirbharata; Economy; Manufacturing; Supply Chain; Dependency

INTRODUCTION

Aatmnirbharata or *Aatmnirbhar Bharat* is a dream and maybe the need of the hour as the global manufacturing hub China cannot maintain friendly ties with us. When we

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see import/export ratio between India and China, the balance is missing, as we are importing way more than what we export and the good relations between Pakistan and China complicate things much more as militants in Kashmir, who are getting killed had these Chinese weapons. Our money is killing us. Even, if we can't get fully independent of China in terms of imports, a balance in trade should be the priority, needless to say that a house cannot be imagined without having anything made in China.



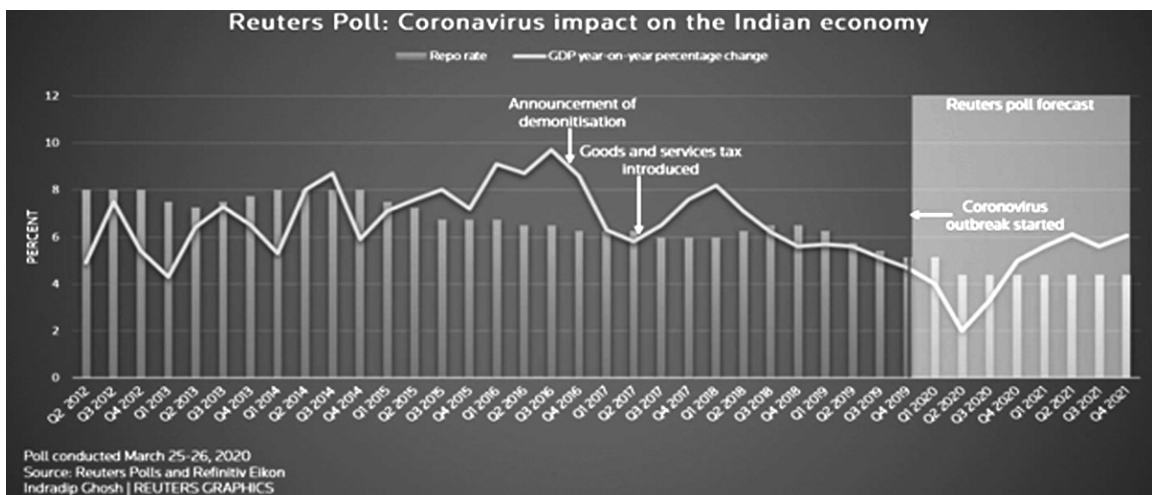
But there is a story of how India changed from a grain deficient nation to *Aatmanirbhar* in this department, courtesy the Green Revolution. India had to import about five percent of the total food grains available in the country in the 1950s. Food shortages worsened during the 1960s when two severe drought years led to a sharp increase in the import of food grains. When basic necessity such as food was imported, that was the time when we opened up the agriculture sector as an estimated Rs 45,000 Crore was spent on improving irrigation in the first four decades after independence. Slowly, the Indian farming sector began to improve upon its yields and got closer to solving the chronic food shortages in the country. Today, India has the largest irrigated land in the world. (Green Revolution, 2014)

LITERATURE REVIEW

The literature review highlights the economics data that can help us in predicting the outcome of today's policies.

According to Keynes, the economy is run by the four major factors that are consumption, investment, government expenditure and net exports. The present situation of the world economy is not similar to the situation of the economic crisis in

1929. The reason is that in 1929, the world economy was facing a demand side shock which has led to the fall in the consumption and investment. The present situation of world economy is experiencing both supply side as well as demand side shock. According to Keynesian Economic School of thought, the supply side shock is more harmful than the demand side shock as supply side shock leads to stagflation that is increase in inflation and fall in output where as the demand sided shock which happened in 1929 had led to the fall in output and prices. Thus, stagflation is more harmful than the effects of demand side shocks on the economy.



“There are a number of sectors that have been identified in which India’s competitive and comparative advantage over the other countries is seen. We have identified 12 sectors in which not only will India be ‘*Aatm Nirbhar*’ (self-reliant) but can also lead the global supply chain,” - Commerce and Industry Minister Piyush Goyal. (**Financial Express, 2020**)

India’s initial focus on the international sector has paid off handsomely. (Basu & Maertens, 2007) India’s focus on the international sector has paid off as it usually takes a neutral stand to the world issues and steer clear from any conflict. The people-to-people relation aspect is very important when trade of textile and handicraft is in question, as India is internationally famous for its handicrafts. But to sustain this growth, microeconomic issues - better distribution of income, improved labour-market functioning, the control of corruption, and more efficient institutions for business and enterprise-need great attention. These are often referred to as second-generation reforms. (Basu & Maertens, 2007) Sustainment of this growth depend largely on microeconomic issues which are often referred to as second-generation reforms- better

distribution of income, improved labour-market functioning, the control of corruption, and more efficient institutions for business and enterprise-need great attention. Employment is not growing as fast as working-age population, nor the wages rising as rapidly as per-capita income. But much of it has to do with the 'culture' that pervades India's labour markets, which in turn is a consequence of the complicated and

ill-conceived laws that govern the labour market. (Basu & Maertens, 2007). Evidence suggest that employment is not growing as fast as the working-age population. The wages are also not rising as rapidly as per-capita income, much of it has to do with culture of Indian labour markets where ill-conceived laws govern.

Karl Marx, from whom one could have expected a departure from the conventional view, also popularised the concept of village self-sufficiency: "Under this form of municipal government, the inhabitants of the country have

lived from the time immemorial. The boundaries of the village have been but seldom altered, and though the villages themselves have been sometimes injured and even desolated by war, famine and disease, the same name, the same limits, the same interests, and even the same families have contributed for ages. The inhabitants gave themselves no trouble about the breaking up and the division of kingdoms; while the village remains entire, they care not to what power it is transferred or to what sovereign it devolves: its internal economy remains unchanged." (Srinivas & Shah, 1960)

"In India, there are 45 laws at the national level and close to four times as many at the level of state governments that monitor the functioning of labour markets. Some of these labour laws date back to the nineteenth century. They were meant to control conflict and keep the labour market efficient." (Basu & Maertens, 2007).

They were meant to control conflict and keep the labour market efficient. India has moved 14 places to be 63rd among 190 nations in the World Bank's ease of doing business ranking released on 2019 on the back of multiple economic reforms by the Narendra Modi government. However, it failed to achieve government's target of being at 50th place.

"In a poor country, no one with any sensitivity wants workers to lose their jobs. So what does one do? The instinct is to make it difficult for firms to lay off workers. That is exactly what India's Industrial Disputes Act, 1947, did, especially through the amendments of 1976 and 1982, for firms in the formal sector and employing more than 100 workers." (Basu & Maertens, 2007). In a developing country, no one wants workers to lose their jobs. Naturally, the instinct is to make it difficult for the firms to lay off workers and that's what India's Industrial Disputes Act, 1947 is for. It had amendments in 1976 and 1982 for firms in the formal sector and employing more than 100 workers. While technology will eventually create a global challenge that will affect India for some

time, the country can take advantage of its cheap labour and boost its manufacturing sector. But to nurture this sector, more investment is needed in infrastructure, the reduction of bureaucratic costs and also good macroeconomic policy ('A Decade after 1991: New Challenges Facing the Indian Economy', 2002)

"But in today's globalized world, with volatile and shifting demand, firms have responded to this by keeping their labour force as small as possible. It is little wonder that in a country as large as India, fewer than 10 million workers are employed in the formal private sector. Some commentators have argued that India's labour laws could not have had much of a consequence since most of them apply only to the formal sector. What they fail to realize is that one reason, the formal sector has remained minuscule is because of these laws and also the culture that these laws have spawned (Basu & Maertens, 2007)

REPORT ON AATMNIRBHAR BHARAT ABHIYAN

Micro, small and Medium enterprises (MSME) are one of the strongest backbone of our economy. *Aatmnirbhar Bharat* strengthens the current situation of the country with the effect of COVID19. This pandemic comes with so many challenges and difficulties in the world of economy. Through MSME, we tried to set up all the things to get them back in a new way. If we go through the bifurcation of the things, then we find the few facts that can be clearly shows the picture of the propaganda of *Aatmnirbhar Bharat*.

Recently, the government announced an economic stimulus package of Rs. 20 Lakh Crore and big-bang systemic reforms under the *Aatmnirbhar Bharat* Abhiyan (Self-reliant India Mission).

The intended objective of this plan is two-fold. First, interim measure such as liquidity infusion and direct cash transfer for the poor will work as shock absorber for those in acute stress. The second long term reforms in growth- critical sectors is to make them globally competitive and attractive. Together, these steps may revive the economic activity, impacted by COVID19 pandemic and create new opportunities for growth in sectors like agriculture, MSME's, power, coal and mining, defence and aviation etc.

Primary sector: The measures (reforms to amend ECA, APMC and contract framing, etc) announced for the agriculture and allied sectors are particularly transformative.

These reforms are steps towards the One Nation, One market objective and help India become the food factory of the world. These measures would finally help in achieving the goal of a self-sustainable rural economy.

Also the MGNREGA infusion of Rs. 40,000 Crore may help in alleviating the distress of migrants when they return to their village. The economic condition after this crucial timing of the Covid-19 has been so far worse from the earlier situation. The poor

migrants, who went to their village which impacted the situations of the factory as well as labour class workers are also afraid to coming back to the cities as it became difficult for them to accept the harsh situation after the experiences of Covid-19. To overcome this harsh situation, government also takes stand for the different sectors. Primary sector changes we had discussed earlier.

