



LIFE AMIDST CONTAGIOUS DISEASE: IMPACT OF COVID-19 OVER HUMAN COMMUNITY

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Abstract

The contagious disease which brought several challenges to entire human community in 2019 has created a history in the 21st Century. World Health Organization announced a name for the new coronavirus disease as COVID-19 on 11 February 2020. The COVID-19 pandemic began in Wuhan, China in 2019 reached to the 175 countries by March 2020 and is still accelerating in different parts across the world. This pandemic has become a serious concern for the governments and for the people of different countries that has affected economy, society, environment, and human behavioral pattern. Amidst the National Lockdown during the pandemic, India is facing and dealing with several challenges. The number of patients of COVID-19 are increasing day-by-day and Medical experts are still struggling to get coronavirus vaccine. Lifestyles of people have changed a lot in a very short span of time. The paper deals with the challenges and impact of COVID-19. The paper also focuses on lifestyle of human community due to the pandemic in special context of India.

Keywords: Contagious Disease, Coronavirus, COVID-19, Human Community, Pandemic

1. Introduction

It is a collective responsibility of all human beings to understand the law of nature, concept of evolution, natural selection, and survival of the fittest for the existence and sustenance of life on the Earth. Human beings are highly intellectual living beings of all and therefore they must not disbalance the life cycle of other plants and animals by unnecessary intervention for establishing material systems and building concrete jungles. Disbalanced ecosystem cause diseases in many ways. Viral disease is one of these. By affecting the environment viruses enter and take shelter in the bodies of the human beings and cause diseases such as Spanish flu, Swine flu, Coronavirus flu.

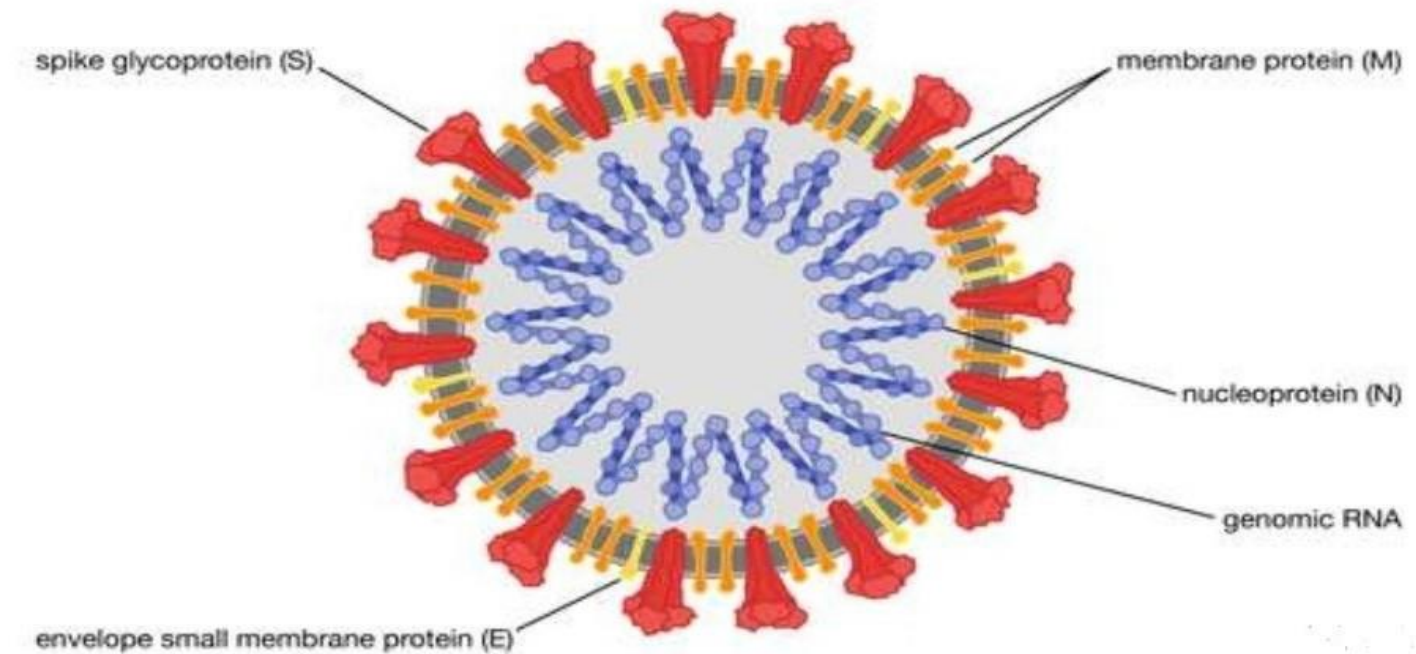
People in the world are dealing with global crisis due to the outbreak of COVID-19. It is a disease that is caused by new type of coronavirus. The term is derived from the Latin word 'corona' and 'virus' means the virus which has crown like spikes on the surface when it is seen in microscope (Dogra, Goyal, & Sharma, 2020). Infection caused by the virus began in Wuhan, Hubei Province, China and reached globally except Antarctica (Felman, 2020). The first case and associated cases were reported to the country office of World Health Organization (WHO) in China on 31 December 2019. The WHO considered the pneumonia cases as a matter of serious issue because the people were catching the infection at a rapid rate. However, the source of infection is still unknown, but it is assumed to spread from bats who have similar genome as coronavirus have. After observing the signs of a pandemic on 30 January 2020, WHO declared Public Health Emergency of International Concern (PHEIC) (Rolling updates on Coronavirus disease (COVID-19), 2020). Earlier, PHEICs were declared for the outbreak of H1N1 flu (Swine flu) in 2009, Polio and Ebola in 2014, Zika in 2016 and Kivu Ebola virus in 2018. (Dogra, Goyal, & Sharma, 2020).

