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Centralization Amidst Contagion: Assessing The Impact of India's Covid-19 Governance Strategy

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ABSTRACT

This Article examines the ways in which India's centralized powers in response to the COVID-19 pandemic revealed both law and politics in transition. It traces the constitutional logic of the central safety valves that enabled a rapid response to the pandemic, but also carry considerable costs for federalism and civil liberties. The deployment of intensive, decisive action through state and national lockdowns and health and economic measures went hand in hand with assertions of state power over public health and contests over federalism and with tensions between the exercise of emergency powers and the need for democratic accountability in public decision-making. It was Digital technology also became part of a further battlefield concerning privacy and data protection and sovereignty issues in response to this new form of crisis management. constitutional solutions, including an adaptable legal regime and robust public health infrastructures in states emerged as key challenges of the pandemic era. This Article concludes by underscoring the work that needs to be done for perfecting cooperative federalism, restoring and reorienting public health systems and providing for transparent, accountable governance as we face the next national emergency.

***Keywords**: COVID-19, India, centralization, governance, Disaster Management Act, federalism, civil liberties, public health, economic impact, digital surveillance, emergency laws.*

I. INTRODUCTION

While the outbreak of the COVID-19 (coronavirus) pandemic has forced all nations of the world to adopt various governance strategies to blank out its impact and prevent its widespread spread, India, one of the most overpopulated and socio-politically heterogeneous nations in the world, has taken giant steps to tackle this menace.

This article will focus on centralization as one of the governance strategies adopted by India

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during COVID-19 outbreak. It will explain how this centralization made impacts in the Indian legal, socio-economic, and diplomatic system. Further, it will also analyse the advantages and disadvantages of India's centralization approach towards COVID-19 pandemic.

COVID-19, caused by the virus named SARS-CoV-2 and first identified in late 2019 in the Chinese city of Wuhan, brought on a global pandemic characterized by high transmission and substantial mortality Emergency of International Concern as classified by the World Health Organization (WHO) in January and February 2020, the virus posed unique governance challenges for nations across the globe, with the requirement of balancing public-health responses to extraordinary threats with the drawbacks of corresponding economic downturns. The pandemic has highlighted the need for adaptive legal frameworks to respond to the new and complex challenges presented by such global health crises.

India's political response to COVID-19, for instance, shows us that centralizing power is an easy go-to response for the central government of India during a crisis. Centralizing power involves the deployment of the controversial Disaster Management Act, 2005, and other legal instruments to make decision-making swift, consistent, and provide greater coordination of effort through the central government's resources. We have seen this with the nationwide lockdown, rules pertaining to interstate and international travel, and the rollout of vaccine policies under the module of the central government's authority. These are all understandable steps in providing people a relief from the pandemic, however, the response of the central government to the crisis has created a lot of friction at the level of federalism, issues of governance, and the dogfight between the two governments over constant power.

Digital technology, such as the Aarogya Setu (meaning 'health bridge') app for contact tracing and disseminating information related to health, was part of the Indian government's strategy as well. These technological approaches facilitated state surveillance, thus compromising privacy and data protection.

This legal architecture included reliance on health and emergency law, but it also involved a revision, reapplication and creation of laws in response to the pandemic, such as ordinances and guidance regarding quarantine measures, social distancing, mask usage, and in relation to medical information regarding the virus.

The emergence of a single, unified centralized governance mechanism received criticism for disempowering the states, and for excessive violations of civil liberties, especially the freedom of movement, freedom of expression, and the right to privacy. The judiciary has had to constantly balance the emergency powers of the executive in the context of a public health

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crisis, against the need to uphold fundamental rights.

The economic impact of the pandemic and the government's response approach were profound. The country imposed one of the world's strictest lockdowns on 24 March, forcing the economy into a contraction while millions of livelihoods, most of them in the country's informal sector, were lost. The government directly used its budgetary space to ease the economic hurt caused by the pandemic, while direct transfers from the government to the poor were made via other non-budgetary methods. How efficient and effective were these packages remains a debated issue.

