



THE INDIAN CONCLAVE

Surakshith Bharat

आरोग्यरक्षति रक्षितः

The Indian Conclave/StudyGuide/1

Youth Parliament

The Indian Conclave, Hyderabad, India

Distr.: General

Date of Submission: 02 – 06 - 21

Original: English

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**JUNE
5TH & 6TH
2021**

YOUTH PARLIAMENT

AGENDA

**Discussing the Centre State relations in relevance
with health care policy and medical resources
amidst the pandemic**

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The present document intends to make you aware of the background of the problem. Its content does not express of any opinion whatsoever on the part of the Organizers of The Indian Conclave: Surakshith Bharat 2021. #AarogyamRakshatiRakshitaha

Letter from the Executive Board

Honorable Leaders of Bharat,

On behalf of the Bureau, we warmly welcome you to the Youth Parliament (YP), we are absolutely elated to be serving on the Executive Board (EB) of The Indian Conclave, and look forward to having you be a part of the YP as well, rendering to make these a magnificent two days. We will always be there for you at every step, to encourage you, push your boundaries, and re-center focus when needed. We count on you, as much as you might count on us. We look forward to mutual growth, and learning, albeit within the frame of discipline and cooperation. This study guide is a mere framework for your deeper research. This study guide consists of various angles and viewpoints so that you have a good idea about the concepts associated with the agenda. We cannot stress enough that you need to pursue your own sources, especially because the study guides will not cover your individual stances, the compliance of which is very important to us.

Some of the readings in this guide may be outdated in terms of their information, but the idea is to derive the main arguments and the spirit of certain policies from it. It would really help if you would familiarize yourselves with facets of the set agenda, and the goings on of the Lok Sabha and Rajya Sabha, especially the Indian Constitution, thoroughly, may we add.

DISCLAIMER: The sources used in this study guide is all open-source. And the content that exists also includes few extractions from various sites and journals and not the work of EB alone. And it is to be strongly noted that the work below in no way reflects the personal ideologies, mindset and political affiliations of the EB.

Read widely and extensively. Be aware of your foreign and domestic policies. We wish you all the best and please don't hesitate to contact us if you have doubts or even if you just want to have a casual chat about the agenda.

Regards,

NAMAN VANKDARI

RUKHMAN SINGH RATHORE

Note: The following Study Guide has been prepared by the *Journalism Wing* of The Indian Conclave and the credits for its contents lies with them. However, special appreciation goes to the Executive Board for providing the necessary direction and sub-topics to be covered under the agenda at hand.

Status of Federalism in Healthcare

One of the many effects of COVID-19 pandemic is visible on legislative, executive and financial federalism in India. The constitutional mandate for functioning of centre on behalf of states has been missed and recourse to disaster has been taken to undertake unified but un-consented measures. 'Healthcare' comes under the state list, that means the state gets to control the health aspect of the people in their state. But during COVID, state governments in India have struggled to uphold their constitutional responsibility of public health management due to budgetary, institutional and capacity constraints. The COVID-19 outbreak has revealed how over-dependent states are on the central government for technical expertise and financial support. In the past, outbreaks, such as monkey fever in Karnataka or Japanese Encephalitis in Uttar Pradesh and Bihar, not only exposed the shortcomings in the institutional framework for public health management at the state level, but also the lack of technical strength available with the state governments to respond to such outbreaks.

The government's strategy is to run more central money onto states within the spirit of 'cooperative federalism' a technique some-called Modi's biggest bang political reform. However, state-level public service provision in India has chronically underperformed and is suffering from poor quality and corruption. In India, the fall-out between the Centre and States may be a cautionary tale about the systematic breakdown of cooperative federalism. Now, it's a case of competitive federalism. The federal-state relations show the sharp asymmetries fuelled by power tussles for control over jurisdiction. Furthermore the new policies and review mechanism such Niti Aayog Index Reports and Budgetary Certifications make the states compete all the more with one another.

In India, states have always received vaccines free of cost from the central government for all other programs such as Pulse Polio and Routine Immunisation. This is probably the first instance in the history of Independent India that the states have been mandated to procure vaccines on their own but then the pandemic too is an extraordinary one.

