



EVENT SUMMARY REPORT

INDIA-NIGERIA: FACING THE COVID-19 PANDEMIC TOGETHER

Date: March 30, 2021
Time: 1030-1315 (WAT)
Venue: Cisco Webex Virtual Platform
Recording Link: <https://www.youtube.com/watch?v=L8FpbwhgUdA>

1. INTRODUCTION

- 1.1 The webinar was the first event to be co-hosted by the Gusau Institute (GI) in Nigeria and the Manohar Parrikar Institute for Defence Studies and Analyses (MP-IDSA) in India, and it concentrated on ways to join forces in the fight against COVID-19. Other areas of potential and/ or expanded collaboration were also highlighted during the deliberations.
- 1.2 The event was divided into two sessions that focused on identifying areas of cooperation between Nigeria and India in controlling the COVID-19 pandemic, and emerging India-Africa cooperation, respectively. The discussions were preceded by an inaugural session co-chaired by the founder of the GI, and the Director General of MP-IDSA, who also led the rest of the programme. (*Note: Short profiles of all the participants are attached as Annexure A.*)

2. PROGRAMME HIGHLIGHTS

2.1 INAUGURAL SESSION

- 2.1.1 **Opening Remarks by Amb. Sujan R. Chinoy**
 Director General, MP-IDSA
<https://www.youtube.com/watch?v=L8FpbwhgUdA> (0:45-12:34)

2.1.1.1 Copy of the DG's remarks follows:

Lt. Gen. Aliyu Gusau Mohammed, Founder, Gusau Institute,
 Amb Abhay Thakur, High Commissioner of India to Nigeria,
 Mr. Boss Mustapha, Secretary to the Government of the Federation (SGF) & Chairman, Presidential Task Force
 on COVID-19,
 Experts from Gusau Institute,
 Distinguished participants,

Good afternoon,

Today, we have gathered for the first bilateral event, albeit in virtual mode, between the Manohar Parrikar Institute for Defence Studies and Analyses and the Gusau Institute of Nigeria. We hope we can schedule regular meetings in the future to deepen our friendship and mutual understanding.

My Institute has a long history of contributing to India-Africa ties. For many years now, we have been hosting an annual roundtable dialogue to commemorate Africa Day.

While it is true that the focus of today's webinar is on India and Nigeria facing the Covid-19 pandemic together, it is vital that we seize this opportunity to broaden our discussions with the aim of deepening our bilateral ties in diverse sectors.

Today, India-Africa relations stand completely transformed under the dynamic leadership of Prime Minister Narendra Modi. India has designated Africa as a 'top priority of its foreign and economic policy'. Our development partnership remains anchored in the principles of equality, mutual respect and mutual benefit, with demand being driven by African priorities.

Friends, India and Nigeria share a unique bond. We are both large and populous countries. Our ties predate our political independence. We have sympathised with, and supported one another, in the endeavour to realise our true destinies as free nations.

Nigeria is one of India's key partners in Africa. Our partnership is multifaceted and multidimensional. We have deepened our cooperation in the energy sector and strengthened our people-to-people ties. Defence and strategic cooperation are also gathering momentum. The vast Indian diaspora in Nigeria acts as a bridge for robust bilateral engagement.

Friends, the COVID-19 pandemic has taken a toll everywhere, in terms of human lives and economic setbacks. It has sharpened geostrategic competition. At the same time, it has also invited the human race to look beyond immediate selfish gains to work together to defeat what is arguably the most difficult challenge in a century.

Economic recovery and building resilient supply chains to prevent future disruptions have emerged as major tasks. With the arrival of vaccines, the world is looking with hope beyond the pandemic. However, the globalisation of the future should be redefined to ensure that there is inclusive growth. Vulnerable countries in Asia and Africa will have to guard against exploitation of their resources and markets through insidious "debt traps".

As the world's largest producer and exporter of vaccines, India's readiness to ship these to dozens of countries under its *Vaccine Maitri* (Friendship) initiative to fight COVID-19 is a "good Samaritan" act in consonance with the Indian ethos of *Vasudheva Kutumbakam* (which in Sanskrit means that 'the world is one family').

Healthcare provides us an opportunity to work together. India and Nigeria should also take the lead in working together in information technology. The Ministry of External Affairs of India has already extended the e-ITEC course on "COVID-19 Pandemic: Prevention and Management Guidelines for Healthcare Professionals" to healthcare workers in Africa. The Aarogya Setu App and the E-Gram Swaraj App for rural areas for mapping COVID-19 are technological achievements that could be useful for Nigeria.

The COVID-19 pandemic has also brought to the fore the issue of mental health, an area that deserves closer attention.

Since the movement of African students to India, including from Nigeria, for higher-education has been disrupted, India could consider expanding the e-VidyaBharti (tele education) project to establish special virtual programmes

between Indian and Nigerian educational institutions. The Indian Institute of Technology in Chennai has devised courses for coastal management for Mauritius and Seychelles; something similar could be considered by Indian Institutes of Technology for Nigerian students.

The fury of nature often calls for a coordinated response, whether in Asia or in Africa. I believe there is scope for Nigeria to work with India in the context of the 'Coalition for Disaster Resilient Infrastructure' (CDRI) initiative, leading to closer bilateral cooperation in this field.

Collaboration in renewable energy holds great promise with 33 countries from Africa, including Nigeria, having joined the International Solar Alliance. Nigeria's rare earth minerals are a reservoir for the high-tech manufacturing industry, including equipment required for harnessing renewable energy.

Friends, the new US administration has recommitted itself to multilateralism. This augurs well for the UN and other agencies such as the WHO. It also helps the return to the fore of the Paris Climate Change Agreement. We believe that India's non-permanent membership of the UNSC in 2021-2022 will give it a fresh opportunity to engage others and help strengthen multilateralism.

Today, the concept of the Indo-Pacific is gaining wider currency. It is a contemporary and representative term that recognises that economic growth and prosperity is not the sole purvey of a few. Asia and Africa as a whole are showing the same promise that East Asia showed a few decades ago when the world spoke of the "Asia-Pacific". Friends, our shared maritime interests remain anchored in developing a Blue Economy, particularly in the context of what Prime Minister Modi has termed SAGAR (Security And Growth For All In The Region). We have shared stakes in ensuring unimpeded commerce and freedom of navigation and over-flight along key sea lanes of communication.

As piracy rears its ugly head in the Gulf of Guinea, India could share with Nigeria its experience of fighting this menace in the Indian Ocean. Maritime Domain Awareness (MDA) has assumed great importance. In addition to its hosting the Information Fusion Centre for the Indian Ocean Region (IFC-IOR), India has recently become an observer to the Indian Ocean Commission (COI), and the Djibouti Code of Conduct (DCoC) and its 2017 Jeddah Amendment. India is also posting naval liaison officers to the Regional Maritime Information Fusion Centre (RMIFC) in Madagascar, among other places. In all, India has concluded white shipping agreements with 21 countries to facilitate the task of cooperating to keep the seas free, open and safe. Perhaps the two governments could examine the scope for concluding a White Shipping agreement.

There is also great potential to engage in fruitful cooperation in cyber security, counter-terrorism and military training.

It is a matter of privilege for India that the Nigerian President H.E. Muhammadu Buhari is an alumnus of the Defence Services Staff College in Wellington (Tamil Nadu) in India. Given India's rich record of participation in peace-keeping operations in Africa and Nigeria's own profile in this regard, it would be to our mutual advantage to strengthen cooperation in peace-keeping.

Overall, I am glad to inform you all that India's defence cooperation with Africa is growing, as evident in the AFINDEX 2019 field exercise and the MILAN naval exercise. The 1st ever India Africa Defence Ministers' Conclave held in Lucknow during DEFEXPO on 6 February 2020 and the recent participation of African dignitaries at the AERO INDIA 2021 exhibition in Bangalore have consolidated these links.

