

# COVID-19 Containment: Legal Framework for Regulatory Approach

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## Summary

Legal instruments and frameworks authorize the Government to exercise its powers for enforcing regulations to contain the situation at the time of any health emergency. During the present pandemic of COVID-19 the International Health Regulations 2005 is being implemented globally, in addition to individual country legislations. Several countries have also framed new Acts, Rules and Regulations or amended the existing ones, to fight the battle.

With the onset of the pandemic, India has invoked its two existing laws, the Epidemic Diseases Act 1897 and the Disaster Management Act 2005. While the former lays down the public health measures required to be implemented, the latter gives the authorities the power to do so. Using both the laws together is an innovative and comprehensive way to deal with the situation.

However, the century old Epidemic Diseases Act is outdated and does not address the situation in the present context. Hence, there is urgent need of revising the Act. Also, instead of multiple Acts, there can be one single Act for integrated, holistic and comprehensive actions for combating the disease. To address situation-specific issues and consequences, a special Act can also be designed and adopted by India, as has been done by many other countries.

**Key Words :** COVID-19, pandemic, legislation, Epidemic Diseases Act, Disaster Management Act

## INTRODUCTION

Primary function of any Government is to protect the health and safety of its population, the responsibilities for which are laid down in the constitution of each country. To carry out all responsibilities the Government is also vested with some power and authority to take actions, particularly so in times of emergency.

Law has been recognized as a powerful tool for safeguarding and promoting the public's health and safety, both at international and national levels. All countries have the power and the duty, to advance the right to health. In addition, Law ensures fair and efficient operation of public institutions and social structures, through good governance that includes setting priorities, monitoring outcomes, transparency, civil society participation, anti-corruption and accountability. For effective implementation, it requires a legal infrastructure with impartial courts and tribunals and regulatory capacity.<sup>1</sup>

The vital role of law in public health can be appreciated in the context of control of infectious diseases, through ongoing measures to detect, report and respond to occurrence of such diseases. In times of pandemics, international coordination is required in addition to national efforts, which calls for all countries to fully implement the International Health Regulations that are operational for this purpose. At the national level, public health laws in this area address matters including screening, reporting, contact tracing, isolation and quarantine.<sup>1</sup>

Interventions for public health may be in four broad categories viz. biological, behavioural, political and structural.<sup>2</sup> At the time of any health emergency, in addition to biological interventions by the health system and behavioral changes by the people, the power and authority of the political component has to be exercised through structural interventions by way of enactment and implementation of laws and regulations. Legal instruments

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and frameworks are available for this purpose, both internationally and in each country. The Governments of all countries are required to exercise their powers to enforce these regulations to contain the situation. This paper reviews the role of legal approach in fighting the battle against COVID-19 pandemic, in India.

**THE COVID-19 PANDEMIC**

The world has encountered a massive public health emergency, being the most serious one in the current

century. A cluster of cases of pneumonia of unknown cause was detected in China at the end of the year 2019 and was reported to the World Health Organization (WHO) Country Office in China on 31st December 2019, as a Severe Acute Respiratory Illness (SARI) caused by a new type of coronavirus. The genetic sequence of the virus was publicly shared by China on 12th January.<sup>3</sup> The virus was officially named as Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) and the disease caused by this virus was named Corona Virus Disease of 2019 (COVID-19).<sup>4</sup>

The first recorded case from outside China was reported in Thailand on 13th January 2020.<sup>3</sup> By 26th February 2020 the disease had spread to all regions of the WHO.<sup>5</sup> On 11th March 2020, the WHO declared the disease as a pandemic.<sup>3</sup> As on 24th June 2020, 10.00 CEST, total 9,129,146 cases and 473,797 deaths have been reported globally.<sup>6</sup>

