



Right to Health

Why in News

Recently, the Chief Minister of Rajasthan announced the implementation of the **Rajasthan Model of Public Health** that would include a **Right to Health** as well as measures for preventive, primary and curative care as envisioned by the [World Health Organisation \(WHO\)](#).

Key Points

▪ Rajasthan Model of Public Health:

- The **Mukhya Mantri Chiranjeevi Yojana** will also be launched as a **Universal Health Care scheme** as part of measures to reinforce health infrastructure and ensure accessibility to all citizens.
 - The scheme stipulates cashless health services up to **Rs. 5 lakh to every family in the State.**
- The **Indian Institute of Health Management Research (IIHMR)** has recommended **setting of standards** in accordance with the resources available in the State to **match with the rights of patients as well as the service providers.**
 - The **Indian Public Health Standards (IPHS)** set by the Union government, have also been revised keeping in view the changing protocols of the existing programmes.

Indian Public Health Standards

- **IPHS** are a set of uniform standards envisaged to improve the quality of health care delivery in the country.
 - The IPHS documents have been revised keeping in view the changing protocols of the existing programmes and introduction of new programmes especially for Non-Communicable Diseases.
 - Flexibility is allowed to suit the diverse needs of the States and regions.
 - The IPHS guidelines act as the main driver for continuous improvement in quality and serve as the benchmark for assessing the functional status of health facilities.
 - States and UTs adopt these IPHS guidelines for strengthening the Public Health Care Institutions.
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- **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.
 - **Provisions Related to Right to Health 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.
- **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 right to health.
- **Judicial Pronouncements:** Supreme Court in **Paschim Bangal Khet Mazdoor Samity case (1996)** held that in a welfare state, 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 of Right to Health for India:**

- **Right Based Healthcare Services:** The people are entitled to the right to health and it puts 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.

▪ **Challenges:**

- **Lack of Primary Healthcare Services:** 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.
- **Inadequate Funding:** 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.
- **Sub-optimal Public 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.

Way Forward

- **More Funding:** Public funding on health should be increased to at least 2.5% of GDP as envisaged in the **National Health Policy, 2017**.
- A comprehensive **public health legislation** incorporating the right to health may be passed by the Parliament.
- **Creating a Nodal Health Agency:** There is 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.

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