

17

**COMMITTEE
ON EXTERNAL AFFAIRS
(2022-23)**

SEVENTEENTH LOK SABHA

MINISTRY OF EXTERNAL AFFAIRS

[Action Taken by the Government on the Observations/Recommendations contained in the Thirteenth Report of the Committee on External Affairs on the subject 'Covid-19 Pandemic: Global Response, India's Contributions and the Way Forward']

SEVENTEENTH REPORT



**LOK SABHA SECRETARIAT
NEW DELHI**

DECEMBER, 2022 /Agrahayana, 1944 (Saka)



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(2022-23)

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Presented to Lok Sabha on 15.12.2022
Laid on the Table of Rajya Sabha on 15.12.2022



LOK SABHA SECRETARIAT
NEW DELHI

DECEMBER, 2022 /Agrahayana, 1944 (Saka)

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COMPOSITION OF THE COMMITTEE ON EXTERNAL AFFAIRS (2022-23)

Shri P.P. Chaudhary, Chairperson

Lok Sabha

2. Smt. Harsimrat Kaur Badal
3. Shri Abhishek Banerjee
4. Shri Kalyan Banerjee
5. Shri E. T. Mohammed Basheer
6. Shri Dileshwar Kamait
7. Smt. Preneet Kaur
8. Smt. Goddeti Madhavi
9. Smt. Poonam Pramod Mahajan
10. Shri Srinivas Reddy Manne
11. Shri P. C. Mohan
12. Smt. Queen Oja
13. Shri Ritesh Pandey
14. Dr. K. C. Patel
15. Shri N.K. Premachandran
16. Smt. Navneet Ravi Rana
17. Shri Soyam Bapu Rao
18. Shri Vishnu Datt Sharma
19. Shri Rebati Tripura
20. Dr. Harsh Vardhan
21. *Vacant*

Rajya Sabha

22. Smt. Jaya Bachchan
23. Smt. Misha Bharti
24. Shri Anil Desai
25. Shri Ranjan Gogoi
26. Shri Deepender Singh Hooda
27. Shri Prakash Javadekar
28. Dr. Wanweiroy Kharlukhi
29. Dr. Ashok Kumar Mittal
30. Shri Kapil Sibal
31. Shri Abdul Wahab

Secretariat

- | | | | |
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| 1. | Dr. Ram Raj Rai | — | Joint Secretary |
| 2. | Smt. Reena Gopalakrishnan | — | Director |
| 3. | Ms. K. Muanniang Tunglut | - | Deputy Secretary |

INTRODUCTION

I, the Chairperson, Committee on External Affairs (2022-23) having been authorized by the Committee to submit the Report on their behalf, present this Seventeenth Report (17th Lok Sabha) on action taken by the Government on the Observations/Recommendations contained in the Thirteenth Report of the Committee on the subject 'Covid-19 Pandemic: Global Response, India's Contribution and the Way Forward'.

2. The Thirteenth Report was presented to the Lok Sabha and laid on the Table of Rajya Sabha on 24 March, 2022. The Action Taken Replies of the Government on all the Observations/Recommendations contained in the Report were received on 15 July, (English Version) and 26 September, 2022 (Hindi Version).

3. The Committee considered and adopted this Action Taken Report at their Sitting held on 12 December, 2022. The Minutes of the Sitting of the Committee has been given at Appendix-I to the Report.

4. An analysis of the action taken by the Government on the Observations/Recommendations contained in the Thirteenth Report of the Committee on External Affairs is given at Appendix-II.

NEW DELHI
12 December, 2022
21 Agrahayana, 1944 (Saka)

P.P. CHAUDHARY,
Chairperson,
Committee on External Affairs

CHAPTER-I

REPORT

This Report of the Committee on External Affairs deals with the action taken by the Government on the observations/recommendations contained in their Thirteenth Report (Seventeenth Lok Sabha) on the subject 'Covid-19 Pandemic: Global Response, India's Contribution and the Way Forward' which was presented to Lok Sabha and laid on the Table of Rajya Sabha on 24 March 2022.

2. The Action Taken Notes have been received from the Ministry of External Affairs on all the 22 observations/recommendations contained in the Report. These have been categorized as follows: -

(i) Observations/Recommendations which have been accepted by the Government:-

Recommendation Nos. 1,2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 15, 16, 17, 18, 19, 20, 21 and 22

**Total – 20
Chapter - II**

(ii) Observations/Recommendations which the Committee do not desire to pursue in view of the replies of the Government:-

**Total - NIL
Chapter - III**

(iii) Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and require reiteration:-

Recommendation Nos. 12 and 14

**Total – 02
Chapter - IV**

(iv) Observations/Recommendations in respect of which final replies of the Government are still awaited:-

**Total – NIL
Chapter – V**

3. **The Committee desire that final replies to the comments contained in Chapter-I of this Report may be furnished to the Committee within three months of the presentation of this Report.**

4. The Committee will now deal with the action taken by the Government on some of their observations/recommendations that require reiteration or merit comments.

NATIONAL ACTION PLAN FOR ENSURING AVAILABILITY OF MEDICAL EQUIPMENT

(Recommendation No. 5)

5. The Committee in their Report had recommended/observed as under:-

‘The Committee note that in the initial phase of the pandemic, there was a significant shortage of many equipment such as PPE kits, N95 masks, goggles, ventilators which were essential to fight against COVID-19 and these items were imported with the swift intervention of Ministry of External Affairs. Even during the peak of second wave the scarcity of ventilators was felt. The Committee appreciate the commendable job done by the Central Government in providing significant regular logistic support to the States, UTs and Central Government Institutions in the aftermath of COVID-19 outbreak in the Country as per requirement. The Committee with satisfaction note that within a very short span of time, country’s manufacturing capability has been scaled up and India after achieving self-reliance in this area has now become an exporter from a importer of most of these equipment items. The Committee, therefore, desire that a national action plan should be prepared to ensure sustainability and self-reliance in the indigenous production of medical items such as lab testing kits and ventilators so that even under extreme conditions in future, no shortage of these equipment is felt.

The Committee also acknowledge the remarkable efforts made by the civil aviation sector in terms of supply of medicines and testing kits, other equipment, samples and the reagents to deal with COVID-19 in all the States and UTs through their special initiative “Lifeline UDAN” at a time when all modes of transportation such as trains, trucks and flights were stopped due to imposition of unprecedented lockdown across the country. There is no gainsaying the fact that private air operators chipped in service to the nation at the time of need and participated as a part of “Lifeline UDAN” operations at nil costs to the exchequer. The Committee desire that a suitable recognition be accorded all operators in Civil Aviation Sector for their commendable good Samaritan efforts. The Committee also desire that the lessons learnt by the civil

aviation sector while fulfilling the essential needs of the nation during the hardest of times caused by the worst pandemic the world witnessed, should be appropriately utilized in preparing a ready to act plan so that in any such national emergencies in future no shortage of medicines, equipment or reagents is felt in any situation.'

6. The Ministry, in its Action Taken Reply, has stated as under:-

“As the issues required concerted actions to be taken by various departments/agencies in tandem, the government had constituted various Empowered Groups, including one for ensuring availability of medical equipment under the convenorship of Secretary, DPIIT and having senior level members from various departments including Department of Health & Family Welfare, Department to Health Research, DRDO, Department of Pharmaceuticals, Department of Textiles, Ministry of External Affairs, Ministry of Civil Aviation, amongst others. The Group coordinated the efforts of different Ministries/Departments concerned for ensuring medical equipment for effective management of COVID pandemic.

Tool Rooms & Technical Institutions functioning under Ministry of MSME have mandate to provide technological support to MSMEs. However, for fight against COVID-19 Pandemic, Tool Rooms & Technical Institutions have developed, manufactured various components/ products such as Sanitizers, Masks, Parts of PPE Kit, Corona testing kit, Box to sanitize office files and other articles using UV lights, accurate infrared thermometer, non-contact dispensers, pulse Oxy-meter, prototype of Oxygen Generator, prototype of Non Invasive Continuous Positive Airway Pressure (CPAP) type Ventilator etc. Most of these items were supplied to various Central /State Government Offices, Banks, PSUs and Industries. Few items like Non-Invasive CPAP type Ventilator, Automatic Hand Sanitizer Dispenser Machine, UV light based Sanitization Channel for material, Automatic sanitization channel etc. have been shared with MSMEs/Industries for domestic/indigenous production and marketing. These Tool Rooms & Technical Institutions are continuously supporting to MSMEs / Industries as per need for the said items.

Further, Ministry of MSME is in the process of formulating a MSME policy to stimulate efficiency and productivity of MSME sector to generate income, employment and become part of domestic and global value chains taking into account structural transformation, competitive edge, demographic dividend and regional balance.

As per the announcement made under the 'Atmanirbhar Bharat Package', following schemes were introduced for MSMEs / Business and are being implemented as per changes made by the Government from time-to-time.

- (i) Guarantee Emergency Credit Line (GECL) / Emergency Credit Line Guarantee scheme (ECLGS).
- (ii) Credit Guarantee Scheme for Subordinate Debt (CGSSD) for MSMEs.
- (iii) Self-Reliant India -Fund (SRI-Fund).

Further, under SRI-Fund efforts are being made to collaborate with investors as per scheme guidelines.

During the COVID-19 pandemic, Ministry of Civil Aviation launched Lifeline UDAN to handle the difficult situation on March 26 2020. It was an initiative to ensure a steady supply of essentials as well as medical supplies, PPEs (Personal Protective Equipment), test kits etc. to the remotest parts of the country. For this purpose, the Ministry facilitated establishing Lifeline UDAN mechanism to match the requirements/consignments of States /UTs/MoHFW (HLL & ICMR)/other Ministries with special flight plans.

588 flights were operated under Life Line UDAN operations by Air India, Alliance Air, Pawan Hans Limited and private airlines till 28th May, 2020. 317 of these flights were operated by Air India and Alliance Air. Private operators like Blue Dart, Indigo and Vistara also carried Government cargo on free of cost basis.

Approximately 1000 tonnes of cargo was transported by the Life Line UDAN flights and the aerial distance covered was 5,45,000 Kms. The tonnage may not appear to be significant but it may be seen that the cargo was mostly PPEs, medicines, test kits and medical machinery which was voluminous and therefore is not a true reflection of the tonnage carried. The focus of the Lifeline Udan was on North Eastern region, the Island and the hilly terrains. Lifeline Udan flights ensured quick movement of medical supplies, medical teams, setting up of COVID labs and RT-PCR machines across the country. Lifeline Udan flights were also used to fly specialists, chemicals and equipments to Vishakapatnam after gas leak tragedy.

For the emergency requirement of transportation of medical & other essential supplies for COVID-19 Operations, a Contingency Expenditure Plan for excess expenditure upto a total amount of Rs. 30 crores to be

booked under the head Professional Services against BE of Rs. 1.50 crore, was prepared and submitted to Department of Expenditure . An amount of Rs. 18.95 crore has been released to Air India Ltd., Alliance Air, Air India Airport Services Limited and Pawan Hans Ltd. The Ministry of Finance (Department of Expenditure) has been requested to grant post facto approval for the expenditure of Rs. 18.95 crore and to include the same in the 1st batch of supplementary Demands for Grants (2020-21) in pursuance of Ministry of Finance (Department of Expenditure) O.M. No. F6/18/2019-PPD dated 27/03/2020. Accordingly, the Ministry vide O.M. No. G-24017/1/2020-F.I.-MoCA dated 26.06.2020 has requested the Budget Division DEA, MoF, for allocation of Rs. 19.34 Crore over and above the sanctioned BE 2020-21 in the 1st batch of supplementary Demands for Grants (2020-21)”.

7. The Committee note that the Government had constituted an Empowered Group comprising of various Ministries/Departments which had successfully coordinated the efforts of the Ministries/Departments concerned for ensuring availability of medical equipment and effective management of the Covid-19 Pandemic. They also note that with continuous support of Tool Rooms and Technical Institutions functioning under Ministry of MSME, the country could achieve self-reliance in the area of development and manufacturing all the components/products including sanitizers, ventilators, safety testing units and other related materials. Further, the Ministry of Micro, Small and Medium Enterprises is in the process of formulating a MSME policy to stimulate efficiency and productivity of the MSME sector. The Committee, therefore, reiterate that the Government at this stage should prepare a national action plan to ensure sustainable and self-reliance in the indigenous production of all such medical items so that no shortage of any such item is felt even under any extreme condition in future.

The Committee appreciate the initiatives taken by the Government under Lifeline UDAN mechanism under which even the private operators like Blue Dart, Indigo and Vistara also carried Government cargo free of costs in all parts of the country. Therefore, in view of lessons learnt through execution of a successful mission under extreme conditions, the Committee expect that the Government should come out with a ready to act plan to rule out any shortage of medicines, equipment or reagents during National health emergency.

CREATION OF NATIONAL DATABASE OF MIGRANT WORKERS AND IMPLEMENTATION OF ‘ONE NATION ONE RATION CARD’

(Recommendation No. 12)

8. The Committee in their Report had recommended/observed as under:-

‘The Committee note that under the Pradhan Mantri Garib Kalyan Yojana, the Government paid the mandated 24 per cent contribution in PF accounts, i.e 12 per cent for the employees and 12 per cent for the employers, particularly for the companies whose strength is upto 100 and where 90 per cent of the employees earn Rs. 15,000. While appreciating this initiative, the Committee are of the opinion that it should have been made applicable to those establishments having more than 100 employees also. The Committee also feel that the welfare measures during Pandemic faced difficulties due to lack of definition of Inter-State Migrant Worker in the Draft Labour Code on Occupational Safety and Health, a National Database on Workers for the registration of workers and implementation of ‘One Nation One Ration Card’ addressing the issues of exodus of migrant workers. Hence, the Committee desire that the Government must ensure the implementation of these important interventions in the country so that the affected population may not face any difficulty in getting the help of Government in case of any such eventuality in future.’

9. The Ministry, in its Action Taken Reply, has stated as under:-

“The Ministry of Finance had announced a set of Pro-poor initiatives under Pradhan Mantri Garib Kalyan Yojana (PMGKY) as part of the

Economic Response to COVID-19 during the first phase of lockdown. That was aimed at ameliorating the hardships faced by poor due to economic disruption caused by Corona Virus.

One of the measures announced in respect of the Ministry of Labour and Employment as part of Pradhan Mantri Garib Kalyan Package, is as under:

“DBT Cash Transfers – Organised Sector”

(i) Wage-earners below Rs.15,000 per month in businesses having up to 100 workers are at risk of losing their employment; and

(ii) The Government of India will contribute both 12% employees share and 12% Employers Share under Employees’ Provident Fund (EPF), totaling 24% for the next three months for all the establishments with up to 100 employees with 90% of such employees earning less than Rs.15,000 monthly wage.

Accordingly, Government of India contributed both 12% employers’ share and 12% employees’ share under Employees’ Provident Fund (EPF), totaling 24% for the wages months of March, April and May, 2020 for all the establishments having up to 100 employees with 90% of such employees earning less than Rs.15,000 monthly wage.

Due to prolonged lockdown, the assistance under PMGKY was extended by another 3 months viz. for the wage months of June, July, and August, 2020 in order to provide liquidity relief to establishments as it was felt that businesses continued to face financial crisis as they got back to work.

The Aatmanirbhar Bharat Rozgar Yojana (**ABRY**) was launched in October 2020 to incentivize employment generation in Employees’ Provident Fund Organisation (EPFO) registered establishments during Covid recovery phase by payment of both employees & employer’s contributions (24% of wages) in Establishments employing up to 1000 employees & only employee’s EPF contributions (12% of wages) in establishments employing more than 1000 employees in r/o new employees for 24 wage months from the date of registration of new employees.

Further, the rate of Employees’ Provident Fund (EPF) contributions was reduced from 12% to 10% of wages for 3 months (May, 2020 to July, 2020) to provide more take home salary to employees and relief to employers of all establishments other than Central Public Sector Enterprises and State Public

Sector Enterprises and other establishments owned by, or under the control of the Central Government or the State Government and those covered under PMGKY.

2. The Code on Occupational Safety, Health and Working Conditions, 2020, passed by the Parliament in 2020, defines the 'inter-State migrant worker' in Section 2.(1)(zf) as follows:-

"inter-State migrant worker" means a person who is employed in an establishment and who— (i) has been recruited directly by the employer or indirectly through contractor in one State for employment in such establishment situated in another State; or (ii) has come on his own from one State and obtained employment in an establishment of another State (hereinafter called destination State) or has subsequently changed the establishment within the destination State, under an agreement or other arrangement for such employment and draws wages not exceeding the amount of rupees eighteen thousand per month or such higher amount as may be notified by the Central Government from time to time;"

3. e-Shram Portal- For the first-time ever, an online portal has been launched on August 26, 2021 for creating a national database for 38 crore unorganised sector workers, which is seeded with Aadhar. Any unorganised sector worker who is aged between 16 to 59 years can self-register or register through common service center. Collection of data will help evidence-based policy making and statistics-led implementation of programmes for provision of Social security benefits like insurance, pension, medical benefits etc. to unorganised sector workers As of now, 27.32 crore e-shram cards have been issued”.