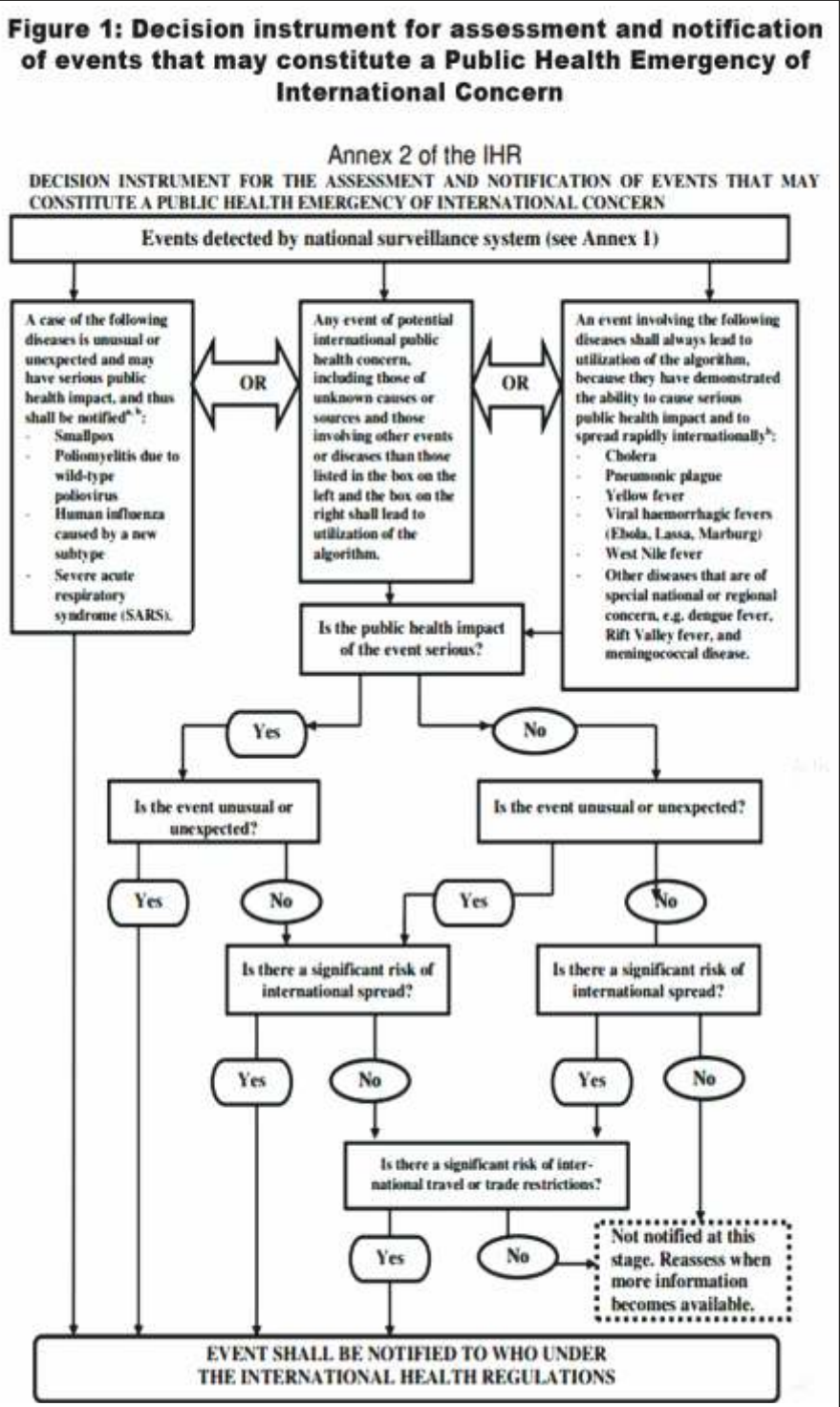
The epidemic in India started with three imported cases from China, the first case testing positive for COVID-19 on 30th January 2020.<sup>7</sup> The next cluster of cases appeared a month later that is on 2nd and 3rd March, which included travellers arriving from abroad, their contacts and a group of foreign tourists.<sup>8</sup> Number of cases continued to rise after that, with currently total 473,105 cases of which 186,514 are active cases, 271,697 cured/discharged and 14,894 deaths being reported in the country as on 25th June 2020, 08.00 IST.<sup>9</sup>

**LEGAL FRAMEWORK FOR INTERNATIONAL HEALTH**

Communicable diseases causing epidemics and pandemics have always been a matter of concern over ages. In the early 19th century, a widespread cholera epidemic occurred which originated in India in 1826 and over a decade spread to

many countries throughout the world. Plague and yellow fever also were enormous global problems. The cholera epidemic in London brought to light the deplorable living condition of the laborers and resulted in a historical revolution in the field of public health, with England enacting the Public Health Act in 1848. This Act is viewed as a response to the need for improvement of social health in the country.<sup>10</sup>

Pandemics continued to prevail in the entire globe in the early 19th century. Country efforts were in place to prevent and



control epidemics, but there was lack of international coordination. Following the cholera pandemic in 1848-49, there was a call for consorted global coordination at the first International Sanitary Conference held in 1851 where standardized international quarantine regulations were formulated against spread of cholera, plague and yellow fever. With several more conferences occurring in quick succession, the organized effort of international cooperation culminated in the formation of the World Health Organization in 1948.<sup>11</sup>

A century after the first International Sanitary Conference, the WHO adopted the International Sanitary Regulations 1951, which was re-named the International Health Regulations (IHR) in 1969 and revised several times. The most recent revision was made in 2005, following occurrence of outbreak of Severe Acute Respiratory Syndrome (SARS), which was the first global public health emergency of the 21st century.<sup>12</sup>

The IHR (2005) is a binding international legal agreement that involves 196 countries across the globe, including all the Member States of WHO, for preventing and responding to acute public health risks that have the potential to cross borders and threaten people worldwide, while avoiding unnecessary interference with international traffic and trade. Since 15th June 2007, the world has been implementing the International Health Regulations (2005).<sup>12</sup>

Under the IHR, some serious public health events that endanger international public health have been termed as public health emergencies of international concern (PHEIC), which is defined in the IHR (2005) as “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response”. This definition implies a situation that is serious, unusual or unexpected; carries implications for public health beyond the affected State’s national border; and may require immediate international action. The IHR require the Member States to contribute actively to national and international health security and outline actions to be taken by the Member States. A flowchart has been annexed in the IHR which serves as a decision instrument for assessment and notification of events that may constitute a PHEIC.<sup>12</sup> (Figure 1)