Secondary sector: Given the importance of MSME's for Indian Economy, the Rs. 3 Lakh Crore collateral- free loan facility for MSME's under the package will help this financially starved sector and thereby providing a kick-start to the dismal state of the economy. As the MSME sector is the second largest employment generating sector in India , these steps will help to sustain the

labour intensive industries and thereby help in leveraging India's comparative advantages. Additionally, limiting imports of weapons and increasing the limit of foreign direct investment (FDI) in defence from 49% to 74% will give a much-needed boost to the production in the ordnance factory board, while reducing India's huge defence import bill.

Public expenditure on health will be increased by investing in grassroots health institutions and revamping health and wellness centres in rural and urban areas. It will help in setting up of infectious diseases hospital block in all districts and strengthening of lab network and surveillance by integrated public health labs in all districts, block level labs & public health unit to manage pandemics.

During the time of Covid-19, education sector got hit as most students got detached of their studies and it is likely that the offline studies module will not open very soon. Thus, the concept of online teaching has been strengthened.

Online studies by the teacher affects the mental health and psychological situation of the students as well as of teachers, parents too. This led the way to enhance the concept of the schooling form offline to the online studies. But every situation has different aspects also as due to this psycho-social health of the students as well as teachers suffer a lot. And this led to the way of starting a new programme *Manodarpan*.

PM eVIDYA , a programme for multi-mode access to digital / online education to be launched immediately. *Manodarpan*, an initiative for psycho-social support for students, teachers as well as families for mental health emotional well being to be launched immediately as well. New National Curriculum and pedagogical framework for school, early childhood and teachers will also be launched. National foundational literacy and Numeracy mission for ensuring that every child attains learning levels and outcomes in grade 5 by 2025 will be launched by December 2020.

Ease of doing business enhancement also has been taken care in Atmanirbhar Bharat(Self-Reliant India) concept. Minimum threshold to initiate insolvency proceeding has been raised to Rs. 1 Crore from Rs.1 Lakh, which largely insulates MSMEs. Special

insolvency resolution framework for MSMEs under section 240A of the code will be notified soon.

Suspension of fresh initiation of insolvency proceeding up to one year, depending upon the pandemic situation. Empowering central government to

exclude COVID19 related debt from the definition of “default” under the code for the purpose of triggering insolvency proceeding. These announcements by the Finance Minister are in continuation to the series of reforms. Soon after lockdown ‘*Prime Minister Garib Kalyan Package*’ (PMGKP) was launched for the uplift of the poor and the (below poverty line) BPL category.

With Rs. 1.70 Lakh Crore PMGKP, the government announced distribution of free food grains, cash payment to women and poor senior citizens and farmers etc. The implementation of the package is being continuously monitored.

Around 41 Crore people received financial assistance of Rs. 52,608 Crore under the PMGKP. The Finance Minister also said that this will also help positively to the debt system in our economy and will bring benefits for the poor.

However, apart from all the benefits and after so many strategies’ challenges will be there for each sector. The sectors has its drawbacks and loop holes. However, these loopholes would be resolved.

Senior World Bank officials on 24th April 2020, warned that the developing economies could see a deeper recession than expected if consumption and investment do not rebound quickly in the wake of the pandemic. In a blog posting on the Bank’s website, the officials said the preliminary baseline scenario forecast a “grim” 2% drop in economic output in developing countries- the first contraction in these economies since 1960. But it said growth outcomes could be ‘considerably worse’ and output in those economies could drop by nearly 3% if just one of the Bank’s assumptions failed to materialize, and investment and consumption did not rebound. (Shala & Lawder, 2020)

IMPACT OF THIS STIMULUS PACKAGE

Primary Sector

The measures (reforms to amend ECA, APMC, Contract framing, etc) announced for the agriculture and allied sectors are particularly transformative. These reforms are steps towards the One Nation One Market objective and will help India become the food factory of the world. It would finally help in achieving the goal of a self-sustainable rural economy. Also, the MGNREGA infusion of Rs 40,000 Crore may help in alleviating the distress of migrants, when they return to their villages.

Secondary Sector

Given the importance of MSMEs for Indian economy, the Rs 3 Lakh Crore collateral-

free loan facility for MSMEs under the package will help this financially-starved sector and thereby provide a kick-start to the dismal state of the economy. Also, as the MSME sector is the second largest employment generating sector in India, this step will help to sustain the labour intensive industries and thereby help in leveraging India's comparative advantage.

Additionally, limiting imports of weapons and increasing the limit of foreign direct investment in defence from 49% to 74% will give a much-needed boost to the production in the Ordnance Factory Board, while reducing India's huge defence import bill.

STEPS TO BE TAKEN FOR IMPLEMENTING THE ATMA NIRBHAR ABHIYAN

Enhancing Demand

The economic package for the country emerging out of the lockdown requires a stimulus enhancing demand across the economy.

The best way for this is to spend on green field infrastructure.

Infrastructure spending uniquely creates structures that raise productivity and extends spending power to the section of the population most affected by the lockdown, namely daily wage labourers.

Mobilising Finances

For financing of the stimulus package, India's foreign reserves stand at an all-time high which could be strategically used to finance its needs. The rest may have to come from privatisation, taxation, loans and more international aid.

Holistic Reforms

Any stimulus package will fail to reflect the trickle-down effect, until and unless it is backed by reforms in various sectors.

Thus, Aatmanirbhar plan also encompasses the unfinished agenda of holistic reforms which may include reforms in civil services, education, skill and labour, etc.

CONCLUSION

India is rightfully taking steps in the direction of Aatmanirbharta, like import of machines that could be built here is being discouraged but it's the initiation step and will at least take the next 5 years for the selected sector to improve, let alone the whole country. Steps such as huge investment by the government can build the confidence of not only Indian but foreigners which could result in increase in FDI and as this is the low point of the ever expanding China, we as its neighbour could become more stronger as we have a powerful data to back up.

The economic crisis triggered by Covid-19 pandemic is much like the 1991 economic crisis, which was a harbinger of a paradigm shift via liberalisation, privatisation and

globalisation. The post-Covid-19 era may usher in unprecedented opportunities provided the implementation deficit is adequately addressed.

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Suspension of Labour Laws Amid COVID-19 Lockdown: An Analysis

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ABSTRACT

Following the imposition of the Coronavirus pandemic related lockdown, the nation's economy is said to have gone on a down turn with hardships being faced both the entrepreneurs and the labour. To revive economy the government has announced economic packages and given the liberty to suspend labour laws.

Taking the cue several states have suspended these laws which seemingly protected labour interests. The paper seeks to study the impact of such move across five big states of the country.

Keywords: *Pandemic, Covid Lockdown, Economy, Downturn, Labour Laws*

INTRODUCTION

On 11 March 2020 World Health Organization (WHO) declared the spread of Novel Coronavirus (COVID-19) a pandemic as multiple cases running into hundreds to thousands were confirmed in a large number of countries. Coronavirus (COVID-19) originated in Wuhan, China in late 2019 and has been spreading worldwide ever since. To protect the citizens of India, Prime Minister Narendra Modi declared nationwide lockdown for 3 weeks

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on 22 March 2020 after a 14-hour voluntary public curfew followed by enforcement of a series of regulations in the country's COVID- 19 affected regions.

The Covid-related regulations included sealing off state borders, shutting down transportation services, suspending construction activities, closure of business premises and industrial estates among others. The lockdown led to suspension of employment generation activities as the industries, factories and workplaces shut down or suspended operations. It left millions of daily wage-earning migrant workers high and dry with no source of income and lack of necessities like food and shelter for sustaining themselves in urban centres.

In the absence of clear roadmap and ever-evolving guidelines, these affected labour masses were also denied a clarity about what future held for them. The government tried to help these workers by launching schemes like providing the stranded poor with ration but due to inefficiency of government machinery and the blockades provided by the majority of workforce being divided and not coexistent, the distribution scheme failed to meet the desired goals.

In such a scenario, where sustenance started to come at a premium, the migrant workers had no option but to set out for their homes on foot as all the public transportation services were terminated until further notice. The images of emaciated workers walking hundreds and thousands of kilometers to go back to their homes surfaced the internet and the stories of people started to make a break in the panic of this world epidemic.

Instead of dealing with the issue of mass migration with a human touch, or a more sensible manner, the law enforcement agencies arrested many for violating the lockdown regulations and increasing the possibility of the spread of COVID-19. Even as several others died due to accidents, exhaustion, hunger, lack of shelter and basic needs.

The government tried its best to overcome the situation and after a lot of discussion and brain storming by the ministers and professionals, it was decided to send the migrants through buses and trains. Now the issue of lakhs of migrant workers returning to their homes has occupied centre space and government has to arrange for the livelihood through employment generating schemes; which in turn would revive economy.

REVIVING ECONOMY

The lockdown has not only affected the image of the nation but other important areas too. The economy is crashing; Goldman Sachs has forecasted that India may experience its deepest recession ever due to the economic impact of its Coronavirus lockdown. It expects the country's real GDP to fall by 5 percent in 2020-21. Goldman Sachs estimated that the gross domestic product will contract by an annualized 45 percent in the June quarter, compared to its previous estimation of a 20 percent fall.¹

Now to restart the economy and boost it, post-COVID-19 lockdown, several state governments have suspended labour laws to 'motivate' businesses and entrepreneurs. Many states have suspended a labour laws selectively, by passing ordinances. This suspension has been made, as mentioned earlier, in order to benefit the entrepreneurs and businesses, to give them more opportunity and flexibility to help save the nation's economy.

