

'DISASTER': MAINSTREAMING COVID 19 AND DISASTER MANAGEMENT STRATEGIES IN THE CONTEXT OF PUBLIC HEALTH LAWS AND POLICIES IN INDIA

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Abstract

The Covid-19 Pandemic spread across the world like wild fire. It was a virus that brought the entire globe to its knees and severe measures were required in order to tackle it effectively. Most of the states around the world undertook emergency measures like restriction of movement, closure of borders, lockdowns, quarantining and surveillance of the affected population. All of these measures were taken in a bid to stop the rapid spread of the Pandemic. India was also gravely endangered by the Pandemic and the Government invoked the provisions of the Disaster Management Act, 2005 and the Epidemic Diseases Act, 1897 in order to mitigate and manage the spread of the virus. In addition to this, the provisions under the Indian Penal Code, 1860 and Criminal Procedure Code, 1973 were invoked often to regulate the activities of people which were detrimental in the fight against the Pandemic. India was able to control the spread of the coronavirus at the initial stages of the Pandemic. However, as the need for economic activity and more freedom became essential, several provisions were uplifted which led to the rapid spread of the Covid-19 Pandemic. The paper attempts to analyse the response of the Indian Government to Covid-19 in light of the Disaster Management Studies utilized and provisions of the Public Health Laws which have been invoked. The shortcomings in the existing provisions have been identified, the author has also made certain recommendations which can be useful when dealing with similar disasters in the future.

Keywords: Covid-19, Pandemic, Public Health, Disaster, Epidemic Diseases Act, 1897, Disaster Management Act, 2005.

INTRODUCTION

The impact of the Covid-19 Pandemic was felt by people from all walks of life. Multiple facets of human life were gravely affected which included public health, economy, trade, movement and socialization. The Government of every country had the enormous task of managing the Pandemic and ensuring the safety of its citizens from the disastrous effects of the Pandemic. A public health challenge of this magnitude had not been faced by any country across the globe in the last 100 years with the Spanish Flu being the last disease which affected the entirety of the human population at this rate and magnitude. Therefore, they were tasked with formulating a fresh and calculated response to the virus.

India did not have any other law related to medical health emergencies such as Covid-19 other than the colonial Epidemic Diseases Act, 1897 and Disaster Management Act, 2005. The responsibilities related to Public Health are distributed between the State Governments and the Central

Government. The responsibilities related to “*port quarantine, inter-state migration and quarantine*” rest with the Union Government. The State Governments are responsible for “*Public Health and Sanitation.*” However, it is disheartening to note that there are only 8 States and Union Territories having a specific legislation related to Public Health.

LEGISLATIONS INVOLVED TO TACKLE THE PANDEMIC

There were two legislations invoked by the Indian Government for dealing with the Covid-19 Pandemic. The legislations were the Epidemic Diseases Act, 1897 and Disaster Management Act, 2005. They are not invoked under normal circumstances and only find use when the nation or a region of the nation is facing a severe crisis. They were not fully adept with dealing with all facets of the Pandemic. However, their application was still pivotal in the response to the Pandemic and their provisions played a key role in the mitigation of the Adverse Impact of the Pandemic.

Disaster Management Act, 2005

The Act was intended for dealing with natural disasters such as floods, earthquakes and cyclones. Its legislative intent is to “*provide for the effective management of disaster and for matters connected therewith or incidental thereto.*” However, the Indian Government also classified the Covid-19 Pandemic as a ‘disaster’. This had multiple benefits as the provisions of the Act could now be utilized to tackle it. Moreover, the Centre and the State could also tap into their respective Disaster Relief Funds for expenditure related to the Pandemic. Moreover, the 2019 National Disaster Management Plan deals with the issues of Biological Disaster and Health Emergency extensively. It was a guiding factor in the response to Covid-19.

