



COUNTRY REPORT

India

I. Brief Background

This working report summarizes the range of measures taken by India in response to the COVID-19 outbreak that can be sourced to a law or policy. For more information, visit the [COVID-19 Law Lab](#).

As of 8 April 2021, India reported 12,928,574 confirmed cases of COVID-19 with 166,862 deaths. Under the Indian Constitution, public health and sanitation are the responsibilities of the state and local governments while the union/federal government is tasked with managing port quarantine, inter-state migration and quarantine. India's COVID-19 response is primarily rooted in two legislations: the [Disaster Management Act, 2005](#)¹ (DMA) and the [Epidemic Diseases Act, 1897](#)² (EDA).

II. State of Emergency/Public Health Emergency

The Indian Government did not invoke Emergency provisions under Part XVIII of the Indian Constitution as the constitution has no explicit provision for a public health emergency. Instead, on [24 March 2020](#)³, the Central Government under the DMA declared COVID-19 as a 'Disaster'. This equipped the National Disaster Management Authority (NDMA) with powers to issue directions to States that are much wider in scope, ranging from mass containment measures to price controls for testing in private laboratories. Additionally, on 11 March 2020, states were advised to invoke section 2 of the EDA, a provision that authorized the state governments to issue any regulations they deem '*necessary to prevent the outbreak or spread*' of the epidemic disease.

¹ India Disaster Management Act 2005 invoked for COVID19; 12.23.2020.

² Epidemic Diseases Act, 1897; 02.04.1897.

³ Guidelines for measures to be taken for containment of COVID-19 Epidemic in the country; 03.24.2020.

III. HIV and COVID-19

In March 2020, in response to COVID-19, the Ministry of Health and Family Welfare (MoHFW) issued [a set of guidelines](#)⁴ for individuals engaged in HIV/AIDS response under the National AIDS Control Programme. The guidance emphasized on following the national guidelines issued for control of COVID-19 infection, creating awareness of the virus in health facilities and providing counseling facilities. The guidance also provided for appropriate drug dispensation for People Living with HIV (PLHIV) in the pandemic and specifically discussed protocols for multi-month dispensation (MMD), community dispensation of ARVs, and commodity distribution (condoms, needles, syringe, etc.) to high-risk group populations.

IV. Access to Medicine and Intellectual Property

On 19 March 2020, the Ministry of Consumer Affairs, Food and Public Distribution issued [guidelines](#)⁵ for states to boost the production of sanitizers and ensure availability to consumers at a reasonable price. Further, on 26 March 2020, the MoHFW [classified the drug “Hydroxychloroquine”](#) as essential in tackling COVID-19 and issued a notification to restrict and regulate its production, sale and distribution⁶. The government exercised Section 26B of the Drugs and Cosmetics Act, 1940 (23 of 1940) mandated the sale by retail of any preparation containing the drug Hydroxychloroquine to be in accordance with Schedule H1 to the Drugs and Cosmetics Rules, 1945.

V. Disease Surveillance and Technology

On 26 February 2020, the Ministry of Home Affairs (MHA) released a [containment plan](#) addressing two possible scenarios: (1) travel-related cases reported in India, (2) local transmission of COVID-19⁷. The document focused on surveillance measures such as contact listing, mapping of buffer /containment zones/ active and passive surveillance and perimeter control. Similarly, a comprehensive [containment plan](#)⁸ was later issued for large outbreaks and aimed at containing the

⁴ Guidance Note for Persons engaged in HIV/AIDS response under National AIDS Control Programme in view of the COVID-19 scenario; 03.23.2020.

⁵ Production of Hand Sanitizers and ensuring availability to the consumers; 03.19.2020.

⁶ Notification regarding sale and distribution of ‘Hydroxychloroquine’; 03.26.2020.

⁷ Cluster Containment Plan COVID-19; 02.26.2020.

