Dealing with Covid 19: A Comparative Study of the Brazilian and the Indian Experience

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Covid 19 pandemic has put all the states into a critical managerial ordeal. The federations have also faced internal challenges over responding to the virus. The federal inconveniences due to incoordination and inefficiencies influenced the responses of states. While the US and Brazilian states, even after having better ICUs average per 100000 persons, evoked world attention on account of their failure to meet the hazard, the Indian and Canadian federations performed comparatively better. The paper examines through historical-institutional and comparative statistical methods how the Brazilian and Indian federal governments responded to the virus and how the factors like leadership efficiency, ethnicity and the issue of economic growth influenced their performances. The study concludes that in times of such grievous situations, leaderships have to play a crucial role and the federal hindrances have to be overrun by fresh legislations and ordinances in the interest of public health, and India has fared better than Brazil in meeting the pandemic.

Keywords: *Covid 19 pandemic, federal inconveniences, containment and mitigation*

Pandemics have a long history of having infringed the smooth flow of life on earth by causing huge devastation and population extermination. The twentieth century witnessed several such pandemics, but their global spread was not as fast and wide as that of Covid19, the one we are faced with. Of course, technology has contributed significantly towards this as Covid 19 took an aerial route to cover as many as 210 states or territories over the globe in the space of just six months. Covid 19 or (the Corona Virus Disease 2019)[1] declared a pandemic by World Health Organization on March 11, 2020, is a highly infectious disease that was first traced in the city of Wuhan in China, in December 2019. The virus has so far (October 16, 2020) infected 40,023,261 (confirmed) and killed 1115600 people. About 2,99,34935 people have so far recovered (Worldometer). Fukuyama (2020) observes that major crises have significant consequences, usually unforeseen. The Great Depression spurred isolationism, nationalism, fascism, and World War II—but also led to the New Deal, the rise of the United States as a global superpower, and eventually decolonization. The 9/11 attacks produced two failed American interventions, the rise of Iran and new forms of Islamic radicalism. The 2008 financial crisis generated a surge in antiestablishment populism that replaced leaders across the globe. Future historians will trace comparably large effects to the current Coronavirus pandemic; the challenge is figuring them out ahead of time.

While facing the pandemic, the response from states has varied based on the nature of the political organisation, kinds of governments and leadership qualities. The response from the European democracies and the US, which have better health facilities and disaster management systems, has exposed their managerial capacities and leadership drive. However, several smaller and non-democratic states have fared comparatively better, which has evoked greater scrutiny by scholars, administrators and scientists. While the Indian role in dealing with the pandemic has been widely applauded, the Brazilian experience has not been up to the mark. The current paper executes a comparative study of India and Brazil, the two growing economies in the developing world. Since the two states are rising economies and have a common political arrangement of federal governance and common federal challenges, why the response from the two has a significant gap, and how India succeeded in plugging the rapid spread of the virus in the initial phase as compared to Brazil and its western counterparts forms the chief question of the current study. The role of

[1] World Health Organization (WHO) defined coronavirus as a family of viruses that range from the common cold to the Middle East Respiratory Syndrome (MERS) coronavirus and the severe acute respiratory syndrome (SARS) coronavirus. https://www.who.int/docs/default-source/sri-lanka-documents/what-is-coronavirus-english.pdf?sfvrsn=a6b21ac_2. Accessed April 5, 2020.

leadership and coordination between the federal and state agencies has also been scrutinised. The study follows an amalgam of the historical-institutional, comparative, analytical and descriptive methods to explain the questions under scrutiny.

Epidemics: A Brief Perusal

Humankind has witnessed epidemics and pandemics throughout its history. Keeping the definitional issues aside, the interpretations of diseases and their scales have been different from society to society. The fast spread of a disease to a great number of people in a society in a short duration of time is called an epidemic. When an epidemic occurs at a larger scale crossing the international territories and affects a greater section of the world population, it is termed a pandemic. A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. For instance, cancer is responsible for many deaths but is not considered a pandemic because the disease is neither infectious nor contagious (Dumar, 2009, p. 7).

All throughout human history, humankind has suffered from the diseases like smallpox, tuberculosis, plague, HIV/AIDS, SARS-CoV-2 and the current Covid 19. The pandemic, also called the Black Death, which occurred in fourteenth century is one of the deadliest of all the pandemics that claimed about 75 to 200 million lives in 14th century (Rosenwald, April 7, 2020). This was followed by some major pandemics like the American plague 1504-10, London plague 1665-66, Russian plague 1770-72, Flu Pandemic 1889-90, the Spanish Flu of 1918, The Asian Flu 1957-58, AIDS 1981 onwards, H1N1 Swine Flu 2009-10, West African Ebola Epidemic 2014-16 and the Zica Virus Epidemic from 2016 onwards (Live Science). Current pandemics include HIV/AIDS, SARS-CoV-2 and COVID-19.