The disease caused by this coronavirus is named as COVID-19 in which 'CO' stands for 'Corona', 'VI' for 'Virus' and 'D' for 'Disease', and '19' represents the year of its occurrence (Chakraborty & Maity, 2020). It was announced on 11 February 2020 by WHO (Rolling updates on Coronavirus disease (COVID-19), 2020). Other name as 'Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)' was also given by International Committee on Taxonomy of Viruses (ICTV) (Chakraborty & Maity, 2020).

Due to high rate of increase in number of cases in a short span of time and loss of human lives at a fast pace, WHO announced COVID-19 as a pandemic on 11 March 2020 (Global Impact and policy recommendations, 2020). A pandemic is an outbreak of infection due to bacterium or virus at global proportions. Some of the pandemics that have occurred throughout history include: Plague of Justinian (541-542), the Black Death (1346-1350), Sixth Cholera Pandemic (1899-1923), Spanish Flu H1N1 (1918-1920), Asian Flu H2N2 (1957-1958), Hong Kong Flu (1968-1969), Swine Flu H1N1 (2009-2010), COVID-19 (2019-ongoing) (Felman, 2020).

Figure 1.1 below represents the structure of the new coronavirus containing crown like spikes.

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)



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Figure 1.1: SARS-CoV-2 The coronavirus SARS-CoV-2, the cause of the COVID-19 pandemic.

Source: *Encyclopædia Britannica, Inc./Patrick O'Neill Riley* (Britannica, 2020)

2. Symptoms of COVID-19 and Measures taken to limit the spread of the Pandemic

COVID-19 is a contagious disease derived from a word “contagion” meaning “contact” that “*can spread rapidly from person to person through direct contact (touching a person who has the infection), indirect contact (touching a contaminated object), or a droplet contact (inhaling droplets made when a person who has the infection coughs, sneezes or talks)*” (Glossary). The R_0 (R naught) value or the reproduction number for COVID-19 is assumed to be a median of 5.7 that means one infected person can infect 5 to 6 people (Ramirez, 2020).

The main symptoms of COVID-19 are coughing, sneezing, fever, breathing and respiratory problems. Most of the people recover without requiring special treatment. Older people and those who are already undergoing medical treatments are at extremely high risk. Those who have weak immune system are also catching the virus easily. The best prevention is protection by using proper mask, taking healthy diet, living in hygienic surroundings, not touching face unnecessarily, using sanitizer, washing hands, and taking bath on regular basis when come in contact with people in public places. It is very important to practice respiratory etiquette in public

places as the virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes (Coronavirus, 2020).

The history of mask goes 2500 years back in Ancient India, religions of Jainism and Buddhism taught us the concepts of Non-Violence (Ahimsa), Good Will, health, and hygiene. They taught us to be vegetarian. Jain monastic rules encouraged the use of mouth cover, and the *Dandasana* (a long stick with woolen threads) to gently remove small living creatures such as ants and insects that may come in their path.

The history of Quarantine goes back to ancient period. The word “quarantine” has been derived from the Latin word “Quarantena” meaning “forty days”. The concept was first originated by Dubrovnik, city in Croatia during 14th century when through the Act of 1377 came into force regarding quarantine guidelines for the traders returning to Venice (BBC-News, 2020). There was an ancient art and culture of self-quarantine in Nepal. Anand Tuladhar aged 86 years, a retired merchant stated that “self-quarantine was a normal cultural practice for him. He belongs to thousand old year-old tradition of Lhasa Newar merchants. These merchants used to travel in the region to conduct trade along the Silk Road. Those who travelled to Lhasa had to observe a quarantine system since ancient times” (BBC-REEL, 2020). This ancient Newari civilization developed a quarantine system to keep away from families as the merchants and traders would contract the diseases during the journey of 20 days. Thus, self-quarantine system developed long before science discovered deadly viruses (BBC-REEL, 2020).