⁸ India Containment Plan for large outbreaks of COVID19; April 2020.

rapid spread of the virus by breaking the chain of transmission. The plan proposed geographical containment and stressed on surveillance measures. A separate plan was issued for [mitigating COVID-19 in urban areas](#)⁹ and these guidelines were targeted at overcoming the vulnerability of over-crowding in urban settlements (especially slums). The guidelines stressed on strengthening the surveillance system and contact tracing mechanisms.

On 17 March 2020, India released its [first testing strategy](#)¹⁰ and provided for all tests to be free of costs. At this stage, tests were authorized on (1) all asymptomatic people who have undertaken international travel, (2) all contacts of laboratory confirmed positive cases and (3) health care workers managing respiratory distress/ severe acute respiratory illness when are symptomatic. Later [private laboratories](#) were also allowed to test for COVID-19 under the scrutiny of government authorities¹¹. Subsequently, [new versions](#)¹² of the testing strategy were released expanding the scope of testing in the country. The Indian Council of Medical Research (ICMR) in its [advisory](#)¹³ on testing stressed on routine surveillance in both containment and non-containment zones.

Further, the government also launched a mobile application named “[Aarogya Setu](#)”¹⁴ (meaning “a bridge to health” in Hindi) to facilitate contact tracing, inform persons at risk of precautions to be taken and allow health departments to control the virus. To ensure the safe collection of data and protect the privacy of citizens, the government issued [specific protocol](#)¹⁵. Any violations of the protocol attracted penalties under Sections 51-60 of the [DMA](#)¹⁶.

VI. Isolation and Quarantine Measures

In March 2020, the National Centre for Disease Control (NCDC) issued [comprehensive guidelines](#)¹⁷ on setting up quarantine facilities and isolation wards. These guidelines also included

⁹ Preparedness and response to COVID-19 in Urban Settlements; 05.16.2020.

¹⁰ Strategy of COVID-19 testing in India; 03.17.2020.

¹¹ F. No. Z. 28015-23-2020-EMR; 03.21.2020.

¹² Revised Strategy of COVID19 testing in India (Version 3); 03.22.2020.

¹³ Advisory on Strategy for COVID-19 Testing in India; 09.04.2020.

¹⁴ Notification of the Aarogya Setu Data Access and Knowledge Sharing Protocol, 2020 in light of the COVID-19 pandemic; 05.11.2020.

¹⁵ Notification of the Aarogya Setu Data Access and Knowledge Sharing Protocol, 2020 in light of the COVID-19 pandemic; 05.11.2020.

¹⁶ India Disaster Management Act 2005 invoked for COVID19; 12.23.2020.

¹⁷ Guidelines for Setting up Isolation Facility/Ward; 03.22.2020.

protocols on using PPE kits and transportation of infectious patients. In April, a more [detailed protocol](#)¹⁸ was issued, which, among others, included guidelines on the disposal of bio-medical waste and risk assessment of quarantine facilities. The Central Pollution Control Board (Ministry of Environment, Forest & Climate Change) also issued [specific guidelines](#)¹⁹ for the handling, treatment and disposal of waste generated during treatment/ diagnosis/ quarantine of COVID-19 patients and later, [updated the same](#)²⁰.

On 5 February 2020, the government issued guidelines for [international passengers arriving from China](#)²¹ and specified that they would be quarantined after landing in India. On 18 March, the MHA issued a [SOP](#)²² which stated that after arrival, all international passengers would mandatorily be required to go through thermal screening at the airport and all symptomatic passengers would be isolated and moved to COVID-19 designated hospitals. Consequently, all international travel was suspended from 24 March 2020. Further [guidelines](#)²³ issued by the MHA provided that all individuals who had arrived in India after 15 February 2020 would be subjected to home/institutional isolation and failure to adhere would attract legal penalty under Section 188 of the Indian Penal Code. In May 2020, the MHA issued a [SOP](#)²⁴ for the movement of Indian nationals stranded abroad which provided that only asymptomatic persons would be allowed to travel to India and that all passengers would undergo a mandatory 14 day quarantine after arrival in India. Subsequent [guidelines](#)²⁵ released on 24 May 2020, also required a compulsory 14 day quarantine for all passengers arriving in India and permitted home quarantine only in exceptional cases. [Recent guidelines](#)²⁶ for international travel issued in February 2021 mandates home quarantine for all passengers who test positive for COVID-19 after arrival in India and it also details the extensive protocol for boarding and de-boarding.

