Shambolic Governance

Unfiltered Loot

THE STORY OF PANDEMIC GOVERNANCE IN THE NATIONAL CAPITAL
- DOCUMENTED THROUGH GOVERNMENT NOTIFICATIONS AND PEOPLE'S STORIES

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NOVEMBER 2023

PUBLISHED BY:

PEOPLE'S COMMISSION
AND PUBLIC INQUIRY COMMITTEE,
RESEARCH TEAM

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EXECUTIVE SUMMARY

Covid-19 hit India in January 2020. Although the pandemic wreaked havoc and panic across the country, Delhi was one of the worst affected. News of patients being denied admission, oxygen scarcity, hospitals overcharging patients, etc were reported from various parts, all the while when the government claimed that they had the situation under control.

The report by the Peoples Commission and Public Inquiry Committee (PC-PIC) analyses Delhi-specific Covid-19 health-related notifications issued by the Ministry of Health and Family Welfare (MoHFW), Delhi Disaster Management Authority (DDMA), and press releases issued by the Indian Council of Medical Research (ICMR) because the failure in Delhi is symptomatic of the nationwide failure.

The purpose of the report is to look at the Delhi government's actions and transparency during the pandemic. Furthermore, while the number of notifications issued by the three institutions has no relevance, the types of notifications that were issued, how effectively people's concerns along with rising health concerns were addressed, the timely manner in which these were issued, how the existing health infrastructure was put to use to battle the pandemic are thoroughly analysed.

Several cases of exorbitant prices being charged by hospitals and labs were reported from different parts of Delhi. At a time when people were struggling with the loss of livelihood and job loss, deep in the throes of financial instability and loss, only five notifications addressed price capping. While three orders dealt with RT-PCR price capping, two orders dealt with hospital treatment capping.

Similarly, despite several cases of patient rights violations being reported from various parts, only two orders dealt with concerns related to patient rights.

Catering to its people is an obvious responsibility of an elected government. However, the pandemic witnessed the Delhi government failing in this aspect, multiple times. Even when healthcare establishments violated the price-capping orders, no notification was issued stating a penalty of any kind for those engaged in overcharging, making it easier for establishments to profiteer off of the pandemic, looting people. The grievance redressal mechanism they employed was ineffective and inaccessible to most people. The government itself engaged in patient rights violation during the health crisis as it issued an order stating only 'bonafide residents' were eligible for treatment in Delhi.

Concerningly, one's efforts to access the notifications issued would prove futile as they are no longer available.

As the health system crumpled, an obvious disregard for people's concerns from the government's side along with a lack of accountability was witnessed. To ensure that the same mistakes aren't repeated in the future, it is important to hold those responsible, accountable.

ACKNOWLEDGEMENT

In the last 18 months, the People's Commission and Public Inquiry process has constantly worked towards seeking truth, accountability and justice in the pandemic-torn situation of India. The main focus of the initiative has been to hear, understand and highlight people's narrative of their experiences during the pandemic and lockdown. The collective's motto is to reinvigorate civic spaces and ensure that people question injustices. Death, Debt and Distress caused to the people have been the main focal point of our interventions.

The team has been involved in the facilitation of fellow travellers, organizations and collectives which have taken up this work and are finding new avenues to engage in the inquiry mechanism. In a few instances, data from local areas could be developed; while in some cases, only narratives could be brought forth. The team has, at times, struggled in producing standalone research work too.

However, recent conversations with friends from SATHI HARPS, a Pune-based collective doing some excellent work in mapping the status of accountability of the private health sector, have shown a different path. This led us to a new formula of tracking government sources to understand state actions through notifications. We realized the need to document in a layperson's language, and communicate in a manner that people outside the public health sector can also understand the notifications.

We would like to thank Delhi Solidarity Group's Emergency Response & Civic Coordination initiative, an organic space formed to provide medical solidarity during the second wave of the pandemic. Much of our knowledge base in understanding health comes from our experiences with DSSCE, as a few team members involved in research have been a part of it.

We are grateful to those who responded to the request of documenting stories of losing their loved ones. A special mention to our two volunteers—Muskaan Kumari and Kirti—who took out time from their resistance of reclaiming their land and home in Khori Gaon, to document stories of people whose houses were bulldozed during the peak of the second wave.

The PC-PIC collective is grateful to the lead coordinator of the study, Evita Das and researchers Akshara and Hritik Lalan (aka Roza) for the assistance they provided to the process. Special thanks to Vijayan MJ for going through multiple drafts of the report and providing editing support; Umesh Babu for the efforts taken in following up with the RTI responses filed; and Avinash Kumar for his invaluable guidance. We are also grateful for the support received from *The People's Vaccine Alliance* and *Association for India's Development*, and the expert panel for their suggestions and recommendations.

In solidarity!

INTRODUCTION

It's been over three-and-a-half years since COVID-19 was first reported in India. We witnessed poor preparation and planning by authorities during different stages of the pandemic as they tried to mitigate the crisis. This is a Delhi-specific report that intends to look at exactly what happened during the pandemic and how it was dealt with by the state apparatus. We relied on government-issued notifications and circulars to understand the actions that were taken by the government.

In his recent interview to the Press Trust of India, Prime Minister Narendra Modi stated that India's response to the pandemic was through a "clear and coordinated approach."[1] He stated that a human-centric approach like India's works well during a crisis such as COVID-19. However, the initial months of the pandemic following the lockdown clearly showed that the government fumbled in its understanding of humans and what they did seemed more like a caste-class based approach.

While the government has shamelessly boasted about the *sabka saath sabka vikas* (development for all, with all) model of development as much as it can in as many forums as it can, including G20, it's worth noting that during the pandemic, Indian billionaires got richer by 39 per cent while a majority of the working class was hit by joblessness and loss of livelihood.[2]

Further, the PM stated that one of the positive impacts of India's G20 presidency is a global shift towards a human-centric approach and India plays the role of a catalyst in this. It's significant to

Migrant workers walk towards a bus station along a highway with their families on the outskirts of New Delhi, 29 March 2020. | REUTERS/Adnan Abidi

note that while he was singing paeans to a "human-centric" approach, many states engaged in forced evictions ahead of the G20 summit which left thousands of people homeless. This was especially notorious in Delhi which was "cleaning itself up" for the visiting dignitaries by driving away and hiding its "dirty" poor.

The reasons that such a report is relevant even now, three-and-a-half years after the pandemic hit us, are many. But we will cite only two of them here:

1. **Memorialization:** It is important to study the past, preserve it and learn from it. People's memories must be recorded before they are inevitably washed away by the inexorable tides of time.

2. **"No one left behind"** is one of the commonly used phrases in advocating India's human-centric development. Through this report, we ask: What was done to ensure so? And was it successful? Was indeed no one left behind? Or is that just a marketing slogan with no real relevance on the ground?

Although India reported its first COVID-19 case in January 2020, it was not until March that the state and union governments started seeing COVID-19 as a considerable health threat. The government, to control the spread of the virus, imposed lockdowns, social distancing, quarantine, etc., which in turn led to widespread social suffering. Despite horrifying visuals from the ground, the government kept claiming that the situation was "normal". The second wave in 2021 witnessed some of the worst humanitarian and public health crises in post-British India.

COVID-19 made a sudden and unexpected appearance on the scene and what started as a health crisis quickly and steadily turned into a socio-economic and humanitarian crisis. While the union and state governments undertook various measures to counter the effects of the virus, not all steps were thought through or well implemented. A month-and-a-half after India witnessed its first COVID-19 case, the Prime Minister suddenly and with no warning announced on 24 March 2020 that the entire country would go into a lockdown.

The lockdown was sprung upon the unsuspecting populace almost as if the government did not trust its own citizens to behave well if given the time to prepare for it. With no indication of something of this magnitude happening, the entire country panicked and was left clueless as to how to go about their lives during the lockdown. And as it goes with everything else in India, the rich bought their way through the lockdown while the poor suffered.

Transport was severely restricted in a panicked and misguided attempt to stop the COVID wave and people, especially migrant

labourers, were left stranded on roads and railway platforms with no means to return to their families. Those who attempted to travel were harassed by the police on some pretext or other. Stories of unwarranted and wanton police brutality were reported from different parts of the country during the lockdown.

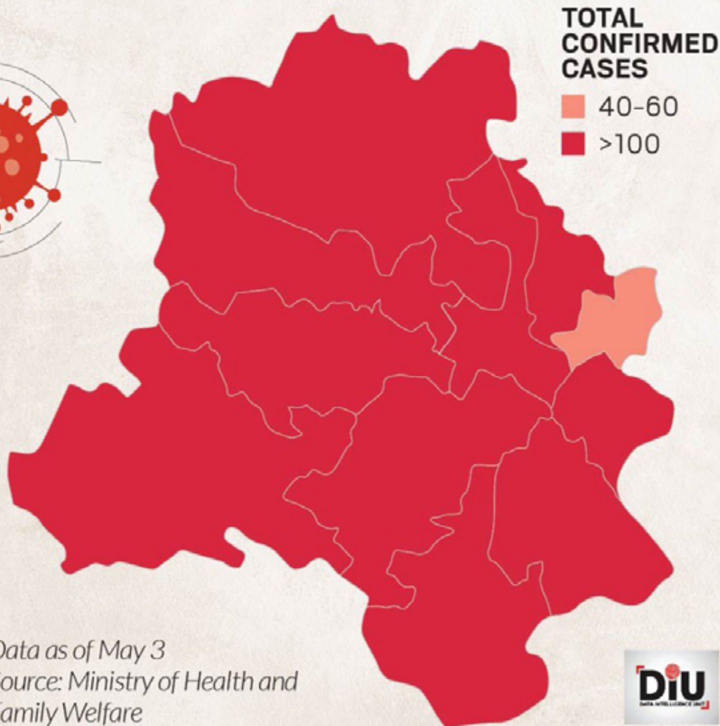
The haunting images of migrant labourers walking barefoot for days on end are etched into our memories. Amidst a poorly planned lockdown, people faced severe food crisis and lost jobs resulting in starving families and high unemployment rates.[3] Those who thump their chest with pride because they are job-givers suddenly washed their hands of all responsibility behind the façade of taking care of their own; and the government which is officially responsible for taking care of each and every human in its territorial jurisdiction just baulked at the enormity of the task in front of it and left people to fend for themselves as if they were living ungoverned. Yet, three-and-a-half years into the pandemic, the government now claims victory over the pandemic and urge everyone to move past it—even though COVID-19 still rages on.

This report does the exact opposite, it dwells on the pandemic and asks difficult questions about our collective moral failure as a society. If ever we witnessed in front of our own eyes that India is not a society but just a motley collection of castes and private individuals, it was when everyone turned their homes into fortresses, leaving everyone else to die by themselves.

We are starting with Delhi, India's capital, because the failure in Delhi is symptomatic of the nationwide failure. While it is true that several other parts of India witnessed harrowing circumstances due to a historically deprived and degraded public health system, Delhi, which has a relatively more robust health system, fared no better.