The Covid-19 Pandemic was the first instance of the provisions of the Disaster Management Act, 2005 being invoked in India. A 21-day lockdown was imposed under the Act. Section 34(c) of the Act empowers the district authority to “*control and restrict the entry of any person into, his movement within and departure from, a vulnerable or affected area.*” Similarly, Section 34(b) allows the District Authority to “*control and restrict vehicular traffic to, from and within, the vulnerable or affected area.*” Section 34(m) provides a wide scope of power as it provides that the authority may “*take such other steps as may be required or warranted to be taken in such a situation.*”

Section 35 of the Act empowers the “*Central Government to take measures.*” It provides that, “*The Central Government shall take all such measures as it deems necessary or expedient for the*

purpose of disaster management.” This gives blanket powers to the Government to undertake necessary measures to mitigate the impact of an impending or ongoing disaster.

Chapter X of the Act also provides for punishment in cases there is a violation of the Provisions of the Act or an action taken by any person can be dangerous in the efforts taken against the disaster. Section 54 of the Disaster Management Act provides that, *“Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.”* The Supreme Court in the case of *Alakh Alok Srivastava v Union of India*¹ also acknowledged that, *“Section 54 of the Disaster Management Act can be used to keep a check on the spread of misinformation and fake news.”*

Section 51 provides for the *“punishment for obstruction.”* It provides that in case there is a person who obstructs the work of officials or employees of the Government, Disaster Management Authorities or the State or District Authority under this act or *“refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.”*

The Act also fixes accountability on the Government officials as well. Section 55 fixes the responsibility on the head of the concerned Government Department unless the head is able to prove that, *“the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.”* If another officer is found to have the knowledge of the offence and it had been done with his or her connivance, such officer will be deemed guilty under the offence. Section 56 necessitates that an officer should perform his duty as per the provisions of the Act. It provides that, *“Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.”*

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¹*Alakh Alok Srivastava v Union of India* (2020 SCC On Line SC 345).

The Act is of a holistic nature when it comes to mitigation and management of disasters. However, it needs to be realised that the Act does not specifically deal with the intricacies of Public Health Emergencies and is at best a makeshift provision in the absence of a concrete modern legislation. The Government had to invoke the Act in the absence of suitable alternatives. The Epidemic Diseases Act, 1897 which has been subsequently discussed has more provisions when it comes to dealing with public health emergencies.

Epidemic Diseases Act, 1897

The Act came into force in the year 1897 and was drafted by the Colonial Government in India in order to control the spread of bubonic plague in Bombay State. The legislative intent of the act is to *“prevent the spread of dangerous epidemic diseases.”* Before the enactment of the Disaster Management Act, 2005 it was the only law in the country which could be applied in the instance of an epidemic breaking out at the national or the sub-national level. The law was to be utilized in circumstances requiring urgent response by the Government and a Council Member on the introduction of the Act remarked that people must *“trust the discretion of the executive in the grave and critical circumstances.”* The decisions under this Act should be taken in the light of the gravity of the persisting circumstances and should be for the *‘greater good.’* It played a key role in containing several outbreaks in India which include Cholera (1910), Spanish Flu (1918–20), Smallpox (1974), Swine flu (2014), and the Nipah Virus (2018).

The Ministry of Health advised the states to invoke the provisions under Section 2 of the Epidemic Diseases Act, 1897 to combat the spread of the virus. Section 2 of the Act provides that, *“When at any time the State Government is satisfied that the State or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the State Government, if it thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as it shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.”*

Moreover, the powers under Section 2A of the Act which empower the Central Government to take actions in such circumstances were also invoked. Section 2A of the Act provides *“When the Central Government is satisfied that India or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease and that the ordinary provisions of the law for the time*

being in force are insufficient to prevent the outbreak of such disease or the spread thereof, the Central Government may take such measures, as it deems fit and prescribe regulations for the inspection of any bus or train or goods vehicle or ship or vessel or aircraft leaving or arriving at any land port or aerodrome, as the case may be, in the territories to which this Act extends and for such detention thereof, or of any person intending to travel therein, or arriving thereby, as may be necessary.”

The Indian Government also promulgated an ordinance for the amendment of the Act since the well-being of the healthcare professions was in danger during the Covid-19 Pandemic. The President invoked its powers under Article 123 of the Constitution of India to promulgate the ordinance. An amendment was made to the Section 3 of the **Epidemic Diseases Act, 1897** where a person causing loss or damage to property was now punished with *“imprisonment for a term of 3 months to 5 years and with a fine of Rs. 50,000/- to Rs. 200,000/-.”* Moreover, in case there is an incident where there is a violent attack carried out on a health care worker, they can be imprisoned *“for a term of 6 months to 7 years and with a fine of Rs. 100,000/- to Rs. 500,000/-.”* In addition, *“the offender shall also be liable to pay compensation to the victim and twice the fair market value for damage of property.”* The amendment was essential since there had been reports of attacks on medical personnel during the Pandemic.