The Management and Control

The spread of an epidemic, up to the point when officially established, faces the challenges of public panicking and state regulation and control that cause managerial issues and problems. The management of the diseases has varied from society to society due to different perceptions and social taboos. The basic strategies regarding the control of an outbreak are containment and mitigation. Containment may be undertaken in the early stages of the outbreak, including contact tracing and isolating infected individuals to stop the disease from spreading to the rest of the population, other public health interventions on infection control, and therapeutic countermeasures such as vaccinations which may be effective if available (Institute of Medicine Forum on Microbial Threats, 2007). When the containment measures don't prove enough, the next step is control and mitigation. Once the infectious disease threat reaches an epidemic or pandemic level, the goal of the response is to mitigate its impact and reduce its incidence, morbidity and mortality as well as disruptions to economic, political, and social systems. Control of a disease may lead to its elimination, which means that it is sufficiently controlled to prevent an epidemic from occurring in a defined geographical area. Elimination means that the disease is no longer considered as a major public health issue. However, intervention measures (surveillance and control) should continue to prevent its re-emergence (WHO, 2018). The containment and mitigations measures, however, go hand in hand.

WHO defines the COVID-19 and influenza viruses as similar in several ways. They have common problems like respiratory disease, which presents as a wide range of illnesses from asymptomatic or mild through to severe disease and death. The two are transmitted by contact, droplets and fomites. As a result, the same public health measures, such as hand hygiene and good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue), are important actions all can take to prevent infection. The speed of transmission, however, is an important point of difference between the two viruses. Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (the time between successive cases) than the COVID-19 virus. The serial interval for the COVID-19 virus is estimated to be 5-6 days, while for the influenza virus, the serial interval is 3 days, which means that influenza can spread faster than the COVID-19 (WHO, 2020).

In a flu pandemic, the control directions may include "personal preventive measures such as hand hygiene, wearing face-masks, and self-quarantine; community measures aimed at social distancing such as closing

schools and cancelling mass gatherings; community engagement to encourage acceptance and participation in such interventions; and environmental measures such as cleaning of surfaces (CDCP,2017). An important part of the management of the virus is to decrease the epidemic peak, which is called the "flattening of the epidemic curve". The measure helps in the reduction of the risk of health services being overwhelmed, and it also helps in getting more period for the development of the vaccine and score a breakthrough.

Seen from the political perspective, during the most chaotic months, the pandemic was handled quite well by some states while worst by others. The early shutdown, cancellation of interstate travels and movement, maintenance of social distancing, and various strategies were followed to check the sporadic spread. MoveHub's July 22, 2020 report reveals that Vietnam, Taiwan, Iceland, New Zealand and Singapore are the countries that performed best in handling Covid 19 against others. On the contrary the United States, Brazil, the United Kingdom, Mexico and Italy fared worst in controlling the virus. US President Donald Trump, British Prime Minister Boris Johnson, Brazilian President Jair Bolsonaro and Mexican President Andres Manuel López Obrador remained indifferent towards the virus and declined to impose close-downs, travel restrictions and social distancing measures and quarantine. Against Vietnam, Taiwan, Singapore, Iceland and New Zealand went for early closing of the borders, travel restrictions and large-scale testing. Rather than just 'flattening the curve', New Zealand followed a more aggressive 'disease elimination' strategy. Paradoxically states like Italy, the United States and the United Kingdom considered being best prepared for the pandemic, failed awfully and led the world Covid meter for a long time. Against Vietnam, Taiwan, and New Zealand performed much better, though comparatively poorly equipped.[2]

The pandemic brought to surface several inconveniences and coordination failures in federal governance. The impact of territorial politics is evident in several countries, such as the United States, Italy, Spain, Germany, India, Mexico, and Brazil. In these countries, the relations of conflict and cooperation between the national sphere and subnational levels of government have shaped recent public health policies against COVID-19 to a good extent. In some of these instances, successful federal solutions account for part of the achievements in countering the pandemic, as in the German case. In the US and Brazil, on the contrary, there were mistakes in the fight against COVID-19, particularly because of intergovernmental conflicts and incoordination (Abrucio, Grin, Franese, Segatto & Cuoto, 2020). In India, although the colonial act of Epidemic Control 1897 was in operation, it was instantly transformed in view of the new challenge.

Ethics, Applications and the Consequences

In the control mechanisms of the states the governmental decisiveness and ethics come into question. The ethics of saving the man too have complicated dimensions. If one believes in the ethics of outcome (utilitarianism), or aim to save the largest number of lives, one should focus on patients who have greater chances of therapeutic success. In contrast, if you believe in the ethics of morality (deontology), you should treat patients who are at risk, like elderly patients who are in serious conditions and in the current situation the latter (US, Italy and Spain) has been overlooked for the former (Global Health Newswire web,2007).

There is a fear too about the self-seeking acts from richer states in case some vaccine is developed as they can stock up on vaccines for the protection of their own citizens. They may be able to do so because there is no regulatory force that mandates countries that develop vaccines to share those vaccines with other countries. That is why Bill Gates argued recently for a worldwide approach to fighting the disease, and that the vaccine should be a "global public good" (UNLV). The pooling of finance by EU and WHO in this respect is a laudable endeavour. The Russian declaration of vaccine development and the different stages at which other states have reached is a critical process that involves money, politics and business, an unethical practice.

