

All India Peoples Science Network (AIPSN) Statement

On Second Wave of Covid-19 Pandemic in India

14 Apr 2021

This AIPSN Statement is [based on the position paper](#) on the Second Wave of Covid-19 Pandemic in India. [India is well and truly into a brutal second wave of the Covid-19 pandemic.](#)

Accept responsibility; don't blame the people and States: A belated high-level [meeting at the PMO](#) blamed the people and the States for this crisis. This serves only to enable the Centre to evade responsibility for the present situation and give itself an excuse for future inaction or failure. Learning from the first wave, it is important that measures are taken through a partnership between the Centre and States, with the Centre providing evidence-based guidelines and financial as well as other assistance, with the Centre not making efforts to shift blame to States while withholding essential supplies and co-operation on many fronts. Additional epidemiological data and further analysis is required to arrive at any firm conclusions as to reasons behind this second wave, and precautions required to be taken in the future.

Understand role of variants, expand gene sequencing: There is considerable discussion, albeit so far without adequate evidence or data, that Sars Cov2 virus variants which may be more infectious, or deadlier, or even provide a “vaccine escape,” are responsible for the second wave. Limited gene sequencing so far has thrown up concerning data regarding possible extensive presence of the UK variant (B.1.117) and the Indian double-variant lineage (B.1.617). However, insufficient information is available to draw any firm conclusions about the impact of these variants. Significantly expanded gene sequencing across the country, and correlating findings with epidemiological data, is necessary to obtain a better understanding of the dangers posed and to work out containment and mitigation strategies addressing these variants.

Increase testing, tracing and surveillance: [India needs to vigorously test, trace, isolate and treat infected persons](#), besides putting in place decentralized, locally relevant and evidence-based surveillance and containment strategies. Testing needs to be ramped up significantly with emphasis on RT-PCR tests so as to uncover infections more quickly. Contact tracing was the weakest aspect of the response by governments at the Centre and most States during the first wave, with the Aarogya Setu App proving to be [ineffective](#), and badly needs to be strengthened now. Decentralized evidence-based approaches with community participation would be most effective.

Address Vaccine shortage & Equity: There is a seriously mistaken tendency among authorities, and also some commentators, to look to vaccines as a silver bullet to tackle the pandemic and bring this second wave to an end. India's vaccinations per capita rank well below the global average. [Many States are also complaining of shortages in vaccine supply from the Centre.](#) There is [much information](#) available, albeit scattered and mostly anecdotal at present that a class divide is emerging in India's vaccination drive, in cities as well as in many rural areas in the country. These deficiencies need to be urgently rectified by taking the vaccines to eligible populations at community level and conducting widespread communication campaigns on the vaccination drive. Continuing vaccine hesitancy also needs to be overcome.

Scale-up Vaccine production and availability: Total production by Serum Institute of India (SII) and Bharat Biotech, while high by the former is below even current vaccination rates, leave alone an expanded vaccination drive. Therefore the Government needs to urgently take steps to boost manufacturing capacity. At the same time, the Government should also take several other steps to ramp up availability of other vaccines. The [Russian Sputnik-V vaccine has finally been given emergency use approval by DCGI.](#) Sputnik-V is not prohibitively expensive, can be stored in ordinary refrigerators in powder form, and can therefore form an important part of India's vaccination programme. The Government has now decided to also invite other vaccines approved by WHO and by regulators in the US, Europe and Japan to apply for approval in India. Care should be taken to ensure that modalities of import, pricing and distribution are

designed in such a manner as to not accentuate the present class divide in vaccine access, and that a dual-access scenario does not emerge where the well-off have ready access to a wide variety of vaccines through private facilities by virtue of their ability to pay higher prices, while the poor struggle to access vaccines due to lack of paying ability and poor access to information. Both SII and Bharat Biotech have requested financial support from the Government to enable additional manufacturing capacities. These funds should be urgently provided so as to augment indigenous production, which may take another few months to fructify.

Address Licensing/ IP issues: Covaxin vaccine was developed by the National Institute of Virology in Pune, a laboratory under the Indian Council of Medical Research, and the Hyderabad-based Bharat Biotech put it into production. The Government must take the initiative to work out arrangements for licensing other Indian manufacturers to produce Covaxin so as to augment total supply of this vaccine. Established public sector enterprises such as the Haffkine Bio-Pharmaceutical Corporation Limited, Maharashtra should also be included in this endeavor, putting aside the blind ideological opposition of the ruling dispensation to PSUs. There is no compulsion to allow Bharat Biotech to retain a monopoly over the know-how for this vaccine, especially during this dangerous second wave of the pandemic, [just as India had joined South Africa to demand that vaccine developers and manufacturers in the developed countries give up their monopoly rights.](#)

Oppose misguided vaccine nationalism: There is a wholly misconceived campaign being mounted, including by some political parties and sections of the media, that India should stop commercial and aid-based exports of vaccines so as to prioritize domestic needs. Even before this, the Government had [imposed some restrictions](#) on exports potentially undoing the goodwill earned earlier by free supply of vaccine to friendly developing countries and by its substantial contribution to the international Covax facility to supply vaccines to lower income countries. It should also be noted that India has received back around one-third of its supplies to Covax, since India too is a beneficiary country, and largest recipient, under Covax!

China and India are amongst the few countries that are working to assist the global vaccination effort especially in developing and low-income countries, and it would be cruel and immoral to weaken or close down this endeavor in an extremely selfish display of vaccine nationalism, and that too for very little benefit. *This is a record to be proud of, not condemned.*

It should also be noted that it is precisely [this kind of vaccine nationalism and related crass commercialism practiced by the US](#) which is one of the major factors preventing SII, Biological-E (licensed to manufacture the Johnson & Johnson vaccine in India) and other vaccine manufacturers in India to scale up production. These [manufacturers depend](#) on various raw materials and intermediates such as specialized bags, filters, cell culture media, single-use tubing and special chemicals from the US, which has imposed an export ban on all vaccine-related materials under its Defence Production Act. If India were to similarly restrict exports, it would have no moral authority to demand opening up of exports by the US or others. It is unfortunate that despite this good track record of assisting the global vaccination effort, India has not pushed back on high-income countries such as in the US and in EU countries who have hoarded vaccines at the cost of other especially poorer countries.

For clarifications contact:

D. Raghunandan 9810098621; T. Sundararaman 9987438253; S.Krishnaswamy 9442158638
P. Rajamanickam, General Secretary, AIPSN gsaipn@gmail.com, 9442915101 @gsaipn