(A) Historical Context and Legal Framework

The logic of centralization in India's pandemic governance is a historical one that is closely linked to the centralization of power and the legal architecture that allows the government to exercise emergency powers in a time of crisis. This section outlines the history of centralization in India, the legal and constitutional underpinning of emergency powers and the emergency legislation that provided a basis for the centralization of actions in the time of the pandemic.

The move towards centralization in India began under the British Raj, whose centralized form of government set the pace. After Independence, the need to keep India united in the face of diverse ethnicities, castes, class and region, the challenges of nation-building and the gridlock of multiple decision-making machineries, reinforced the necessity for some form of centralization. But Britain's Parliamentary form of government, critical in centralization, has been tempered by a federal structure, part of the Constitution that gives states specified powers and more autonomy.

This balance of centralization has ebbed and flowed over the years, and has been a composite of political, economic and social developments, often underpinned by the need for national security, public order and crisis management. The legal template has been developed to keep with this shifting balance between centralization of authority and the devolution of powers to the state level, and has been a source that underpinned the state's reactions to the COVID-19 pandemic.

II. CONSTITUTIONAL PROVISIONS FOR EMERGENCY POWERS

The Constitution of India envisages the concentration of power in the state of emergency, there are three kinds of emergencies provided for under the Constitution: National Emergency (Article 352), State Emergency (President's Rule, Article 356), and Financial Emergency (Article 360). These allows the central government to assume more control over the functions

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of the state governments in legislating on subjects under the state list in the Seventh Schedule of the Constitution.

None of these emergency powers were formally invoked during the COVID-19 pandemic, but their existence in the Constitution shows that the legal basis for power centralization, even in the midst of extraordinary circumstances, has been established. The model lays out a framework by which the central government centrally manages national emergencies, while taking measures to ensure that federalism is not adversely affected.

(A) The Disaster Management Act, 2005

Another crucial legislation relevant for the COVID-19 pandemic is the Disaster Management Act, 2005 (DMA). It was enacted with the intention of setting in place 'a consistent legal framework that will enable each level of government to work in coordination with one another by formulating a disaster management policy and plan, by laying down guidelines thereof, with a view to achieving a sustainable level of operational preparedness'. It set up a National Disaster Management Authority (NDMA) with the Prime Minister as its head, as well as State Disaster Management Authorities (SDMAs) led by Chief Ministers. The DMA empowers the NDMA to lay down the policies, plans and guidelines on disaster management and to ensure their implementation.

With the declaration of the COVID-19 pandemic as a national disaster, the central government invoked the DMA to control it. This was the first time the Act was invoked for a health emergency of a global scale. The central government, under this Act, issued several orders across India to address the pandemic. These orders include lockdowns, restrictions on mobility, and other arrangements to ramp up medical facilities across the country. This is an example of the legal basis for the centralization of power to handle the pandemic, allowing nation-wide actions by the government to mitigate the crisis.

(B) Legal Basis for Centralized Actions during the Pandemic

Besides extending the powers of the central government under the DMA, the state also resorted to other legal measures in actualizing the policy response to COVID-19. This included India's legacy public health laws, such as the Epidemic Diseases Act, 1897 under which both the Union and the state governments have been granted epidemic', 'prohibiting the assembly of five or more persons' and 'closing any place'. This Act provided a legal basis for the execution of quarantine, social distancing requirements and prohibition on gathering orders.

The dual operationalization of the DMA and EDA by the government to respond to the COVID-19 pandemic reflects and manifests the manifold and oblique legal regime of centralization of

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power in India: the DMA/EDA seem to have provided the legal basis for the central and the states to act swift and decisively, yet their operationalization also implicated an intricate balance between centralization and decentralization, the inadequacy of the existing laws to deal with such an unprecedented situation, and the desirability of legal reforms to better respond to future crisis.