This report looks at the initiatives and steps taken by the Delhi government in its fight against COVID-19. We will see what kind of actions were taken at what times and discuss how things could have been handled better had the human angle actually been taken into account. Due to higher rates of testing, Delhi reported the seventh-highest number of confirmed cases of COVID-19 among all states and Union Territories in India. The total number of cases reported as of December 2023 were 2,041,143, consisting of 26,669 deaths and 2,014,450 recoveries.[4]

Delhi operates on a hybrid model of governance. The Sixty-Ninth Amendment Act of 1991 accorded a special status to the Union Territory of Delhi by designing it as the National Capital Territory of Delhi. With this Act, Delhi was given partial



statehood. Executive powers are divided between the central government, state government, and municipal corporations.

Delhi Cantonment Board, New Delhi Municipal Council and Municipal Corporation of Delhi are the three municipal bodies that have jurisdiction in the National Capital Territory (NCT) of Delhi. The majority of services are provided by the National Capital Region (NCR) state government.[5] The municipal corporations offer a few services and even those are shared with the state government. Police, public order and land are three subjects under the purview of the central government.

Because of such complex power systems, it is difficult to fix accountability for public services. Politicians often use this confusion to dodge criticism and pass the buck. This confusion does not stay limited to the administrative level or within government agencies; even the making of regulatory policies to govern the private sector becomes a complicated task.

According to estimates of United Nations World Population Prospects, with 31.2 million (3.12 crores) people in 2022, Delhi-NCR is the second-most populated city in India after Mumbai. According to the UNDP, the Delhi urban agglomerate is the second most populous city in the world after Tokyo.[6] Due to migration, its population continues to grow at an exponential

scale every year, which in turn poses new challenges to the state's public healthcare sector.

Delhi is divided into 11 districts (state) and 12 zones (Municipal Corporation Delhi), each headed by one Chief District Medical Officer (11 CDMOs) and a Chief Administrative Medical Officer (12 CAMOs) respectively. The CDMOs come under the administrative control of the Delhi Government Health Scheme (DGHS) and are responsible for monitoring the functioning of health centres/dispensaries in their respective districts. There are 38 state hospitals in Delhi, seven MCD hospitals, 258 state dispensaries, 92 MCD dispensaries, four New Delhi Municipal Council dispensaries and 10 chest clinics. Apart from this, the state also has numerous private hospitals, recognized private clinics and nursing homes.

THIS REPORT DEALS WITH THE FUNDAMENTAL QUESTION OF HOW THE DELHI GOVERNMENT RESPONDED TO THE CRISIS AND PEOPLES' CONCERNS AND UTILIZED ITS EXISTING HEALTH SYSTEM DURING THE PANDEMIC PERIOD.

In the section on findings, all notifications from government institutions we have looked at—MoHFW, DDMA and ICMR—are mentioned in detail. Graphs are provided as a visual representation for comparison between all three institutions and the types of notifications issued by them.

In the section on analysis, we mention how we define health, the number and types of indicators we have looked at for this report and what those indicators imply.

We have mentioned five case studies, where case numbers one to three are from media articles, while four and five are from the interviews we conducted. Case studies are used to mention instances of overpricing and other mismanagement that people faced in Delhi during the first and second waves of COVID-19.

We also look at the responses we got from respective departments to the four individual RTIs filed by us.

Finally, we look at the types of notifications other states in India (Kerala, Maharashtra, Rajasthan, etc.) issued and what Delhi can learn from how the other states handled the pandemic.

The report tries to understand other aspects too, including, but not limited to, the capacity of existing infrastructure such as available bed capacity, human resources, equipment, ICU/

ventilators, etc. and if the same were increased adequately; the regulations put forth on private hospitals; medical and treatment protocols guiding both public and private institutes; the avenues of grievance redressal for citizens; and so on.

All emergencies create opportunities for profiteering and overcharging, and COVID-19 was no exception. From the people's point of view, this time the epicentre of overcharging were private hospitals. The pandemic re-exposed the scale and magnitude of the accountability crisis in the private sector in India.

Existing studies

Since the onset of COVID-19, multiple studies have been conducted on various aspects of the pandemic. After a cursory look at the literature focusing on the socio-political and economic impacts (especially by civil society organizations) of the pandemic, one can categorize it into two streams:

1. Impact of the pandemic across sectors and social communities (analysis and assessment studies)
2. Documentation of the experiences of those affected by the pandemic (testimonials)

For instance, Corona Ekal Mahila Punarvasan Samiti and Jan Arogya Abhiyan conducted a survey in September 2021 across 2,579 families who underwent treatment for COVID-19 in various hospitals across Maharashtra. About 75 per cent of surveyed families experienced overcharging. The average medical expenditure for COVID-19 patients treated in government hospitals was found to be Rs 17,000 while in the case of private hospitals, patients were charged five times more, costing them Rs 90,000 on average.[7]

A similar study was conducted by Support for Advocacy and Training to Health Initiative (SATHI)[8], which documented the testimonies of COVID-19 patients and their families who were overcharged by private hospitals in Maharashtra. Some research articles and policy analysis papers have looked at the overall response of the state to the pandemic. Most of them were macro level studies looking at the national framework. Some of these studies have explored the political relationship between the state and people during the pandemic. However, there are no studies that systematically analyse the Delhi government's health-specific actions during the span of the pandemic.

Objectives of the report

- To assess Delhi Government notifications (MoHFW and DDMA) and Union Government notifications (only of ICMR) during the pandemic and lockdown on the kind of provisions provided for cost of treatment, services related to administration and infrastructure, COVID protocol, medical protocol, patient rights, grievance redressal and vaccination.
- To assess provisions made by the Delhi government which could act as healthcare safety nets for the citizens of Delhi or to address the needs of historically oppressed communities.
- To shed light on the measures taken by the government to provide treatments and tests at affordable rates and to identify whether private and public health institutions followed through with these measures.
- To visualize and numerically translate the notifications and provide an analysis of the same.

Methodology

In this report, we collected all the government advisories, circulars, press releases and orders related to COVID-19 issued by two Delhi government agencies—DDMA and MoHFW—and one union agency—ICMR. We also looked at MHA and NDMA but we could not find anything specific to Delhi in our preliminary search. To access the notifications, we relied only on MoHFW, DDMA and ICMR websites and for cross-checking, we tried to take references from news articles.

The report is a mix of qualitative and quantitative approaches. The number of notifications brought out by each institution requires due attention but the number of notifications issued is not an indication of how well the government/ state managed the crisis. Hence, the focus is not only the number of notifications but to analyse and present numerically the kinds of notifications that got importance and the kinds of notifications that were issued to address the concerns of people.

The pandemic was countrywide and preparation required centralized orders. However, we see how different states were affected at various levels and how they designed their own mechanisms based on their particular circumstances. In that context, specifically studying Delhi became important to understand how it managed the crises.

A Delhi-centric framework was prepared to take into account all notifications related to the pandemic. Notifications, orders and press releases listed on the websites mentioned above were compiled and filtered to identify how many of them were specified for Delhi and how many of them were health-related notifications. After the filtering of the notifications, orders and press releases, they were further classified into subcategories mentioned below, which we are referring to as indicators:

- **Administration and infrastructure**
- **Cost of treatment**
- **COVID protocol**
- **Grievance redressal**
- **Medical protocol**
- **Patient rights**
- **Vaccination**

Indicators like cost of treatment, grievance redressal, medical protocol, patient rights

and vaccination were identified based on the narratives of people about how they faced difficulties in accessing healthcare services and how they were wronged. Administration and infrastructure and COVID protocol indicators were identified through the process of categorization of the notifications, orders and press releases where it was noted that there were circulars on lockdowns, safety measures to be taken during the pandemic, recruitment of professionals and nurses, and building of COVID-19 centres.

This report also includes five case studies, three of which were sourced from media reports. For the remaining two case studies, we interviewed COVID-19 patients or their family members living in Delhi who went through instances of health rights violation during treatment. An unstructured interview schedule was used for interviews. The purpose of including case studies is to corroborate the implementation of these orders on the ground.

The first three case studies sourced from different news articles deal with overpricing by hospitals blatantly ignoring the capping the government had put in place. The fourth case study broadly deals with hefty hospital bills, death and the financial distress the hospital bill put the family in. The last case study deals with a melange of issues like hospital negligence, ill management that led to panic, oxygen scarcity and death.

There is a combination of primary (government circulars and affected community testimonies) and secondary data (research papers and media reports) being used in this report. A graphical representation of data categorized into date, indicator and institution is included in the report to provide a visual sense of what was the planning of the government during the crisis.

Limitations

Health is looked at through the lens of seven indicators we decided on. Hence, it is possible that not everything that is considered health-related is covered

This assessment was completed in a short timeframe

This is a Delhi-specific report, so only Delhi-related notifications were investigated.

The institutes that were looked at, especially MoHFW, had too many duplications and discrepancies. Bearing that in mind, there is a possibility of human error.

Only notifications available online were looked at. Anything that may have been made available or published offline was not considered.

The authors of the report are not public health experts. However, our engagement with public health experts helped us understand the technical terms and validate our findings. This report is to be seen as an analysis of notifications as we understand it.

We have not included stories of all communities in this report as their stories are beyond the indicators being used by us. Their stories need a different reportage of uncovering hidden narratives.

FINDINGS

KEY SUMMARY OF FINDINGS:

- MoHFW released ***198 notifications*** on COVID-19 which were Delhi specific.
- MoHFW did not release any notification on grievance redressal and vaccination in 2020. In 2021 there were no notifications catering to patient rights.
- DDMA brought out ***220 notifications and none of them*** addressed anything related to cost of treatment, grievance redressal and patient rights.
- ICMR brought out ***one*** notification on patient rights.

The report looks at circulars released during the years 2020 and 2021 on three websites—MoHFW, DDMA and ICMR. The "findings" section mentions the number of notifications issued by all three institutions and the break-up of the notifications based on seven indicators. Details of each notification is dealt with in the "analysis" section. We urge the readers to read both these sections in tandem.

MINISTRY OF HEALTH & FAMILY WELFARE, DELHI

The first case of COVID-19 in India was reported on 30 January 2020. However, we do not see any circulars related to COVID in February and March on the MoHFW website. Here, it is important to note that the first case of COVID-19 in NCR was reported on 2 March 2020.

MoHFW released a total of 199 notifications on COVID-19. Out of which, 198 were Delhi-specific and 196 were health-related notifications (see Fig. 1). MoHFW released the maximum number of COVID-19 related circulars in 2021—a total of 149 notifications were released in 2021. In 2020, MoHFW released only 50 notifications related to COVID-19 (see Fig. 2). Most of the notifications published by MoHFW came out in April 2021. It is important to note that by early April 2021, the second wave peaked in the country with cases increasing across urban areas, including in Delhi-NCR. Despite public health experts and scientists predicting another wave by the end of 2020, we only see the Delhi government enacting orders in March 2021.