Covid Vaccination in India

The Covid Vaccination Policy in India has been under heavy fire from both the opposition and the people. A case was filed in the Supreme Court (SC) with reference to the Central Government's vaccination policy and heavy shortage of vaccines. The members of opposition have heavily criticized the export of vaccines at a time when there is a huge shortage in our own country. In response, the Central Government has cited contractual obligations and maintenance of relations with other countries as the reason for the exports which has also resulted in other countries aiding India in the present scenario. The SC has also questioned the Centre in reference to its age-based policy targeting people above 45 years of age when the second-wave of the pandemic has mainly affected people between 18-44 age group and gave direction to focus on vaccinating students. The Centre has further faced criticism with regards to differential pricing policy for the states and central government where vaccine prices at the Centre have been around 150 rupees whereas State estimates are around 450-600 rupees. The private players in the vaccine market further exploited the situation by selling at exorbitant prices, often over 1000 rupees. Another problem pointed out in the policy is with the procedure for registration of vaccines that is through the Co-Win portal which is not always accessible by everyone especially when it comes to people who are economically and socially vulnerable.

Role of Public Organisations and NGOs

In a country like India, it would have not been possible for the government alone to holistically address the pandemic and ensure that the measures reach the most untouched and marginalized areas where the government is not able to reach. That's the very reason why, when in the first week that India entered the lockdown in March 2020 to curb the novel coronavirus (COVID-19) pandemic, Prime Minister Narendra Modi called on non-government organisations (NGO) to help the government — by providing basic necessities to the underprivileged, by supplying medical and protective gear and assisting with awareness campaigns on social distancing. The NGOs and various public organisations have been working relentlessly on the ground and providing critical services to vulnerable groups of people. Realizing the gravitas of the situation, they were the first to reconfigure themselves and pushed for new initiatives. They initiated national emergency funds through various ways, partnered with one other to channel the donations, provided assistance in nursing homes, worked towards verifying leads for beds, etc provided basic necessities to the needy, organized awareness campaigns on various topics like how to maintain good physical and mental health and so much more. The public organisations and NGOs have played a vital role which cannot go unnoticed whether it be the Robin Hood Army, Art of Living, etc.

Budgetary Distributions

Healthcare has been the centre of attraction of all policy decisions since the pandemic has hit India. India is among the countries with the lowest public healthcare budget in the world. The public healthcare system in the country, including that of the state and central government is close to 1.3% of GDP compared with the OECD countries' average of 7.6% and other BRICS countries' average of 3.6%. While the total per capita government spending on healthcare has nearly doubled from Rs. 1008 per person in FY15 to Rs. 1944 in FY20, which comes to 15% Compound Annual Growth Rate (CAGR), it is still considered low. States have also been asking for additional financial support from the Centre as their own revenues have collapsed. So far the Central government has responded by getting the Reserve Bank of India (RBI) to extend additional credit lines to the states and by prepaying the April installment of the states' share of the Central Taxes and Duties to tune of INR 46,000 crores. The Budget 2021 increased the spending on healthcare by 137%. The increased spending on the healthcare sector through PM Aatmanirbhar Swasth Bharat Yojana will improve infrastructure, and is in line with industry expectations of 2.5%-3% of the GDP, and also the GDP National Health Policy 2017 target of 2.5% by 2025. What are the steps the Central government can take to strengthen their support to State in matters of funding for healthcare? How can these measures be done in equitable and fair manner to ensure priority States receive the required amounts and no state is left behind irrespective of the party in power?

Medical Scams in India

Medical scams have been operating in India for quite some time in niche areas that encompass the whole medical sector. These scams begin with the illegal placement of students in medical colleges (Vyapam case) and evolve into fake drug and pharmaceutical retail centres, phony doctors practicing without license or acquire fake ones without the

required qualifications, negligence of public practice by doctors who turn to private consultation, reaching all the way to forced organ extraction and transplants. The medical authorities in India only propound this corruption, especially when it comes to guidelines and educational parameters (MCI scam).

Especially in today's pandemic-driven panic situation individuals are running rackets selling liquid oxygen and concentrators on the black market at 80 percent higher than market price. Reports suggest the Remdesivir injection is selling for about INR 75000 compared to the actual INR 899. Many times these dealers supply counterfeit items or do not send the required material at all; and all the payment is demanded in advance ensuring the buyer is completely reliant on the seller. Social media is a part of the nexus too, with many fake accounts with leads on medicines and supplies being created to lure desperate people and exploit them after displaying made-up credentials. The current scenario has revealed the lack of transparency and dependence on the institutionalized medical sector which is something that has to be resolved.