Stronger India-Nigeria ties will promote multipolarity and give impetus to developmental partnerships at the global level.

I am confident that today's discussions will throw new light on many issues and outline a blueprint for more robust India-Nigeria cooperation in these difficult times.

I would now request Lt. Gen. Aliyu Gusau Mohammed, Founder, Gusau Institute, to deliver his opening remarks. Thank you.

2.1.2 Opening Remarks by Lt. Gen. Aliyu Gusau Mohammed (rtd.)

Founder, GI

<https://www.youtube.com/watch?v=L8FpbwhqUdA> (12:45-18:18)

2.1.2.1 Copy of Gen. Gusau's remarks follows:

Let me begin by welcoming all speakers and participants to this webinar. Your participation is a clear statement that you are committed to proffering solutions to dealing with COVID-19, particularly the vaccination of our populations. On behalf of the Gusau Institute, I want to state it is our pleasure to co-host this webinar on an extremely topical issue. Focusing attention on the best strategies to collectively combat the COVID-19 pandemic is not only timely, but essential. It is the first event which the Gusau Institute is co-hosting with the Manohar Parrikar Institute for Defence Studies and Analyses in India, and we look forward to expanding this new partnership. By participating in the webinar, the Gusau Institute aspires to lend its voice to the articulation of Africa's peculiar requirements in the fight against the pandemic; a perspective which is often not taken into account by big role players.

Since the outbreak of the pandemic, the coronavirus has officially infected more than 122 million people, killing at least 2.69 million of them. Even so, Africa, with its 1.3 billion people, has seen fewer deaths from COVID-19 to date than for example in the UK, which has a population about a 20th of the continent's size. The exact reason for this is still unknown, but early and decisive action in many African countries that imposed lockdowns of varying degrees, with restrictions such as curfews, bans on gatherings and international flights, border closures, and other tough measures, significantly contributed to containing the spread of the virus on the continent. Decisive action should again play an important part in the quick roll-out of vaccination programmes in African countries.

While 2020 will be known as the year that the global community had to focus all its resources on deciphering, and managing, a pandemic that irreversibly changed our way of life, we believe 2021 will be more about the vaccines deployed against the disease than the disease itself. Inequities in COVID-19 vaccine distribution are however already the order of the day as vaccine demand outstrips supply. Currently, just a handful of COVID-19 vaccines have been developed, mostly by a few medically advanced countries, and production, distribution, and delivery are falling well behind demand. This has led to a rise in vaccine nationalism, where countries are reluctant to share their stocks with others until their populations have been inoculated against the virus.

Although governments are understandably under enormous pressure to take care of their citizens first, it is clear multilateral cooperation for equitable distribution of vaccines is the only way to successfully counter the disease. Global recovery simply requires collective improvement. Without a successful vaccination programme conducted in parallel with the rest of the world, the Africa CDC has warned that COVID-19 could become an endemic disease in Africa, creating an opportunity for the virus to mutate further, and slowing and complicating efforts to eradicate it globally.

The complexities of global health, and the needs of the billions excluded from the benefits of vaccine science and innovation, demand a truly global response. However, the prospect of global health becoming a new arena for global power competition and unscrupulous vaccine diplomacy is setting off alarm bells. While vaccine diplomacy is not new, and fighting disease has in fact long been used as a means for extending soft power and winning friends,

the current situation is characterized by a harmful rivalry among big vaccine manufacturing countries as they seek to cast blame and spread distrust rather than collaborate. This is in stark contrast to cooperation between the two rival superpowers during the Cold War when the US and Soviet Union put aside their differences for the common good and helped underdeveloped countries eradicate smallpox and polio. This is the attitude that is needed in the fight against COVID-19.

We should keep an eye on the long-term global picture and the health requirements of the continent. Should the coronavirus be allowed to exist uncontrolled in Africa, it will hold serious health risks for the rest of the world. Our collective health security cannot be considered in isolation, but with the cooperation of vaccine manufacturing partners, as we are doing at this forum. I would therefore like to use this opportunity to urge all participants to propose innovative ways in which we can collaborate to eliminate this terrible scourge for the mutual benefit of all. I strongly believe we need a more equal partnership for health for all, as it will determine not only the course of COVID-19, but the impact of the next epidemic to threaten global health, and the ones that will follow that.

I also want to use this opportunity to welcome, and to recognize and express our appreciation to Mr. Boss Mustapha, the Secretary to the Government of the Federation and the Chair of the Presidential Task Force on COVID-19, for finding time to deliver special remarks.

Thank you all for your attention. I wish you fruitful deliberations.

2.1.3 **Special Remarks by Amb. Abhay Thakur**

High Commissioner of India to Nigeria

<https://www.youtube.com/watch?v=L8FpbwhgUdA> (18:59-33:58)

2.1.4 **Special Remarks by Mr. Boss Mustapha**

Secretary to the Government of the Federation (SGF), and Chairman, Presidential Task Force (PTF) on COVID-19

<https://www.youtube.com/watch?v=L8FpbwhgUdA> (35:00-41:44)

3. **SESSION 1: IDENTIFYING AREAS OF COOPERATION BETWEEN NIGERIA AND INDIA IN CONTROLLING THE COVID-19 PANDEMIC**

3.1 **Session 1 was chaired by Brig. Gen. Saleh Bala (rtd.)**, a GI Steering Committee member. The session was conducted in two parts, and four speakers presented. Discussions focused on the two countries' responses to the pandemic, and how the role of multilateral institutions should be improved and strengthened when dealing with a catastrophic event such as COVID-19.

3.1.1 **Presentation: Dr. Nasir Sani-Gwarzo**

Permanent Secretary, Federal Ministry of Industry, Trade, and Investment & Head, Ministerial Technical Team on COVID-19

<https://www.youtube.com/watch?v=L8FpbwhgUdA> (48:17-59:00)

3.1.2 **Presentation: Mr. A. Vinod Kumar**

Associate Fellow, MP-IDSA

<https://www.youtube.com/watch?v=L8FpbwhgUdA> (1:00:40-1:13:10)

3.1.2.1 A copy of Mr. Kumar's findings is attached as Annexure B. It was published as an Issue Brief by MP-IDSA on the 24th of March 2021. (<https://idsa.in/issuebrief/tackling-the-second-wave-avinodkumar-240321>)

- 3.1.3 **Presentation: Amb. Manjeev Puri**
Former Ambassador of India to EU, Nepal & Ambassador/ DPR of India to UN, New York
<https://www.youtube.com/watch?v=L8FpbwhgUdA> (1:17:58-1:29:58)
- 3.1.4 **Presentation: Prof. Nasidi Abdulsalami**
Former CEO, Nigeria Centre for Disease Control (NCDC) & Executive Director, ECOWAS Regional Centre for Disease Control (RCDC)
<https://www.youtube.com/watch?v=L8FpbwhgUdA> (2:27:45-2:32:36)
4. **SESSION 2: EMERGING INDIA-AFRICA COOPERATION**
- 4.1 **The session was chaired by Vice Admiral Shekhar Sinha Retd**, an EC Member of MP-IDSA. Two speakers presented and discussions focused on potential areas of collaboration between the two countries.
- 4.1.1 **Presentation: Ms. Ruchita Beri**
Senior Research Associate & Centre Coordinator, MP-IDSA
<https://www.youtube.com/watch?v=L8FpbwhgUdA> (1:41:45-1:54:38)
- 4.1.2 **Presentation: Mr. Emeka Izeze**
Former Managing Director of The Guardian & GI Steering Committee member
<https://www.youtube.com/watch?v=L8FpbwhgUdA> (1:56:07-2:04:04)
5. **Q&A SESSION**
- 5.1 A short Q&A session was chaired by Amb. Sujan R. Chinoy. All speakers were given the opportunity to make concluding remarks as well.
- 5.2 **Identified areas of future collaboration *inter alia* include the following:**
- 5.2.1 **Health Care:** Since health care, and specifically the production of pharmaceuticals, has been identified as a new strategic 'weapon' in the aftermath of the COVID-19 pandemic, it will be mutually beneficial for India and Nigeria to pull their resources in this field. It was suggested that collaboration pertaining to health care could be improved in several ways:
- The **manufacturing of pharmaceuticals**, including vaccines and anti-venom, in Nigeria should be pursued. The raw materials for producing Active Pharmaceutical Ingredients (APIs) are available in Nigeria, but the technology to do so is lacking. Also, partnering with European countries to obtain the necessary technological input for producing vaccines and other pharmaceuticals holds huge cost implications for Nigeria. It will be much more cost effective to partner with India to produce pharmaceuticals in Nigeria, not only for the Indian and Nigerian populations, but also for the global community.
 - The programme that **connects hospitals in Africa (Nigeria) with medical practitioners in India**, can be expanded to provide consultations, and comprehensive tele-training, for Nigerian doctors, nurses, and para-medici. It will also support the exchange of information regarding the handling of pandemics such as COVID-19.
 - Research and development regarding **traditional medicines and indigenous resources** (for e.g. moringa) should be improved. Local production, using uniquely indigenous resources, can benefit both parties.