LABOUR LAWS

However, the question which arises is -- isn't the suspension of labour laws contradictory to what was promised to our labour force, to the very spirit these labour laws were made in, to the very existence of these labour laws.

Labour laws in India affects various facets of Indian industry and it covers diverse areas of entrepreneurship. It should not be forgotten that other than the IT sector, all other major industrial sectors in our country is labour intensive and as India being a labour intensive country, the labour workforce is the backbone of industries. Therefore, the Indian governments, in the past, both at federal and state level have sought to ensure a high degree of protection for worker.

There, however, has been a huge gap between the spirit of these laws and the way they have been implemented. Even their codification is not uniform across the states as labour laws fall in the concurrent list of the Indian Constitution and differs from state-to-state. Thus, this time around too, many states have issued different ordinances and notifications under the Factories Act and Industrial Dispute Act amid the COVID-19 lockdown.

State Government of Gujarat, Himachal Pradesh and Haryana simultaneously issued notification to extend the working hours of factory workers to a maximum of twelve hours a day and seventy-two hours a week. A similar order was invoked by the Punjab Government as per which factories may be exempted from the stipulation regarding the daily and weekly hours of work under the Factories Act to cope with an exceptional pressure of work.

The government of Uttar Pradesh, which has claimed that these changes were being made for creating employment and attracting investment, has made large-scale changes. This has been viewed with a certain amount of scepticism as it legitimizes many violations of the prevailing laws such as Factory Act of 1948 and Industrial Dispute Act of 1947

The Uttar Pradesh state government has approved an ordinance, which exempts the businesses from the purview of all but four labour laws for the next three years.

Justifying the suspension, Uttar Pradesh Chief Secretary R K Tiwari told *Business Standard*, "The idea is that in the present circumstances, where we need to provide employment to workers who have migrated back to the state and to protect the existing employment, some flexibility has to be given to business and industry."²

However, labour law advocate Rampariya Gopalakrishnan countered saying, "It is

absolutely shocking. This move of the UP government turns the clock back more than 100 years. It will lead to slave-like conditions for workers. It is unacceptable, and in violation of human and fundamental rights. This move should be legally challenged.”³

In the view of the claims and counter claims, it would be prudent to examine the state-wise changes/suspensions made in the labour laws.

UTTAR PRADESH

On May 08, 2020, the UP Government promulgated the Ordinance which suspended a majority of the key labour laws and rules thereunder in the State for all factories and establishments engaged in the manufacturing process, for a period of three years.

Here is a list of 18 major laws that Uttar Pradesh Chief Minister Yogi Adityanath has suspended: *Source- News18*⁴

1. Uttar Pradesh Factories (Control of Industrial Major Accident Hazards) Rules, 1996
2. Uttar Pradesh Contract Labour (Regulation and Abolition) Rules, 1975
3. Uttar Pradesh Factories (Safety Officers) Rules, 1984
4. Uttar Pradesh Factories Rules, 1950
5. Uttar Pradesh Factories Welfare Officers' Rules, 1955
6. Uttar Pradesh Industrial Employment Model Standing Orders, 1991
7. Uttar Pradesh Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Rules, 1983
8. Maternity Benefit Act, 1961 (Applicable for Uttar Pradesh)
9. Uttar Pradesh Industrial Dispute Act, 1947 and Rules, 1957
10. Uttar Pradesh Minimum Wages Rules, 1952
11. Uttar Pradesh Payment of Gratuity Rules, 1975
12. Uttar Pradesh Payment of wages Rules 1936
13. Uttar Pradesh Private Security Agencies Rules, 2009
14. Uttar Pradesh Dookan Aur Vanijya Adhishthan Adhiniyam, 1962
15. Uttar Pradesh Dookan Aur Vanijya Adhishthan Niyamavali, 1963
16. Uttar Pradesh Industrial Establishments (National Holidays) Act, 1961
17. Uttar Pradesh Industrial Establishments (National Holidays) Rules, 1965
18. Uttar Pradesh Labour Welfare Fund Act, 1965 and Uttar Pradesh Labour Welfare fund Rules, 1972
19. Apprentices Act 1961;

By no means, the list is short, though it cannot also be denied that there is over-regulation in the domain of India's business. But while the excessive laws and regulations

are a problem, suspending them haphazardly is not the answer. Many workers struggled over decades to acquire these rights, fighting for their genuine claims. Therefore, this idea of suspension of labour laws needs deeper thought and greater application of mind.

Essentially, the ordinance is applicable to all the factories in the state for a period of three years. Moreover, it brings into light the changes like:

1. No new trade unions can register for three years and,
2. No access to redressed mechanism will be available to the workers

As mentioned in an article by News18 dated May 10, 2020, “The 8 May 2020 notification by the Uttar Pradesh government suspending all labour laws is unconstitutional and regressive. Hurriedly drafted with little more than a short-term outlook, it will not attract any investment into India’s most populous state. Worse, it could create labour-capital hostility and cart the state back to the 1970s, with constant clashes between trade unions and managements.”⁵

GUJARAT

The State of Gujarat vide a notification dated April 17, 2020 exempted all factories registered under the Factories Act, 1948 from various provisions which are relating to weekly hours, daily hours, intervals for rest etc., with effect from April 20, 2020, with the following conditions until July 19, 2020:

1. No adult worker shall be allowed or required to work in a factory for more than twelve (12) hours a day and seventy-two (72) hours in a week.
2. No worker shall work for more than six (6) hours before he has had an interval for rest for at least half an hour on each day.
3. No female worker shall be allowed or required to work in a factory between 7:00 PM to 6:00 AM.
4. Wages shall be in proportion of the existing wages. (E.g. if wages for eight hours are Rs. 80, then the proportionate wages for twelve hours will be Rs. 120.

On May 08, 2020, the Chief Minister of Gujarat through a statement said that labour law relaxations shall be made applicable to new projects in the State on the condition that they operate for at least twelve hundred (1200) days and for those already operational in that period. It was clarified that a new ordinance would be brought in to bring this into effect.⁶

Gujarat’s new ordinance makes sure that workers in new units in the manufacturing, as well as service sectors, would be deprived of their rights to fair wages, decent working conditions and social security and their freedom of association and collective bargaining rights as well.

MADHYA PRADESH (MP)

The Government of MP vide a gazette notification dated May 05, 2020 amended the Industrial Disputes Act, 1947 allowing new establishments to be exempt from provisions under the Industrial Disputes Act, 1947, barring the provisions of Chapter V-A (*Lay-off and Retrenchment*), provisions of Chapter V-B (*Special Provisions relating to Lay-off, Retrenchment and closure in certain Establishment*) pertaining to conditions precedent to retrenchment of workmen, procedure for closing down an undertaking, special provisions as to restarting of undertakings closed down before commencement of the Industrial Disputes (Amendment) Act, 1976, penalty for lay-off and retrenchment without previous permission and penalty for closure.

The exemption is applicable for a period of thousand (1000) days subject to the condition that adequate provisions are made by such industries for the investigation and settlement of industrial disputes of the workmen employed by them. Further, the notification exempts factories from provisions of the Factories Act, 1948 and MP Factories Rules, 1962 for a period of three months from the date of publication of the notification.

Exemption is available from all provisions of the Factories Act, 1948 barring provisions pertaining to approval, licensing and registration of factories, notice by occupier and inspectors, provisions of Chapter IV (*Safety*), Chapter IV-A (*Provisions relating to Hazardous Processes*), Section 59 (*Extra wages for overtime*), Section 65 (*Power to make exempting rules*), Section 67 (*Prohibition of employment of young children*), Section 79 (*Annual leave with wages*), Section 88 (*Notice of certain accidents*) and Section 112 (*General powers to make rules*) and rules made thereunder.

Government of Madhya Pradesh exempts all factories from provisions of the Factories Act for three months. Another notification exempting new factories from the provisions of the Industrial Dispute Act makes sure that workers in newly established factories will not be able to exercise their freedom of association and collective bargaining rights for a period of 1000 days.

RAJASTHAN

The State of Rajasthan issued a notification on April 11, 2020 for extending working hours to twelve hours per day for a period of three months from the date of the order. To reduce manpower requirements in factories manufacturing essential food and grocery supplies, the Government of Rajasthan has exempted the provisions of working hours of adult workers under the Factories Act, 1948 subject to a few conditions.

It is also clarified that the additional four hours per day shall be paid as overtime subject to an overtime limit of twenty-four hours per week.⁷

HIMACHAL PRADESH (HP)

The State of HP issued a notification dated April 21, 2020 exempting all factories registered under the Factories Act, 1948 from provisions relating to weekly, daily, spread hours and interval of rest until July 20, 2020 subject to the following conditions:

1. No worker shall work in a factory for more than twelve (12) hours in any day and seventy-two (72) hours in a week.
2. No worker shall work for more than six (6) hours before he has had an interval for rest for at least half an hour.
3. Wages in respect of increased working hours as a result of the exemption shall be in proportion to existing minimum wages fixed by the Government of HP under the Minimum Wages Act, 1948.
4. Provisions of Section 59 pertaining to overtime wages shall continue to be applicable without any change.

IMPLICATIONS OF THE SUSPENSION

In an official release of May 06, 2020⁸, which is based on the decision of the UP Council of Ministers, the suspension of labour laws has been justified by stating that it is the need of the hour in order to give concessions to ongoing and new industrial establishments, businesses and factories⁹.

