

Is India Ready to Address COVID-19 Like Pandemics: A Perspective From Existing Public Health Acts

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Abstract

Background: There were three influenza pandemics during the 20th century (in 1918, 1957 and 1968) before 2019 the first of which killed at least 40 million people worldwide, exceeding the 8.3 million military deaths during World War I. Novel Coronavirus Outbreak (COVID-19) pandemic was a call for immediate action to be taken on by all countries in terms of stepping up treatment, detection, and reduction of transmission. **Objectives:** To review various existing public health acts in India. **Methodology:** The existing public health acts in the country was reviewed thoroughly from various sources and a summary was formed after review. Feedback about the existing public health acts from experts of different fields was also sought and incorporated into the review and finally components for a model public health act was summarized. **Conclusion:** The Pandemic responses would require strong community engagement using trusted individuals, inter-sectoral collaboration, the involvement of private health care providers, build on existing disease surveillance systems, and link with India's existing crisis management frameworks.

Keywords: COVID-19, Pandemics, Public Health Acts, Lockdown

Introduction

There were three influenza pandemics during the 20th century (in 1918, 1957 and 1968) before 2019 the first of which killed at least 40 million people worldwide, exceeding the 8.3 million military deaths during World War I. ¹ Novel Coronavirus Outbreak (COVID-19) pandemic was a call for immediate action to be taken on by all countries in terms of stepping up treatment, detection, and reduction of transmission. A total of about 2 crores confirmed cases with over 7 lacs 99 thousand deaths reported across the globe. Around more than 2900967 cases and 54948 deaths reported in India as on 20th August 2020. ²

Government of India initiated various Non-Pharmaceutical Intervention (NPI) to break the chain of transmission and prevent the spread of COVID-19, which included social distancing, and restricted public mobility like lockdown. ³ Whenever any such pandemic accelerates, it is factual that health care systems face tremendous workload in terms of a case seeking, testing and care. ⁴ To deal with such situations the country needs a correctly updated framework at national, state and district level which serves as a shield for the community against pandemic India's fight against COVID-19 has been guided by the following legislations:

The epidemic diseases act 1897 (EDA): It is An Act to provide for the better prevention of the spread of Dangerous Epidemic Diseases. ⁵ The 123-year-old act is India's solitary act that provides a framework for containing the spread of various diseases including Plague, cholera and malaria.

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The act describes the Powers of Central Government as “When the Central Government is satisfied that India or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease and that the ordinary provisions of the law for the time being in force are insufficient to prevent the outbreak of such disease or the spread thereof, the Central Government may take measures and prescribe regulations as necessary.

The EDA has some constraints such as, the act does not define clearly about the nature of the disease if it is dangerous, infectious, or contagious up-to which extent. Also, it does not define the conditions in which a disease can be declared as an epidemic.

Also, the act does not explain the pharmacological (Treatment, drugs, vaccines) and non-pharmacological (Isolation/quarantine measures) interventions for the prevention of the spread of disease.

Preservation of fundamental principles of human

rights during an epidemic is the responsibility of the government which has not been addressed clearly in EDA-1897; instead, it only emphasizes the powers of the central and state governments. The three-tier health structure in India is excellent for primary and routine care and is the need of the country but also at present situation with such independent tiers; it is challenging to tackle the pandemic.

National Disaster Management Act 2005: The Government of India ordained the Disaster Management Act in December 2005, which envisaged the formulation of National Disaster Management Authority (NDMA) and State Disaster Management Authorities (SDMAs). The ministry of home affairs has developed a national disaster management framework. The framework comprehensively covers all aspects of disaster management, including the disaster prevention, legal and policy framework, institutional mechanism, early warning systems, disaster preparedness and human resource development.