5.2.2 Security: Nigeria and India face more than a few common security threats such as terrorism, radicalization, maritime insecurity, and cyber-attacks. It was emphasized that there is a symbiotic relationship between security and growth/development, and therefore any discussion regarding security issues should be development-centric in its approach. It was proposed that -

- deliberations and exchange of information regarding **counterterrorism and counter-radicalization** should be pursued. India has had vast experience with deradicalization processes during recent years and can share its expertise with Nigeria.
- The IT field, specifically **cyber security**, is another area where India and Nigeria can seek ways to collaborate.

5.2.3 Space technology, renewable energy, and climate change are all topics of mutual interest too.

6. CLOSING SESSION

6.1 The event was closed by a representative from each co-host.

6.1.1 Closing Remarks: Maj. Gen. (Dr.) Bipin Bakshi AVSM, VSM, Retd DDG, MP-IDSA
<https://www.youtube.com/watch?v=L8FpbwhqUdA> (2:35:39-2:38:28)

6.1.2 Closing Remarks: Amb. Ahmed Magaji
GI Steering Committee Member
<https://www.youtube.com/watch?v=L8FpbwhqUdA> (2:38:51-2:43:00)

Ends

EVENT SUMMARY REPORT: ANNEXURE A**1. PARTICIPANT PROFILES****1.1 NIGERIAN PARTICIPANTS****1.1.1 Lt. Gen. Aliyu Gusau Mohammed (rtd.)**

Gen. Aliyu Gusau Mohammed is the founder of the Gusau Institute (GI) in Nigeria. He served as Nigeria's National Security Adviser (NSA) to successive presidents including Ibrahim B. Babangida, Olusegun Obasanjo and Goodluck E. Jonathan. Other highlights of his career include serving as a Military Governor of Ogun State, Director Military Intelligence (DMI), Chief of Defence Intelligence (CDI), Commandant of Nigeria Defence Academy (NDA), Chief of Army Staff (COAS), and Honourable Minister of Defence (HMOD). He was honoured with numerous international awards from countries across the globe for his services.

In March 2012, the Gusau Institute (GI) was registered as a non-profit organisation in Nigeria under the auspices of Gen. Mohammed. Human security is at the heart of the GI and the institute furthermore aims to foster excellence in all aspects of 'good governance'.

1.1.2 Mr. Boss G. Mustapha

Mr. Boss Mustapha is the [Secretary to the Government of the Federation](#) (SGF) and Chairman, Presidential Task Force on COVID-19.

Mr. Mustapha is a lawyer, politician, and businessman with vast experience in both the private and public sectors where he served in several managerial positions. He *inter alia* was a member of the Interim Management Committee (IMC) of the defunct Petroleum (Special) Trust Fund (PTF), serving meritoriously from 2000 to 2007. He is also a member of various professional bodies including the Nigerian Bar Association (NBA), African Bar Association (ABA), Commonwealth Lawyers Association, International Bar Association (IBA) and Human Rights Institute (HRI).

He was previously managing director of Nigerian Inland Waterways Authority until his appointment in 2017 as SGF by President [Muhammadu Buhari](#). He was appointed as the Chair of the Presidential Task Force for the Control of COVID-19 in March 2020.

1.1.3 Brig. Gen. Saleh Bala (rtd.)



Gen. Saleh Bala is a GI Steering Committee member. He is also the Chief Executive Officer of White Ink Consult, a private defence and security research, strategic communications and training consultancy firm based in Abuja, Nigeria. He holds a Master's Degree in International Peace Studies from the University for Peace, San José, Costa Rica (2006,) and another Master's Degree in National Security Strategy from the National Defence University, National War College, Washington, DC (2009). He is a distinguished honour graduate of the Special Forces Detachment Officers Qualification Course (1991), John F. Kennedy, United States Special Warfare Center, Fort Bragg, North Carolina, and an alumnus of the International Institute of Humanitarian Law, Sanremo, Italy, International Refugee Law Course (2010) and a member of the institute's Training Advisory Group. He is also a resource associate of the Africa Center for Strategic Studies, National Defense University, Washington, DC and the Africa Institute for Strategic and Security Studies, Alexandria, Virginia, USA respectively.

1.1.4 Dr. Nasir Sani-Gwarzo



Dr. Nasir Sani-Gwarzo, mni; MB: BS; MPH-Int; MWACP; NPOM, is a public health physician with in-depth knowledge and skills in diverse areas of public health, especially in the areas of leadership, management, policy, strategy, partnerships, as well as health and risk communications.

Dr. Sani-Gwarzo is currently the Permanent Secretary of the Federal Ministry of Industry, Trade, and Investment (FMITI) (Dec. 2019 to date) and before then he had gathered over 30 years of significant experience in various areas of health in Nigeria and abroad.

His work/experience spans across community, LGA, state, national and international levels. His hallmark in all the places he served is “Strategy & Innovation”. He designed and piloted the three-pronged Innovative Strategy of “Gezawa Initiative on Polio” (2008-2009) which led to the successful resolution of Non-Compliance to Polio Immunization in the entire Northern Nigeria, thus paving way for the successful eradication of Polio in Nigeria. For this act, he received the Nigerian Presidential Award of the National Productivity Order of Merit (NPOM – August 2012).

Sani-Gwarzo led the teams that characterized the lead poisoning epidemics associated with artisanal gold mining in Zamfara and Niger States as well as institutionalized the Strategic Response and Control Interventions (2009 – 2014). In 2014, he led the team that screened, and mounted surveillance on all the airport related Ebola risks and cases as a result of direct contact with the Index Ebola Case, thus helped in preventing the further spread of the epidemic in Nigeria.

Recently (March-June 2020), upon the recommendation of the Honourable Minister of Health, and Approval of Mr. President, Dr. Gwarzo was seconded back to the Health Sector, to lead a team of experts - the Ministerial Task Team (MTT) - on COVID-19 response in Kano State, Nigeria. The Kano Response was successful in characterizing the magnitude of the pandemic, unraveling the cause of (*the then so-called mysterious*) deaths and providing technical guidance for a formidable response. The successful response in Kano led to the expansion of the scope of the MTT’s Assignment to cover eight (8) additional Northern States with similar COVID-19 situations, including Katsina, Jigawa, Zamfara, Sokoto, Gombe, Yobe, and Borno States.