[2] The elimination strategy followed by New Zealand differs from the normal mitigation strategy. In the latter strategy, the response is increased gradually with the progress of the pandemic with introduction of interventions such as school closures and travel restrictions to 'flatten the curve.' "Elimination partly reverses the order by introducing strong measures at the start in an effort to prevent introduction and local transmission of an exotic pathogen such as COVID-19. This approach has a strong focus on border control, which is obviously easier to apply for island states. It also emphasises case isolation and quarantine of contacts to 'stamp out' chains of transmission. If these measures fail and there is evidence of community transmission, it then requires a major response (physical distancing, travel restrictions and potentially mass quarantines or 'lockdowns') to extinguish chains of transmission" (Michael G Baker, Amanda Kvalsvig, Ayesha J Verrall, Lucy Telfar-Barnard, Nick Wilson, "New Zealand's elimination strategy for the COVID-19 pandemic and what is required to make it work". New Zealand Medical Journal. Vol 133 No 1512: 3 April 2020).

The law application and the theories of economics associated with it have confounded the scenario a lot. If we take the transnational threats, the two courses of actions have been followed: decoupling and resilience. In the former, the onus is on government to increase aspects of islanding and isolation with the aim of decoupling from other countries and simplifying overly complex systems that are vulnerable to crises. In the latter, the onus is on populations who need early warning and resources to cope with preparing for and managing the burden of crises. The states are now gradually shifting to the latter, though its more complex and challenging (Canyon, 2020). A large depends upon how aware the citizenry is and how the communities behave. COVID-19 itself is a huge counterweight to imagined communities. It's a community-building experience that's unimagined and nonsymbolic. It has framed new lines of identities, the affected, the less affected, the protesters against the precautions and the followers, the free trade protagonists and the socialists, the environmentalists and the humanitarians and the states have suffered because of these internal counter-state processes (Thakur, 2020).

Among European states Germany has performed better than other counterparts. One important reason of its success is its better health facilities as it had 29.2 ICUs for a population of 100000 against just 12.5 in Italy, 11.6 in France, 9.1 in Iceland, 6.6 in UK, and 9.7 in Spain. The Indian situation is worse (with just 2.3 ICUs for 100000) knowing which government went for early lock down. The ICUs against the population of 100000 in USA and Brazil was 34.7 and 12.9 respectively which was above several other states that performed better owing to the factors like leadership and following of containment measures (Ma & Vervoort, 2020).

The Challenge

Dealing with Covid 19 has been a tedious, in fact the most challenging job the states are faced with today. This is quite interesting to note how some countries have performed better in dealing with the virus than others. Now since many states have peaked and controlled the situation it has become understandable why the stages and the processes of the spread of Covid 19 and its control are different from one state to another. Visibly a particular kind of state or government has not succeeded. Some democracies have performed well, but others have not, and the same is true for authoritarian systems too. The factors responsible for successful pandemic responses have been state capacity, social trust, and leadership. Countries with all three - a competent state apparatus, a government that citizens trust and listen to, and effective leaders—have performed impressively, limiting the damage they have suffered. Countries with dysfunctional states, polarised societies, or poor leadership have done badly, leaving their citizens and economies exposed and vulnerable (PR, 2020).

While the stringent state measures like lockdown and selective curfew like situations at hot spots and danger zones have resulted in desirable outcomes, the civilian liberties and the infringed circles of freedom and the peripheries of labour have decided to clash with the former. The jurisdictional circles of the states and individual preferences of the officeholders have also clashed over the implementation of the state policies and the pandemic control programmes resulting in myriad kinds of challenges to law-and-order situations. Federations like the United States, Canada, India, Brazil and Australia have undergone a new experience as the central and the unit governments have developed conflicting situations over the use of powers regarding pandemic control and regulation.

The role of state, its policy response and the response of the community posit some serious questions. Although, the Society is expected to be treated as a single unit for registering the response against the pandemic yet, there have been quite visible differences in responses in different states. Germany may have responded holistically, but the same is not true of the other states like US, Brazil, UK, France, Spain and India. In several states, the response has been divided where people of a particular community, profession or affiliation and politically opposed camps attempted at failing the state measures to discredit the governments terming their actions as autocratic. The virus hit states at different stages, but in the course of events, many states didn't learn from the experiences of the others (Thakur, 2021, pp. 49-50). While the British Premier Boris Johnson and Brazilian President Jair Bolsonaro chose to dub the virus as 'common

flu' or 'a little flu'[3] at the cost of thousands of lives and the situations they are failing to tackle, the leaders like Merkel, Narender Modi and the governments of Vietnam, Taiwan, New Zealand and Japan succeeded in controlling the pandemic by following strong containment and mitigation steps. The toll, however, has risen alarmingly in September-October 2020 for thickly populated states like India and Brazil from 1397 and 5717 on March 31, 2020 to 7494551 and 5224362 on October 17, 2020 respectively. Although India received its first case on January 30 (in the state of Kerala with a Wuhan return student) and Brazil on Feb. 25, 2020 yet the latter witnessed a sharp rise in the spread of the virus. US also received its first case on January 20, 2020 but on April 16, 2020 the total active cases rose to 678144 and 34641 deaths, numbers surprisingly high against India.

