The Right To Health

(Mains GS 2: Government interventions and policies & Issues related to Health)

Context:

- Rajasthan government in its state budget for 2021, announced the 'Rajasthan Model of Public Health' (RMPH), wherein a Right to Health Bill will be brought.
- State will take measures towards Preventive Care, Primary Care and Curative Care as envisioned by the World Health Organisation (WHO).
- It sought to guarantee quality healthcare to all citizens, without any "catastrophic" out of pocket financial burden on them.

Discourse on health as human right:

- In 1947, post-colonial India set off with the ambition of building a modern state on the principles of equality where citizens, by virtue of their birth in the country, would be entitled to a life of dignity.
- While the Constitution provided the rights to life, liberty, nutritional standards and maternity care, it did not explicitly state health as a fundamental right.
- Access to good quality healthcare was, and continues to be, a privilege, enjoyed by those fulfilling conditions of wealth, location and social status.
- This was so despite India being a signatory to the WHO's Constitution of 1946 which envisaged the ideal of ensuring "the highest attainable standard of health as a fundamental right of every human being" by allocating the "maximum available resources".
- The discourse on health as a human right was amplified when the HIV/AIDS pandemic led to the creation of global civil society coalitions that pressured governments to make HIV treatment and sexual freedoms fundamental to human rights

- In the last decade, the increasing cost of care and consequent impoverishment of those seeking medical treatment added momentum to the debate by demanding universal health coverage (UHC) to build societal resilience to the devastating impacts of ill health.

Convergence of universal health programme:

- UHC (Universal Health Coverage) is based on the principle of equality and non-denial of care on grounds of affordability, thus the two ideas of health as a human right and UHC converged.
- To be translated into state policy health as human right and UHC need to create a "legal obligation to ensure access to timely, acceptable and affordable healthcare of appropriate quality.
- It also need to ensure the underlying determinants of health such as safe potable water, as it included in the 2015 Sustainable Development Goals (SDG) to be realised by 2030.

Barriers to universalizing health in India:

- Given the compulsions of addressing multiple development challenges, "allocating the maximum available resources" for health has always been a major issue.
- Public health spending as a percentage of GDP has hovered around an average of 1 per cent against the global average of 8 per cent, constraining the building of a rights-based healthcare system.
- In 2018, India's public health spending as a percentage of total health expenditures was 26.95 per cent, against the global average of 59.54 per cent with just 20 countries spending less than India.
- At 62.67 per cent out-of-pocket expenditure on health, such spending in India was the 13th highest in the world.
- **Other** key barriers to universalising access to healthcare are the inadequate availability of services, particularly in rural areas, a severe shortage of human resources and the rising cost of care due to more intensive use of technologies alongside changing perceptions of quality.
- So, while low public spending is seen as the root cause, a study of catastrophic health expenditures (10 to 25 per cent of household income) in 133 countries brought out two interesting insights with policy implications
- The positive partial correlation between income inequality and catastrophic spending at all income levels
- Absence of evidence that the mere increase in health spending or channeling it through private insurance and non-profit institutions provided financial protection.

- Since a decade, concerted attempts have been made by civil society organisations to persuade governments to enact laws making health a human right.

Pandemic shows hollowness of the system:

- The COVID pandemic brought to the surface the inadequacies of the health system and the denial of basic care.
- Even basic public health functions like testing or contact tracing and behaviour change required the whole and exclusive attention of the district administration.
- Coping with this one infection has not only meant denying care to non-COVID patients but also the inability to treat all as per protocol due to limited infrastructure in public and private sectors.

Rajasthan government's initiative:

- **Recently,** Rajasthan government expedite its intention to introduce the Rajasthan Model of Public Health (RMPH) in its budget for 2021-22, embedding in it a public health law making access to health a right.
- For realising this aspiration, Rajasthan has proposed doubling its budget, setting up medical and nursing colleges.
- Promising to establish and upgrade primary health centres and substantially improving the delivery of services by expanding access to free medicines and diagnostics.
- Government also adding 1,000 beds and establishing institutions of excellence for cardiology, virology, cancer and maternity and childcare.
- As part of the RMPH, and under the Universal Health Coverage plan, every family will get a Rs 5 lakh health cover.
- Those covered under Ayushman Bharat – Mahatma Gandhi Rajasthan Swasthya Bima Yojana (AB-MGRSBY) as well as contract workers, and small and marginal farmers will be eligible for free, while others can avail this scheme through 50 per cent cost of insurance premium (about Rs 850/year) at government and private hospitals for cashless treatment of up to Rs 5 lakh per year.
- Other measures include ensuring primary healthcare services within three kilometres or 30 minutes walking distance to each citizen, primary care within 12 kilometres, and so on.
- The Bill also lays emphasis on rights of patients, especially their consent, and of service providers.
- Consent is expected to be made a "prerequisite" for any healthcare proposed for a person, and providers may have to keep patient records up to two years, and provide them to a patient upon request.

Requirements: to achieve the goal:

- For achieving the goal of arresting catastrophic expenses, it would be essential to sequence investments over the next decade.
- Investment should start with ensuring universal access to social determinants and primary healthcare services by focusing on malnutrition and filling gaps in accessing toilets, safe water and basic health services.
- This would require an uncompromising attention to substantially and expeditiously improving the primary healthcare infrastructure in terms of buildings, human resources and technology.
- If strict prioritisation is not maintained, much of the scarce resources can get diverted to providing expensive hospital treatment for the not-so-rich but more vocal people in urban areas, widening existing inequities and not reducing catastrophic expenditures.

Conclusion:

- The COVID pandemic has deepened poverty and set back the economy by a decade.
- In such a desperate situation, the state is faced with a paradox of addressing the need for a rights-based policy.
- This, however, requires doubling of resources that are unavailable, necessitating reviewing interventions so as to remove waste, promote efficiencies and a more rational use of the limited resources.
- It is a bumpy road ahead but today, as never before, state intervention is required to ensure health security to all, as an anti-poverty measure, particularly aimed at the poor and marginalised.

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