Some of the implications of suspending the labour laws are as follows:

1. Increased hours may endanger the health and safety of workers
2. Employers will not have to adhere to wage related obligations under collective bargaining agreements
3. Employers will have no obligation to pay the workers more than the minimum wage
4. No application of Factories Act means no maintenance of health and hygiene, no provisions for basic amenities and no labour inspections
5. Major suppression of Trade Union Rights.
6. No interaction with Trade Unions means no say in wages or working conditions
7. No social security Obligations
8. Employers will have total flexibility in the matter of firing workers and can do so without paying compensation

All these reforms undermine the hard-won rights of the labour and sets our country decades back in this aspect.

What remains to be seen is the manner of implementation of the Ordinance and notifications and whether these will be challenged in Indian courts. However, as of now, it appears that other States are likely to follow in a similar direction to suspend/relax labour laws in order to attract investment. Interestingly, this move goes against the Centre's

attempt to codify the labour laws via the Code of Wages, 2019, which received presidential assent last year in August.¹⁰

CONCLUSION

The pandemic has taken the governments across the globe by surprise, so has it stumped the government of India. For a developing economy like India there has to be a balance between profit for entrepreneur and protection of the labour. The government plays adjudicator in maintaining that balance. This role of the government would become very dominant in the times to come as the challenge to revive the economy would become increasingly astounding.

On the face of it, these reforms may look like a boon to boost our economy but they may end creating an enabling environment for exploitation of the workers and stripping labours off of their basic rights.

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The Emergence of Social Media as Marketing and Communication Tool- Empirical and Literature Evidence

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ABSTRACT

Social media has connected people around the world and enabled them to access widely available information sources. The evolution of internet has made social media an online communication tool for the users. Social media has changed the way consumer search for product related information before going into the actual buying. Social media conversations became an intensive source for consumers to get product and consumption related information. These communications are considered as a strong predictor for influencing decision making and purchase intention of the consumers. Social media can spread the information to the mass at a comparatively low cost of distribution. This makes it the most preferred channel to advertise and promote the businesses. The main focus of this study is to find out the importance of Social Media and Electronic Word of Mouth (E-WOM) in web based marketing.

Keywords: *Electronic Word of Mouth Marketing, Social Media Marketing, Opinion Giving and Opinion Seeking Behaviour*

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INTRODUCTION

The growth and spread of internet has developed an advanced web based platform for community communication which is called social media websites. The emergence of web based platforms as communication tool has enhanced the importance of online consumer reviews to support purchase decisions. Introduction of social media has accelerated the pace of online product related communication through opinion, reviews and recommendations by the consumers which transformed the WOM into E-WOM. Word-of-Mouth generated by searching and providing advices and opinions related with the product or brand on social media websites have impact on user's product choices and purchase behaviour. There is a widely spread network available for users to communicate and contribute to the E-WOM on social media websites (Abubakar and Ilkan, 2016). The reviews on social media can influence the overall sales figure of product by impacting the consumer purchase or consumption decisions. Companies can build and manage their customer networks efficiently through various tools of communication available on social media websites. It is also a new communication tool available for consumers which allow them to interact with people anywhere in the world. There are two categories of social media users: first, the active, who actively share and exchange product related information with others and second, the passive, who came in social groups just to seek product related information from other for their purchase decisions. Advancement of communication technology enabled consumers from all over the world to give their reviews and comments related with the product for the benefit of others in their decision-making process. Customers can get trustworthy product related information from the real user of the product through discussion in social forums. Web based social networking gives opportunity to share and express user's opinion and attitude related with any business, politics or religion topics on different websites worldwide. Social media made it very easy and quick win for consumers to get product-related knowledge before going into the actual purchase. E-WOM on social media websites can make the brands more pervasive and approachable to the customer in online environment.

SOCIAL MEDIA MARKETING

Marketing tools used for branding, advertisement and promotion through social media platforms are defines as social media marketing. Social media websites became common platform for consumers to carry informal discussions related with the product. It is the most preferred medium for marketers to connect with target audience and involve them into the advertisement campaigns. Social media marketing mainly concentrated on effective use of word-of-mouth (WOM) marketing which is focused on

person-to-person contact for sharing information on internet. Use of internet for spreading and generating WOM is called electronic word-of-mouth (E-WOM). The concepts of WOM and E-WOM are quite same. It is just internet and social media websites that has transformed traditional WOM into E-WOM. Moreover, E-WOM has many advantages over traditional WOM. This represents a shift from traditional forms of WOM to the advanced form of E-WOM in last few decades. Social media has brought the well- organized facilities in the field of marketing (Riegner, 2007). The potential impact of E-WOM on buying behaviour of consumers cannot be ignored by marketers while planning social media marketing strategies. Companies are building their marketing strategies based on the inputs and feedback received from the consumers through online social communications. The growth of web based marketing increased the availability of opportunity for marketers to develop relationship with the target customers. Social media provide opportunities for marketers to build brand equity and customer relationship. It has features to connect consumers with each other and enable them to share information among them. Social media enable marketers to access and monitor the consumer opinions on a regular and instant basis by hearing or participating in online social communications. The revolution of social media has bought a new ways for seeking and collecting information about a large range of available products or services in the market. Companies can get a direct one to one interface with the customers that create pervasive presence of brand in the society which in turn increases their market share. Social media marketing helps to promote websites, products, and services on web based platforms through the reviews and feedbacks related with a product on social media websites which can influence the purchase intention of the customers.

OPINION GIVING AND OPINION SEEKING BEHAVIOUR OF CONSUMERS

Consumer's feedback and review related with the consumption of a product has been found helpful for others in their purchase decision making process. Social media became the most popular platform for the consumers to create and share product related E-WOM. Consumer's engagement in E-WOM can be measured through their roles as opinion giver and opinion seeker on social media websites. High level of product and social engagement required to share and gather consumption related information on social media websites. Information seeking and giving both behaviours have positive influence on purchase and consumption related decisions. Easy accessibility of information enables the consumers to spread their views much faster through social media websites. Social media simplified the process for consumers to share product related review and feedback to the mass. Social media websites enabled marketers to

share and exchange information related with new launches or any change in existing product or schemes. The increased influence of E-WOM on purchase intention and consumer behaviour has enhanced the interest of marketers towards identifying the variables effecting opinion giving and seeking behaviour of the consumers (Cheung and Thadani, 2012; Hussain et al., 2017; Yang, 2017). Increasing use of web based tool like blog, social media comment, reviews etc. by the consumers for sharing their opinion regarding a product or brand help marketers to understand the need of customer which is helpful to create demand of the product (Lee et al., 2011; Gupta and Harris, 2010). These tools have significantly changed the way of communication and relationship model between consumers and marketers (Lee et al. 2011). Messages, reviews and comments received through E-WOM are presumed to be an opportunity for marketers through which they can manage their advertisement and promotion campaigns and also upgrade and modify their product and services to better meet the demand of consumers which would resulted to growth in sales and revenue figures (Filieri and McLeay, 2014).

WORD OF MOUTH MARKETING

The word of mouth (WOM) is a traditional way of marketing. As the name suggests it is people's talk about a brand or product. It spread the opinion and recommendations from one person to another. WOM is about earning good conversation about the products, services and brands. Human psychology is to trust a lot on products or brands about which others talk frequently, in compare to the product advertised more by the producer itself. Companies sometime believes that their product or service have high demand in the market only because of the high quality of product or the marketing efforts done by them however the actual demand is created by the WOM, which is generated through the product related feedback given by the real users. It is almost a free of cost tool available for marketers to promote and advertise their product or brand. The voice of real customer is the most significant bases for creating future sales (Luo, 2009). A satisfied customer does not only get engaged into the WOM but tend to motivate other customers for bringing more positive WOM. When customer found a product or service satisfying their needs or buying a particular product makes them proud and happy, they appreciate the producer of products or service providers. They like to discuss among the social groups about the products or service they bought or used. However, when they feel dissatisfied with the product, they advise others not to think of buying that product or service. WOM influences the decision making and purchase intention of an individual (Litvin et al., 2008). Many researchers (Daugherty and Hoffman, 2014; Jalilvand and Samiei, 2012; Litvin et al., 2008) presented WOM as a most important factor to impact the consumer buying behaviour, especially for intangible products where evaluation is very difficult

without actual use. It is much more reliable source of information when compared to others like radio, TV & print advertisements (Cheung and Thadani, 2012), this is because of the reason that consumer trust more on reviews of a product from real users of the product compare to the information from seller or marketer (Nieto et al., 2014). WOM is a volunteer act by the consumers which is considered to be the most credible and customer-dominated source of information about product and services as it is independent of the influence from market and seller (Lee and Youn, 2009).