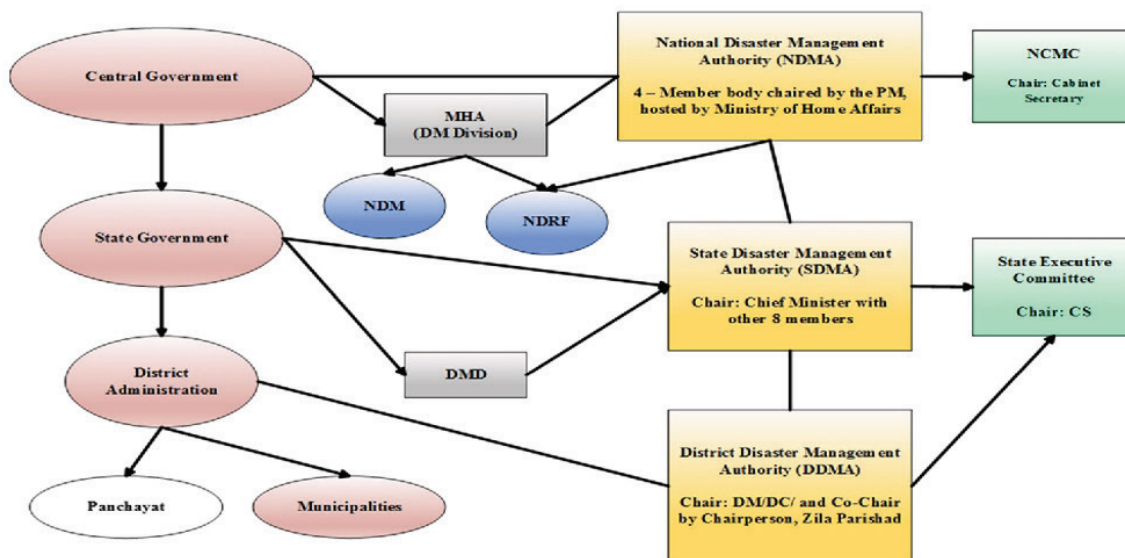


Figure-1: Institutional framework for disaster management in India (Source: *www.ndma.gov.in), MHA- Ministry of Home Affairs, NCMC-National Crisis Management Committee, NDRF-National Disaster Response Force, DMD-Disaster Management Department.

The NDMA framework divides the authority and power among the center, state and district. Each level has its disaster management cell and working committees to tackle the disasters at the local level. Due to the lack of a

stringent public health act, the country still is relying on the NDMA framed in 2005, which is more relevant for disasters other than disease pandemics.

The public health (prevention, control and management of epidemics, bio-terrorism and disasters) bill, 2017 : To provide for the prevention, control and management of epidemics, public health consequences of disasters, acts of bio terrorism or threats thereof and matters connected therewith or incidental thereto.

The Bill had a total of 5 chapters in which the second one deals with the public health measures in emergencies, like Isolation, Quarantine, Medical examination, Ban on the national and international travel and detention of the person/s not following the rules. The bill’s first schedule contains the list of epidemic-prone diseases including Bird flu (Sl.No.2), Influenza (Sl.no. 13), SARS (Sl. No. 27), Public Health Emergency of International Concern (Sl. No. 34), Any other disease to be notified (Sl. No. 35).⁶

The use of already established acts such as Municipal Acts, Clinical Establishment Acts by the state governments in a pandemic situation is not enough to

contain and mitigate the spread of disease. Instead it can be deduced that central public health legislation should be framed, empowering the Central government not the states separately. E.g., while the Delhi Municipal Corporation Act is quite detailed, whereas the Manipur Municipalities Act does not provide guidelines on the actionable measures during an epidemic.⁷

The Epidemic Diseases (Amendment) Ordinance, 2020: It was announced on 22nd April 2020 and mainly includes the violence against healthcare workers.

Public Health act: As a whole, a public health legislation is mainly concerned with the legal power and duties of the state to improve the health of the general population. It also deals with the limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary or other legally protected interests of individuals for the protection or promotion of community health. ⁸ The scope of public health law is as broad as public health itself, and both have expanded a lot to meet the needs of the society. ⁷ The laws related to Prevent Epidemics and disaster Management, and Public Health Problems have been summarized in Table-1.