“Throughout history, nothing has killed more human beings than infectious disease. COVID-19 shows how vulnerable we remain and how we can avoid similar pandemics in the future. In 2019, US President Donald Trump’s Department of Health and Human Services carried out a pandemic exercise named ‘Crimson Contagion’, which imagined a flu pandemic starting in China and spreading around the world.” (Walash, 2020).

After observing the high rise in the number of cases of infected people and deaths due to the pandemic at global level, WHO recommended for the lockdown in the countries and block travel between countries. United States, United Kingdom, India, China etc. closed their borders and declared lockdown in their respective countries (Felman, 2020). As WHO deals with health concerns of people at the international level, it appointed several experts in countries to work with the respective governments and partners to gather scientific knowledge and information on this new virus. This initiative was taken to track the spread and virulence of the virus so that countries and people are advised on measures to protect their health and avoid the spread of the pandemic (coronavirus, 2020). On 21 February 2020, six Special Envoys were appointed by the Director-General in different countries to work with WHO Regional Directors and country offices in order to understand the trajectory of COVID-19, its spread and to provide scientific knowledge, strategic planning, and political advice to curb the spread of the pandemic (WHO Director-General’s Special Envoys on COVID-19 Preparedness and Response, 2020). The WHO is working with its appointed expertise in order to collect and analyze data and manage activities going on to deal with the pandemic in the countries (Rolling updates on Coronavirus disease (COVID-19), 2020). International Labour Organization is providing special help to the labour class of the member states so that their

rights are not violated and compromised with their needs and aspirations at the time of global crisis (Global Impact and policy recommendations, 2020). Table 2.1 and Table 2.2 providing the information regarding the increasing cases of COVID-19 at International level.

Table 2.1: COVID-19 Cases in World Health Organization Region (as of 22 December 2020, 4:13 pm CET)

S. No.	WHO Region	Confirmed Cases
1	Americas	33,002,132
2	Europe	24,099,615
3	South-East Asia	11,676,286
4	Eastern Mediterranean	4,708,243
5	Africa	1,742,815
6	Western Pacific	1,020,596

Source: <https://covid19.who.int/> (WHO, WHO Coronavirus Disease (COVID-19) Dashboard, 2020)

Table 2.2: COVID-19 Cases (as of 22 December 2020, 8:04pm IST)

SITUATION BY COUNTRY, TERRITORY AND AREA							
S. No.	Name	WHO Region	Cases Cumulative total	Cases Newly reported in last 24 hours	Deaths Cumulative total	Deaths newly reported in last 24 hours	Transmission Classification
1	Global		76,023,488	525,287	1,694,128	7,444	
2	United States	Americas	17,712,290	197,199	315,318	1,570	Community transmission
3	India	South-East Asia	10,075,116	19,556	146,111	301	Clusters of cases
4	Brazil	Americas	7,238,600	25,445	186,764	408	Community transmission
5	Russian Federation	Europe	2,877,727	29,350	51,351	493	Clusters of cases
6	France	Europe	2,431,237	12,798	60,174	131	Community transmission
7	The United Kingdom	Europe	2,040,151	35,928	67,401	326	Community transmission
8	Italy	Europe	1,953,185	15,102	68,799	352	Clusters of cases
9	Spain	Europe	1,797,236	0	48,926	0	Community transmission
10	Argentina	Americas	1,541,285	4,116	41,813	50	Community transmission
11	Germany	Europe	1,510,652	16,643	26,275	226	Clusters of cases
12	Colombia	Americas	1,507,222	11,160	40,475	207	Community transmission
13	Mexico	Americas	1,320,545	6,870	118,202	326	Community transmission
14	Turkey	Europe	1,210,263	20,316	18,097	246	Community transmission
15	Poland	Europe	1,207,333	4,633	25,474	77	Community transmission
16	Iran (Islamic Republic of)	East Mediterranean	1,164,535	6,151	53,816	191	Community transmission
17	Peru	Americas	997,517	1,618	37,103	69	Community transmission

18	Ukraine	Europe	970,993	6,545	16,665	80	Community transmission
19	South Africa	Africa	921,922	9,445	24,691	152	Community transmission
20	Netherlands	Europe	689,655	13,066	10,486	32	Community transmission

Source: <https://covid19.who.int/table> (WHO, 2020)

3. Spread of COVID-19 in India

Since the outbreak of the coronavirus in the most populous country in 2019, it reached to other parts of the world very soon including India, the second most populous country in the world. The first case reported on 30 January 2020 in India was from Kerala when a student got infected with COVID-19 who caught the virus when he was in Wuhan in China before coming to India. Afterwards, the number of cases of COVID-19 infected people increased at a very fast rate in other parts of the country such as Mumbai, New Delhi, Bengaluru, Hyderabad, Bhopal and Patna (Vara, 2020).