¹⁸ Revised guidelines for Quarantine Facilities; 04.24.2020.

¹⁹ Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/ Diagnosis/ Quarantine of COVID-19 patients; 03.25.2020.

²⁰ Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/ Diagnosis/ Quarantine of COVID-19 patients II; 04.18.2020.

²¹ Travel advisory; 02.05.2020.

²² Standard Operating Procedure for Passenger Movement post Disembarkation; 03.18.2020.

²³ Consolidated Guidelines on the measures to be taken for the containment of COVID-19 Epidemic in the country; 03.28.2020.

²⁴ SOP regarding movement of Indian nationals stranded outside the country and of specified persons to travel abroad; 05.05.2020.

²⁵ Guidelines for international arrivals; 05.24.2020.

²⁶ Guidelines for International Arrivals (in supersession of all guidelines issued on the subject since 2nd August 2020); 02.17.2021.

In February 2021, the MoHFW released [guidelines](#)²⁷ for home isolation of very mild/pre-symptomatic/asymptomatic cases.

VII. Movement and Distance Restrictions

The Indian Government began issuing COVID-19 travel guidelines in January 2020 with a [Travel Advisory for travelers to China](#)²⁸ which advised for basic public health measures such as frequent hand-washing and social distancing. Throughout [February](#)²⁹ and early [March](#)³⁰, the government through the MHA issued guidelines for international travelers³¹, advising them to refrain from travelling to certain countries, maintain standard hygiene and avoid non-essential travelling. Further, the government also laid down detailed [guidelines for the management of COVID-19 at major and minor ports in the country](#)³² and SOPs for [international cruise ships](#)³³. On 20 March 2020, the government suspended train transportation in the country and subsequently, on 22 March 2020 all [domestic](#)³⁴ and [international](#) flights³⁵ were also grounded.

The MHA imposed the first [national lockdown for 21 days on 24 March 2020](#)³⁶ under Section 6 of the [DMA](#)³⁷. The lockdown limited the movement of nearly 138 Crore (1.3 billion) people and there was a complete prohibition on all modes of travel- except the transportation of essential goods, fire, police and emergency services. Further, educational institutions, hospitality services and industries were all closed. Only essential services such as grocery stores, banks and ATMs, petrol pumps were allowed to operate. After the imposition of the lockdown, lakhs of migrant workers were left stranded in urban cities and had no option but to travel back to their homes on foot- leading to a major crisis. The MHA issued numerous measures to tackle the issue of migrants and [had to restrict the movement of migrants to curb COVID-19](#)³⁸. Further, the MHA also issued

²⁷ Revised guidelines for Home Isolation of very mild/pre-symptomatic/asymptomatic COVID-19 cases; 07.02.2020.

²⁸ Travel advisory to travelers visiting China; 01.26.2020.

²⁹ Consolidated Travel advisory in view of COVID-19; 02.26.2020.

³⁰ Additional Travel Advisory for Novel Coronavirus Disease (COVID-19); 03.16.2020.

³¹ Consolidated Travel Advisory for Novel Coronavirus Disease (COVID-19); 03.11.2020

³² Instructions to all major and minor ports for dealing with novel coronavirus (COVID-19) pandemic – reg; 03.20.2020.

³³ Standard Operating Procedure (SOP) to handle Coronavirus (COVID-19) for International Cruise Ships at Major Ports of India; 03.10.2020.

³⁴ Ministry of Civil Aviation Guidelines II; 03.23.2020.

³⁵ Additional Travel Advisory for Novel Coronavirus Disease (COVID-19); 03.19.2020.

