6. Right to Health- Polity

National Convention on Health Rights will be held in New Delhi on December 11–12, 2025, coinciding with Human Rights Day (December 10) and Universal Health Coverage Day (December 12).

About National Convention on Health Rights

It is a major national mobilisation in India organised by the Jan Swasthya Abhiyan (JSA) and its allies. Its main purpose is to strengthen the movement for health as a fundamental human right and demand universal, equal, and dignified healthcare for all citizens. This year marks the 25th anniversary of JSA's work in advancing pro-people health policies across India.

About Human Rights Day (December 10)

Human Rights Day marks the adoption of the Universal Declaration of Human Rights (UDHR) in 1948. It highlights universal values of dignity, equality, and justice, and reminds governments of their duty to protect fundamental rights such as life, liberty, freedom of expression, and non-discrimination.

About Universal Health Coverage (UHC) Day (December 12)

UHC Day commemorates the UN's 2012 resolution calling for Universal Health Coverage—ensuring quality healthcare, financial protection, and equity for all without discrimination.
It stresses that access to health services must be affordable, inclusive, and rights-based, with no one pushed into poverty due to medical costs.

Conceptual and International Foundations of the Right to Health

International Recognition- The Right to Health is firmly rooted in international human rights law. It is explicitly recognised in

1. **Article 25 of the Universal Declaration of Human Rights (UDHR)** – affirms the right to a standard of living adequate for health and well-being.
2. **Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)** – recognises "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health". India, as a signatory to the ICESCR, has a binding obligation to progressively realise this right using maximum available resources.

Holistic Understanding of Health

International instruments adopt a holistic and determinants-based approach, recognising that health depends on

1. Safe drinking water and sanitation
2. Nutritious food and food security
3. Adequate housing
4. Clean environment and pollution-free air
5. Access to healthcare services

Health is thus not confined to hospitals or doctors, but embedded in broader socio-economic and environmental conditions.

Conceptualisation of Health and the Right to Health

The Constitution of the World Health Organization (1946) defines health as "A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."
The WHO clarifies thatThe Right to Health is not a right to be healthy. It is a right to fair opportunities and conditions that enable individuals to achieve the highest attainable standard of health. This places a positive obligation on the State to Ensure accessible, affordable, acceptable, and quality health systems. Address social and economic inequalities affecting health outcomes.

Determinants of Good Health

Socio-Economic Determinants

Income and Social Status- Higher income correlates strongly with better nutrition, healthcare access, and longevity.

Education- Low education levels are associated with poor health literacy, stress, and vulnerability.

Employment and Working Conditions- Secure employment with humane working conditions improves both physical and mental health.
Social Support Networks- Family and community support enhance resilience and recovery.
Physical and Environmental Determinants
Safe Water and Sanitation- Core prerequisites for preventing communicable diseases.
Housing and Food Security- Overcrowding and malnutrition directly impact morbidity and mortality.
Clean Air and Climate Stability- Pollution and climate change increase NCDs, respiratory illnesses, and heat-related mortality.
Individual Characteristics and Behaviour
Genetics- Predisposition to certain diseases.
Lifestyle Choices- Diet, physical activity, tobacco and alcohol use, stress management.
Health Services
Availability and Quality of Services- Preventive, promotive, curative, rehabilitative, and palliative care. Health services are important but only one determinant among many.

Core Components of the Right to Health (AAAQ Framework)

Availability- Sufficient number of

1. Public health institutions
2. Trained medical personnel
3. Essential medicines and diagnostics

Accessibility
Non-discrimination- Priority to vulnerable and marginalised groups.
Physical Accessibility- Geographical reach, especially in rural and remote areas.
Economic Accessibility (Affordability)- Healthcare must not cause financial distress. Directly addresses Out-of-Pocket Expenditure (OOPE).
Information Accessibility- Right to seek, receive, and impart health-related information.
Acceptability- Ethical, culturally appropriate, and gender-sensitive care. Respect for

1. Patient dignity
2. Confidentiality
3. Informed consent

Quality- Scientifically appropriate care. Skilled professionals, safe equipment, essential drugs, and hygienic facilities.

Constitutional and Legal Basis of the Right to Health in India

Article 21 – Judicial Expansion- The Supreme Court of India has interpreted the Right to Life to include

1. Right to health
2. Right to medical care
3. Right to emergency treatment

Directive Principles of State Policy (DPSPs)
Article 38 & 39(e)- Welfare of people and protection of workers' health.
Article 42- Maternity relief and humane working conditions.
Article 47- Primary duty of the State to improve nutrition, living standards, and public health.
Article 48A- Protection of environment as a prerequisite for health.