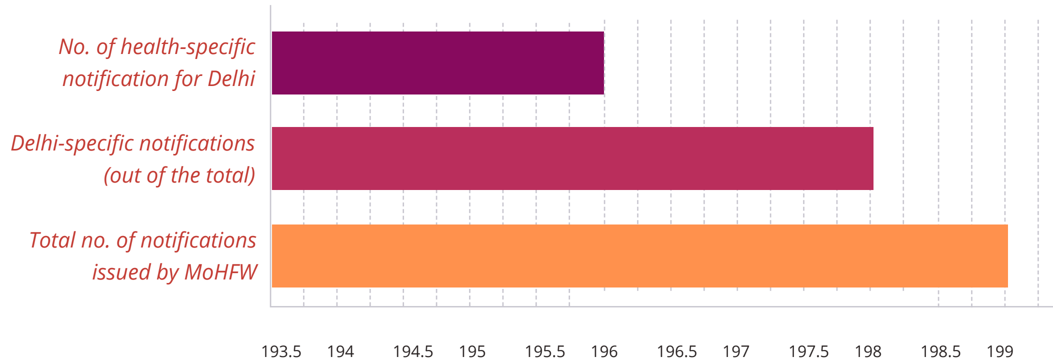
In both 2020 and 2021, the majority of the notifications published by MoHFW were related to administrative work and health infrastructure. In 2020, there were no notifications that were related to grievance redressal. In 2021, the Delhi government did not release any notification related to patient rights (see Fig. 3).

Summary of number of notifications brought out by MoHFW:

- ***166 notifications on administration and infrastructure***
- ***5 notifications on cost of treatment***
- ***16 notifications on COVID protocol***
- ***3 notifications on grievance redressal in 2021, none in 2020***
- ***2 notifications on medical protocol***
- ***2 notifications on patient rights in 2020, none in 2021***
- ***2 notifications on vaccination in 2021, none in 2020***

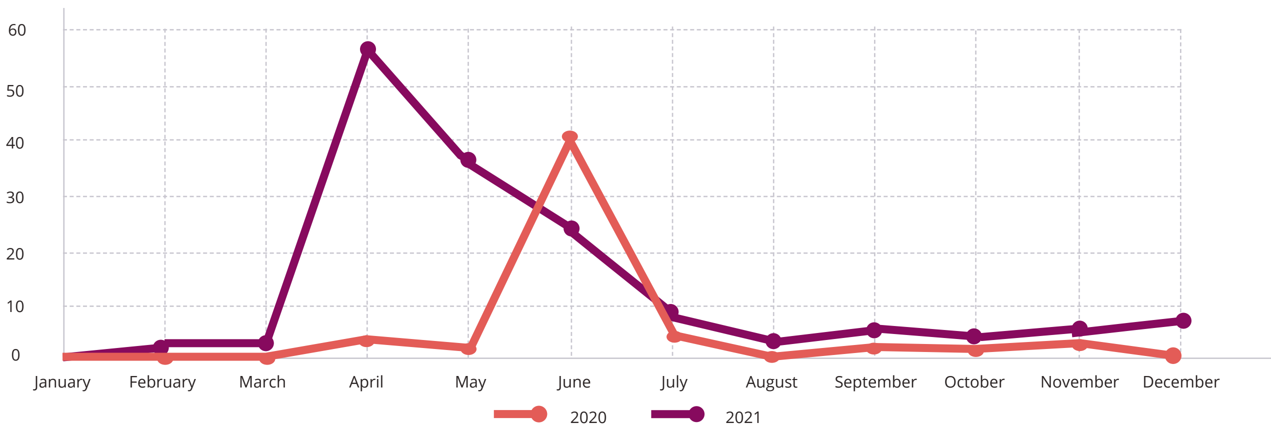
Number of notifications issued by MoHFW in 2020-21

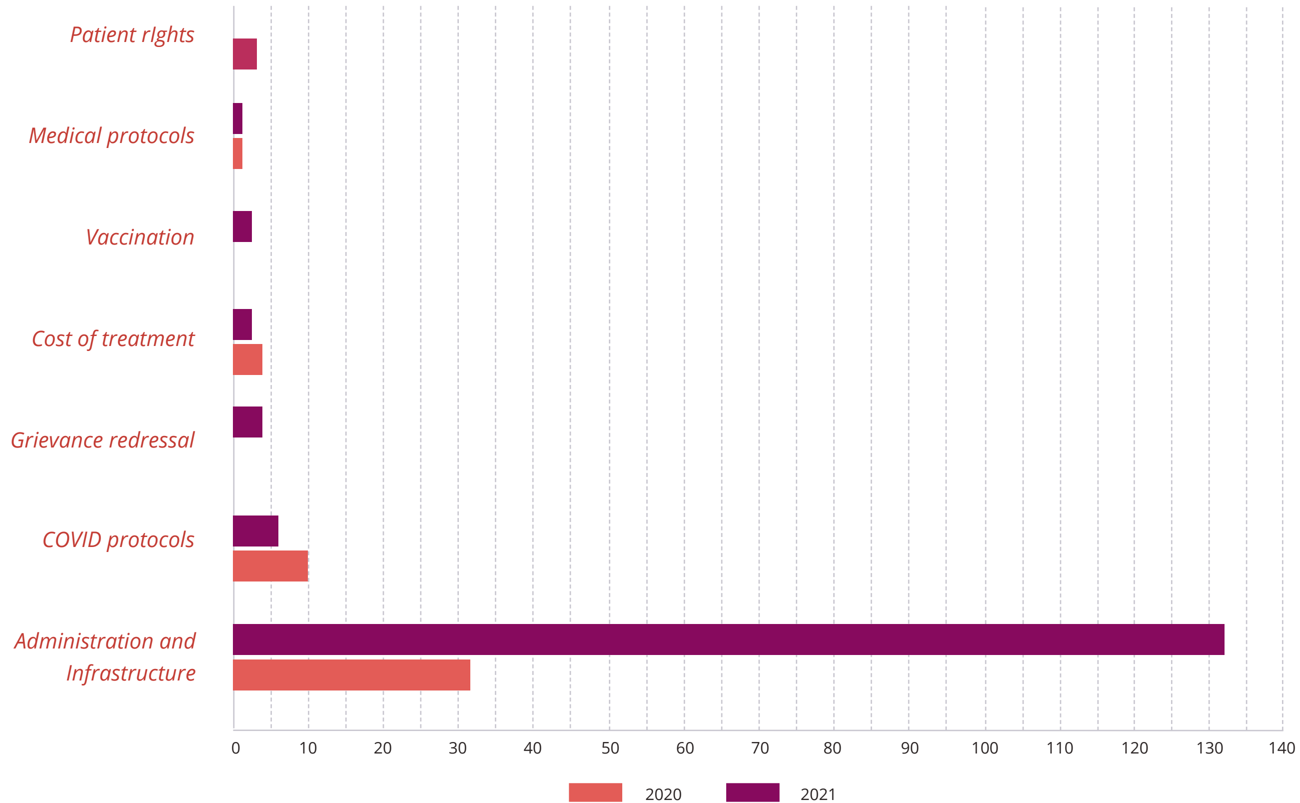
Fig. 1



Comparison of total number of notifications issued in 2020 & 2021

Fig. 2




Indicator wise yearly comparison of health related MoHFW notifications issued in 2020 and 2021
Fig. 3
Patient rIghts
Medical protocols
Vaccination
Cost of treatment
Grievance redressal
COVID protocols
Administration and
Infrastructure
0
10
20
30
40
50
60
70
80
90
100
110
120
130
140
2020
2021

DELHI DISASTER MANAGEMENT AUTHORITY

In contrast to the other institutions we looked at, DDMA released the maximum notifications related to COVID-19 in 2020. 151 notifications were released in 2020 and 69 in 2021 (*see Fig. 5*). The total number of notifications released by DDMA in both these years were 220 and all these notifications were Delhi-specific and health-related (*see Fig. 4*). DDMA did not publish any notifications related to cost of treatment, grievance redressal and patient rights. In 2020, majority of the notifications published by DDMA could not be categorized into our indicators. In 2021, majority of the notifications published were related to COVID-19 protocol. In 2021, DDMA did not release any notification related to medical protocol (*see Fig. 6*).

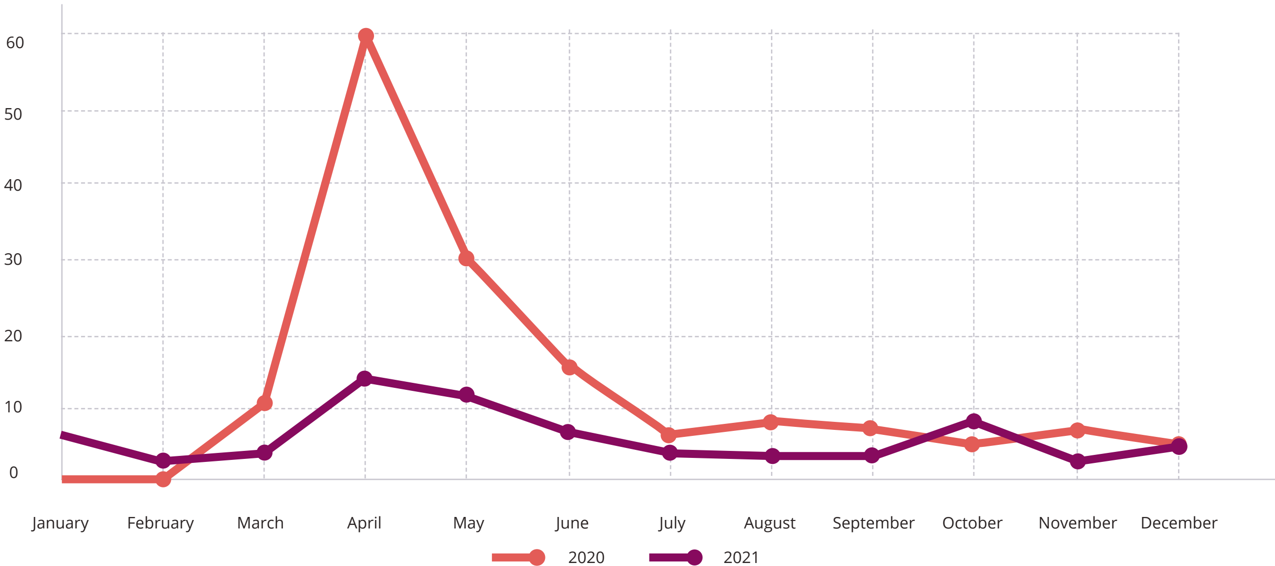
Summary of number of notifications brought out by DDMA:

- ***47 notifications on administration and infrastructure***
- ***89 notifications on COVID protocol***
- ***1 notification on medical protocol, none in 2021***
- ***1 notification on vaccination***
- ***No notification on cost of treatment, grievance redressal and patient rights***

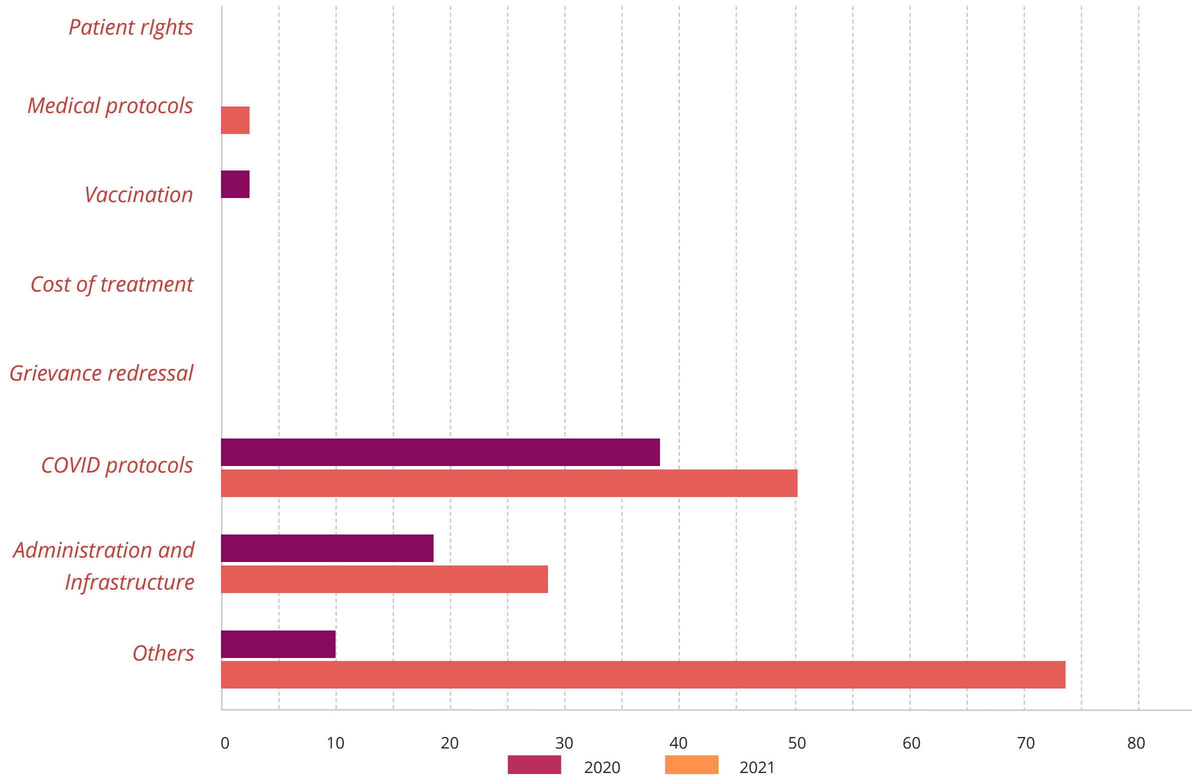
Number of notifications issued by DDMA in 2020 and 2021
Fig. 4
80
70
60
50
40
30
20
10
0
January
February
March
April
May
June
July
August
Septemberr
October
November
December
Total no. of notifications
Delhi-specific notification (out of the total)
No. of health-specific notifications

Comparison of total number of notifications issued in 2020 & 2021

Fig. 5



Indicator wise yearly comparison of health related DDMA notifications issued in 2020 and 2021 *Fig. 6*



INDIAN COUNCIL OF MEDICAL RESEARCH

ICMR released 32 notifications in 2020 and four press releases in 2021. ICMR also released an advisory on plasma therapy. None of them were Delhi-specific. The plasma therapy advisory states that based on a controlled trial conducted across 39 private and public hospitals by ICMR, Convalescent Plasma Therapy (CPT) didn't have significant outcomes in reducing the progression of COVID-19 in severe cases. It is further stated that similar studies in Netherlands and China also document no significant effect of CPT in increasing the clinical outcomes of hospitalized COVID-19 patients. Advisory by ICMR is pasted below for reference.

Summary of number of notifications brought out by ICMR:

- ***16 notifications on administration and infrastructure***
- ***1 notification on patient rights***
- ***No notifications on cost of treatment, COVID protocol, grievance redressal, medical protocol and vaccination***
- ***19 notifications in other categories outside of our indicators***

ICMR advisory on plasma therapy

भारतीय आयुर्विज्ञान अनुसंधान परिषद
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

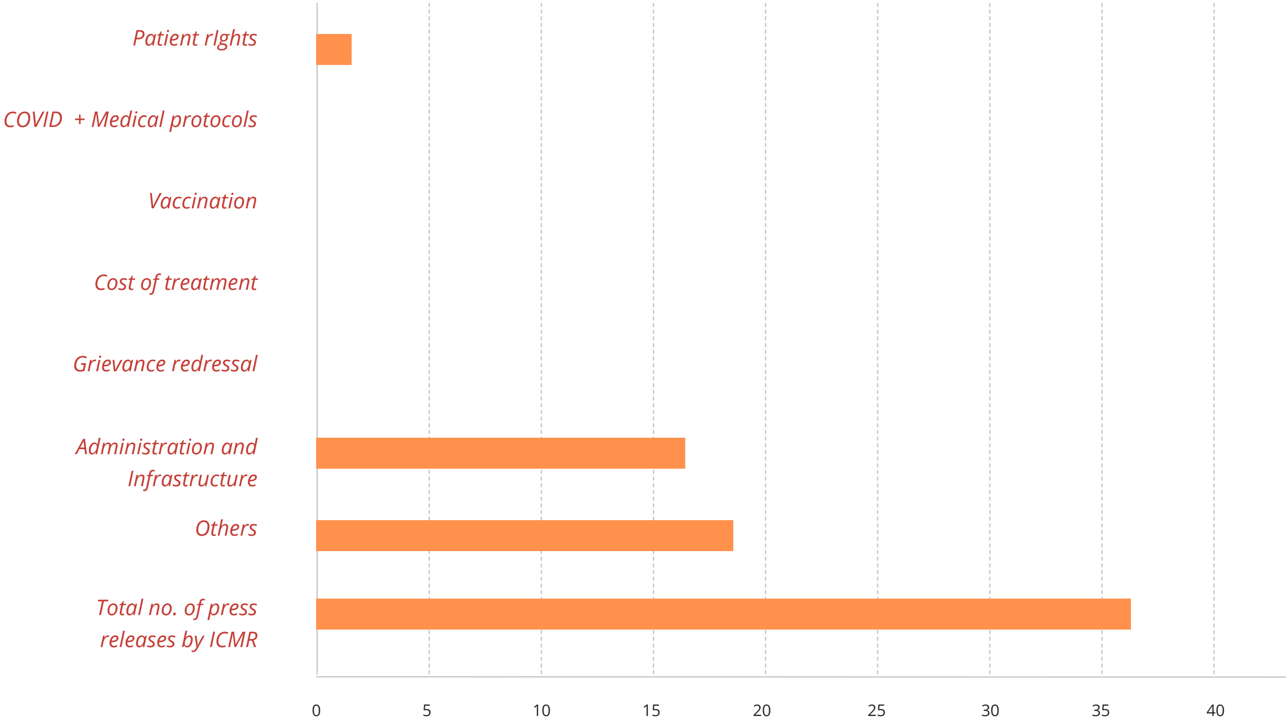
Date: 17/11/2020

Evidence Based Advisory to address Inappropriate Use of Convalescent Plasma in COVID-19 Patients

- Convalescent Plasma Therapy (CPT) or passive immunotherapy has been tried in the past for treatment of viral infections like H1N1[1], Ebola[2] and SARS-CoV-1[3] etc.
- Benefits of CPT in improving the clinical outcomes, reducing severity of disease, duration of hospitalization and mortality in COVID-19 patients are dependent on the concentration of specific antibodies in convalescent plasma that could neutralize the effects of SARS-CoV-2.
- ICMR conducted an open label phase II multicentre randomised controlled trial across 39 public and private hospitals on use of convalescent plasma in the management of moderate COVID-19 in adults in India (PLACID Trial). It was concluded that CPT DID NOT LEAD TO REDUCTION IN PROGRESSION TO SEVERE COVID-19 OR ALL-CAUSE MORTALITY in the group that received CPT as compared to the group that did not receive CPT[4].
- PLACID is the WORLD'S LARGEST PRAGMATIC TRIAL on CPT conducted in 464 moderately ill laboratory confirmed COVID-19 affected individuals in real world setting wherein no benefit of use of CPT could be established.
- Similar studies conducted in China and Netherlands have also documented no significant benefit of CPT in improving the clinical outcomes of hospitalised COVID-19 patients[5,6].
- It is speculated that convalescent plasma having low concentration of specific antibody against SARS-CoV-2 may be less beneficial for treating COVID-19 patients as compared to plasma with high concentration of such antibodies.
- Indiscriminate use of CPT is not advisable.
- CPT therefore should only be used as advised by ICMR NTF for COVID-19 when specific criteria as specified below are met.

Box 1: Decision Matrix

Potential donor		Potential recipient
Who can donate - **Men** - **Women who have never been pregnant**		In early stage of COVID-19 disease
Appropriate Age **18-60 year**		3-7 days from onset of symptoms, but not later than 10 days
Appropriate Body Weight **>50 kg**		No IgG Antibody against COVID-19
Diagnosis **COVID-19 RT-PCR positive or Rapid Antigen Test positive**		Informed Consent
Physical Status **After 14 days of symptom resolution[7] (testing negative for COVID-19 is not necessary)**	Convalescent Plasma Therapy	
Screening to rule out ABO incompatibility & blood borne pathogens[7] - **HIV** - **HBV** - **HCV etc.**		
Required Concentration - **IgG antibody against COVID-19 Titre of 1:640 (ELISA)** **OR** - **13 AU (Arbitrary Unit)/mL[8] (CLIA)** **OR** - **Neutralising Antibody Titres of 1:80 (PRNT/MNT)**		



Break-up of number of press releases by ICMR
Fig. 7
Patient rIghts
COVID + Medical protocols
Vaccination
Cost of treatment
Grievance redressal
Administration and Infrastructure
Others
Total no. of press releases by ICMR
0
5
10
15
20
25
30
35
40

ANALYSIS

This report looked at various variables to assess governmental actions and transparency during both the first and second waves of COVID-19. Some of the variables that we looked at were medical protocol, patient rights, plasma therapy and vaccination.