Indian Penal Code, 1860

It is the main substantive penal law in India. When the measures related to Covid-19 were introduced, they involved quarantine, lockdowns and restrictions on movement. There are certain sections of the IPC which deal with actions taken to spread infectious disease which were utilized during the Pandemic. **Section 269** of the Indian Penal Code, 1860 provides that, *“Any person unlawfully or negligently commits any act that is likely to transmit the infection of any life-threatening disease and that he knows or has reason to believe to be, shall be punished with imprisonment of any kind for a period of up to six months, or with fine or both.”* **Section 270** further provides that, *“Someone who malignantly commits any act that is, and that he knows or has reason to believe to be, likely to transmit the infection of any life-threatening disease shall be punished with imprisonment of any kind for a period of up to two years, or with fine, or both.”*

Section 271 provides that, *“Whoever knowingly disobeys any rule made and promulgated by the Government for putting any vessel into a state of quarantine, or for regulating the intercourse of vessels in a state of quarantine with the shore or with other vessels, or for regulating the intercourse between places where an infectious disease prevails and other places, shall be punished*

with imprisonment of either description for a term which may extend to six months, or with fine, or with both.” The provisions were invoked when persons broke the quarantine or acted in violation of the mask mandates.

Covid-19 required that a number of orders be issued by public servants to mitigate its spread. Section 188 seeks to ensure that such orders are followed by the general public. It provides that, *“Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or tends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.”* In order to be prosecuted under this section, it is only required that the offender is aware of the order which has been disobeyed by him. The provisions under the Indian Penal Code, **1860** also played a pivotal role in management during the Covid-19 Pandemic. It acted as a deterrent and also provided the grounds on which the offenders could be punished.

ISSUES IN THE COVID 19 RESPONSE

The Government had a gigantic task on its hands. A Pandemic of this level had not been witnessed by India anytime post-independence. They did not have adequate provisions to effectively deal with the Pandemic and had to make do with the existing provisions regarding the same. The proactiveness of the Government in implementing lockdown and safety measures to curb the spread of the corona virus was appreciated. The mask mandate, restriction on public movement and the embargo on non-essential industrial activity played a significant role in curbing the spread of the virus. This had a significant impact on certain sections of the Indian Society particularly the migrant workers. Moreover, the Human Rights and Constitutional Rights of the Indian citizens were also negatively impacted.

The Migrant Workers’ Crisis

The International Labour Organisation described Covid-19 as the *“worst global crisis since the World War II.”* As per its estimations, the number of migrant workers falling into poverty due to

the Covid-19 Pandemic will be around 400 million.² The migrant workers were caught unaware by the lockdown as the decision was taken suddenly. Much to their agony, the transport services were also suspended expediently which left them devoid of options to go home. The narrative spun around the severity of the Pandemic resulted in the creation of an atmosphere of fear and anxiety. This made them rush to their homes in the fear of their life irrespective of the limited means available to them. In the absence of transportation, the migrant workers chose to walk back to their homes in the sweltering heat across long distances.³ There were multiple instances where pregnant women had to give birth of the road.⁴

Once they went back to their homes, they did not have any means of livelihood. Most of them survived on daily wages and with no jobs available during the Pandemic, their means of sustenance depleted rapidly. They were also ostracized in their home villages since they were feared to be the potential carriers of Covid-19 by the other fellow villagers. The police also treated them in an unfair manner and resorted to the use of force against them. The Government did not provide them any kind of protection in such cases. The transportation was opened at a later stage during the Pandemic and was made chargeable which made it extremely difficult to afford for the migrant workers who had not made any income for several months. In addition to this, the quarantine centres in the villages were not well maintained. They were kept in a shoddy condition which rendered the migrant workers vulnerable to illnesses. Their Human Rights were not adequately protected and the measures did not result in any sort of assurance to the workers. This furthered the feeling of angst and helplessness amongst the workers and had a severe impact upon their physical as well as their mental health. The legal provisions did not provide any concrete means to effectively deal with this situation and the Government ignored the issue since it was faced with the enormity of the Pandemic.