³⁶ Guidelines for measures to be taken for containment of COVID-19 Epidemic in the country; 03.24.2020.

³⁷ India Disaster Management Act 2005 invoked for COVID19; 12.23.2020.

³⁸ Order restricting movement of migrants and strict enforcement of lockdown measures; 03.29.2020.

[guidelines for the movement of stranded workers by train](#)³⁹ and [guidelines for quarantine](#)⁴⁰ of migrant workers after they arrived in their hometowns.

On 14 April (the end of the first lockdown), [the MHA issued a new order](#) extending the national lockdown till May 3⁴¹. [This lockdown was further extended](#) by the MHA for two weeks beginning May 4 and the entire country was divided into zones- red (130 districts), orange (284 districts) and green (324 districts) and subsequently, zone-specific restrictions were imposed⁴². This was followed by [Lockdown 4 imposed on May 17](#) until 31 May by the MHA and is an important milestone inter-state movement was allowed⁴³. Red zones were further divided into buffer zones and containment zones- with restrictions applied accordingly.

After four complete nation-wide lockdowns for more than 2 months, India began to ease restrictions gradually through “phased reopening” of the nation. [The MHA issued Guidelines for Phased Reopening \(Unlock 1\)](#)⁴⁴ for 30 May 2020- 30 June 2020 and permitted the reopening of shopping malls, religious sites, hospitality services etc. but large gatherings were still banned. Night curfew was still operational from 9PM to 5AM.

The MHA initiated [Unlock II](#) from 30 June 2020- 30 July 2020⁴⁵ where lockdown measures were only operational in containment areas. Limited international travel was allowed and night curfew was modified starting 10PM to 5AM. [Unlock III](#) was announced from 30 July 2020-30 August 2020⁴⁶ and night curfew was lifted in all areas. Gymnasiums and yoga centers were allowed to operate. [Unlock IV](#) was initiated from 30 August 2020 to 30 September 2020⁴⁷ and metro rails were gradually re-started. Additionally, religious, entertainment, political, sports, academic gatherings of upto 100 individuals were permitted, marriage ceremonies were allowed with upto 50 individuals. Face coverings were made compulsory in public areas. Lastly, [Unlock V](#) was initiated from 30 September 2020- 30 October 2020⁴⁸ and educational institutions were allowed to

³⁹ SOP for movement of stranded workers by train; 05.19.2020.

⁴⁰ Advisory for quarantine of migrant workers; 04.01.2020.

⁴¹ No. 40-3/2020-DM-I(A); 04.15.2020.

⁴² No. 40-3/2020-DM-I, 05.01.2020.

⁴³ MHA Order, 05.17.2020.

⁴⁴ Guidelines for Phased Reopening (Unlock 1); 05.30.2020.

⁴⁵ Guidelines for Phased Reopening (Unlock 2); 06.29.2020.

⁴⁶ Guidelines for Phased Reopening (Unlock 3); 07.29.2020.

⁴⁷ Guidelines for Phased Reopening (Unlock 4); 08.29.2020.

⁴⁸ Guidelines for Phased Reopening (Unlock 5); 09.30.2020.

reopen at the discretion of the state governments and cinema halls were also reopened with limited capacity.

The MoHFW had issued advisories on [social distancing](#)⁴⁹ which proposed numerous interventions to slow down the rate of spread of the infection such as the closure of educational institutions, encouraging work from home, a minimum distance of 1 meter in commercial settings and restaurants. The MoHFW also released detailed guidelines on the rational use of [personal protective equipment](#)⁵⁰ and the use of [face masks](#)⁵¹ by the public. Wearing masks/ face coverings is declared mandatory in public spaces [by the NCDC](#)⁵² and failure to do so attracts punishments ranging from fines to imprisonment.

