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RIGHT TO HEALTH AND UNIVERSAL HEALTH COVERAGE IN INDIA –

ASPIRATIONS AND CHALLENGES

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ABSTRACT

The right to health is a set of established arrangements and environmental conditions that are required for creating a consciousness towards the highest achievable standard of health. The right to health does not mean the right to be healthy.

This is an inclusive right, which elongates, in addition to timely and suitable health care also to the basic determinants of health, such as housing, food and nutrition, water, healthy occupational and environmental conditions and access to health-related information and education.

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

The Universal Health Coverage is to ensure that all people acquire the health services they need without suffering financial hardship when paying for them. This requires a well built, structured, proficiently run health system. A system for financing health services, approach to indispensable medicines and technologies, and an adequate competency of well-trained stimulated health workers. Ensuring that every individual in this diverse nation procures the requisite health services without suffering financial hardship

This paper studies the Right to health and universal health coverage in India and its objectives, aspirations, and challenges during the implementation.

INTRODUCTION

The right to health is a set of established arrangements and environmental conditions that are required for creating a consciousness towards the highest achievable standard of health. The right to health does not mean the right to be healthy.

This is an inclusive right, which elongates, in addition to timely and suitable health care also to the basic determinants of health, such as housing, food and nutrition, water, healthy occupational and environmental conditions and access to health-related information and education.

The four basis (referred to as "AAAQ") by which we can assess the right to health:

- **Availability:** Goods services, and programs need to be available in adequate quantity.
- **Accessibility**: Non-discrimination, physical accessibility, affordability, and information accessibility.
- **Acceptability**: Ethical, gender-sensitive and culturally appropriate facilities, goods and services.
- **Quality**: Health facilities, goods, and services of good quality e.g. trained health professionals, safe drugs, etc.

The Constitution of India on the right to health care

The Constitution of India consolidates provisions, guaranteeing everyone right to the highest attainable standards of physical and mental health. Article 21 of the Constitution guarantees Protection of life and Personal liberty to every citizen. The Supreme Court held, Right to Live with human dignity, enshrined in Article 21, derived from the directive principles of state policy and therefore includes Protection of health.[1] Further, it has also been held that the Right to health is integral to the Right to life and, the Government has a constitutional obligation to provide healthcare facilities.[2] Failure of a government hospital to provide a patient with timely medical

[1] Bandhua Mukti Morcha v. Union of India (AIR 1984 SC 802)
[2] State of Punjab v. Mohinder Singh Chawla (1997) 2 SCC 83

treatment results in the violation of the patient's Right to life.[3] Similarly, the Court has upheld the state's obligation to maintain health services.[4]

Public interest petitions have been filed under Article 21, in response to violations of Right to health. They have been filed to provide special treatment to children in jail;[5] on pollution hazards;[6] against hazardous drugs;[7] against inhuman conditions in after-care homes;[8]on the health rights of mentally ill patients;[9] on the rights of patients in cataract surgery camps;[10] for immediate medical aid to injured persons ;[11] on conditions in tuberculosis hospitals ;[12]on occupational health hazards ; [13]on the regulation of blood banks and availability of blood products ;[14] on passive smoking in public places ;[15] and in an appeal filed by a person with HIV[16] on the rights of HIV/AIDS patients .[17]

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

The Universal Health Coverage is to ensure that all people acquire the health services they need without suffering financial hardship while paying for them. This requires a well built, structured

[3] Paschim Banga Khet Mazdoor Samity v. State of West Bengal (AIR 1996 SC 2426 at 2429 para 9)
[4] State of Punjab v. Ram Lubhaya Bagga (1998) 4 SCC 117
[5] Sheela Barse v. Union of India (1986) 3 SCC 596

[6] Mehta v. Union of India (1987) 4 SCC 463; MC Mehta v. Union of India (1999) 6 SCC 12.
[7] Vincent v. Union of India (AIR 1987 SC 990)

[8] Vikram v. State of Bihar (AIR 1988 SC 1782).
[9] Death of 25 Chained Inmates in Asylum Fire in TN In re v. Union of India (2002) 3 SCC 31
[10] S. Mittal v. State of UP (AIR 1989 SC 1570)
[11] Parmanand Kataria v. Union of India (1989) 4 SCC 286; AIR 1989 SC 2039
[12] Suresh Chandra Bahri v. State of Bihar (1994 SCC [Cri] 506)
[13] Consumer Education and Research Centre v. Union of India (1995) 3 SCC 42
[14] Common Cause v. Union of India and Others (AIR 1996 SC 929)

[15] Murli S Deora v. Union of India (2001) 8 SCC 765
[16] Mr X v. Hospital Z 1998 (6) SCALE 230; 1998 (8) SCC 296; JT 1998 (7) SC. 626).

[17] K Mathiharan ,The fundamental right to health care ,Vol 11, INDIAN JOURNAL OF MEDICAL ETHICS, No 4, (2003)

and proficiently running healthcare system; a system for financing health services; an approach to indispensable medicines and technologies, and an adequate competency of well-trained, stimulated health workers, ensuring that every individual in this diverse nation procures the requisite health services without facing financial hardship.