Pandemic and Privacy

A number of measures needed to be taken in order to curb the spread of Covid-19. They also affected the Fundamental Rights of the citizens. The measures included imposition of lockdowns, surveillance and stringent monitoring of the citizens. In the case of *K.S. Puttuswamy v. Union of*

² Diganta Das, *Regional Disparities of Growth and Internal Migrant Workers in Informal Sectors in the Age of COVID-19*, 20 (4) J Public Affs 2268 (2020) available at <https://doi.org/10.1002%2Fpa.2268> (Last visited on 04/10/2022).

³ Ipsita Chakravarty, *A Story of Swollen Feet: The Physical Toll of Walking Home during Lockdown* (Scroll.in June 14, 2020) <<https://scroll.in/article/963641/a-story-of-swollen-feet-the-physical-toll-of-walking-home-during-lockdown>> accessed October 18, 2021.

⁴ Shweta Sengar, *Migrant Woman Delivers Baby on Road, Walks Another 150 Km before Finding Help*, INDIA NEWS, May 13, 2020 available at: <<https://www.india.com/viral/migrant-woman-delivers-baby-on-road-walks-another-150-km-before-finding-help-4027848/>> (last visited 18 October, 2021).

India,⁵ the Supreme Court held that the Right to Privacy was a Fundamental Right guaranteed to Indian citizens under Article 21 of the Constitution of India. The Court also laid down the tests which were required to be followed in the instance that the State takes a measure which can impact the citizens' Right to Privacy. The tests were as mentioned below.

- The action should have legal backing.
- It should be carried out in order to achieve a legitimate aim.
- The action should be proportional to its objective.
- It must be ensured that the citizens are protected from any abuse of power which can result as a consequence of such an action.

The action should fulfil all the four tests in order to justify the infringement of the Government when it comes to the Right to Privacy. If it fails any of the test, the action will result in the infringement of the Fundamental Right under Article 21 of the Constitution.

The Epidemic Diseases Act, 1897 is a legislative provision which means that it has a legal backing to itself. The objective is to provide a method of recourse to the Government to mitigate the adverse impact and control the spread of an Epidemic. Therefore, when enacting it, the first two criterion for infringement of privacy have been satisfied. However, when it comes to the proportionality of an action, it is extremely difficult to determine the same in a Pandemic like Covid-19 which is affected by a lot of variables. The Epidemic Diseases Act. 1897 was enacted during the colonial era. Therefore, the immunity granted to the Government officials was immense. It does not provide the citizens with any kind of redressal mechanism to hold the Government officials accountable in case they abuse their powers. This impedes the effectiveness of the provision since it does not proportionately balance the rights of the citizens with respect to the emergency measures which have been undertaken. The citizens are vulnerable to the violation of their Fundamental Rights since the Government Officials can abuse their powers indiscriminately under the Act without the fear of being reprimanded. Thus, the Act is unable to pass the test on the reasonable restriction on the Right to Privacy, which is a Fundamental Right.⁶

The Disaster Management Act, 2005 on the other hand provides for certain limitations on the powers of Government officials and also provides for repercussions in cases where they have misused their powers or gone beyond the limits of their powers. The Act does not specifically deal with public health emergencies and the wide definition of Disaster under the Act was used so that it

⁵*K.S. Puttuswamy v. Union of India*, (2017) 10 SCC 1.

⁶ BAR AND BENCH available at: <https://www.barandbench.com/columns/can-the-indian-legal-framework-deal-with-the-covid-19-pandemic-a-review-of-the-epidemics-diseases-act> (last visited April 9, 2022).

can be used to deal with infectious diseases. However, when dealing with issues related to Public Health, the Epidemic Diseases Act, 1897 is better equipped. It was written in an era when the ideals of a state capacity, definitions of local governance along with administrative demands were very different. It still provides for a decentralised response. Therefore, the Epidemic Diseases Act, 1897 can be amended on the lines of the Disaster Management Act, 2005 to ensure more accountability and ensure that there is no violation of the Fundamental Rights of the citizens.