After observing the high rate of increase in the number of deaths caused due to the pandemic, Mr. Narendra Modi, the Prime Minister of the country announced a 14-hour voluntary public curfew on 22 March 2020. Further, he extended the nationwide lockdown on 24 March 2020 to limit the spread of the infection caused by coronavirus by limiting the people's movement. The government issued the guidelines on regular basis regarding the use of mask, maintaining social distance, use of sanitizers, washing hands, maintaining proper health and sanitation, taking healthy diets etc.

The lockdown completed five phases as Phase 1 from 25 March to 14 April, Phase 2 from 15 April to 03 May, Phase 3 from 04 May to 17 May, Phase 4 from 18 May to 31 May. On 30 May, the lockdown was relaxed with services resuming in a phased manner starting as Unlock 1.0 from 1 June to 30 June, Unlock 2.0 from 1 July to 31 July, Unlock 3.0 from 1 August to 31 August, Unlock 4.0 from 1 September to 30 September, Unlock 5.0 from 1 October to 31 October, Unlock 6.0 from 1 November to 30 November, Unlock 7.0 from 1 December to 31 December (COVID-19 pandemic lockdown in India, 2020). The lockdown is partially lifted till date. As of 22 December 2020, 4:13 pm CET, there have been total 10,075,116 confirmed cases of COVID-19 in India with total 146,111 deaths. Table 3.1 presents the Indian Situation with respect to Global Situation in terms of the confirmed cases as of 22 December 2020, 4:13 pm CET. Table 3.2 and 3.3 providing statistical data information regarding the confirmed cases and deaths respectively in India since December 2019.

Table 3.1: COVID-19 Cases in World and in India (as of 22 December 2020, 4:13 pm CET)

S. No.	Name	New Cases	Confirmed Cases	Deaths
1	Global Situation	524,065	76,250,431	1,699,230
2	India Situation	19,556	10,075,116	146,111

Source: <https://covid19.who.int/> (WHO, Global>India, 2020)

Table 3.2: COVID-19 Cases in India (as of 22 December 2020, 4:13 pm CET)

S. No.	Date	Confirmed Cases	Weekly Increase or Weekly Decrease	Weekly Change %
1	30 December 2019	0	0	0
2	6 January 2020	0	0	0
3	13 January 2020	0	0	0
4	20 January 2020	0	0	0
5	27 January 2020	6	6	100
6	3 February 2020	1	-5	-83.33
7	10 February 2020	0	-1	-100
8	17 February 2020	0	0	0
9	24 February 2020	0	0	0
10	2 March 2020	36	36	100
11	9 March 2020	68	32	88.89
12	16 March 2020	230	162	238.24
13	23 March 2020	638	408	177.39
14	30 March 2020	2,395	1,757	275.39
15	6 April 2020	4,982	2,587	108.02
16	13 April 2020	7,356	2,374	47.65
17	20 April 2020	10,784	3,428	46.6
18	27 April 2020	13,484	2,700	25.04
19	4 May 2020	22,959	9,475	70.27
20	11 May 2020	27,988	5,029	21.9
21	18 May 2020	40,941	12,953	46.28
22	25 May 2020	50,275	9,334	22.8
23	1 June 2020	64,485	14,210	28.26
24	8 June 2020	74,294	9,809	15.21
25	15 June 2020	89,539	15,245	20.52
26	22 June 2020	118,398	28,859	32.23
27	29 June 2020	144,306	25,908	21.88
28	6 July 2020	176,388	32,082	22.23
29	13 July 2020	228,065	51,677	29.3
30	20 July 2020	307,904	79,839	35.01
31	27 July 2020	365,201	57,297	18.61
32	3 August 2020	402,287	37,086	10.15
33	10 August 2020	436,672	34,385	8.55
34	17 August 2020	455,258	18,586	4.26
35	24 August 2020	497,793	42,535	9.34
36	31 August 2020	571,078	73,285	14.72
37	7 September 2020	640,545	69,467	12.16
38	14 September 2020	646,263	5,718	0.89
39	21 September 2020	591,913	-54,350	-8.41
40	28 September 2020	556,841	-35,072	-5.93
41	5 October 2020	504,433	-52,408	-9.41
42	12 October 2020	440,745	-63,688	-12.63
43	19 October 2020	370,260	-70,485	-15.99
44	26 October 2020	319,271	-50,989	-13.77
45	2 November 2020	323,672	4,401	1.38
46	9 November 2020	306,825	-16,847	-5.2
47	16 November 2020	281,227	-25,598	-8.34
48	23 November 2020	297,113	15,886	5.65
49	30 November 2020	251,303	-45,810	-15.42
50	7 December 2020	212,807	-38,496	-15.32
51	14 December 2020	174,194	-38,613	-18.14
52	21 December 2020	43,893	-	-