#### **LEGISLATION IN INDIA FOR PUBLIC HEALTH EMERGENCY**

Following the first international sanitary conference, sanitary work began in India also, with the reports of the Royal Commission in 1859 highlighting sanitary conditions of the Army. Several measures were implemented to uplift the sanitary condition of the country and control the major communicable diseases that were prevalent in the country, which subsequently led to enactment of the Epidemic Diseases Act in 1897, which came into force on 4th February 1897. The Act was formed as a response to the plague epidemic in Bombay and was successful in confining the

disease to the city of Bombay, by a series of tough measures which prevented crowds from gathering, thereby preventing spread of the epidemic to the entire country.<sup>2,13</sup>

#### **The Epidemic Diseases Act, 1897, (No. 3 of 1897), 4th February 1897**

The Act comprises of four sections. Section 1 defines it as an Act for prevention of spread of dangerous epidemic diseases. It extends to the whole of India. The Act empowers the State and Central Government to take measures when there is a threat of an outbreak of any dangerous epidemic disease in any part of India and the ordinary provisions of the law in force at that time are insufficient to prevent the outbreak of the disease or its spread.<sup>14</sup>

Section 2 of the Act empowers the State Government to prescribe temporary regulations to be observed by the public. The State Government may take measures for inspection of persons travelling by railway or otherwise, and the segregation, in hospital, temporary accommodation or otherwise, of persons suspected by the inspecting officer of being infected with any such disease. Section 2A of the Act specifies that the Central Government can prescribe regulations for inspection of any ship or vessel leaving or arriving at any port, or detention of any person intending to sail in it, or arriving by it, as may be necessary.<sup>14</sup>

Section 3 prescribes the penalty for disobeying the Act and states that any person disobeying any regulation or order made under this Act shall be deemed to have committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860). However, no suit or other legal proceeding shall lie against any person for anything done or intended to be done in good faith, under this Act, as mentioned in Section 4 of the Act.<sup>14</sup>

#### **The Disaster Management Act, 2005, (No. 53 of 2005), 23rd December 2005**

Another legislative tool that is effectively applied in times of health emergency is the Disaster Management Act which provides for the effective management of disasters. It extends to the whole of India.<sup>15</sup>

This Act enforces actions to be taken by the Central and State Governments for prevention of danger or threat of any disaster; mitigation or reduction of risk of any disaster or its severity or consequences; capacity-building; preparedness to deal with any disaster; prompt response to any threatening disaster situation or disaster; assessing the severity or magnitude of effects of any disaster; evacuation, rescue and relief; rehabilitation and reconstruction. The Act is implemented through the National, State and District Disaster Management Authority.<sup>15</sup>

The National Disaster Management Authority (NDMA) has regularly released new guidelines. National Disaster Management Guidelines drafted by NDMA in 2008 were for management of biological disasters, under which the term disaster was broadened to include biological disasters causing disease, disability or death on a large scale, which may be due

to natural cause like epidemics and pandemics, or man-made like biological warfare or bioterrorism. In 2019, NDMA issued National Guidelines for temporary shelter for disaster affected families.<sup>16</sup>

#### **OTHER RELATED PUBLIC HEALTH LEGISLATION**

Some other laws and bills related to the condition have been drafted in India, though they have not been enacted till date.

##### **Model Public Health Act, 1955**

The Draft Model Public Health Act was first formulated in India in 1955 and subsequently revised in 1987, to serve as guidelines for States. It specifies responsibilities of the Central, State and Local Governments in all public health activities. It also outlines the actions to be taken in case of any threatened or declared outbreak of any notified disease. Under this Act, an authorised person may order for evacuation of people from all houses in the locality; compulsory vaccination of all; medical examination of all people coming to that locality from outside; disinfection of articles used by exposed persons; closure of any or all markets; restriction on movement of exposed persons; restriction on import into or transport within the local area; removal of any patient of notified disease to hospital if the patient cannot be properly isolated at home.<sup>17</sup>

However, this Act has not been adopted by the States. In 2003, the Act was revised, which is still pending. In absence of a Public Health Act, the States act on the basis of Epidemic Diseases Act of 1897 and the Indian Penal Code of 1860, when a severe health threat has occurred.<sup>2</sup>

##### **Draft Public Health Bill, 2017**

As per the Draft Public Health Bill, this Act was to be called the Public Health (Prevention, Control and Management of Epidemics, Bio-terrorism and Disasters) Act, 2017, and was to extend to the whole of India. It laid down public health measures for the prevention, control and management of epidemics, public health consequences of disasters, acts of bio terrorism or threats. It also aimed to overhaul the existing system. It elaborates the requirement to combat the threats suiting the present context that is more appropriate than the century old, outdated Epidemic Diseases Act. With passage of this Act, the Epidemic Diseases Act, 1897, was to be repealed.<sup>18</sup>

This draft was prepared by the Public Health Division of the Ministry of Health and Family Welfare and was released for comments of all stakeholders on 13th February 2017.<sup>18</sup> However, the Bill has not been tabled in the Parliament and is still under consideration of the Law Ministry.