Dr. Gwarzo has served Nigeria in various capacities as a one-time Chief Consultant Epidemiologist (CCE) of Nigeria; Director of the Port Health Service; Coordinator of the National Tuberculosis and Leprosy Control Program; and Coordinator of the National AIDS/STDs Control Program. At international level, he served as the Medical Epidemiologist of the United States Centers for Disease Control and Prevention - USCDC, (2006 – 2011), and also with the World Health Organization, Head Quarters in Geneva, as the focal point for Polio transition and Vaccinations in Humanitarian Emergencies (2017).

Sani-Gwarzo’s academic achievements include the best graduating medical student of Usmanu Danfodiyo University, Sokoto (MB:BS, 1989). He is a recipient of the 1988/89 international Bursary Award from the Association of Commonwealth Universities, London. In 1994, he received a British Chevening Scholarship Award to study in Leeds University, UK, where he graduated with MPH-International with Distinction. He is a Member of the West African College of Physicians – MWACP-PH, 1997. He is widely traveled, speaks three international languages and has over 50 professional peer reviewed publications to his credit.

Sani-Gwarzo is a Member of the National Institute “(mni)” for policy and strategic studies, (NIPSS - Kuru, SEC-27. 2005), and also a graduate of the American Leadership and Management Institute (LMI) of the United States - CDC Atlanta, Course-9, Nov. 2007 – Aug. 2008). Dr. Gwarzo’s other merit awards of excellence for professionalism and leadership include two-time Awards of the United States of America ‘Superior Honor Award – SHA’ (2008 and 2010, respectively); and most recently, the World Health Organization Honor Award in recognition of Exemplary Contribution to improving Immunization in the African Region (Nov. 2019).

1.1.5 Prof. Nasidi Abdulsalami, OON



Prof. Nasidi is a medical officer with over 37 years of experience in public health, virology, and biotechnology. He was born in the year 1952 in Garko, Kano State of Nigeria. He graduated in the year 1977 with an M.D. degree in medicine from Kalinin State Medical Institute, USSR; and acquired a Master's Degree (M.Sc) in Epidemiology in 1979 and a Ph.D (Virology), 1983. He was a Senior Research Fellow at the National Institute for Medical Research, Yaba, Lagos and later became the head of the Federal Vaccine Production Laboratory, Yaba for a period of 7 years. In the year 1991 he was appointed the nation's Chief Epidemiologist and in 1996 the Director, Special Duties in the Federal Ministry of Health. He was appointed Director, Public Health at the same Ministry in the year 2007. He was the first Chairman of the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, TB, and Malaria, in which position he oversaw the development of proposals that generated more than \$680 million for Nigeria's HIV/AIDS, TB, and Malaria programmes.

He was appointed as the Chairman of the Presidential Task Force for Polio Eradication in 2008 and his TF developed strategies that led to the sharp reduction by more than 95% and virtual elimination of circulating wild poliovirus in Nigeria by the year 2010. His other achievements include the co-development of Hepatitis B vaccine and snake anti-venom against the carpet viper and two other Nigerian poisonous snakes. He initiated and organized the national response to the Ebola Viral Disease outbreak in Nigeria of 2014 and was appointed by the then President to coordinate Nigeria's Ebola response and to also support the African Union Support to Ebola affected countries in West Africa (ASEOWA). He has more than 100 publications in national and international journals to his name and was recognized by the Nigerian Government with the award of a national honour of the Officer of the Order of the Niger (OON) in the year 2002. As a professor of Virology and Biotechnology, he served as the pioneer Director/Chief Executive Officer for the Nigeria Centre for Disease Control (NCDC) and was also recognized and appointed to establish the ECOWAS Centre for Disease Control (ECOWAS CDC) by the ECOWAS Council of Heads of States. He was a member of the AU Task Force that established the African CDC.

The World Health Organization (African regional office) recognized him for championing the establishment of national public health institutions in the region.

1.1.6 Mr. Emeka Izeze



Mr. Emeka Izeze, a fellow of the Weatherhead Center for International Affairs, Harvard University, Cambridge, Massachusetts, United States, is the immediate past managing director/editor-in-chief of Guardian Newspapers Limited in Lagos, Nigeria. He studied mass communication at the University of Lagos, and he holds a Master of Arts degree in the same discipline from the University of Leicester, England.

Emeka was for several years associate editor of the New African magazine based in London, and a foreign affairs columnist for numerous newspapers in Nigeria. He is a board member of the West African Institute (WAI), Cape Verde, a fellow of the 21st Century Trust, England, a member of the NEPAD Business Group Nigeria, and a member of the Business Support Group (CHOGM 2003). He also is a fellow of the Nigerian Guild of Editors, of which he is a former Secretary General, a member of the Vision 2010 Committee (for Nigeria), a former member of the Governing Council of the Nigerian Institute of Journalism, and a former board member of the Advertising Practitioners Council of Nigeria.

1.1.7 Amb. Ahmed Magaji



Ambassador Ahmed Magaji, who holds both a Bachelor's and a Master's Degree in Political Science and International Affairs and Diplomacy from Ahmadu Bello University (ABU), spent his entire working career in the Nigerian Foreign Service (1981-2016) where he served duty tours in Jeddah, Nairobi, Rome, London and São Tomé. He was Deputy Head of Mission at the Nigerian Embassy in Saudi Arabia (2010-2011), and Nigeria's Ambassador to São Tomé and Príncipe (2011-2016).

From 2006-2010, he served as Director of Research and Analysis in the Presidency in Nigeria during which period he also served on the board of the Economic and Financial Crimes Commission (EFCC). Ambassador Magaji currently serves on the boards of several Nigerian and foreign companies as well as in an advisory capacity to some Nigerian and foreign institutions. He is a GI Steering Committee member.

1.2 INDIAN PARTICIPANTS

1.2.1 Amb. Sujan R. Chinoy



Sujan R. Chinoy has been the Director General of the Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi, since 3 January 2019. A career diplomat of the Indian Foreign Service from 1981-2018, he was India's Ambassador to Japan and the Republic of the Marshall Islands from 2015-2018, and earlier, the Ambassador to Mexico and High Commissioner to Belize.

A specialist with over 25 years of experience on China, East Asia, and the Asia-Pacific, he served in Indian Missions in Hong Kong and Beijing and as Consul General in Shanghai and Sydney. He also served as India's representative to the First Committee at the United Nations in New York dealing with Disarmament & International Security Affairs and in the Indian Mission in Riyadh. At Headquarters, in the Ministry of External Affairs, he served as Director (China) as well as Head of the Expert Group of Diplomatic & Military Officials tasked with CBMs and boundary-related issues with China. He also served on the Americas Desk dealing with the USA and Canada, and as Officer on Special Duty in charge of press relations in the External Publicity Division. On deputation for four years with the National Security Council Secretariat under the Prime Minister's Office, he worked on internal and external national security policy and anchored strategic dialogues with key interlocutors around the world.

He is fluent in English, Chinese (Mandarin) and conversant in French, Spanish, German, Japanese, Arabic, Urdu, and French-Creole. He also speaks Hindi and Gujarati. His long career includes extensive involvement in economic issues. He has contributed to Indian newspapers and journals, besides lecturing at numerous Govt. Institutions, think-tanks, and universities in India and overseas.

He schooled at the Rajkumar College (Rajkot), read English Literature at the Maharaja Sayajirao University in Vadodara, Gujarat, and gained his Master of Business Administration from Gujarat University in Ahmedabad. He has an advanced Diploma in Chinese (Mandarin) from the New Asia Yale-in-China Chinese Language Centre of the Chinese University of Hong Kong. He was an Exchange Student at the Otemon Gakuin University in Osaka in 1978.

1.2.2 Amb. Abhay Thakur



Amb. Abhay Thakur is the High Commissioner of India to Nigeria. He was born in September 1969. An engineering post-graduate, he worked with Hindustan Lever Ltd. briefly before joining the Indian Foreign Service in 1992.