The inclusion was done based on persistent questions asked by the public and civil society, keeping an accountable, democratic and equitable disaster action plan in mind. The purpose of presenting tabular data as findings is not simply to quantify the government's response to the COVID-19 crisis. The intent is to:

- ***Archive governmental actions***
- ***Understand the nature of governmental response to the pandemic***

LACK OF TREATMENT GUIDELINES

All states followed the 'Clinical management protocol for COVID-19' issued by MoHFW and devised by ICMR and other statutory health bodies. The first version was published on 17 March 2020 and the Central Government kept revising its strategy for COVID-19 management till January 2022. Many states like West Bengal, Kerala and Maharashtra chose to publish their own versions of such guidelines. However, the Delhi government did not release any elaborate treatment protocols for COVID-19.

"Given that the world was dealing with a new and deadly virus, it is somewhat understandable for protocols to keep changing as new information and research comes in. However, the sheer lack of clinical guidelines and protocols brought out in the report is clearly a failure of the government to do what it could to mitigate confusion and chaos at the cost of individual cases. In particular, there was rampant misuse of antibiotics and steroids leading to major complications alongside an inadequate or incorrect usage of anticoagulants that contributed to mortality," said Dr Vandana Prasad, community pediatrician and public health expert.

ADMINISTRATION AND INFRASTRUCTURE

Administration and infrastructure broadly covers hospital bed capacity, human resources, recruitment of doctors, lab technicians, hospitals being turned into designated COVID-19 centres, remuneration for doctors and other hospital staff, etc.

MoHFW issued the greatest number of notifications under this category and a majority were issued in 2021. DDMA issued a total of 47 notifications in this category. 29 notifications were issued in 2020 and 18 in 2021.

COST OF TREATMENT

The second wave witnessed a range of testimonies about overpricing coming from COVID-19 patients. The surge in demand and shortage of hospital beds, oxygen cylinders and drugs led to price hikes where not only medical suppliers and vendors, but hospitals also took advantage of the situation. By charging as high as Rs 50,000–60,000 per day, many hospitals in the capital breached the Delhi government's order capping per-day package rates to Rs 8,000–18,000 for COVID-19 treatment in private hospitals. The health system in Delhi is a mixed one with a substantial presence of for-profit private sector alongside public facilities. In such a situation, it is of crucial importance to know the role of the government in regulating the price of treatment in private hospitals.

"At a time when hundreds and thousands of informal workers were struggling for survival, many of whom had lost their employment without wages or social security, the additional costs imposed by medicines, tests, and hospitalization was a double whammy that should have been prevented. Out-of-pocket expenditures lead to debt and food insecurity despite some processes of food and extra rations distribution. It is obvious, that resources were stretched and demand far exceeded supply, the poor had no chance against the better off who could bid far higher rates for essentials like oxygen cylinders. In particular, costs on plasma and Remdesivir could have been avoided by preventing indiscriminate use," said Dr Vandana Prasad.

MoHFW Delhi released three circulars in 2020 and two in 2021 regarding cost of treatment, capping of treatment prices, oxygen, prices for testing kits, etc. According to media reports, the Delhi government revised the prices of RT-PCR tests four times.[9] However, we only found two orders on the website in 2020 regulating RT-PCR test rates. The Delhi government passed orders on 18 June 2020, 30 November 2020 and 4 August 2021 to regulate the price of testing. In the order passed on June 2020, DDMA accepted the recommendations of the NITI Aayog Committee to fix the rate at Rs 2,400/- for an RT-PCR test at both government and private facilities.

It's imperative to note that a negative RT-PCR test was made mandatory for almost everything, resulting in private labs coming up in every nook and corner. Delhi reported its first COVID-19 case as early as March. However, an order to fix the rate for RT-PCR test only came in June. Even when the government did fix rates for RT-PCR tests, not many could afford the same. If a family of three were to consult a doctor, they would be required

S. No.	Test for COVID-19	Maximum Rate Chargeable (Incl. of all Taxes)
1.	Conventional RT PCR Test wherein samples are collected by Govt. teams and collected from the collection sites by Private sector Labs as requisitioned by the Districts/Hospitals	Rs. 300
2.	Conventional RT PCR Test wherein samples are collected by Private lab teams for Governmentand processed further at their lab	Rs. 400
3.	Conventional RT PCR Test wherein individualsgive their samples at the Labs/Private Hospitals/Collection facilities for paid testing at their own expense (including all charges-sample collection & testing cost at the site)	Rs. 500
4.	Conventional RT PCR Test wherein samples are collected through Home visits (including all charges-visit, samples collection & testing cost)	Rs. 700
5.	Rapid Antigen detection Test (RAT)	Rs. 300

Order issued by MoHFW on 4 August 2021

ORDER

Delhi Disaster Management Authority accepted the recommendations of th committee, under Dr. V. K. Paul, member, NITI Aayog for fixing rates for COVI related treatment to be charged by private hospitals in NCT of Delhi, with the provis that all COIVD beds would be at rates given by the Committee subject to upper limit 60% of the beds of total hospital bed capacity.

The prescribed maximum per day package rates for COVID related treatments private hospitals in NCT of Delhi are as below:

Category of hospitals	Hospital rates for per day of admission (in Rs.)		
	Moderate Sickness	Severe Sickness	Very Severe Sickness
	ISOLATION BEDS Including supportive care and oxygen	ICU without need for ventilator care	ICU with ventilator care (invasive/ non-invasive)
NABH accredited Hospitals (including entry level)	10,000/- (includes cost of PPE Rs. 1200/-)	15,000/- (includes cost of PPE Rs. 2000/-)	18,000/- (includes cost of PPE Rs. 2000/-)
Non-NABH accredited Hospitals	8,000/- (includes cost of PPE Rs. 1200/-)	13,000/- (includes cost of PPE Rs. 2000/-)	15,000/- (includes cost of PPE Rs. 2000/-)

Order issued by MoHFW on 20 June 2020

to do three RT-PCR tests, which would come up to Rs 7,200. At a time when people were facing job losses and struggling to provide for day-to-day life, the government could have been more considerate in fixing the rates.

In November 2020, the Delhi government directed all labs/hospitals to display the revised rates at prominent places. On 4 August 2021, a Delhi government order capped the rates for conventional RT-PCR tests and Rapid Antigen tests for COVID-19 in Delhi by private sector labs. Further, all labs/hospitals were asked to display the revised rates at a prominent place within 24 hours of this order. However, a Hindustan Times report published on 12 May 2021[10], six months after the order was issued, suggested that many private labs continued to charge higher rates. The order did not specify any penalties for violating the provisions. This may be one of the reasons why labs paid no heed to such government mandates. Officials maintained that they would act on receiving complaints against such labs but the number and status of such complaints remain unknown. Acting on the recommendations of the same NITI Aayog committee, DDMA under Dr V.K. Paul enacted a provision to make COVID-19 beds available at rates given by the Committee for at least 60 per cent of the total hospital bed capacity. The rates for private hospital beds included costs of medical care for underlying co-morbid conditions. However, the package did not cover experimental therapies (e.g., Remdesivir, etc.)

It is important to note that plasma therapy was also an experimental treatment plan. The Delhi government promoted it as its de facto clinical treatment method. Many hospitals started setting up plasma banks. Not only did drawing plasma from an already treated patient create havoc and exploitation, it was later found that plasma therapy was ineffective and had no role in treating COVID-19 whatsoever. An advisory was issued by ICMR on 17 November 2020, to address the inappropriate usage of

A boy walks past graffiti amidst the spread of the coronavirus disease on a street in New Delhi, India on 22 March 2021
Photo credit: Anushree Fadnavis

convalescent plasma therapy. It explicitly stated that plasma therapy was ineffective in treating those with severe COVID-19.

Not much is known about the expenditure incurred by COVID-19 patients on plasma therapy. The Delhi government never clarified the rationale behind using plasma therapy for treating COVID-19 patients. Despite the advisory issued by ICMR on 17 November 2020, it was only in May 2021 that the government dropped the use of convalescence plasma therapy on COVID-19 patients.

Another order on 25 May 2021 directed that, in addition to the maximum price capped and notified by the National Pharmaceutical Pricing Authority, refillers/dealers can charge fixed transportation cost for oxygen inhalation (medicinal gas) cylinders for sale in the NCT of Delhi.

COVID-19 PROTOCOL

MoHFW Delhi circulated ten orders in 2020 and six in 2021 regarding COVID-19 protocols. Out of these 16 notifications, three dealt with testing, two dealt with managing dead bodies of COVID-19 patients, two dealt with admission and discharge policies of COVID-19 patients, one dealt specifically with patients in home isolation, one with procuring medical oxygen, and two broadly dealt with enforcing regulation under the Epidemic Act, 1897. They talked about a wide range of issues from contact tracing, dealing with non-cooperative COVID-19 patients, information dissemination regarding COVID-19, screening, testing, fines and punishment for violators, etc.

While oxygen cylinder shortage was reported from various parts of the country, it should be noted that simply procuring the same is not the only solution. The use of oxygen must be judicious and safe. Use of oxygen without replacing sterile water in the humidifier at regular intervals can lead to contamination, thereby causing problems for the patient. Dr Mira Shiva, founder of People's Health Movement, India, said, *"one of the main causes for Mucormycosis (black fungus) infection and deaths from this disease was caused by contaminated water in the humidifier while giving oxygen to the patient."*

COVID-19 emphasized the need for rational and timely usage of drugs. One shouldn't loosely prescribe/use experimental or other drugs in the hopes of preventing or curing a disease without significant scientific evidence.

DDMA circulated the most notifications in this category—50 in 2020 and 39 in 2021. 56 of them dealt with lockdown guidelines. Three of them dealt with transit of stranded migrants, students, tourists, etc.; eight dealt with surveillance, preventive and

cautionary measures; two of them were for COVID-19 patients undergoing home isolation; and another two notifications dealt with managing the bodies of deceased COVID-19 patients.[11]

GRIEVANCE REDRESSAL

The grievance redressal mechanism is an important tool to assess the effectiveness of an administration. A user-friendly redressal mechanism points to the state's commitment towards deep democratization of administration to ensure accountability, responsibility, efficiency and welfare.

After the end of the first wave, despite the government's posturing of supposed control over COVID-19, many activists and health experts were afraid of an impending disaster. By April 2021, it was clear that the government's claims were bogus; hospitals and funeral homes were overrun, frantic calls and messages for oxygen and other medicines, along with instances of overcharging, became everyday occurences for most ordinary individuals. Newspapers started carrying headlines about the collapse of health systems across the country. Such turbulent times saw many violations of patient rights. Some states publicized various modes for grievance redressal.

India has a centralized public grievance redressal mechanism. Further, all government institutions have their own grievance redressal cells where citizens can lodge their complaints. However, the process to file a complaint is rather ambiguous and not widely known. The interface of the grievance redressal portal is particularly not very user friendly. Sometimes grievances are disposed of with suggestions of approaching another department, sometimes they are sent back without closure to the complainants or the agency which forwarded the complaint.