VIII. Vaccine

In early 2021, India began [the largest vaccination drive in the world](#) with the aim of vaccinating 300 Million people by July 2021⁵³. At present, the Central Drugs Standard Control Organization (CDSCO) [has granted emergency authorization to two vaccines](#)- Covishield (AstraZeneca's vaccine manufactured by Serum Institute of India) and Covaxin (manufactured by Bharat Biotech Limited)⁵⁴. Vaccination in the country is consensual [and operates online](#)⁵⁵ through the [Co-WIN Portal](#)⁵⁶ on the MoHFW website which offers [free registration](#)⁵⁷. [At the time of registration, the eligible beneficiary is expected to present proof of identity](#)⁵⁸ and persons with comorbidities are expected to provide a certificate of such comorbidity. Vaccinations can be administered by [all government hospitals and certain private hospitals](#)⁵⁹ with the [due authorization of the state governments](#)⁶⁰. Additionally, [the vaccination is free of cost at public hospitals while private hospitals can charge up to 250 Rupees \(3.42 USD approx.\)](#)⁶¹.

⁴⁹ Advisory on Social Distancing Measure in view of spread of COVID-19 disease; 03.20.2020.

⁵⁰ Novel Coronavirus Disease 2019 (COVID-19): Guidelines on rational use of Personal Protective Equipment; 03.24.2020.

⁵¹ Guidelines on use of masks by public; 03.01.2020.

⁵² MHA order dated 15.04.2020, with Revised Consolidated Guidelines; 04.15.2020.

⁵³ COVID-19 Vaccines Operational Guidelines; 12.28.2020.

⁵⁴ Covid-19 Vaccine Communication Strategy 2020; 12.30.2020.

⁵⁵ Guidance note for COWIN 2.0; 02.28.2021.

⁵⁶ Frequently Asked Questions on Co-WIN; 03.22.2021.

⁵⁷ User Manual – Citizen Registration & Appointment for Vaccination Ver 1.1; 03.27.2021.

⁵⁸ COVID-19 Vaccines Operational Guidelines; 12.28.2020.

⁵⁹ COVID-19 Vaccines Operational Guidelines; 12.28.2020.

⁶⁰ Guidance note for COWIN 2.0; 02.28.2021.

⁶¹ Frequently Asked Questions on Co-WIN; 03.22.2021.

The Government identified priority groups based on their vulnerability and risks and accordingly the vaccination drive in India was [launched in phases](#)⁶². The first eligible group consisted of healthcare personnel and frontline workers⁶³ and the second eligible group comprised individuals over 60 years of age and individuals between 45 and 59 years of age with comorbidities. The [country-wide vaccination drive](#) was rolled out on 16 January 2020 and vaccinations for Group 1 began from 2 February 2020 while vaccinations for Group 2 began from 24 February 2020⁶⁴.

From the 1 April 2020 [all adults between ages 45-60](#) (Group 3) became eligible to receive vaccinations⁶⁵. To increase the vaccine coverage the government also issued [guidelines for COVID-19 vaccination sessions to be organized at workplaces](#)⁶⁶ - both government and private - that have about 100 eligible and willing beneficiaries.

IX. Others

Various [lockdown orders](#)⁶⁷ issued by the government directly address the issue of misinformation and state that spreading fake news regarding COVID-19 would attract punishment under Section 54 of the [DMA](#)⁶⁸. The provision provides that making or circulating false alarm or warning regarding a disaster, leading to panic, shall be punishable with up to one year of imprisonment and fine.

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⁶² Guidance note for COWIN 2.0; 02.28.2021.

⁶³ FAQs on COVID 19 vaccine for Healthcare providers and Frontline workers (2); 03.02.2021.

⁶⁴ Guidance note for COWIN 2.0; 02.28.2021.

⁶⁵ Guidance on COVID-19 Vaccination at Work Places (Government & Private); 04.07.2021.

⁶⁶ Guidance on COVID-19 Vaccination at Work Places (Government & Private); 04.07.2021.

⁶⁷ Guidelines for measures to be taken for containment of COVID-19 Epidemic in the country; 03.24.2020.

⁶⁸ India Disaster Management Act 2005 invoked for COVID19; 12.23.2020.

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