



Strengthening public health capacities in disasters

GS II: Issues Relating to Development and Management of Social Sector/Services relating to Health

Context: In 2005, India enacted the Disaster Management Act, which laid an institutional framework for managing disasters across the country. What hitherto comprised largely of reactive, ad hoc measures applied in the event of a disaster, was to be replaced under the Act with a systematic scheme for prevention, mitigation, and responding to disasters of all kinds. Disaster management considerations were to be incorporated into every aspect of development and the activities of different sectors, including health.

Medical preparedness for disasters

1. While some headway has indeed been achieved, the approach continues to be largely reactive, and significant gaps remain particularly in terms of medical preparedness for disasters.
2. The common theme is that the public health angle in disasters and disaster management has been under-emphasised.
3. Two important lessons emerge, first, that health services and their continuing development cannot be oblivious to the possibility of disaster-imposed pressures; and second, that the legal framework for disaster management must push a legal mandate for strengthening the public health system.

Drawbacks in the private sector

1. Health systems with large private sectors do not necessarily flounder during disasters. But the Indian private sector landscape, characterised by weak regulation and poor organisation, is particularly infelicitous for mounting a strong and coordinated response to disasters.
2. This is particularly important since the future development of hospital care services is being envisaged chiefly under publicly financed health insurance, which would very likely be private-sector led.
3. Also, the development of certain services and competencies that are crucial for disaster response could lag behind.



4. Eric Toner (2017), under the “parking lot conundrum”, describes how disaster preparedness does not make a strong “business case” for hospitals, which prefer to invest in more profitable areas.

Need Public sector

Strong public sector capacities are therefore imperative for dealing with disasters. While the Disaster Management Act does require States and hospitals to have emergency plans, medical preparedness is de facto a matter of policy, and, therefore, gaps are pervasive. There is a strong case for introducing a legal mandate to strengthen public sector capacities via disaster legislation, including relevant facets such as capacity-building of staff. A desirable corollary will be that it will also serve us well during normal times.

Slowly happening disasters

1. Critics have indicated that the Disaster Management Act fails to identify progressive events (which nevertheless cause substantial damage, often more than sudden catastrophes) as disasters, thus neglecting pressing public health issues such as tuberculosis and recurrent dengue outbreaks.
2. Had they been identified as disasters, they would have attracted stronger action in terms of prevention, preparedness, and response.
3. Again here, a legal mandate can contribute to strengthening the public health system at the grass-roots level.

Integration with primary care and community engagement

There is also scope for greater integration of disaster management with primary care. Primary care stands for things such as multisectoral action, community engagement, disease surveillance, and essential health-care provision, all of which are central to disaster management. Evidence supports the significance of robust primary care during disasters, and this is particularly relevant for low-income settings. Synergies with the National Health Mission, the flagship primary-care programme which began as the ‘National Rural Health Mission’ concurrently with the Disaster Management Act in 2005, could be worth exploring. Interestingly, the National Health Mission espouses a greater role for the community and local bodies, the lack of which has been a major criticism of the Disaster Management Act. Making primary health care central to disaster



management can be a significant step towards building the health system and community resilience to disasters.

Mains

1. Public Health infrastructure in India is not disaster-ready as seen in COVID-19. COVID-19 also highlights the limits of publicly funded private sector-led health care systems. Discuss the need for integrating disaster management in Primary health care and robust Public health care.

Dose of optimism

Prelims

GS III: Awareness in the fields of IT, Space, Computers, Robotics, Nano-technology, Bio-technology and issues relating to Intellectual Property Rights.

Bottom line: India must improve its cold chain infrastructure to avail benefits of new vaccines.

Highlights:

1. Multinational drug company Pfizer has announced promising results from its ongoing phase-3 trial of a potential COVID-19 vaccine.
2. The vaccine candidate is based on an mRNA technology, which eschews the use of an infectious particle, such as a portion of the virus, and uses a piece of RNA that is then made into an antigen by the body's own machinery.
3. Though it is at the frontier of novel vaccine production methods, there are still no commercially available mRNA based vaccines.
4. They also reportedly need to be refrigerated to nearly minus 70°C and India, with its limited cold chain infrastructure, lacks efficient vaccine storage capacity.

Optimism:

1. However, irrespective of whether and when the Pfizer vaccine is available, there is a reason for optimism.
2. For one, it shows that scientists' basic strategy — of developing a vaccine to target the spike protein of the virus — is correct and given that this is an

11.11.2020

Wednesday



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approach most vaccine developers are following, the chances of several encouraging results are high.

3. Given that another firm, Moderna, also employs an m-RNA based approach, it is likely that the new vaccine platform may prove to be a breakthrough approach in developing future vaccines.
4. India must keep a close watch on such platform-technology and develop expertise. It must also not lose an opportunity to improve its cold chain infrastructure which currently is developed only for rudimentary vaccines.