WOM VERSUS E-WOM

Interpersonal communication between the consumers is the oldest marketing tool available for sharing product related information. It is most likely to influence consumer behaviour due to the higher level of credibility and reliability transmitted by family and friends. However, traditional WOM has a limitation that person-to-person communications were found mainly in the form of oral and invisible messages. It involves credibility risk for the ultimate end receivers as it includes multiple layers of communicators and receivers during the way which can be taken as a barrier to understand the actual message sent from the consumers to marketer regarding the lacking in marketing strategies or product. For example, consumer transfer message to retailer, who may not be the end receiver but passes that message further to the distributor or wholesaler. There are chances of message to be distorted, alter or miscommunicated when reached to the actual perceived receiver (Hussain et al., 2017). However, E-WOM is mainly represented in the form of image, video or text which is easy to decode and provide an opportunity for marketers to understand the exact need and concern of consumers. It helps marketers to upgrade their product or redesign the strategies accordingly. Also, written or visible messages persist over a long time. E-WOM on social media websites make the reviews accessible to large number of consumers worldwide; consumer and businesses can check them anytime from anywhere (Cheung and Thadani, 2012). This provides a weightage to the review and comments in written forms (i.e. E- WOM) which can mitigate the risk and increase the credibility of the information shared. Apart from this, easy access, wide reach and speed spread of E-WOM make it different and popular than traditional WOM where information shared through face-to-face communication with real time users (Gupta and Harris, 2010). This makes the message much private or confidential than E-WOM where any anonymous person can see or provide information on platform which has open access to all (Cheung and Thadani, 2012). However, consumers always want to reduce the risk of getting unreliable information about the product or brand while making purchase decision (Hussain et al., 2017). In this context, private messages been considered to have negative impact of

credibility of the information (Luo et al. 2013) whereas E-WOM has high level of inclusion capability as it is available worldwide to the all internet users. People can't only share their opinion and reviews related with a product or brand but also challenge the misleading recommendation and opinion of others as well. The information sources in traditional WOM model are mostly friends and family however social media enabled users around the world to participate and contribute in E-WOM for a product or brand. Consumers can easily spread their opinions and feedback related with a product or brand to the world with the help of various feature of social media websites. It also enables customers to access and contribute to the globally available information sources.

CONCLUSION

Social media websites allow their members to interact directly with other members and marketers without any barriers. Consumers can interact and understand each other's opinion. They can create and maintain relationships on social media websites whereas marketers using social media for their advertisement campaigns and consider it as a trusted tool of advertisement at relatively low cost. It has wide accessibility which facilitates brands to connect with the mass in an organised manner. It is also used as a tool which helps brand to communicate with the consumers in an effective way (Vinerean & Tichindelean, 2013). Marketers consider social media as an influencing tool for consumer buying behaviour as it impacts their purchase decisions (Forbes & Vespoli, 2013). Customers tend to seek post-purchase experiences about the product from real users before going into the actual buying (Yang, 2017; Daugherty and Hoffman, 2014). It enabled the consumers to share and exchange product, service, brand or seller related information with each other (Jalilvand and Samiei, 2012; Gómez-Suárez et al., 2017). They don't need to look for product related information, reviews and comments from their close friends and family members like they use to do in traditional WOM model. There are two main reasons for consumers to turn up towards the virtual platforms for getting product or brand related information through E-WOM. First, it is quick source of information where consumers don't need to wait for their friends and relatives to offer them an opinion about the product they want to buy. Second, information received through E-WOM can be considered more credible and reliable as consumer can easily verify the received information from widely available information sources (Nieto et al., 2014). Communication related with product information has also been considered as a vital part of the social interaction for consumers which is helpful to reduce price and quality related risk for a new buyer. User's interaction on social media exhibits their behaviour of opinion giving and seeking. Researchers described opinion giving and seeking behaviour of users as determinant of word of mouth on social media websites. It

has been considered as a strong influencer for making purchase decisions by the consumers in social media marketing.

RECOMMENDATIONS

Marketers need to identify the potential influencers for creating positive E-WOM for the products or services in web based world. They can evaluate various social factors that drive E- WOM by understanding the pattern of information exchange behaviour of target consumers. This would help them to connect with the consumers by using the modern technology of marketing and communication.

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Public Health Care Policies in India: A Historical Analysis

Shambhu Nath Dubey*

Public policy making in India can be traced back to the ancient times. The great ancient texts such as Veda, Mahabharata, Arthashashtra, Epics, Sutras and Shastras encapsulate varieties of wisdoms and procedures pertaining public policy making in India. However, the most systematic and focused policy making as a discipline of study and effective source of governance became prominent in post independent India. The parliamentary form of governance and liberal model of planned economy boosted the initiatives such as community development program, industrialization and global outreach. Maheshwari notes that, "Parliament has over a period of time passed a number of policy resolutions such as the Industrial Policy Resolution, Policy Resolution on Science and Technology, Resolution on National Education Policy etc. and these policies thus come to acquire sanctity of the highest level" (Maheshwari: 1987, p- 337). The federal structure of India having both state and center's responsibilities in enacting policy initiatives in post-independent India indeed has a significant ancient and colonial history and historiography.

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This paper endeavors to explore the historical evolution of federal health care management in India and how the history and present situation of health care management are actually responding to the future's history of health management in India. The theoretical ground of this paper comprises exploratory, institutional and public policy approaches that help to understand how politics and administration has been central force in determining the development and management of health care system in India. The exploratory approach has been used to develop the paper and explain the dimensions of the evolution of the health care policies and services in India. This paper largely uses the secondary literature and government's reports.

INDIAN STATE AND PUBLIC POLICY MAKING

India is federal country which has evolved out of extreme unitarism. There is a division of role and responsibilities between center and states in governance as well as public policy making. Maheshwari notes that, "Most subjects, which constitute the ingredients of development administration are constitutionally within the states' direct jurisdiction : agriculture, education, housing, industries, public health and sanitation, family planning, water supply, animal husbandry, minor irrigation, forests, fisheries and local government, while many others like electricity, labour, economic and social planning etc., are in the concurrent list, subject to state as well as central jurisdiction with the Centre exercising over-riding power but effective one nonetheless remaining with the states. Government the states have necessarily to look to the Centre for funds. It is axiomatic, according to the Centre's mode of thinking, that one who provides money also exercises control and the states are thus made to look to the Centre more and more, especially since the adoption of socio-economic planning" (Maheshwari and Maheshwari 1987:339).

Although the polity is federal in character, but the administrative system is highly integrated, therefore state governments act as implementing agencies in various matters. Indian being a federal country the role of prime minister, cabinet and other central agencies play significant part. Maheshwari notes that, "In India, there are nearly 400 public policy makers at the central level and another 400 in the states" (Maheshwari and Maheshwari 1987:340). On the other hand, the role of party system has been also playing a very significant role in policy making. At both central and state levels policy formation takes place. The federal policy making became significant in the post-independent India.

It's also significant to note that, there has been always a great lack in policy making institution and formal well-established procedure in India. In pre-independent India, the policy making was not much systematic and prepared. In 1918 the Haldane Committee

pointed out that, “It appears to us that adequate provision has not been made in the past for the organized acquisition of facts and information, and for the systematic application of thought, as preliminary to the settlement of policy and its subsequent administration. In India, the Administrative Reforms Commission’s Study Team on the Machinery of the Government of India and its Procedures of Work suggested” (Maheshwari and Maheshwari 1987:347)

It was in 1968 the creation of an ‘Office of planning and policy’ in every ministry for the purpose of overall planning was advised to be created. However, this suggestion has not yet been formulated in the country. Maheshwari highlights that, “in India there is thus no organ for detailed, inter-disciplinary study necessary for policy making, and what prevails is generally ad-hocism in policy formulation and a hand to mouth policy making process, which admittedly is an unsatisfactory state of affairs. Search for alternatives, an essential exercise in policy making, is extremely limited and incrementalism appears to be the policy for policy making” Thus, there is no formal, autonomous, permanent and specialized and trained body for the purpose of policy formulation. (Maheshwari and Maheshwari 1987:348).

Although there is an advisory mechanism i.e. Policy advisory Committee working for Cabinet secretariat consisting other ministries existing since 1968 but ultimately it has the advisory role with no much discretion and effectiveness. There is another hindrance to the policy making process in India is called ‘departmentalism’. “Each department of the government has its peculiar viewpoints which makes it difficult for it to see beyond its narrow specialism. Indeed, departmentalism hinders around policy making and obstructs implementation. The British Government in India was aware of the evils of departmentalism; and to encourage policy- makers to rise above it, it devised the nomenclature of ‘Secretary to the Government of India’. The device has not been very availing as the secretaries tend to think and act excessively in narrow idioms of their individual departments” (Maheshwari and Maheshwari 1987:350). The problem of departmentalism as early as in 1946 was highlighted by Tottenham. There is another problem in the process of policy making in India is information gap or lacuna of having data. Even if we have data of any service or policy in India that too cannot be said to have adequate reliability and authenticity This problem also hinders policy making a great problem. Finally, Maheshwari notes that, “Centralism in Policy-making In the Indian federal system the states carry nearly all programmatic responsibilities, and no less significant is the fact that the center itself depends on them for implementation of many of its own tasks...Today, the policy initiatives are getting concentrated more and more in the central government, in fact, in the Prime Minister’s Office and this is happening even in respect of subjects falling under the states, leading to a regrettable situation where

the states have been reduced to the level of mere implementing agencies.” (Maheshwari and Maheshwari 1987:350-352) Such an affair of policy making has not only been reflected in the area on central list but mostly concurrent list. Health being in the concurrent list in India, both center and states have been enacting policies.

PART-I

PUBLIC HEALTH POLICY: COLONIAL PHASE

The definition of health policy has been well articulated by World Health Organization (WHO). It defines health policy that it, “refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society” (WHO: 2020). Health Policy can also be understood as “alternative statements of intent, probably adopted by governments on behalf of the public, with the aim of altering for the better health and welfare of the population” (Osman: 2002, p- 45-49). Public health policy consists of a series of governmental decisions for the betterment of the health of its population. Walt and Gibson describe that health policy embraces courses of actions that affect the set of institutions, organizations, services, and funding arrangements of the health care system. It goes beyond health services, however and includes actions or intended actions by public, private and voluntary organizations that have an impact on health (Walt and Gibson: 1994). They have focused their analysis on the health policies and the context of developing countries. India has a long history of policy formulation concerning public health. The history of public health policy can be understood largely in two parts i.e. pre-independence and post-independence.