The legal steps taken during the pandemic, after invoking the DMA and EDA, paved the way for the crucial centralized national response – but they also revealed how complicated it can be to operate under India's federal structure where competencies of the center and states overlap and, at times, are contested. What the COVID-19 experience showed was how India's legal and governance frameworks could be strengthened to help the government's response during times of national emergencies, and how any legal gaps be plugged to help prepare the country for more effective and equitable response in the future.

(C) Centralization of Power during COVID-19

The COVID-19 pandemic, one of the biggest and unprecedented crises, led to rethinking of governance models, particularly in decision making and governance processes, to curb the spread of the virus. In India, this period saw an unprecedented centralization of power in the Centre. The centralization of power became a significant strategy adopted by the Central Government in designing and establishing a national response to the pandemic, especially through the involvement of its National Disaster Management Authority (NDMA).

(D) Decision-Making and Governance

The initial onslaught of the COVID-19 pandemic required decisive and urgent intervention both to enforce lockdowns, and provide social safety nets, while also mobilizing resources for healthcare provision Understanding this, the Indian government chose a more centralized approach to state decision making as well as coordinated governance. A centralized framework of intervention was trusted as a more efficient and effective approach to dealing with the pandemic.

This top-down process enabled the country to adopt similar norms and measures rapidly across states. This was crucial in ensuring a unified response to the pandemic at such a scale. However, a clearer institutional understanding of the implications that this centralization of power would have on the nature of federalism and the sovereignty of the state governments has not emerged. The context of the health emergency exposed a power struggle between the top and bottom, eventually asserting the supremacy of the center over the state.

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(E) Shift from Decentralized to Centralized Governance

Before Covid-19, decentralization, if you will – was the cornerstone of India's model based on federalism, with state governments taking the lead in managing public health and welfare. The Indian Constitution vests the states with a degree of autonomy in some domains, including health.

But the COVID-19 pandemic saw this model of governance move in a different direction as, under the Invocation of the Epidemic Diseases Act (EDA), 1897 and Disaster Management Act 2005 (DMA), the central government began to take responsibility for coordinating the response to the pandemic, from nationwide lockdowns to the guidelines on testing, treatment and quarantine. Invocation of the DMA, which comes under the central list of subjects, ensured that the central government was able to intervene in areas of governance that are ostensibly within state control.

It was the perception of a crisis that didn't recognize state boundaries driving decision-makers to make the transition from decentralized to centralized governance. The focal point of the executive branch was to direct on how best to treat Covid-19 across the country. It was about creating a homogeneity and erasing differences in how states opted to proceed.

(F) Role of the Central Government in Policy Formulation

The central government's role is not only that of a mere coordinator, but to develop policies to guide the country's response – from lockdown and social distancing measures to the sequenced reopening of the economy – and make decisions on the procurement and allocation of medical supplies, from PPEs and ventilators to later, vaccines.

These included setting testing policies, the central foundation for India's strategy for contact tracing The Indian Council of Medical Research (ICMR), the central government's body for biomedical science, issued testing policy in the form of testing protocols for who should be tested, by what kinds of tests, and how results should be reported.

Furthermore, the central government also designed economic policies to soften the blow of the pandemic-hit economy and millions of Indians' livelihoods, distributing financial packages to aid the poor, small and medium enterprises (SMEs) and economic recovery.

(G)The National Disaster Management Authority's (NDMA) Involvement

The NDMA (established under the DMA) – as the apex body on disaster management – is at the heart of India's response to the COVID-19 pandemic. It sets out the strategy for the national response to the pandemic, giving guidelines and directions to the central and state agencies, and

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overseeing the response – including stopping the spread of the virus, the lockdown and the gradual opening up of the country.

The NDMA was brought into the equation, providing further impetus to a unified and central view of disaster management. The DMA provided the government with the legal basis and mechanisms to coordinate pandemic responses across agencies and multiple levels of governments, enabling the NDMA to effectively manage the crisis.

