

Need of Human Security Policy in India

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There are three questions that are necessary to consider in present situation.

Covid -19 is merely medical crisis?

Does state respond properly to this pandemic?

It is time to go through Human Security approach?

1. Covid -19 is merely medical crisis?

About 84% of Indian households saw their incomes fall last month under the world's strictest shelter-at-home rules, and many won't survive much longer without assistance, a study shows.

The Chicago Booth's Rustandy Center for Social Sector Innovation analyzed data from the Center for Monitoring Indian Economy Pvt., collected through surveys covering about 5,800 homes across 27 Indian states in April. The researchers found that rural areas were hit the hardest and the spread of the coronavirus had little to do with the economic misery.

"Rather, income per-capita before the lockdown, lockdown severity, and the effectiveness of the delivery of aid are likely contributors," they wrote.

The findings are in line with previous data from the CMIE and others, which showed that more than 100 million Indians have lost their jobs since March 25, when Prime Minister Narendra Modi stopped the production and sale of all but the most essential goods and services to contain the spread of the virus. His government on Thursday offered cheap loans and free food to farmers and workers in India's vast informal sector to ease the pain.

Both Hindus and Muslims — the two largest religious groups in the nation of 1.3 billion people — were equally impacted by the lockdown, and the worst-hit states were Tripura, Chhattisgarh, Bihar, Jharkhand, and Haryana. The study's authors are Marianne Bertrand, professor of economics at the University of Chicago Booth School of Business, Kaushik Krishnan, chief economist at CMIE, and Heather Schofield, an assistant professor at the Perelman School of Medicine and the Wharton School.

Most worryingly, they found that 34% of all households reported being able to survive for no more than one week without additional assistance.

The highest earners saw the lowest declines probably because they hold “stable, salaried jobs, with the ability to work from home and continue to earn a living,” according to the report. The smallest earners perhaps have occupations that continued despite the lockdown — such as farming, or food vendors — the authors said.

“The remaining households appear to be exposed to substantial job losses that have not been buffered by additional transfers,” they added.- *Bloomberg*

2. Does state respond properly to this pandemic?

It is when India invoked a colonial law Epidemic Diseases Act, 1897 to fight coronavirus, most people realised that it is still in the books. A 2020 pandemic in the Information Age does not require this colonial law, but warrants a new and robust public health law. Is India's legislative and regulatory framework equipped to deal with such situations?

Indian states' response to COVID-19

In Maharashtra and Kerala, which reported the highest number of COVID cases, the legislative and regulatory responses are worth noting. Maharashtra passed the Maharashtra COVID-19 Regulations, 2020 on 14 March to combat the coronavirus pandemic. The regulation directed all government and private hospitals to provide separate corners and screening processes for identifying cases.

And medical officers and the district administration to work in coordination with the state integrated diseases surveillance programme offices. The regulation also stressed

on information hygiene — no person/institution/organisation shall use any print/electronic or social media for dissemination of any information regarding COVID-19 without ascertaining the facts and prior clearance of the commissioner.

The Arvind Kejriwal government also issued the Delhi Epidemic Diseases, COVID-19 Regulations, 2020 on 12 March. This is in tune with the Maharashtra regulations. Most Indian states have tried to bridge the gap in law with these regulations.

But Kerala is the only state that has brought in an ordinance, which is a much more powerful tool.

Kerala notified the Epidemic Ordinance on 27 March. The ordinance aims at the unification and consolidation of laws relating to the regulation and prevention of epidemic diseases. This is a significant step towards the control of the spread of the novel coronavirus.

Although the ordinance is in line with the 1897 Epidemic Act, it is a more powerful tool that prescribes necessary state actions to curb the spread of an epidemic. Section 2(a) to (j) provide for such measures including closing of state borders, social distancing, restrictions on travel and regulation of working conditions. This ordinance clearly prescribes a penalty for violations of the restrictions. A violation is punishable with up to two years in prison, or Rs10,000, or both. But this ordinance should be seen only as an extension of the Epidemic Diseases Act and not a holistic public health law framework. It does not provide any particular framework to address a COVID-19-like public health crisis.

At the national level, The National Disaster Management Guidelines, 2008 tried to bridge the gap in health regulations by keeping the Ministry of Health and Family Welfare as the nodal ministry. But the guidelines are indicative in nature for the executive.

The National Health Bill, 2009 was a landmark bill in the health sector. But unfortunately, it did not get converted into an act. The Bill was aimed at protection and fulfilment of rights in relation to health and wellbeing, health equity and justice. It proposed health care for all and the government's proactive role in achieving that goal. On similar lines, the Public Health (Prevention, Control and Management of Epidemics, Bio-terrorism and Disasters) Bill

2017 was also a wake-up call, which tried addressing the issue. But unfortunately, the Bill lapsed.