#### **LEGISLATIVE APPROACH FOR CONTAINMENT OF COVID-19 PANDEMIC IN INDIA**

COVID-19 has emerged as a large scale pandemic, with India affected to a great extent. On 11th March, 2020 the WHO declared COVID-19 as a pandemic and on the same day COVID-19 was declared as a 'notified disaster' under the Disaster Management Act 2005, in India.<sup>19</sup> The Government

of India has taken proactive and timely measures to initiate all necessary public health and clinical strategies to contain the epidemic, even before the first case of the disease occurred in the country.<sup>20</sup> The government also announced various guidelines, advisories and awareness materials from time to time.<sup>21</sup>

##### **Implementation of the International Health Regulations, 2005**

Following formulation of the IHR in 2005, India implemented the Regulations at the national, state and district levels and also initiated activities related to airport, sea ports and ground crossings. A major activity at the national level was designation of the National Institute of Communicable Diseases (NICD) under the Ministry of Health and Family Welfare as the National IHR Focal Point. In 2009, NICD was transformed into the National Centre for Disease Control (NCDC), with a larger mandate for controlling emerging and re-emerging diseases. NCDC is also the nodal institution for implementing the Integrated Disease Surveillance Programme (IDSP).<sup>22</sup>

With the onset of the COVID-19 pandemic, the NCDC has initiated public health measures across the country, through its State and District Surveillance Units, along with Rapid Response Teams under IDSP, and has been issuing guidelines regularly.<sup>23</sup>

##### **Implementation of the Disaster Management Act 2005 and the Epidemic Diseases Act 1897**

In addition to public health and clinical measures, legislative control of the country and its population is urgently required. To exercise the legislative powers, the Government of India has invoked two existing laws for the purpose, the Disaster Management Act 2005 and the Epidemic Diseases Act 1897, to control and mitigate the COVID-19 outbreak.<sup>24,25</sup> It is a two-pronged approach for implementation of containment measures through the Epidemic Diseases Act and provision of an administrative set up through the Disaster Management Act to take this action.

On 11th March 2020, the Ministry of Home Affairs, Government of India, passed an order invoking the Disaster Management Act, 2005 under which the Union Home Secretary, being the chairman of the National Executive Committee, delegated power to the Union Health Secretary to enhance the preparedness and containment of novel Coronavirus (COVID-19). The order has been implemented retrospectively, and is in effect from 17th January 2020.<sup>24</sup> On the same day at a meeting of high level group of Ministers, it was decided that all States/UTs should be advised by the Ministry of Health and Family Welfare (MOHFW) to invoke provisions of Section 2 of the Epidemic Disease Act, 1897 so that all advisories being issued from time to time by the MOHFW/State/UTs are enforceable.<sup>25</sup> In lieu of these legislations, the Government of India has taken stringent steps viz. tightening travel to and from other countries and imposing nationwide lockdown.<sup>21</sup>

The legal framework was also used to regulate both public and

private sector in providing COVID-19 as well as non-COVID essential health services. The Epidemic Diseases Act, 1897 and Disaster Management Act, 2005 were invoked in all states to designate healthcare facilities or earmark beds in existing facilities which would provide treatment to COVID-19 affected patients.<sup>26-29</sup>

### Implementation of other relevant Act

Private healthcare facilities were also necessitated to provide COVID-19 treatment and isolation services in view of stepping up facility preparedness to manage a large number of cases. In order to regulate the high charges for testing and treatment that were levied by the private sector, the Clinical Establishment Regulation Act, 2010 was invoked in various states. This allowed the states to fix the rates for COVID-19 testing and treatment, and in some states eg. Maharashtra, rates were fixed for essential health services also in private facilities, which was to be paid by the patient or the government.<sup>30-33</sup> In some states COVID-19 services were covered under existing or newly approved insurance schemes.<sup>34-36</sup>

### Amendment of the Epidemic Diseases Act, 1897

During the current COVID-19 pandemic, members of healthcare services have been subjected to stigmatization and ostracization and have been targeted and attacked repeatedly, thereby obstructing them from doing their duties. This has deeply hurt their morale and the containment efforts have also suffered. Hence, the Epidemic Diseases Act, 1897, has been amended through promulgation of an Ordinance called Epidemic Disease (Amendment) Ordinance, 2020. In this amendment, after section 2A of the principal Act section 2B has been inserted stating that “no person shall indulge in any act of violence against a healthcare service personnel or cause any damage or loss to any property during an epidemic”. Offences under the Ordinance have been made as cognizable and non-bailable, and liable to punishment with imprisonment and fine.<sup>37</sup>

### GAPS IN THE LEGAL INSTRUMENTS

In absence of an Act specifically to deal with public health emergencies, the colonial law of the pre-independence era, the Epidemic Diseases Act, 1897, was invoked to combat the COVID-19 epidemic in India. This Act was a suitable initiative at the time it was enacted, which was successfully able to control the plague epidemic within Bombay and prevent spread to other parts of the country. However, more than a century later this archaic law seems outdated, inadequate and unethical to address the requirements in public health emergencies of the present day.

