

3 Institutional Framework

Inter-sectoral coordination is essence of managing pandemic. As the pandemic phase changes from phase three to six, substantial role is envisaged for sectors other than health. Ultimately for managing phase 6 of the pandemic, the activities have to be dovetailed into the disaster management frame work. The foregoing paragraphs identifies mechanism for the sectoral co-ordination, the institutional mechanism at national, state and district level and defines their roles and responsibilities.

3.1. National level

3.1.1 The National Disaster Management Authority and National Crisis Management Committee would review the preparedness and response and issue strategic directions for the containment operations / mitigation measures.

1.1..2 Inter Ministerial Task force

Policy decisions and inter sectoral issues would be decided in the Inter Ministerial Task Force. The constitution of the Task Force is as under;

<i>Secretary (Health & FW)</i>	<i>--- Chairman</i>
<i>Secretary (Animal Husbandry)</i>	<i>--- Member</i>
<i>Secretary (Information and Broad casting)</i>	<i>--- Member</i>
<i>Secretary (Civil aviation)</i>	<i>--- Member</i>
<i>Secretary (Home)</i>	<i>--- Member</i>
<i>Secretary (Chemicals and Fertilisers)</i>	<i>--- Member</i>
<i>Secretary (Defence)</i>	<i>--- Member</i>
<i>Secretary (NDMA)</i>	<i>--- Member</i>
<i>Secretary and DG, ICMR</i>	<i>--- Member</i>
<i>Director General of Health Services</i>	<i>--- Member</i>
<i>Special DGHS (Public Health)</i>	<i>--- Member</i>
<i>Mission Director, NRHM</i>	<i>--- Member</i>
<i>Additional Secretary (H&FW)</i>	<i>--- Member Secretary</i>

The Task Force would co-opt members from other sectors as required.

3.1.3 Joint Monitoring Group

The Joint Monitoring Group would recommend on technical matters and monitor outbreak situation. The constitution of the Joint Monitoring Group is:

<i>Director General of Health Services</i>	<i>--- Chairman</i>
<i>DG, ICMR</i>	<i>--- Member</i>

<i>Special DGHS</i>	<i>--- Member</i>
<i>Animal Husbandry Commissioner</i>	<i>--- Member</i>
<i>Representative of M/o Home Ministry</i>	<i>--- Member</i>
<i>Representative of M/o I&B</i>	<i>--- Member</i>
<i>Representative of M/o Environment and Forest</i>	<i>--- Member</i>
<i>Sr DDG, ICMR</i>	<i>--- Member</i>
<i>Representative NDMA</i>	<i>--- Member</i>
<i>HoD, Respiratory Medicine, AIIMS</i>	<i>--- Member</i>
<i>HoD, Microbiology, AIIMS</i>	<i>--- Member</i>
<i>HoD, Epidemiology, NICD</i>	<i>--- Member</i>
<i>HoD, Microbiology, NICD</i>	<i>--- Member</i>
<i>WR, WHO</i>	<i>--- Member</i>
<i>Director (EMR)</i>	<i>--- Member Secretary</i>

The institutions as well as their individual role and responsibilities are;

3.1.4 **Ministry of Health and Family Welfare**

Ministry of Health and Family Welfare (MOHFW) would be the nodal ministry. It would support States in managing human cases caused by a novel influenza virus. The participating units would be:

- Public Health Division, MOHFW.
- Emergency Medical Relief (EMR) Division of Directorate General of Health Services (Dte GHS), MOHFW.
- International Health Division, Dte GHS, MOHFW.
- National Institute of Communicable Diseases (NICD) and Integrated Disease Surveillance Project.
- Central Government Hospitals and
- Institutions under Indian Council of Medical Research (ICMR).

The specific work allocated to these units is at **Annexure-I**

MOHFW will be supported by other ministries such as Home Affairs, Agriculture, Civil Aviation, Defense, External Affairs, Information and Broadcasting, Chemicals and Fertilizers and other ministries as deemed relevant for the management operations.

MOHFW will also liaison with the international agencies namely WHO (technical and logistic support) and UNICEF (IEC etc).

3.1.5 **Ministry of Home Affairs (MHA)**

MHA would facilitate:

- o Border control to prevent cross border spread.