Source: <https://covid19.who.int/> (WHO, Global>India, 2020)

Table 3.3: Deaths due to COVID-19 in India (22 December 2020, as of 4:13 pm CET)

S. No.	Date	Deaths	Weekly Increase or Weekly Decrease	Weekly Change %
1	30 December 2019	0	0	0
2	6 January 2020	0	0	0
3	13 January 2020	0	0	0
4	20 January 2020	0	0	0
5	27 January 2020	0	0	0
6	3 February 2020	0	0	0
7	10 February 2020	0	0	0
8	17 February 2020	0	0	0
9	24 February 2020	0	0	0
10	2 March 2020	0	0	0
11	9 March 2020	2	2	100
12	16 March 2020	3	1	50
13	23 March 2020	20	17	566.67
14	30 March 2020	52	32	160
15	6 April 2020	196	144	276.92
16	13 April 2020	234	38	19.39
17	20 April 2020	317	83	35.47
18	27 April 2020	477	160	50.47
19	4 May 2020	808	331	69.39
20	11 May 2020	763	-45	-5.57
21	18 May 2020	995	232	30.41
22	25 May 2020	1,297	302	30.35
23	1 June 2020	1,765	468	36.08
24	8 June 2020	2,266	501	28.39
25	15 June 2020	4,059	1,793	79.13
26	22 June 2020	2,841	-1,218	-30.01
27	29 June 2020	3,173	332	11.69
28	6 July 2020	3,406	233	7.34
29	13 July 2020	4,142	736	21.61
30	20 July 2020	5,247	1,105	26.68
31	27 July 2020	5,301	54	1.03
32	3 August 2020	6,015	714	13.47
33	10 August 2020	6,601	586	9.74
34	17 August 2020	6,726	125	1.89
35	24 August 2020	6,792	66	0.98
36	31 August 2020	7,128	336	4.95
37	7 September 2020	7,960	832	11.67
38	14 September 2020	8,166	206	2.59
39	21 September 2020	7,751	-415	-5.08
40	28 September 2020	7,279	-472	-6.09
41	5 October 2020	6,552	-727	-9.99
42	12 October 2020	5,697	-855	-13.05
43	19 October 2020	4,503	-1,194	-20.96
44	26 October 2020	3,577	-926	-20.56
45	2 November 2020	4,010	433	12.11
46	9 November 2020	3,514	-496	-12.37
47	16 November 2020	3,592	78	2.22
48	23 November 2020	3,469	-123	-3.42
49	30 November 2020	3,486	17	0.49
50	7 December 2020	2,837	-649	-18.62
51	14 December 2020	2,458	-379	-13.36
52	21 December 2020	634	-	-

Source: <https://covid19.who.int/> (WHO, Global>India, 2020)

4. Challenges and Impact of COVID-19 in India

The whole world is facing several challenges due to the increased cases of COVID-19 and the situation of India is also getting very worse as the number of COVID-19 patients are increasing day-by-day with an alarming rate. Some of the major challenges and impacts faced by Indian Government and its citizens are described as under the following heads:

4.1) Trade and Travel: Due to the pandemic global trade is severely affected. India imports 85% of Active Pharmaceutical Ingredients (APIs) from China which is adversely affected due to the restricted land movements. Therefore, Mankind Pharma and Granules India began airlifting APIs for their manufacturing because of shipping delays from China. In addition, on 31 January 2020, the ban on the export of personal protection equipment such as respiratory masks and protective overalls was issued by the Directorate General of Foreign Trade (DGFT) (Vara, 2020).

2.5 lakhs of people stranded in foreign countries were evacuated and brought back to India safely under Vande Bharat Mission and Samudra Setu Abhiyan.

International travel is also hampered due to the travel restrictions, cancellation of flights and visa cancellation. All transport services of flights, trains, and buses were controlled and restricted.