10. The Committee feel that the Government have tried to resolve the issue of payment of 24% contribution in PF accounts in the establishments having up to 1000 employees which was earlier up to 100 employees only and also a 12% contribution in establishments employing more than 1000 employees with some conditions. Similarly, the definition of inter-state migrant workers incorporated in the Code of Occupational Safety, Health and Working Conditions, 2020 has also clarified the

confusion in this regard. The Committee had also recommended for creation of a National database of workers and implementation of 'One Nation One Ration Card' to address the issue of exodus of migrant workers. The Committee, are, however, constrained to point out that though the Ministry has informed about the launching of portal for creating a national database for 38 crore unorganized sector, however, it has remained silent on the creation of a national database of migrant workers and effective implementation of 'One Nation One Ration Card' for them in collaboration with all the Ministries/Departments concerned as well as other stakeholders without further delay. Since the Committee are concerned about the ground-level ineffectiveness of the implementation of 'One Nation One Ration Card' scheme among the migrant workers due to their lack of financial literacy and lack of awareness about various schemes, the Committee, reiterate their earlier recommendation and desire an early action taken reply on the issue of creation of a national database of migrant workers and implementation of 'One Nation One Ration Card' scheme as it is the life saver for migrant workers even in the post Covid times.

HYBRID LEARNING SYSTEM AND DIGITAL EDUCATIONAL INITIATIVES

(Recommendation No. 14)

11. The Committee in their Report had recommended/observed as under:-

‘The Committee observe that due to prolonged closure of schools and higher educational institutions to contain the spread of virus in the country, the education sector has been seriously impacted and has witnessed unprecedented transformation in classroom system. The Committee are happy to learn that during such difficult times, the Government has enhanced the scope of open online courses under the Study Webs of Active-Learning for Young Aspiring Minds (SWAYAM) courses from 20 per cent to 40 per cent and providing the content through educational channels of DD wherever the access of online content was difficult, Through the National Initiative for

School Heads' and Teachers' Holistic Advancements (NISHTHA), thousands of teachers were trained to use technology to get acquainted with online resources and to provide these resources to students. The Classroom activities and Board exams have been avoided keeping the safety of students in mind. However, on the other hand, the Committee observe that the education sector has been facing several challenges like digital divide, availability of devices and connectivity due to which a significant number of students could not continue their studies. Now, the gradual opening of schools in most of the States has taken place with strict precautions. The Committee, however, would like to suggest that schools / colleges should be opened in phases and at least for six months a hybrid system of online as well as offline classes should be organized so that students/parents have an option to attend in either mode. Moreover, directions should be issued that due to exposure of children, if the number of cases rise then they should immediately shift to the online system. The Committee, also, strongly recommend that the Government should initiate a comprehensive survey on impact of digital divide and chalk out an institutional mechanism to address the issue of digital divide with a view to ensure that those without online learning devices also get access of free and compulsory education which is a fundamental right enshrined in the Constitution. For this purpose only DD should not remain, the mode of dissemination but all private channels should also be roped in this national effort. The Committee further note that lakhs of students go abroad to study and in many countries the universities / colleges have opened. The Committee, therefore, desire that MEA/Department of Education should facilitate the students to enable to join their institutions abroad in an appropriate way. Thousands of foreigners also come to India for education every year. The Committee desire that the Government should bring more awareness in other countries about our digital educational initiatives so that in this period of pandemic, foreign students are attracted to India's online courses in more number.'

12. The Ministry, in its Action Taken Reply, has stated as under:-

“About 1.3 million Indian students are pursuing undergraduate, post graduate, post doctoral studies in various courses such as Medical, Engineering, IT, Media, Management, Humanities etc. across the world. A number of steps have been taken by the Ministry and the Missions/Posts abroad to help the students during the Pandemic.

Following the Covid-19 Pandemic, Vande Bharat Mission (VBM) was launched by the Government on 7 May 2020 to, inter alia, repatriate stranded

and distressed Indian students studying in foreign universities in various parts of the world due to the COVID-19 pandemic. The Government also finalized air bubble arrangements with 37 countries to provide point to point connectivity to the passengers including students. As on 21 March 2022, around 3.09 crore passengers (in-bound and out-bound) have been facilitated in the flights operated under the VBM and Air Bubble Arrangements. Further, The Government through Indian Missions and Posts abroad assisted distressed and stranded Indian students by using the Indian Community Welfare Fund (ICWF) for provisions of food, medical supplies, etc. Through the efforts of The Ministry of External Affairs, the international travel restrictions for Indian students enrolled in foreign universities is being relaxed. As on this date, Indian students vaccinated with Made-in-India vaccines can travel to 120 countries. Students have been resuming normal curriculum in most countries except a few. MEA is working actively with the respective Governments to enable resumption of studies for all Indian students”.

13. The Committee had observed that during Covid-19 pandemic, classroom activities of the schools, colleges and universities were avoided and classes were shifted to online system mode. However, the education sector faced several challenges like digital divide, availability of devices and connectivity due to which several students faced difficulties and could not continue studies. The Committee, therefore, reiterate that such mechanism should be chalked out to bridge the digital divide and keep us ready for handling any such situation in future and disseminate online learning through private channels besides the DD channel. The Committee have also not received a satisfactory response of MEA/Department of Education about the steps taken to facilitate the students to join back their institutions abroad and bring more awareness in other countries about our digital educational initiatives. The Committee are aware that many Indian students pursuing medical and other professional courses are still unable to return back to complete their courses. The Committee are deeply concerned about the fate of such students and urge the

Ministry to pursue the respective countries through Head of Missions and Head of State levels. They would like to be informed about the outcome of the efforts made by MEA to enable resumption of studies for all Indian students in various countries and also about bringing more awareness in other countries about India's digital educational initiatives.

OUTREACH PROGRAMME OF ASEEM AND SKILL TRAINING FOR WORKERS IN HEALTH CARE SECTOR

(Recommendation No. 17)

14. The Committee in their Report had recommended/observed as under:-

‘The Committee observe that with the spread of the COVID-19 Pandemic in various countries, especially, the Gulf and the European countries, the economic activities in these countries were reduced drastically on account of closure of factories, business establishments etc. leading to job loss of a large number of Indian migrant workers. To this effect, the skilled Workers Arrival Database for Employment Support (SWADES) and the Atmanirbhar Skilled Employee-Employer Mapping (ASEEM) were launched jointly by the Ministries of Skill Development and Entrepreneurship, External Affairs and Civil Aviation with the aim of consolidating a database of the skilled workforce returning to the country under the Vande Bharat Mission (VBM) and facilitating employment opportunities for those registering on ASEEM portal. The Committee note that through ASEEM, a massive outreach programme with all the employers including private sector in the country was conducted to encourage them to use ASEEM portal for hiring all kinds of candidates for job in their establishments. The top sectors in which people are registering themselves are construction, oil and gas, tourism, hospitality, automotive, IT and IT e-services. The Committee observe that so far, a very small number of returnees could get jobs under the ASEEM system and hence feel the need of a review and more comprehensive intervention in the outreach programme of ASEEM. The Committee further note that India International Skill Centres facilitate thousands of trained citizens under its ambit to get job in Gulf countries as well as Canada and Italy every year. Although there have been massive impact on certain sectors internationally, yet the Committee think that there is an opportunity before the country to

use it in its favour. For example, as per the Global Skill Gap Study, there is a potential for mobilizing skilled Indian healthcare workers to fulfill the global demand that stands approximately, 2,00,000 up to 2022 in 12 countries which include: Australia, Canada, Germany, Japan, Sweden, United Kingdom, United States of America, Switzerland, New Zealand, Qatar, Kingdom of Saudi Arabia and Singapore. The Committee, therefore, strongly recommend the Ministry of External Affairs in coordination with the Ministry of Skill Development and Entrepreneurship should make sincere efforts to mobilize and train the Indian healthcare workers to improve their skills as per global demand of healthcare workers so that they can get employment in these 12 countries. Similar initiatives are also required to be taken urgently in similar other areas requiring human resources.’

15. The Ministry, in its Action Taken Reply, has stated as under:-

“Government of India launched the SWADES (Skilled Workers Arrival Database for Employment Support) initiative for citizens returning under the Vande Bharat Mission (VBM) at the beginning of the pandemic.

SWADES is a joint initiative of the Ministry of Skill Development & Entrepreneurship, the Ministry of Civil Aviation, and the Ministry of External Affairs which aims to create a database of returning citizens based on their skill sets and experience. The returning citizens are required to fill an online SWADES Skills Card at <http://www.nsdcindia.org/swades/>.

A call center/SMS outreach was also conducted for citizens who arrived in India and did not complete SWADES registration.

The information collected via the skills card was used to facilitate placement opportunities by integrating with Skill India’s ASEEM (Aatmanirbhar Skilled Employee Employer Mapping) portal.

As on 28th February 2022, more than 33,957 candidates have registered for SWADES Skill Card.

- **Top Countries** – UAE, Oman, Qatar, Saudi Arabia, Kuwait (77%)
- **Top Sectors** – Construction, Oil & Gas, Tourism & Hospitality, Automotive, Management, Entrepreneurship & Professional (52%)
- **Top Receiving Indian States** – Kerala, Tamil Nadu, Maharashtra, Uttar

Pradesh, Karnataka (72%)

NSDC is facilitating placement opportunities for candidates who have shared data on SWADES Skills Card through ASEEM (Aatmanirbhar Skilled Employee Employer Mapping) portal by connecting candidates with the companies in the country. Job connect has been established with 7,495 candidates by employers registered on ASEEM. NSDC International and **Apollo Medskills** have signed an MoU to explore employment opportunities in **healthcare sector, life science and wellness industries** across Europe (mainly into United Kingdom and Germany), Middle East, Japan and Canada.

Currently, Ministry of External Affairs provides Pre-Departure Orientation Training (PDOT) aimed at enhancing soft skills of Indian migrant workers largely going to the Gulf region and Malaysia in terms of culture, language, tradition and local rules and regulations of the destination country, to sensitize migrant workers about pathways to safe and legal migration and various government programmes for their welfare and protection.

As on 28th February 2022, 1,12,212/- migrant workers have undergone PDO Training. Shri V. Murleedharan, Minister of State for External Affairs addressed the special event on reaching of land mark figure of one lakh participants. In a certification handing over programme, MOS handed over a participation certificate to 100000th participant virtually. During this special event, MOS has also launched PDOT portal <http://pdot.mea.gov.in>.

The Ministry also launched the first online Pre-departure Orientation Training (PDOT) Programme on 7 April 2021 with an objective to provide pre-departure orientation training to prospective migrants who are not in a position to attend the training in-person.

PDO Manuals for Master Trainers have been developed in 7 different languages viz. Bengali, English, Hindi, Malayalam, Punjabi, Tamil and Telugu. Similarly, Handbooks for migrant workers have also been developed in eight languages i.e. Hindi, English, Bangla, Malayalam, Tamil, Telugu, Punjabi and Urdu. Presently, these handbooks are distributed to prospective migrant workers attending One Day PDO Training at 31 PDOT centres.

The Awareness Generation and Training of Trainers (TOT) Workshops were organized by the Ministry in collaboration with India Centre for Migration (ICM) and State Governments aimed at generating awareness and to sensitize participants about the benefits of safe, orderly and regular migration and welfare and protection measures of the Ministry for the migrant workers. Awareness Generation and Training of Trainers (TOT) Workshops

have been conducted in nine States i.e. Andhra Pradesh, Bihar, Kerala, Rajasthan, Punjab, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal in coordination with the concerned Departments of the State Government.

E-books of PDO Manuals for Master Trainers and Handbooks for emigrant workers with a standardized content have been developed in Hindi, English, Bangla, Malayalam, Punjabi, Tamil and Telugu languages under the aegis of India Centre for Migration (ICM). These E-books have been uploaded on e-Migrate website for wider public dissemination”.

16. Observing that a very small number of returnees could get jobs under the ASEEM system so far, the Committee had felt the need of a review and more comprehensive interventions in the outreach programme of ASEEM. Moreover, the Committee had strongly recommended that the Ministry of External Affairs, in coordination with the Ministry of Skill Development and Entrepreneurship, should make sincere efforts to mobilize and train the Indian healthcare workers to improve their skills as per global demand of healthcare workers. The Ministry has stated that a call center/SMS outreach was conducted for citizens who arrived in India and yet, did not complete SWADES registration. As on 28 February 2022, more than 33,957 candidates have registered for SWADES Skill Card while job connect has been established with only 7495 candidates by employers registered on ASEEM. It has further been informed that NSDC International and Apollo Medskills have signed an MoU to explore employment opportunities in healthcare sector, life science and wellness industries across Europe (mainly in United Kingdom and Germany), Middle East, Japan and Canada. Besides, Pre-Departure Orientation Training has been provided to Indian migrant workers to enhance their soft skills. The Committee appreciate the efforts made by the Government but feel that a lot remains to be done keeping in view the fact that about 7,16,662 workers have

returned from the Gulf countries due to the Covid-19 Pandemic and job connect has been established with only 7495 candidates. The Committee desire that with the gradual ebbing of the Pandemic, all out efforts should be made to facilitate such workers in getting jobs in tune with their skills and competencies in India and abroad. Apart from the Pre-Departure Orientation Training provided to Indian migrant workers, the Committee desire that specific training programme for the Indian health care workers in line with the global demand should be formulated to improve their employability and skills.

NEED FOR A NATIONAL POLICY ON COMBATING VIRAL AND OTHER DISEASES

(Recommendation No. 22)

17. The Committee in their Report had recommended/observed as under:-

‘The Committee find it a big challenge before the Government to vaccinate the estimated adult population of 94 Crores (0.94 billion) in the country. The current level of vaccination may leave the country susceptible to another wave of COVID-19. The Committee, however find that the efforts made in this direction has enhanced the indigenous production and availability of vaccines significantly and the requisite target of vaccination everyday has been achieved with such planned and concrete efforts and the Government has been able to vaccinate more than eighty percent of eligible adult population and have achieved the target necessary for development of herd immunity of full vaccination of adult population more or less as per the target by using all means. The Committee are also happy to note that with the same zeal and in a planned way the Government has approved and started the vaccination of 15-18 years aged children and more than 70 percent of eligible population of children of the age group has got first dose of vaccine. The Committee also find that the vaccine for children below 15-18 years of age has also been approved and therefore, desire that these children are also vaccinated in the similar manner. The Committee have been informed that the priming effect of two shots is likely to wane in six months to a year in a significant number of persons that is why the booster

shots/precaution doses for the health workers, front line workers, immune compromised and elderly persons has also started and this vulnerable population has been protected. Before concluding the Committee would like to advise the Government that COVID-19 Pandemic is a once in a century calamity but it does not mean that this is the last one to visit us. It is also not necessary that such calamities may befall at similar intervals. It is, therefore, imperative that a National Policy on combating viral and other such diseases which have the potential of spiraling into global Pandemics is worked out with utmost care, seriousness and speed and acted upon with due promptitude’.

18. The Ministry, in its Action Taken Reply, has stated as under:-

“Ministry of Health & Family Welfare routinely reviews, updates and disseminates its ‘Crisis Management Plan’ for responding to public health emergencies and for mitigating the health impact of other disasters.

In addition, the National Disaster Management Authority (NDMA) has already prepared and widely disseminated its ‘Guidelines on Management of Biological Disasters’.

As on 27th April 2022, more than 188.19 Crore vaccine doses have been administered across the country, including 2.70 precaution dose. 91.41 crore (97%) 1st dose and 80.86 crore (86%) 2nd dose have been administered among the adult population. Further, 5.83 crore (79%) 1st dose and 4.17 crore (56%) 2nd dose have been administered among the adolescents aged 15-18 years. Vaccination of children aged 12-14 years started from 16th March 2022 and till date, 2.71 crore 1st dose and 37.27 lakh 2nd dose have been administered”.

19. The Committee are pleased at the progress made so far in vaccination of children aged 12-14 years which started from 16th March, 2022. As informed by the Ministry, 2.71 crore 1st dose and 37.27 lakh 2nd dose have been administered till date. The Committee hope that the vaccination process would be completed at the earliest and vaccination of children below 12 years would commence soon so that all the school going children are vaccinated by next year.

The Committee acknowledge that the Ministry of Health & Family Welfare routinely reviews, updates and disseminates its ‘Crisis Management Plan’ for responding to public health emergencies and for mitigating the health impact of other disasters. In addition, the National Disaster Management Authority has already prepared and widely disseminated its ‘Guidelines on Management of Biological Disasters’. The Committee, however, still find it imperative for the Government to work out a National Policy on combating viral and other such diseases which has the potential of spiraling into global Pandemics so that such health issues are accorded the desired priority with a ‘whole of Government approach’ towards prevention, containment and management of viral and other diseases.