Health care system in India has for long period been carried forward with ancient medical systems i.e. Ayurveda, naturopathy, siddha, surya chikitsa etc. But with the arrival of British administration modern medicine was introduced in India which can be traced back to 19th and 20th century. It introduced “new trends in medical systems and a transition from surveys to microscopic studies in medicine” (Mushtaq 2009:1). In 1757, British East India Company introduced civil and military services and in 1764 a medical service was opened to serve the health of troops and company employees. Mushtaq notes that, “At that time there were 4 head surgeons, 8 assistant surgeons, and 28 surgeon mates. In 1775, hospital boards were formed to administer European hospitals comprising of the Surgeon General and Physician General, who were in the staff of the Commander-in-Chief of the Royal Indian Army. In 1785, medical departments were set up in Bengal, Madras, and Bombay presidencies with 234 surgeons. The medical departments involved both military and civil medical services. In 1796, hospital boards were renamed as medical boards to look after the affairs of the civil part of the medical

departments. In 1857, the Indian Rebellion led to the transfer of administration of India to the Crown and different departments of civil services were developed. It was not until 1868 that a separate civil medical department was formed in Bengal. In 1869, a Public Health Commissioner and a Statistical Officer were appointed to the Government of India. In 1896, with the abolition of the presidential system, all three presidential medical departments were amalgamated to form the Indian Medical Services (IMS). After the development of IMS, medical duties for the Royal Indian Army were performed by the Army Medical Department, later called the Royal Army Medical Corps (RAMC). Medical departments were under the control of the central government until 1919. The Montgomery-Chelmsford Constitutional Reforms of 1919 led to the transfer of public health, sanitation, and vital statistics to the provinces. This was first step in the decentralization of health administration in India. In 1920- 21, Municipality and Local Board Acts were passed containing legal provisions for the advancement of public health in provinces. The Government of India Act 1935 gave further autonomy to provincial governments. All the health activities were categorized in three parts: federal, federal-cum-provincial, and provincial. In 1937, the Central Advisory Board of Health was set up with the Public Health Commissioner as secretary to coordinate the public health activities in the country. In 1939, the Madras Public Health Act was passed, which was the first of its kind in India. In 1946, the Health Survey and Development Committee (Bhore Committee) was appointed by the Government of India to survey the existing health structure in the country and make recommendations for future developments. The Committee submitted its report in 1946 and the health of the nation was reviewed for Public Health, Medical Relief, Professional Education, Medical Research, and International Health.” (Mushtaq 2009:1-2)

It is to be noted that in the early colonial period, most of the high officials of medical department came from military backgrounds. Even Lord Cornwallis in 1788 had made it compulsory for the civil surgeons to serve at least 2 years in the military service. In 1835, with the opening of Calcutta Medical College, Indian Medical service (IMS) was opened to the native Indians to serve in subordinate Military services. Consequently from 1890 to 1900 ten Indians could enter the IMS. (Mushtaq 2009:2). Thus, the colonial government was significant in not only introducing modern medical system but also establishing the system of health care system in India. It was the pre-independent colonial period in which various medical institutions were opened, both British and Indian personnel were employed, proper mechanism of training and health education was introduced. Moreover, the then existing health disease, sanitization, preventive and curative health care mechanisms were introduced whose flourished spheres can be observed in the present days health care systems.

Health Infrastructure, Sanitization and Vaccination

The history of developing modern infrastructure in the health care sector can be traced back to the Portuguese administration which “founded the Royal Hospital in Goa between 1510 and 1515. However, later the Jesuits introduced basic general medical training program at the hospital. In 1842 this was converted into school of medicine and surgery. Although the Portuguese first brought modern medicine to India, it was the French and the British who later established the first hospitals in 1664 and 1668, respectively. (Tabish 2000:3)

The first hospital in Indian was opened in 1679 in Madras which was followed by Presidency General Hospital Calcutta in 1796. From 1800 to 1820 four hospitals were opened. In 1835 Calcutta Medical college was formed which introduced western medicine in India. In 1860, Lahore Medical School was opened. In 1854, efforts were taken to open various minor health care centers. Lady Harding Health School was opened in 1918 in Delhi. In 1939 first health training school was opened in Calcutta. Mushtaq notes that, “the income of public health facilities was 3.6 million rupees in 1880 and about 8.1 million rupees in 1902. Patient turnover was 7.4 million in 1880; that increased to about 22 million in 1902” (Mushtaq 2009:2). It is to be noted that, “at provincial levels the hospitals were converted into teaching hospitals attached to medical colleges. In 1885, there were 1250 hospitals and dispensaries in British India.” (Tabish 2000:3)

Apart from developing health related infrastructure, the colonial administration also focused on mental health, sanitization, vaccination and other preventive and curative measures. To deal with the problem of mental health various asylums and mental health lunatic were established in Bengal, Bombay, Madras, United Provinces and Punjab (The Punjab Medical Manual:1937). The Royal commission in 1863 recommended for the establishment of commissions of public health in each presidency to improve the sanitation and epidemic control system in the British Army. Under the Military Cantonments Act of 1864, a sanitary police force was formed under the charge of military medical officers to improve military hygiene. (Mushtaq 2009:3).

The British administration also focused on developing the process of vaccination to deal with small pox. In 1827 Superintendent of Vaccination was created which further transferred to the supervision of the Sanitary Commissioners. In 1880, an act was passed for the compulsory vaccination of children in municipalities and cantonment areas. Since 1864 to 1903 more than 5 million people were vaccinated in Bengal, United provinces and Punjab. (Mushtaq 2009:3- 4).

Disease: Prevention and Control

During the colonial period enormous works were done to disease control and prevention. The first major disease i.e. Plague outbreak in 1828 in Punjab and

subsequently spread to other regions. By 1903 about 2 million people had died due to plague in India. Therefore, the Plague Commission was established in 1896 which recommended to focus on improving sanitation and control mass transit. The Epidemic Diseases Act was passed in 1897 and the “Governor General of India conferred special powers upon local authorities to implement the necessary measures for control of epidemics. There was a vigorous execution of the act” (Mushtaq 2009:4)

The second major disease was Leprosy which spread due to human contact. By 1881 there were 120000 leprosy affected patients in India. Therefore, subsequently a Leprosy Commission was formed which suggested “prohibition on the sale of food articles, prostitution, and other occupations involving direct interference with people like barbers or watermen by the infected people. It insisted on the improvement of sanitary and living conditions. However, the government of India passed the All-India Leprosy Act in 1898. Subsequently, Leper Asylums were established in major parts of the country and forcible segregation of lepers was carried out” (Mushtaq 2009:5).

The third major disease was Cholera. Until 1817 Cholera was confined to Bengal but later it spread to other parts of the country. By 1830 it started affecting the health of troops as well that frowned the eyes of British administration. “After the 1868 cholera epidemic in India, the Cholera Committee was set up to investigate the causes of the disease. It comprised of the

Principal Inspector General of the Indian Medical Department, Sanitary Commissioner for Madras, and Col. A.C. Silver. The origin and generation of cholera, the epideictic and endemicity of the disease in India, transmissibility and propagation of cholera, and measures necessary for its prevention were studied. The committee concluded that cholera was frequent especially at religious festivals and fairs. Epidemics were attributable to the importation of disease by pilgrims, travelers, and troops. The committee suggested improving sanitation, ensuring proper management of festivals, and developing”. (Mushtaq 2009:5). Similarly, other major disease such as malaria, tuberculosis, Kala-azhar and other community spread disease were tackled by the British government by properly constituting committees and institutions followed by research and development. Such tradition of health care management was also adopted in the post-independent India.

Research Infrastructure

In order to prevent and cure disease in colonial period the proper attention on research was given. In 1884, India’s first medial laboratory was laid down. “A central laboratory was established in Kasauli near Shimla. It was for research purposes and to act as a reference public health laboratory. Provincial laboratories were then established

at major provincial headquarters to carry out public health and bacteriological laboratory work. In 1900, the Indian Pasteur Institute for the treatment of patients bitten by rabid animals was formed in Kasauli and later such institutes were also formed in other parts of the country. In 1911, the Indian Research Fund Association was formed to provide funds for research projects. A Nutritional Research Laboratory was set up in Coonoor in 1918. The British Imperial government set up and strengthened an organized medical system in Colonial India that replaced the indigenous Indian and Arabic medicine systems. (Mushtaq 2009:7-8).

A report was submitted in 1946, which recommended to upgrade “medical care in various forms such as medical relief in the form of primary health centre at the village level, secondary health center at sub-division level (Taluka level), and district hospitals at district headquarters, with all the specialist services. It was anticipated that the bed population ratio could rise to 1.3 per 1000 population in 10 years and to 5.6 in 25 years. Bhole Committee had stated in their report that the health service should be available to all citizens, irrespective of their ability to pay for it and it should be complete medical service, domiciliary and institutional, in which all the facilities required for the treatment and prevention of disease as well as for the promotion of positive health are provided”. (Tabish 2000:3)

Thus, it is clearly visible from the above paragraphs that colonial administration was very much systematic in tackling the issue of health by improving infrastructure, research and constitution of specialized committees or commissions. Some significant commission and acts were the Royal Commission (1859), Plagues Commission (1904), Government of India Act for Health 1919 and 1935 etc. The GoI Act 1919 granted larger autonomy to states to manage the health system. On the other hand, several central acts were enacted such as Quarantine Act 1825, Vaccination Act 1880, Medical Act 1886, Epidemic Diseases Act 1897, Indian Factories Act 1911, Poisons Act 1919, Indian Red Cross Act 1922, Dangerous Drugs Act 1930, Indian Port

Health Rules 1938, Indian Air Craft Public Health Rules, etc., to streamline health administration” (Tabish 2000:4)

Thus, it is largely evident that medical practice and health care system in the colonial period was remained Eurocentric at the expense of a great tradition of Indian traditional medical practices. The British model of health care system of course had a deep impact in preventing and curing the disease which has become the foundation of post-colonial health care system in India. But the neglect of indigenous health care management has also harmed the best possible and successful model of cohesion between western and Indian medical system to serve the people the best which was quite visible and seriously taken into consideration in the Post- Independent India.