He has served in various capacities in the Indian Missions abroad in Moscow (1992-94 & 2005-08), London (1998-2001), Tel Aviv (2001-2005), Ho Chi Minh City (2010-13) and as High Commissioner of India to Mauritius (2016-19). At Ministry of External Affairs, New Delhi, he worked as Director in External Affairs Minister's Office (2008-10), and as the Joint Secretary (North) (2013-16). He assumed charge as High Commissioner of India to Nigeria in January 2019.

1.2.3 Mr A. Vinod Kumar



A. Vinod Kumar is Associate Fellow at the Manohar Parrikar Institute for Defence Studies and Analyses (IDSA), and a Visiting Faculty at the Institute of Foreign Policy Studies (IFPS), University of Calcutta, Kolkata. His research interests include nuclear policy issues (including non-proliferation, nuclear energy, and deterrence), missile defence and India's relations with the great powers. Kumar's first book titled *India and the Nuclear Non-Proliferation Regime – The Perennial Outlier* was published by the Cambridge University Press in April 2014. He has written extensively in acclaimed publications including Bulletin of the Atomic Scientists, The National Interest, Strategic Analysis, South Asian Survey, Asia Times, Huffington Post, The Indian Economist and Vayu Aerospace Review, among others.

Prior to joining IDSA, Kumar was a journalist with stints in print and audio-visual media platforms and have spearheaded pioneering endeavours in mass communications including the first political public relations campaign in Kerala. He has been a private broadcaster as well as a first generation online journalist and was part of many web ventures, including as Executive Editor of South Asia Monitor – a media diplomacy platform. Kumar was earlier a Fellow at the Indian Pugwash Society. His ongoing study is on the implications of missile defence for nuclear deterrence. Concurrently, he is also spearheading an archival mining effort to trace India’s nuclear and foreign policy history. Kumar is recipient of the Ministry of Defence Madras Medal.

1.2.4 Amb. Manjeev Puri



Ambassador Manjeev Puri is a former Indian diplomat who has served as Ambassador of India to the European Union, Belgium, Luxembourg, and Nepal. He was also Ambassador/Deputy Permanent Representative of India to the UN in New York.

In addition, he has served twice in Germany (Bonn and Berlin), Cape Town, Muscat, Bangkok, and Caracas. He joined the Indian Foreign Service (IFS) in 1982 and retired on 31 December 2019 in the rank of (Permanent) Secretary to the Government of India after 38 years of service.

During his long diplomatic career, Ambassador Puri developed special expertise on multilateralism and the United Nations (UN) plus on plurilateral fora having been involved in work relating to G8/G5 and G-20 Summits. His foreign policy expertise also covers Europe, Nepal, Africa, South-East Asia, the Gulf and the Americas. He served as Deputy Chief of Protocol for four years (1994-1998) looking after Heads of State/Government visits to India from overseas that gave him an extensive exposure to high level Governmental working in India and other countries.

He has a Masters’ degree in Management and did his BA (Honours) in Economics from St. Stephen's College, Delhi. He worked with Hindustan Unilever before joining the IFS. He is presently a Distinguished Fellow at TERI (The Energy and Resources Institute) focusing on international climate change issues, sustainable development, and SDGs.

1.2.5 Vice Admiral Shekhar Sinha (Retd.)



Vice Admiral Shekhar Sinha is a former Chief of Integrated Defence Staff and was member of Defence Acquisition Council from 2010 to 2012. During his tenure, the Long Term Integrated Perspective Plan was compiled and approved by the Government. He is a naval aviator of fighter stream and has flown over 2700 hrs. He steered aviation acquisition as the Assistant Chief of Naval Staff. Later he held command of the potent Western Fleet. He retired in 2014 as the Commander in Chief of the Western Naval Command based at Mumbai with additional responsibility of Commander in Chief Coastal Security, Western Seaboard. He is currently, member of the Executive Council of Manohar Parrikar Institute for Defence Studies and Analyses, (MP-IDSA), New Delhi.

1.2.6 Ms. Ruchita Beri



Ruchita Beri is a Senior Research Associate and Coordinator, Africa, Latin America, Caribbean and United Nations Centre at the Manohar Parrikar Institute for Defence Studies and Analyses (MP-IDSA), New Delhi. She researches on political and security issues in Sub-Saharan Africa, India - Africa relations, Emerging Powers in Africa and the Indian Ocean region. She is currently the President of the African Studies Association of India, a member of the Africa Committee of the Confederation of Indian Industry (CII) and serves on the Executive Board of the Forum for Indian Development Cooperation (FIDC). She was also a member of the Federation of Indian Chambers of Commerce (FICCI) Task Force on Blue Economy.

Ms. Beri has participated in many international conferences and regularly lectures at several institutions in India, such as the National Defence College, Foreign Service Institute, Army War College and the Defence Services Staff College. She is the Editor of *Africa Trends* a quarterly magazine published by IDSA and is a member of the Editorial Board of *Austral: Brazilian Journal of Strategy & International Relations* published by the Federal University of Rio Grande do Sul (Universidade Federal do Rio Grande do Sul or UFRGS), Brazil and the Editorial Advisory Board of *Development Cooperation Review*. She has edited several books and published over 80 book chapters and articles. She has an M.Phil in African Studies from Jawaharlal Nehru University (JNU), New Delhi and an advanced diploma on Conflict Studies from the Department of Peace and Conflict Research, Uppsala University, Sweden.

1.2.7 Maj. Gen. (Dr.) Bipin Bakshi (Retd.)



Maj. Gen. (Dr.) Bipin Bakshi (Retd.) is the Deputy Director-General of the Manohar Parrikar Institute for Defence Studies and Analyses, New Delhi. Gen. (Dr.) Bipin Bakshi is an accomplished Military Officer with vast experience across Operations, Training and Cyber/Information Warfare, he has served 5 years in the Parachute Brigade and over 2½ years in the National Security Guard (NSG). He is the author of the recently published Graphic Novel on the NSG operation at Pathankot in 2016, which was featured in The Week magazine of 01-07 February 2021, and has completed his PhD on Information Warfare in 2020.

Winner of the Sword of Honour and Gold Medal from the Indian Military Academy (IMA) Dehradun on commissioning in 1982, he was also awarded the Gold Medal at College of Military Engineering for the B Tech Course and has later attended prestigious courses including National Defence College Course. He is a recipient of Vishisht Seva Medal (VSM) in 2004 for his service in the Kargil Sector during Operation Parakram when his unit was awarded the Army Commander's Appreciation. He has commanded an Infantry Brigade on the Northern Border and an Infantry Division on the Western Border and has led the Info Warfare section of the Northern Command as a Brigadier. He has also served in the UNO in UNAVEM III, Angola.

Maj. Gen. Bipin Bakshi, is also an accomplished Sailor with vast experience in competitive sailing and adventure sports. During his last tenure as Additional Director General (ADG) of the National Cadet Corps (NCC), Northeastern Region, he pioneered the first ever Brahmaputra Sailing Expedition – 2019, which earned a mention in the Limca Book of Records 2019, and led his contingent to a historic, first time victory in Republic Day Competitions 2020. He was awarded the *Ati Vishisht Seva Medal (AVSM)* on 26 January 2021 in recognition of his dedicated service to the nation.

Ends

Tackling the Second Wave: Lessons from a Year of COVID-19

<https://idsa.in/issuebrief/tackling-the-second-wave-avinodkumar-240321>

Mr. A. Vinod Kumar, 24-03-2021

Through effective contagion mitigation and disease control strategies, India managed to confine the COVID-19 to a minuscule section of the population, though at great economic cost. These lessons will now be vital in managing the advancing second wave. There is an urgency to ensure that the population in general, and government agencies in particular, do not drop their guard and that all mechanisms of surveillance, disease control and contagion mitigation function robustly.

