

2. Right to Health

Prelims Syllabus: Policies

Mains Syllabus: GS-II Government policies and interventions for development in various sectors and issues arising out of their design and implementation.



Why in News?

- Recently, the Rajasthan Government has passed the Right to Health Bill, which gives every resident of the state the right to avail free services at all public health facilities.

What are the Key Features of the Bill?

- Free healthcare services, including consultation, drugs, diagnostics, emergency transport, procedure and emergency care, will be provided at all public health institutions and select private facilities subject to conditions specified in the rules.
- The Bill makes it mandatory for the hospitals to provide treatment in emergency cases without waiting for medico-legal formalities and give medicines and transport facilities without charging money.
- The implementation of the law is expected to do away with out-of-pocket expenditure and bring transparency and accountability within the health care system.

What is the Right to Health?

- Right to health refers to and means the most attainable levels of health that every human being is entitled to.

- The origin of the right to health dates as far back as 1946 when the first international organization, World Health Organisation (WHO) came into existence to formulate health terms as human rights.
- The right to health is an essential component of human dignity, and it is the responsibility of governments to ensure that this right is protected and promoted for all individuals, regardless of their gender, race, ethnicity, religion, or socioeconomic status.
- Part IV of the Constitution under the Directive Principles of State Policy (DPSP) ensures social and economic justice to its citizens. Therefore, Part IV of the Constitution directly or indirectly relates to public policy in terms of health.

Related Provisions in India:

- **International Conventions:** India is a signatory of the Article 25 of the Universal Declaration of Human Rights (1948) by the United Nations that grants the right to a standard of living adequate for the health and well-being to humans including food, clothing, housing and medical care and necessary social services.
- **Fundamental Rights:** Article 21 of the Constitution of India guarantees a fundamental right to life & personal liberty. The right to health is inherent to a life with dignity.
- **DPSP:** Articles 38, 39, 42, 43, & 47 put the obligation on the state in order to ensure the effective realization of the right to health.
- **Judicial Pronouncements:** Supreme Court in Paschim Banga Khet Mazdoor Samity case (1996) held that in a welfare state, the primary duty of the government is to secure the welfare of the people and moreover it is the obligation of the government to provide adequate medical facilities for its people.
- Also, in its landmark judgment in Parmanand Katara Vs Union of India (1989), Supreme Court had ruled that every doctor whether at a government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life.

Significance:

- **Right Based Healthcare Services:** The people are entitled to the right to health, and it creates a compulsion for the government to take steps toward this.
- **Wide Access to Health Services:** Enables everyone to access the services and ensures that the quality of those services is good enough to improve the health of the people who receive them.

- **Reduce Out of Pocket Expenditure:** Protects people from the financial consequences of paying for health services out of their own pockets and reduces the risk of people getting pushed into poverty.

What are the Challenges Related to Right to Health in India?

Inadequate Healthcare Infrastructure:

- Despite recent improvements, India's healthcare infrastructure remains inadequate, particularly in rural areas.
- India has 1.4 beds per 1,000 people, 1 doctor per 1,445 people, and 1.7 nurses per 1,000 people. Over 75% of the healthcare infrastructure is concentrated in metro cities, where only 27% of the total population resides—the rest 73% of the Indian population lack even basic medical facilities.

High Disease Burden:

- India has a high burden of communicable and non-communicable diseases, including tuberculosis, HIV/AIDS, malaria, and diabetes.
- Addressing these diseases requires significant investment in healthcare infrastructure and resources.
- According to a report by Frontiers in Public Health, more than 33% of the individuals are still suffering from infectious diseases out of the total ailing population in India.
- The per capita out-of-pocket (OOP) expenditure on infectious diseases is INR 7.28 and INR 29.38 in inpatient and outpatient care, respectively.

Gender Disparities:

- Women in India face significant health disparities, including limited access to healthcare, higher rates of maternal mortality, and gender-based violence.
- According to the World Economic Forum 2021, India consistently ranks among the five worst countries in the world for the health and survival of females.
- Women from poor households account for over 2,25,000 lesser hospital visits than men between 2017 and 2019 for nephrology, cardiology, and oncology services alone,

Limited Health Financing:

- India's health financing system is limited, with low levels of public spending on healthcare. This limits the government's ability to invest in healthcare infrastructure and resources, and it can lead to inadequate healthcare services for individuals.

- Government of India spent 2.1% of GDP on healthcare in FY23. This is much lower than the average health spending share of the GDP — at around 5.2% — of the Lower- and Middle-Income Countries (LMIC).

Way Forward:

- India needs to significantly increase its investment in healthcare infrastructure and resources, including medical facilities, equipment, and healthcare professionals. This can be achieved through increased public spending on healthcare and increased private sector investment.
- To improve access to healthcare, India needs to address the barriers that prevent individuals from accessing healthcare services, including financial constraints, transportation, and discrimination.
- This can be achieved through targeted policies and programs, such as health insurance schemes and mobile healthcare units.
- There is a need to create a designated and autonomous agency to perform the functions of disease surveillance, information gathering on the health impact of policies of key non-health departments, maintenance of national health statistics, enforcement of public health regulations, and dissemination of information to the public.