

Guidelines for integration of Co-WIN with third party applications released by MoHFW

The Ministry of Health and Family Welfare (“**MoHFW**”) launched, on May 24, 2021, guidelines for permitting third-party application service providers (“**ASPs**”) to develop software for various functionalities of the Co-WIN Platform, the Indian vaccination portal (“**Guidelines**”). The Co-WIN platform (“**Co-WIN**”) was launched by the MoHFW earlier this year for the efficient management of registration, appointment scheduling, vaccination and certification in relation to Covid vaccination.

Since its launch, Co-WIN has published Application Programming Interfaces¹ (“**APIs**”) for various functionalities available on the platform. The intent behind permitting various APIs is to enable ASPs, such as, State/UT governments, private sector service providers, software developers and any other agencies that wish to provide vaccination related services or develop and rollout software solutions compatible with Co-WIN offer better user experience and choices to people moving ahead in the vaccination process. Some features that ASPs can help develop on the Co-WIN platform include:

1. Discovery of vaccination centres and related information;
2. Scheduling appointments for vaccination doses;
3. Managing vaccination workflow;
4. Generating vaccination certificates; and
5. Reporting any adverse events after vaccination.

ASPs that are registered in India can avail and access the data available on the Co-Win platform in real-time. They are also permitted to integrate the APIs with their applications. While doing so, they are obligated to adhere to the security measures notified by the central government, to ensure that the APIs are not abused by anyone, to abide by the Co-Win privacy policy and the Terms of Service² provided as part of the Guidelines and applicable provisions of the IT Act, 2000.

¹ Application Programming Interfaces or APIs are software intermediaries that allows two applications, softwares or hardware-software mixed applications to interact with each other. It defines the kinds of actions or requests that can be made, the mannerism involved in making them, the formats that can be used, the conventions to follow, etcetera. It also provides extension mechanisms to enable extension of existing functionalities in an application in various ways and to varying degrees.

² Available on Annexure 2 of the guidelines on pages 7-10 at <https://static.investindia.gov.in/s3fs-public/2021-05/CoWINAPIGuidelinesFinal240521.pdf>

The Guidelines also specify the process for gaining access to Co-Win. All ASPs seeking to integrate with Co-Win using APIs need to register themselves by sending a request to partner@cowin.gov.in and nominate authorized system administrators. Prior to issuance of production level key, ASPs will also be required to attest that their systems are secure in terms of data security. The process for registration is further detailed in Annexure 3 of the Guidelines³.

APIs can be accessed in two ways. ‘Open Access through Public API’ allows ASPs to access limited read-only content available on the platform; and ‘Access through Protected API’ allows for access to specified information from Co-Win and also lets the ASPs update the database.

Public APIs allow third-party applications to access:

1. real-time updated list of available vaccination slots; and
2. vaccination certificates of the users against beneficiary reference id/ mobile number.
3. Protected APIs enable access to:
4. beneficiary registration;
5. scheduling of appointments;
6. recording of vaccination status;
7. downloading certificate; and
8. reporting for a beneficiary.

The Guidelines emphasize the need for ASPs to only access/collect data and information, including personal data of beneficiaries, to the extent strictly needed, which are stipulated in detailed terms and conditions. The MoHFW reserves the right to terminate use of APIs immediately and without cause at their discretion; and the organizations authorized by MoHFW can terminate their usage by giving the ASPs 30 days’ notice in the interest of data security of the users of Co-WIN platform.

DST invites start-ups and companies to develop new technologies and products to tackle Covid-19

The Department of Science & Technology (“DST”) launched NIDHI4COVID2.0, a new initiative to support startup-driven solutions to combat the second wave of Covid-19 in the country, on May 21, 2021. The initiative is a special drive of the National Science & Technology Entrepreneurship Development Board’s (“NSTEDB”) under DST for supporting indigenous solutions to fight the ongoing pandemic. The initiative draws its inspiration from NSTEDB’s previous experience in implementing similar initiatives, such as, ‘Centre for Augmenting WAR with COVID-19 Health Crisis (CAWACH)’⁴ and the ‘National Initiative for Developing and Harnessing Innovations - Seed Support System (NIDHI-SSS)’⁵ to support the growth of start-ups in 2020.