Universal Health Coverage also called Universal Coverage, Social Health Protection, Universal Health Access, and Universal Health Protection.

Objectives

Universal health coverage is an opportunity to assemble the global community and secure political adherence from Heads of State and Government to accelerate advancement towards achieving universal health coverage by 2030.

1. Equity in access to health services – Those who need the services should get them, not only those who can pay for them;
2. Quality of health services - Good enough to improve the health of those receiving services; and
3. Financial- Risk Protection – Ensuring that the cost of using care does not put people at risk of financial hardship.

Universal Health Coverage in India

India is still endeavouring to find a mechanism for providing appropriate, affordable and accessible health care to its population. India was among the first countries in the world that manifested in its constitution the “socialist model of health care for all” and, “ Welfare state”.

The Bhore Committee recommended the norms at the time of independence for implementing this philosophy but till date, India has been struggling to achieve “ healthcare for all ”.

Some progress was made but the enormity of the task presents huge challenges for the public health system across the country.

Aspirations of Universal Health Coverage

“ Universal health entitlement for every citizen is to a national health package (NHP) of essential primary, secondary & tertiary health care services funded by the government.”

Universal Health Coverage entitles every citizen, National Health Package, which guarantees access to an essential health packages (including cashless in-patient and out-patient care provided free of cost) in primary, secondary & tertiary care, and Choice of facilities for which people are free to choose between, Public sector facilities and Contracted-in private providers.

Universal Health Coverage aspires that people's requirements of human resources should get fulfilled, they get access to health care services, management reforms, access to medicines, comprehensive care, that is rational and of good quality and have availability of health care financing. Protection of patients' rights that guarantee appropriateness of care, patient choice, portability and continuity of care. Consolidated and strengthened public health provisioning, accountability and transparency, community participation and putting health in people's hands.

It also expects universality, non-exclusion and non-discrimination greater equity in terms of provision of health care, improved health outcomes, efficient accountable and transparent health system, reduction in poverty, greater productivity, increased jobs and financial protection.

It aims at providing or delivering personal and nonpersonal health services; generating the necessary human and physical resources to make that possible; raising and pooling the revenues to purchase services; and acting as the overall stewards of the resources.

Also to stimulate the Health sector, Countries, Development partners, Civil society and the Private sector towards the common objective of Universal Health Coverage, including pandemic preparedness, and breakthrough experiences to accelerate the advancement of Universal Health Coverage.

Challenges of Universal Health Coverage

World Bank/World Health Organization (WHO) research from 2017 shows that half the world's population cannot access needed health services, while 100 million people are pushed into extreme poverty each year because of health expenses. Also, 800 million people spend at least 10 percent or more of their household budget on healthcare expenses.[18]

[18] THE WORLD BANK , Apr 12, 2018

Health systems are defined as comprising all the organizations, institutions and resources ardent to producing health actions. A health action is defined as any attainment, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health.

Health systems embezzle their power and dissipate their potential. Poorly structured, badly managed, inefficiently organized and inadequately funded health systems do more harm than good.

Challenges in the improvement of health, responsiveness to the legitimate expectations of the population, and fairness of financial contribution, service provision, resource generation, financing stewardship.

Universal health coverage is a complex challenge, which requires political buy-in, commitment and a solid financing strategy.

Implementation of health policies as the policies exists in the form of documents which gather dust and are never translated into action. Too often, health policy and strategic planning have envisaged the unrealistic expansion of the publicly funded health care system, sometimes above national economic growth. Eventually, the policy and planning document is seen as unfeasible and is ignored.

High prices and inefficient procurement and supply chains often mean that life-saving medicines, vaccines, diagnostics, and other health technologies are not accessible to the people who need them.

The condoning of public employees charging illicit fees from patients and pocketing the proceeds, a practice known euphemistically as “informal charging”. Such corruption deters poor people from using services they need, making health financing even more unfair, and it distorts overall health priorities.

Good policy needs to differentiate between providers (public or private) who contribute to health goals and those who are detrimental, and to encourage or sanction appropriately. Policies to change the balance between providers’ autonomy and accountability need to be monitored closely in terms of their effect on health, responsiveness and distribution of the financing burden.

The health policies that we plan and implement as a nation is imperative for us to achieve the 17 UN Sustainable Development Goals (SDG's) by 2030.

Challenge to measure the level of coverage in a population by tracking access to a set of 8 core health services, and another that measures the extent to which people are exposed to financial hardship through out-of-pocket expenditure on those services.

Challenge for achieving UHC is the shortcomings in skilled human resources. The distribution of health resources is rather skewed with a shortage of doctors, especially specialists in rural areas despite several governmental measures to retain doctors in rural settings.

To move towards higher quality care, more and better information is commonly required on existing provision, on the interventions offered and on major constraints on service implementation.

Achieving universal health coverage, is a challenge for all countries, both rich and poor. All nations will have to take steps to reform their health workforce and address the affordability of medicines. No one pretend that Universal Health Care can or will be achieved with a snap of the fingers. The challenges are serious, although not insurmountable.

