**Scope of Work**

**A Concept note for Mentor-Mentee Programme for Young Researchers**

**Need for Public Health Act and Regulations**

*To study the Draft PHA 2017 vis a vis National Disaster Act and the age-old epidemic act with respect to the effectiveness of ongoing pandemic responses, lacunas and needs*

Submitted by

**Jacob Islary, MSW, PhD**

Assam Don Bosco University

Guwahati

jislary@gmail.com Mb: 8822622488

Name of suggested Mentor

**Dr. Sunil Kaul**

Founder Trustee and Managing Director

The ANT, Chirang Assam,

Consultant (T.B., MCH, Malaria and Public Health) to NRHM, Assam and WHO Email: sunil@theant.org

Acts and Regulations are designed, formulated, passed and adopted with objectives of achieving ‘greater good of societies’ - whether it be to maintain law and order or ensure services to people – in short to make social, political and economic life of people (citizens) better. India has passed a number of Acts and formulated Regulations covering various aspects of its citizen’s life – trade, commerce, livelihoods, marriage, education, employment, disaster and health to mention a few. The current study attempts to analyse the need for a Public Health Act and Regulation by studying the draft of Public Health Bill 2017 in relation to the Disaster Management Act 2005 and the Epidemic Disease Act 1897 (The Epidemic Disease [Amendment] Bill 2020) in the context of the ongoing COVID19 pandemic. The study aims at bringing out a working paper with justification on the need for a Public Health Act and Regulations for efficient and effective response during pandemic situations.

The COVID19 pandemic has challenged the health systems and services across the world to limits not experienced in history. Globally (till 26 August 2021) it has infected 215 million people causing death of 4.7 million besides leaving millions with serious health issues since its first outbreak on 30 January 2020 in Wuhan, China. The pandemic is still raging across the world with a infection count of about 0.7 million and 11000 deaths per day (Worldometer, 2021).

In India, COVID19 was first reported in Kerala on 20 January 2020 and till date (ie. 26 August 2021) has infected 32.7 million, caused death of 0.44 million and has left millions with serious health issues. The daily COVID19 infection count in India was 44658 with 496 cases of death as of 26 August 2021.

COVID19 besides causing death and affecting the ‘health and wellbeing’ of people including mental health has affected livelihoods, economy, employment, education, and social life of people, thus reducing the quality of life. It has also posed a magnified the challenge of achieving the Sustainable Development Goals.

The world has a long history and experience of Epidemics and Pandemics which caused suffering and deaths in large numbers. A few that can be mentioned are the Prehistoric Epidemic (3000 BC), the Plague of Athens (430 BC), the Justianian Plague (541-542 AD), the Black Death (1346-1353) the American Plagues (16th Century AD), the Great Plague of London (1665-1666), the Great Plague of Marseille (1720-1723), the Flu Pandeimc (1889-

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1890), the Spanish Fu 1918-1920), the Asian Flu (1957-1858), the AIDS Pandemic (1981 till date), the H1N1 Swine Flu 2009-2020), the West African Ebola Epidemic (2014-2016), the Zika Virus Epidemic 2015 till date) and now the COVID19 pandemic.

India has been affected by some of the above mentioned epidemics like the Spanish Flu (1918) H1N1 (2009), the Zika Virus Epidemic besides Smallpox (1960s), Cholera outbreaks, Plagues (Bombay, 1896, Surat 1994), Zika (2015 till date), Nipha (2018 till date) and the COVID19 pandemic which has caused unprecedented suffering (especially COVID19 pandemic) among its people.

It is in this context that the study is proposed and would like to answer the following research questions related to

1. The need and significance of the Public Health Bill (Act) 2017.

2. The importance of understanding and formulating the Public Health Bill (2017) in relation to the National Disaster Management Act 2005 and the Epidemic Disease Act 1897.

3. The enhancement of efficiency and effectiveness of response to pandemic situations from administration, management and health intervention perspectives

4. The government, non-government, health personnel and people’s active participation in responding to emergency (during outbreak, epidemic and pandemic) situations like COVID19.

**Methodology**

The study shall be a content analysis of the Public Health Bill 2017 in relation to the National Disaster Management Act 2005 and the Epidemic Disease Act 1897 besides including a literature reviews on related theme of the study.

**Time Line**

The study shall be for a period of three months – September to November 2021 with submission of final report and dissemination by 15 December 2021.

**Deliverable of the proposed study**

A working paper on the need for PHA 2017 for efficient and effective intervention during Health related emergencies (outbreak, epidemic and pandemic) which aligns with Disaster Management Act 2005 and the Epidemic Disease Act 1897.

**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.

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| --- | --- | --- | --- |
| **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.