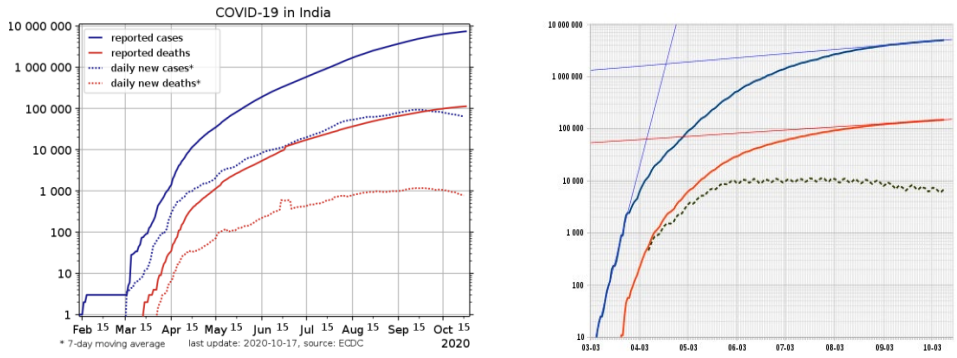
India and Brazil

TABLE 1: Cases on March 31, 2020 and October 17, 2020

Cases March 31, 2020	***Brazil***	***India***	**Cases October 17, 2020**	***Brazil***	***India***
Confirmed	**5717** **+25%**	1,397 **+12%**	Confirmed	**5,224,362** **+14,714** **+0.3%**	**7,494,551** **+41,908** **+0.6%**
Active	-	-	Active	**435,357** **+4,240** **+1%**	**783,278** **-8,543** **-1.1%**
Recovered	-	-	Recovered	**4,635,315** **+10,171** **+0.2%**	**6,597,209** **+49,784** **+0.8%**
Deaths	**201** **+26%**	**35** **+9.4%**	Deaths	**153,690** **+303** **+0.2%**	**114,064** **+667** **+0.6%**

Source: World Health Organization

FIGURE 1: Cases on March 31, 2020 and October 17, 2020



Source: World Health Organization

Brazil

The first case of Covid 19 was reported in Brazil on February 26, 2020. But as compared to other states, Brazil turned into the worst affected state in the world registering the highest growth in cases. Brazil witnessed a quick increase and by 19 June 2020, the country reported its 1 millionth case with nearly 49,000

[3] On March 24, 2020 Jair Bolsonaro said, "in my particular case, with my history as an athlete, if I were infected by the virus, I wouldn't need to worry... I wouldn't feel anything or, if very affected, it would be like a little flu or little cold and media created hysteria". https://indianexpress.com/article/world/fantasy-a-little-flu-brazils-jair-bolsonaro-faces-backlash-but-sticks-to-covid-19-denial/

deaths. Brazil had the highest number of Covid 19 confirmed cases by June 2020. It reported its 2 millionth case on July 17, 2020. By the month of May 2020 Latin America had turned into an epicentre of the Covid 19 pandemic. "Brazil emerged as the leading state ballooning caseload as the number of known infections in Europe fell. Six months after its first known case, Brazil has had at least 4.3 million cases—more than all of Europe — and over 133,000 deaths" (Andreoni, 2020). The shortage of proper medical facilities was one of the causes behind the high rate of deaths. Brazil had only 25,367 exclusive ICU beds for COVID cases (till August 20) for a population above 200 million.

There are 26 states in Brazil plus the Federal District, which contains the capital city, Brasília. The federal units of Brazil have many vulnerable communities, ethnic variances, a growing economy and a weak social protection system. Diversity itself is a challenge for uniform laws, be they are associated with health and hygiene. These issues and above all a reluctant irresponsible leadership made it difficult for the state and the municipal authorities to convince people to follow the social distancing measures and stay at home. The federal incoordination was not as acute in the past as it has been since President Bolsanaro's term. Since 2019, the level of confrontation has been escalating, and with the outbreak of the pandemic, it has only accelerated an already unfolding process. Given the complexity of the health phenomenon, the negative consequences of the Bolsonarist intergovernmental pattern are amplified (Broscheck, Petersohn, & Toubeau, 2017).

The factors behind the roller-coasting of the virus are many. The will of the government, the coordination among the federal institutions and cabinet and the state and municipal agencies, and the leadership ability clearly lacked in Brazil, resulting in a mammoth growth of numbers of infected persons. The fight against the ongoing pandemic has been affected by several factors. Among them are the implications of the intersections between political actors and the institutional dynamics of public policies. In this area, a recurring aspect of the epidemiological crisis is the dimension of territorial politics (Broscheck, Petersohn, & Toubeau, 2017), which affects federations and countries with federalized mechanisms (Baldi, 1999; Swenden, 2006).

Lockdown and social distancing as a preventive measure received opposition from the government on account of the economic crisis implied in such initiatives. "While Brazil's mayors and state governors implemented measures to restrict the movement of people and combat the coronavirus, Bolsonaro appeared to focus on political battles. He has already lost two health ministers who were physicians: one was fired, and the other resigned (Ponce, July 16, 2020). President Bolsonaro opposed all the proposals of suspension of inter-state movement, especially of the bus services and the shutting down of the business centers like multiplexes, malls and weekly outdoor markets. Bolsonaro even joined protesters demanding restrictions on movement introduced to stop the coronavirus be lifted (BBC, April 20, 2020). For his inaction, he continuously drew flak from the public and the state officials. Governor of Sao Paula Joao Doria criticised President Bolsonaro for his inability to handle the virus and taking responsibility for its control at a time when states had fared better in regulating the people's movement and maintaining social distancing. The fast spread of the virus led to agitations and protest marches. In mid-March, panelaços began to occur in major cities such as Rio and São Paulo, including protests in support of the president, and others calling for his resignation (BBC News, 2020).