A year has passed since the country imposed the world's largest contagion mitigation measure through a nation-wide lockdown, to safeguard 1.37 billion people from the epidemical impact of the Coronavirus (SARS-CoV-2). The virus had made landfall in India in late January 2020.¹ When the lockdown was imposed on March 24, 2020, a handful of thermal scanners at airports was India's only defence against the advancing pathogen. The limited production capability for masks and the almost non-existent capacity for RT-PCR kits, coupled with an abysmal public health infrastructure, meant that the country had minimum wherewithal to shield against a pandemic of such global proportions.

In fact, these were among the factors that weighed in favour of the decision to impose a nation-wide lockdown, at great cost to the economy, as a core contagion-mitigation measure. While the jury is still out on whether the course taken a year ago was the ideal one, it is beyond doubt that India successfully managed to keep the contagion confined to a minuscule section of its population. Its public health systems, despite being of third-world standards, functioned with resilience to implement disease control measures on a national scale and executed best practices that excelled advanced societies.

As India currently progresses towards inoculating a quarter of its population through a national immunisation mission by June 2021 (having started the exercise in January 2021), the sudden spike in daily and active caseloads in recent weeks have raised fears of a second wave of the contagion gripping the country. Is India prepared to handle the second wave with insights gained from a year of pandemic management?

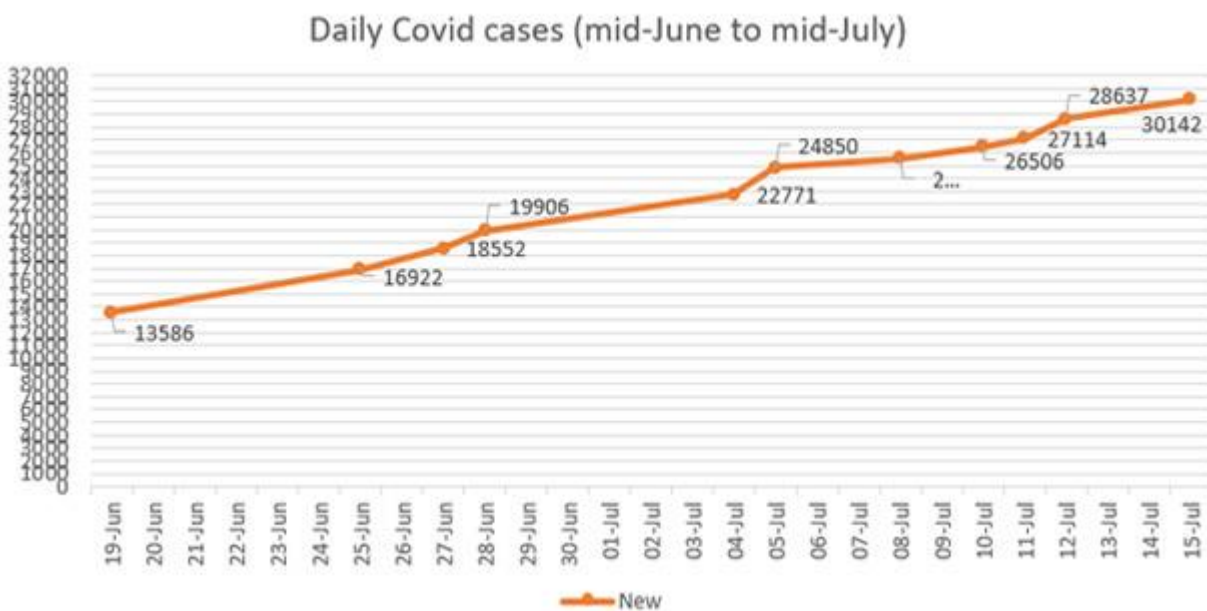
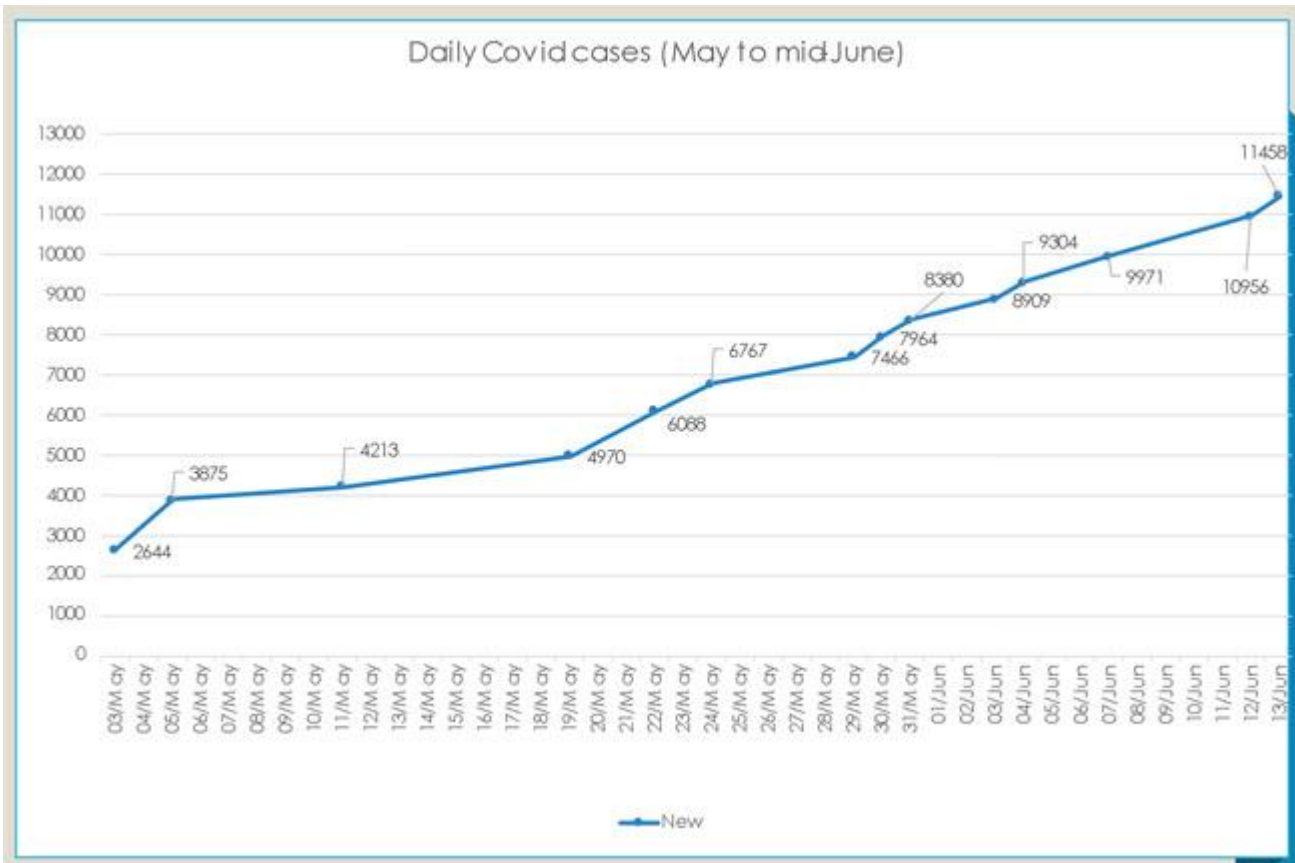
The (elongated) epidemical curve

