

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
STARRED QUESTION NO. 267  
TO BE ANSWERED ON 06<sup>th</sup> AUGUST, 2021**

**SARS-COV-2**

**267 SHRI GAURAV GOGOI ;  
SHRI K. NAVASKANI**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the precise date in March, 2021 when scientists of the Indian SARS-CoV-2 Genomics Consortium (INSACOG) had warned the Government about a new and more contagious variant of the virus;
- (b) the date on which the Government took cognizance of the aforementioned warnings and made them public;
- (c) whether phrases like “high concern” were removed from the draft prepared by the INSACOG in the statement shared with the public; and
- (d) if so, the reasons therefor?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI MANSUKH MANDAVIYA)**

(a) to (d) A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED  
QUESTION NO. 267\* FOR 6<sup>TH</sup> AUGUST, 2021.**

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(a) to (d): Health though is a state subject, but Government of India has provided the required technical support and has also supported the States through logistic and financial support to further strengthen the existing health infrastructure to tackle COVID-19 pandemic.

Some of the ongoing initiatives to further strengthen healthcare infrastructure include:

- A three-tier arrangement of dedicated COVID-19 health facilities [(i) COVID Care Center (CCC); (ii) Dedicated COVID Health Centre (DCHC) and (iii) Dedicated COVID Hospital (DCH)] has been implemented in the country to reduce the risk of cross infection to non-COVID patients as well as to maintain continuity of non-COVID essential health services in the country.
- Government of India has roped in tertiary care hospitals under other ministries to supplement the hospital facilities. Further, many large temporary treatment facilities were established by DRDO to manage surge in COVID-19 cases in the country. The isolation bed capacity and ICU bed capacity was also enhanced continuously.
- The daily liquid medical oxygen (LMO) supply was increased by enhancement of LMO production in steel plants as well as in other LMO plants. Further, restrictions were also imposed on industrial use of oxygen.
- Online digital solutions viz. Oxygen Demand Aggregation system (ODAS) and Oxygen Digital Tracking System (ODTS) have been developed to ascertain the demand for medical oxygen from all medical facilities and to track their transportation.
- To avoid wastage of medical oxygen, guidelines on rational use of oxygen were issued on 25<sup>th</sup> September 2020, and further revised and disseminated to States on 25<sup>th</sup> April 2021.
- To generate oxygen at the health facility level, PSA plants are being established in each district hospitals to reduce the burden on the medical oxygen supply grid across the country.

- Further, to fast-track the availability of Medical Oxygen in rural and peri-urban areas, more than 39,000 oxygen concentrators have been allocated to various States.
- A COVID Drugs Management Cell (CDMC) has been set up in the Department of Pharmaceuticals (DoP) to oversee the management of smooth supply of drugs used in COVID-19 management.
- Action is initiated at the National level to augment production of critical drugs including import besides support in terms of equitable distribution of the critical supplies.
- A Drugs Coordination Committee (DCC) has been constituted as an institutional mechanism under Department of Pharmaceuticals for efficient decision making on all the issues with respect to COVID-19 related drugs including availability through inter-departmental consultations.
- All States/UTs and State Drugs Controllers have been requested to verify stock of drugs and check other malpractices and take effective steps to curb hoarding and black marketing of some drugs like Remdesivir.
- Ministry of Health & Family Welfare continues to provide technical guidance for managing various aspects of COVID-19. So far more than 150 guidelines/advisories/SoPs/plans have been provided to States/UTs.
- Ministry of Health & Family Welfare on 16<sup>th</sup> April 2021 issued a detailed SOP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas. The SOP provides for strengthening primary level healthcare infrastructure at all levels to intensify COVID-19 response in peri-urban, rural & tribal areas, while continuing to provide other essential health services through inter-sectoral approach by involving community-based organizations, Village Health Sanitation and Nutrition Committees (VHSNCs), Pachayati Raj institutions, Urban Local bodies, etc.
- Further COVID-19 treatment protocols and advisories both for adults as well as pediatric age groups were issued and widely disseminated.
- Under the National COVID Vaccination Program, Government of India is procuring vaccines and providing them free of cost to States and UTs. As on 31<sup>st</sup> July 2021, a total of about 48.40 crore doses have been supplied to States/UTs from all sources i.e. Government of India's Covid vaccine supply

free of cost to all States/UTs, State/UTs and Private Hospitals procured Covid vaccine.