Datafolha, a polling institute of Brazil after a survey conducted in April 2020 found that Brazilians are half split over the legitimacy of governance by Bolsonaro, who has lost public support since his election in 2018. It was found that 48% of people didn't want his impeachment but 45% of people wanted to see him impeached. The margin is negligible and the loss of support is primarily because of Bolsanaro's irresponsible behaviour over the management of the pandemic. Even an important minister of the Bosanaro cabinet, Mr. Sergio Moro resigned from government complaining against the presidential interference in the serious police investigations. A former judge, Moro has a strong anti-corruption record and is popular with the public. Datafolha also revealed that 52 % of people trusted Moro while only 20 % believed in Bolsonaro's refutation of Moro's charges. While Brazilians are split on Congress removing the president by impeachment, the number that believes Bolsonaro should resign has risen to 46% from 37% in the previous poll at the beginning of April. Those who were opposed to his resignation have decreased to 50% from 59%.

The economic fallout of the pandemic has been immense as the Brazilian economy is projected to shrink by 5% in 2020. The sustenance in power is not easy and President Bolsonaro is not willing to take onus for the most terrible economic crisis in the history of Brazil. His willingness to prefer economy against the public health appears to be more fundamental for his reelection, though unethical. The lack of coordination among the federal government, the states and federal district, the municipalities and also the absence of national legislation or ordinances in the wake of the crisis added to the problem. To lessen the severity of the crisis, an integrated, coordinated public health policy and economic action plan could have been followed by the government but, the failure to attain this plan had resulted in complete chaos. The Covid 19 peak flattened only after August-September 2020. "Twelve of the country's 26 states, and the capital, Brasilia, have seen cases decrease; another twelve have been stable. By mid-September, the daily death toll had dropped to approximately 800.shopping malls, restaurants and beaches started to draw crowds again. Tourist attractions reopened in several cities, though many announced they would postpone Carnival and other festivities that draw millions of visitors to Brazil every year (Andreoni,2020).

In order to meet the impact of the pandemic on the economy the Brazilian Minister of Economy, Paulo Guedes on March 26th 2020 announced the economic stimulus package of $150 billion. The funds included the loosening of the fiscal target above the previously forecasted deficit of US$ 24.8 billion; support for the most vulnerable population with anticipation of the 13th salary (US$ 9.2 billion) and salary allowance (US$ 2.5 billion), transfer of PIS / PASEP to FGTS (US$ 4.3 billion) and reinforcement of Bolsa Familia (US$ 620 million); relaxation of labour laws to maintain jobs; aid for informal and self-employed workers (US$ 8 billion); e) extension of payment of taxes, FGTS and contributions reduction (US$ 6 billion); financial support to states (US$ 17.5 billion); financial support to the airline industry; h) expansion of liquidity in the markets, with the release of US$ 40 billion in compulsory deposits; support from BNDES and public banks (BNDES: US$ 11 billion + Caixa: US$ 15 billion + Banco do Brazil: US$ 25 billion); support for small and medium-sized companies (US$ 8 billion) and postponement of readjustment of pharmaceuticals products (KPMG, 2020).

India

FIGURE 2: Daily Change Graph, From March 15 to October 24, 2020

After recording the first case of Covid 19 on January 30, 2020 the spread was comparatively slow and it was as late as on March 22, 2020 that India went for its first 14-hour voluntary public curfew as a demonstration to be followed regularly at the insistence of Prime Minister Narendra Modi. This was followed by placing the hotspots and major cities under compulsory lockdowns. On March 24th the world's largest countrywide lockdown was announced for 21 days. As a containment measure it was further extended for another 20 days on 14th April 2020. It was further extended twice for two weeks on 3rd and 17th May with substantial relaxations. The local movement and shopping hours were relaxed for more time. The process of unlocking began from 1st June when the government declared three phases of unlocking the country (barring containment zones). The progress of the virus and its spread In India has been an interesting point of study

as India's initial bold step of imposition of nationwide lockdown paid in keeping the cases well under control till May 1, 2020. However, with the gradual relaxing of the lockdown in order to revive the economic activity, and interstate movement the daily count increased and India registered the highest single day spike of positive cases on August 29 when it recorded 78761 new cases leaving behind the US record of 77368 cases on July 17. On September 17 India recorded the highest figure of 97894 single day cases from where the curve started flattening. India reported over 7.7 million cases of the COVID-19 as of October 23, 2020, with more than 6.9 million recoveries and about 117 thousand fatalities. The country has been reporting new cases of the virus every day since March 2, 2020. While the number of new cases has been growing, the recovery rate has been comparatively high and the death rate low. India's Ministry of Information and Broadcasting (I&B) claimed in July 2020 that India's fatality rate was among the lowest in the world at 2.41% and it was steadily declining. Only six cities of Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata counted for half of the cases. As of 10 September 2020, Lakshadweep was the only region which had not reported a single case (MIB; The Quint).