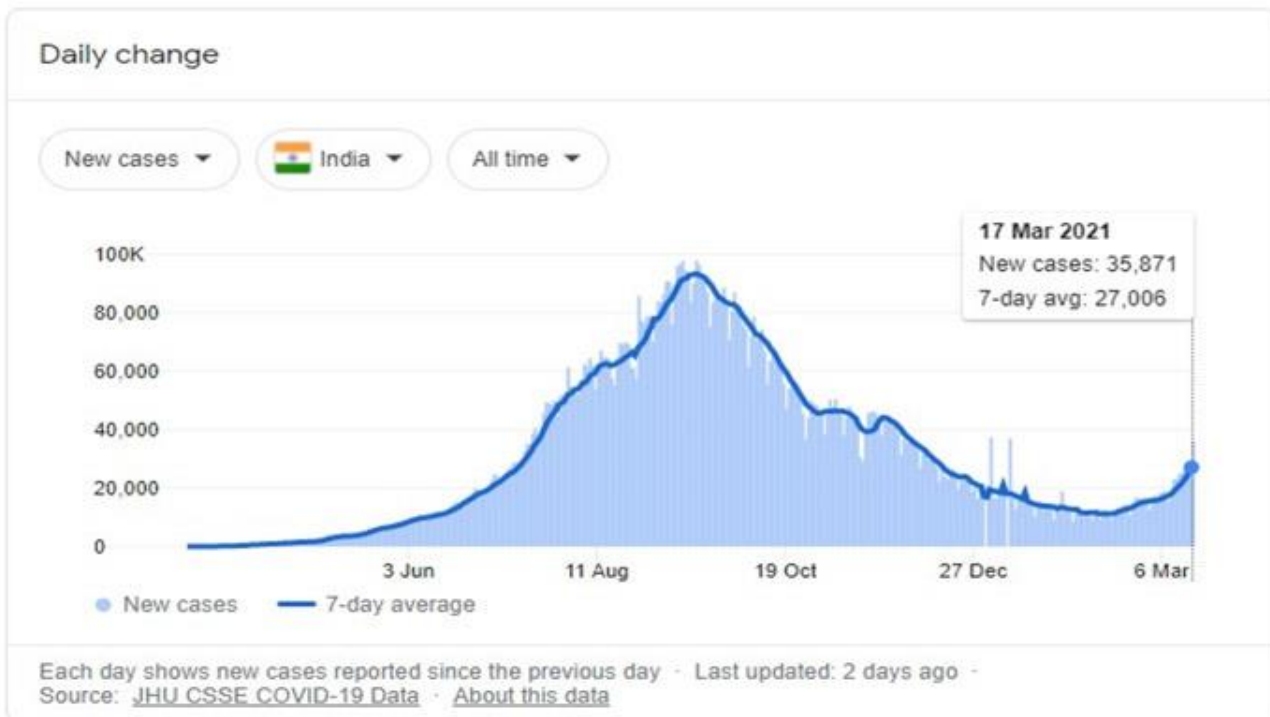
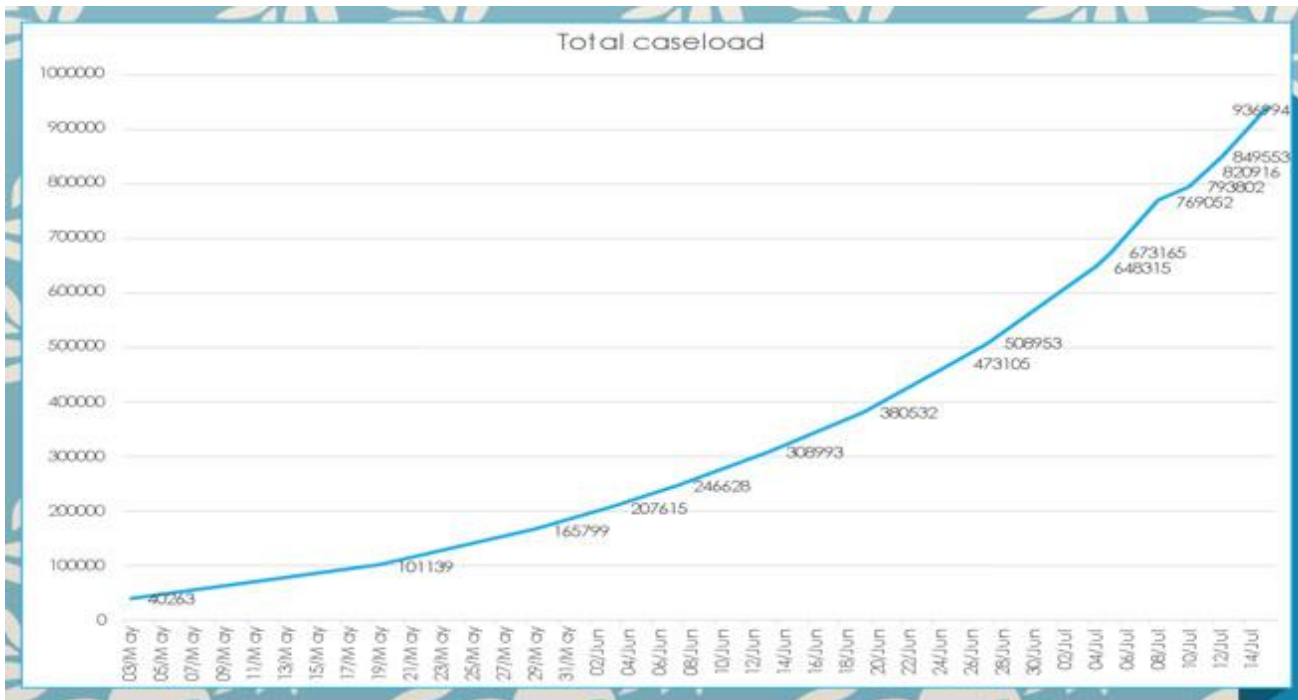
Notwithstanding criticism that the nation-wide lockdown did not take into account the enormous economic implications, the dominating view is that this core contagion mitigation measure was all about flattening the epidemical curve. Less considered is the fact that this strategy had managed to contain the contagion to less than one per cent of the population (at 11.5 million, as of March 18, 2021).

In mid-May 2020, when the second phase of the unlocking process was on, the number of infected was at .0072 per cent of the population (less than 1 lakh) and rose to around .015 per cent by early June (250,000 cases). Notwithstanding the rate of containment, the epidemical growth coinciding with the unlocking and augmented testing rate was rapid and put immense stress on public health and disease control apparatus.

While it took 109 days to reach the one lakh mark, the 1.5 lakh mark was crossed just 9 days later and 2 lakh in another fortnight with more than 10,000 daily cases nationally. Similarly, the scaling from 8 to 9 lakh took just three days by mid-July, when daily cases catapulted to beyond 36000. These numbers were consistently on an upward spiral, crossing 50,000 mark in late July, 70,000 by mid-August, 94,000 by early September and crossing the 1 lakh per day mark on 2nd October, thus marking the peak of the pandemic before subsiding to around 50,000 of daily cases by first fortnight of November. By then, the total caseload touched close to 85 lakh with around 1.25 lakh deaths.

That the final phases of unlocking coincided with the festival season and full reopening of the economy were seen as among reasons for the surge and peaking around September to early November period. This was also a period when India trailed the US and Brazil on highest number of cases. Despite a rapid decline by the final days of 2020, the total caseload had crossed the 10 million mark by the start of 2021. This was due to the continuing surge in some states like Maharashtra and Kerala, among others, and the advent of new strains, namely the UK (B.1.1.7), Brazil (P.1) and South Africa (B.1.351) variants, some of which found their way into the country.





As these figures show, India had a unique contagion mitigation experience through its ability to flatten the curve for an extended period and restricting the contagion to under one per cent of the population. This provided ample time for the fragile public health systems to establish essential and widespread clinical infrastructure. Various serosurveys, however, have shown a slightly larger exposure of the population to the virus with a huge imprint of asymptomatic characteristics and prevalence of large-scale natural immunity, even though the scope for herd immunity remained marginal.