4.2) Economy: As the “non-essential” businesses are closed due to the lockdown, people unfortunately lost their employment. Factories, workplaces, restaurants, gymnasiums, religious buildings, parks, offices were closed to limit the spread of the virus. In the initial days of lockdown, thousands of people become jobless. The working class was affected badly as they did not have proper place to stay and facilities of food, health, and sanitation. They got afraid because of the lockdown and their ignorance as they were not aware of the COVID-19 disease. The lockdown led to many sufferings to poor people such as loss of income, starvation, suicides, exhaustion, accidents, health problems, and police brutality. Migrant workers started migrating from the major cities to their respective villages. They were seen walking or bicycling covering the long distance of hundreds of kilometers. Hundreds of people died on their way home due to starvation. After seeing large number of deaths on the way, the Central Government on 1 May 2020 allowed the Indian Railways to launch “Shramik Special” trains for the stranded people and migrant workers who wanted to travel to their respective home towns (COVID-19 pandemic lockdown in India, 2020).

Government announced relief packages of wheat, rice, pulses, cooking-gas cylinders, cash transfers for poor families affected due to COVID-19. Medical insurance is also provided to doctors, nurses, and paramedics who are tirelessly working day and night without taking any holiday (Vara, 2020).

Henk Bekedam (WHO Representative to India) regarded lockdown as “timely, comprehensive and robust”. On the other hand, Mike Ryan (WHO executive director) stated that other measures are also needed along with

lockdowns. Jean Dreze (Economist) criticized the lockdown considering as “almost a death sentence” for the underprivileged class of people of the country (COVID-19 pandemic lockdown in India, 2020).

4.3) Health: People living with non-communicable diseases are at higher risk of severe COVID-19 related illness and death. Patients with diabetes, cancer, cardiovascular disease, chronic respiratory disease so called comorbidities face several difficulties regarding care in hospitals. The pandemic has made the situation miserable in health sector as the patients of COVID-19 use more ventilators and beds in intensive care units. It is creating problems for the patients who need the equipment for their treatment for other diseases resulting in shortage of supply and raise in demands (Felman, 2020).

To curb the spread of the pandemic, the Government of India issued guidelines regarding screening, testing, and quarantining. Labs were given directions for the testing of coronavirus in India. National Institute of Virology (Pune) is the nodal lab. Other laboratories are working under Indian Council of Medical Research’s (ICMR) Viral Research and Diagnostics Laboratories network for the testing (Vara, 2020).

Clinical trials are going on as there are no precise treatments or vaccines for COVID-19 (Coronavirus, 2020). Earlier, the Drug Controller General of India approved the proposal of ICMR to use the combination of lopinovir and ritonavir that is used in the treatment of HIV. Many countries are working hard to invent vaccine for COVID-19. Some of the examples are Vaccine developed by Moscow’s Gamaleya Institute and the Russian Direct Investment Fund in Russia, CanSino developed in China, Moderna developed in United States of America (USA), Covishield developed by Oxford University and AstraZeneca in United Kingdom (UK), and Covaxin developed by Bharat Biotech in collaboration with Indian Council of Medical Research in India.

People are dealing and facing several problems such as decline in mental health, frustration, depression, suicides occurring due to physical and social distancing. It is all due to psychological discomfort. After reaching to the level of a certain extent, high number of COVID-19 cases in Delhi started falling that was considered as the peak and assumed to reach at the level of herd immunity.

The hospital staffs are provided with Personal Protective Equipment (PPE) kits as they are helping, caring, and treating COVID-19 patients. Doctors, Nurses, Medical Researchers and Scientists, and Pharmacists are given medical insurance as they are at high risk of getting COVID-19 infections. We also got to know the failure of the Health Department due to lack of infrastructure, non-availability of PPE kits to doctors in required numbers.

4.4) Society: People who attended the Tablighi Jamaat religious congregation held in mid-March at Nizamuddin Markaz in Delhi were found to be positive for the virus. More than 5000 members including foreigners attended the meeting. All were traced as part of contact tracing when the virus infection was in the initial phase. It generated hatred for Muslims considering them as the major source of spreading the COVID-19 in the country (Vara, 2020). It became source of social and cultural diversion of communities based on religion which is condemnable in the country where the whole society is based on the principles of “Unity in Diversity”.

Lifestyle of people has changed a lot during the pandemic time. People have started living in healthy environment and taking good care of sanitation. They are following COVID-19 guidelines being responsible citizens. They are wearing masks and maintaining social distancing. Wedding ceremonies are taking place with limited members.

4.5) Education: All students were advised to leave schools, colleges, universities for home. Several guidelines were issued regarding the online process of admission and formalities to be completed by the educational institutions. It was assumed that there might be need for more spaces for testing and quarantining people if affected with coronavirus as the number of cases were raising at a very high rate of unpredictable trajectory. Student's hostels and other public institutions were set up as hospitals due to shortage of beds in the hospitals.

