INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
NEW DELHI

Section - I: SELECTED PAPERS

Section - II: SYNOPSES

Section - III: RECOMMENDATIONS AND SUGGESTIONS OF
THE IIPA REGIONAL AND LOCAL BRANCHES

64th

MEMBERS' ANNUAL CONFERENCE-2020

ON

"Management of Pandemics"

(MONDAY, THE 2ND NOVEMBER, 2020)

PRINCIPAL
MANASATEE ARTS,
COM. & SCI. COLLEGE
ULGA, KARWAR - 581 3??

Section - I

SELECTED PAPERS

1. Dr Anil Kumar Ojha

2. Dr. A. R. Jagatap & Dr. I. R. Kajagar

3. डॉ. जनक सिंह मीना

INDIAN INSTITUTE OF PUBLIC ADMINISTRATION
NEW DELHI

SIXTY FOURTH MEMBERS' ANNUAL CONFERENCE-2020
ON
MANAGEMENT OF PANDEMICS

(Monday, the 2nd November, 2020 AT 10.00 A.M.)

PROGRAMME

10.00 a.m. – 10.10 a.m.	Welcome Address	Shri Surendra Nath Tripathi, IAS (Retd.) Director, IIPA
10.10 a.m. – 10.45 a.m.	Presentation of Theme Paper	Dr. Sachin Chowdhry Associate Professor in Public Administration, IIPA

10:45 hrs. – 11:50 hrs.	**Brief Presentations of Reports by the Branches**	
1.	Assam Regional Branch	10:45 hrs – 10:50 hrs
2.	Burdwan Local Branch	10:50 hrs – 10:55 hrs
3.	Dharwad Local Branch	10:55 hrs – 11:00 hrs
4.	Howrah Local Branch	11:00 hrs – 11:05 hrs
5.	Jammu & Kashmir Regional Branch	11:05 hrs – 11:10 hrs
6.	Madhya Pradesh and Chhattisgarh Regional Branch	11:10 hrs – 11:15 hrs
7.	Mizoram Regional Branch	11:15 hrs - 11:20 hrs
8.	Odisha Regional Branch	11:20 hrs – 11:25 hrs
9.	Patliputra Local Branch	11:25 hrs – 11:30 hrs
10.	Puducherry Local Branch	11:30 hrs – 11:35 hrs
11.	Rajasthan Regional Branch	11:35 hrs – 11:40 hrs
12.	Tamil Nadu Regional Branch	1140 hrs – 11:45 hrs
13.	Tirupati Local Branch	11:45 hrs – 11:50 hrs

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	Presentation of Synopses by Authors of Papers Accepted for Circulation		
1.	Dr Anil Kumar Ojha Professor University Department of Political Science, B.R.A. Bihar University, Muzaffarpur, Bihar— 842001	Management of Current Pandemic: An appraisal	11:50 hrs – 11:55 hrs
2.	Dr. A. R. Jagatap Dean & Associate Professor Higher Education Academy Dharwad-580003 Dr.I.R.Kajagar ✓ Associate Professor of Political Science, Mahasatee Arts Commerce and Science College Ulga, Karwar Pin: 581328	Management of Pandemics in India	11:55 hrs – 12:00 hrs
3.	डॉ. जनक सिंह मीना राजनीति विज्ञान विभाग, सहायक प्रोफेसर राजनीति विज्ञान, जय नारायण व्यास वि''वविद्यालय जोधपुर (राजस्थान)	कोरोना के सामाजिक सरोकार : उभरती चुनौतियां एवं संभावनाएं	12:00 hrs – 12:05 hrs
	Vote of Thanks		

MANAGEMENT OF PANDEMICS IN INDIA

*Dr. A. R. Jagatap
** Dr. I. R. Kajagar

It is honestly speaking the emergence of globalization was a great elegance to the world of 21st century. The advent of globalization has brought many changes in the field of economy, transport, communication, trade and commerce including health and education. It has been revolutionary change in the field world community to solve employment problems across the world. The rapid growth in agriculture, industry and technological development; the entire world has overcome from the never-ending problems of food, shelter, poverty, unemployment and etc. The concept sovereign states have been also changed due to advent of world markets and IT companies. The whole world appeared to be the global village and united world nations; they fought with each other countries to address the issues of global wars, terrorism and health issues. All the countries were committed to maintain world peace and affluence by giving up their local, political and religious ideologies for better understanding the world community.The issues of human rights and the border problems were also taken into top priority because of rise of world, regional and local organizations.