The COVID-19 crisis saw power centralize to an unusual degree because it suited the exigencies of a national moment of crisis and was the only coherent way to ensure speed, synchronization of response and leverage. Chief among the extraordinary players in the federal system was the cabinets' right hand – the NDMA. Though the bureaucracy and citizenry bore the brunt of the activities and sacrifices of the COVID-19 pandemic, the crisis was managed by cabinet, albeit by five different cabinets between January 2020 and November 2022 – and rightly so. The nation's cabinet collegium is the only institution with the knowledge and means to 'think federally' – often in micro detail and with on-the-ground understanding – and still respond with urgency and centralization. Yet, all that was highlighted in the act of centralization this time was how neatly the pandemic was contained within national boundaries – and how awkward the system seems as soon as it strays across the state. Even within the centralized response, the chief ministers at the local level came especially fully into their own during the pandemic – playing a vital role in the governance response. From here, one may draw some principles for future federal governance, which might include: flexibility in decision making; synchronization; and, importantly, respect for federal structure in national emergencies.

III. IMPLEMENTATION OF LOCKDOWNS AND RESTRICTIONS

(A) Nationwide Lockdown Measures

The COVID-19 lockdown itself was a highly centralized governance decision that left no choice for those in power to have a reasoned and informed debate with the judiciary on the need and persistence of these restrictions. It also introduced a 'new constitutional normal' by making the central government's power under the DMA more invasive under the pretext of a public order or human life. On 24 March 2020, the prime minister announced one of the world's most severe nationwide lockdowns, a highly centralized governance decision that left no choice for the judiciary to have a reasoned and informed debate on the need and persistence of these restrictions to curb the spread of the virus. The legal authority to take such far-reaching steps to order a near-total lockdown without asking the state or regional governments, such as Punjab, Tamil Nadu, Kerala and Gujarat, which had already developed competences to manage the

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health and socioeconomic crises, underscored the prominent role of the center in emergency governance over state or regional governance.

(B) Central vs. State Government Responsibilities and Powers

In its invocation, the DMA placed most lockdown and other implementation decisions in the hands of the central government, yet the states remained responsible for localized enforcement. This division of labor between the center and the states generated disagreements over who should have the last word on 'decision autonomy' and how to divide 'fiscal resources' across India's multiple-layered administrative system (center, states, districts and so on). While the central government set the course, state governments grappled with its execution, displaying bargaining and jarring alongside cooperation.

(C) Impact on Interstate Movement and Commerce

They cut off interstate movement and hit supply chains and most forms of economic activity in almost every corner of the country. To minimize such disruptions, the central government issued daily lists of 'essential' services and goods whose suppliers and workers could move and operate. Each such list – and with the ones in different states. This complexity lay at the heart of the polarization over how the nearly one-fourth of the world's population could adapt to a devastating disease that no one, no matter how powerful or wealthy, had any solutions for.

1. Financial Measures and Economic Policies

Centralized Economic Relief Packages

To counter economic hardships brought on by the pandemic, the central government endorsed a raft of relief packages to reinvigorate the economy, provide relief to the most vulnerable sectors and help people cope with the shock. Such schemes were part of the 'Amenabar Bharat Abhiyan' (Self-reliant India Initiative), which encapsulated the way in which the central government stepped in to set the economic agenda during an emergency. By using central schemes, financial resources and policy support was meant to be coordinated and uniform across the country.

Direct Benefit Transfers and Financial Aid

Direct Benefit Transfers (DBTs) in which money was transferred directly into those intended beneficiaries' bank accounts were a central part of these schemes, which in turn leveraged the digital financial infrastructure developed by India's digitizing state over the past decade (with a major push during the previous PM Modi government, much of it motivated by the fear and desire to impound cash for easier tax enforcement). While other countries' economic relief

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schemes took a top-down approach, India centralized the delivery of financial aid. DBTs were one set of tools used by the centralized state to leverage its massive, data-driven digital structure to bypass intermediaries and leakages.

