

Right to Health

SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES

During its second UPR in 2012, India received 19 recommendations pertaining to public health and sexual reproductive health rights. Recommendations called for an increase in budgetary allocation; improvement in the level of public health services in the country; the need to establish measures at the national and state level to remove obstacles in terms of access by the population to pain palliative medicines and the need to provide every possible support and assistance to the national project for rural health to increase the standard of nutrition and improve public health.

India did not accept recommendations 149 and 159, made in its UPR II, to increase the budget allocated to health from 1 percent of the GDP to 2 percent. India's public health budget has stagnated at 1.2% in the last few years despite the government's own draft health policy suggesting that this figure should be at least 2.5%. Low investment in the Public Health care system has forced a vast percentage of population to seek private health care. A National Sample Survey Report, 2004 points out that 40% of hospitalized people are forced to borrow money or sell assets to cover expenses. The low investment in public health is pushing many people below poverty lines as more than 70% of medical expenses are borne through 'out-of-pocket' expenses in India. The draft National Health Policy 2015 has not been finalized. Indian health professionals suspect that the draft national health policy may encourage more privatisation and dilute primary health care service provisions.

CHALLENGES

ISSUES AND IMPACTS

Inadequate Health Budget for Public Health

There has been a steady deterioration of access to determinants of health: food water and a safe environment, leaving the poor and vulnerable to bear the brunt of the adverse health outcomes. Despite having 30% of the world's poorest people, out-of-pocket expenditure on health in India continues to be one of the highest in the world. As per NFHS III, the pattern of health care expenditure in India shows that more than 70% of expenditure is from out of pocket by households. According to NSSO Health and Morbidity Survey data analysis in 2014, about 23.66 per cent rural households faced catastrophic health care expenditures.

Highly Privatised Health Care System, access to Health

De-emphasizing of provisioning of service through the public health system as a key role of the government and a tangible shift towards privatization of healthcare is a failure of India's obligation to protect the Right to Health. Privatization of healthcare and medical education has led to focusing on more profitable secondary and tertiary medical care services and has resulted in complete neglect of primary healthcare services. Private hospitals that received land at highly concessional rates on condition of providing beds to the poor have failed to comply. Absence of identity documents showing permanent addresses has denied care to migrants and homeless people. Shortage of healthcare workers, and services particularly in rural areas continue to have its negative impacts.

Food & Nutrition insecurity, with double burden of Under nutrition & "mal" nutrition with junk

India is ranked 97 out of 116 in the Global Hunger Index. Malnutrition and stunting in children, adolescents and women, including anaemia, continues as a serious challenge. The National Nutrition Policy 1993 remains unimplemented. Coordination between Women & Child Development, Health Ministry, Consumer Affairs and Agriculture Ministry to ensure Nutrition Security is grossly inadequate. Maternity Entitlements under National Food Security Act 2013 continue to remain unimplemented. Aggressive marketing and spiralling growth of junk food, and unhealthy processed food is beginning to impact children's health, with growth of Non-Communicable Diseases in Urban and Rural areas. The Relationship of Under-nutrition to increased vulnerability to infections and child mortality is well documented.

Communicable Diseases and emerging antimicrobial resistance (AMR)

Communicable diseases like TB, HIV, HCV and malaria continue to be a leading cause of morbidity and mortality even as non-communicable diseases (diabetes, hypertension, cancers, chronic Respiratory Diseases etc.) in urban and rural areas are showing an increase.

The Gaps in RNTCP non-prescribing of Standard Treatment Guidelines and Rational Use of Anti TB drugs have resulted in emergence of MDR & XDR TB. Evidence of increased vulnerability of the undernourished people to TB highlights the need of ensuring additional nutrition, besides rational medicines and diagnostic facilities for early diagnosis of TB & MDR TB. Majority of the Hepatitis C inflicted do not have access to testing and treatment services. Despite stated free treatment for HIV, stock out of ARV drugs and CD4 testing kits, with restricted access to 2nd line treatment and no access to 3rd line continue.

High Maternal Mortality & Morbidity

The Maternal Mortality Rate, Neo Natal Mortality Rate, Infant Mortality Rate and Under 5 mortality rate have declined but they still remain high in vulnerable populations and girls. Over 44000 preventable maternal deaths occur annually. Poor nutrition of women results in birth of LBW babies and high prevalence of anaemia in women of reproductive age. India ranking 170 out of 185 countries at 48.1 per cent around 20% of Maternal Mortality is recognized as Anaemia related. Quality care from pre pregnancy to post-partum and emergency obstetric care is still not accessible to a significant percentage of women.

