



## Demand for Right to Health

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### Why in News

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Recently, the demand for the enactment of a legislation on the **right to health** has been revived in Rajasthan.

The health activists have affirmed that the law would streamline medical services and guarantee the availability of essential facilities to citizens.

### Key Points

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- **About:**

- **Right to Health:** The right to health, as with other rights, includes both freedoms and entitlements:
  - Freedoms include the **right to control one's health and body** (for example, sexual and reproductive rights) and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation).
  - Entitlements include the **right to a system of health protection** that gives everyone an equal opportunity to enjoy the highest attainable level of health.
- **Significance:**
  - The people are entitled to the right to health and it **puts a compulsion for the government** to take steps toward this.
  - **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.
  - **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.
- **Challenges:**
  - The **existing public primary health care** model in the country is **limited in scope**.

Even where there is a well-functioning public primary health centre, only **services related to pregnancy care, limited childcare** and certain services related to **national health programmes** are provided.
  - Expenditure on **public health funding** has been consistently low in India (approximately 1.3% of GDP).
    - As per **OECD**, India's total **out-of-pocket expenditure** is around 2.3% of GDP.
    - The government is committed to spend 2.5% of GDP on health by 2025.
  - **Sub-optimal health system**. Due to this, it is challenging to tackle **Non-communicable Diseases**, which is all about prevention and early detection.

It diminishes preparedness and effective management for new and emerging threats such as pandemic like Covid-19.

- **Obligations of Government:**

- **Constitutional:**

- **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.
- **Directive Principles of State Policy (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:**

- The **Supreme Court** in ***Paschim Bangal 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.
- In ***Parmanand Katara Vs Union Of India (1989)*** judgement, the 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.

- **International Commitments:**

**Universal Declaration of Human Rights:** India is a signatory of the Article 25 of the **Universal Declaration of Human Rights (1948)** by the United Nations.

It grants the right to a standard of living adequate for the health and well-being of humans including food, clothing, housing and medical care and necessary social services.

## Way Forward

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- The **health should be shifted to the Concurrent list of the seventh schedule under the Constitution**. Presently, 'Health' is under the State List.
- There is a need for a **Developmental Finance Institution (DFI)** dedicated to healthcare investments.
- A **comprehensive public health legislation** incorporating the right to health may be passed by the Parliament.
- 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.

**Source: TH**