**Scope of Work**

Mentor-Mentee Program

**Topic 12 : Need for public health act and regulations. To study the draft PHA 2017 vis a vis National Disaster act and the old age epidemic act with respect to the effectiveness of the on-going pandemic responses, lacunas and needs**

Public health is the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort. [1] Public health risks means the likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.[2]The Public health acts have been formulated to study the legal powers and duties of the state and to assure the conditions for people to be healthy and to make sure public health risks are prevented on a larger scale [2] The epidemic diseases act is one of the oldest public health act, passed in 1897, provided the officers the power to exercise for the control and to prevent any epidemic or spread of an epidemic in the States or Country. The officials had authority under this act to take such measures in case the public at large is threatened with an outbreak of any dangerous epidemic. [3] In 2017, the Public Health Bill was prepared by the Ministry of Health and Family Welfare and will supersede the Epidemic Diseases Act after being passed by the parliament.

India, with a population of 1.3 million, is a country that is susceptible to pandemics due to huge trade or human traffic movement. The health events that have occurred in the past namely; SARS, Avian Flu influenza, Ebola Virus Disease, Zika have been major outbreak concerns for India and required stringent measures to control the spread in the country. The recent SARS CoV-2 pandemic spread to various continents underlined the fact that in a world of interconnectedness it is nearly impossible to stop the spread of communicable diseases across the borders. As of 16th August 2021, >208 million were infected with the ongoing SARS CoV-2 pandemic. The SARS CoV-2 was declared as PHEIC on 30th Jan 2020, thereafter India went into 5 phases of lockdown extensions with a complete halt to all national rail networks, international and domestic flights. Furthermore, the National disaster management act which came into force in 2005 was implemented in the country along with the Epidemic disease act, 1897. Though the pandemic has not been defined under the National disaster management Act the other definitions within the act were enough to cover the ongoing pandemic across the country. The enforcement of the act allowed the transport of oxygen tanks across the states and obstruction was legally penalized under the act.

Despite public health acts in force, morbidity and mortality due to the Covid pandemic posed a threat that the existing health system was not able to effectively cope up with. By 16th August 2021, > 4 million had already died across the countries during the ongoing SARS CoV-2 pandemic. [8] Infrastructure for diagnostic and therapeutic interventions was limited in number. Important medical equipment like testing kits, hemodynamic monitors, and personal protective equipment [PPE] was already limited and with worldwide demand, our country faced major difficulties. Despite the above-mentioned logistic difficulties, the Indian health system had demonstrated a well-coordinated response with the public health system leading the way by emphasizing testing, contact tracing, surveillance, and health promotion. Public health skills are important in administrative positions and in functional roles that involve planning, design, implementation, monitoring and evaluation of public health programs.

Therefore, the costs to judiciously deal with a public health risk would not only require its identification at every level of administration but also cooperation among the key administrators. It would require specific plans, mechanisms, and institutions with given powers, functions, and responsibilities to address the concern. This may only be mandated by law and not otherwise. Thus, public health law enforcement would require a strong public health cadre that complements not supplement existing strategies based on well-established public health practice guidelines. The Public Health Bill,2017 though specifies the need for clarity of divisions of power among various stakeholders, but the need for public health specialists at the administrative level has not been mentioned.

Therefore, the study aims to study the draft PHA 2017 vis a vis National Disaster act and the old age epidemic act for the effectiveness of the ongoing pandemic responses, lacunas, and needs

Research Questions:

A) What are the challenges related to the management of pandemics at the administrative level in India?

B) What are the roles public health specialists can play at the administrative level in the management of pandemics?

c) What measures can be taken to strengthen the primary and secondary health centers to serve as surveillance sites in a pandemic?

Methodology

Study design and Sampling technique: The study will be qualitative research to identify the challenges in pandemic management at the administrative level in India. The sampling technique will be purposive sampling.

Study population: 15 officials from Ministry of Health and Family Welfare, NCDC, IDSP, DGHS, DHS, NIDM, DM Cell

Study duration: 3 months (September till December 2021)

Study tool: A semi-structured interview guide will be prepared in English and the participants will be interviewed after taking an oral informed consent. The guide will be including questions on:

1. Adequacy of Legislative measures to arrest the future pandemics
2. Adequacy of budgetary support to check the future pandemics
3. Adequacy of human resources to facilitate containment and effective managing the medical t/t of the affected person.
4. Adequacy in the number of health centres at various levels.
5. Adequacy of the number of oxygen and medical equipment of various levels established to take up the challenge of the pandemic once it occurs?
6. Is medical institutions are capable of producing an adequate number of specialists/super-specialists to cater to the requirements of trained professionals for planning, managing, and executing measures for pandemic management.
7. Is there any nodal point to coordinate with the best international practices in the field?
8. The role public health specialists can play at the administrative level.

Timeline:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | September | October | November | December |
| Data Collection |  | |  |  |
| Data Analysis |  | |  |  |
| Research Paper Preparation |  |  |  |  |
| Research Dissemination |  |  |  |  |

**Compensation**

The Consultancy fee for this engagement is USD 5,000(Inclusive of all indirect taxes). The payment will be disbursed in three instalments, in the proportions given below and the consultant should provide the invoice against each deliverable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Instalment** | **Percentage** | **Amount (USD)** | **Deliverable/ Milestone** |
| 1 | 25 | 1250 | On Signing Contract |
| 2 | 25 | 1250 | On submission of literature review and methodology (including stakeholders for a qualitative interview and analysis plan) approved by the Mentor, and |
| 3 | 50 | 2500 | On submission of the final deliverable approved and accepted by the Mentor & AHI Team. |

**Term**

This engagement shall commence upon execution of this Agreement. The Agreement shall continue in full force and is effect from **September 15, 2021** to **December 15, 2021** and is extendable based on the review of Consultant’s performance by the Foundation and mutual concurrence on revised terms of engagement.