Since the time of the Epidemic Diseases Act, 1897, disease dynamics have changed due to increased contact with animals and birds, transition from agrarian to industrial societies, climate changes and loss of ecological balance. Disease transmission has also seen profound changes with

increased international and interstate interaction due to trade and travel, with more of air travel which has no mention in the Act. In addition, there has been existing rural to urban migration that has led to increased density of population in urban areas, favouring communicable disease transmission.<sup>2,38</sup> All these issues find no place in the century-old Act.

Scientific breakthroughs have also happened in the field of vaccines, chemoprophylaxis and treatment. The discipline of public health has evolved and public health measures for disease containment have seen wider ramifications through surveillance, contact tracing and rapid response, in addition to the earlier implemented measures of quarantine and isolation.<sup>2,38</sup> There is no provision in the outdated Act to incorporate these measures.

The Act has also been said to be draconian and was misused at the time of plague epidemic, with gross violation of human right and dignity, as it gave the authorities the right to abuse and humiliate, often with public stripping and violence against women, in the name of efforts for disease identification. It also intruded on privacy and sanctity of the homes with entry even inside kitchen and place of worship, for search.<sup>2,38,39</sup> In the present day with increased concern over human rights, such provisions under this Act are grossly unsuitable. Yet, this century-old law that allows the States to take whatever measures they need to implement to prevent infections, with provision for prosecution in case of violation, is being utilized even to this day.

### SPECIAL LAW FOR COVID-19 PANDEMIC

COVID-19 being a new disease is posing challenges not only in the medical field for want of vaccines, prophylaxis and treatment, but also for other aspects of life especially in the social and economic sectors, across the world. The existing laws mainly focus on the public health measures required to be implemented for containing the disease. However, COVID-19 has impacted life of the population in an unprecedented gigantic scale not experienced ever. This calls for devising new strategies to deal with the disease and its severe impact. Several countries have enacted special laws to address these problems. However, no special law has been designed in India.

#### United Kingdom – UK Coronavirus Act 2020 and The Health Protection (Coronavirus) Regulations 2020

The Health Protection (Coronavirus) Regulations 2020, which are applicable to England only, came into place on 10th February 2020, as a statutory instrument under the Public Health Act 1984. The UK Coronavirus Act 2020 applies to the whole of England, Wales, Scotland and Northern Ireland and came into force on 25th March 2020. These legislations will be applicable initially for a period of two years and may be extended thereafter if required.<sup>40,41</sup>

These legislations invite voluntary participation of health care and social workers, with incentives of leave and payment. In addition to all public health measures required for containing the disease, it protects the patients, general public, ensures

food supply chain and has also made modification in the existing Mental Health Act.<sup>40,41</sup>

#### **Ireland – Emergency Measures in the Public Interest (Covid-19) Act, 2020**

It came into force on 13th March 2020. In addition to planning and development for the emergency situation caused by COVID-19, this Act amends the Mental Health Act 2001 to protect the rights of patients of psychiatry, which might otherwise be hampered during the public health emergency. It outlines the responsibilities of psychiatrists and gives power to the Mental Health Commission to appoint tribunals to attend to the interests of the patients. It also amends certain other Acts regulating health and social care professions.<sup>42</sup>

Philippines – Implementing Rules and Regulations of Section 4(aa) of Republic Act No. 11469, otherwise known as the “Bayanihan to Heal as One Act”

In view of the severe disruption to economy and loss of lives due to COVID-19, these Rules were brought on 16th March 2020, to undertake a program for recovery and rehabilitation, including a social amelioration program and provision of safety nets to all affected sectors; partner with the private sector and other stakeholders to deliver these measures and programs quickly and efficiently; promote and protect the collective interests of all Filipinos, in these challenging times.<sup>43</sup>

#### **United States of America – Families First Coronavirus Response Act**

This is a consolidated legislation enacted in the United States of America on 18th March 2020, for making emergency supplemental appropriations for the fiscal year ending 30th September 2020.<sup>44</sup>

The Act has eight divisions titled as Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; Nutrition Waivers; Emergency Family and Medical Leave Expansion Act; Emergency Unemployment Insurance Stabilization and Access Act of 2020; Emergency Paid Sick Leave Act; Health Provisions; Tax Credits for Paid Sick and Paid Family and Medical Leave; Budgetary Effects.<sup>44</sup>

#### **Australia – COVID-19 Legislation Amendment (Emergency Measures) Act, 2020**

This is an Act to amend a number of Acts to implement emergency measures as a result of the COVID-19 pandemic, adopted on 25th March 2020. This Act has two schedules. Schedule 1 is Amendment of Criminal Procedure Act 1986 and Schedule 2 is Amendment of other Acts.<sup>45</sup>

The purpose of Schedule 1 is to enable criminal trials in the State to be conducted in an appropriate way during the public health emergency caused by the COVID-19 pandemic. Schedule 2 is for bringing about situation-specific changes in other Acts for the purpose of protection of children, workers, mental health patients etc. and for exercise of public health functions.<sup>45</sup>