The imposition of nationwide lockdown without much delay was hugely appreciated by the United Nations and the World Health Organization (WHO). The Indian reply to the pandemic was hailed as 'comprehensive and robust', and the lockdown restrictions were termed as 'aggressive but vital' for containing the spread and building necessary healthcare infrastructure. Patricia Scotland, the Commonwealth Secretary-General, also observed, "The whole Commonwealth has been affected by the virus but India has made an immense effort to keep its people safe. India is the largest country in our Commonwealth. One of the things people are looking to India for is how PM Modi, the government and people of India have responded to the pandemic, controlled it and minimised it because it could have been so much worse" (Republicworld.com,2020). At the same time, the Oxford COVID-19 Government Response Tracker (OxCGRT) noted the government's swift and stringent actions, emergency policy-making, emergency investment in health care, fiscal stimulus, and investment in vaccine and drug R&D and gave India a score of 100 for the strict response. Also in March, Michael Ryan, chief executive director of the WHO's health emergencies programme noted that India had tremendous capacity to deal with the outbreak owing to its vast experience in eradicating smallpox and polio (The New Indian Express, 2020; TOI, 2020).

The initial Indian success was attributed to its following of the 'cluster-containment' strategy that focused on the early detection of cases. The state of Kerala, that witnessed the first case, flattened the curve via the creation of a contagion route map. Similarly, Odisha's susceptibility to natural disaster gave it an advantage in crisis preparedness (WEF Report, June 2020). According to Deep Knowledge Group (DKG) report in June, 2020 India was ranked 56th of 200 countries in COVID-19 safety assessment. Several observers have raised questions about the economic fallout arising out of the pandemic and preventive restrictions. The government and other agencies justified the lockdown for being preemptive to prevent India from entering a higher stage which could make handling very difficult, even out of control at a later stage.

China's economy registered a growth of 3.2 % in April-June after recording a decline of 6.8 % in January-March 2020, when it was more affected by the virus. The late arrival of the virus in India by January 30, 2020 affected the April-June quarter more in India. According to National Statistical Office (NSO) report (2020) by the April-June quarter 2020, Indian economy had contracted by 23.9 %. GDP at Constant (2011-12) Prices in Q1 of 2020-21 is estimated at Rs 26.90 lakh crore, as against Rs 35.35 lakh crore in Q1 of 2019-20, showing a contraction of 23.9 percent as compared to 5.2 percent growth in Q1 2019-20 (The Economic Times, 2020).

The manufacturing and the construction sectors were the worst affected areas. Agriculture stood out as the only exception while other sectors like manufacturing, construction and services, suffered steep declines. In the same quarter last year, India's economy had grown by 5.2 %. According to NSO, the gross value added (GVA) growth in the manufacturing sector contracted by 39.3 % in the first quarter of 2020-21, from 3 % expansion a year ago. Similarly, the construction sector GVA shrunk by a huge 50.3 % from 5.2 % expansion earlier. Mining output declined by 23.3 %, as against a growth of 4.7 % a year ago. Electricity, gas, water supply and other utility services segments too shrank by 7 % against 8.8 % growth a year ago. Similarly, trade, hotel, transport, communication and services related to broadcasting declined 47 % in the first quarter from 3.5 % growth earlier. Financial, real estate and professional services fell by 5.3 % in Q1 FY21 from 6 % growth in same period last fiscal. Public administration, defence and other services saw a decline

of 10.3 %, from 7.7 % growth a year earlier (TOI, August 31, 2020). However, farm sector GVA grew at 3.4 %, compared to 3 % in the corresponding period of 2019-20 (Deccan Chronicle, 2020).

The Federal Inconveniences and the Jurisdictional Overlapping

Except for the medical managerial dimension, the pandemic has brought into discussion some more issues like the jurisdictional overlapping, application of different state and national laws, the sphere of individual freedom, the question of the legitimacy of the use of force by state, the idea of containment, quarantine, zone-based categorizations and freezing of inter-state and intra-state movements based on the pandemic feedback and so on. In India Covid 19 brought two laws into operation simultaneously, The Epidemic Diseases Act 1897 and the Disaster Management Act 2005. This brought two defined acts to overlap in exercise theoretically and practice with cases of confrontations between the state governments and union government, however the purpose was to plug the further spread of the disease.

Because of the Bombay epidemic, the bubonic plague that usurped thousands of lives. The Epidemic Diseases Act 1897 was passed by the British Indian Government. The Act did not clarify the definitional point of an epidemic or a disease that can be identified or termed as an epidemic based on certain criteria. The law is meant for the containment of epidemics by providing special powers that are required for the implementation of containment measures to control the spread of the disease (Economic Times,2020). In the past also the Epidemic Diseases Act 1897[4] has been used quite frequently in times of emergency. It does not define the term and is used to control various diseases in India such as cholera, malaria, dengue and swine flu. Quite recently in 2018, the Act was enforced as cholera began to spread in a region of Gujarat. In 2015, it was used to deal with dengue and malaria in Chandigarh and in 2009 it was invoked in Pune to combat swine flu. Starting in March 2020, the act is being enforced across India in order to limit the spread of coronavirus disease 2019 during the COVID-19 pandemic in India (Mint, 2018).