CHAPTER II

OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation (Sl. No. 1)

The Committee note that COVID-19 is an infectious viral disease caused by a newly discovered Corona Virus (SARS-CoV-2) which was first noticed in December, 2019 in Wuhan City, China. World Health Organization (WHO) declared the COVID-19 outbreak Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020. Initially the virus spread through droplets of saliva, cough particles or nasal discharge from infected person. It quickly assumed global proportions. As on date it has affected 450 million people and has claimed more than 6 million lives during a span of two years. “Variants of Concern” as classified are responsible for rise in transmissibility and an increase in fatality. The Delta variant that was first detected in India in October, 2020, was labeled a variant of concern by WHO. Delta was spreading 50 per cent faster than the Alpha variant which was 50 per cent more contagious than the original strain of SARS-CoV-2 more commonly known as Corona virus. The Delta strain had ravaged the country causing a record breaking number of daily cases and claiming lives during six months. By June 2021, it was responsible for a fresh surge in cases in UK, Israel, Russia, Australia and several other parts of the world. Omicron which was quickly tagged a variant of concern after being detected in South Africa in late November, 2021 has replaced Delta, almost globally, as a dominant strain in a very short span of time. Though milder, Omicron is at least two to four times more transmissible than the Delta variant. WHO has stressed that the Pandemic is far from over and future variants in some ways more virulent than Omicron may emerge in future. Due to such variants, India has already faced at least three waves of COVID-19 Pandemic and various countries have been faced/facing multiple waves. With the spread of Omicron Variant there is an unprecedented surge in COVID-19 cases in Japan, US, UK and to an extent in European Union countries during the last three months. China is in the middle of a new surge. In India in many States significant number of COVID-19 cases were reported both of Delta and Omicron. The daily cases peaked around 350000 during the third wave. Mercifully, hospitalization and deaths were quite low compared to the Second Wave due to the inherent nature of Omicron Variant. The Committee, therefore, can assume that in addition to the ongoing wave of Covid the country will remain vulnerable to future waves of other variants of virus. The Committee also find that after ebbing of second wave and opening of lockdowns, people became unmindful of COVID-19 appropriate behaviour and started attending social gatherings even without masks particularly in sub-urban and rural areas. Such carelessness could be responsible for spread of virus/infection of

Omicron variant and this needs to be dealt with utmost seriousness. The Central Government has been issuing advisories from time to time pertaining to micro containment to prevent a wider spread in community. Moreover, the directions under National Disaster Management Act (NDMA) have been curtailed leaving the unlock process largely on states. The Committee, therefore, strongly recommend in the states/areas currently recording worrying level of infections, the Central Government should apply the National Disaster Management Act and issue strict directions to the states with high covid positivity rates for imposing restrictions particularly to prevent spurts and wide spread of infections and also to minimize the chances of mutation. Ministry of External Affairs should also proactively contribute in this endeavour by regular updation about mutations and spread of the disease in various parts of the world as well as regulation of the entry of persons with new mutants in the country.

Reply of the Government

Ministry of Health & Family Welfare (**MoHFW**) continues to keep a close watch over evolving nature of COVID-19 pandemic globally as well as in India. Ministry of Health & Family Welfare vide letter dated 23rd March 2022 has urged all States/UTs to follow a risk assessment based approach for reopening of economic activities without losing the gains made so far in the fight against the pandemic using the five-fold strategy of test-track-treat-vaccination and adherence to COVID appropriate behaviour.

States have been advised to implement requisite testing, surveillance, containment based restriction while keeping District as a unit for decision-making.

States have been requested to continue focus on genomic sequencing for prescribed samples of international passengers, collection of samples from sentinel sites (identified health facilities) as well as local clusters of cases duly following the guidelines laid down by MoHFW to capture early warning signals on variants.

Various scientific expert committees under MoHFW are continuously keeping a close watch over mutant variants evolving globally, their public health implications in terms of transmissibility, disease severity, treatment guidelines, efficacy of vaccines etc.

NCDC under Ministry of Health & Family Welfare acts as the lead agency for Indian SARS CoV2 Genomics Consortium (INSACOG). In this regard, IDSP is coordinating flow of samples from States to regional genome sequencing labs (RGSLs) and in providing feedback to the States. IDSP is also collating the WGS results and

reporting it to respective States/UTs for necessary action along with key epidemiological inputs.

Government of India had taken quick and timely measures in anticipation of the potential crises reaching our country even before India had the first confirmed case and geared up all its Ministries much before WHO declared COVID-19 to be a “Public Health Emergency of International Concern”. Since 24th March, 2020, on the direction of National Disaster Management Authority (NDMA), Ministry of Home Affairs, has been issuing Orders and Guidelines under the Disaster Management (DM) Act, 2005, for the containment of Covid-19 in the country. Central Government, in close coordination with the State Governments and Union Territory Administrations (UTs) have taken various proactive measures to deal with the unprecedented global crisis of Covid-19 Pandemic.

Over the last 24 months, significant capacities have been developed for various aspects of management of the pandemic, such as diagnostics, surveillance, contact tracing, treatment and vaccination, hospital infrastructure and the general public has much higher level of awareness on the COVID appropriate behavior. States and UTs have also developed their own capacities and systems and implemented their detailed State/UT specific plans for managing the pandemic.

After taking into consideration the overall improvement in the situation and preparedness of the Government to deal with the pandemic, NDMA has taken a decision that there may not be any further need to invoke the provisions of the DM Act for COVID containment measures. However, advisories from Ministry of Health & Family Welfare (MoHFW) on COVID containment measures, including on the use of face mask and hand hygiene, will continue to guide the overall national response to the pandemic.

Moreover, keeping in view of the nature of the disease, Central Government will remain watchful of the situation and advise State/UTs from time to time for COVID containment measures, vaccination and other related aspects including observing Covid Appropriate Behaviour.

It is also worth mentioning that with the combined efforts of Centre and States, a total of 188.65 Cr vaccine doses have been administered as on 29.04.2022.

Ministry of External Affairs keeps the concerned authorities, including Ministry of Health & Family Welfare informed on the significant changes related to COVID-19 across the world including changes in entry protocols, vaccination requirement, etc. from time to time.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 2)

The Committee are apprised that Corona Viruses may cause illness in animals or humans. The Committee are happy to learn that the proposals such as setting up of National

Institute of Virology (NIV) as Centre for “One Health” at Nagpur, establishment of regional NIVs at Dibrugarh, Chandigarh and Bengaluru, Division for research on disease elimination sciences and health in ICMR-NARI, Pune, Regional research platform of WHO- South East Asia Region countries and strengthening of 80 Viral Research and Diagnostic Labs (VRDSs) and 19 new BSL-III labs are under consideration of the Government and desire that the Government ought to clear the proposals with utmost promptitude so that the capacity for investigation of Zoonotic diseases in the country could be strengthened without any further delay. Given that many crucial parameters like extent and role played by sub-clinical/asymptomatic infections, period of virus shedding, modes of transmission, post COVID sequelae or long term consequences of corona viruses are under investigation, the Committee feel the need for establishment of a comprehensive research ecosystem for strengthening research on virology and development of diagnostics, therapeutics and vaccines in each part of the country. The Committee, therefore, strongly recommend setting up a chain of research institutes/laboratories for the same purpose in each State/Union Territory to supplement the functions of National Institute of Virology (NIV) so that the country can become fully capable to deal with diseases like covid-19 timely and effectively in future. Ministry of External Affairs should take the responsibility of exploring international cooperation in establishing those laboratories with latest technology and equipment in consultation with the Ministry of Health and Family Welfare and the Department of Health Research.

Reply of the Government

The Ministry of Health and Family Welfare through the Department of Health Research (DHR) has taken substantive measures by strengthening research and diagnostic capacity in India to manage future outbreaks. The establishment of One Health Centre at Nagpur, 4 Regional NIVs at Dibrugarh, Chandigarh, Bengaluru and Jabalpur, Division for research on disease elimination sciences and health in ICMR-NARI, Pune, Regional research platform of WHO- South East Asia Region countries and strengthening of 80 Viral Research and Diagnostic Labs (VRDLs) and new BSL-III labs (5 labs upgraded from BSL-II to BSLIII, and 4 mobile BSL-III labs) are in advanced stage and on track as per the given timeline. DHR has a network of a total of 136 VRDLs (10 Regional level, 26 State level, and 100 Medical college level) spread over 25 States and 5 UTs, which are the supporting infrastructure capable of detecting a variety of viral pathogens of public health importance. The existing and upcoming network of 19 Bio safety Level -3 (BSL-3) Labs has also been established to augment capacity for dealing with epidemics and pandemics of high risk pathogens, in future. The network of VRDLs is trained in biosafety & biosecurity and whole genome sequencing, which has enhanced India’s capacity for timely detection of new pathogens and mutants of existing pathogens.

Department of Biotechnology (DBT) has funded a multi-centre project to establish

a 'One Health Consortium'. The project involves 27 centres throughout the country, including the northeast region, and experts in infectious diseases from medical and veterinary fields, as well as, specialists in public health, disease surveillance and risk forecasting. AIIMS, Delhi & AIIMS Jodhpur, medical colleges of Chennai, Hyderabad, Shillong and major veterinary universities and institutions in north, east, south, central and western regions of country are part of this consortium. As part of the project, surveillance for ten zoonotic and five trans-boundary animal diseases will be conducted, with special emphasis on human-animal interface in interconnected efforts between medical and veterinary experts. So far, through brainstorming and several meetings, SOPs have been drawn up, kits have been selected and sampling framework has been drawn up. Sampling has been initiated in some areas and hospitals and will be continued in order to derive information for further structured, robust surveillance for the selected diseases.

The 15 theme based Autonomous Institutions and International Centre for Genetic Engineering and Biotechnology (ICGEB), of the Department of Biotechnology are engaged in different aspects of virology research for gaining insights into viral pathogenesis and host defense mechanisms, with an ultimate aim of developing effective biomedical interventions. A state of the art BSL 3 facility for specific pathogen research and a first of its kind Ferret Facility in the country for Influenza vaccine research and development have been set up at Translational Health Science and Technology Institute (THSTI), Faridabad, an Autonomous Institute of DBT. Further, the NABL accredited bioassay lab at THSTI has been recognized by the global foundation of Coalition for Epidemic Preparedness Innovations (CEPI) as one of the six laboratories, for centralized assessment of COVID- 19 Vaccines. Additionally, under Mission COVID Suraksha, 6 facilities for development of immunological assays (for vaccine testing) and animal challenge models for anti-viral and vaccine testing, are being supported.

PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs. 64,180 crores over 6 years has been launched with the intent to increase investments in public health and other health reforms such as:

- Operationalization of 5 new Regional National Centers for Disease Control (NCDC) to provide support for disease outbreak and public health surveillance.
- Establishment of 20 metropolitan health surveillance units in urban areas and 9 BSL-III labs across the country to strengthen the laboratory network.
- Establishment of 15 Health Emergency Operation Centers to facilitate coordination and collaboration in disaster preparedness and response activities and setting up of 2 container based mobile hospitals to serve in disaster struck areas.

- Operationalization of 17 new Public Health Units and strengthening of 33 existing Public Health Units at Points of Entry to strengthen Points of Entry Health screening.

Ministry of External Affairs has been promoting ‘Genomic Surveillance’ Cooperation with other countries to better track and be informed on possibilities of future variants, pandemics etc. Genomic Surveillance cooperation is currently underway with the USA, Australia and Japan through QUAD.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 3)

The Committee observed that globally, India stands second in terms of number of covid cases after US followed by Brazil. Also, the Committee find that per million covid cases and deaths in India are significantly low in comparison to that of UK, Spain and United States, although their population is less than 1/3rd and 1/4th of our country, As far as case fatality rate (CFR) of covid cases is concerned, globally it is 2.15% at present, which is comparatively far less than SARS (15%) and MERS-CoV (37%) diseases. Most importantly, India has only 1.37 CFR of covid cases and the credit for controlling CFR rate goes to timely proactive measures such as early commencement of COVID-19 screening and significant scaling up of COVID related specific health infrastructure and testing capabilities by the Government. The Committee note that many countries have witnessed two or more waves of infections while India has also witnessed three waves including the new Omicron variant. Therefore, there is an apprehension of consequent waves also. In the initial phase of second wave five States (Maharashtra, Kerala, Punjab, Karnataka, and Tamil Nadu) contributed to 83.98% of all active cases in the country and presently five States (Kerala, Maharashtra, Tamil Nadu, West Bengal and Karnataka) are contributing to 79.03 per cent of all active cases in the country. The Committee find that scientific basis of multiple waves is still unknown. In Committee’s view, it is pertinent to investigate the exact nature of transmission and persistence of COVID-19 in urban / rural areas and various regions of the country and guide the State Governments accordingly to take measures to control the spread of virus including the new Omicron variant.

The Committee consider covid appropriate behaviour as “social vaccine” and feel that it is crucial to break the chain of Corona Virus transmission to contain the spread of COVID-19 disease. In Committee’s view any carelessness and complacency in this regard may be fatal and result in further increase in cases any time. The Committee are also aware that people particularly in rural areas have become very reluctant and not following covid appropriate behaviour. The Committee, therefore, desire the Government ought to

provide more focus on preventive intervention and ensure that COVID-19 appropriate behaviour such as wearing mask, social distancing and hand washing, etc. are followed in letter and spirit in all parts of the country till the Pandemic is controlled.

Reply of the Government

Ministry of Health & Family Welfare (**MoHFW**) has through regular formal communication as well as video conferencing has urged the States/UTs to keep track of COVID-19 trajectory and implement requisite public health measures for the same. Technical guidance for the same covering rural/tribal areas etc. has also been issued and widely disseminated. States have also been requested to engage community and stress on Information, Education and Communication (IEC) activities to ensure adherence to COVID appropriate behavior. It has also been stressed that participation of community backed by strict enforcement is necessary for ensuring adherence to COVID appropriate behavior. Similarly, Ministry of Health & Family Welfare is also keeping a close watch over the pace of COVID-19 vaccination as a preventive strategy for COVID-19. After consultation with various technical committees, the scope of beneficiaries is continuously being enhanced in the country.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 4)

The Committee are of the opinion that an efficient surveillance system plays an important role in promoting awareness of potential health hazards and supporting effective exchange of information during outbreaks of zoonotic diseases. The Committee are happy to learn that at the very initial stage of the Pandemic, proper arrangements were made at airports, ports and land border crossings to ensure proper screening of passengers and end to end management of suspect cases. Recently for controlling the spread of Omicron variant very stringent measures have been taken. The Committee are informed that Severe Respiratory Infection (SARI) Surveillance are conducted in all States/UTs to pick up travel related cases reported in the community and follow up contacts of suspect/confirmed cases. This included identifying potential outbreaks or clusters of disease during house to house surveillance, public health investigation, active case finding and contact tracing. Apart from SARI surveillance, three sero surveillance surveys have been conducted by the Indian Council for Medical Research (ICMR) to find out the nature of the spread of the disease which is done by taking a blood sample to ensure the presence of antibodies among population segments which is different from taking a virus sample which is a nasal swab or a nasopharyngeal swab. The Committee note that the national sero prevalence was found to be 0.7 % , 6.6% and 21.5 % in the first, second and third rounds of survey respectively and the sero prevalence rates are higher among those

residing in urban slums (31.7%) as compared to the urban population not residing in slums (26.2%) and 19.1% in rural population. Among healthcare workers the sero prevalence rate was estimated to be 25.7%, with highest rates seen among doctors and nurses (26.6%). The findings of these surveys demonstrate that a large section of population still remains susceptible even after two years of the pandemic. Given that a significant percentage of population of the country is still susceptible to COVID-19 Pandemic and public health and epidemiological policies at state level and national level are to be shaped based on the findings of these surveys, the Committee, desire that sero surveys should continue on regular basis, state wise with increased sample size, as in the Committee's view, the sample size of earlier surveys appear to be small and inadequate. The Committee also desire that sero survey result sought to be brought into the public domain for the people's awareness about the prevalence of disease in various age groups and modification in behaviors to prevent community transmission of virus. Ministry of External Affairs and Ministry of Civil Aviation should also appropriately use these results while making negotiations as well as to regulate the movements of Indian citizens in other countries.

Reply of the Government

So far, ICMR has conducted 4 serosurveys with respect to COVID-19. The timeline of these serosurveys are as follows:

1. The first national serosurvey conducted during May-June 2020 found a prevalence of 0.73% of SARS-CoV-2 IgG antibodies among the general population in India (doi: 10.4103/ijmr.IJMR_3290_20).
2. The second national serosurvey conducted during August-September 2020 found a prevalence of 7.1% of SARS-CoV-2 IgG antibodies among the general population in India (DOI:[https://doi.org/10.1016/S2214-109X\(20\)30544-1](https://doi.org/10.1016/S2214-109X(20)30544-1)) .
3. The third national serosurvey conducted during December 2020-January 2021 found a prevalence of 24.1% of SARS-CoV-2 IgG antibodies among the general population in India (DOI:<https://doi.org/10.1016/j.ijid.2021.05.040>).
4. The fourth national serosurvey conducted during June-July 2021 found a prevalence of 67.6% of SARS-CoV-2 IgG antibodies among the general population in India (DOI: <https://doi.org/10.1371/journal.pmed.1003877>) Findings of all 4 rounds of seroprevalence studies are available in the public domain.