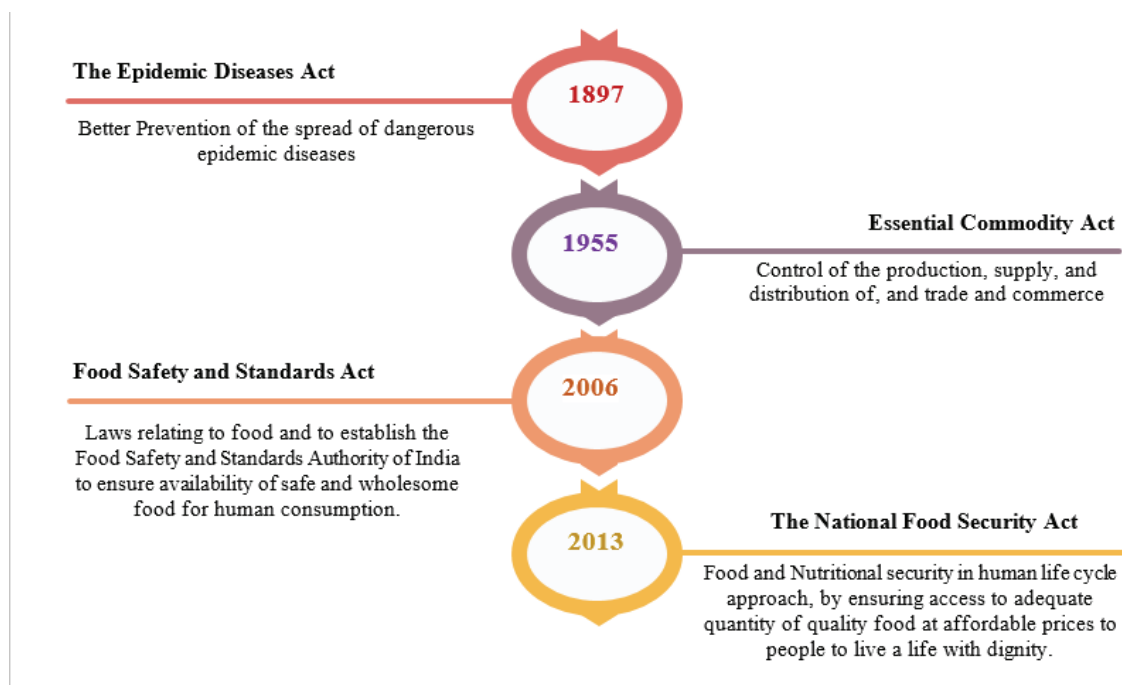


Figure-2: Laws related to Prevent Epidemics and disaster Management, and Public Health Problems.⁹

Preparedness in India:

India is a signatory to WHO's International Health Regulations 2005 and as per IHR 2005, which is a framework for strengthening capacity to detect, assess and respond to public health emergencies.¹⁰ Also on 4th September 2018, India signed the Delhi Declaration which aims in improving access to essential medical products in the South-East Asia region and beyond. It relates to the challenges in providing the right medical products at the right time to those in need and thus reducing the human suffering.¹¹

In December 2019, The Ministry of Health & Family Welfare (MoHFW) and World Health Organization (WHO) jointly hosted a meeting of lead experts from the fields of public health, epidemiology, surveillance, clinical medicine, virology, one health, disaster management, behavioural science, risk communication and defence sector to identify and address challenges that India would face during an influenza pandemic.¹²

In 2009 H1N1 influenza (Swine Flu) the control of the pandemic in India was done by the prompt and effective measures taken up by the Government of India. Isolation, categorization of cases, providing treatment to cases, public awareness, and other appropriate measures were very effective in due course of time. In addition to Govt. labs, several privately owned laboratories were also accredited for H1N1 testing.¹³ Similarly, when Zika virus outbreak occurred in India, Extensive state and national response efforts were implemented by the MoHFW. Suspected cases in the area were tested, including viral sequence analysis, and pregnant women were screened and made aware of Zika virus infection and prevention.¹⁴

Actions are taken by state governments: Many state governments took independent steps to mitigate and contain the spread of COVID-19 at the regional level. These actions were in addition to the guidelines issued by the Ministry of Home Affairs, GOI.

Table 01: Actions are taken by some state governments to prevent the spread of COVID-19 pandemic

| State | Actions Taken |
|------------------|--|
| Kerala | The Kerala government has implemented an ordinance to give the state government several powers to deal with the coronavirus outbreak, including restrictions on essential services and the introduction of two-year imprisonment based on <i>The Epidemic Diseases Ordinance 2020</i> . ¹⁵ |
| Rajasthan | Following were the measures taken by the Govt. of Rajasthan for control of the pandemic <ul style="list-style-type: none"> ● Industrial lockdown ● Hotels & hostels for quarantine centre ● Screening of 92% population ● Monitoring of quarantine suspects ● Contact tracing ● Aggressive testing |
| Delhi | The Delhi Epidemic Diseases, COVID-19 regulations, 2020 deals with various measures for the prevention and mitigation of COVID-19 such as screening, Isolation, testing, and treatment. ¹⁶ |