However, the Covid 19 experience of India surfaced several new problems like civilian disorder, overcrowding on different occasions, flouting of the social distancing rules, assaults on medical teams, the deliberate derailing of the lockdown by political forces and overlooking of the law by religious leaders. In India medical teams and health workers have been assaulted by people calling Covid 19 measures as state autocracy. While the responses of different communities had patterned images the lockdown had its own side effects like freezing of the interstate migrants especially labourers, the generation of instant employment hiatus due to closing of economic activities, and the maintenance of law-and-order issues. Modi government announced a mega $265 billion stimulus package on May 12, 2020 to save the lockdown-battered economy. The package focuses on tax breaks for small businesses as well as incentives for domestic manufacturing. The combined package works out to roughly 10 % of the GDP, making it among the most substantial in the world after the financial packages announced by the United States, which is 13 % of its GDP, and by Japan, which is over 21 % of its GDP (The Economic Times, May 15, 2020). Modi government's 'Atmanirbhar' (self-dependent) stimulus package to reboot India's micro, small and medium enterprises (MSMEs) sector include $46 billion in collateral-free automatic loans to MSMEs aimed at providing additional working capital to existing customers of banks and NBFCs. The package of the manufacturing and agricultural sector has provided oxygen for the dormant life and activity as the unlocking is under process. Additionally, on July 2, 2020 World Bank announced a US $750 million budget support to 15 million MSMEs to increase liquidity access for viable small businesses impacted by COVID-19 (Wire, July 5, 2020). Many governments have been abandoning a public health strategy for the sake of the economy as it has become essential survive the declining GDPs.

[4] Section 2 of the Act authorises the state governments to take special measures and pass regulations to control spread of the disease. It was under this provision that several governments promulgated this act. Consequently, the Himachal Pradesh government has announced The Himachal Pradesh Epidemic Disease (COVID–19) Regulations, 2020, the Delhi government has announced The Delhi Epidemic Diseases COVID–19 Regulations, 2020, and the Government of Maharashtra has announced The Maharashtra COVID–19 Regulations, 2020. Section 3 of the Act makes it a criminal offence to disobey any regulation or order under the Act. This punishment is according to Section 188 of the Indian Penal Code, which provides for a fine of Rs 200 and simple imprisonment of one month for violating an order of a public servant. The penalty of Rs 1,000 and imprisonment of six months can also be imposed, depending on the impact of the disobedience. Section 4 gives protection under the law to officials and/or persons acting under the law. Section 2A empowers the central government to inspect ships or vessels leaving or arriving at any port in India and detain people if necessary.

The shortcomings of the EDA 1897 were recovered by the Disaster Management Act 2005 (DMA, 2005), which was enacted to control disasters at both Central and State levels. The DMA 2005 also defines a disaster under Section 2 as a "catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes". The Government of India on March 14, 2020, described Covid 19 as a 'notified disaster' and a "critical medical condition or pandemic situation" and invoked DMA 2005 on March 24, 2020, imposing a 21-day national lockdown. The Act enables the Centre and the States to enforce a lockdown and restrict public movement. It allows the Government to get access to the National Disaster Response Fund, the State Disaster Response Fund and the District Disaster Response Fund. It also has provisions for allocation of resources for prevention, mitigation, capacity building etc. Government further issued an ordinance to meet the instant problems arising from the situation.

The Government of India announced the promulgation of an ordinance, 'The Epidemic Diseases (Amendment) Ordinance 2020', to amend the act, adding provisions to punish those attacking doctors or health workers. The ordinance was announced on April 22, 2020. The ordinance allows for up to seven years of jail for attacking doctors or health workers (including ASHA workers). The offense will be cognizable and non-bailable among other things. In addition to this, such cases need to be investigated in a time-bound and must be resolved in 1 year. Also, the law specifies that the guilty will have to pay twice the market value of the damaged property as compensation for damaging the assets of health care staff including vehicles and clinics (EDO,2020). Hence the Indian government has been proactive in implementing the pandemic containment and mitigation measures unlike the Brazilian and US counterparts where the lack of political will and prioritizing of economic interest against public health.

Citizen Rights

While the legalists dispute the guaranteeing of health, food and shelter under a specific law, article 21 comes to the rescue of the case. During times of disasters and epidemics or pandemic-like situations, as we witness today, the question of individual security and health comes to the fore. "Article 21 of the Constitution which provides that no person shall be deprived of his life and liberty without procedure established by law, has been given a wide interpretation by the Supreme Court, which has broadened the definition of life to not just include "mere animal existence" but the right to live with human dignity which includes right to shelter in *Olga Tellis v. B.M.C. (1985 3 SCC 545*); *Chameli Singh 1996 2 SCC 549*); the right to livelihood in *PUDR (AIR 1982 SC 1473*); right to adequate health care in *Paschim Banga Khet Mazdoor Samiti (1996 4 SCC 37*); right to clean drinking water in *A. P. Pollution Control Board (2001 2 SCC 62)*; right to food, etc. Thus, it is not merely a moral or legal obligation of the State to look after the people but also the right of the people to demand and obtain these very essentials from the State (Desai, 2020).

During epidemical situations and natural disasters states have adopted various measures like containment, blockading of physical movement of man and vehicle, community vaccination, curfew etc. Lockdown has been one of the significant steps for preventing this epidemic to settle its foot in disintegration of the society. With the blend of numerous laws, regulations and orders, a nation-wide lockdown has been currently imposed to prevent the spread of the novel coronavirus. A blanket lockdown has been imposed on March 24, 2020 by Hon'ble Prime Minister throughout the nation by invoking Disaster Management Act, 2005 (hereafter, DM Act, 2005) *(*James, 2020). Many states had invoked lockdown under the DM Act, 2005 and many others under the Epidemic Diseases Act, 1897 (hereafter, ED Act, 1997) in order to check the breakdown and spread of the disease (Desai,2020). The points of friction are that while public order and public health fall under the jurisdictions of state governments as per Indian constitution but the Disaster management Act 2005 gives Central government overwhelming powers to direct the states and take necessary action during such events (Thakur, 2021, pp. 54-55).

