



INDIAN COVID-19 DELTA VARIANT AND HEALTH SECURITY

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July 5, 2021

(Views expressed in the brief are those of the author, and do not represent those of ISSI)



Multiple variants of COVID-19 are circulating around the world including “delta variant,” initially detected in India. It has been termed as delta for ease of communication and non-stigmatized labeling. During a news conference in Geneva in mid-June 2021, Dr. Soumaya Swaminath, World Health Organization’s Chief Scientist said that the delta variant is becoming the dominant strain of the virus because of its “significantly increased transmissibility.”¹ On June 22, 2021 India crossed the mark of 30 million cases of Covid-19 in the country.² The second wave of the virus brought with it disastrous ramifications for India. Now, the experts are warning against a third wave which can turn out to be a harbinger of grave consequences. This raises serious concerns about the overall spectrum of health security in India.

With the passage of time, health security has become an important component of national security. This pandemic has made countries across the globe realize that securitizing health is an inevitable feature for safeguarding their economic interests in future. India, on the other hand has been evidently late in such a realization for it wasted a lot of time in discussion with the WHO that whether delta variant should be termed as a variant of concern or not. A variant of concern is one

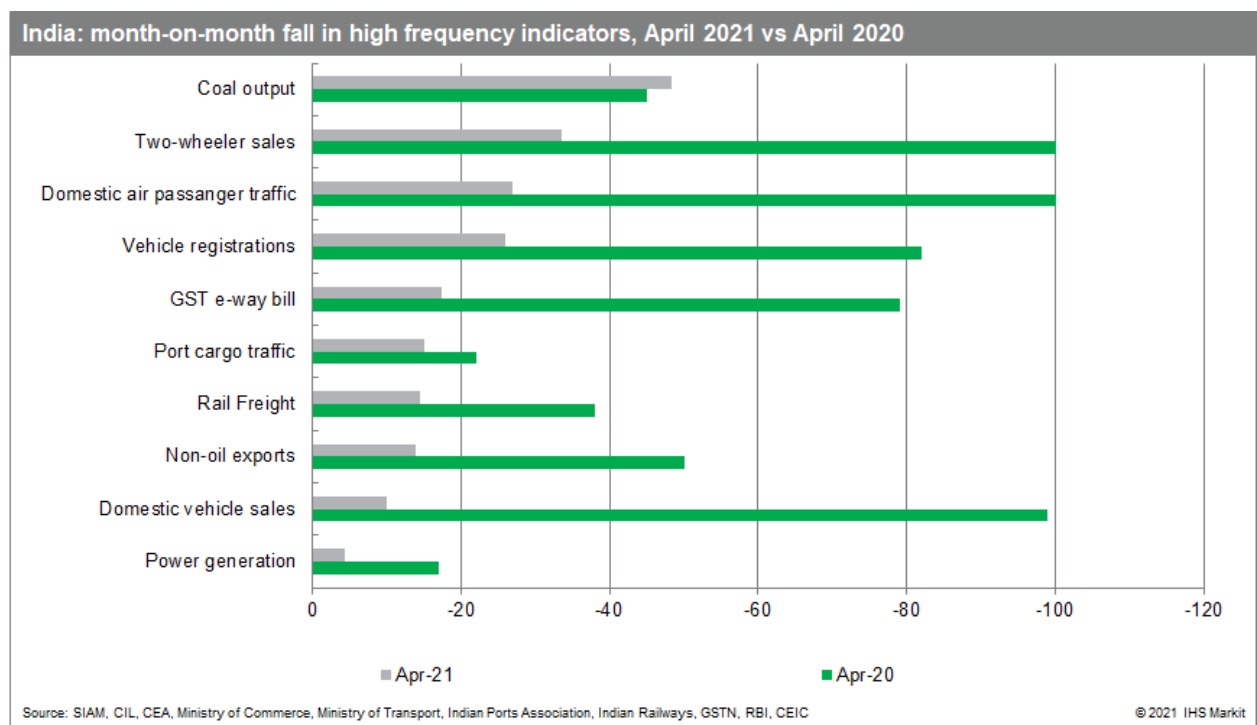
¹ "WHO Says Delta Variant Will Be Globally Dominant," Open Access Government, June 21, 2021, <https://openaccessgovernment.org/who-delta-variant/113465/>.

² "India Surpasses 3 Crore-mark in Number of Cases on June 22, 2021," *The Hindu*, June 22, 2021, <https://www.thehindu.com/news/national/coronavirus-live-june-22-2021-updates/article34898077.ece>.

with an evidential basis for increased transmissibility, severe diseases leading to hospitalization, reduced effectiveness of treatment or vaccines, and greater detection failure.³ On the other hand, now India has declared “delta plus” as a variant of concern without substantial data to support it. Had this measure been taken at the onset of the second wave as well, it would have allowed the BJP’s government to contain the virus in the beginning.