Cont.. Table 01: Actions are taken by some state governments to prevent the spread of COVID-19 pandemic

| | |
|--------------|--|
| Bihar | <p>Under the EDA-1897 (Central Act 3 of 1897) the Govt. of Bihar issued “The Bihar epidemic diseases, COVID-19 Regulation 2020.” Which included¹⁷</p> <ul style="list-style-type: none"> ● Active and passive surveillance. ● Confidentiality of identity of the COVID-19 patients & treating doctors ● Financial assistance to pensioners and medical personnel’s ● Full lockdown in the state according to MHA, GOI guidelines ● District wise quarantine centre, sealing, barring entry, banning vehicles. ● Flu corner at every hospital for the screening of COVID-19 suspects |
|--------------|--|

A public health Act suitable for a Pandemic situation:

The public health bill, 2017, does not comprehensively talk about the pandemic situation and the available acts such as Municipal Acts, Clinical Establishment Acts, recently the Epidemic Diseases (Amendment) Ordinance, 2020 and individual acts by different state governments in a pandemic situation are not enough to control the spread of disease. In addition to the existing provisions in the public health acts/legislation that we already have, experts from different fields opine that comprehensive Public health legislation at the level of the central government is necessary. Under this act, the role of district hospitals & Public Health Institutions

should be mentioned. The act must talk about training a dedicated set of public health professionals, including field epidemiologists, disease control specialists, and community medicine experts as well. An appropriate measure for mitigation and prevention of the spread of pandemic should be given as an SOP to work together with accountability. Also, the act should commit to encourage and support research and development to cover emerging and reemerging diseases that continue to threaten the nation. There should be a clear-cut guideline for the provision of financial support to be sanctioned during necessary times. The bill should define the responsibilities of Civil Society Organizations (CSOs) also. Figure -2 explains the required Public Health Act with the related domains.

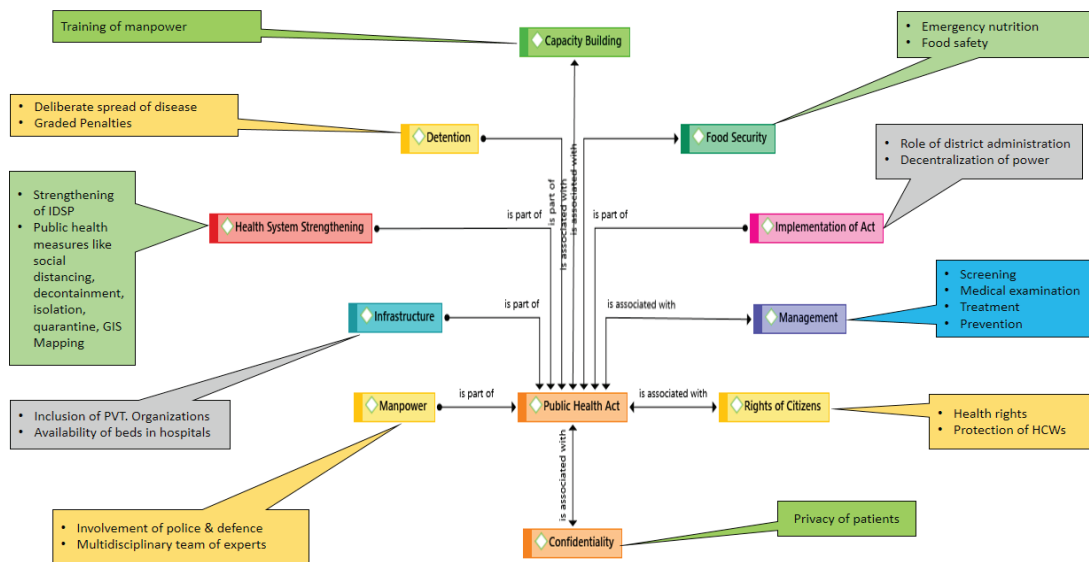


Figure No 03: Components to be included in a Public health Act

Conclusion: India has a rich history of successful public health responses, be it polio eradication or achieving more than 80% of Full immunization in most of the states, India has achieved even the most difficult of visions. The Pandemic responses would require strong community engagement using trusted individuals, inter-sectoral collaboration, the involvement of private health care providers, build on existing disease surveillance systems, and link with India's existing crisis management frameworks.

Thorough preparedness and response planning will help to strengthen the health system capacity of India to adequately respond to public health emergencies in line with the International Health Regulations, IHR (2005). WHO is also committed to continuing its collaboration with the Government of India; supporting the process to develop an updated national pandemic preparedness plan?

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Conflict of Interest - None

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