The Integrated Disease Surveillance Programme (IDSP), which is a flagship programme at National Centre for Disease Control (NCDC), is mandated with surveillance & response to outbreak prone communicable diseases. It also serves as the official communication link between NCDC and States & Districts for all matters pertaining to outbreaks.

IDSP is contributing in following areas:

- i. **Community Surveillance:** With the local transmission of SARS-CoV-2 becoming established in the Country, identification of new cases and their contacts and placing them under surveillance has been the key task of IDSP.
- ii. **Data dissemination:** IDSP continues to play key role in monitoring different CoVID-19 parameters through MoHFW's CoVID-19 portal (www.covid19.nhp.gov.in). The DSUs are collecting and entering a major part of the data available on the portal including the surveillance data of Mucormycosis.
- iii. **Monitoring the response and Guiding the States/Districts:** Officials of IDSP have been assigned different States/UTs to regularly monitor the key trends and work closely with State teams regarding surveillance & containment. Regular field visits have been undertaken by IDSP Officials.

Ministry of Civil Aviation is committed to ensuring safe and easy travel for Indian citizens. Domestic air services have recommenced in a phased manner w.e.f. 25.05.2020. Detailed guidelines and SOP for all major stakeholders, i.e. airlines, airports, ground handling agencies etc. was prepared and issued with regard to recommencement of domestic travel for scheduled and Non-scheduled/Private operations to ensure safe air travel. With the gaining of experience, certain amendments/updation in guidelines were carried out, to boost the confidence and to facilitate air passengers, as follows:-

- (a) The undertaking from the travellers about not tested COVID positive during last two months have been reduced to last three weeks.
- (b) International arriving passengers have also been permitted/facilitated to take the connecting flight to their final destination, when exemption from institutional quarantine is granted by the State authorities concerned of the entry airport on the basis of a negative RT-PCR test report.
- (c) Airlines have been allowed to serve pre-packed snacks/meals/pre-packed beverages on domestic flights depending on the duration of flight, subject to adherence to detailed guidelines framed in this regard. Similarly, In-Flight Entertainment, wherever available has also been allowed to be switched on during travel.

(d) RT-PCR testing at the entry airport for the arriving international transfer passengers has also been permitted on a pilot basis.

(e) Ministry of Civil Aviation has been holding fortnightly meeting with airlines and other stakeholders to review the recommencement of air services and necessary amendments are being carried out, based on the deliberations. International scheduled commercial flights were recommenced from 27 March 2022.

(f) Ministry of Civil Aviation launched the Air Suvidha portal for filling of Self Reporting Form by all International Arriving Passengers to India and also for processing exemption requests from institutional quarantine requirement from passengers fulfilling prescribed conditions.

Ministry of External Affairs has been promoting 'Genomic Surveillance' Cooperation with other countries to better track and be informed on possibilities of future variants, pandemics etc. Genomic Surveillance cooperation is currently underway with the USA, Australia and Japan through Quad.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 5)

The Committee note that in the initial phase of the pandemic, there was a significant shortage of many equipment such as PPE kits, N95 masks, goggles, ventilators which were essential to fight against COVID-19 and these items were imported with the swift intervention of Ministry of External Affairs. Even during the peak of second wave the scarcity of ventilators was felt. The Committee appreciate the commendable job done by the Central Government in providing significant regular logistic support to the States, UTs and Central Government Institutions in the aftermath of COVID-19 outbreak in the Country as per requirement. The Committee with satisfaction note that within a very short span of time, country's manufacturing capability has been scaled up and India after achieving self-reliance in this area has now become an exporter from a importer of most of these equipment items. The Committee, therefore, desire that a national action plan should be prepared to ensure sustainability and self-reliance in the indigenous production of medical items such as lab testing kits and ventilators so that even under extreme conditions in future, no shortage of these equipment is felt.

The Committee also acknowledge the remarkable efforts made by the civil aviation sector in terms of supply of medicines and testing kits, other equipment, samples and the reagents to deal with COVID-19 in all the States and UTs through their special initiative “Lifeline UDAN” at a time when all modes of transportation such as trains, trucks and flights were stopped due to imposition of unprecedented lockdown across the country. There is no gainsaying the fact that private air operators chipped in service to the nation at the time of need and participated as a part of “Lifeline UDAN” operations at nil costs to the exchequer. The Committee desire that a suitable recognition be accorded all operators in Civil Aviation Sector for their commendable good Samaritan efforts. The Committee also desire that the lessons learnt by the civil aviation sector while fulfilling the essential needs of the nation during the hardest of times caused by the worst pandemic the world witnessed, should be appropriately utilized in preparing a ready to act plan so that in any such national emergencies in future no shortage of medicines, equipment or reagents is felt in any situation.

Reply of the Government

As the issues required concerted actions to be taken by various departments/agencies in tandem, the government had constituted various Empowered Groups, including one for ensuring availability of medical equipment under the convenorship of Secretary, DPIIT and having senior level members from various departments including Department of Health & Family Welfare, Department to Health Research, DRDO, Department of Pharmaceuticals, Department of Textiles, Ministry of External Affairs, Ministry of Civil Aviation, amongst others. The Group coordinated the efforts of different Ministries/ Departments concerned for ensuring medical equipment for effective management of COVID pandemic.

Tool Rooms & Technical Institutions functioning under Ministry of MSME have mandate to provide technological support to MSMEs. However, for fight against COVID-19 Pandemic, Tool Rooms & Technical Institutions have developed, manufactured various components/ products such as Sanitizers, Masks, Parts of PPE Kit, Corona testing kit, Box to sanitize office files and other articles using UV lights, accurate infrared thermometer, non-contact dispensers, pulse Oxy-meter, prototype of Oxygen Generator, prototype of Non Invasive Continuous Positive Airway Pressure (CPAP) type Ventilator etc. Most of these items were supplied to various Central /State Government Offices, Banks, PSUs and Industries. Few items like Non-Invasive CPAP type Ventilator, Automatic Hand Sanitizer Dispenser Machine, UV light based Sanitization Channel for material, Automatic sanitization channel etc. have been shared with MSMEs/Industries for domestic/indigenous production and marketing. These Tool Rooms & Technical Institutions are continuously supporting to MSMEs / Industries as per need for the said

items.

Further, Ministry of MSME is in the process of formulating a MSME policy to stimulate efficiency and productivity of MSME sector to generate income, employment and become part of domestic and global value chains taking into account structural transformation, competitive edge, demographic dividend and regional balance.

As per the announcement made under the ‘Atmanirbhar Bharat Package’, following schemes were introduced for MSMEs / Business and are being implemented as per changes made by the Government from time-to-time.

- (iv) Guarantee Emergency Credit Line (GECL) / Emergency Credit Line Guarantee scheme (ECLGS).
- (v) Credit Guarantee Scheme for Subordinate Debt (CGSSD) for MSMEs.
- (vi) Self-Reliant India -Fund (SRI-Fund).

Further, under SRI-Fund efforts are being made to collaborate with investors as per scheme guidelines.

During the COVID-19 pandemic, Ministry of Civil Aviation launched Lifeline UDAN to handle the difficult situation on March 26 2020. It was an initiative to ensure a steady supply of essentials as well as medical supplies, PPEs (Personal Protective Equipment), test kits etc. to the remotest parts of the country. For this purpose, the Ministry facilitated establishing Lifeline UDAN mechanism to match the requirements/consignments of States /UTs/MoHFW (HLL & ICMR)/other Ministries with special flight plans.

588 flights were operated under Life Line UDAN operations by Air India, Alliance Air, Pawan Hans Limited and private airlines till 28th May, 2020. 317 of these flights were operated by Air India and Alliance Air. Private operators like Blue Dart, Indigo and Vistara also carried Government cargo on free of cost basis.

Approximately 1000 tonnes of cargo was transported by the Life Line UDAN flights and the aerial distance covered was 5,45,000 Kms. The tonnage may not appear to be significant but it may be seen that the cargo was mostly PPEs, medicines, test kits and medical machinery which was voluminous and therefore is not a true reflection of the tonnage carried. The focus of the Lifeline Udan was on North Eastern region, the Island and the hilly terrains. Lifeline Udan flights ensured quick movement of medical supplies, medical teams, setting up of COVID labs and RT-PCR machines across the country. Lifeline Udan flights were also used to fly specialists, chemicals and equipments to Vishakapatnam after gas leak tragedy.

For the emergency requirement of transportation of medical & other essential supplies for COVID-19 Operations, a Contingency Expenditure Plan for excess expenditure upto a total amount of Rs. 30 crores to be booked under the head Professional Services against BE of Rs. 1.50 crore, was prepared and submitted to Department of Expenditure . An amount of Rs. 18.95 crore has been released to Air India Ltd., Alliance Air, Air India Airport Services Limited and Pawan Hans Ltd. The Ministry of Finance (Department of Expenditure) has been requested to grant post facto approval for the expenditure of Rs. 18.95 crore and to include the same in the 1st batch of supplementary Demands for Grants (2020-21) in pursuance of Ministry of Finance (Department of Expenditure) O.M. No. F6/18/2019-PPD dated 27/03/2020. Accordingly, the Ministry vide O.M. No. G-24017/1/2020-F.I.-MoCA dated 26.06.2020 has requested the Budget Division DEA, MoF, for allocation of Rs. 19.34 Crore over and above the sanctioned BE 2020-21 in the 1st batch of supplementary Demands for Grants (2020-21).

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 6)

The Committee observe that since COVID-19 hit the country, there has been a significant increase in the number of laboratories and their testing capacity of this virus in the country. It is praiseworthy that the the number of labs has been enhanced from a single laboratory, the National Institute of Virology in Pune, to 1962 across the country during this period. The Committee believe that the country has been able to identify active cases, quickly isolate and treat them and bring absolute numbers of cases under control because of sustained levels of tests done on daily basis. India today stands second in terms of number of diagnostic tests in the world after USA. The Committee note that the detection of COVID-19 cases is being done through Reverse Transcription Polymerase Chain Reaction (RT-PCR) and Rapid Antigen Test (RAT) and the number of samples being tested has substantially increased with enhanced focus on “Test, Trace, Treat” strategy to minimize the chance of transmission of virus among the population in the country. The focus on increasing RT-PCR testing is based on the fact that it is considered as the gold standard for diagnosis of COVID-19 globally, its sensitivity being greater than RAT. The Committee feel that the states which have followed this strategy with due seriousness have contributed significantly in controlling the transmission of virus. The Committee, however, find that cumulative Covid-19 tests conducted has decreased during the third wave when there was a need to increase this number in view of very fast spread of Omicron variant. The Committee, therefore, desire that the Central Government should ensure that all the States/UTs strictly follow the issued protocol that all the symptomatic

negative people of Rapid Antigen Test have to be mandatorily subjected to RT-PCR and they should not reduce the number of tests from time to time without any justified reasons.

Reply of the Government

Union Ministry of Health & Family Welfare continues to keep a close watch over quantum of COVID-19 testing being undertaken in the State along with sample positivity rates for the same. Indian Council of Medical Research in its advisory on COVID-19 testing in India (latest version available at: https://www.icmr.gov.in/pdf/covid/strategy/Advisory_COVID_Testing_10012022.pdf) has provided clear guidance on testing criteria in both community and hospital settings. Given the lack of sufficient sensitivity of RAT tests, ICMR has advised that symptomatic individuals, testing negative on Home/ Self-test or RAT should undertake a follow up RTPCR test. It is a scientific combination of various testing methods deployed, for which testing kits are made readily available.

States/UTs have been requested on multiple occasions through formal communications as well as during review meetings to maintain adequate level of testing to maintain a low sample positivity rate, with the intent of timely capture of all cases, thus improving prognosis as well as limiting the spread of infection.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 7)

The Committee are highly impressed with the efforts made by the Department of Health Research in the direction of upgrading diagnostic capacity development in the country as a result of which a large number of RT-PCR kits and Rapid Test Kits have been developed indigenously and ICMR has validated 178 RT-PCR kits and 126 antigen based RAT kits and 3 kits for COVID-19 tests have also been approved. Manufacturing capacity for total 80.65 lakh RT-PCR kits and 53.14 lakh RAT kits per day has been achieved. Due to enhancement in indigenous production of testing kits, the price of these tests has also come down significantly. The Committee, now, desire that the Government should continue to make all possible efforts to bring the prices of testing kits to more affordable levels and make people aware about the availability of various validated approved options of kits particularly the Home Test kits so that with maximum testing, the transmission of virus is controlled. MEA should disseminate such achievements at world level so that India contributes further to the global efforts in this matter in these testing times.

Reply of the Government

In India enough COVID-19 testing commodities are available. So far, out of 729 kits validated by ICMR, 215 RT-PCR kits, 66 Rapid Antigen Test kits and 10 home test kits are available in the market. 207 of these kits are indigenous in origin. The widespread availability of these kits has significantly brought down the cost of COVID19 testing in the country.

Indian Missions abroad have been disseminating India's achievement related to production of COVID-19 related mitigation technologies, solutions and products, including cost effective test kits, developed by India and its availability for exports to the world. Recently, India sent 100,000 antigen test kits to Sri Lanka. There has been an increase in export of Made-in-India medicines, therapeutics, diagnostics and COVID-19 vaccines. Till date, India has commercially supplied 173 million doses of Made-in-India COVID-19 vaccines to 37 countries. While India continues to support countries through grant of vaccines or supply of vaccines through the COVAX mechanism.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 8)

Due to its global spread even the developed countries claiming the best health care infrastructure faced immense difficulties in handling the severity of the COVID-19 pandemic. So far as India is concerned, health is a State subject and most of the states did not have adequate health care infrastructure to handle such Pandemic. It was the toughest time before the country, therefore, the Central Government appropriately took the command and managed the situation in high challenging times. The Committee are apprised that for appropriate management of suspect/confirmed COVID-19 cases, a three tier arrangement of health facilities such as Covid Care Centre, Dedicated Covid Health Centre and Dedicated Covid Hospital with different set ups and specific facilities ranging from hotels, schools, hospitals with assured oxygen support and hospitals with ICUs and Ventilators were made across the country during the both waves of Pandemic and are continuing regular till date. All the concerned Ministries of the Government of India, agencies and healthcare workers served timelessly and the State Government machineries were activated accordingly to face this national calamity. The Committee observe that most of the States have enhanced the number of facilities, isolation beds, ICU beds and number of ventilators between the period of first wave and second wave but assessing the exact requirement of oxygen during the worst case scenario was not factored in thus adequate facilities for production and storage of oxygen were lacking in several states. No one could imagine such huge increase in serious cases resulting in peak demand of oxygen from

2200 metric ton a day during first wave reaching up to 10,500 metric ton per day, during second wave and most of the States faced the scarcity of oxygen and a situation of panic. Under such extraordinary situation, scarcity of oxygen was exceptionally handled by the Central Government which enabled to ramp up the production to that level by restricting the supply of oxygen to other industries and diverting all oxygen for medical purposes. Oxygen which is produced as a bi-product in Petroleum refineries and in iron foundries was also diverted in medical oxygen. 1220 Pressure Swing Absorption (PSA) plants were also sanctioned for Government Hospitals which capture air from the atmosphere, convert into oxygen and then pump it into the medical gas pipeline system of the hospital and then it comes through pipeline to each and every bed on which patients were there. In addition, one lakh concentrators were provided to States along with two lakh oxygen cylinders. Several countries also provided oxygen, cylinders, and concentrators in significant quantities. Oxygen was delivered to States as per requirement through all possible means like air, road, rail, sea and even from external resources. Such exemplary handling of that situation saved the lives of lakhs of seriously affected people during the Second wave. In view of the foregoing the Committee desire that the Government should ensure that all the States assess the exact maximum requirement of oxygen during such exigencies in scientific manner and set up all necessary infrastructure for production, storage and supply of oxygen without any delay so that the country is able to handle any such situation in future. Ministry of External Affairs may also prepare an emergency plan by identifying the countries / resources from where oxygen may be obtained if the national production and availability is inadequate. The Committee may be apprised about the outcome of all the initiatives taken in that regard.

Reply of the Government

A Total of 4144 PSA plants are being established in the country. Government of India supported States/UTs by setting up and operationalising 1225 PSA Plants under PMCARES. In addition, 336 PSA plants from GoI PSUs and other sources. About 2583 PSA oxygen plants are being set up through State and CSR funds **(Placed at Annexure-I)**. Additionally, for real-time monitoring of PSA plants under PMCARES IOT devices has been installed and linked with OxyCare portal.