Delhi government said they received only 2,500 vials of Remdesivir of the over 52,000 sent to Delhi | Photo credits: PTI

Given the magnitude and multiplicity of rights violations during the pandemic, it was clear that a robust grievance redressal system particularly dealing with COVID-19 related complaints was needed. Many state governments started separate helplines and eased the process of filing grievances.

Upon looking at the notifications and circulars that dealt with grievance redressal in Delhi, we found that the Delhi government released four notifications in total, out of which three were released in 2021 and one was released in 2020. All of them were released by MoHFW.

The Clinical Establishment Act, 2010[12], was enacted by the Central Government to improve the quality of healthcare through standardization of healthcare facilities by prescribing minimum standards of facilities and services for all categories of healthcare establishments (except teaching hospitals). It also aims to standardize treatment guidelines, stabilize emergency medical protocol, ensure display of range of rates to be charged and maintenance of records, etc.

However, the Act is not yet accepted by the Delhi government. On October 2022, the Delhi government, while filing an affidavit on the PIL seeking legal action against pathology laboratories running illegally in the NCT of Delhi, stated that the Clinical Establishment Act, 2010 doesn't apply to Delhi.[13] The affidavit further stated that, till the finalization of the Delhi Health Bill, the government had passed an order to bring uniformity and standardization in the functioning of the pathological laboratories in the NCT of Delhi.

The Consumer Protection Act, 1986 is also of the utmost importance in the grievance redressal mechanism. Under the Act, a three-tier system is in place to address consumer grievances and complaints. However, despite the number of grievances that came up during COVID-19, we don't see the government implementing this Act to address those grievances.

On 14 May 2021, the Delhi government announced ex gratia payment for healthcare workers who died due to COVID-19 and instructed that all such cases should be processed effectively so that the proposal can be submitted to the Revenue Department for further action within a period of 24 hours. On 20 January 2022, the Delhi government, while responding to an RTI, stated that 56 doctors, 13 nurses, 16 paramedical staff and 92 sanitation workers died due to COVID-19 while on pandemic duty. On 9 March 2022, responding to another RTI,[14] the Delhi government said that it had received 40 applications for the ex gratia amount, of which eight were approved, 26 were pending and six were rejected.

On 15 November 2021, at the directions of the Delhi High Court, a committee was constituted to assess complaints received regarding death due to lack of oxygen on case-to-case basis for grant of ex-representations gratia compensation over and above the no-fault ex gratia payment of Rs 50,000. The order also stated that the complaints and representations can be received by the committee both online and offline at Nursing Home Cell, DGHS. It was mandated that the committee would meet at least twice a week either physically or through video conferencing at a fixed time. It was empowered to seek any documents from the concerned hospital including records of oxygen supply, storage and stock position. It was constituted to check whether oxygen was being used properly in hospitals as per the norms, steps taken by the hospital for maintaining sufficient oxygen stock with respect to the patients admitted and to draw up an objective criterion to award compensation.

The Central Government recently said in the Parliament that there were no deaths due to lack of oxygen. The rationale was that the states have not reported any deaths as oxygen deaths. Responding to that, Delhi Health Minister Satyendra Jain and former Deputy Chief Minister Manish Sisodia accused the Central Government of not allowing the audit committee to function. On 22 September 2021, the Delhi High Court[15], while addressing a petition for compensation filed by a family member of a COVID-19 patient who died due to lack of oxygen, allowed the state government to carry forward the audit by the committee.

MEDICAL PROTOCOL

"A medical protocol[16] is considered to be a set of predetermined criteria that define appropriate nursing interventions which articulate or describe situations in which the nurse makes judgments relative to a course of action for effective management of common patient care problems." Clinical guidelines are increasingly used around the world to help change practice and improve patient outcomes by promoting beneficial interventions while discouraging those that are ineffective or possibly dangerous. They assist practitioners in the uptake of credible research into practice by providing recommendations that are informed by a systematic review of evidence.[17]

MoHFW released only one notification that can be categorized into medical protocol in 2020. The notification released on 7 June 2020 gave guidelines to both COVID-19 infected and non-infected patients for accessing healthcare. However, the

circular did not mention anything about the treatment plan for COVID-19 positive patients.

DDMA also released only one notification that was related to medical protocol in 2020. The first notification was released on 28 March 2020, where the Delhi government allowed registered medical practitioners in Delhi to allow telephonic consultation and prescribe medicines. The Delhi government only circulated superficial directives that dealt with the logistical functioning of hospitals because of social distancing necessities. However, none of them took clinical treatment of the virus into account. The pandemic witnessed multiple changes in the ways in which doctors approached treatment for infections. The Delhi government completely failed in taking charge of the treatment methods doctors would employ. The government completely missed the medical and scientific investigation that a treatment plan for a disease requires.

PATIENT RIGHTS

Two notifications were issued by MoHFW regarding patient rights in 2020. MoHFW did not release any notification particularly dealing with patient rights in 2021. Following are the laws that govern the rights of medical practitioners and patients in India:

- The Constitution of India, 1950
- Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002
- Drugs and Cosmetics Act, 1940
- Charter of Patients' Rights, Clinical Establishment (Registration and Regulation) Act, 2010[18]
- Indian Penal Code, 1860
- Code of Criminal Procedure, 1973

Since there is no legislation that specifically deals with patient rights in India, the Charter of Patient Rights released by NHRC remains the ultimate document of reference. The pandemic, being a time of turbulence, witnessed many violations of these rights both as lapses in the system and as institutional decisions enacted in the name of urgency. The state government did not issue any circular that charted out the rights of COVID-19 patients.[19]

It is a settled fact that Right to Health comes under Right to Life enshrined in Article 21 of the Indian Constitution. By making domicile status conditional for treatment, the Delhi government directly violated patient rights. Overpricing by hospitals/labs, denying treatment to non-COVID patients, etc. were few of the

many violations of patient rights in Delhi. The most acute and widespread patient rights violations reported from across the country were denial of admission to patients citing various socio-economic and medical reasons. The first wave of the pandemic witnessed rampant communalization in the wake of the Tablighi Jamaat incident. There were multiple reports of Muslims being denied admission to hospitals. Discrimination against those who could not afford to pay for a treatment was also widespread. [20] There was no systematic communication from the government recognizing these incidents or addressing them.

There is an undeniable need to strengthen the healthcare system within Delhi and other neighbouring states. With the health budget being less than 1.2 per cent of the GDP, there's inadequate support for public health services. Further, with increasing privatization and corporatization of diagnostics and medical care, those without purchasing power are discriminated against by several central and state policies. The second wave of COVID-19 highlighted the desperate need for a better and more efficient public healthcare system. There was an overload of patients in government hospitals in the NCT of Delhi when the Delta variant was wreaking havoc.

Healthcare providers, particularly nurses and attendants, were overburdened. To add to their misery, when the staff who were taken on contractual basis contracted COVID-19, not only were they not given any medical leave, but they also faced salary cuts. Working round-the-clock to save lives and truly overworked and exhausted, it's safe to say that these healthcare providers were abandoned by society and made to fend for themselves.

Apart from being overworked, they also faced ostracization due to treating/interacting with COVID-19 patients. There were multiple media reports of doctors and medical staff being asked to evict by their landlords for fear of contracting the virus. Other than a "deeply anguished" comment by the Health Minister over such incidents, no measures were taken to ensure the security of healthcare professionals.

"The accountability crisis gripping the private and corporate health sector is a grave concern with far-reaching consequences for patients and their loved ones. The pandemic served as a harsh reminder, amplifying the severity of the crisis. It is upon closer examination that the true extent of patients' rights violations within private healthcare facilities comes to light. Instances of denied access to medical records, lack of transparency in medical charges, and blatant violations of government regulations were distressingly prevalent, exacerbated by the absence of an effective and people-centric grievance redressal mechanism. Drawing from the lessons of this pandemic, it is imperative for policymakers to reconsider their

misplaced optimism in the private and corporate health sectors' ability to fulfil their public health obligations. COVID-19 has laid bare the urgent need for an equitable, accessible, and rational system of universal healthcare that can counter the dominance of costly and exclusionary private healthcare," said public health activist Dr Dhananjay Kakade.

The notification on 6 June 2020 directed all hospitals to ensure that no patient with COVID-19 symptoms be denied admission despite not having a COVID-19 positive report. Despite this order, there were multiple reports of hospitals denying admissions to patients without COVID-19 positive reports during the second wave. The new variant during the second wave was difficult to detect through tests and often only a chest scan would reveal that a person has COVID-19.[21] Not only did the government neglect widespread patient rights violation, it did one better by coming up with a regressive order, stating that only bonafide residents of the NCT of Delhi should be admitted for treatment in Delhi hospitals. Not only did this violate constitutional rights endowed under Article 14 and Article 21[22] of patients not residing in Delhi, it also proved to be an exclusionary measure for many migrants, students and workers who resided in Delhi temporarily but could not furnish documents such as passport, Aadhar card, etc. with a Delhi address.

VACCINATION

Another variable we investigated in this report was the AEFI (Adverse Event Following Immunisation) mechanism in Delhi. On 30 January 2022, the Union Government informed the Parliament that, as of that day, there were nearly 70,102 cases of AEFI and 1,013 deaths due to vaccination. Out of this, 63,315 cases were due to Covishield, followed by 6,757 due to Covaxin and finally 30 due to Sputnik. Out of the 1,013 COVID-19 vaccination, 921 were after Covishield and 92 after Covaxin. No deaths were reported after Sputnik vaccinations.[23]

The AEFI guidelines by the Union Government define AEFI as any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of vaccines. These events may include one or more unfavourable or unintended signs, symptoms or laboratory findings which raise concern among immunization programme managers, policy makers, families of beneficiaries and the community.

National AEFI surveillance relies on passive surveillance and reporting by health functionaries and practitioners. AEFI surveillance

is managed by the Union Government's AEFI secretariat under its immunization cell. The AEFI committee is constituted in each district which submits its reports to the state AEFI committee which in turn reports to the National AEFI committee where these instances undergo final investigation. Here, it is important to note that the whole process is highly centralized, bureaucratic and completely divorced from people undergoing immunization. There is no provision to self-report instances of AEFI directly to the authorities.

"Considering that new vaccines were being used for the first time at such a massive scale, it is entirely inconceivable that there was no focus or training or system for AEFIs. In fact, all of government was vehement of their denials of any AEFIs at all, condemning all talk of them as mala-fide antivaccine rhetoric. This is not a good public health approach. Most of us professionals advised our patients and the communities we were engaged with during the pandemic to take vaccines even as we were open to the possibilities of side effects and even deaths. Fooling people to make them take the vaccine in the name of public good is not only unethical, but also not required, as people have the capacity to take judgement calls if they are treated with respect and provided information as people with rights. We have lost a major opportunity to understand these vaccines more by employing such a paternal and patronizing attitude to our people", asserts Dr Vandana Prasad.