³ Available on Annexure 3 of the guidelines on pages 11 and 12 at <https://static.investindia.gov.in/s3fs-public/2021-05/CoWINAPIGuidelinesFinal240521.pdf>

⁴ The Centre for Augmenting War with COVID-19 Health Crisis (CAWACH) is an initiative to scout, evaluate and support the innovations and start-ups that address challenges posed by Covid-19. Under the CAWACH initiative, support is provided to start-ups at different stages for fast tracking commercialization and help scaling of viable solutions. Start-ups are provided with timely financial assistance for innovations in the area of novel, low cost, safe and effective ventilators, respiratory aids, protective gears, novel solutions for sanitizers, disinfectants, diagnostics, therapeutics, informatics and any effective interventions to control COVID-19. The initiative also aims to provide access to pan-India networks for trials, testing and deployment of innovative products and solutions in the above-mentioned priority areas.

⁵ National Initiative for Developing and Harnessing Innovations (NIDHI) is an umbrella programme conceived and developed by the Innovation & Entrepreneurship division, Department of Science & Technology, Government of India, for nurturing ideas and innovations (knowledge-based and technology-driven) into successful start-ups. NIDHI-Seed Support System (NIDHI-SSS) aims

NIDHI4COVID2.0 aims to support eligible Indian start-ups and companies that are registered in India and that offer promising solutions, in the following manner:

1. providing funds for companies offering innovative solutions in the field of oxygen innovation, portable solutions, relevant medical accessories, diagnostics, and informatics to tackle various challenges posed by Covid-19;
2. providing seed support through DST's network of Technology Business Incubators⁶ ("TBIs") for developing and manufacturing products parts that are currently being imported; and
3. providing financial and mentoring support to promising start-ups for scaling up products/technologies and ensuring fast deployment of viable solutions.

The initiative expects to have cross-sectoral benefits and to boost the manufacturing of many related critical components that are currently being imported. For instance, supporting development of medical devices such as Oxygen concentrators will help in the development and manufacturing of specialised valves, gas sensors, etc.

Interested applicants have been directed to apply through a portal specifically designated for the initiative (<https://dstnidhi4covid.in/>). The applicants can also check their eligibility to apply for the initiative on the portal. Some of the eligibility conditions are as follows:

1. the applicant must be a start-up or a company registered in India;
2. the applicant should have been in existence for less than 10 years;
3. founders should have at least 51% Indian shareholding, and should have a competent team in place, preferably with domain expertise; and
4. the applicant should have developed a clear product to market fit, customer discovery with clarity on intended customers and value propositions for its targeted customers.

More information with respect to the eligibility criteria and the initiative can be found on the portal. Evaluation of the applications, and selection of start-ups and funding will be done in accordance with the laid out process through a network of DST supported TBIs.

The initiative is a step towards empowering start-ups which possess innovative solutions but lack the financial, mentoring, and marketing support, and to enable them to bring effective and scalable products and solutions to the market for the benefit of all.

Anti-Covid drug '2-DG' launched by the Defence and Health ministries

The Ministry of Defence, along with the Ministry for Health & Family Welfare ("MoHFW"), on May 17, 2021 jointly launched the first indigenous Covid-19 drug developed by the Institute of Nuclear Medicine and Allied Sciences (INMAS), a lab of the Defence Research and Development Organisation ("DRDO") in collaboration with Dr Reddy's Laboratories, Hyderabad ("DRL"). Earlier, on May 1, 2021, the Drug

to ensure timely availability of the seed support to the deserving start-ups in order to enable them to take their venture to next level and facilitate towards their success in the market place.

⁶ Technology Business Incubators (TBIs) are academic, technical and management institutions that help in job creation and economic development by tapping and supporting innovations and technologies by utilizing expertise and infrastructure already available with them. Technology based new enterprises are high risk and high growth ventures and require an enabling environment like that provided by the TBIs to enhance the prospects of their success. Few of the objectives of DST recognised TBIs are creating jobs, wealth and business in alignment with national priorities, promoting new technology/knowledge/innovation based start-ups, and providing a platform for speedy commercialization of technologies.

Controller General of India had granted permission for the emergency use of the drug as an additional therapy in Covid-19 patients.

The drug - 2-deoxy-D-glucose (“**2-DG**”) - comes in powder form in sachets, which is to be administered orally with water⁷ in the process of treatment of patients suffering from moderate to severe degree of Covid-19. 2-DG is now commercially available at a price of ₹990 per sachet. The drug acts by reducing the dependence of patients on Oxygen administration and inhibiting virus synthesis and energy production in the cells infected by Covid-19. It is achieved by the molecules of the drug getting absorbed by and accumulated in the select infected cells in a differential manner.

30 hospitals, along with DRDO and DRL, were involved in conducting the clinical trials for and evaluation of 2-DG⁸. The clinical trial results showed that the drug molecules help in faster recovery of hospitalised patients and reduce supplemental oxygen dependence. Higher proportion of patients treated with 2-DG showed negative RT-PCR conversion in COVID patients.