The first serosurvey by the Indian Council of Medical Research (ICMR) covering the initial months till April revealed only 0.73 per cent of the population (based on 28,500 samples from 65 districts) as having been exposed to the pathogen in some form. However, it also revealed then that 15-30 per cent of the population were exposed in over

10 hotspot districts. This indicated quite early the scope for rapid community spread, which was subsequently visible in many hotspots across the country.

The second survey in June covering 40,184 samples pegged this figure at 28 per cent, thus illustrating the wider spiral. The third ICMR serosurvey done during the final months of the first wave, from mid-December 2020 to January 2021, found that around 21.5 per cent (from 28,589 samples) were exposed to the pathogen.² Around the same time, however, a serosurvey in Delhi revealed that in some parts of the state, over 50 per cent of the population had developed antibodies, indicating exposure to the virus.

Among the key insights provided by these surveys was not just the fact that herd immunity was far from achievable with less than 25 per cent of the population being infected or exposed in some manner, but also the unique phenomenon of over 70-90 per cent of the exposed sections being asymptomatic. In fact, even the assessments for the initial months from January to April 2020 (from 4 lakh tests and 18,601 positive samples) reported that around 69 per cent of Covid cases were asymptomatic.

Similarly, a positive aspect of contagion mitigation and disease control strategies was the substantial recovery rate (around 60 per cent) seen at the national level even during the peak period, which ensured that the fatality rate remained at around 1.60 lakhs or 1.37 per cent of the caseload (by March 2021).

Disease control

A major reason for such gains is the efficacy of not just the contagion mitigation actions but also of effective disease control mechanisms and their national-level implementation. Owing to the absence of specific anti-viral treatment for COVID-19, a major element of disease control was the widespread application of generic clinical medications and placebo solutions for symptomatic treatment of mild and moderately-affected patients.

On the other hand, attempts were made, following global examples, to repurpose various existing anti-viral drugs for the treatment of severely ill COVID-19 patients. These drugs included remdesivir (developed to treat Ebola), Lopinavir/ritonavir (HIV), tocilizumab (Arthritis), favipiravir (Influenza), as also rampant usage of anti-malaria drug, Hydroxychloroquine, as prophylactic for frontline health workers.

Most of these drugs were tested for the World Health Organisation (WHO) trials to assess their efficacy as a COVID-19 anti-viral, though the trials provided mixed results and hence were recommended only for extreme situations. Similarly, plasma therapy was also tested out in some states, though it was recommended only for severe and emergency clinical use owing to evidence of limited efficacy.

Another factor in effective disease control was the formidable testing infrastructure and network set up on a national scale in a short period. Besides undertaking a huge industrial effort, even during the lockdown, towards large-scale manufacturing of testing kits and essentials including masks and sanitising products, great emphasis was laid on building a network of laboratories on a war footing. Over 650 government-run facilities were set up across the country by July 2020, with capacities to test over 5 lakh samples per day.

While these measures enabled the extensive availability of RT-PCR (Reverse transcription-polymerase chain reaction) kits as the mainstay of the testing mission, a breakthrough for this plan was the mass deployment of Rapid Antigen technology, which facilitated a two-phase testing strategy of quick positivity detection through the antigen test and a subsequent confirmation through RT-PCR.

While this testing combination emerged as a game-changer in the peaking months, the development of new platforms like Kavach (National Institute of Virology) and Corosure (IIT, Delhi) and reconfiguration of existing systems like

TrueNat (TB detector) also aggressively augmented the national testing infrastructure, besides ELISA (enzyme-linked immunosorbent assay) coming handy to detect antibodies and aid the serosurveys.

The jab mission

Notwithstanding these accomplishments, a major turning point in this pandemic management endeavour was the breakthroughs attained in the development of vaccines, both at the global and national level. Thanks to the global strides made in the rapid development of vaccines, a handful of candidates attained emergency use approvals by the end of 2020 and the beginning of this year.³

The Oxford Research Group's Covishield, co-produced by AstraZeneca and the Serum Institute of India, received emergency use approval in India by the first week of January 2021, along with clinical use approval⁴ for the indigenous vaccine, Covaxin, developed by Bharat Biotech. Both vaccines became the mainstay for the first phase of India's jab mission which was kicked off on January 16, 2021, and covered frontline health and medical workers. While over 5 million inoculations were completed by early February, the second phase covering the above-60 and 45-60 (with co-morbidities) age groups started in the first week of March and is expected to be completed by June, following which the third phase covering larger sections of the population is likely to be initiated. As per the existing plan, it is estimated that India would need over 66.6 crore doses (111 for every 50 beneficiaries or 2 doses to 20 crore people) to inoculate a major section of the populace so as to halt the further spread of the pathogen and/or trigger herd immunity in a wider cross-section.

By the end of March, India could have crossed over 50 million inoculations for the vulnerable sections, which, in itself, could emerge as a major shield against the aggravation of the second wave. Such optimism apart, a significant aspect of the immunisation drive and its ability to stem the second wave is the ambiguity surrounding the durability of antibodies before being susceptible to the pathogen.

While most of the vaccine candidates had demonstrated the efficacy of greater than 90 per cent in the second and third phases of clinical trials,⁵ the Oxford vaccine's listing of around 67-70 per cent in overall results could be seen as an indicator of how efficacy may not be sustainable or could diminish over the extended immunisation period.⁶ Even as assessments are currently being done to understand the durability of the immunisation effects, the element of adverse events,⁷ on the other hand, continues to be shrouded in mystery as health authorities continue to be reluctant to attribute causality of recorded events with the inoculation.⁸

Is the second wave here?

Interestingly, no clear agreement exists on what constitutes a second or subsequent waves, and whether the second wave has already happened in some areas or whether a second wave is in the making on a national scale. Many public health experts deem states like Maharashtra, Kerala and Delhi, among others, having already experienced a second wave and, therefore, likely moving into a third wave.

Nonetheless, when seen from a national denominator, the rapid spiral from the middle of February — when it was around 12,500 cases per day to over 46, 951 by March 22, amply indicates the advent of another wave of contagion, though largely confined to a few states where it was not decisively contained.

While it might sound like a saving grace that the spiral is mostly on account of the surging cases in states like Maharashtra, rapidly rising numbers in other states including Delhi, Punjab, Madhya Pradesh, Tamil Nadu, Karnataka and Uttarakhand, is sufficient reason to assume the arrival and exacerbation of the second wave. With upcoming elections amassing crowds in various states and events like Mahakumbh likely to emerge as hotspots, the imperative of a nation-wide spread cannot be ruled out particularly with over 7000 mutations reportedly being recorded in India, along with the new strains, and some having potential for mass virulence.⁹

Furthermore, that third waves are now reported in Europe and the US could have their domino impact in India as well, owing to air corridors that are already in service or when opened for full-swing operations. Moreover, stringent contagion mitigation measures of early pandemic days — including tight borders controls, contact tracing, route mapping and strict quarantine protocols, lock-down and staggered work timings, among others, may no longer be functionally feasible, owing to huge economic costs.

Accordingly, the emerging situation coincides with notable gaps in institutional and community surveillance and monitoring, which could result in the rapid emergence of hotspots and community spread. Hence, despite the lessons learnt from an effective contagion mitigation record of the past year, the wherewithal and options to deal with a surging second wave might not be as effective, flexible or feasible as in the first wave.

While the option of concentrated lockdowns and access control in limited areas with high contagion could still be explored (as in the case of Nagpur), the national strategy will have to be largely confined to three segments, namely augmenting the testing infrastructure on a national scale; rapidly increasing immunization coverage to all sections of the adult population; and maintaining the readiness of public health and clinical infrastructure, including field hospitals, to deal with a surge in the contagion.

Though a return to the conditions and decisional templates of the previous year may no longer be conducive, there is an urgency to ensure that the population in general, and state governments in particular, do not drop their guard and that all mechanisms of surveillance, disease control and contagion mitigation function robustly.

Ends