While looking for overall notifications on vaccinations, we found that MoHFW Delhi released only two notifications in 2021 explicitly regarding vaccinations. On 18 March 2021, the Delhi government ordered that all government hospitals under GNCT of Delhi shall increase the vaccination sites in their hospitals to at least six. The order released on 5 April 2021 increased the functional timings of COVID-19 vaccination centres. It also directed all the facilities to ensure deployment of adequate manpower at these sites. However, none of these notifications dealt with the AEFI mechanism which remained the focus of our search.

DDMA also issued two notifications in 2021 and none of them were related to the AEFI mechanism. The order dated 6 June 2021 directed private hospitals and nursing homes functioning as COVID-19 vaccination centres for Covaxin to ensure that the vaccine shall be used for those in the age group of 18–44 years.

The order dated 8 October 2021 mandated all government employees working in departments/autonomous bodies/PSUs/educational institutions, etc. under the Government of Delhi, including frontline workers, healthcare workers, teachers and other staff working in schools/colleges to get vaccinated at the earliest (at least the first dose).

However, there were no notifications released on reporting adverse events following vaccinations. The mechanism to report adverse events was not publicized by the government. There were no circulars that dealt with the constitution of committees that would probe AEFI complaints.

NO CENTRALIZED COMPILATION OF ADVISORIES AND ORDERS

There were multiple circulars issued daily by the Delhi government in 2020 and 2021. In our attempts to study the orders, it was apparent that there was no consolidated centralized mechanism of maintaining orders according to the broader themes that they dealt with. Some of the authorities merely republished the orders published by other authorities, signalling a lack of coordination. All of this made it very difficult for the public to access information. Additionally, there is no archival process in place. Today, if one were to look back at the orders or circulars issued during or related to COVID-19, it can be found that even if not all, at least most of them no longer exist.

CASE STUDIES

1. CHARGED FOR OXYGEN WITHOUT ADMINISTERING OXYGEN

On 20 June 2020, Mr Nitin Gulati's 60-year-old mother, Ms Tarun Lata, was admitted to Moolchand Hospital after contracting COVID-19. When she was discharged on 30 June, the hospital charged the family Rs 2.59 lakh. The hospital charged them for nine days of oxygen even though she wasn't administered oxygen for that period. The family was charged Rs 4,477 per day for PPEs. The family was also told that since the government passed the order on 20 June[24], the day they admitted their mother, she was ineligible to be billed under the capped category.

Representational image

2. DEATH FROM UNRESOLVED HEALTH ISSUES AND AN UNJUST HOSPITAL BILL

In the third week of April 2021, Mr Kavaljit's whole family tested positive for COVID-19. Except for his wife Mankeerat, the rest of his family slowly recovered. On 23 April, Mankeerat's oxygen levels drastically dropped and she was rushed to DHLI[25]. On 4 May, she was moved to a non-Covid ICU as the doctors said that all her issues with lungs were resolved. However, the family complained that there were sudden fluctuations in her oxygen levels and that she was unable to walk. On 12 May, she experienced pneumothorax and was rushed to the ICU with ventilator support. She passed away on 18 May due to multiple organ dysfunction and respiratory distress syndrome.

Photo credit: Kavaljit Singh

On 4 May, an advisory was issued by NHRC recommending all hospitals to display information about the availability and costs of COVID-19 treatment, the number of beds available under price cap regulations, and the contact number of the grievance redressal authority. Mr Kavaljit's family found no such information displayed in DHLI.

3. NEGLECTING CAPPING ORDERS AND BLATANT OVERPRICING

On 27 July 2020, 57-year-old Ramazan Ali, father of two sons Rizwan and Imran, tested positive for COVID-19 and was admitted to Max hospital in Saket. The duo paid Rs 50,000 at the time of admission. Next day, the hospital handed them a bill of Rs 1.73 lakh just for the day. Neither did the family know about price capping nor did the hospital inform them about it. They simply said that the rate is Rs 50,000 to 60,000 per night. According to the family, no notice was put up by the hospital following the Delhi government's advisory.[26]

A health worker wearing PPE suit tends to COVID-19 patients in New Delhi | Representational image | ANI File Photo

4. DEATH, DEBT AND DISTRESS

Mr Darpaal Chaudhary's 22-year-old daughter-in-law fell severely sick during the first wave of COVID-19. They got her admitted in ESI hospital as no other hospital had any available beds. She was in the hospital for around eight months and her treatment cost the family over Rs 1 lakh. Additionally, in the hopes of getting proper treatment, they had taken a debt of Rs 50,000 to treat her. But unfortunately, she wasn't getting proper treatment and wasn't getting any better and eventually succumbed to the disease. The hospital bill and the debt along with her death put Mr Chaudhary under immense financial and mental distress.

Representational Image | Photo: Reuters/Amit Dave

5. ILL-MANAGEMENT AND OXYGEN SCARCITY

Mr Indu Prakash's wife Ms Renuka, who was also diabetic, tested positive for COVID-19 on 20 April 2021. As his wife's oxygen level constantly dropped, Mr Indu purchased oxygen cylinders from outside that cost him Rs 10,000. She was admitted to Delhi's Ambedkar Hospital on 21 April 2021. Later the same day, she was shifted to Jain Sadhna Kendra, which was a COVID-19 centre, as Ambedkar Hospital didn't have oxygen. There was oxygen supply at the Sadhna Kendra but no ICU and as his wife was critical, they needed an ICU. The following day, she was shifted to Batra Hospital as per doctor's advice. The next day, the hospital alarm went off declaring oxygen supply depletion. Patients were asked to move to other hospitals and Batra Hospital refused to take any responsibility for casualty. Following this, Ms Renuka was shifted to LNJP hospital and she was admitted there for 23 days.

On 6 May 2021, she was put on ventilator as her health deteriorated further and Mr Prakash was told she had black fungus. He was asked to arrange for Amphotericin. *"It was sold for Rs 13,000–17,000 in the market when it's only Rs 300 per vial. How come hospitals didn't have stock of this medicine?"* asked Mr Prakash. Ms Renuka passed away the same day. *"She passed away due to poor medical care and negligence,"* said a distraught Prakash.

Family member wearing PPE performs last rites of a COVID-19 victim at Nigambodh Ghat crematorium, in New Delhi on 23 April 2021 Photo: PTI

RTI

To better understand the government's preparedness, planning, implementation and response to the pandemic, we filed five RTI applications with a total of 22 questions. RTIs were filed not just to look at the seven indicators mentioned above in our analysis but to broadly look at vaccination, grievance, overcharging (cost of treatment) and other administrative details.

Out of the 22 questions, partial responses were received for ten questions and no information was forthcoming for the remaining 12 questions. What this exercise revealed to us was that even after three-and-a-half years of the pandemic, the government either doesn't have adequate information about its citizens or refuses to provide access to information.

Detailed break-up of the RTI questions and responses received are provided below. The ones marked in red indicate that the department has not given any information or has mentioned it is third-party information and/or the information does not pertain to the branch. The ones in white indicate that some information was received. But most of the information was withheld and/or the data of all the districts was not provided.

INFORMATION SOUGHT: SET 1

1.1 Does the Delhi government have documentation of COVID-19 patients treated in government and private hospitals?

1.2 Number of deaths that happened in Delhi in each district

1.3 Number of COVID-19 related death certificates given to family members of deceased patients in each district

1.4 Do you have documentation from government/private hospitals regarding COVID-19 patients admitted to hospitals who were vaccinated prior to infection?

1.5 Break-up details of the number of COVID-19 patients admitted and treated in government and private hospitals in Delhi

1.6 Total number of deaths caused due to vaccination (AEFI)

In this list of questions asked to the Health and Family Welfare department, except for question 1.2, other questions were left unanswered because of no information available within the branch.

Response received for 1.2:

- As per health bulletin Delhi, total number of deaths reported due to COVID till 07.12.2022 are 26,519

Online RTI Status History Form

Note : Field marked with * are Mandatory

Data to be entered only in English

Registration Number	DROHS/R/2022/80700
Name	Umesh Babu
Date of Filing	18/11/2022
Status	REQUEST DISPOSED OF as on 12/12/2022

Reply :- us.1 Do the Delhi Government has documentation of COVID-19 patients treated in Government / private hospitals? Kindly provide data.

Reply- It is informed that the information sought does not form part of records held by this branch.

Qus -2, Kindly provide number of total COVID-19 deaths happened in Delhi in each district

Reply- As per health bulletin Delhi total no of deaths 26519 are reported due to Covid till 07.12.2022

Qus 3- Kindly provide number of COVID related death certificate given to the family members
of deceased patients in each district.

Reply- The information sought does not form part of records held by this branch.

Qus No. 3.4 to 3.6- This information is not available with this branch.

Nodal Officer Details

Telephone Number	9910588090
Enter Email Id	rtidhshq@gmail.com

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INFORMATION SOUGHT: SET 2

2.1 Data of total vaccinations administered in Delhi

2.2 Does the Delhi government have documentation from government/ private hospitals regarding COVID-19 patients admitted to hospitals who were vaccinated prior to infection?

2.3 Data of patients who were vaccinated after being admitted to the hospital

2.4 Number of casualty assessments made by the AEFI committee of the state/union from March 2020 till date in Delhi

2.5 Number of serious and severe AEFI cases approved by the AEFI committee of the state/union from Mar 2020 till date in Delhi

2.6 Total number of deaths caused due to vaccination (AEFI)

In this, questions 2.1, 2.4, 2.5 and 2.6 were answered while the other three questions weren't, stating that the information sought does not pertain to the immunization division, Directorate of Family Welfare.

Response received for 2.1:

Total 3,7354,160 doses have been administered till 16 December 2022

Response received for 2.4:

Casualty assessments for 87 AEFI cases has been done by the state AEFI committee, Delhi till 16 December 2022

Response received for 2.5:

75 serious and 23 severe AEFI cases following COVID vaccinations have been reported

Response received for 2.6:

Total 27 deaths following COVID-19 vaccination. As per casualty assessments by experts in states, 7 cases have been found indirectly linked with COVID-19 vaccinations

INFORMATION SOUGHT: SET 3

3.1 Total number of complaints received on the issue of overcharging by private hospitals for the period starting from March 2020 till date

3.2 Kindly provide the list of complaints disposed of in each district. Please specify the total amount charged by hospitals overcharging claimed by COVID-19 patients and refunded amount to the complainants wherever applicable

3.3 The number of complaints of overcharging pending in each district

3.4 The number of complaints of overcharging rejected in each district

Note: The information sought under question 3.4 has been transferred to different departments 16 times stating that the information does not fall under their jurisdiction.