Landmark Judicial Pronouncements

Parmanand Katara v. Union of India (1989)- Immediate medical aid is mandatory regardless of legal or procedural formalities.
Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996)- Failure of the State to provide timely medical treatment violates Article 21.
Sukdeb Saha v. State of Andhra Pradesh (2025)- Explicit recognition of the Right to Mental Health as part of Article 21.

Key Health Statistics- India's Health Profile

Life Expectancy- ~70.8 years; below global average.

Infant Mortality Rate (IMR)- 26 per 1,000 live births – significant decline.
Maternal Mortality Ratio (MMR)- 103 per lakh live births (SRS 2020–22); strong progress but inter-state disparities persist.
Child Malnutrition- Stunting- ~35.5%, Wasting- ~18.7% (among the highest globally).
Disease Burden- NCDs account for ~63–65% of deaths.
Doctor–Population Ratio- 1-811 (on paper), but severe rural–urban imbalance.
Financial Protection- OOPE still ~39.4% of Total Health Expenditure. Over 55 million Indians pushed into poverty annually due to health expenses.

Importance of the Right to Health in India

Ensuring Human Dignity and Social Justice- Health is foundational to dignity and meaningful participation in society. Right to Health mandates need-based access, not wealth-based access. Compels focus on

1. Poor
2. Dalits
3. Adivasis
4. Informal workers

Preventing Medical Poverty- High OOPE is a major driver of poverty. A legal right would

1. Guarantee free essential services.
2. Reduce dependence on expensive private care.

Strengthening Public Healthcare- Legal enforceability compels

1. Higher public spending.
2. Better infrastructure and staffing.

Improves trust in government hospitals, relied upon by over 80 crore people.
Accountability and Regulation- Converts welfare schemes into legal entitlements. Enables citizens to seek judicial remedies. Provides strong constitutional basis to regulate private healthcare providers.

Major Health Initiatives Supporting the Right to Health

1. **National Health Policy, 2017**- Target GHE at 2.5% of GDP; focus on primary care.
2. **Ayushman Bharat – PM-JAY**- ₹5 lakh cover for secondary and tertiary care.
3. **Health & Wellness Centres (Ayushman Arogya Mandirs)**- Comprehensive primary care.
4. **National Health Mission**- Maternal, child health, and disease control.
5. **PM-ABHIM**- Health infrastructure and pandemic preparedness.
6. **Tele MANAS**- Nationwide mental health access.
7. **Swachh Bharat Abhiyan**- Addressing sanitation as a health determinant.

Key Global Health Frameworks

1. **ICESCR (Article 12)** – Legal obligation to progressively realise the Right to Health.
2. **UDHR (Article 25)** – Foundational human rights principle.
3. **SDG 3** – Universal Health Coverage and financial risk protection.
4. **Alma-Ata Declaration (1978)** – Primary Health Care as the core strategy.
5. **GAVI & Global Fund** – Access to vaccines and infectious disease control.

Challenges in Realising the Right to Health in India

1. **Federal Constraint**- Health is a State List subject.
2. **Low Public Spending**- GHE below 2% of GDP.
3. **High OOPE**- Especially for outpatient care and medicines.
4. **Unregulated Private Sector**- Weak enforcement of Clinical Establishments Act.
5. **Medicine Pricing**- Majority of drugs outside price control.
6. **Social Discrimination**- Unequal access for marginalised groups.
7. **Implementation Gaps**- Resistance faced by Rajasthan Right to Health Act (2023).

8. **Rural Infrastructure Deficit**- Violates accessibility and availability principles.

Way Forward

Legislative and Governance Reforms- Enact a Central Right to Health Act. Consider moving Health to the Concurrent List. Legally define a Universal Essential Health Package (EHP). Strengthen regulation of private healthcare.

Financial and Systemic Reforms- Increase GHE to 2.5% of GDP. Expand coverage to outpatient care. Remove GST on essential medicines and diagnostics. Strengthen public sector drug production.

Technology and Holistic Approach- Use AI and digital health to bridge rural–urban gaps. Integrate mental health into primary care. Address climate and environmental determinants of health.

Conclusion

The Right to Health, derived from Article 21, represents a constitutional promise of dignity, equity, and justice. However, without statutory backing, adequate financing, and systemic reform, it remains unevenly realised. Transforming this right into a legally enforceable entitlement, anchored in strong public health systems and an Essential Health Package, is essential to ensure healthcare for people, not for profit.

Source- https-//www.thehindu.com/opinion/op-ed/charting-an-agenda-on-the-right-to-health/article70377433.ece