#### **Hungary – Act XII of 2020 on the Containment of Coronavirus**

This Act, which came in force on 31st March 2020, was adopted to enable the Government to take all extraordinary measures necessary for prevention of the COVID-19 epidemic and for the elimination of its consequences. It calls for joint action and the committed work of healthcare workforce, law enforcement and everyone else involved. It grants authorization to the Government to extend the applicability of its decrees adopted during this period and determines the framework for this authorization.<sup>46</sup>

#### **Singapore – The COVID-19 (Temporary Measures) Act, 2020**

This was published in the Government Gazette on 7th April 2020. In addition to public health measures, this Act includes relief measures for inability to perform contracts for various types of commercial activities. The Act also provides remission in property tax, which has to be passed on to the tenant.<sup>47</sup>

#### **CONCLUSION**

With the onset of the pandemic, India has taken pre-emptive and pro-active measures, even before the first case occurred in the country. To exercise the legislative powers, the Government of India invoked two existing laws, the Epidemic Diseases Act 1897 and the Disaster Management Act 2005. While the former lays down the public health measures required to be implemented the latter gives the authorities the power to do so. Using both the laws together is an innovative and comprehensive way to deal with the situation.

However, the century old Epidemic Diseases Act is inadequate and outdated, and therefore does not address the situation in the present context. Hence, there is urgent need of revising the Act. Also, instead of multiple Acts, there can be one single Act for integrated, holistic and comprehensive actions for combating the disease. To address situation-specific issues and consequences, a special Act can also be designed and adopted by India, as has been done by many other countries.

#### **References:**

1. WHO. Advancing the right to health: The vital role of law. 2017. World Health Organization.
2. Patro BK, Tripathy JP, Kashyap R. Epidemic diseases act 1897, India: Whether sufficient to address the current challenges? Journal of Mahatma Gandhi Institute of Medical Sciences 2013; 18(2):109-11.
3. WHO Timeline – COVID-19 [Internet]. World Health Organization, Geneva; 2020 Apr 27. [Cited 2020 May 03] Available from <https://www.who.int/news-room/detail/08-04-2020-who-timeline---covid-19>
4. WHO. Naming the coronavirus disease (COVID-19) and the virus that causes it [Internet]. World Health Organization, Geneva. [Cited 2020 May 03] Available from [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)
5. WHO. Coronavirus disease (COVID-2019) Situation Report – 37 [Internet]. World Health Organization, Geneva; 2020 Feb 26. [Cited 2020 May 03] Available from