Central Government's Role in Economic Decision-Making

Applied mostly in the domain of economic decision-making, the ascendancy of the center was at play in the design and conduct of fiscal and monetary stimulus along with regulatory reforms during the COVID-19 crisis. The enunciation of such a centralized approach to economic management was necessary to enable India, as a whole, to offer a unified and instant response to the crisis, deal with liquidity problems, nurture MSMEs (Micro, Small and Medium Enterprises), and stimulate spending. Yet, it also raised questions about the adequacy of consultation with federal states, and long-run consequences for India's federal economic structure.

2. Health and Medical Response

Centralization of Healthcare Resources and Management

The pandemic highlighted in a dramatic manner the need for centralized preparation and management on a national scale of healthcare resources. This included not only the stockpiling and distribution of medical supplies, PPE and critical care facility resources, but also the decisions on the timing and extent of healthcare resource mobilization. Indeed, on 14 January 2021, Mumbai experienced the highest surge in daily Covid-19 cases – a stark contrast to Delhi and the north, which had begun recording very high cases a month previously. As the current surge in India shows, it is essential for the center to play a crucial role in the mobilization and distribution of healthcare resources to tide over the weeks and months of short-run inequality. Centralized management also made it possible to overcome the impact of wide-ranging health-care infrastructure disparities between states.

Vaccine Development and Distribution Strategy

India fast-tracked vaccine development and distribution, exhibiting how centralization dominated responses to health and medicine Aire argues that this centralization required the central government to facilitate collaborations between public and private institutions and with international actors to develop vaccines quickly. Once the government approved certain vaccines, it organised distribution according to a phased model: targeting healthcare workers and frontline workers (Phase 1); the aged above 60 and patients with limitations or comorbidities between 45 and 60 (Phase 2); and the rest of the population (Phase 3). To facilitate residents' vaccinations, including essential workers in the informal sector, the CoWIN system

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emerged as a centralized national 'digital infrastructure' administering vaccine registration, allocation and certification.

IV. NATIONAL HEALTH MISSION AND ITS ROLE DURING THE PANDEMIC

From deploying healthcare workers to boost hospital capacity, to setting up rapid antigen-testing centers, to raising awareness about disease vectors such as bedbugs, the National Health Mission (NHM) – a central government mission – assisted state governments in boosting healthcare services through the pandemic. The mission also expanded hospital infrastructure, enhanced surveillance, and helped shore up centralized data-collection efforts. NHM's role during the pandemic shows how centralized financing and directives can complement decentralized service delivery, creating the promise for central initiatives to support state responses to healthcare, especially in building resilience against health shocks.

(A) Impact of Centralization

Emergent strategic alignments in India on how to cope with the pandemic map on too long-standing cleavages in organizing state structures, and have transformed the politics of organizing society, the economy and the public health policy in fundamental ways. This part of the article details the implications of COVID-19 centralization, focusing on details of democracy, federalism, economic costs and public health

(B) On Governance and Democracy

Accountability and Transparency in Decision-Making

In addition to concerns about accelerating the polarization of politics and society, discussions about decision centralization during the pandemic have spurred a crucial discussion about accountability and transparency. Although the need for decision centralization, which allowed for making decisions swiftly on an unprecedented level, shield principles of democracy. Ordinances and executive orders governing some of the most important policy decisions were issued with very little opportunity for public debate, and quite often bypassing the legislative branch altogether.

Central vs. State Dynamics and Federalism

However, the concentration of power has also resulted in a shift in power equations with the center vis-à-vis state governments amid the pandemic, giving rise to stern tests for federalism in India. The Disaster Management Act, 2005 – which notified the National Disaster Management Authority and the multi-agency body, Indian Disaster Response Force, as responsible for disaster management in the country – and the Epidemic Diseases Act, 1897 – a

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colonial legislation that gives wide and drastic powers to the central government to deal with epidemics and contagious diseases – became two central legislative instruments for the Covid-19 pandemic response. They, amongst others, stoked triggers of conflict with states on the question of exclusive jurisdiction and autonomy. These were posited to the backdrop of poor health infrastructure across states, making cooperative federalism necessary while dealing with a health emergency in the federal structure of India.