After this lovely appreciation and exaggeration of this novel global concept of globalization; the same world community has started hating it because of sudden and genetic growth of Novel Corona Virus (COVID-19). The WHO (World Health Organization) declared it as world pandemic on 11th March, 2020.The growing COVID-19 pandemic has posed a great threat to millions of people worldwide. Nurses and nursing students are an important group of health professionals who are most likely to face many challenges in this unprecedented scenario. Keeping this in mind, a study is aimed at exploring the perception of national governments and various institutions regarding infrastructural and psychological preparedness for the pandemic (COVID-19) management.

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It is a matter of pride and satisfaction India has maintained the lower risk of pandemic in big democratic system, comparing to other super nations or advanced country. With this future and confidence of India is performing best in some field to protect the life of the individual. Due to lack of coordination between politicians and bureaucrats has been one of the serious factors to the perfect management of covid-19 in India. The international scenario gets its own direction during pandemic, every nation try its level best to survive its own citizen. The whole world system itself collapsed with single factor i.e., Covid-19. The international relations and international safety measures tested during this time.India has adopted its own way of protecting civilians and how far we have achieved the success in that is irresolute. The role played by the representatives and response of bureaucrats towards health, and basic health infrastructure India needs to be studied.

The COVID-19 pandemic has forced many organizations to undergo significant transformation, rethinking key elements of their business processes and use of technology to maintain operations whilst adhering to a changing landscape of guidelines and new procedures.The move has been triggered by the corona virus pandemic and aims to prepare doctors for challenges posed by emerging diseases. Because of pandemic covid-19 a new era of socio economic life has been started throughout the world. All developmental activities have been stopped and health aspect playing predominant role till today. The countries at the international level have worried to think about their survival and consequently maximum numbers of states have changed their policies for sending the citizens for out of countries.

Medical students would learn about pandemic management along with its social, legal and other aspects in the medical courses. In India the apex medical Education Regulator has introduced a new module to prepare better doctors for meeting the challenges posed by pandemics like COVID-19. It is expected that the pandemic management module extending from foundation course to the final year undergraduate programme would help in ensuring the creation of an Indian medical graduates "who would serve humanity as a doctor, leader and healer in bleak times in case of incidence of a pandemic". It is observed by the board of governors (BoG) in supersession of the Medical Council of India (MCI).

"This pandemic management module is designed to ensure the medical students to obtain competencies in handling not only the illness but also the social, legal and other issues arising from such disease outbreaks. The emergence of COVID-19 and its rapid spread across the globe has further underlined the need to develop these skills in medical science." The Indian medical graduates to be prepared for the unknown - to be able to understand, investigate, treat and prevent new and emerging diseases as clinician, community leader and scholars have mentioned about pandemic management

STATEMENT OF PROBLEM:

To identify the pros and cons of administrative accountability and protection of individual health rights, we have framed some for administrative management.

1. To study the health infrastructure facilities in India and awareness among civilians.

2. To study the accountability of the representatives and bureaucrats of health department.

3. To study the level of awareness among the village people and facilities supplied to them.

4. To study the pre- and post- covid-19 situations at village and metro level.

5. To study the measures have been adopted by government to safeguard the human rights.

How do you mitigate the risks associated with a pandemic and how the businessmen and political leaders would think about preparing for an uncertain future? The risk management is used primarily to identify the steps. We can avoid the loss and learn the lessons about the happenings of threats such as; hurricanes, floods, tornadoes, and terrorism. "Pandemic or disease outbreak calls in to play all the five roles envisages for the Indian medical graduates viz., clinician, communicator, leader and member of the healthcare team, professional, life-long learner and committed to excellence, is ethical, responsive and accountable to patients." The curriculum committee document has stated that the module covers history of outbreaks, epidemics and pandemics, infection control practices, sample collection, microbial diagnosis, serologic tests and their performance parameters, vaccination strategies including vaccine development and implementation, therapeutic strategies including new drug development and care of patients during pandemics among others.

India's response to the coronavirus disease (Covid-19) pandemic has so far been effected predominantly by three different laws – the Epidemic Diseases Act, 1897 (EDA); the Disaster Management Act, 2005 (DMA); and the Indian Penal Code, 1860 (IPC). After the declaration of the pandemic as a "notified disaster", the National Executive Committee of the National Disaster Management Authority (NDMA), set up under the DMA, has been imposing the graded lockdowns and issuing periodic guidelines to states for enforcing the lockdowns. Simultaneously, both the central and state governments have fallen back on EDA to address the health aspect of this disaster. However, people violating lockdown orders have been charged under sections 188, 269 and 270 of IPC.