Response received for 1.2:

- 16 complaints received in South district on overcharging
- 3 complaints received in North district on overcharging
- 7 complaints received in South East district
- 1 complaint received in East district
- DDMA North West Delhi responded as per records available that no calls have been received in the control room

Responses received for 3.2:

- 11 complaints were submitted by private hospitals in the South district. One matter has been referred to Delhi Medical Council and four are under examination of the committee. Further details have not been provided
- 5 cases were disposed of by Central district hospital
- 7 cases disposed of in South East district
- East Delhi provided a detailed response of one case stating the hospital charged Rs 1,67,619.73 and the overcharging amount claimed by the COVID-19 patient was of Rs 92,203 and the refunded amount to the complainant was Rs 92,203

Responses received for 3.3:

- 2 cases are pending in Central district
- 3 cases are pending in North district
- No complaints pending in South East district

INFORMATION SOUGHT: SET 4

4.1 The date of issue of the comprehensive medical protocol related to COVID-19 by Government of Delhi/Union Government of India

4.2 Copy of the government notifications issued in the context of COVID-19 treatment regarding fixing of cap on treatment of COVID-19 patients and other patients from March 2020 till date

4.3 Copy of the government guidelines/instructions issued to private hospitals to provide information to patients regarding cost of treatment/ medicines

4.4 Relevant guideline/notification mentioning medical protocols for plasma-based treatment/therapy for COVID-19 patients

4.5 The number of patients treated with plasma-based treatment/therapy for COVID-19 related infections

4.6 Have there been instances where bodies of the deceased were not handed over to the respective families due to their inability to pay bills in private hospitals in Delhi? If so, kindly provide information of such cases

In this final set of RTIs, barring 4.2 and 4.3 every other question was transferred to different PIOs with no further information available.

Response received for 4.2:

An order regarding the fixing of cap on treatment of COVID-19 patients was issued from Department of Health and Family Welfare on 20.06.2020 and the copy of the order has been attached

Response received for 4.3:

- Same as received in 4.2
- No calls have been received in the control room

OUT OF THE
TOTAL QUESTIONS ASKED,

ONLY TEN

WERE ANSWERED.

The ones where we did not receive any information, we see that they have either been disposed of or they remain pending. Several applications have been transferred to different Public Information Officers, with no further updates or change in status for over nine months. While this by no means provide a full picture of the government's response to the pandemic, it is safe to say that the response (or lack thereof) itself speaks for their action.

OTHER STATES V/S DELHI

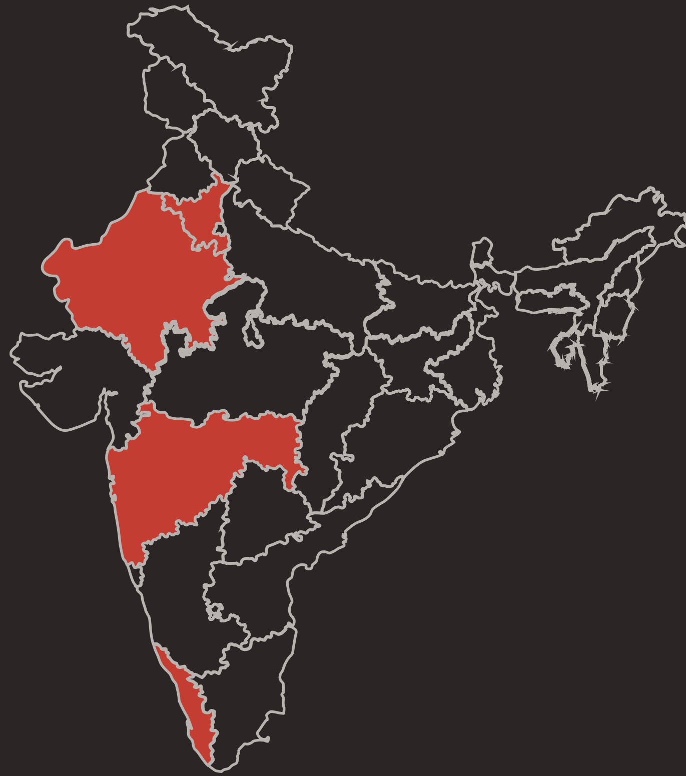
1. ***Haryana***: On 9 December 2020, the Haryana government issued an order capping RT-PCR rates at Rs 700 (for samples collected in private labs) and Rs 900 (home sample collection) respectively. According to the state government's order, this was done based on advice received from experts, considering RT-PCR test price, the cost of consumables and price capping in other states. Other COVID-19 testing mechanisms such as CBNAAT testing, TrueNat testing, rapid antigen testing, IgG based ELISA testing were already fixed at Rs 2,400, Rs 1,250, Rs 500 and Rs 250 respectively.

3. ***Maharashtra***: It is to be noted that Maharashtra is the only state which dealt with the issue of cost of treatment in depth. During the pandemic and lockdown there were multiple cases being reported on the exorbitant rates charged by healthcare providers. While some of the states dealt with the issue through capping, Maharashtra took affirmative action to engage with complaints of overcharging. The notification states certain set of actions to be taken to address the grievances of exorbitant money charged from the patients who are not covered by any health insurance product or any bilateral agreement between hospital and private corporate groups and who have exhausted their health insurance cover. The notification calls for strict action to be taken on the healthcare providers if they do not follow the packaged rate fixed by the state. It also carefully designs the requirement of increase in bed capacity and ensures a larger percentage of beds are regulated by the state/municipality. Many of these actions taken by the state were due to the efforts

made by the civil society. The details of the notification are mentioned in the annexure and should be read carefully to envision how collaborative efforts of state and CSOs can address the grievances.

2. ***Kerala***: On 30 April 2021, the Kerala government issued an order revising the price of RT-PCR tests to Rs 500. This was done based on the government's examination of the market rates of VTM, RNA extraction kits, PCR test kits and other consumables for the RT-PCR test and comparison of the cost per test in private labs for RT-PCR in other states, the cost per tests agreed by the ten static labs engaged in airport surveillance and ten mobile RT-PCR labs deployed in districts. Similarly, on 10 May 2021, in view of the second wave and increasing cases, the Kerala government issued an order regulating the price charged by private hospitals and private nursing homes for providing quality care to walk-in COVID-19 patients.

4. ***Rajasthan***: The Rajasthan government recognized mucormycosis, a fungal infection which was seen in COVID-19 patients, and issued an order on 23 May 2021. To prevent patients from entering the stage of infection of mucormycosis, the state government provided a standard price for the test and treatment required in private hospitals and its facilities. With an increase in the number of COVID-19 patients being affected with lung infection and breathing difficulties, the requirement for HRCT scan had increased. HRCT scan is much more precise in the diagnosis and monitoring of diseases of lung tissues and airways. The Rajasthan government standardized the prices for HRCT scan for NABH/NABL hospitals and non-NABH/NABL hospitals at Rs 1,955 and Rs 1,700 respectively.



CONCLUSION

History is often a crooked arrangement; once those in power start peddling their stories of glory and achievements, it becomes impossible to bring out the truth. Pandemic governance in India is one such story, overshadowed by glorification of how the government handled the crises. The effort here by the Public Inquiry Committee and People's Commission Research team is to meticulously go through the government's own notifications and matching them with people's stories to weave together a comprehensive picture of acts of commission and omission. These acts of omission and commission, translated as governmental actions during the pandemic, are meant to record and remind people about what transpired in their lives during the disastrous time of the multiple waves of COVID-19.

By focussing on the National Capital Region and state of Delhi to do this analysis, the PC-PIC research team has tried to show through sampling what governance meant during the pandemic. Governance is often identified and represented through government orders, notifications and gazette pronouncements, which are then implemented. The nature of these notifications, the underlying issues they address and the focus on helping people live better through the dark times, should clearly establish the intent of the rulers. The research team has carefully done precisely this task of categorizing, analysing and assessing the notifications brought out by the Union Government and the Government of Delhi for the NCT of Delhi.

The analysis provided in this report helps in understanding the priorities of governments. It shows their lack of empathy, leave alone commitment, in addressing issues affecting citizens. After establishing the locus standi of the research and providing a comprehensive analysis, the researchers leave the readers with clear enough pointers to judge for themselves the quality of governance they had during the pandemic and lockdown.

We also mention people's narratives about stories of loot by private hospitals and the failure of the entire medical care infrastructure, which made people's lives much worse than they need have been due to the virus. We showcase stories of enforced debts, families torn apart due to death and debt, and how state-provided facilities like oxygen became black-market commodities or worse in the city of Delhi. These stories further strengthen our point about the misplaced priorities of so-called democratic governments.

The report does not enter the ongoing blame game between the Union Government and the Government of Delhi, who are at loggerheads because they are run by competing political parties. The blame game itself shows that the 'democratic' system which allows these parties to win the right to run governments is deeply broken and gives the parties and their governments perverse incentives and priorities. At any given time, the parties are more interested in winning elections than taking care of people in whose name they formally run the government. The idea behind the report was not just to blame one government or party, but to expose the underbelly of policy and decision making in our so-called democracy during times like the pandemic, to establish a clear case for what should and should not be done in the future.

"Never forget" ought to become the national slogan of the Indian people who survived the pandemic and the government inflicted socio-economic lockdown. Towards this, it is important that we tell everyone who asks us to forget about the pandemic that we will not forget and we will hold everyone accountable. That is the only way to counter those who are demanding that we deal with the pandemic as a bygone. This is the only way to make sure that we as a democratic country do not make the same mistakes in future tragedies. This is also the only way forward to establish truth, justice and accountability.

ABOUT US

We are a collective that is committed to investigating truth, and ensuring accountability and justice for the events that have happened since COVID-19 and the effects it continues to have on people and their lives. The process of this inquiry happens through Public Inquiry Committees (PIC). PICs intend to investigate the injustice faced by people since the pandemic and lockdown, expose ground realities, hold the governments accountable and provide justice to both the dead and the living.

The collective was set up with the support of over 200 civic organizations with key national level networks. Our collective is spread across the country. We collect data, document case studies, hold public hearings in order to form People's Commission (PC) & PIC which investigates the injustice that took place and the impacts it had on people's lives.

We have built the country's first and only process of this kind which ensures forming of PC & PIC documenting the ongoing conflicts since the pandemic. Our approach is to bring out the stories that have not been heard and build them into an effective inquiry process to hold institutions accountable.

What is Public Inquiry Committee and People's Commission?

The soul of Public Inquiry Committee lies in the basic idea of "we the people, by the people, for the people". Multiple committees will be formed across the country at village/panchayat/ward/district, city and regional levels. The committees will be constituted by people from all spheres of life. The set committees will focus on uncovering the sufferings of different strata of people by collecting and compiling the complaints and then investigating the same.

The committee will strive towards strengthening the voices of people who have been wronged by governance or the lack of it. The committee will empower people to seek truth, justice and accountability.

The complaints can be with regard to the handling of the crisis by the union and state governments, medical institutions, judiciary, bureaucracy, media, pharmaceuticals, hoarders, etc.

The People's Commission will perform the tasks of assisting and guiding the PICs, while also engaging in broader research, data compilation, etc with the help of thematic research teams.

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