Public Participation and Civic Engagement

The pandemic and the lengthy wave of centralization it has unleashed also altered public participation and civic engagement. Social distancing and lockdowns, crucial for curtailing the spread of the virus, imposed limitations on the sine qua non of democracy – public assembly and protest – but also gave rise to creative uses of the digital realm for civic engagement and mobilization. This has indicated a path for how public participation might change in crisis times.

(C) On Society and Economy

Social Welfare and Impact on Vulnerable Populations

As India went into the pandemic, it was already the world's largest polity, as well as among the most economically unequal. This then was the patchwork society threatened by an invisible virus that struck earliest and hardest upon India's most vulnerable populations: the poorest, the migrants together with their families who lived in the near margins of urban areas, and employees in the informal sector – the euphemism for countless small-scale enterprises. Decisions taken centrally to restrict the spread of the virus – such as the near-simultaneous and sudden announcement of a complete and unprecedented lockdown of the entire country – had the unintended social consequences of mass migrations and prioritizing the need for protection above the basic right of men and women to earn a living. As infections and then deaths mounted with each passing day, the center for its part rolled out a vast panoply of relief measures to mitigate the intended and unintended social consequences of what had started as an inadvertent and, for the poor, a devastating war on the virus. The relief measures included cash transfers, food security schemes and other such measures that unfolded at the earnings end of the political economy – the specific and more general loci of social welfare. Were these measures effective? Delivering social welfare is never easy, even in times of peace. So, it was never likely to be easy in the midst of a viral cataclysm assaulting an already patchwork society.

a. Economic Disruption and Recovery Measures

Lockdowns kept many workers at home, more so in urban areas, and led to a sharp contraction of GDP, prompting the center to step in with policy steps to promote the economic recovery.

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These included fiscal stimuli, injections of liquidity into banking, as well as stimulating manufactures, which can potentially help kickstart economic activity. However, their success overall has been mixed, since some sectors have recovered faster than others. On the whole, the pandemic has highlighted the salience of having more resilient economic policies.

b. Employment and Labor Market Effects

The jobs market was hit hard – jobs were lost and salaries cut – and reforming labor laws and subsidies such as low-interest loans for small and medium enterprises (SMEs), with supposed job-creation capacities, soon became central planks of the central government's response. In the near term, it would be an exaggeration to claim that these measures made people better off, and even a central government report admitted that 'flexible' labor practices would make layoffs easier. In the longer term, the effect these changes have on employment today and the precariousness of labor rights in China in the future are very much an open question.

(D) On Public Health and Safety

Effectiveness of Health Measures and Interventions

The central government proposed heads of public health agencies and advanced the health affairs with lockdown, testing protocols and vaccination campaigns. The arrangement of dedicated COVID-19 facilities and the expansion of testing capacity demonstrated the ability of centralized action in public health emergencies. However, the shortage of medical supplies and vaccines in the beginning and the vaccine distribution problem later reflected the necessity of improvement.

Public Health Infrastructure and Capacity Building

At every level of public health infrastructure, from the number of hospital beds to functional testing laboratories, India experienced considerable shortfalls. The central government's role in adding to healthcare's skeletal capacity, and making the much-needed capital investment in the much-discussed health infrastructure, has sought to bolster the country's health system against an imminent health disaster. The crisis required sustained investment in health, pushing planners at the center to figure out a better way of both planning and raising resources and leaving the execution to the local level.

V. LESSONS LEARNED FOR FUTURE HEALTH EMERGENCIES

The COVID-19 pandemic has provided important lessons for how health emergencies can be better managed going forward. While centralization allowed for a coordinated response to the pandemic, it also made it clear that the governance model needs to ensure parallel paths for

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flexibility, local knowledge and popular engagement, and ensure that central authority does not obstruct state autonomy while holding it accountable. It also underlines the need for a governance model that is able to mobilize national resources quickly while recognizing the principles of federalism and democracy.