STREAMING OF DISASTER MANAGEMENT STRATEGIES

There are a number of learning from the Covid-19 Pandemic when it comes to our response to disasters of all kinds. It has provided an opportunity to reflect on the existing systems for disaster management and seek for their improvement to improve their positive impact in the times of crisis as well as in the longer run. The Pandemic exposed a number of shortcomings in our health systems. In their defence, a Pandemic of this magnitude had not been faced before in the technological era. However, it laid bare the inadequacies in the existing legislative framework and the governance measures undertaken. Therefore, a change is needed across different areas to ensure the response and measures taken are better and more effective in the future.

Increased role for local agencies

The Epidemic Diseases Act, 1897 and the Disaster Management Act, 2005 were continuously invoked for management of the Pandemic. For the implementation of the provisions under both the Acts effectively, local governance played a key role. They were responsible for the effective enforcement of the lockdown provisions, alleviating vaccine hesitancy and provision of quarantine facilities for the entirety of the Pandemic.⁷ There is a need to bring about reformation in the public health framework with special focus on local agencies. The Supreme Court in its Order dated 31 August, 2020 in the case of *Sachin Jain v. Union of India*⁸ instructed the State Governments to formulate a plan at the executive and the legislative level for the reformation of public health framework, in terms of legal as well as governance structures.

The law should establish the principles regarding the duties of the officials and the restraint in exercise of powers in certain instances. The law can be useful in establishing the public health protocols and provide for capacity building, training of healthcare workers and the establishment of evidence-based decision-making protocols. The main objective should be to empower the

⁷OBSERVER RESEARCH FOUNDATION, available at Lessons from the pandemic: State capacity and third-tier governance | ORF (orfonline.org) (last visited on October 10, 2022).

⁸*Sachin Jain v. Union of India*, Writ Petition (Civil) No. 863 OF 2020.

workforce and create expertise in different fields to deal with the multiple facets of the Pandemic. In order to achieve the same, it is important that when formulating such a framework the experts from different fields in sync with the ground realities provide their inputs so that the framework is more effective. If such a step is taken it will go a great way in the preparation for such adverse events in the future. The suddenness of the Pandemic overwhelmed all the stakeholders involved who were caught unaware of how to deal with the situation. However, if they have the training to deal with the situations while using their knowledge about the particular needs of their areas, it will go a great way in making the response much more effective.

Proactive but humane approach

During the Pandemic, the sudden imposition of lockdown measures took everyone by surprise including the enforcement agencies. As a result, several migrant workers were unable to reach their home states due to the suspension of public transportation. In addition to this, the people at the risk of exposure including healthcare workers were treated like untouchables and were denied entry to several places and asked to vacate their homes expediently. The one's violating the curfew were often manhandled and beaten up by the police.⁹ There is a need to change this approach and make it more humane and people centric. The training of the personnel must include sensitization towards the plight of people across different sections of the society in such a dire situation. There should be an increased emphasis on the adoption of a humane approach and not misuse the special powers conferred upon the personnel during such times.

IMPROVEMENT OF EXISTING PROVISIONS FOR DISASTER MANAGEMENT

Epidemic Diseases Act, 1897

It has been pivotal in the last century for India when dealing with health emergencies. The provisions under the Act are effective and provide an effective mechanism for controlling the spread of the Pandemic. However, the Covid-19 Pandemic showed that the implementation of the act can be contrary to the rights of the Indian Citizens which are given under the Constitution of India. It provides a great number of powers to the Government and its officials and their actions are granted immunity. In addition to this, it lacks a concrete mechanism for effective coordination between the State Governments and the Central Government. The Central Government's powers under the Act are very limited. This necessitates a need to amend the Act in a manner where it can

⁹Cherian Thomas, *COVID-19: Lessons for Disaster Management*, Down to Earth, 11 June 2020, available at <https://www.downtoearth.org.in/blog/governance/covid-19-lessons-for-disaster-management-71706>. (last visited on Oct, 10, 2022).

also take the rights of the people in consideration. It should provide for transparency, accountability and redressal mechanisms for the public. It can also be modified to deal with the special needs which are to be fulfilled when countering a Pandemic. It can include identification, testing, isolation, contact tracing and coordination among agencies at different levels to deal with the Pandemic.