Union Government has provided financial support to States/UTs for ramping up Health Infrastructure and support all aspects of management of COVID-19.

- During the F.Y. 2019-20. funds to the tune of Rs.1113.21 crore was released to the States/UTs under NHM.
- In September 2020, the Union Government allowed the states to spend maximum 35% of annual allocation of funds under SDRF for the financial year 2019-20. The ceiling was further enhanced to 50% during the financial years 2020-21 and 2021-22 for containment measures of COVID-19.
- During the FY 2020-21, funds to the tune of Rs.8257.88 crore has been released to the States/UTs towards the India COVID-19 Emergency Response and Health System Preparedness Package.
- In addition, 'India COVID-19 Emergency Response & Health System Preparedness Package: Phase-II' has also been approved by the Cabinet with Rs 23,123 crores (with Rs. 15,000 Cr as Central Component & Rs 8,123 Cr as State component) and is to be implemented from 1<sup>st</sup> July 2021 to 31<sup>st</sup> March 2022. So far Rs. 1827.78 crore has been released to States/UTs in 2021-22 under ECRP Phase-II in FY 2021-22.

This includes support to State/UT level for ramping up Health Infrastructure including those in rural, tribal and peri-urban areas closer to the community, providing support for procurement of drugs and diagnostics to enhance service delivery at district and sub district levels for management of COVID-19 cases (including pediatric care) and for maintaining a buffer of drugs, support for IT Interventions such as implementation of Hospital Management Information System and expanding access to tele-consultations in all districts, and support for capacity building and training for all aspects of management of COVID-19.

From the beginning of the Pandemic genomic sequencing was conducted through National Institute of Virology, Pune, IGIB CSIR, NIBMG under DST and NCDC to monitor the variants of SARS-CoV-2 virus.

Subsequently, Government of India established Indian SARS-CoV-2 Genomic Consortium (INSACOG) in December, 2020, as a consortium of 10 laboratories of Ministry of Health & Family Welfare, Dept. of Biotechnology, Indian Council of Medical Research (ICMR) and Council of Scientific and Industrial Research (CSIR). The network of INSACOG laboratories has since been increased to 28. NCDC is the nodal agency of INSACOG for communication with states regarding the public health response.

Analysis of the genomic data is a continuous and ongoing process. Periodic updates are shared with experts and states and are also regularly made available in the public domain through the media bulletin of INSACOG. Periodic releases on outcomes from INSACOG analysis have been made on Press Information Bureau. A central team led by Director NCDC was deputed to Maharashtra from 4<sup>th</sup> – 8<sup>th</sup> February, 2021. The recommendations of the team were communicated to the State Government by the team itself and subsequently followed up by an advisory from Union Health Secretary. On 24<sup>th</sup> March, a specific advisory was sent to all states on the importance of genome sequencing and sharing data with NCDC. On 24<sup>th</sup> March 2021, the release had highlighted that analysis of samples from Maharashtra has revealed that compared to December 2020, there has been an increase in the fraction of samples with mutations that confer increased infectivity.

Besides, the National Center for Disease Control has communicated State specific results formally to the concerned States also from time to time. MOHFW has also shared the same with states through VC and reviews as well as written communication from time to time as the situation aroused.

States are regularly advised to send samples for genome sequencing and provide clinical data of positive persons to enable greater epidemiological insights to identify link between surge in cases at various places to the variants.

While monitoring the prevalence of variants through the network of labs, as per advice from experts, it is noted that the public health measures to manage the Pandemic, particularly the new variants, in the field and the treatment protocol remain the same and the five-fold strategy of test-track-treat-vaccinate and COVID appropriate behavior is to be followed at the field level.

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