Achieving universal health coverage in India

From medical coverage to achieving holistic health ：Sub centers are being transformed into health and wellness centers which are expected to improve the utilization of public-sector primary care services and improve the health of communities served. The Ayushman Bharat scheme has allocated 12 billion in the Union Budget in 2018 for the upgrading of sub-centers into Health &Wellness Centers. These wellness centers will provide comprehensive healthcare for the management of noncommunicable diseases with lifestyle modifications, maternal and childcare, adolescent health, nutritional and health education, promotion of menstrual hygiene, and free essential drugs and diagnostic services. Basic dental, ENT and Ophthalmology services will also

be provided at these centers. The integration of Ayurveda and Yoga will further promote a holistic approach toward the health of the community.[19]

Primary healthcare with a focus on systems beyond medicine : A renewed governmental focus on hygiene sanitation (Swachh Bharat Abhiyan, open defecation-free India), housing (Pradhan Mantri Awas Yojana), clean indoor air by the provision of clean fuels (Ujjwala Yojana, providing free liquefied petroleum gas connections to below poverty line families), and expansion of immunization service and coverage (Mission Indradhanush Kavach). All these initiatives that influence the health of the poor, vulnerable, and underserved population have achieved excellent success in their respective domains.

Promoting gender equity : A welcome and sustained focus on ending female feticide, improving child sex ratio and education of the girl child through the campaign of the government of India called "Beti Bachao Beti Padhao" (Save the girl child – Educate the girl child). Promoting menstrual hygiene by the distribution of free of cost menstrual pads, prevention and control of Anemia by the distribution of weekly iron-folic acid tablets in schools, construction of toilets in all schools, scholarships for girls from vulnerable sections of society further indicate enlightened steps in this direction.

Use of information technology (ICT) : For bridging the gap for those lacking access to quality healthcare and reaching the unreached is essential for India which is an information technology powerhouse and has the second highest mobile phone connections globally. The various ICT application in healthcare being explored in India include telemedicine, vaccine and drug inventory control and storage (electronic Vaccine Intelligence Network), training of health workers (ANMOL, m-ACADEMY, safe motherhood), disseminating health education (Swachh Bharat app, India fights dengue app, m-Diabetes text messaging service, KILKARI recorded voice calls),

[19] DR K N RAO MEMORIAL ORATION, Universal health coverage in India: Newer innovations and the role of public health, 62, THE INDIAN JOURNAL OF PUBLIC HEALT, 167,(2018).

promotion of behaviour change (m-cessation text messaging services, stress control app), drug adherence in tuberculosis (TB) (99-DOTS) .

Promotion of generic medicines and cheaper implants : To significantly lower out-of-pocket costs are important as more than 70% out-of-pocket expenses in India are due to medicinal costs. Difficulty to bear these costs increases medication non-adherence in patients, leading to worsening health outcomes which involve enormous economic costs for individuals, families, and the country. The Pradhan Mantri Jan Aushadhi Pariyojana and the Affordable Medicines and Reliable Implants for Treatment schemes reflect prioritization toward amelioration of routine treatment costs for patients lacking insurance coverage for their outpatient expenses. Strict quality control measures and ubiquitous drug availability and affordability through promotion of entrepreneurial opportunities are the key program drivers.

Public–private partnerships (PPP): Collaborative efforts between private and public sector for improving health service delivery, expansion of coverage, and last mile service delivery have found significant traction in the past two decades. Furthermore, utilizing Public -Private Partnerships in critical national health programs such as tuberculosis to improve drug adherence and cure rates in patients reaching private sector has received growing impetus.

Strengthening of national programs in Tuberculosis and HIV-AIDS: India achieved HIV and tuberculosis related millennium development goal targets which is a commendable achievement. Furthermore, the initiation of daily drug regimen, rapid molecular diagnostic methods, programmatic management of drug-resistant tuberculosis , nutritional support to tuberculosis patients, text message based adherence support indicate strong policy commitments towards the achievement of tuberculosis elimination targets by 2025. The HIV program has been complemented with the passage of the progressive HIV-AIDS (prevention and control) bill to ensure equal rights while seeking jobs, residence and occupation, absence of stigma and discrimination, and equal opportunities for the people living with HIV.

CONCLUSION

The Universal Health Coverage requisites adequate healthcare financing and human resources to provide financial protection to the economically underprivileged population by covering their

medicine, diagnostics, and service costs. Conventionally, insufficient public healthcare financing and the absence of proficient human resources are contemplated as the major obstructions towards attaining Universal Health Care in India. For strengthening the Indian healthcare system, there has been a significant expansion in budgetary allocation towards healthcare, a national health protection scheme targeting low-income households, reconditioning of primary health-care and expansion of the health work-force. Nevertheless, improving holistic health, sanitation, nutrition, gender equity, drug accessibility and affordability, innovative initiatives in national health programs for reduction of maternal deaths, tuberculosis, and HIV burden and the utilization of information technology in healthcare provision of the underserved and the marginalized is gaining rapid acceleration. These represent a genuine innovation towards fulfilment of Universal Health Care goals for India.