Need for Minimum standards & capping of Charges, Regulation of Clinical Establishments

The Clinical Establishment Act 2010 was meant to regulate Private and public Clinical Establishments i.e. Hospitals, Clinics, diagnostic Labs etc. setting minimum standards and ceiling prices for charges for various medical procedures to prevent exploitative medical charges. This Act has not been implemented. Lack of regulation of the private actors has driven up healthcare costs, led to inappropriate, irrational and exploitative medical diagnostic tests, medical treatment and procedures with costly catastrophic expenditure on hospitalization.

CHALLENGES

ISSUES AND IMPACTS

Mental Health Concerns

Mental Health has suffered from equitable access as only 1% of the health budget is being allocated to mental health by the Centre and the States. There is an absence of a comprehensive approach and Mental Health care providers continue to be inadequately trained. The Mental Health Bill was passed in the Upper House of Parliament in August 2016. If adopted by the Lok Sabha, the Bill would decriminalize suicide attempts and promote community-based approaches.

Pressure for TRIPS PLUS Agendas and prevention of use for Safeguards & Flexibilities.

Indian Patent Act was amended in 2005 in compliance of TRIPS Agreement mandated product patents, extension of patent period, Free Trade Agreements and bilateral pressures on India to dilute public health safeguards in the Patent law also pose a grave threat to access to medicines, medical devices and diagnostics etc. India's new Intellectual Property (IP) policy shifts away the emphasis on using IP to advance public health and interest towards an IP maximalist approach. Bio-piracy of traditional knowledge and traditional resources has been going on undeterred in spite of the presence of Traditional Knowledge Digital Library and Convention of Biodiversity.

Absence of Public Health based Pharmaceutical Policy

There has been no National Drug Policy after 1994. The National Pharmaceutical Pricing Policy 2012 changed the methodology of fixing ceiling pricing from cost based to market based. There are known existing market distortions, information asymmetry, unethical marketing, high medicine prices and unaffordability resulting in denial of medicines and treatment, irrational and over use on the other, resulting in preventable deaths, complications and emergence of Anti-Microbial Resistance.

RECOMMENDATIONS

Increase public health budget to more than 2.5% of GDP with substantial investment in primary healthcare recognizing the double burden of Communicable & Non Communicable Diseases.

Recognize and protect the Determinants of Health (Food & nutrition) recognizing the poor nutritional status of the majority of Indians. Ensure production & procurement, promotion, distribution of diverse, health promoting, nutritive food and regulate unhealthy poisons, toxins, chemicals in food and highly processed junk food as these are having negative health impacts.

Ensure that the long overdue National Health Policy is finalized based on principles of Comprehensive Primary Health Care and Universal Health care which recognizes the state's role in providing public health as a social good rather than a commodity for exploitative profiteering, further privatization and financial speculation.

Take steps to formulate a Rational Drug Policy to Complement Comprehensive Health Policy which is long overdue after the last National Drug Policy in 1994.

Amend, enforce and implement existing health legislations, Medical Council of India Act to promote good, need based medical education and ethical medical care practices in India.

Stop Privatisation and corporatisation of public health institutions, public sector vaccine and drug manufacturing units.

Reject TRIPS plus agendas in Trade Agreements which would jeopardize Access to Medicine.

Use TRIPS Flexibilities and Safeguards for ensuring access to costly patented Drugs using compulsory License for Government non-commercial use to meet health needs.

Enactment and enforcement of regulation of corporate and private sector health care to protect patient rights and prevent exploitation by strengthening the unimplemented voluntary Uniform Code of Pharmaceutical Marketing Practices 2015 and making it statutory.

Address as priority the existing discrimination and structural marginalization of vulnerable groups facing multiple vulnerabilities (dalits, tribals, NT, disabled, poor, rural, urban slums dwellers, women, children specially girl child, adolescents, elderly, single people, disabled widows, homeless) in Health care services.

Ensure implementation of policies, programmes with adequate financial allocation and institutional arrangements to address occupational health concerns of those suffering from silicosis, involved in mining, sewage work, manual scavengers, working in hazardous industries with no labour laws and health rights and ensure safety.

Operationalize Comprehensive Mental Health policies and programmes with appropriate budgets and trained personnel and institutions, to provide mental Health Care and protect the rights of Mentally ill.

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