PAT-II

PUBLIC HEALTH POLICY: POST-INDEPENDENT PHASE

In any federal country the responsibility of development and policy making are shared both by the center and states. Similarly, India having the federal structure post- 1947 has three lists of policy divisions i.e. central, state and concurrent list. Health being the responsibility of both state and central government, there comes some questions. Mackay and Danis highlights two sets of questions in this context, that, “First, which level(s) of government should be responsible for designing health care delivery systems, setting priorities amongst different types of care, and deciding the amount of resources that should be devoted to citizens’ health as opposed to other goods - for example, education or private consumption? Second, which level(s) of government should be responsible for funding the provision of care? We argue first that there is a pro tanto reason of legitimacy for decentralizing decision-making authority to states.” (MacKay and Danis2016:6)

To explore the concerns of the above questions in the post-independent Indian context, it’s important to keep the history of colonial domination as well as its policy inheritances in the background. The colonial period not only damaged the economy but also the traditional health systems to a greater extent. Nevertheless, the presence of colonial health policies really served as the foundation for the post-independent health policy and infrastructural development. Tabish notes that, “On one side independence brought delight and joy but on the other hand it faced problems like population explosion, retarded economic development, mass illiteracy, and multilingual problems, etc.” (Tabish 2000:4) The planning Commission was formed in 1950 to plan all policies in India. Health sector received a separate allocation but always with a low priority. Having put it in the state list, health remained a neglected affair.

After the Bhore Committee recommendation in 1946, a major development took place in the health sector after the formation of Mudaliar Committee in 1959 which recommended to assess the progress in the field of medical relief and public health service. Secondly, it suggested to review first and second five-year plans as well as to formulate recommendations for future health development planning. (Tabish 2000:5)

This committee submitted its report in 1961, then various health measures were taken in the subsequent five-year plans. Therefore, to certain extent some control on epidemics such as plague, cholera, malaria and smallpox were managed. Furthermore, ‘a study group on Hospitals’ was formed in 1966. The study group was expected to deliver measures and suggestions to improve the health services and infrastructure. It recommended to develop the hospital infrastructures at regional, district and peripheral levels both in terms of size and facilities; to increase the human resources such as

doctors, specialists, nurses and medical staffs; to standardize drugs, diets and pharmaceutical companies, sanitization work; to take measures to prevent and cure diseases and epidemics (Tabish 2000:5)

Despite the extensive recommendations of Mudaliar committee and the study group, neither the central government nor the state governments could give proper attention on the health sector to meet the need of the fast-growing population of India. Thus, the situation of health system in 1970s and 1980s was not very satisfactory. Debbar Banerji in his work has tried to highlight the existing condition of health services in 1980s in India. During 1980s there was one CHV for a population of 1000, one sub center for 5000, one primary health center for 30000 and community health centre for 100000 people. (Banerji 1992:600). Since the independence, India has been able to initiate efforts in the rural health services, water supply, sanitation, nutrition etc. He also notes that, "From a perspective of public practice in western countries, and even from a historical perspective of the pattern of public health practice in western countries in the late 19th and the early 20th centuries, it is apparent that the tasks assigned to health administrators in a third world country like India are qualitatively different from those of its counterparts and predecessors in considerations there is a school of thought which is inclined to call the body of knowledge required to come to grips with the new task in public health administration as New Public Health" (Banerji 1992:600-601). In other words, for Banerji, there had been improvement in the health services but still there were several challenges before it. He has also highlighted that the two important committees Sukhoya and Bhore could have recommended measures to improve the health service due to already prevailing foundation of health services delivery mechanism initiated by the British government.

Under such circumstances pertaining to the health care management in India three most significant national policies have been enacted till date i.e. National Health Policy 1983, 2002 and 2017.

NATIONAL HEALTH POLICIES: 1983, 2002 AND 2017

In India, three National Health Policies 1983, 2002, and 2017 have been enacted. The first National Health Policy (NHP) was formulated in the year 1983 that highlighted the achievements covered in three decades since 1950 in the context of health policies and status. It declared that "smallpox has been eliminated; plague is no longer a problem; mortality from cholera and related disease has decreased and malaria brought under control to a considerable extent. The mortality rate per thousand of population has been reduced from 27.4 to 14.8 and the life expectancy at birth has increased from 32.7 to over 52. A fairly extensive network of dispensaries, hospitals and institutions providing

specialized curative care has developed and a large stock of medical and health personnel, of various levels, has become available. Significant indigenous capacity has been established for the production of drugs and pharmaceuticals, vaccines, sera, hospitals equipment, etc.” (Ministry of Health and Family Welfare: 1983, p. 2)

The NHP 1983 further highlights that despite achieving some degree of development in health sector, still India needed much more attention in the policy making and implementation to meet the requirement of the health services for the growing population and deteriorating quality of life. As per NHP 1983, there were problems of infant mortality, malnutrition, spread of (non)communicable disease such as blindness, leprosy, TB etc., and water, sanitation etc were the major challenges for the health management in India. It recommended to adopt ‘cure- oriented approach towards the establishment of medical services’ and extend such approach to the rural population as well and meet the actual health needs of the nation (Ministry of Health and Family Welfare: 1983, p. 2-3).

NHP 1983 emphasized on the establishment of curative centers in villages and remote areas. Due to the existing unsatisfactory situation, it emphasized to urgently restructure the health services based on the following guidelines/approaches. Firstly, to create a well dispersed comprehensive primary health care system within the time bound manner.” (Ministry of Health and Family Welfare 1983:6). Such network was essential for linking the health system with medical personals with gender representation as well as promoting public-private partnership. Secondly, it recommended to establish primary health care approach in order to “involve large scale transfer of knowledge, simple skills and technologies to health volunteers...The model of primary health care to be based on decentralized mechanism, self-reliance and effective community participation and logistic adequacy. (Ministry of Health and Family Welfare 1983:6). Thirdly, it further recommended to link the primary health care service with the referral system to ensure access of rural as well as urban population to the specialists (Ministry of Health and Family Welfare 1983:6-7). Fourthly, it recommended to establish a nation-wide chain of ‘sanitary-cum epidemiological stations’ which may be located between primary and secondary level of health care hierarchy. By establishing this system, it was expected to promote community participation in preventive as well as curative health care services (Ministry of Health and Family Welfare 1983:7). In order to strengthen the curative centers, it further recommended to increase the numbers of such centers in proportion to the population, distance, topography and transport connections. Such center would be linked to the referral system to effectively deal with various disease cure. (Ministry of Health and Family Welfare: 1983, p. 7). Furthermore, to promote curative center in which non-governmental investment could

be attracted. Thus, it was possible to promote private medical professionals. (Ministry of Health and Family Welfare: 1983, p. 7).

Fifthly, to focus on a comprehensive primary care and public services within the integrated referral system to ensure equipping specialist as well as promote collaboration with private sector investments (Ministry of Health and Family Welfare: 1983, p.7-8). Sixth, it suggested to give proper attention on mental health, disability and service delivery in Tribal, hill and backward areas. (Ministry of Health and Family Welfare: 1983, p. 8-9)”

Thus, in order to provide effective health care delivery services, the policy recommends to focus on ‘education, training and appropriate orientation towards community health of all categories of medical and health personnel and their capacity to function as an integrated’ manners (Ministry of Health and Family Welfare 1983:5). To do so, NHP 1983 recommends to formulate “a National Medical Health Education Policy which (i) sets out the changes required to be brought about in the curricular contents and training program of medical and health personnel, at various levels of functioning; (ii) takes into account the need for establishing the extremely essential inter-relations between functionaries of various grades;

(iii) provides guidelines for the production of health personnel on the basis of realistically assessed manpower requirements; (iv) seeks to resolve the existing sharp regional imbalances in their availability; and ensures that personnel at all levels are socially motivated towards the rendering of community health services. Need for providing primary health care with special emphasis on the preventive, promotive and rehabilitative aspects. (Ministry of Health and Family Welfare 1983:5-6).

After a proper review of the developments in health sector since 1983 NHP recommendation, the NHP 2002 highlights that in the past decades there has been impressive health gains, but the problem of morbidity and mortality levels emerged as the vital issue in India. Disease such as Malaria, TB and HIV/AIDS had affected substantial density of population. The health system was struggling to develop cure for newly emerging disease and developing required infrastructure. NHP 2002 highlighted, that “as there is no existing therapeutic cure or vaccine for this infection, the disease constitutes a serious threat, not merely to public health but to economic development in the country. The common water-borne infections - Gastroenteritis, Cholera, and some forms of Hepatitis - continue to contribute to a high level of morbidity in the population, even though the mortality rate may have been somewhat moderated.” (Ministry of Health and Family Welfare 2002: 3-4)

To deal with the existing crippling health care system, the NHP 2002 focused on creating a standard good health approach. As per this approach decentralization of public health system was required to be adopted to establish and maintain new infrastructure

in deficient areas. NHP 2002 further highlighted that, “overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country. Emphasis will be given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government”. Such an approach of NHP 2002 was expected to strengthen the capacity of public health administration at the state level and promote private sector investment. It also recommended to promote rational use of drugs within the allopathic system (Ministry of Health and Family Welfare 2002:23).