- [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200226-sitrep-37-covid-19.pdf?sfvrsn=2146841e\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200226-sitrep-37-covid-19.pdf?sfvrsn=2146841e_2)
6. WHO. Coronavirus disease (COVID-2019) Situation Report – 156 [Internet]. World Health Organization, Geneva; 2020 Jun 24. [Cited 2020 Jun 25] Available from [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200624-covid-19-sitrep-156.pdf?sfvrsn=af42e480\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200624-covid-19-sitrep-156.pdf?sfvrsn=af42e480_2)
  7. WHO/India. Novel Coronavirus (2019-nCoV) Situation Report – 1 [Internet]. World Health Organization, India; 2020 Jan 31. [Cited 2020 May 03] Available from [https://www.who.int/docs/default-source/wrindia/india-situation-report-1.pdf?sfvrsn=5ca2a672\\_0](https://www.who.int/docs/default-source/wrindia/india-situation-report-1.pdf?sfvrsn=5ca2a672_0)
  8. WHO/India. Novel Coronavirus (2019-nCoV) Situation Report – 6 [Internet]. World Health Organization, India; 2020 Mar 9. [Cited 2020 May 03] Available from [https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-6606711da860b4d38b266c91265952977.pdf?sfvrsn=2f6c5c95\\_2](https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-6606711da860b4d38b266c91265952977.pdf?sfvrsn=2f6c5c95_2)
  9. MOHFW. COVID-19 INDIA [Internet]. Ministry of Health and Family Welfare, Government of India; 2020 Jun 25. [Cited 2020 Jun 25] Available from <https://www.mohfw.gov.in/>
  10. Fee E, Brown TM. The Public Health Act of 1848. *Bulletin of the World Health Organization* 2005;83(11):866-7.
  11. Howard-Jones N. The scientific background of the International Sanitary Conferences 1851-1938. *History of International Public Health: 1975* [Internet]. World Health Organization, Geneva. [Cited 13 Jun 2020] Available from [https://apps.who.int/iris/bitstream/handle/10665/62873/14549\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/62873/14549_eng.pdf?sequence=1)
  12. International Health regulations (2005), 2nd edition [Internet]. World Health Organization.[Cited 13 Jun 2020] Available from <https://www.who.int/ihr/publications/9789241580496/en/>.
  13. Mushtaq MU. Public Health in British India: A Brief Account of the History of Medical Services and Disease Prevention in Colonial India. *Indian Journal of Community Medicine* 2009;(34(1): 6-14.
  14. The Epidemic Diseases Act, 1897, (No. 3 of 1897), 4th February 1897 [Internet]. Ministry of Health and Family Welfare, Government of India. [Cited 13 Jun 2020] Available from <https://main.mohfw.gov.in/sites/default/files/1625462448.pdf>
  15. The Disaster Management Act, 2005, (No. 53 of 2005), 23rd December 2005 [Internet]. Ministry of Health and Family Welfare, Government of India. [Cited 13 Jun 2020] Available from <http://legislative.gov.in/sites/default/files/A2005-53.pdf>
  16. NDMA Guidelines [Internet]. National Disaster Management Authority, Government of India. [Cited 13 Jun 2020] Available from <https://ndma.gov.in/en/ndma-guidelines.html>
  17. Model Public Health Act, 1955 [Internet]. Central Bureau of Health Intelligence, Ministry of Health & Family Welfare, Government of India.[Cited 13 Jun 2020]. [http://www.cbhidghs.nic.in/WriteReadData/l892s/Draft%20Model%20Public%20Health%20Act%20\(1\).pdf](http://www.cbhidghs.nic.in/WriteReadData/l892s/Draft%20Model%20Public%20Health%20Act%20(1).pdf)
  18. MOHFW. Public Health Bill, 2017 [Internet]. Public Health Division, Ministry of Health & Family Welfare, Government of India. [Cited 13 Jun 2020] Available from <https://www.prsindia.org/uploads/media/draft/Draft%20PHPCM%20of%20Epidemic,%20Bio-Terrorism%20and%20Disasters%20Bill,%202017.pdf>
  19. WHO/India. Novel Coronavirus (2019-nCoV) Situation Report – 7 [Internet]. World Health Organization, India; 2020 Mar 14. [Cited 2020 Jun 13] Available from [https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-7.pdf?sfvrsn=cf4a7312\\_2](https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-7.pdf?sfvrsn=cf4a7312_2)
  20. PIB. India's response to COVID outbreak. Press Information Bureau, Ministry of Information and Broadcasting, Government of India; 2020 March 28 [Internet]. [Cited 2020 May 03] Available from <https://pib.gov.in/PressReleasePage.aspx?PRID=1608727>
  21. MOHFW. Summary of guidelines COVID-19. Ministry of Health and Family Welfare, Government of India.
  22. WHO. International public health hazards: Indian legislative provisions. South East Asia Regional office, World Health Organization 2015.
  23. Website [Internet]. National Centre for Disease Control, Ministry of Health and Family Welfare. [Cited 2020 May 03] Available from [ncdc.gov.in](http://ncdc.gov.in)
  24. MHA. Order F.NO.40-2/2020-DM-I (A), dated 11th March 2020 [Internet]. Ministry of Home Affairs (Disaster Management Division), Government of India. [Cited 2020 May 03] Available from <https://www.mohfw.gov.in/pdf/disastermanagementact.pdf>
  25. MOHFW. High level group of Ministers reviews current status, and actions for prevention and management of COVID-19, Press release 2020 March 11 [Internet]. Ministry of Health and Family Welfare, Government of India. [Cited 2020 May 03] Available from <https://pib.gov.in/PressReleasePage.aspx?PRID=1606050>
  26. Government circular (printed): Directorate of medical and health services, Uttar Pradesh. Circular no. 1131/5-5-2020 dated 20th May 2020. Lucknow;2020. [Cited 2020 June 24] Available from <http://dgmhup.gov.in/DocumentsCovid19/1131-PVTHOSPITAL-4.pdf>
  27. Government circular (printed): Medical, health and family welfare department, Government of Rajasthan. Circular no. P1(1)CHISWA/group-2/2020 dated 27th March 2020. Jaipur;2020. [Cited 2020 June 24] Available from <http://www.rajswashya.nic.in/PDF/2020%20Circular%20P1%20CHISWA%20group-2%202020.pdf>