Disaster Management Act, 2005

The Disaster Management Act, 2005 is the only other special provision which was invoked by the Government for managing its response to the Pandemic. Over the years, it has been an extremely effective provision in dealing with disasters. It provides for decentralization of powers by establishment of authorities at the Central, State and District Level. The coordination with different ministries of the Government has also been clearly provided under the Act. Section 2 of the Act provides that, “capacity building includes –

- (i) Identification of existing resources and resources to be acquired or created;
- (ii) Acquiring or creating resources identified under sub-clause (i);
- (iii) Organisation and training of personnel and coordination of such training for effective management of disasters.”

A number of Sections of the Act encourage capacity building at the State and the National Level. It also provides for review of the capacity building measures to analyse their effectiveness. They can be implemented more effectively.

Section 11 of the Act provides that, “There shall be drawn up a plan for disaster management for the whole of the country to be called the National Plan.” Section 11(3) provides that the Plan shall include,

- “(a) measures to be taken for the prevention of disasters, or the mitigation of their effects;
- (b) measures to be taken for the integration of mitigation measures in the development plans;
- (c) measures to be taken for preparedness and capacity building to effectively respond to any threatening disaster situations or disaster;
- (d) roles and responsibilities of different Ministries or Departments of the Government of India in respect of measures specified in clauses (a), (b) and (c).”

Section 11(4) provides for annual review and updating of the plan. The 2019 National Disaster Management Plan specifically provided for “*Biological and Public Health Emergencies (BPHE)*.”

It states that, “Handling exotic pathogens warrants suitable infrastructure, notably, high containment laboratories of bio-safety levels 3 and 4; recruitment of highly committed, dedicated and trained professionals; continuous availability of diagnostic reagents; enhancement of skills at various echelons of health professionals in early identification of such infections, investigation of outbreaks and institution of specific control measures.”¹⁰It was more so focussed upon the impact of pests on crops. However, it also indicated the possibility of the requirements when dealing with Public Health Emergencies like Covid-19.

Introduction of New Provisions

The National Health Bill, 2009 was considered to be a landmark decision when it was introduced by the Indian Government. It recognized health to be a Fundamental Right. It states that, “*every citizen has a right to the highest attainable standard of health and well-being.*” The Bill was tabled by the Indian Government to fulfil its international obligations in furtherance of International Health Regulations, 2005 which came into force in 2007 as an International Health Law. The National Health Bill, 2009 provides that in no circumstances a person is to be denied care. This was to dispel all the incidents where a person did not receive treatment despite reaching the hospital due to inability to pay the expenses for the treatment. In order to bring more transparency to the health sector, every health care provider, including private providers must provide information to the patients about the costs, benefits and risks of the proposed treatment and the availability of alternative treatments. It further clearly provided for the obligations of the Central Government and the State Government.

The safety of the healthcare professionals was also a focus area of the Bill. During the Covid-19 Pandemic, an ordinance needed to be promulgated by the President to specifically protect the medical health professionals from attack and abuses through an amendment to the Epidemic Diseases Act, 1897. The National Health Bill, 2009 had already included a clause which required the patients to treat the healthcare providers with respect, courtesy and dignity. They are to refrain from the usage of violent behaviour or abusive language toward them. Similar to the Disaster Management Act, 2005, the Bill also envisioned setting up of National- and State-level Public Health Boards for the formulation of national policies on health, review strategies, and ensure minimum standards for food, water, sanitation, and housing. They also needed to lay down norms, protocols and guidelines to deal with various aspects of treatment and healthcare. The response to

¹⁰National Disaster Management Plan, 2019. A Publication of the National Disaster Management Authority, Government of India. November 2019, New Delhi available at NDMP- Starting.cdr (ndma.gov.in) (last visited on October,04, 2022).

the Covid-19 Pandemic required mechanisms for monitoring at the community levels which were also included in the Bill. However, the Bill was not passed and made into an Act. The Covid-19 Pandemic shows the importance of the Bill in the modern times and had it been enacted earlier, it could have proven to be a vital cog in the fight against Covid-19.