(A) Challenges and Criticisms

While centralizing power was instrumental in staging a coordinated national response to a crisis completely unprecedented in contemporary India, the pandemic hasn't been free of challenges, and a targeted critique of its management. This section examines the legal and constitutional issues, critiques of decision-making and the problems of equity and access that have emerged during the pandemic.

a. Legal and Constitutional Challenges

At the core of central governmental COVID-19 policies, involving unilateral nationwide action through the DMA and the EDA, were the nationwide actions of lockdown, travel bans and social distancing. The application of the DMA and the EDA raised many constitutional questions, especially in relation to the balance between the central and state governments.

For instance, a key legal question pertained to what exactly were the powers of the Union under the DMA and the EDA. While the urgency of protecting health was laudable, deploying such wide powers for the purpose of public health also opened a debate about federalism and state autonomy. For instance, giving centralized power to decide otherwise essentially took away states' rights, power and jurisdiction in health, which is a concurrent subject entry under the Seventh Schedule of the Indian Constitution.

Additionally, the adjudication of a large number of petitions in the Supreme Court and High Courts testing the constitutionality of certain pandemic-related measures demonstrates the innate divides that remained in the responses to the public health imperative of a massive pandemic. Petitioners filed petitions in the Supreme Court and several High Courts challenging the government's power to decide such restrictions as lockdowns, suspension of certain labor laws in a few states, restrictions on movement and assembly. These legal challenges highlighted the tension between public health imperatives and individual constitutional rights, such as the freedom to move (Article 19(1)(d)), and the right to life and personal liberty (Article 21).

b. Criticism of Autocratic Decision-Making

Likewise, the centralized response to the pandemic was criticized for being inconsistent with democratic norms, understood as imposing a predominantly autocratic form of decision making

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from the 'commanding heights' of the state. The unilateral announcement and implementation of lockdowns (often with just hours' notice) was a prime example of this kind of critique. In general, the decisionmakers and politicians responsible for these actions were accused of undertaking potentially necessary actions from the public health perspective, but doing them in a manner that was fundamentally undemocratic, in the sense of undertaking them without meaningful consultation with stakeholders, including state governments, health experts and the populace at large.

This applies to the transparency and communication of decisions or policy changes too. New versions of guidelines and policies that were officially published at the beginning of each month were communicated quite vaguely or didn't explicitly justify changes to elements of the protocol. Sometimes misinterpretations arising from a lack of clarity led to new instances of panic. And tensions arose because the public and state authorities had a sense of being removed from the actual decision-making processes. There was little sense of a participatory approach that would have made it possible to adapt policies to different regional and local contexts.

c. Issues of Equity and Access to Resources

Pandemic policies brought into starker relief questions of equity and access to resources. In early 2020, a nationwide shutdown was essential to curb the spread of the coronavirus. But it was not gender- or caste-neutral: migrant laborers, informal-sector workers and rural communities bore the verist brunt. The sudden loss of jobs and state borders shut to interstate travel meant that millions lost livelihoods, food and shelter in a matter of days, necessitating an unprecedented humanitarian crisis.

People charged that the central government relief measures – from cash transfers to free food grains and healthcare – were still not reaching or badly addressed the poorest communities. For many, questions about DBT, food grains under PDS and access to healthcare services underlined the problem of making an emergency equitable.

Moreover, the rollout of the vaccination campaign exposed issues related to vaccine access, especially during initial phases of the campaign, when some felt that the vaccines weren't available to everyone equally. Equity issues around vaccination and vaccine distribution were exacerbated during this time, especially because access to vaccines and appointments for vaccinations were lower among people living in rural areas and those with less access to financial resources. While vaccination plans and access increased over time, a major takeaway from the pandemic was the need for greater equity planning and planning in public health responses.