Similarly, DMA, passed as an immediate response to the 2004 tsunami, is largely framed for effective preparation, mitigation and managing a natural or man-made calamity, mishap or a catastrophe such as tsunamis, earthquakes and cyclones. These events are normally geographically-localised catastrophic events, disrupting normal life for a few hours or days, but unlike a public health epidemic, do not last over a long period of time. In contrast to natural disasters, physical evacuation of people from an affected area to a relatively safe zone is not an option during a pandemic due to the likelihood of the spread of the infection.

A new and robust epidemic law must take into account about the experiences and lessons learnt from the current crisis.

First, the Act should provide for an NDMA like authority or body, having representation from both the centre and states, responsible for designing and implementing well-coordinated surveillance, identification, contact-tracing, quarantine, isolation, testing strategy and treatment. The Act must also empower the body to plan a comprehensive and reasoned lockdown strategy, taking into account disruptions to supply lines, essential and non-essential services, human migration, relief and food support and all non-health services and utilities.

Second, the Act must have provisions to allow for multi-sectoral emergency financial support and relief measures to local authorities, farmers, businesses and health care units to safeguard the animals and the entire livelihood.

Third, the Act must provide adequate autonomy to states to design and enforce responses as per their local assessments, such as preparing health facilities to respond to various challenges at the district-, block- and gram panchayat-level. For example, in Odisa the government transferred the powers of the district collectors to the Sarpanchas for enforcing isolation and quarantine rules to the migrant workers returning home from outside.

Fourth, the Act must put in a more robust disincentive scheme, which should include a combination of civil and criminal penalties for violation of authorities' orders. Currently, it provides only for criminal penalties. This should also include stringent punitive action against people abusing or mistreating frontline workers like doctors, nurses, paramedics, village-level health workers, sanitation staff and police personnel accompanied, of course, by sufficient safeguards against overuse or misuse.

Fifth, the Act must also have provisions to protect every citizen's rights such as privacy. The balance between public health and the right to privacy must not be sacrificed at the altar of an emergency response. Any government response which involves surveillance or collection of personal data of individuals must also have adequate checks and balances to ensure proportionality and reasonableness of data collection. Most importantly, there must be a clear definition of an "epidemic disease" to ensure a strict and clear boundary between the operation of an emergency statute and the resumption of ordinary laws. A critical fallout of the lockdown following the novel coronavirus pandemic has been a combination of confusion, uncertainty, and anxiety for farmers and consumers alike as to what lies in store in the coming weeks.

There are reports from several states for closure of APMC (Agricultural Produce Market Committee) *mandis*, leaving farmers stuck with their harvests. Reports of police extortion of traders transporting produce have surfaced in a few states; in others, truckers have been fined up to Rs.12,000 for plying supposedly in violation of the lockdown. The FPO (Farmer Producer Organisation) in Karnataka has been pushed to suspend its activities. States such as Gujarat have gone further and announced suspension of government procurement operations altogether. Coming at the peak of *rabi* (winter) harvest, these collectively spell doom not just for the farmers but also informal workers involved in the supply chain of these commodities.

Naturally, some protocols need to be issued for sanitising storage, procurement, and marketing spaces, including social distancing strategies and protective measures for those who work in these spaces. At this time, those associated with supply chains need to feel secure that they are protected –from the epidemic itself but also from the lockdown. It is not difficult for the government to get food and agricultural supply chains back on track. The costs of not doing so could well be alarming.

The health infrastructure in many cities has been completely overwhelmed. Some mentro cities like Delhi, Mumbai and Chennai have faced problems in accommodating COVID-19 patients, especially during periods of significant surge in number of cases. The World Bank, in a presentation to the 15th Finance Commission, said that the COVID-19 pandemic has exposed "large, persistent health gaps among States". It has highlighted that non-COVID-19 healthcare has also suffered as only 40 per cent have reported seeking medical advice during the lockdown instead of the 90 per cent who do so in normal times. The pandemic has also adversely affected to the trend of hospitalisation through the PM-Jan Arogya Yojana programme, deliveries at hospitals and cancer care.