To ensure smooth functioning and ensuring upkeep of these PSA plants, States/UTs via DO letter dated 14th December 2022 was shared with guidelines for mock drills. As on 27th April 2022 second round of mock drill has been conducted by States/UTs. A total of 4,02,517 cylinders were disturbed to all States/UTs.

Oxygen Demand Aggregation system (ODAS) is developed to ascertain the demand for medical oxygen from all health facilities based on bed availability and occupancy and

aggregating them at the State level. Now more than 9,000 active facilities are updating real time oxygen demand on the portal. A comprehensive platform ‘OxyCare’ for all Oxygen related equipment has been developed. The platform contains information regarding PSA Plants, IoT devices, Oxygen Cylinders, Ventilators, Oxygen Concentrators, and other medical oxygen related equipment.

Ministry of Health and Family Welfare on 22nd December 2021 launched ‘National Oxygen Stewardship Program’ with an aim to empower all healthcare workers engaged in Oxygen management and administration with the essential knowledge and skills to ensure rational utilization and avoid any wastage of medical Oxygen, especially in resource constraint settings. It envisages to identify and train at least one “Oxygen Steward” in each health facility of every district in the country. These trained professionals would be responsible for leading the training on Oxygen therapy and management in their respective districts and support audit of oxygen delivery and preparedness for a surge scenario. As on date more than 1600 stewards attended virtually covering all 738 districts. Further States/UTs were instructed to conduct training at district and lower level and today more than 20,000 oxygen stewards have been successfully trained.

During the second wave of COVID-19, Ministry of External Affairs facilitated urgent supply of Liquid Medical Oxygen (**LMO**) from more than 50 countries. Since then, India has significantly improved domestic production and supply of LMO.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 9)

The Committee appreciate the Government of India for the steps and measures taken to enhance the health care infrastructure country-wide to combat COVID-19 Pandemic. The Committee observe that certain drugs and therapy such as oxygen therapy, corticosteroids (like Dexamethasone, Methyl Prednisolone), Low Molecular Weight Heparin, Hydroxychloroquine (HCQ) and supportive therapy under direct medical supervision as per clinical severity of disease in the patients are advised for COVID-19 treatment. Further, the drug Remdesivir and Plasma therapy are categorized as an investigational therapy by the Ministry of Health and Family Welfare in the National Treatment Protocol, based on some evidence in support of their usefulness for pre and post exposure prophylaxis. Given that there are no proven drugs for COVID-19 treatment and lack of scientific evidence about the impact of COVID on specific organ systems (respiratory system, renal system, cardiovascular and gastro-intestinal), the Committee would like to recommend the Government to organize planned study research in various parts of the country on long term impact of COVID-19 on human organs and increase the

awareness in people based on such studies. The Committee also note that “eSanjeevani”, a web based comprehensive telemedicine solution is being utilized in the country to extend the reach of specialized healthcare services to masses in both rural and isolated communities. They desire the Government to further expand the scope of telemedicine to reduce the crowd and pressure on the Government hospitals in the country.

Reply of the Government

Ministry of Health and Family Welfare (MoHFW) has developed a telemedicine application “eSanjeevani” to provide specialist medical services i.e. doctor to doctor online consultation to on a hub and spoke model through Health and Wellness Centers (HWCs) across the country.

Since the onset of the COVID-19 pandemic, telemedicine has become remarkably important and to expand the telemedicine services across the country, MoHFW launched “eSanjeevaniOPD” (patient to doctor online consultation), first of its kind and world’s largest National Telemedicine Service to facilitate online health services to patient (COVID & Non COVID) in the confines of their home at no cost to ensure continuity of care. This initiative of India, has completed more than 3.4 crore consultations in record time and, eSanjeevani is currently serving more than 2,00,000 patients every day.

As on date, more than 1.13 lakhs HWCs are registered under eSanjeevani portal and more than 75,928 HWC; 7854 HUBs & 1,085 OPDs are operational across the country.

Government has now initiated the process of augmentation of eSanjeevani Platform to handle 10 lakhs consultations per day. Further, to ensure wider outreach of telemedicine services, eSanjeevani application has also been integrated with 3.74 lakhs Common Service Centers (CSCs) thereby facilitating access to equitable healthcare in the remotest areas of the country.

Indian Council of Medical Research (ICMR), the apex body on medical research in India has taken up various projects on long term impact of Covid-19 as well as projects of creating awareness in people in this regard.

Ministry of External Affairs is part of Health Ministry Screening Committee (HMSC) led by ICMR where collaboration on foreign funding/ collaborated projects are taken up for approval. In recent past, a large number of such projects dealing with Covid-19 has been recommended for collaboration between National Institutions of India with leading global institutions.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 10)

The Committee feel that communicating the risk to the individuals, families and communities and enabling them to adapt to COVID appropriate behavior is a major non-pharmaceutical intervention to suppress/contain the transmission and note with appreciation that before imposition of complete lockdown “Janta Curfew” was observed as a voluntary lock down to alert whole of India against the unprecedented once in a century Pandemic. During unlock period “Jan Andolan” campaign was launched on 8 October, 2020 to encourage peoples participation to follow COVID-19 appropriate behaviour with the key messages of „Wear Mask, Follow Physical Distancing, Maintain Hand Hygiene in view of the upcoming festivals and winter seasons alongside the opening of the economy. Given that Corona virus spreads by contact and proximity, AarogyaSetu App was launched to trace the contacts who may be at a potential risk. The App records the responses given by the User for the Self-Assessment questions and evaluates the likelihood of COVID-19 infection based on the User’s self-reported symptoms and other relevant information. It informs the users of the app regarding risks, best practices and relevant advisories pertaining to the containment of COVID-19. The Committee believe that the AarogyaSetu App, call centers and designated helplines, communication material and toolkits such as pamphlets, posters, audio and AV Films have played a vital role against corona virus transmission but have not been used widely as expected. Given huge dependence on AarogyaSetu App in the containment strategy for breaking the chain of transmission, the Committee, would like to recommend the Government to conduct an assessment about the contribution and the effectiveness of the AarogyaSetu App in breaking the chain of transmission, with a view to enhance its utility in any future COVID-19 waves and also in possible future outbreaks of other communicable diseases.

Reply of the Government

Aarogyasetu is a mobile application platform which has been built by National Informatics Centre (NIC) and released to the public in April 2020. The App was developed in order to aid nation’s fight against the COVID-19 pandemic. One of the Primary features of Aarogyasetu is Bluetooth based contact tracing. Contact tracing has been carried out across the world for decades to combat many contagious diseases like Polio, smallpox, measles, ebola etc. Contact tracing aids in early identification, monitoring and mitigation of the contagious diseases. Earlier contact tracing was carried out through manual methods and as the technology has evolved over the years, now we can leverage modern technologies to carry out contact tracing in a quick manner and at a huge scale across the country. Aarogyasetu leverages modern technology of Bluetooth based contact tracing, to carry out the contact tracing and thereby, it augments the

COVID-19 initiatives of the Government in proactively reaching out to and informing the users of the App, regarding risks, best practices and relevant advisories pertaining to the containment of COVID-19. Another feature of this App is location based service, which has helped in early identification of many potential COVID-19 hotspots in the country. This early identification has indeed helped the Government to plan in advance and take necessary medical/administrative interventions to control the COVID-19 spread in a proactive manner.

The following are some of the key features of Aarogyasetu App:

- Automatic Contact Tracing using Bluetooth
- Self-Assessment test based on ICMR guidelines
- Open API based Health Status Check
- ITIHAS – Hotspot Forecasting
- Updates, advisory and best practices related to COVID-19
- Integration with e-Pass
- Covid Vaccination appointment registration
- Covid Vaccination certificate download
- Location based COVID-19 statistics
- Nation-wide COVID-19 statistics
- Emergency COVID-19 Helpline contacts
- List of ICMR approved Labs with COVID-19 testing facilities
- Risk status of user
- QR Code scan feature to share risk status
- Recent Contacts feature to check health status of recent contacts
- Support for over 12 languages

Impact of Aarogyasetu:

The App has more than 21 Crore+ registered users and it has helped in early identification of many potential COVID-19 hotspots, way before the actual COVID-19 outbreak started in many regions across India. The early identification has indeed helped the Government to plan in advance and deliver necessary medical/administrative interventions to control the disease spread in a proactive manner. Aarogyasetu empowered the common man to join the nation's fight against COVID-19 and complemented the COVID-19 mitigation efforts undertaken by the central and state Governments. The contribution of Aarogyasetu in leading the nation's COVID-19 fight, has been lauded by World Health Organization, World Bank, Bill Gates (Fmr. Chairman of Microsoft) and many other international agencies and renowned personalities. Aarogyasetu played a key role in facilitating over 4.25 Cr covid-19 vaccine appointment registrations and 10.3 Cr

certificate download.

Aarogyasetu Way Forward:

Aarogyasetu played a key role in spearheading the nation's fight against the covid-19 pandemic. As the nation is now moving towards a post-pandemic scenario, Aarogyasetu is also transforming accordingly from a contact tracing platform to a national health app. The contact tracing feature has been discontinued in the latest version of the Aarogyasetu app and Aarogyasetu is now integrated with the National Digital Health Mission (NDHM), facilitating the creation of Ayushman Bharat Health Account (ABHA). In a phased manner the delivery of other health services integrated with NDHM shall be facilitated through aarogyasetu.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 11)

The Committee are happy to learn that before the COVID-19 could enter India, several pre-emptive actions such as travel restrictions were imposed and thermal screening was started at all international flights focusing on passengers coming from the most sensitive countries. Further, the Committee note that a robust Inter-ministerial and Centre-State Coordination mechanism was established to deal with various issues pertaining to Pandemic and to review, monitor and evaluate the preparedness and measures being taken regarding management of COVID-19 in the country. The Committee are happy to learn that WHO also acknowledged our public health responses positively. The Committee also observe that the main purpose of imposition of nationwide lockdown was to contain and slow down the spread of Corona Virus by breaking the chain of transmission and to provide additional time to ramp up capacities at all levels. In pursuance of imposition of lockdown, National Disaster Management Act was invoked and except for the most essential activities, especially movement of health personnel and those in supply chain of essential goods and services, all other activities were prohibited across the country. But gradually, with our increasing capabilities to address the pandemic, particularly in view of the improved medical infrastructure, the most important economic activities were progressively relaxed in a graduated manner. The Committee observe that one of the positive aspects of our handling the crisis was in the country staying ahead of the curve. However, the Committee are also constrained to note that, migrant workers, pilgrims, tourists, students and other persons were stranded in different parts of the country. The Committee further note that to address the hardships faced by the migrant workers during return to their respective States/UTs, a series of advisories were issued with focus on

facilities such as shelters, free food grains and payments of wages, etc. as well as regarding their transportation arrangements and provision of employment in-situ or in neighbouring areas. Most importantly, authorities of all levels were advised to adopt a proactive humane approach in dealing with the public, particularly those who were left adrift by the lockdown to bring succour to them. Based on the suggestions received from Central Ministries/State Governments/various other quarters and keeping in view the difficulties faced by the stranded people, their movement with health safeguards was allowed by buses and “Shramik Special” trains. In view of difficulties faced by the people during national lockdown, the Government appropriately modified the policy and during the second wave and third wave the decision of lockdown or relaxation etc. was appropriately left on the State Governments and it was done on the basis of local conditions of disease spread and need. The Committee find this modification as the core one and recommend for the continuation of the same in future also. However, the Central Government should keep a vigil on situation in each State and strictly apply the National Disaster Management Act in the States having high positivity rates to prevent wide spread of infections.

Reply of the Government

Government of India had taken quick and timely measures in anticipation of the potential crises reaching our country even before India had the first confirmed case and geared up all its Ministries much before WHO declared COVID-19 to be a “Public Health Emergency of International Concern”.

Since 24th March, 2020, on the direction of National Disaster Management Authority (NDMA), Ministry of Home Affairs, has been issuing Orders and Guidelines under the Disaster Management Act, 2005, for the containment of Covid-19 in the country. Central Government, in close coordination with the State Governments and Union Territory Administrations (UTs) have taken various proactive measures to deal with the unprecedented global crisis of Covid-19 Pandemic.

Over the last 24 months, significant capacities have been developed for various aspects of management of the pandemic, such as diagnostics, surveillance, contact tracing, treatment and vaccination, hospital infrastructure and the general public has much higher level of awareness on the COVID appropriate behavior. States and UTs have also developed their own capacities and systems and implemented their detailed State/UT specific plans for managing the pandemic.

After taking into consideration the overall improvement in the situation and preparedness of the Government to deal with the pandemic, NDMA has taken a decision that there may not be any further need to invoke the provisions of the DM Act for COVID containment measures. However, advisories from Ministry of Health & Family Welfare

(MoHFW) on COVID containment measures, including on the use of face mask and hand hygiene, will continue to guide the overall national response to the pandemic.

Moreover, keeping in view of the nature of the disease, Central Government will remain watchful of the situation and advise State/UTs from time to time for COVID containment measures, vaccination and other related aspects including observing Covid Appropriate Behavior.

It is also worth mentioning that with the combined efforts of Centre and States, a total of 198.09 crore vaccine doses have been administered as on 04 July 2022.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 13)

The Committee are of the view that the Micro, Small, and Medium Enterprises (MSMEs) and other Industries have faced the maximum brunt mainly due to liquidity crunch, interrupted supply chain, inter-state lockdown provisions, laying off their workers because of inability to pay them salaries during lockdown. The Committee note with satisfaction that the Government proactively came up with an economic stimulus plan and relaxation for ease of doing business, offering relief to the MSMEs and industries that were adversely hit by a nationwide lockdown in the wake of COVID-19 Pandemic. The Committee further note that the relaxations include special financial benefits for the licencees of Bureau of Indian Standards (BIS), rebate in inspection, application and marking fees, renewal of licence without charging fee, extension of time limit for renewal of licence and relaxation in time limit for deposition of samples for grant of licence. The Committee also observe that despite facing disruptions on account of pandemic, MSMEs shifted focus from producing traditional essential goods and made exemplary efforts to produce items such as hand sanitizer, PPE kits and face mask and even in such tough times of Pandemic have not only fulfilled the country's need of these products but also enabled India to help other nations in distress. In view of the MSME sector being one of the largest employment generator, its catalyst role for the development of the country and the goal of Atmanirbhar Bharat, the Committee strongly recommend that the Government should make all possible efforts with the collaboration of the external and internal investors to create more conducive environment in order to boost MSMEs and reduce dependency upon imports. The Committee may be apprised about the steps undertaken in this regard and the outcome thereof.

Reply of the Government

1. Schemes/Programmes of the Ministry of MSME:

Ministry of Micro, Small and Medium Enterprises implements various schemes and programmes for promotion and development of MSMEs throughout the country. These include schemes/programmes such as Prime Minister's Employment Generation Programme (PMEGP), Scheme of Fund for Regeneration of Traditional Industries (SFURTI), A Scheme for Promoting Innovation, Rural Industry and Entrepreneurship (ASPIRE), Credit Guarantee Scheme (CGTMSE), Micro & Small Enterprises – Cluster Development Programme (MSE-CDP), National Scheduled Caste and Scheduled Tribe Hub (NSSH), etc. National Small Industries Corporation (NSIC) under the Ministry of MSME also promotes and supports Micro, Small and Medium Enterprises by providing integrated support services encompassing marketing, finance, technology and other services.

2. Atmanirbhar Bharat Package:

As per the announcement made under the 'Atmanirbhar Bharat Package', following schemes were introduced for MSMEs / Business and are being implemented as per changes made by the Government from time-to-time.

- (i) Guarantee Emergency Credit Line (GECL) / Emergency Credit Line Guarantee scheme (ECLGS).
- (ii) Credit Guarantee Scheme for Subordinate Debt (CGSSD) for MSMEs.
- (iii) Self-Reliant India -Fund (SRI-Fund).

Further, under SRI-Fund efforts are being made to collaborate with investors as per scheme guidelines.

3. Employment Generation:

Ministry of MSME implements Prime Minister's Employment Generation Programme (PMEGP), which is a credit-linked subsidy programme aimed at generating self-employment opportunities through establishment of micro-enterprises in the non-farm sector by assisting traditional artisans and unemployed youth in rural as well as urban areas.

Maximum project cost admissible for setting up of new project under PMEGP is Rs. 25 lakh in Manufacturing Sector and Rs. 10 lakh in Service Sector. Subsidy of 25% to 35% of project cost is admissible for Special Categories including women, SC/ST, OBC and 15% to 25% of project cost for General Category applicants. The entire process of application and fund flow is online. The Scheme was launched in the year 2008-09 through merger of the erstwhile schemes of Prime Minister's Rozgar Yojana (PMRY) and

Rural Employment Generation Programme (REGP). A total of 7.8 lakh micro enterprises have been assisted with a margin money subsidy of Rs 19,194 crore providing employment to an estimated 64.7 lakh persons since inception till 31.03.2022. In FY 2021-22, against the targets of assisting 95,181 units, the Scheme has assisted 1,03,219 units by disbursing a subsidy of Rs. 2,977.61 crore and generating employment opportunities for an estimated 8.25 lakh persons. Banks have sanctioned about 1.12 lakh applications. This has been PMEGP's best performance since its inception in 2008-09 despite COVID challenges throughout the year.