Health Infrastructure

The pandemic has exposed the gaps in India's healthcare system. Public healthcare has been a low priority in India with a low expenditure on health care compared to global average. The health infrastructure is lacking on multiple fronts and calls for a revamping by all stakeholders. Government expenditure on health, the demand-supply mis-match, chronic shortages of resources, health care workers, lack of quality healthcare, insufficient coordination between state and centre are just few of the pressing problems our country chronically faces.

The Covid-19 pandemic has further incapacitated the healthcare systems. With a large part of our population in rural areas, an exaggerated health care divide exists due to lack of infrastructure building. The low level of public spending on health is a cause as well as an exacerbating factor accounting for limited reach and insufficient public provisioning of healthcare. States such as Maharashtra, Delhi, Punjab, Karnataka bearing maximum load of pandemic are already falling short of health infrastructure, and resources. Shortages in medical essentials ranging from ICU beds, oxygen supply, life saving drugs, health care workers, vaccines, have magnified the fatal nature of the pandemic. Judicious use of available resources and development of health infrastructure as a priority should be the way forward.

Epidemic Act of India

In September 1896, the Bubonic Plague was detected in Mandvi and the plague epidemic spread rapidly due to constant inflow of population; legend has it that there were almost 1900 reported deaths per week during the spread of epidemic. India was under the rule of the Queen and the British Parliament brought into being the Epidemic Act 1897 to curb the spread of the plague. The significant provisions of the Act include:

Section 2 of the Act provides the state government with special provisions for regulations to be imposed by the government if the state is affected by any dangerous epidemic disease. The State Government may take following measures for the safeguard of the public which shall be temporary in nature to prevent the outbreak of such a disease:

- a. To inspect the person travelling
- b. Segregation of people suspected of being diagnosed with the disease in hospital, or temporary accommodations or otherwise.

Section 2A empowers the Central Government to inspect ships and vessels leaving or arriving in the territories of India or to detain such vessels if required.

Section 3 provides the penalties for disobeying the regulations made by the government under section 2 and 2A. The punishment for such disobedience shall be the same as Section 188 of Indian Penal Code (IPC) which is the minimum punishment of 1 month and maximum for 6 months and/ or fine of Rs.1000/- shall be meted out to the person who is in violation of the regulations/notification of the government.

LIMITATIONS

The Act is more than 120 years old, and the real motive of the British Parliament behind the act can be doubted for a simple reason that the Act was misused by the British officers to arrest and confine public gatherings led by the freedom fighters. The Act does not define the term epidemic or disease and neither does it provide guidelines to be followed. The Act does not provide measures for isolation of the suspected patients and is silent on the part of how the vaccines and drugs can be distributed by the government. The Act is silent on all these aspects and it leaves no ground for the public to hold the government responsible for any kind of negligence in the court of law as there is no proper mechanism for the government to act on. The provisions give the liberty to the State Government to prescribe temporary regulations which can be more of trial and error rather than being rigorous measures to control the epidemic. It is the need of the hour for the legislature to amend the century old law to be ready for any kind of epidemic. National Health Bill 2009 is still pending to be enacted. The National Health Bill, which, if enacted, can have a very positive effect to take appropriate measures during the time of the epidemic. With COVID-19 crisis of today, our legislature should consider and understand the difficulties faced by the government today and accordingly enact a replacement for the effectiveness of legislation.

PM CARES

The Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES Fund) is a dedicated public charitable fund that was created with the essential objective of dealing with any kind of emergency or distress situation like the one posed by the Covid-19 pandemic. It aims to provide relief to the affected including providing healthcare or pharmaceutical facilities or any other type of support. It will also financially assist in the development of healthcare facilities or any other necessary infrastructure for the public. Recently it has come in the line of fire as a few opposition leaders claim that there should be more transparency with regard to the PM Cares Fund. The opposition led by the Congress has called upon the people to donate to the PMNRF, which ironically does not provide transparency either since it is audited by a Special Auditor. The Central government has reasoned the privacy of PM CARES with the fact that a public funding source would require an Act in the Parliament to be established and for any amount of money to be utilised or allocated from it, every time discussions would be required in the Parliament which would lead to very slow allocation of funds in a crisis which requires quick action. The current status of the PM CARES fund facilitates faster allocation of resources as and when required but its private nature has undermined the confidence it enjoys among the general public.