

residence (rural-urban) in providing for entitlements for healthcare;

- Great inequities in access to healthcare based on employment status and purchasing power;
- Inadequate development of various pre-conditions of health, like water supply and sanitation, environmental health; hygiene and access to food;
- Declining investments and expenditure in public health; and
- Inequitably distributed infrastructure and health staff.

Thus the operationalisation of the right to healthcare will have to be developed keeping in mind current deficiencies, and how we need to change them.

Towards an Efficient System

To establish the right to healthcare from the above scenario, certain first essential steps will be necessary:

- Equating directive principles with fundamental rights through a Constitutional amendment;
- Incorporating a National Health Act (similar to the Canada Health Act) which will organise the present healthcare system under a common umbrella organisation as a public-private mix governed by an autonomous National Health Authority which will also be responsible for bringing together all resources under a single-payer mechanism;
- Development of a strategy for pooling all financial resources deployed in the health sector;
- Redistribution of existing health resources, public and private, on the basis of standard norms (these would have to be specified) to assure regional equity. Local governments should be given the autonomy to use these resources as per local needs but within a broadly defined policy framework of public health goals;

- Essential drugs as per the WHO list should be brought back under price control (subject to the recent patent act provisions) so that availability of such drugs is assured at affordable prices and within the public health system;
- Strengthen the health information system and database to facilitate better planning as well as audit and accountability;

The Way Ahead

The Government of India has been unable to fulfill its commitment of "Health For All By 2000 A.D."; in fact, primary health care services are becoming more and more difficult to obtain, especially for those living in urban slums, villages or remote tribal regions. The poor conditions in government hospitals are also worsening day by day. There is inadequate staff; the supply of medicines is also insufficient coupled with inadequate infrastructure. Also, there are financial constraints on the State.

What is of utmost importance is that the overall goal should be to move towards a system where citizens are assured access to basic health care, irrespective of their capacity to pay. A number of countries in the world have made provisions in this direction, ranging from the Canadian System Of Universal Health Care to the Cuban System of Health Care for Every Citizen. The time is ripe to have a system of universal social health

insurance. This admirable yet vague intention needs to be converted into concrete action by means of strong and sustained support by various sections of civil society, coupled with concrete proposals to functionalise universal access to health care.

In this context, ensuring the right to health care for all is not an unrealistic scenario, but has become an imperative for a nation which as the 'world's largest democracy', claims to accord certain basic rights to its citizens, including the right to life in its broadest sense.

On a practical level, health workers may wonder about the applicability or utility ("added value"), let alone necessity of incorporating human rights perspectives into their work. Attention to the intersection of health and human rights may provide practical benefits to those engaged in health or human rights work, may help reorient thinking about major global health challenges, and may contribute to broadening human rights thinking and practice.

It would suffice here to end with a quote in Sanskrit,

'Shareeram madhyam khalu dharma sadhanam' - 'Without a healthy body, one cannot pursue any other religion successfully' □

The authors are fourth-year students of the National Law Institute, Bhopal.

Postmortem

*time is no time here
space no space
only a void, yaar
no more no less
no end no beginning
absolute mess*

Sajal Dey