4. Ease of Doing Business:

Ministry of MSME is taking several steps to create a conducive business environment for promotion & development of MSMEs in the direction of ease of doing business. These initiatives include revised criteria of MSME classification and making the registration fully online & free from any human intervention. Filing of Udyam Registration is free of cost, transparent, online, hassle free and is based on self-declaration. Udyam Registration is a permanent registration and is a basic identification number for an enterprise. Udyam Registration has an automatic linkage with GeM and TReDS portals for the benefit of MSMEs. This has made doing business easy for MSMEs. In compliance to Budget Announcement 2022-23, the 'Interlinking of e-SHRAM, NCS, Aseem & Udyam Portal' is under process to facilitate the needs of MSMEs such as skilled manpower, training needs, credit facilitation, etc.

5. Delayed Payments & Government Procurement:

Ministry of MSME also monitors the delayed payments to MSEs through SAMADHAAN portal and taking up with concerned Ministries/ Departments to expedite the same. Ministry is actively monitoring the implementation of the Public Procurement Policy for MSEs Order, 2012. Progress of procurement by the CPSEs from MSEs is monitored through "MSME Sambandh Portal". Ministry of MSME is already making every attempt to encourage MSMEs to get themselves on-boarded on the Government e-Marketplace (GeM) portal.

6. Compliance reduction:

Government has considered to extend ease of doing business reforms, specifically to MSMEs inter alia by reducing compliance and Ministry of MSME has issued a notification dated 11th August, 2021 relating to Public Procurement Policy for Micro and Small Enterprises and merged four compliances into one, reducing the number of compliances from seven to four. Further, the balance three compliances, as indicated by Department for Promotion of Industry and Internal Trade (DPIIT), are not considered as a burden but rather are a policy of the Government.

7. Technology Support:

18 Tool Rooms & Technical Institutions functioning under Ministry of MSME have mandate to provide technological support to MSMEs.

Ministry of MSME, implements “Technology Centre Systems Programme” (TCSP) under which 15 new Technology Centres are being established in the country with estimated cost of Rs. 2,200 crore including World Bank funding. These Technology Centres are being established to assist MSMEs in their skilling and technological needs especially in high end technologies. These are equipped with multiple cutting edge manufacturing technologies, 3D Manufacturing/Additive Manufacturing, Laser/Ultrasonic machining, Robotics and Process Automation, Precision measurement/Metrology equipment, for General Engineering and Automotive Sector, state-of-the art Electronics Manufacturing Facilities, Calibration and Testing Facilities for Electronic System Design and Manufacturing Sector. These Technology Centres will also provide skilled workforce to Industries by conducting training programme for youths & will support MSMEs to make India Atmanirbhar in manufacturing in situations like COVID-19 Pandemic with the following:

- (i) Rapid absorption of latest technology
- (ii) Readily available skilled workforce
- (iii) Improved Competitiveness of MSMEs Promotion of Entrepreneurship & Innovation

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 15)

The Committee observe that many Indians, who had travelled to different countries before the lockdown for purposes such as employment, studies/internships, tourism, business, etc., were stranded abroad due to imposed lockdown. The Committee are pleased to note that with aim to better coordinate the requests of stranded Indians abroad and also of those foreign nationals in India, MEA had set up Covid Cell, Covid Control Room, Helpline and Repatriation Portal. In addition, the diplomatic Missions abroad reached out to the stranded Indians and made arrangements for food and shelter for them by mobilising Local Community Associations as well as guidance, counselling and financial support under the Indian Community Welfare Fund (ICWF). The Committee are thankful especially to Indian Missions and Indian diaspora organisations for the exemplary work done by them for their fellow citizens during the unprecedented human crisis. The Committee note that the ICWF was set up in 2009 to assist overseas Indian nationals and operates in times of distress and emergency in the most deserving cases on a means tested basis. The key source of ICWF’s funding is the service charges levied, a three dollar

charge for those who take both visa and consular services, and the Government does not contribute in this Fund. The Committee note that several crores were spent from the ICWF to help stranded Indian nationals in Pandemic period. However, the Committee are of the view that the responsibility of providing assistance to stranded Indians should not have been left only on a small fund like ICWF rather the Government could have managed the problem in a better way by providing more funds to missions. Further, given the fact that a significant role is being played by the ICWF in addressing all types of problems of Indians living abroad, the Committee strongly recommend the Government to expand the scope of eligibility for assistance under ICWF and contribute in it as well particularly in such crisis involving large number of citizens.

Reply of the Government

It is to note that the Indian Community Welfare Fund (ICWF) guidelines were revised on 19th July, 2017 with the approval of the Cabinet and the Gazette notification was issued on 18th August, 2017. The revised guidelines came into effect from 1st September, 2017. The revised guidelines essentially rest on three pillars (i) Assisting Overseas Indian citizens in distress situations, (ii) Community Welfare activities, and (iii) Improvement in Consular services.

Under the revised ICWF guidelines, the scope of welfare measures was expanded. Legal/financial assistance to Indian women deserted by Overseas Indians/foreign nationals has also been permitted. Missions/Posts were authorized to incur expenditure from the ICWF Funds within the scope of the guidelines on Community Welfare and Consular Services besides the core welfare activities. Prior to the revision, there were no provisions for Community Welfare Activities and Improvement in Consular Services.

It is also to be noted that under the ICWF guidelines, if Heads of Mission/Heads of Post consider it necessary to deploy the Fund in most deserving cases, for services not indicated in these guidelines or if Mission/Posts' funds are not adequate to meet a contingency, they can seek prior approval of the Ministry of External Affairs by sending a detailed self contained proposal along with facts, justification etc. The proposal is put up to a committee for their recommendation. Once recommended by the committee, the proposal involving expenditure of Rs. 25 lakhs shall be submitted to Foreign Secretary and beyond Rs. 25 lakhs shall be submitted to External Affairs Minister for approval.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 16)

The Committee note that before imposition of lockdown in India, special flights were operated to evacuate stranded Indians in China and Iran and post lockdown Vande

Bharat Mission was started on 7th May, 2020 to evacuate Indians distressed and stranded due to lockdowns/restrictions all over the world. These operations were to be carried out through non scheduled commercial flights arranged by Air India, chartered flights, “Air Bubble flights” and “Samundra Setu” operations of Indian Navy to bring back Indians from overseas. Under the Air Bubble arrangement the citizens of two countries are allowed to travel without touching a third country. The Committee are apprised that firstly those passengers who wanted to return had to register on MEA’s REPAT PORTAL and thereafter, they were chosen logically on the basis of compelling grounds. The Committee appreciate the way the biggest evacuation was successfully conducted by Ministry of External Affairs and Ministry of Civil Aviation to bring back more than 55 lakh Indian workers, professionals, students and tourists stranded abroad due to imposition of lockdowns. In addition to getting our own nationals back, 120 nations were assisted to safely evacuate their nationals stranded in India during lockdown. The Committee, however, are constrained to note that higher airfares were charged in VBM flights on the ground that aircraft were travelling empty (ferry) on the outbound leg and the cost of operations had to be recovered from the one-way load. They also note that people also faced problems in refunds and high cancellation charges. They are pleased to note that the Hon’ble Supreme Court had intervened on the issue. The Committee hope that the Government will stick to strict compliance of the orders of the Apex Court in this regard. Moreover, the Committee also desire the Government to review the existing institutional mechanism for evacuation in view of experiences gained during this historic evacuation exercise so that any such emergent situations in future might be dealt with more effectively.

Reply of the Government

Ministry of Civil Aviation vide Office Memorandum dated 16.04.2020, acknowledged the unusual situation that has arisen due to the lockdown imposed to contain spread of COVID-19 and ban on operation of all domestic and international flights during this period. After consideration of grievances received from various quarters, MoCA issued advisories to DGCA on refund of air fare in respect of tickets booked during the lockdown period with an intent to prevent a financial loss to air travellers. DGCA has further circulated these advisories to all airlines for compliance.

Ministry of External Affairs created a special division ‘Rapid Response Cell’ in July 2021 mandated to handle crisis situation such as evacuation, repatriation, humanitarian aid, pandemic etc in future.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 17)

The Committee observe that with the spread of the COVID-19 Pandemic in various countries, especially, the Gulf and the European countries, the economic activities in these countries were reduced drastically on account of closure of factories, business establishments etc. leading to job loss of a large number of Indian migrant workers. To this effect, the skilled Workers Arrival Database for Employment Support (SWADES) and the Atmanirbhar Skilled Employee-Employer Mapping (ASEEM) were launched jointly by the Ministries of Skill Development and Entrepreneurship, External Affairs and Civil Aviation with the aim of consolidating a database of the skilled workforce returning to the country under the Vande Bharat Mission (VBM) and facilitating employment opportunities for those registering on ASEEM portal. The Committee note that through ASEEM, a massive outreach programme with all the employers including private sector in the country was conducted to encourage them to use ASEEM portal for hiring all kinds of candidates for job in their establishments. The top sectors in which people are registering themselves are construction, oil and gas, tourism, hospitality, automotive, IT and IT e-services. The Committee observe that so far, a very small number of returnees could get jobs under the ASEEM system and hence feel the need of a review and more comprehensive intervention in the outreach programme of ASEEM. The Committee further note that India International Skill Centres facilitate thousands of trained citizens under its ambit to get job in Gulf countries as well as Canada and Italy every year. Although there have been massive impact on certain sectors internationally, yet the Committee think that there is an opportunity before the country to use it in its favour. For example, as per the Global Skill Gap Study, there is a potential for mobilizing skilled Indian healthcare workers to fulfill the global demand that stands approximately, 2,00,000 up to 2022 in 12 countries which include: Australia, Canada, Germany, Japan, Sweden, United Kingdom, United States of America, Switzerland, New Zealand, Qatar, Kingdom of Saudi Arabia and Singapore. The Committee, therefore, strongly recommend the Ministry of External Affairs in coordination with the Ministry of Skill Development and Entrepreneurship should make sincere efforts to mobilize and train the Indian healthcare workers to improve their skills as per global demand of healthcare workers so that they can get employment in these 12 countries. Similar initiatives are also required to be taken urgently in similar other areas requiring human resources.

Reply of the Government

Government of India launched the SWADES (Skilled Workers Arrival Database for Employment Support) initiative for citizens returning under the Vande Bharat Mission (VBM) at the beginning of the pandemic.

SWADES is a joint initiative of the Ministry of Skill Development & Entrepreneurship, the Ministry of Civil Aviation, and the Ministry of External Affairs

which aims to create a database of returning citizens based on their skill sets and experience. The returning citizens are required to fill an online SWADES Skills Card at <http://www.nsdcindia.org/swades/>.

A call center/SMS outreach was also conducted for citizens who arrived in India and did not complete SWADES registration.

The information collected via the skills card was used to facilitate placement opportunities by integrating with Skill India's ASEEM (Aatmanirbhar Skilled Employee Employer Mapping) portal.

As on 28th February 2022, more than 33,957 candidates have registered for SWADES Skill Card.

- **Top Countries** – UAE, Oman, Qatar, Saudi Arabia, Kuwait (77%)
- **Top Sectors** – Construction, Oil & Gas, Tourism & Hospitality, Automotive, Management, Entrepreneurship & Professional (52%)
- **Top Receiving Indian States** – Kerala, Tamil Nadu, Maharashtra, Uttar Pradesh, Karnataka (72%)

NSDC is facilitating placement opportunities for candidates who have shared data on SWADES Skills Card through ASEEM (Aatmanirbhar Skilled Employee Employer Mapping) portal by connecting candidates with the companies in the country. Job connect has been established with 7,495 candidates by employers registered on ASEEM. NSDC International and **Apollo Medskills** have signed an MoU to explore employment opportunities in **healthcare sector, life science and wellness industries** across Europe (mainly into United Kingdom and Germany), Middle East, Japan and Canada.

Currently, Ministry of External Affairs provides Pre-Departure Orientation Training (PDOT) aimed at enhancing soft skills of Indian migrant workers largely going to the Gulf region and Malaysia in terms of culture, language, tradition and local rules and regulations of the destination country, to sensitize migrant workers about pathways to safe and legal migration and various government programmes for their welfare and protection.

As on 28th February 2022, 1,12,212/- migrant workers have undergone PDO Training. Shri V. Murleedharan, Minister of State for External Affairs addressed the special event on reaching of land mark figure of one lakh participants. In a certification handing over programme, MOS handed over a participation certificate to 100000th participant virtually. During this special event, MOS has also launched PDOT portal <http://pdot.mea.gov.in>.

The Ministry also launched the first online Pre-departure Orientation Training

(PDOT) Programme on 7 April 2021 with an objective to provide pre-departure orientation training to prospective migrants who are not in a position to attend the training in-person.

PDO Manuals for Master Trainers have been developed in 7 different languages viz. Bengali, English, Hindi, Malayalam, Punjabi, Tamil and Telugu. Similarly, Handbooks for migrant workers have also been developed in eight languages i.e. Hindi, English, Bangla, Malayalam, Tamil, Telugu, Punjabi and Urdu. Presently, these handbooks are distributed to prospective migrant workers attending One Day PDO Training at 31 PDOT centres.

The Awareness Generation and Training of Trainers (TOT) Workshops were organized by the Ministry in collaboration with India Centre for Migration (ICM) and State Governments aimed at generating awareness and to sensitize participants about the benefits of safe, orderly and regular migration and welfare and protection measures of the Ministry for the migrant workers. Awareness Generation and Training of Trainers (TOT) Workshops have been conducted in nine States i.e. Andhra Pradesh, Bihar, Kerala, Rajasthan, Punjab, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal in coordination with the concerned Departments of the State Government.

E-books of PDO Manuals for Master Trainers and Handbooks for emigrant workers with a standardized content have been developed in Hindi, English, Bangla, Malayalam, Punjabi, Tamil and Telugu languages under the aegis of India Centre for Migration (ICM). These E-books have been uploaded on e-Migrate website for wider public dissemination.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 18)

The Committee are of the view that remittances received as foreign exchange are a vital source of income and means of survival for a chunk of Indian communities and families. The Committee observe that there has been significant decline in the remittances because of loss of employment due to the economic disruption induced by the COVID-19 pandemic and lockdown in the various host countries, particularly those in Gulf countries. The Committee are apprised that those returnees who have valid visa are allowed to return back to their destination of employment. The Committee, therefore, desire that the Government should suitably facilitate those people who want to go back to their jobs so that they are enabled to fulfill the needs of their families and also restore foreign exchange remittances in the country. Given the significant role of remittances received as foreign exchange in Indian economy, the Committee would like to suggest the Government to take steps for encouraging remittances and for its easy flow into the country. Albeit, the health scenario ought not to be lost sight of.

Reply of the Government

The Hon'ble Committee has rightly pointed out that a large number of Indian workers in the Gulf returned to India as a result of the impact of Covid-19. However, due to economic recovery in that region and their increasing openness to travel from India has now seen a return by many of them. As per Government's estimates, about 7,16,662 workers returned from the six Gulf countries under the Vande Bharat Mission. Their country-wise breakup is given below:

S.No.	Name of ECR Countries	Estimated No. of Indian workers
	UAE	3,30,058
	Saudi Arabia	1,37,900
	Kuwait	97,802
	Oman	72,259
	Qatar	51,190
	Bahrain	27,453
	TOTAL	7,16,662

As the pandemic receded focus has shifted to pressing for return of workers and families on an expeditious basis. To that end, all Gulf nations were pressed to establish air bubbles and ease visa, travel and health restrictions. All countries in the Gulf responded favourably to these efforts by the Government as a result of which, there has been a steady flow of returnees back to the Gulf. Government will continue to make this its priority in engagement with the Gulf nations. These issues have been taken up by the Government with its Gulf counterparts at the highest levels. Since March 2020, Prime Minister has had telephonic conversations with Crown Prince of Abu Dhabi (March, May 2020 & January 2021), King of Saudi Arabia (twice in September 2020) and Crown Prince of Saudi Arabia (March 2020 & March 2021), Amir of Qatar (March, May, December 2020 & April 2021), Sultan of Oman (April 2020 & February 2021), King of Bahrain (April 2020) and Amir of Kuwait (April 2020). External Affairs Minister visited UAE (November 2020 & April, November, December 2021), Qatar (December 2020 & June, August 2021 on transit), Bahrain (November 2020) and Kuwait (June 2021). He spoke to Foreign Ministers of UAE (April, June, August 2020 & January, April 2021), Saudi Arabia (April, June, September 2020 & January, February, May, November 2021), Qatar (April, December 2020 & May 2021), Oman (April, August, September, December 2020 & September 2021), Bahrain (April 2020 and May 2021) and Kuwait (April 2020 & March, April, May 2021). EAM also met his counterparts from Gulf countries on sidelines of other meetings such as Foreign Minister of Saudi Arabia on sideline of G-20 meeting in Italy in June 2021 and Foreign Ministers of Kuwait and Oman in Tehran in August 2021.