As the world was gearing up to usher in a new year, on December 31, 2019, the WHO picked up a report of multiple cases of an unusual kind of pneumonia in Wuhan, China. This unprecedented health crisis, declared a "global emergency" a month later by the WHO on January 30, 2020. The DM Act 2005 (Disaster Management Act) was invoked in India for the first time on March 25, 2020 almost a decade and a half ago; it was passed to tackle the COVID-19 pandemic. The National Disaster Management Authority (NDMA), which was created by the Ministry of Home Affairs (MHA) in pursuance of the DM Act, issued an order on March 24, 2020 under Section 6-(2)-(i) of the DM Act. The order directed the ministries and departments of Government of India and State Governments along with State Disaster Management Authorities to take measures for "ensuring social distancing so as to prevent the spread of COVID-19 in the country".

In terms of immediate response for handling the outbreak of a pandemic, the guidelines suggest that the affected persons should be quarantined and put under observation. The document also mentions that surveillance is to be strengthened at all airports, seaports, and border crossings, in case of disasters. The contacts of infected individuals and those possibly exposed to
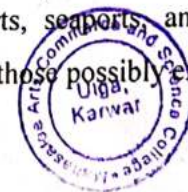
them would also need to be quarantined and vaccinated in case secondary spread is anticipated, as per the guidelines. Most of these measures had been adopted prior to the lockdown when the number of cases were relatively low, with only 564 positive cases recorded till 24thMarch 2020.

Misinformation about the number of fatalities, diagnosis and treatment options, vaccines, medicines, government policies, etc., creates more panic and anxiety among the population. The result can be widespread chaos, panic buying, hoarding of essential commodities, price rise, violence on the streets, discrimination, conspiracy theories, and so on. In order to reduce false information, companies like Google, Facebook, and YouTube were working tirelessly to guide people to the right, verifiable information such as that published by WHO or local authorities and government. By making accurate information available to everybody, a transparent scenario can be created and the people can be informed about the right steps to practice. Facebook and Google united to help against the fake Coronavirus news. Facial recognition technologies along with data can accurately identify people even if they are masked. Such technologies can help in monitoring movement and tracking of people who are quarantined.

This is why the Central government was compelled to use the Disaster Management Act, 2005. A cursory look at the Act and the National Disaster Management Plan will make it clear that it is designed to react to natural calamities like earthquakes and floods than to ensure pandemic preparedness. There is no protocol for the administrative steps to be taken should a pandemic befall us. This is why over 400 Central governments and 2,000 state government directions on diverse matters have been issued on the fly. They may be necessary, but amount to reinventing the wheel every time disaster strikes.

Ultimately, the success of any pandemic preparedness law will be contingent on the resolve of citizens and governments not to be caught napping. This is easier to be said than done. Especially in India, where our ability as citizens to inculcate a scientific temper as mandated by the constitution is questionable and where governments have routinely failed to walk their talk on providing high-quality public healthcare, safe running water, population control and environmental protection. The coronavirus pandemic must signal a sea-change. India cannot simply return to business-as-usual. Passing a pandemic preparedness law in the monsoon session of Parliament can mark an appropriate new beginning. Some industries remain unchanged, while

others come up with innovative solutions to ensure that jobs remain, despite social distancing and lockdowns.

CONCLUSION

Transparency in both the decision-making process and the disaster response has been an important feature of some of the most successful strategies adopted worldwide in handling of the pandemic. Free flow of information and accountability are of utmost importance to ensure course-correction where desired objectives have not been achieved, besides being prepared in case of re-emergence of the disease in the near future. Yet, there has been a great degree of opacity in the government's decision-making processes in response to the pandemic. For instance, the establishment of PM CARES fund despite the existence of several emergency funds meant for relief disbursal during calamities, and the refusal of the government to include it within the ambit of public auditing or the RTI Act 2005 has only strengthened the perception of opacity. India's disaster management response has brought to light severe inadequacies and ambiguities in the Disaster Management Framework, especially in dealing with a unique crisis like the COVID-19 pandemic. The response itself has become a disaster in many ways as India still struggles to arrest the spread of the disease.

Today the greatest risk of worldwide catastrophe is pandemic, an enormously infectious virus that's more devastating and may kill many people. The transparency that we have gained through this current COVID-19 situation, we now understand that we were not geared up for this pandemic situation. The next pandemic is not a matter of "if it happens", but "when it happens", would we be prepared in advance against the pandemic at an individual and collective level. What we actually need is preparedness. Indeed, the technology has advanced more and will continue to advance exponentially, but the human institutions and societies need to accelerate in adapting to it and continue investing in building the technology systems for the preparedness. After the COVID-19 outbreak, it is evident that, from AI to robotics, the technology innovations are helping to manage the epidemic and better equip to fight future public health emergency in a timely, systematic, and calm manner.

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