- 20Dt.%2027.03.2020%20COVID-19.pdf
28. Government circular (printed): Health and family welfare department, GNCT of Delhi. Circular number 52/DGHS/PH-IV/COVID-19/2020/pesecyhw/6244-6261 dated 30th April 2020. New Delhi;2020. [Cited 2020 June 24] Available from <http://health.delhigovt.nic.in/wps/wcm/connect/222c64804e1e41a8bfb8ffd194e333e1/GOVT+HOSP.pdf?MOD=AJPERES&lmod=-826499128 &CACHEID=222c64804e1e41a8bfb8ffd194e333e1>
  29. Compendium of instructions/COVID-19 management and preparedness. Department of health and family welfare, Government of Andhra Pradesh; 2020. [Cited 2020 June 24] Available from <https://nidm.gov.in/covid19/PDF/covid19/state/Andhra%20Pradesh/5.pdf>
  30. Government circular (printed): Public health department, Government of Maharashtra. Circular no. Corona-2020/C.R.97/Aro-5 dated 21st May 2020. Mumbai;2020. [Cited 2020 June 24] Available from [https://www.maharashtra.gov.in/Site/Upload/Acts%20Rules/Marathi/Restriction%20of%20Charges%20by%20Pvt%20Hospital%20RevisedFinal1%20\(1\).pdf](https://www.maharashtra.gov.in/Site/Upload/Acts%20Rules/Marathi/Restriction%20of%20Charges%20by%20Pvt%20Hospital%20RevisedFinal1%20(1).pdf)
  31. Government order (printed): Health and family welfare (EAPI-1) department, Government of Tamil Nadu. Order no. G.O.(Ms).No.240 dated 5th June 2020. [Cited 2020 June 24] Available from [https://cms.tn.gov.in/sites/default/files/go/hfw\\_e\\_240\\_2020.pdf](https://cms.tn.gov.in/sites/default/files/go/hfw_e_240_2020.pdf)
  32. Government order (printed): Health medical and family welfare (D) department, Government of Telangana. Order no. G.O.Rt.No.248 dated 15th June 2020. [Cited 2020 June 24] Available from <https://covid19.telangana.gov.in/wp-content/uploads/2020/06/COVID-19-GO-No-248.pdf>
  33. Government circular (printed): Health and family welfare department, Government of West Bengal. Circular no. HF/SPSRC/20/2020/File No.HFW-14099/3/2020-SPSRC SEC-Dept. of H&FW dated 22nd April 2020. [Cited 2020 June 24] Available from [https://www.wbhealth.gov.in/uploaded\\_files/corona/Notification\\_regarding\\_Fees\\_of\\_COVID\\_Hospitals.pdf](https://www.wbhealth.gov.in/uploaded_files/corona/Notification_regarding_Fees_of_COVID_Hospitals.pdf)
  34. Government circular (printed):Circular no. 40/2020/79/1927 dated 18th June 2020. Raipur;2020.
  35. Government order (printed): Health and family welfare (EAPI-1) department, Government of Tamil Nadu. Order no. G.O.(Ms).No.240 dated 5th June 2020. [Cited 2020 June 24] Available from [https://cms.tn.gov.in/sites/default/files/go/hfw\\_e\\_240\\_2020.pdf](https://cms.tn.gov.in/sites/default/files/go/hfw_e_240_2020.pdf)
  36. Government order (printed): Health, medical and family welfare (B2) department, Government of Andhra Pradesh. Order no. G.O.RT.No.215 dated 24th March 2020. [Cited 2020 June 24] Available from <http://www.yssaarogyasri.ap.gov.in/documents/10181/0/COVIDRT215/a8c25864-b105-4919-a241-b8535a24c55c>
  37. Epidemic Disease (Amendment) Ordinance 2020. No 5 of 2020, 22 April 2020. Ministry of Law and Justice, Government of India.<http://egazette.nic.in/WriteReadData/2020/219108.pdf>
  38. Rakesh PS. The Epidemic Diseases Act of 1897: public health relevance in the current scenario. *Indian J Med Ethics*. 2016 Jul-Sep;1(3) NS:156-60.
  39. Tanwar P, Pandey S. Epidemic Disease Act, 1897: 123 year old weapon against Corona [Internet]. *Indian Journal of Law and Public Policy*. [Cited 2020 Jun 13] Available from <https://ijlpp.com/epidemic-disease-act-1897-123-year-old-weapon-against-corona/>
  40. The Health Protection (Coronavirus) Regulations 2020 [Internet]. Department of Health and Social Care, Government of UK. [Cited 2020 Jun 13] Available from <http://www.legislation.gov.uk/uksi/2020/129/made>
  41. UK Coronavirus Act 2020 [Internet]. Government of UK. [Cited 2020 Jun 13] Available from <http://www.legislation.gov.uk/ukpga/2020/7/enacted>
  42. Emergency Measures in the Public Interest (Covid-19) Act, 2020 [Internet]. Government of Ireland. [Cited 2020 Jun 13] Available from <http://www.irishstatutebook.ie/eli/2020/act/2/enacted/en/html>
  43. Implementing Rules and Regulations of Section 4(aa) of Republic Act No. 11469, otherwise known as the “Bayanihan to Heal as One Act” [Internet]. Official Gazette, Government of Philippines. [Cited 2020 Jun 13] Available from <https://www.officialgazette.gov.ph/downloads/2020/03mar/20200401-IRR-RA-11469-RRD.pdf>
  44. Families First Coronavirus Response Act [Internet]. 116th Congress, Government of USA. [Cited 2020 Jun 13] Available from <https://www.congress.gov/bill/116th-congress/house-bill/6201/text>
  45. COVID-19 Legislation Amendment (Emergency Measures) Act, 2020 [Internet]. Legislative Assembly, New South Wales, Government of Australia. [Cited 2020 Jun 13] Available from <https://legislation.nsw.gov.au/acts/2020-1.pdf>
  46. Act XII of 2020 on the containment of coronavirus [Internet]. Ministry of Justice, Government of Hungary. [Cited 2020 Jun 13] Available from [http://njt.hu/translated/doc/J2020T0012P\\_20200331\\_FIN.pdf](http://njt.hu/translated/doc/J2020T0012P_20200331_FIN.pdf)
  47. The COVID-19 (Temporary Measures) Act, 2020 [Internet]. Ministry of Health, Republic of Singapore. [Cited 2020 Jun 13] Available from <https://www.moh.gov.sg/docs/librariesprovider5/pressroom/press-releases/annex-for-notification-8-apr-2020.pdf>

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