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VI. Conclusion

In terms of the social and economic fallout associated with the pandemic, the COVID-19 tragedy unfolding in India since April 2021 qualifies as the most singular and egregious crisis that the country has ever encountered. It required rapid and decisive governance to abate the deadliness and devastation. This article investigated various dimensions of the governance strategy adopted for this purpose by focusing on the organisation and themes of the centralised leg of the strategy, including its democratic-legal foundations, configuration, conceptual underpinnings, implications for the governance processes and mechanisms, for society and economy, for public health, and the various criticisms that have been posted against it. In this concluding section, I have summarised the found deliverables, reviewed the governance strategy, suggested some key ways for it to be improved in the coming crisis, and reflected on the trade-off between the imperatives of centralisation and the demands of democracy. Governmental Centralisation and the COVID-19 Pandemic (2022) This are an Open Access article. The ideas presented herein belong to the author and not the funding body. We would like to thank all the CIP researchers for their indispensable collegial assistance. We owe a special debt to the community of activists and public-interest organisations that took the lead in documenting and reporting the governance failures associated with India's critical COVID-19 response.

- Centralisation of power: India's COVID-19 response has involved a top-down concentration of power by invoking the Disaster Management Act, 2005, and the Epidemic Diseases Act, 1897. This made for a coordinated national response, but also questioned federalism and states' autonomy.
- Effects on governance and democracy: the centralised response changed the dynamics of governance, raising questions about accountability, transparency and the balance between emergency powers and democratic oversight.
- Societal and Economic Consequences. Though centralisation allowed for quick implementation of policy, the same exposure also revealed weaknesses in social welfare, precipitating extreme economic disruptions for disadvantaged groups and the general population.
- Public health and safety: At the time, centralisation leadership led to substantial progress in public health management, in particular in terms of the mobilisation of health resources and the rollout of vaccines. It also showed up the shortcomings in public health infrastructure and equal access to healthcare.

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In his recent book The Leviathan and the Air-Pump (2020), the political scientist Johann Sommers argues that these features were amply demonstrated in India's response to the COVID-19 pandemic. Quickly mobilising national resources and taking massive actions to stop the disease in its tracks were vital early steps to help reduce the death toll from COVID-19. Central authority helped make this common response possible – a key advantage of Leviathans, according to Hobbes. However, evaluating this strategy also highlights the trade-offs between the benefits of centralised control and the costs to federalism, democratic input and social equity.

As a short-term intervention to blunt the force of the pandemic's impacts, this strategy was effective. But how states ought to balance governance, democracy and federalism going forward remains to be seen. While accumulating powers in the hands of the central state appeared necessary in the context of the national emergency, its reliance upon emergency powers points to the need for clarity around the protocols and frameworks that outline how much power they can wield and by what mechanism(s) they will be held accountable.

(A) Suggestions for Future Governance in Crises

- Strengthen Cooperative Federalism Establish more robust frameworks for central-state cooperation during emergencies, with state-level authorities participating in decision-making and responses tailored to unique local contexts.
- Build Up Public Health Infrastructure: Invest in building out and expanding our health care systems, and focus on serving the rural and underserved areas of the world in order to expand equitable and fair access to health care and to build up and expand our readiness for the next health crisis.
- Strengthen Social Safety Nets: Boost social welfare to deliver rapid and equitable aid to the most vulnerable in times of crisis.
- Enhance Transparency and Accountability Implement mechanisms that can increase transparency and accountability in decision-making and for measures carried out under emergency rules.
- Foster public engagement: develop institutional mechanisms for meaningful public participation and feedback in crisis governance that help ensure that policies are informed by a wide range of perspectives.

The unfolding COVID-19 pandemic shows us that one of the most pressing problems facing the world today is large-scale coordination in the face of national disasters. On the one hand,

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coordination and scale of action are necessary in order to respond to serious emergencies. But on the other hand, the mechanism and power of centralised control could lead to rampant abuse and avoidance of democratic processes and federalism.

The path towards a more crisis-sensitive government lies in this balancing act, efforts that are simultaneously necessary in that they respond to the challenges of the moment with urgency, able in that they mobilise technical expertise to achieve meaningful impacts, and acceptable in that they conform to democratic values, are inclusive, and maintain the trust of the governed. These insights gained from India's COVID-19 response can help us find the right balance and to scale up governance frameworks that are robust, equitable and able to cope with the exigencies of tomorrow's emergencies.

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