



Letter

Second wave of COVID-19 pandemic in India: Barriers to effective governmental response

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Like several parts of the world, especially Europe, India has been experiencing a massive surge of COVID-19 cases and deaths. As of April 10, 2021, India is the 3rd leading country based on the USA and Brazil's identified cases [1]. Since the middle of March 2021, the second wave has started, and on April 09, the highest number of cases (144,829) has been identified in India [1]. The major affected states are Maharashtra, Kerala, Karnataka, Andhra Pradesh, Tamil Nadu, Andhra Pradesh, Delhi, Uttar Pradesh, and West Bengal. Despite this high caseload, several national movements such as the farmers' movement, election in several states have been going on. Those can increase the risk of transmission of COVID-19.

During the 1st wave, the central government imposed a nationwide lockdown on March 25, 2020. The result revealed a well-controlled infection rate and the Indian policy was appreciated internationally. Although several countries in Europe imposed lockdown in several formats, surprisingly, in the second wave, there appears to be a lack of coordination between different health agencies and the government in India. Below, we list a few speculative reasons for this:

- 1) As per the constitution of India, health is a state subject, which means that the state government, and not central government, should be the one calling the shots. However, during the first wave of COVID-19 in India, the central government crossed constitutional boundaries and imposed lockdown on all states.
- 2) At the same time, the state government has limitations in their human resources and technical expertise which affects their ability to scale up key public health interventions for COVID-19 such as the vaccination strategies.
- 3) The Indian Council of Medical Research (ICMR), All India Institute of Medical Sciences (AIIMS), or other apex medical institutes of

national importance, National Centre for Disease Control, and National Health System Resources Centre are the premier medical institutes of the central government. They have the services of public health experts but, thus far, in the second wave, their role has been confined to an advisory for public health of state.

In other words, several administrative barriers are affecting the co-ordination among the state, centre and national institutes and may be a contributor to the inadequate response to COVID-19 during the second wave. India is a country with a huge population with regional variations in health literacy, health care inequity, and poor risk perceptions among the general people [2]. There is a challenge to vaccinate the whole population even though the country has the largest vaccine-producing units. Immediate national and international attention is needed to identify the appropriate containment strategy of the pandemic. Otherwise, the world may lose many lives that could be saved by political wills considering the general people's safety than winning in the immediate election.

In India, March to June is the time, during which most of the school examinations and higher competitive examinations are conducted. Due to COVID-19 pandemic related academic loss and delay or postponement of the examinations many students committed suicide in India in 2020 [3]. In the year 2021, having a peak in this time imposes threat to students due to uncertainty as many examinations are delayed for indefinite periods. At the same time, paradoxically, it has been reported that mass gatherings in religious places, festivals that encourage mass participation, political rallies and even protests are going on in an uncontrolled manner. It clearly indicates that there is no or ineffective policy to streamline things to keep the upsurge of COVID-19 cases in control. It is high time to take drastic steps to contain the rapid growth of COVID-19 cases in resource exhausted country like India. In a pandemic like situation, we recommend a clear division of responsibilities between central and state governments and establishment of a nodal COVID management agency that will oversee nation-wide efforts to combat the COVID-19 crisis.

Declaration of Competing Interest

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.eclinm.2021.100915](https://doi.org/10.1016/j.eclinm.2021.100915).

References

- [1] Worldometer. COVID-19 coronavirus pandemic. 2021; published online April 10. <https://www.worldometers.info/coronavirus/>(accessed April 12, 2021).
- [2] Menon V, Kar SK, Ransing R, Arafat SMY. Impending second wave of COVID-19 infections: what india needs to do? *Asia Pac J Public Health* 2021;1010539521998862.
- [3] Kar SK, Rai S, Sharma N, Singh A. Student suicide linked to NEET examination in India: a media report analysis study. *Indian J Psychol Med* 2021;43:183–5.