Furthermore, the major goals of NHP 2002 was to completely eradicate Polio by 2005, eliminate Leprosy by 2005, eliminate Kala Azar by 2010, eliminate Lymphatic Filariasis by 2015, achieve zero level growth of HIV/AIDS by 2007, reduce mortality by 50 % on account of TB, Malaria and Other Vector and water borne disease by 2010, reduce blindness to 0.5 percent by 2010, reduce IMR to 30/1000 and MMR to 100/Lakh by 2010 and increase utilization of public health facilities from current level of 20 to ,75 percent by 2010, establish integrated system of surveillance, and National Health Accounts by 2005, increase health expenditure upto 2.0 percent by 2010, increase share of Central grants to constitute at least 25 percent of total health expenditure, increase State sector Health spending from 5.5 percent to 7 percent of the budget and further increase this to 8 percent by 2010 (Ministry of Health and Family Welfare 2002:23-24). However, the studies have shown that the recommendation of NHP 2002 has not become effective as Berman and Ahuja highlights that, “In April 2005, the product (GDP), for example, expenditure decreased from 1.12 per national government in 1999-2000 to 0.97 per cent in 2004-05”. This declining government health expenditure in the share of health expenditure of center and states shows that the policy recommendation of NHP has not been taken seriously. Berman and Ahuja further notes that, “since states account for three quarters of all government health spending, any rise or fall in states’ health spending influences total spending much more than center States spending accounted for nearly 78 per cent of total health spending in the mid-1990s, but this has over the years declined to 71 per cent in 2004-05.” (Berman and Ahuja 2008:211)

It is also highlighted in the NHP 2002 that after the announcement of NHP 1983 there were increase in the mortality through life style disease such as cancer and cardiovascular diseases. There have been incidences of micro and macro nutrient deficiency especially among the children and women. Due to financial lacking many of the targets of NHP 1983 could get met. Thus, the enactment of NHP 2002 took the consideration of realistic goals. Having 34 years of experience of two National Health Policies, NHP 2017 was enacted as the most recent federal policy to meet the current health care condition and future goals.

The NHP 2017, highlighted four major developments or achievements of previous two policies are: firstly, there is 'there is growing burden on account of noncommunicable diseases and some infectious diseases. The second important change was the emergence of a robust health care industry estimated to be growing at double digit. The third change was the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty. And the fourth change was a rising economic growth enables enhanced fiscal capacity. Therefore, a new health policy responsive to these contextual changes was required" (Ministry of Health and Family Welfare 2017:1)

The larger objective of NHP 2017 was that, it sought to "Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality" (Ministry of Health and Family Welfare 2017:3). And the primary aim of NHP 2017 was to "inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions investments in health, organization of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance." (Ministry of Health and Family Welfare 2017:1) In short, the NHP 2017 provided certain key principles to follow in enacting the policies such as professionalism, integrity and ethics; ethics; affordability; universality; patient centered and quality of care; accountability; inclusive partnership, pluralism, decentralization; dynamism and adaptiveness.

Thus, the recommendations of these National Health Policies 1983, 2002 and 2017 have covered extensive domains of both preventive and curative health services. In Indian there are enough laws and recommendations but they are actually 'recommendations', their implementation is still a larger goal. Nonetheless, the policy pertaining to health service and management system India has achieved a exhaustive and very effective status covering all aspects of life and resources. Central government along with various states have enacted special provisions to not only adopt the primary and comprehensive health care and referral system based on research but also attempted to integrate the indigenous medicine and medical care system.

AYUSH

The term "AYUSH is an acronym for Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy which are the six Indian systems of medicine prevalent and practices in India and some of the neighboring Asian countries with very few exceptions in Some of

the developed countries” (Janmejaya: 2015). There was a department called Indian system of medicine was created in 1995 and renamed as AYUSH in 2003. The objective of this department was to evolve a counter productive health system based on indigenous health knowledge under the National Rural Health Mission.

This initiative of AYUSH got a real boost under the present central government in November 2014 which renamed the Ministry of Health as AYUSH Ministry and took historical measures to improve the health infrastructure, services and research. In order to reorient the entire objective of the ministry and to implement them the total budget has crossed Rs. 1428.7 crore by 2017-18. The major focus of AYUSH ministry has been to serve the rural population. To run multiple healthcare programs the central government started Ayushman Bharat Yojna which endeavors to integrate modern medicine and health system with traditional health systems. To promote this yojna collaboration with Council for Scientific and Industrial Research (CSIR) has been done. Very systematic efforts and policy initiatives are underway to connect and collaborate allopathic health services and medicine with Indian traditional health systems such as Homeopathy, Unanai, Siddha, Naturopathy, Ayurveda and Panchkarma etc.

The most recent budget 2020-21 has specifically focuses on ‘affordable healthcare services and providing the services technological and digitalization support which is also one of the objectives of ‘Make in India’ scheme of the government. However the current budget has “some futuristic pushes from the government in healthcare with the proposition of two new national-level schemes to support mapping of India’s genetic landscape.” (Sharma: 2020). Sharma highlights some positive aspects of budget that, “the government is effectively trying to widen the ambit and affordability of healthcare in the country through emphasis on eradication of tuberculosis (TB) by 2025, expansion of Mission Indradhanush to cover 12 more diseases, including five new vaccines, expansion of Jan Aushadi Kendra Scheme to all districts offering 2,000 medicines and 300 surgicals by 2024, etc. This is a positive note for overall wellness theme.” (Sharma: 2020)

On the other hand, the government has also laid down budget allocation and schemes to open new “hospitals in tier 2 and tier 3 cities through public-private partnership (PPP) model under the Pradhan Mantri Jan Arogya Yojana (PMJAY).” (Sharma: 2020). Moreover, this budget also focuses to encourage the health services on the PPP model and support the pharmaceutical and medical devices sectors and secure in the context of intellectual property rights.

CONCLUSION

Indian health care system has evolved from a well established and very effective health care system based on indigenous health knowledge system such as Ayurveda,

Siddha, Unani, yoga and homeopathic since ancient times. A major turn in the history of Indian health care system came with the advent of colonial administration which introduced modern medicine and infrastructure. The major epidemics such as plague, malaria and small pox really cautioned and compelled the British administration to intervene in the health management system because these diseases were affecting the Army and British officials. Establishment of various commissions and committees actually laid the foundation of modern medicine but at the expense of indigenous medicine and health care system. The post independent health policy actually followed the British administrations' legacy to develop the infrastructure and development of health care system. The major recommendations pertaining to health by NHP 1983, 2002 and 2017 have provided very extensive list of policy initiatives. However, the implementing part of the recommendations and suggestions requires detailed reflections. Nonetheless, the efforts under Ayushman Bharat Yojna/Abhiyan the Indian health system is accelerating to meet the requirements of healthy and prosperous India.

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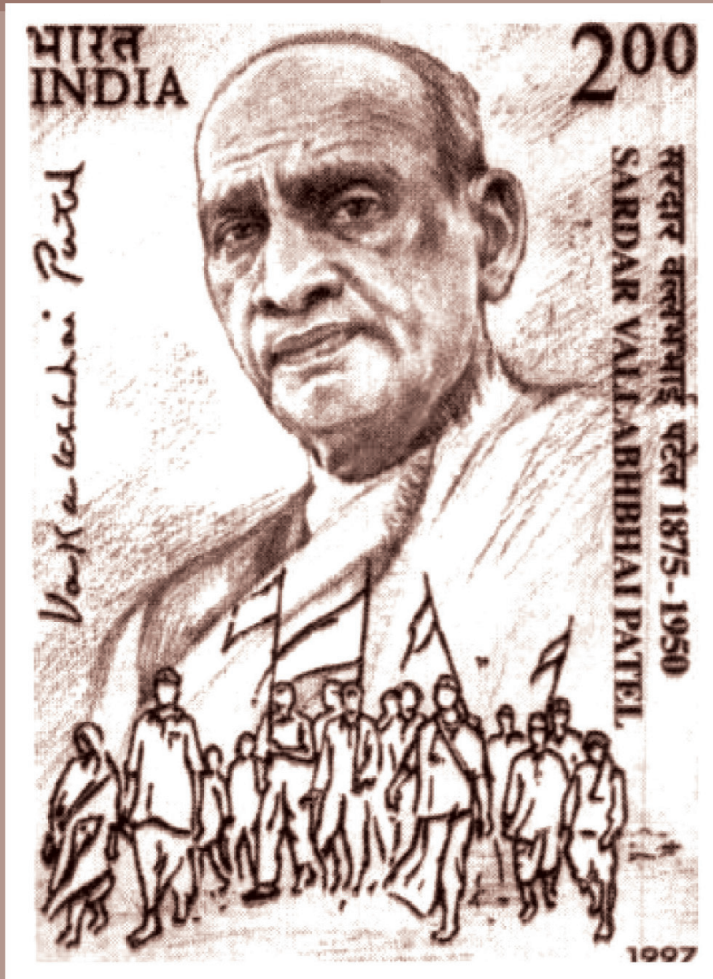
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