Updating old policies

In this context, it is worthwhile to review the National Health Policy, 2017 to identify existing gaps. The Narendra Modi government had formulated the policy as a road map for bolstering public health measures. The analysis clearly showed the need for comprehensive public health law in India. Moreover, from the perspective of COVID-19 and epidemic diseases, the following issues are pertinent to revamp the National Health Policy, 2017:

— There is need for providing proper policy directions, including enactment and revision of the existing legal instruments, which is absent in the National Health Policy.

— There is no mention of the need for revising the Epidemic Act, which is 123 years old, for containing the incidence of contagious diseases. Revisiting the Epidemic Act has gained more relevance because of the coronavirus outbreak.

— There is a need for integrating relevant laws related to disaster management, food and nutrition security and environment in relation to health. In the context of disaster management, many health hazards arise due to natural disasters, which also need to be addressed.

— Health issues related to nutritional security need to be tackled.

— Health hazards related to water pollution, sound pollution and such other environmental issues need to be addressed.

— Under sanitation and hygiene, innovations like ‘social’ distancing, as in the case of the coronavirus outbreak, have to find a place in the National Health Policy. Implementation guidelines for ‘social’ distancing have to be evolved by health professionals.

Global response on Covid-19

An overview of the health regulations across the globe reveals that the European Union, Australia and the United Kingdom have specific legal frameworks to deal with public health issues.

Australia has an overarching law called the National Health Security Act 2007 and national agreements for prevention of health emergencies. Western Australia has adopted a participatory approach involving communities in decision-making. In the United States, under the Public Health and Service Act, the US Department of Health and Human Services has laid down specific guidelines to assist states during health emergencies and prevent the spread of communicable diseases. The EU Decision 1082/13 is the key legal instrument for threats to health, which endorses compliance with WHO's International Health Regulations, 2005.

But a health crisis such as COVID-19 calls for sudden, flexible and drastic regulatory measures. For example in Spain, all private hospitals have been nationalised in the wake of the pandemic. The good practices adopted by South Korea and Malaysia in tackling the epidemic also need special mention. South Korea has adopted a robust mechanism of testing potential patients and utilising IT in the fight against coronavirus. These have contributed significantly to contain the epidemic. Malaysia has put in sufficient isolation centres in the country. The public health laws, besides a regulatory framework, should also incorporate the innovative mechanisms and good practices in the health sector.

Way forward

The coronavirus pandemic demonstrates the need for a separate public health law, which should be comprehensive and all-inclusive. India must revise the 2009 Bill and reintroduce it as a robust public health law.

3. It is time to go through Human Security approach?

The contemporary world is an insecure place full of threats on many fronts. Natural disasters, violent conflicts, chronic and persistent poverty, health pandemics, international terrorism and sudden economic and financial downturns can impose significant threats for the prospects of sustainable development, peace, order and stability. Such crises are complex, entailing multiple forms of human insecurity.

When insecurities overlap, they can grow exponentially spreading into all aspects of people's lives, destroying entire communities and crossing national borders. The human security approach provides a new way of thinking about the range of challenges that the world confronts and how the global community responds them.

Human security is about security for the people, rather than for states or governments. The advocates of human security look not only at threats to the survival and safety of the individual from violent conflicts but also from such non-violent factors as poverty, disease, environmental degradation and natural disasters. Subsequently, it has been reinforced by new security threats such as genocides, financial meltdowns and global pandemics.

In the present context, the world is confronting the biggest challenge i.e., Covid-19 crisis. The Covid-19 caused by the new Corona Virus emerged in the Wuhan city of China in December 2019. The spread of Covid-19 pandemic remains unabated, impacting nearly 85% of the globe. Surprisingly, the worst affected are the developed economies of the Europe and the United States, despite their advanced health care systems and a very favourable doctor/population ratio. No vaccine has been developed so far, yet certain preventive measures can help in minimizing the impact of this deadly virus. Such as frequent hand washing, coughing into the bend of one's elbow and staying home, by following the norms put forward by the different governments and agencies like the WHO.

Although the US President Donald Trump called it the "China virus", yet it crossed the sovereign borders with much ease. The Covid-19 is not the first human security threat of its kind faced by the world community. There have been threats like Ebola, SARS, HIV/AIDS, Global Warming, Bird Flu etc. Though these have not been eliminated completely, yet controlled to a large extent. What makes covid- 19 such a global threat is the rate at which it has spread and the rate of intensity at which it has multiplied its victims.

The Covid-19 pandemic has touched each and every aspect of human life, be it socio-cultural, political or economic. The impact has been such that the whole world is in lockdown. It spreads without any distinction. From most advanced countries to least developed it has left no stone unturned. The world is facing the financial meltdown which has culminated into the death of thousands of lives.

The workers associated with informal sector have to face the brunt of the crises all over the world. India is no exception to this pandemic. So far 47,480 people have tested positive

resulted in the death of 2415. The International Labour Organization (ILO) reported in April 2020 that if the lockdown in India continues, it may push 40 crore informal sector workers into deeper poverty. The report further says, India is among the countries ill equipped to handle the situation, as they have either less or no access to basic services, particularly health and sanitation, is limited; decent work; social protection and safety are not a given; their institutions are weak; and social dialogue is impaired or absent.

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