This shows a friction in terms of handling a crisis consisting of Covid-19 because the Centre and States do no longer appear working in a synchronised manner. States have had to take a backseat in dealing with a public health emergency that, notwithstanding having countrywide ramifications, varies from region to location. The fragmented manner in which these felony provisions were invoked indicates ambiguity in how the Centre and States have interpreted their roles below the Constitution (Srivastava, March 22, 2020).

The Disaster Management Act, 2005 imposes duty on the states to follow all the directions provided under National Disaster Management Act as provided under Section 38 of DM Act, 2005. But the counter piece

which arises is Health & Policing falls within the subject matter of the State List and if the state is taking an efficient initiative to combat the epidemic, then why we are regarding DM Act as an absolute liberty of the State to combat COVID-19 by superseding state's schemes. If under the veil of DM Act, 2005 centre has an absolute power to exercise its functions without consultation and coordination with the states, so does the federalism truly exist? Our Constitution has gifted us with such a distinctive character i.e., federalism, the multi-governmental structure shall benefit the society by taking the advantage of such distinct character by ensuring coordination amongst centre-state relations so that the surfacing crisis at local & regional level can also be dealt cautiously with the coordination with the lower tier government.

Conclusion

Covid 19 pandemic has thus, placed countries into a critical managerial ordeal. The handling of the virus and the federal responses of containment and mitigation have varied. The roles of institutions and the leaderships and the community responses over the state measures have immensely influenced the control systems of the states. The state responses after the official establishment of the first cases have been different leading to initial lags in containment. In the moment of crisis, the response of several western states and Brazil was hesitant marked by 'executive underreach' but the Indian response was startlingly swift in imposing national lock down and containment and mitigation measures. 'The executive overtakes' helped curb the spread greatly in the initial phase of March to May 2020, though with the worst economic consequences, as Indian GDP according to World Bank, plunges by 9.6% in 2020-21.

The Brazilian President Jair Bolsonaro chose to call the virus as 'a little flu' to prefer economy at the cost of public safety. Since his joining of office, he has shown an authoritarian leadership style and forced on traditional family values, Judeo-Christian morals, and greater economic growth. During his regime the democratic institutions have weakened and their role, efficacy, and legitimacy challenged. The National Congress of Brazil, the Federal Supreme Court, and political parties have failed according to the expectations. The threads of racism lay bare as the black people appear to have lesser access to quality care. The factors behind Brazil's failure in successfully handling the pandemic are many. Besides the leadership efficacy and the will of the government, the coordination among the federal institutions and cabinet and the state and municipal agencies also lacked resulting in a mammoth growth in the positive cases. Therefore, the implications of the intersections between political actors and the institutional dynamics of public policies have seriously affected the Brazilian situation. The ethnic diversity expressed through political entities as federal units have turned into territorial politics and caused epidemiological crisis. Even after being tested positive Bolsonaro has failed to alter his policy decisions. Although by October the cases dropped significantly but Brazil faced the second wave spurt in November-December 2020 and needs more coordinated efforts, more testing, contact tracing, and mitigation steps. The onus is more on state governments and municipalities to prioritize life over economic activity which could be revived as the situation turns conducive. The second wave of the virus has struck in Britain and Brazil needs to prepare for it with more rationality.

Keeping in view the density and vastness of the population India has fared comparatively better than Brazil. Former Goldman Sachs chief economist Jim O'Neill who observed that 'thank God this didn't start in somewhere like India, because there is absolutely no way that the quality of Indian governance could move to react in the way that the Chinese have done' has been proved utterly wrong given how effectively and quickly India moved to contain the pandemic. It is very early to celebrate any success over the pandemic, but the fact that Indian efforts have been in the correct direction is borne out by relatively smaller number of cases and deaths despite a mammoth and concentrated population (Darswal, 2020). The federal inconveniences due to incoordination among federal and state governments (mostly ethnically diverse) in India and Brazil were dealt differently. The Central leadership under Prime Minister Modi went for early containment measures like national lockdown, cluster containment and necessary legislations like 'The Epidemic Diseases (Amendment) Ordinance 2020' to implement the anti-Covid 19 steps sternly. This also helped in checking the community violence, law and order problems, assaults on medical teams and the fast spread of the virus. The Indian government has been proactive in implementing the pandemic containment and mitigation measures and ethically stood with 'human life first principle' that has kept the mortality rate quite low till January 30 2021. One more reason attributed to Indian success is the fact that India has been continuously engaged with natural disasters that has helped it develop better response system with the availability of thousands of health and other grass roots workers who could be mobilised

swiftly. The long experience and the efficient leadership to deal with the unique ground situations is the strength of Indian system of governance. Bill Gates also remarked this as a reason behind the less preparedness of the west to fight a sudden threat. In grievous situations like this, the leadership, therefore, has to play a crucial role and the federal hindrances have to be overrun by fresh legislations and ordinances in the interest of public health. A cooperative federalism where states and federal governments both utilise their powers in a coordinated fashion is the need of the hour.

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