Moreover, not covering the basics like early re-opening of public places after the first wave, bad policy decisions, and lack of surveillance coupled with lack of preparation on part of the government provided a befitting recipe for disaster in the country. For example, many people died due to lack of oxygen and even the commonly available medicines like Remdesivir and Tocilizumab. It could have been easily avoided had the Indian government planned things in a more robust and comprehensive manner beforehand.

According to IHS Markit, a leading source for data and information on business services including numerous industries like automotive, energy, financial services etc. “the second wave of COVID-19 has shaved off about 2 percentage points of India's growth in the financial year starting April 2021 (FY2021), with real GDP growth now expected at 7.7%, down from 9.8% in March.”⁴



Source: IHS Markit, June 2021

³ "Coronavirus Disease 2019 (COVID-19)," Centers for Disease Control and Prevention, last modified June 1, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>.

⁴ "India's Economy After Second Wave of COVID-19," IHS Markit, last modified June 4, 2021, <https://ihsmarkit.com/research-analysis/indias-economy-after-second-wave-of-covid19.html>.

The above table indicates that the second wave has taken a toll on many industries in India. The high mortality rates and severe illness will further impact both the sentiment and purchasing power of the households in the coming months. Moreover, growing unemployment and mobility restrictions will also damage the earning potential of many families in the country. It clearly manifests that public health issues have pan-sectoral ramifications. It highlights that there are clear linkages between health security and economic development and no country can secure itself without creating resilient systems as a pandemic response strategy.

As a developing country India should have been more prepared for getting as many people fully inoculated as early as it can, however, the government of India allowed the politicization of the issue. At the onset of the second wave, India refused to get the vaccine from China.⁵ It also denied help offered by Pakistan in providing oxygen by saying that India refuses to take help from “enemy nation.”⁶ Modi government’s arrogance allowed politics to prevail over the welfare of its own people causing the death of thousands of people daily.

On the other hand, Bangladesh, despite the rift between the countries where China’s envoy in Dhaka warned Bangladesh against joining QUAD by saying that “doing so would substantially damage” the relationship between the two countries,⁷ asked China for its help when it came to saving lives in the aftermath of the pandemic. Consequently, half a million doses of the Chinese vaccine, Sinopharm was delivered to Dhaka later in May.⁸

The situation of health in India is so grim that it has fewer than 10 doctors per 10,000 people, and in some states, the figure is less than five.⁹ Moreover, India’s health spending has been negligible in recent past. It is 3.6% of the GDP for the last sixth years. India is spending the least amount out of all BRICS countries where Brazil spent the most i.e. 9.2%, followed by South Africa’s 8.1%, Russia’s

⁵ Sachin Parashar, "Oxygen Crisis in India: China Says Ready to Help but India Looks Elsewhere for Oxygen," *The Times of India*, April 22, 2021, <https://timesofindia.indiatimes.com/india/china-says-ready-to-help-but-india-looks-elsewhere-for-oxygen/articleshow/82202441.cms>.

⁶ Srishti Jaswal, "Punjab Gasps As India’s Modi Refuses to Seek Oxygen from Pakistan," *Al Jazeera*, May 19, 2021, <https://www.aljazeera.com/news/2021/5/19/punjab-gasps-as-indias-modi-refuses-to-seek-oxygen-from-pakistan>.

⁷ "China Warns of 'substantial Damage' to Ties if Bangladesh Joins US-led Quad Alliance; Dhaka Calls It 'aggressive'," *The Economic Times*, May 11, 2021, <https://economictimes.indiatimes.com/news/defence/china-threatens-bangladesh-says-ties-will-be-hit-if-it-joins-quad/articleshow/82544639.cms?from=mdr>.