- o Augmenting state security forces for facilitating perimeter control of containment zone for restricting movement of human population.
- o Support the state in maintaining law and order
- o Provide support for restriction of movement in and from the affected area.
- o Enforcing social distancing measures.
- o Provide support for airlift of RRTs / logistics/ samples to and from inaccessible areas.

3.1.6. Ministry of External Affairs

- o Liaison with affected countries, arranging bi-lateral or multi lateral meetings.
- o Raising issues in international and regional forums.
- o Visa restriction, if required.
- o Providing information on foreign nationals traveling to India.

3.1.7. Ministry of Defence

- o Training faculty of its medical colleges and cantonment hospitals and Station Health Officers on pandemic preparedness and response.
- o Extend hospital services, especially in cantonment areas to civilians.
- o Provide research support to ICMR.

3.1.8. Ministry of Railways

- o Train doctors in railway hospitals on pandemic preparedness and response.
- o Extend hospital services to civilians.
- o Transportation of medical supplies

3.1.9 Ministry of Civil Aviation

- o Provide support for airlift of RRT/ logistics/ samples.
- o Facilitate exit screening / entry screening.
- o Provide the screening proforma to the airlines.
- o Provide space for screening, clinical examination and quarantine.
- o Provide space for setting up of Airport Health Organization.

3.1.10. Ministry of Shipping, Surface Transport and Highways

- o Facilitate exit screening / entry screening
- o Port Quarantine
- o Restriction of public transport.

1.1.11. Ministry of Consumer Affairs, Food and Public Distribution

- o Maintain essential food supply to the Quarantine area
- o Maintain essential food supply during pandemic phase.

3.1.12. Ministry of Information and Broadcasting

- o Develop Media strategy
- o Role out appropriate communication materials for National and State campaign.
- o Facilitate availability of slots for media communication in print / visual media.
- o Utilize the field publicity units for social mobilization.

3.1.11. Ministry of Agriculture (Department of Animal Husbandry)

- o Provide information on unusual poultry deaths to MOHFW at the earliest but not later than 24 hours (if concurrent outbreaks is taking place among poultry).
- o Convey the laboratory test results of the poultry deaths at the earliest.
- o Keep close liaison with MOHFW, especially if the human cluster has happened an area where poultry outbreak is ongoing/ has been reported/ post operation surveillance activities are continuing.

3.3 National Disaster Management Authority (NDMA).

NDMA would co-ordinate integration of Pandemic influenza prevention, preparedness and response with existing disaster management frame work at all levels. This would include a co-ordinated mechanism for health and sectors beyond health for maintaining essential services and continuity of operations. Also such co-ordination mechanism would be established between Government and non-government entities. The plans of all critical sectors would be approved by NDMA and implementation monitored.

NDMA would monitor the progress of the pandemic and the impact of the mitigation measures in health and sectors other than health.

3.4 State level

Chief Secretary would ensure co-ordination between health, home and other relevant departments. The State would sensitize administrators on pandemic and actions to be taken in health and sectors beyond health.

The Principal Secretary / Secretary of the State Health Department will take administrative and financial decisions with regard to prevention, preparedness and response activities pertaining to the health sector. A Technical Committee under DHS would provide the technical support.

The State Health Department would draw up its pandemic plan and test it. The plan would provide for surveillance for detecting cases early, institute preparedness measures, provide training to State and District RRTs, stock personal protective equipments and provide necessary

infrastructure for clinical management of cases. Health workers would be trained on triage and clinical management. The Central Government's efforts in creating awareness among the community on mitigating the risks would be further facilitated by the State's own initiatives through both print and visual media.

3.5 State Disaster Management Authority (SDMA).

SDMA would co-ordinate integration of Pandemic Influenza prevention, preparedness and response with existing disaster management frame work at State level. This would include a co-ordinated mechanism of health and sectors beyond health for maintaining essential services and continuity of operations in States and districts. Such co-ordination mechanism would be established between Government and Non-Government entities. The District plans of all would be approved by SDMA and implementation monitored.

3.6 District level

District Collector would assume charge of overall co-ordination. The Chief Medical Officer would support in implementing all actions pertaining to health sector. The District IDSP would be responsible for surveillance for ILI and pneumonia cases. The District Rapid Response Team would investigate the outbreak and provide support in instituting public health measures. In phase -6, the District Disaster Management Authority would be responsible for all actions for sectors other than health. The institution of the containment/ mitigation measures and maintaining essential services would be done by the district machinery through the grass root level functionaries.