Coordination with the Private Sector

The Union Minister of State for Home had stated that. “When disaster strikes, the poor are the first to be affected as factories and plants shut down and the economy is hit.” He called for the Private Sector to play a greater role in Disaster Management in the country.¹¹ In furtherance of the same, India also launched the UN-backed initiative *arise India* which is intended to “turn the private sector’s attention to the importance of action before a disaster strikes and to take advantage of opportunities that emerge to build back better after a disaster hits.” The private sector in India has immensely grown over the last three decades. When a disaster strikes, the sector is gravely affected as operations are stopped or reduced which leads to a fall in the revenue. Moreover, as of date private sector is omnipresent in India. In such circumstances, it is important that the private sector also plays a key role in the mitigation of the harmful effects of a disaster.

The disaster response mechanisms should provide for coordination between the Government and the Private Sector. India is the only country where Corporate Social Responsibility (CSR) has been mandated by law. This provision should be utilised by the Government to seek the collaboration of the Private Sector in disaster mitigation. Moreover, there are several instances where the Governmental Agencies are short staffed or do not have the latest expertise to effectively manage a situation. Solutions to such issues can be provided effectively by the Private Sector. Therefore, securing the cooperation of the Private Sector should be one of the top priorities of the Government.

CONCLUSION AND SUGGESTIONS

The word ‘disaster’ brings out a feeling of fear, despair, gloom and loss. This can be termed to be an accurate description of the emotions the Pandemic of Covid-19 evoked for mankind. It was a disaster of epic proportions which significantly impacted the life of nearly every human being on the planet. Entire economies were brought down to their knees and healthcare systems across the globe were faced with an unprecedented challenge. Mankind showed resilience and despite some misplaced steps at the beginning, it ensured that it saw out the worst of the Pandemic. However, it

¹¹*Private sector must play role in disaster management: Rijju*, THE TIMES OF INDIA, (Feb, 22, 2016, Mumbai) available at <https://timesofindia.indiatimes.com/business/india-business/private-sector-must-play-role-in-disaster-management-rijju/articleshow/51093037.cms/>. (last visited on Oct, 10, 2022)

also highlights the under preparedness of nations across the globe for dealing with a ‘Disaster’ of such epic proportions.

The migrant worker’s crisis, invasion of privacy, lack of oxygen and unavailability of proper medical care were some of the key roadblocks in the successful recovery from the Pandemic.

India, being one of the most populated across the globe with a significant amount of population lacking job security and financial stability needs to be aptly prepared for handling such disasters. Over the years, India has consistently ramped up its efforts in various spheres to achieve its goal of becoming a global superpower. However, as we have seen, one major disaster can undo the good work of several decades. Therefore, an effective policy for Disaster Management is the need of the hour.

India already has the bare legal framework to deal with Disasters. The **Disaster Management Act, 2005** has sufficient provisions to deal with disasters like floods, earthquakes, landslides etc. However, when it comes to public health emergencies, the provisions are only mentioned under the **Epidemic Diseases Act, 1897**. The shortcomings and areas of improvement in the Act have already been highlighted. It is an effective legislation which needs to be amended as per the modern times. Some of the suggestions which can be used for managing disasters in a better way in the future are mentioned below.

- There is a need to bring the National Health Bill, 2009 to the table again and be passed into an Act after making the necessary changes. Inspiration can be taken from the best global practices and ensuring that they are applicable in the Indian Context.
- The appropriate in Public Health Hazards should be inculcated in the curriculum of schools and colleges. It should also focus on how to maintain composure during such instances as panic hinders the mitigation efforts.
- The Covid-19 Pandemic showed the importance of development of Quarantine Facilities. Such facilities should be developed close to the point of International Arrivals such as Airports and Ports.
- The current era is one of globalisation and the nations have increased interactions with each other. During the time of the Covid-19 Pandemic, the nations were caught unaware and coordination and assistance at the initial stages suffered as all countries had prioritized their national interests. However, in the future, having already experienced a disaster of this scale, the nations should be more proactive and work together to put their best foot forward in case such a situation was to arise again.