4.6) Environment: Human Beings should know the limits to which they can thrust nature before it is too late. Ecological balance is necessary for all living beings to survive on the Earth. Not only human beings are getting affected with COVID-19, but the tiger named Nadia also found infected at New York's Bronx Zoo. Around 1 lakh mink infected with the virus were killed in Spain. This is highly unethical because animals cannot raise their voice on their own due to which they have to suffer human brutality. In India, we face problems due to air pollution, deforestation, water pollution that affects environment. Human beings must take measures to conserve and protect forest, wildlife, and natural resources (renewable and non-renewable resources) for sustainable development.

4.7) Tussle between Central Government and State Governments: Delhi became one of the hotspots for the COVID-19 cases. The pandemic created lots of tussle between the Central Government and State Governments. West Bengal, Karnataka, and Tamil Nadu were such examples. The tension was created between Centre and West Bengal. The wall was created between the states of Tamil Nadu and Karnataka. The Government imposed curfew under Section 144 of the Code of Criminal Procedure (CrPC).

4.8) Digital India: A control room was launched to address the queries related to COVID-19 symptoms, testing, quarantining guidelines etc. It is operational 24*7 providing toll free services. Aarogya Setu app was also introduced for safety purposes by the Government of India to provide help to the citizens. It is a digital service developed for "contact tracing, syndromic mapping and self-assessment" by National Informatics Centre under the Ministry of Electronics and Information Technology (MeitY).

4.9) Corruption: The lockdown was announced to tackle with the coronavirus and it proved to be successful at some extent, but it also proved to be futile at other point as corruption flourished while maintaining records of grain distribution, cash transfers, pass system available for trade and transport across boundaries. Testing was not done properly and there were some reports come out in media which revealed the truth of corruption as some positive reports of the patients were converted into negative after taking lump sum amount.

4.10) Online Platform and Social Networking Sites made Benefits: Despite all these challenges faced during the pandemic, Multi-National Companies (MNCs) have started manufacturing masks, sanitizers, PPE kits etc. in order to meet the increasing demand for the products. Many MNCs are providing online jobs so that employees can work from home. Digital technology has emerged as a supporting tool for the Government and the citizens to work efficiently without wasting time during the lockdown in the pandemic. Mr. Narendra Modi also introduced the concept of “Atmanirbhar Bharat” to promote “Self-Entrepreneurship” in every field of one’s choice. In the time of pandemic, people are interconnected globally through many social networking sites such as Apple, Amazon, Facebook, and Google. Apart from providing services to people Google, Apple, Facebook, and Amazon (GAFA) are making profits and benefits through advertisements (Business, 2020).

4.11) Universal Fraternity: COVID-19 spread across the world with an unimaginable trajectory in a very short span of time (Global Impact and policy recommendations, 2020). In partnership with the United Nations, the people of different countries around the world are coming together showing acts and signs of humanity and universal fraternity to fight against the deadly virus and inspiring hope for new generations and better future. It has demonstrated the interconnected nature of our world and showed that communities can serve lives and overcome the disastrous impacts of the pandemic only by acting with unity, harmony, and brotherhood. It is proved that “no one is safe until everyone is safe” (coronavirus, 2020). For sure, like all the preceding disasters, Human Beings being optimistic will win over the pandemic in due course of time (Chakraborty & Maity, 2020).

5. Conclusion

Twenty-first century made significant changes in the lives of human beings with respect to technological advancements and development on the one hand and teaches lessons to live in clean and healthy environment, taking proper breathe in fresh air, proper utilization of natural resources and maintain hygienic conditions for sustainable development on the other hand. Global health emergency was declared by the World Health Organization as the COVID-19 cases increased worldwide with an unpredictable trajectory. The Earth is for all living beings and all need appropriate environmental conditions for their sustenance. Being responsible, human beings must think for one-selves and other-selves too as they are highly intellectual of all other living beings having strong physique and making technological advancements day by day.

The coronavirus spread everywhere and affected the countries such as China, Italy, Spain, Brazil, Iran, United States of America, India, Russia etc. When the coronavirus infection began in the initial stage in the countries China, Italy, and Spain with affecting large number of people, the countries like United States of America (USA), Brazil, and New Zealand were not taking the spread of the infection seriously until the people started showing the same symptoms of COVID-19 in their respective countries. Making fun and showing signs of disinterest in helping others are not acceptable ethically and morally in the doctrine of global humanitarian values.

Unemployment, flights cut, visa cancellation, starvation, social hatred, transport, tourism, and communication systems hampered due the pandemic in the twenty-first century showing the signs of vulnerability of human

community. Olympic Games are also postponed for next year. Kofi Annan, former Secretary-General, once warned the human community that the third world war might be for Water, but COVID-19 proved to be more fatal than World War. There is only hope from the medical scientists that will reach to the solution as they were succeeded during the times of past pandemics.