India also hosted visits of Foreign Ministers of UAE (February 2021), Saudi Arabia (September 2021), Bahrain (April 2021) and Kuwait (March 2021) as well as Secretary General of Gulf Cooperation Council (November 2021). Minister of State (VM) similarly paid visits to Gulf nations UAE (January and October 2021), Oman (December 2020) and Bahrain (August-September 2021). MOS (VM) also held a virtual meeting with Indian community organisations and leaders in October 2021.

Government has convened regional (Gulf) Heads of Missions of India meetings on this specific subject inter alia physically in Kuwait in June 2021 and virtually in July 2021. Government also launched in January 2021 a program to upskill Indian blue collar workers in UAE to enhance their employability and wages. Embassies are continuing to pursue with the Governments in the Gulf the return of Indian workers, the realization of payments due to them, new recruitment in the light of economic recovery, and other welfare measures as appropriate.

With regard to the above it may be noted that as per the provisions of section 5 read with section 6 of the Income-tax Act, 1961 (Income-tax Act) any income of a non resident that is received/deemed to be received and accrues/arises/ deemed to accrue / arise outside India is not chargeable to tax under the Income-tax Act. Hence, the foreign sourced income of non-resident that is received outside India and then remitted to India is not taxable in India. Further, it may also be noted that in the case of a non-resident making remittance in a Non-Resident (External) [NRE] Account in any bank in India, the interest income accruing in such an account is exempt as per the provisions of sub-clause (ii) of clause (4) of section 10 of the Income-tax Act. As is evident from the above, necessary tax reliefs have already been provided under the Income-tax Act for encouraging remittances and aiding their easy flow into the country.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 19)

The Committee observe that the severity of the COVID-19 Pandemic has challenged the health systems worldwide while preventive measures have disrupted normal life and business activities. Both advanced economies and emerging market economies including India have faced severe contraction in their GDP. The Committee are happy to learn that multilateral institutions such as UN and its agencies WHO, UNICEF, UNDP and G 7, G 20, BRICS, World Bank, Asian Development Bank, SCO, SAARC, etc. have played crucial role in responding to the Pandemic with unprecedented speed and magnitude of financial assistance to help countries protect the lives and livelihoods of people, especially the most vulnerable. India as an important shareholder has been involved in detailed deliberations in these multilateral institutions. The

Committee are pleased to note that India played a prominent role in drafting the G-20 Action Plan specially on commitments related to economic response and recovery to strong, sustainable, balanced and inclusive growth, underlining the need for putting human beings at the centre for vision of prosperity and cooperation, and presenting the vision of a more people centric globalization. The Committee admire the strategy of the Government under which India provided medical assistance in the form of essential drugs, test kits and protection gear to over 150 countries during the first wave. In addition, on request of partner countries, Operation Sanjeevani and Mission SAGAR were initiated to overcome daunting logistical challenges to supply of medicines and medical supplies to Maldives, Mauritius, Madagascar, Sri Lanka, Seychelles, Comoros and the Dominican Republic. Under SAARC COVID-19 Emergency Fund, assistance in the form of supply of medicines, medical equipment and Rapid Response Teams was provided to SAARC countries through India's bilateral aid arrangements. India's efforts at addressing the health system challenge and social support measures have been appreciated by multilateral and bilateral agencies and during second wave of Pandemic in India in April – June, 2021 the world came forward to reciprocate India's generosity and India received medical assistance in various form from 52 countries. Given the crucial role played by multilateral fora in fight against the pandemic, the Committee feel that we can overcome this threat to humanity only by building a more sustainable and resilient world through enhanced international cooperation. Hence the Committee strongly desire that efforts by the Government should continue to fight with Covid-19 Pandemic through international cooperation and also to strengthen as well as bring the necessary reforms in the UN and other international organizations for a more sustainable and resilient world to ensure swifter post Pandemic recovery and rehabilitation.

Reply of the Government

COVID-19 pandemic has put a spotlight on the WHO with a call for WHO reforms and assessment of its pandemic preparedness. In this context, following three review mechanisms were setup : Independent Panel for Pandemic Preparedness and Response (IPPPR); Review Committee under the International Health Regulations (IHR) and Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC).

India has actively participated in the negotiations on the COVID-19 resolution 73.1 adopted by World Health Assembly (WHA) in May 2019, which asked the Director General of the WHO to establish the Independent Panel on Pandemic Preparedness and Response (IPPPR). India was also instrumental in including references to access and benefit sharing in the WHA Resolution 74.7 on Strengthening and Reforms of the WHO adopted in May 2021, which is a follow up to WHA Resolution 73.1. India co-sponsored

both these resolutions.

There are further ongoing discussions and India actively participates in the negotiations on WHO reforms. India is of the view that these reforms can lead to a more responsive and better Global Health Architecture.

Government of India has made strenuous efforts to combat COVID-19 pandemic through strong international cooperation, including at the United Nations.

More than 170 million doses of Made-in-India vaccines have reached 96 countries and UN entities, including 41 million doses to 48 countries under the COVAX facility and 14 million doses to 48 countries and UN Peacekeepers as bilateral donation. India also upgraded two peacekeeping hospitals in Goma in Democratic Republic of Congo and Juba in South Sudan, respectively, at the onset of the pandemic itself.

Government of India has been according highest priority for reforms in the United Nations Security Council (UNSC). The process of UNSC Reforms is being presently discussed under the Inter-Governmental Negotiation (IGN) framework of the UN General Assembly, where India along with like-minded countries has been pushing for text-based negotiations to commence on an urgent basis. A large number of countries have supported India's candidature for permanent membership of the UNSC. India is working alongside other reform-oriented countries through its membership in G-4 (India, Japan, Brazil, and Germany) and the L.69 Group (a cross regional group of countries from Asia, Africa, and Latin America) for building support among the UN Member States for expansion in both permanent and non-permanent categories. United Nations Security Council reforms and expansion of its membership, with India as a permanent member, continues to be one of Government of India's key priorities in all its bilateral and multilateral engagements including at the highest levels and the Government is engaging with other countries on this issue.

Beginning with the year 2020, health has dominated the discussions in G20, especially given the background of the COVID-19 pandemic. Italy, in 2021, hosted the Global Health Summit at the Leaders' level with a special focus on recovering from the pandemic and leaders of the G20 committed to a series of principles and actions to better prepare for future pandemics.

It is worth mentioning that in 2020 India and Africa submitted a "Waiver from Certain Provisions of The Trips Agreement for The Prevention, Containment and Treatment of COVID-19" proposal (TRIPS Waiver). The TRIPS waiver may also

help implement anti-monopoly schemes to be able to address access inequality of public health emergency countermeasures (i.e.VTDs).

Throughout the year 2021, the G20 Health Working Group continued discussions on addressing the accessibility of vaccines, therapeutics and diagnostics (VTDs) and addressing gaps in the global health architecture to better prepare for future pandemics. This led to the establishment of the Joint Finance-Health Task Force (JFHTF). The JFHTF, under the co-chairship of Indonesia and Italy, is working towards achieving consensus on financing for pandemic preparedness and response (PPR) to address potential financing gaps, mobilizing an appropriate mix of existing multilateral financing mechanisms and explore setting up new financing mechanisms. The G20 Joint Finance-Health Task Force (JFHTF) Secretariat is now being established at WHO with the active participation of MoH&FW, India.

Currently, the MoH&FW in consultation with Ministry of External Affairs is working to identify priority issues that India may consider for the Health Working Group during India's G20 Presidency. The draft priorities identified include working towards health emergencies prevention, preparedness and response and, strengthening cooperation in pharmaceutical sector to ensure availability of medical countermeasures. During its G20 presidency, India will continue to make all possible efforts to strengthen international/multilateral cooperation towards pandemic prevention, preparedness and response (PPR) against COVID-19 for a sustainable and resilient health system. Ministry of External Affairs is also prioritizing the idea of Sustainable and Disaster and Resilient Infrastructure during our G20 Presidency.

India is proactively engaged with the Shanghai Cooperation Organization for evolving a co-ordinated response to Covid-19 Pandemic. The devastation wreaked by the pandemic in 2020 overwhelmed the SCO region. An extra-ordinary session of the SCO Foreign Ministers was held on 13 May 2020 in virtual format, where the Member States came together to discuss the impact of Covid-19. At the meeting EAM highlighted the initiatives taken by India in the wake of the pandemic. The SCO Foreign Ministers underscored the need for a decisive, well-coordinated and inclusive multi-lateral action with a key role by the UN in combating the spread of the virus and in mitigating the impact of the pandemic. The Foreign Ministers also noted the need to develop a comprehensive action plan for SCO to ensure the well-being of their people during epidemiological crises. A Joint Statement was issued at the end of the meeting.

In 2021, under the Tajik Chairmanship, a recommendatory Plan of Action 2021-2023 was developed to overcome the negative socio-economic consequences of the pandemic. The strategy document looks at sectors where SCO Member States could

collaborate, proposes measures that could be adopted to mitigate the impact of the pandemic or help hasten the process of economic recovery in those sectors of the economy. This covers a wide range of areas like public health, banking, trade, tourism, agriculture & food security, transport & connectivity etc. The meetings of expert working group was also a robust platform for exchange of views and experience in dealing with the real-time issues faced in these areas. The strategy document was adopted by the Heads of State at the SCO Summit held in Dushanbe in September 2021.

These collaborative measures & exchange of best practices are a meaningful way to assess and develop effective measures against impact of Covid-19.

Under the Quad Vaccine Partnership announced by the Quad Leaders at their first virtual Summit on 12 March 2021, the following initiatives on building health security and contributing to the global efforts against the pandemic have been taken:

i. The US Development Finance Corporation invested US\$ 50 million in the Biological E facility in Hyderabad to augment its vaccine manufacturing capacity.

ii. Under a licensing agreement between BioE and Johnson and Johnson, production of J&J's Janssen vaccines commenced at the BioE facility in October 2021. Janssen vaccine has already received an Emergency Use License (EUL) from the WHO. However, separate EUL approvals by WHO for the production facility at BioE and the drug substance produced in India are needed before the vaccines can be cleared for export. Inspections for both these approvals have taken place and WHO approvals are currently awaited to start delivery of these vaccines under the Quad Vaccine Partnership.

iii. At the first in-person Quad Leaders' Summit in September 2021 in Washington DC, Prime Minister announced that India would gift 500,000 doses of Made in India vaccines to countries of the Indo-Pacific under the Quad Vaccine Partnership. Pursuant to this announcement and to kickstart deliveries under the QVP, India has provided 525,000 doses of Made in India vaccines to two countries of the Indo-Pacific- 325,000 doses of Covishield to Cambodia and 200,000 doses of Covovax to Thailand on 12 and 21 April 2022 respectively.

Global Action Plan

i. The US convened the first Global COVID Summit in September 2021 chaired by President Biden. A select group of countries, including India, were invited for the Summit. PM participated in the Summit and spoke of India's national vaccination programme and announced that India would restart its vaccine exports shortly.

ii. As a follow up to the Summit, US Secretary of State, Antony Blinken, convened three COVID Ministerial meetings, in which India participated. The US proposed a Global Action Plan to end the pandemic and build future health security globally, with six identified lines of Effort, namely:

- (a) Get Shots in the Arm
- (b) Bolster Supply Chain Resilience
- (c) Address Information Gaps
- (d) Support Healthcare workers
- (e) Facilitate acute non-vaccine interventions
- (f) Strengthen global health security architecture

iii. India is actively participating in the Global Action Plan to leverage our capacities in the pharma and vaccine manufacturing sectors and our experience with capacity building and training healthcare workers.

iv. Under the Global Action Plan, India is supporting discussions on mobilizing additional finances and resources from multilateral development banks and international financial institutions on extending vaccination coverage to other parts of the world and building a more robust health security architecture to better prepare for future health crises.

v. The next Global COVID Summit would be hosted virtually by the US along with other partners who are currently chairing various regional and plurilateral organizations- Belize (as CARICOM Chair); Indonesia (G20 President); Germany (G7 President) and Senegal (African Union Chair).

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 20)

The Committee appreciate the scientists in the country for their tireless efforts to develop the COVID-19 Vaccines in a very short span of time. The Committee are informed that India is the world's foremost producer of vaccines and contributes to immunization of about 60 per cent of the world's children, and as per data provided by the Ministry of Health and Family Welfare, as of now nine vaccines namely Covishield, Covaxin, Sputnik V, Spikevax(RNA) by Moderna, Janssen by Johnson and Johnson (single dose vaccine), ZyCoV-D, Cobevox, Covovax and Vaxzeric have been granted permission for restricted emergency use and four-five of them are being used for Covid-19 vaccination in the country. Further, 6 more vaccine candidates are under various stages of development. The

Committee understand that the primary protection against covid is vaccination and feel privileged to note that India not only started the world's largest and fastest COVID -19 vaccination drive on 16 January 2021 by utilizing the country's vast experience of immunization programmes and of conducting large-scale immunization campaigns, employing its experience of elections (booth strategy) to effectively cover large numbers and varied geographies. The Committee appreciate the decision of the Government under which with its avowed commitment to help the world fight the pandemic, India shipped millions of „Made-in-India“ COVID -19 vaccine doses to various countries under its „Vaccine Maitri“ programme in the modes of grant, commercial sales and through the COVID-19 Vaccines Global Access (COVAX) facility despite its huge domestic requirements in the country. This was stopped in April 2021 by giving top priority to national demand and has been restarted recently in view of sufficient availability of doses. Apart from this, India has conducted modules of training of experts in the neighbouring and gulf countries on vaccine trials, cold chain development and maintenance, and related issues. This humanitarian approach of India has been widely appreciated by the world's leadership. The Committee would like to praise both the Ministry of External Affairs and the Ministry of Health and Family Welfare for the work they have done to deliver the made in India vaccine globally despite huge domestic demand. The Committee are convinced that such diplomatic initiative has helped raise our stature in comity of nations including establishing India as the Pharmacy of world and due to such initiative a large number of countries reciprocated this generosity by providing significant medical and other assistance during second wave in India and desire that the same policy should continue with the sufficient enhancement in production of vaccines as the COVID-19 being a global Pandemic cannot be overcome ignoring international cooperation.

Reply of the Government

India is continuing its 'Vaccine Maitri' and has enhanced its portfolio of vaccines being exported. Till 27 April 2022, India has exported 18.5 crore of vaccine doses to 98 countries and two UN entities. 1.47 crore doses have been gifted while 4.25 crore doses have been supplied through the COVAX mechanism. India has exported 1.27 crore doses of 4 different COVID-19 vaccines.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 21)

On analysing the facts placed by the Ministry of Health and Family Welfare regarding vaccine hesitancy and side effect of vaccine, the Committee observe that in the initial phase of vaccination, the vaccine hesitancy was one of the reasons for slow speed of vaccination. People hesitated to get vaccinated for many reasons from personal views and fears, logistical problems. Many of the prominent doctors and distinguished

personalities have received vaccine shots to dispel vaccine hesitancy amongst the masses. As far as the adverse events are concerned it is almost a surrogate for zero. The Committee are of the opinion that since the COVID-19 vaccines are new and developed at short notice, the surveillance of short and long term adverse effects, duration of protection and effectiveness of vaccines in reducing severity of disease and mortality is crucial and a failure to report adverse effects transparently could easily create fear among beneficiaries and discourage them from taking vaccine. Hence, the Committee strongly desire that people should be made aware about the facts through print and electronic media that Covid-19 vaccines are carefully tested for safety, the vaccine side effects are temporary and getting the vaccine can protect a person from getting seriously sick, getting a vaccine will add extra protection to those who already had Covid-19, vaccination help to save others particularly vulnerable people in society and maximum vaccination only can help us to move closer to normal life. Moreover, the Government should ensure proper follow up of vaccinated people in order to get empirical evidence of benefits as well as that side effects if any, of Covid-19 vaccination to convince the hesitant people.

Reply of the Government

COVID-19 vaccines has been approved by CDSCO for indication to prevent COVID-19 wherein as per one of the conditions of permission, all the applicants were directed to disseminate the Summary of Product Characteristics (SmPC) & Factsheet of COVID-19 vaccine which contains summary of clinical trial data including safety including adverse events, efficacy, immunogenicity, precautions & contraindications etc. on their website. Further, the SmPC & Factsheet of the approved COVID-19 vaccines are also publically available on the website of CDSCO i.e. www.cdsc.gov.in.

The permission holders of COVID-19 vaccines were directed to provide safety data of vaccination in immunization program including Adverse Events following immunization (AEFI) & Adverse events of special interest (AESI) at every 15 days till first two months & monthly thereafter till the completion of the ongoing clinical trials.

As a condition of marketing authorisation permission for sale or distribution of COVISHIELD and COVAXIN vaccines, M/s Serum and M/s Bharat Biotech were directed to monitor AEFI and AESI with due analysis on six monthly basis or as and when available whichever is earlier as per NDCT Rules, 2019.