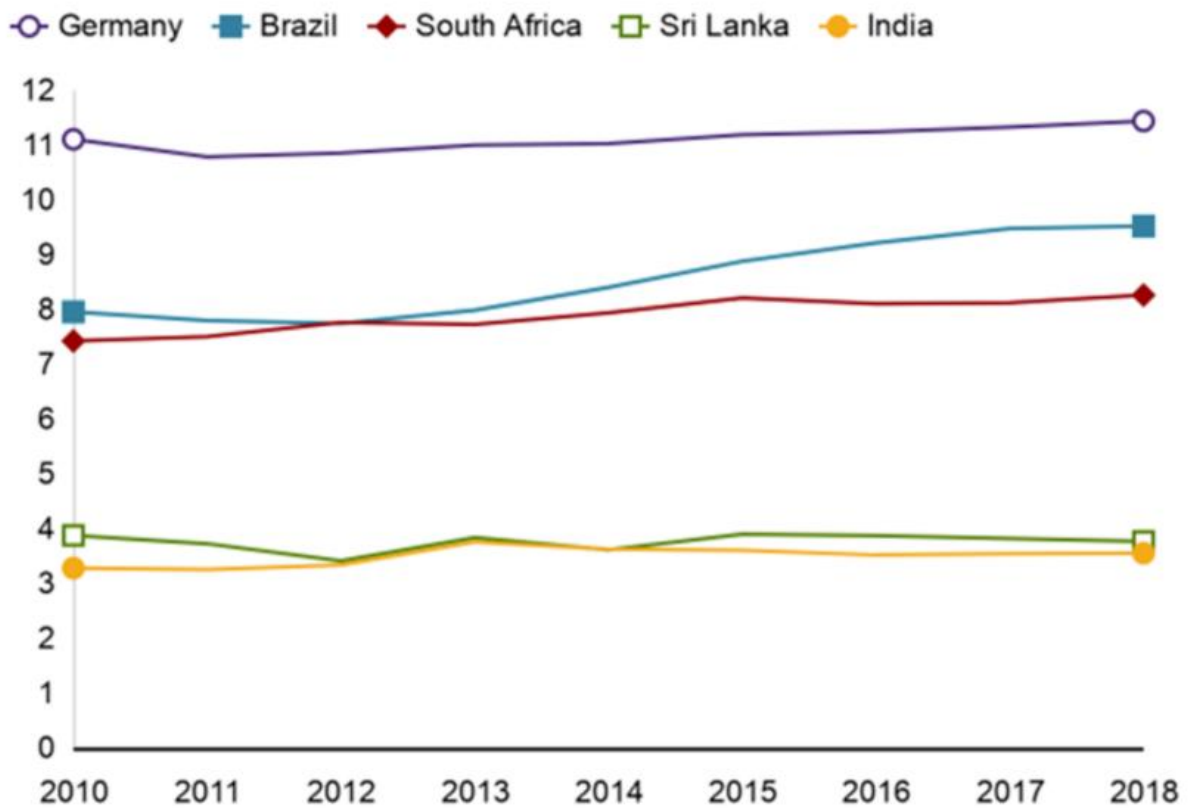
⁸ "China Delivers Half a Million Vaccines to Bangladesh" *The Times of India*, May 12, 2021, <https://timesofindia.indiatimes.com/world/china/china-delivers-half-a-million-vaccines-to-bangladesh/articleshow/82576471.cms>.

⁹ Vikas Pandey, "Coronavirus: How India Descended into Covid-19 Chaos," *BBC News*, May 5, 2021, <https://www.bbc.com/news/world-asia-india-56977653>.

5.3%, and China's 5% in 2018¹⁰ on their health sector while other developed nations like Germany spent 11.2% and US 16.9%.¹¹ Even smaller nations like Sri Lanka and Thailand spent 3.76% and 3.79% of their GDP on health respectively, which is more than India's spending.

India's overall spending on healthcare is low

Total health expenditure as a % of GDP



Source: BBC, May 5, 2021

Health security requires a sustained, coordinated and multi-sectoral approach with an understanding of the linkages between human, animal, and environmental health on a national level, and capacity building and cooperation with other countries for containing potentially catastrophic disease outbreaks on a global level. In this milieu, Covid-19 provided an opportunity for India to build a strong relationship with SAARC countries by bridging the gaps and working on vaccine and health cooperation.

However, India's response towards the second wave manifests that so far it has failed to acknowledge health security as an inevitable frontier of its strategic security. Moreover, it has also

¹⁰ Ibid.

¹¹ Ibid.

not realized that in the prevailing circumstances vaccine policy is the most effective economic policy. All of this analysis indicate that India is epidemiologically insecure. An epidemiologically vulnerable India poses threats to not only the strategic calculus of South Asia but also to Asia-Pacific and beyond. According to the United Nations High Commissioner for Refugees (UNHCR) spokesperson Andrej Mahecic, delta variant is rapidly growing in the Asia Pacific especially the areas inhabited by refugees.¹²

Experts are also warning against the delta plus variant due to its capability of evading both the vaccination and immunity. The delta plus variant, first found in Maharashtra, Kerala, and Madhya Pradesh in India, has now spread to nine more countries including the USA, UK, Portugal, Switzerland, Japan, Poland, Nepal, Russia, and China.¹³ If India refuses to learn from the mistakes of the past and continues to ignore the significance of health security in its strategic calculus, it will not be an exaggeration to assume that India can potentially become a gateway for the third wave in the country and the fourth wave in the world..

¹² "Covid-19 Delta Variant, First Detected in India, Threatens to Rapidly Spread in Asia Pacific Region: UNHCR," *Dawn.com*, June 2, 2021, <https://www.dawn.com/news/1627119/covid-19-delta-variant-first-detected-in-india-threatens-to-rapidly-spread-in-asia-pacific-region-unhcr>.

¹³ Soutik Biswas, "Delta Plus: Scientists Say Too Early to Tell Risk of Covid-19 Variant," *BBC News*, June 23, 2021, <https://www.bbc.com/news/world-asia-india-57564560>.