In Ancient India, the religions like Jainism and Buddhism taught human beings to be vegetarian, drink pure water filtered with cloth and cover the mouth with cloth. United Nations Charter and the Indian Constitution envisage the basic rights of human beings to health, hygiene, and sanitation. It is the need of the hour to prevent from COVID-19 by using alcohol-based sanitizer, washing hands with soap and water, wearing face mask, maintaining proper physical and social distance, boosting immunity by eating fresh fruits, vegetables and milk products, keeping health hygiene and sanitation.

We all must adhere to the dictums of “The world is One Family” (Vasudhaiva Kutumbakam) and “welfare of the many, the happiness of the many” (Bahujan Sukhaye Bahujan Hitaye) to achieve success against every odd. When the vaccine trials would be successful, it must be responsibility of people’s representatives to provide it to entire human community following these principles.

REFERENCES

1. BBC-News. (2020, May 03). Corona Virus: Vo Shahar Jisne Duniyan Ko Quarantine Ka Rasta Dikhaya. Retrieved December 12, 2020, from <https://www.bbc.com/hindi/>: <https://www.bbc.com/hindi/vert-tra-52479819>
2. BBC-REEL. (2020, April 14). The ancient art of self-quarantine. Retrieved December 28, 2020, from <https://www.bbc.com/>: <https://www.bbc.com/reel/video/p089f57w/the-ancient-practice-of-self-isolation>
3. Britannica. (2020). Coronavirus virus group. Retrieved December 27, 2020, from <https://www.britannica.com/>: <https://www.britannica.com/science/coronavirus-virus-group>
4. Business. (2020, July 30). Amazon, Facebook and Apple thriving in lockdown. Retrieved December 20, 2020, from <https://www.bbc.com/>: <https://www.bbc.com/news/business-53602596>
5. Chakraborty, I., & Maity, P. (2020, April 22). COVID-19 Outbreak: Migration, effects on society, global environment and prevention. (J. Chen, Ed.) *Science of the Total Environment*, 728(1 August 2020, 138882). doi:<https://doi.org/10.1016/j.scitotenv.2020.138882>
6. coronavirus. (2020). Retrieved June 23, 2020, from www.un.org/: <https://www.un.org/en/coronavirus>
7. Coronavirus. (2020). Retrieved June 26, 2020, from <https://www.who.int/westernpacific/health-topics/coronavirus>
8. COVID-19 pandemic lockdown in India. (2020). Retrieved December 20, 2020, from www.wikipedia.org/: https://en.wikipedia.org/wiki/COVID-19_pandemic_lockdown_in_India
9. Dogra, A., Goyal, B., & Sharma, A. M. (2020, March 23). Corona Virus: A Novel Outbreak. *Biomed Pharmacol.* doi:<https://dx.doi.org/10.13005/bpj/1853>
10. Felman, A. (2020, March 30). What to know about pandemics. Retrieved June 24, 2020, from <https://www.medicalnewstoday.com/articles/148945>
11. Global Impact and policy recommendations. (2020). Retrieved June 26, 2020, from <https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/lang-en/index.htm>

12. Glossary. (n.d.). HIV/AIDS Glossary. Retrieved December 12, 2020, from <https://clinicalinfo.hiv.gov/en:https://clinicalinfo.hiv.gov/en/glossary/contagious-disease>
13. Ramirez, V. B. (2020, April 20). What is Ro? Gauging Contagious Infections. Retrieved June 23, 2020, from <https://www.healthline.com/health/r-nought-reproduction-number>
14. Rolling updates on Coronavirus disease (COVID-19). (2020, June 17). Retrieved June 26, 2020, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
15. Vara, V. (2020). Coronavirus in India: How the COVID-19 could impact the fast-growing economy. Retrieved June 26, 2020, from <https://www.pharmaceutical-technology.com/features/coronavirus-affected-countries-india-measures-impact-pharma-economy/>
16. Walsh, B. (2020, March 26). Covid-19: The history of pandemics. Retrieved June 24, 2020, from <https://www.bbc.com/future/article/20200325-Covid-19-the-history-of-pandemics>
17. WHO. (2020, December 22). Global>India. Retrieved December 22, 2020, from <https://covid19.who.int/:https://covid19.who.int/region/searo/country/in>
18. WHO. (2020, December 22). WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved December 22, 2020, from <https://covid19.who.int/:https://covid19.who.int/table>
19. WHO. (2020, December 22). WHO Coronavirus Disease (COVID-19) Dashboard. Retrieved December 22, 2020, from <https://covid19.who.int/:https://covid19.who.int/>
20. WHO Director-General's Special Envoys on COVID-19 Preparedness and Response. (2020). Retrieved June 26, 2020, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/who-director-general-s-special-envoys-on-covid-19-preparedness-and-response>