Further, all the marketing authorisation permission holders of COVID-19 vaccines are also required to submit the safety data through periodic safety update reports (PSUR) as per the requirements of New Drugs & Clinical Trials Rules, 2019.

Above measures are taken to collect safety data post vaccination which will enable updated safety data of COVID-19 vaccine and acceptance by the hesitant people.

For programmatic vaccines, the safety follow up is made by AEFI secretariat of Immunization Division of MoHFW. Further, information with regard to people to make aware through publication of facts on COVID-19 vaccines through print and electronic media may be obtained from Immunization division & concerned division of MoHFW.

Adverse Event Following Immunization (AEFI) are monitored through a well-structured & robust AEFI surveillance system. AEFI is any untoward medical occurrence which follows immunization and may not necessarily have a causal relationship with the vaccine.

Causality assessment by the designated AEFI committee helps in determining if AEFI is related to vaccine or vaccination process or otherwise. For COVID19 vaccinations, same process is being followed. AEFI among the beneficiaries of vaccination are reported by the vaccinator or the District Immunization Officer in the CoWIN portal. As part of the AEFI surveillance system, all serious and severe AEFI cases are investigated and causality assessment are conducted to determine if AEFI is related to vaccine, vaccination process or otherwise.

Each case is causality assessed at the state level before it is assessed by the National AEFI Committee. The details are then uploaded on the MoHFW website.

The links for information made available in public domain are mentioned below:

- <https://main.mohfw.gov.in/sites/default/files/Englishcovernote.pdf>
- https://main.mohfw.gov.in/sites/default/files/immunizationenglish30032021_0.pdf.
- <https://main.mohfw.gov.in/sites/default/files/cassuliatyassesment11062021eng.pdf>.
- <https://main.mohfw.gov.in/sites/default/files/AEFI60casesreportenglish.pdf>.
- <https://main.mohfw.gov.in/sites/default/files/Englishnote.pdf>.
- <https://main.mohfw.gov.in/sites/default/files/aefienglish.pdf>
- <https://main.mohfw.gov.in/sites/default/files/cassulityassesmentreportenglish.pdf>.
- <https://main.mohfw.gov.in/sites/default/files/english%20Covering.pdf>

- <https://main.mohfw.gov.in/sites/default/files/englishimmunisationlist24112021.pdf>

Further, the COVID-19 Communication Strategy for vaccination has been prepared that focused on building vaccine confidence through clear, consistent and transparent messaging and emphasized on providing correct information on COVID-19 vaccines, addressing vaccine hesitancy and vaccine eagerness and promoting COVID appropriate behavior. It also focuses on social media involvement, engaging mass media and international media, social and community engagements at various levels and managing crisis emerging from AEFIs.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 22)

The Committee find it a big challenge before the Government to vaccinate the estimated adult population of 94 Crores (0.94 billion) in the country. The current level of vaccination may leave the country susceptible to another wave of COVID-19. The Committee, however find that the efforts made in this direction has enhanced the indigenous production and availability of vaccines significantly and the requisite target of vaccination everyday has been achieved with such planned and concrete efforts and the Government has been able to vaccinate more than eighty percent of eligible adult population and have achieved the target necessary for development of herd immunity of full vaccination of adult population more or less as per the target by using all means. The Committee are also happy to note that with the same zeal and in a planned way the Government has approved and started the vaccination of 15-18 years aged children and more than 70 percent of eligible population of children of the age group has got first dose of vaccine. The Committee also find that the vaccine for children below 15-18 years of age has also been approved and therefore, desire that these children are also vaccinated in the similar manner. The Committee have been informed that the priming effect of two shots is likely to wane in six months to a year in a significant number of persons that is why the booster shots/precaution doses for the health workers, front line workers, immune compromised and elderly persons has also started and this vulnerable population has been protected. Before concluding the Committee would like to advise the Government that COVID-19 Pandemic is a once in a century calamity but it does not mean that this is the last one to visit us. It is also not necessary that such calamities may befall at similar intervals. It is, therefore, imperative that a National Policy on combating viral and other such diseases which have the potential of spiraling into global Pandemics is worked out with utmost care, seriousness and speed and acted upon with due promptitude.

Reply of the Government

Ministry of Health & Family Welfare routinely reviews, updates and disseminates its 'Crisis Management Plan' for responding to public health emergencies and for mitigating the health impact of other disasters.

In addition, the National Disaster Management Authority (NDMA) has already prepared and widely disseminated its 'Guidelines on Management of Biological Disasters'.

As on 27th April 2022, more than 188.19 Crore vaccine doses have been administered across the country, including 2.70 precaution dose. 91.41 crore (97%) 1st dose and 80.86 crore (86%) 2nd dose have been administered among the adult population. Further, 5.83 crore (79%) 1st dose and 4.17 crore (56%) 2nd dose have been administered among the adolescents aged 15-18 years. Vaccination of children aged 12-14 years started from 16th March 2022 and till date, 2.71 crore 1st dose and 37.27 lakh 2nd dose have been administered.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

CHAPTER III

**OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT
DESIRE TO PURSUE IN VIEW OF THE GOVERNMENT'S REPLY**

-NIL-

CHAPTER IV

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF THE GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE GOVERNMENT AND REQUIRE REITERATION

Recommendation (Sl. No. 12)

The Committee note that under the Pradhan Mantri Garib Kalyan Yojana, the Government paid the mandated 24 per cent contribution in PF accounts, i.e 12 per cent for the employees and 12 per cent for the employers, particularly for the companies whose strength is upto 100 and where 90 per cent of the employees earn Rs. 15,000. While appreciating this initiative, the Committee are of the opinion that it should have been made applicable to those establishments having more than 100 employees also. The Committee also feel that the welfare measures during Pandemic faced difficulties due to lack of definition of Inter-State Migrant Worker in the Draft Labour Code on Occupational Safety and Health, a National Database on Workers for the registration of workers and implementation „One Nation One Ration Card“ addressing the issues of exodus of migrant workers. Hence, the Committee desire that the Government must ensure the implementation of these important interventions in the country so that the affected population may not face any difficulty in getting the help of Government in case of any such eventuality in future.

Reply of the Government

1. The Ministry of Finance had announced a set of Pro-poor initiatives under Pradhan Mantri Garib Kalyan Yojana (PMGKY) as part of the Economic Response to COVID-19 during the first phase of lockdown. That was aimed at ameliorating the hardships faced by poor due to economic disruption caused by Corona Virus.

One of the measures announced in respect of the Ministry of Labour and Employment as part of Pradhan Mantri Garib Kalyan Package, is as under:

“DBT Cash Transfers – Organised Sector”

- (i) Wage-earners below Rs.15,000 per month in businesses having up to 100 workers are at risk of losing their employment; and
- (ii) The Government of India will contribute both 12% employees share and 12% Employers Share under Employees’ Provident Fund (EPF), totaling 24% for the next three months for all the establishments with up to 100 employees with 90% of such

employees earning less than Rs.15,000 monthly wage.

Accordingly, Government of India contributed both 12% employers' share and 12% employees' share under Employees' Provident Fund (EPF), totaling 24% for the wages months of March, April and May, 2020 for all the establishments having up to 100 employees with 90% of such employees earning less than Rs.15,000 monthly wage.

Due to prolonged lockdown, the assistance under PMGKY was extended by another 3 months viz. for the wage months of June, July, and August, 2020 in order to provide liquidity relief to establishments as it was felt that businesses continued to face financial crisis as they got back to work.

The Aatmanirbhar Bharat Rozgar Yojana (**ABRY**) was launched in October 2020 to incentivize employment generation in Employees' Provident Fund Organisation (EPFO) registered establishments during Covid recovery phase by payment of both employees & employer's contributions (24% of wages) in Establishments employing up to 1000 employees & only employee's EPF contributions (12% of wages) in establishments employing more than 1000 employees in r/o new employees for 24 wage months from the date of registration of new employees.

Further, the rate of Employees' Provident Fund (EPF) contributions was reduced from 12% to 10% of wages for 3 months (May, 2020 to July, 2020) to provide more take home salary to employees and relief to employers of all establishments other than Central Public Sector Enterprises and State Public Sector Enterprises and other establishments owned by, or under the control of the Central Government or the State Government and those covered under PMGKY.

2. The Code on Occupational Safety, Health and Working Conditions, 2020, passed by the Parliament in 2020, defines the 'inter-State migrant worker' in Section 2.(1)(zf) as follows:-

"inter-State migrant worker" means a person who is employed in an establishment and who— (i) has been recruited directly by the employer or indirectly through contractor in one State for employment in such establishment situated in another State; or (ii) has come on his own from one State and obtained employment in an establishment of another State (hereinafter called destination State) or has subsequently changed the establishment within the destination State, under an agreement or other arrangement for such employment and draws wages not exceeding the amount of rupees eighteen thousand per month or such higher amount as may be notified by the Central Government from time to time;"

3. e-Shram Portal- For the first-time ever, an online portal has been launched on August 26, 2021 for creating a national database for 38 crore unorganised sector workers, which is seeded with Aadhar. Any unorganised sector worker who is aged between 16 to 59 years can self-register or register through common service center. Collection of data will help evidence-based policy making and statistics-led implementation of programmes for provision of Social security benefits like insurance, pension, medical benefits etc. to unorganised sector workers As of now, 27.32 crore e-shram cards have been issued.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

Recommendation (Sl. No. 14)

The Committee observe that due to prolonged closure of schools and higher educational institutions to contain the spread of virus in the country, the education sector has been seriously impacted and has witnessed unprecedented transformation in classroom system. The Committee are happy to learn that during such difficult times, the Government has enhanced the scope of open online courses under the Study Webs of Active-Learning for Young Aspiring Minds (SWAYAM) courses from 20 per cent to 40 per cent and providing the content through educational channels of DD wherever the access of online content was difficult, Through the National Initiative for School Heads' and Teachers' Holistic Advancements (NISHTA), thousands of teachers were trained to use technology to get acquainted with online resources and to provide these resources to students. The Classroom activities and Board exams have been avoided keeping the safety of students in mind. However, on the other hand, the Committee observe that the education sector has been facing several challenges like digital divide, availability of devices and connectivity due to which a significant number of students could not continue their studies. Now, the gradual opening of schools in most of the States has taken place with strict precautions. The Committee, however, would like to suggest that schools / colleges should be opened in phases and at least for six months a hybrid system of online as well as offline classes should be organized so that students/parents have an option to attend in either mode. Moreover, directions should be issued that due to exposure of children, if the number of cases rise then they should immediately shift to the online system. The Committee, also, strongly recommend that the Government should initiate a comprehensive survey on impact of digital divide and chalk out an institutional mechanism to address the issue of digital divide with a view to ensure that those without online learning devices also get access of free and compulsory education which is a fundamental right enshrined in the Constitution. For this purpose only DD should not remain, the mode of dissemination but all private channels should also be roped in this national effort. The Committee further note that lakhs of students go abroad to study and in many countries the universities / colleges have opened. The Committee, therefore, desire that MEA/Department of Education should

facilitate the students to enable to join their institutions abroad in an appropriate way. Thousands of foreigners also come to India for education every year. The Committee desire that the Government should bring more awareness in other countries about our digital educational initiatives so that in this period of pandemic, foreign students are attracted to India's online courses in more number.

Reply of the Government

About 1.3 million Indian students are pursuing undergraduate, post graduate, post doctoral studies in various courses such as Medical, Engineering, IT, Media, Management, Humanities etc. across the world. A number of steps have been taken by the Ministry and the Missions/Posts abroad to help the students during the Pandemic.

Following the Covid-19 Pandemic, Vande Bharat Mission (VBM) was launched by the Government on 7 May 2020 to, inter alia, repatriate stranded and distressed Indian students studying in foreign universities in various parts of the world due to the COVID-19 pandemic. The Government also finalized air bubble arrangements with 37 countries to provide point to point connectivity to the passengers including students. As on 21 March 2022, around 3.09 crore passengers (in-bound and out-bound) have been facilitated in the flights operated under the VBM and Air Bubble Arrangements. Further, The Government through Indian Missions and Posts abroad assisted distressed and stranded Indian students by using the Indian Community Welfare Fund (ICWF) for provisions of food, medical supplies, etc.

Through the efforts of The Ministry of External Affairs, the international travel restrictions for Indian students enrolled in foreign universities is being relaxed. As on this date, Indian students vaccinated with Made-in-India vaccines can travel to 120 countries. Students have been resuming normal curriculum in most countries except a few. MEA is working actively with the respective Governments to enable resumption of studies for all Indian students.

[File No. AA/Parl/125/70/2021 dated 15/07/2022]

CHAPTER V

**OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES
OF THE GOVERNMENT ARE STILL AWAITED**

-NIL-

NEW DELHI
12 December, 2022
21 Agrahayana, 1944 (Saka)

P.P. CHAUDHARY,
Chairperson,
Committee on External Affairs

**MINUTES OF THE SEVENTH SITTING OF THE COMMITTEE ON EXTERNAL
AFFAIRS (2022-23) HELD ON 12 DECEMBER, 2022**

The Committee sat on Monday, 12 December, 2022 from 1515 hrs. to 1705 hrs. in Committee Room No. '2', Parliament House Annexe, Extension Building, New Delhi.

PRESENT

1. Shri P.P. Chaudhary, Chairperson

Lok Sabha

2. Smt. Harsimrat Kaur Badal
3. Shri Kalyan Banerjee
4. Shri Dileshwar Kamait
5. Smt. Preneet Kaur
6. Smt. Goddeti Madhavi
7. Smt. Poonam Pramod Mahajan
8. Shri P. C. Mohan
9. Smt. Queen Oja
10. Shri N.K. Premachandran
11. Smt. Navneet Ravi Rana
12. Shri Manne Srinivas Reddy
13. Dr. Harsh Vardhan

Rajya Sabha

14. Smt. Jaya Bachchan
15. Shri Anil Desai
16. Shri Prakash Javadekar
17. Dr. Wanweiroy Kharlukhi
18. Dr. Ashok Kumar Mittal

INDIAN COUNCIL OF WORLD AFFAIRS (ICWA)

RESEARCH AND INFORMATION SYSTEM FOR DEVELOPING COUNTRIES

S. No	Name	Designation
1.	Ms. Vijay Thakur Singh	DG,ICWA
2.	Shri Soumen Bagchi	DDG,ICWA
3.	Ms. Nutan Kapoor	JS (ICWA)
4.	Ms. Kajaria Biswas	Director (PP&R)
5.	Dr. Vaibhav Tandale	DS(ICWA)
6.	Dr. Nivedita Ray	DR(ICWA)

Research and Information System for Developing Countries (RIS)

S. No	Name	Designation
1.	Professor Sachin Chaturvedi	Director General, RIS
2.	Dr. S. K. Mohanty	Professor
3.	Dr. Beena Pandey	Assistant Professor

Secretariat

1.	Dr. Ram Raj Rai	-	Joint Secretary
2.	Smt. Reena Gopalakrishna	-	Director
3.	Ms. K. Muanniang Tunglut	-	Deputy Secretary
4.	Ms. Maya Menon	-	Under Secretary

2. At the outset, the Chairperson welcomed the Members to the Sitting of the Committee.

3. The Committee took up for consideration the draft Report on action taken by the Government on the Observations/Recommendations contained in the Thirteenth Report of the Committee on the subject 'Covid-19 Pandemic: Global Response, India's Contribution and the Way Forward'

4. The Chairperson invited the Members to offer their suggestions, if any, for incorporation in the draft Report. The Members suggested some minor modifications. The Committee adopted the draft Report with these minor modifications.

5. The Committee then authorized the Chairperson to finalize the Action Taken Report incorporating the suggestions made by the Members and present the same to Parliament.

6. XXX XXX XXX

7. XXX XXX XXX

8. XXX XXX XXX

9. XXX XXX XXX

The Committee then adjourned.

Appendix II

(Vide Para 4 of Introduction of Report)

ANALYSIS OF ACTION TAKEN BY THE GOVERNMENT ON THE OBSERVATIONS/ RECOMMENDATIONS CONTAINED IN THE THIRTEENTH REPORT OF THE COMMITTEE ON EXTERNAL AFFAIRS (17TH LOK SABHA)

- (i) **Total Number of Recommendations 22**
- (ii) **Observations/Recommendations which have been accepted by the Government.**
- Recommendation Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 15, 16, 17, 18, 19, 20, 21 and 22
- Total-20**
Percentage: 90.91%
- (iii) **Observations/Recommendations which the Committee do not desire to pursue in view of the Government's replies.**
- NIL
- Total- Nil**
Percentage: 0 %
- (iv) **Observations/Recommendations in respect of which replies of the Government have not been accepted by the Committee and require reiteration.**
- Recommendation Nos. 12 and 14
- Total-02**
Percentage: 9.09%
- (v) **Observations/Recommendations in respect of which final replies of the Government are still awaited.**
- NIL
- Total- NIL**
Percentage: 0%