Clinical trials to test the safety and efficacy of the drug were conducted in 2020 in three phases. In Phase-II of the trial conducted between May and October 2020, the drug was found to be safe for usage in Covid-19 patients and patients treated with it showed faster symptomatic recovery than other affected patients. A significantly favourable trend (2.5 days difference) was seen in terms of the median time in achieving normalisation of specific vital signs parameters when compared to the normal standard of care provided to Covid patients.

The Phase-III clinical trial was conducted between December 2020 and March 2021 at 27 hospitals across various states in the country. Symptomatic improvement in a significantly higher proportion of patients and a reduction in their supplemental oxygen dependence (42% to 31% in 3 days) in comparison to other patients, indicating an early relief from required Oxygen therapy/dependence, was evident. Similar trends were also observed in patients aged more than 65 years.

In the ongoing second wave, a large number of patients are facing severe oxygen dependency and need hospitalisation. The drug is expected to help the affected due to its mechanism of operation in infected cells and reduce the hospital stay of Covid patients.

National policy for admission of Covid-19 patients in hospitals revised

The Ministry of Health and Family Welfare (“**MoHFW**”) on May 8, 2021⁹ revised the national policy for admission of Covid-19 patients to Covid facilities, in a bid to ensure prompt, effective and comprehensive treatment. This revision forms part of the significant directive issued to the states and aims at making the policy more patient-centric.

The directive applies to all hospitals under the Central government, State Governments and Union Territory administration, including private hospitals involved in the treatment and management of Covid patients. Accordingly, all hospitals will ensure the following:

1. No patient will be refused services, including medication of oxygen or essential drugs, irrespective of place of residence;
2. Non-availability of identity card from the city (where such hospital is located) is not a valid ground for refusal of admission of patients;

⁷ Available at <https://pib.gov.in/PressReleasePage.aspx?PRID=1717007>.

⁸ Available at <https://pib.gov.in/PressReleasePage.aspx?PRID=1717007>

⁹ Available at <https://pib.gov.in/PressReleasePage.aspx?PRID=1717009>

3. Beds will not be occupied by persons who do not require it. There will be a strict adherence to the revised discharge policy¹⁰; and
4. Positive test is not necessary for admission, even suspect cases will be admitted to suspect ward of COVID Care Centre (“CCC”), Dedicated COVID Health Centre (“DCHC”) or Dedicated COVID Hospital (“DCH”) as the case may be.

The MoHFW, on April 7, 2020 had enunciated a policy to set up a three-tier health infrastructure system for efficient management of Covid cases in the country. The guidance document for appropriate management of suspect/confirmed cases of Covid-19¹¹ divided Covid dedicated facilities into three categories:

1. Covid Care Centre or CCC, for managing mild/very mild cases, to be set up in hostels, hotels, schools, stadiums, lodges etc, both public and private. CCCs are makeshift facilities and functional, non-Covid, hospitals can also be designated as CCCs;
2. Dedicated Covid Health Centre or DCHC, for managing clinically assigned moderate cases, to be full hospitals or a separate block in a hospital with preferably separate entry/exit/zoning. Private hospitals may also be designated as DCHCs. These will have beds with assured Oxygen support and dedicated Basic Life Support Ambulances¹² for ensuring safe transport of a case to a DCH if the symptoms in a Covid patient progresses from moderate to severe; and
3. Dedicated Covid Hospital or DCH, for managing clinically assigned severe cases, offering comprehensive care. In addition to the prerequisites for DCHC, these will also have fully equipped ICUs and Ventilators.

MoHFW has advised the Chief Secretaries of States/Union territories to issue necessary orders and circulars, incorporating the above directions within three days of the issuance, and such orders/circulars will remain in force till replaced by an appropriate uniform policy.

For more details, please contact km@jsalaw.com

¹⁰ Discharge should be strictly in accordance with the revised discharge policy available at <https://www.mohfw.gov.in/pdf/ReviseddischargePolicyforCOVID19.pdf>

¹¹ Available at <https://www.mohfw.gov.in/pdf/FinalGuidanceonMangaementofCovidcasesversion2.pdf>

¹² Basic Life Support Ambulance is commonly known as a BLS ambulance, and it provides basic life support to the patient aboard. A typical basic life support ambulance will be well equipped with the latest medical equipment such as an automatic external defibrillator, blood pressure monitoring equipment, pulse oximeters and Oxygen delivery systems combined with competent nurses to assist patients who are not physically stable.



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