



Realisation of right to health and health care in India: Strategy at government level for its effectuation

Dr. Prasant Kumar Swain

Assistant Professor, University Law College, Utkal University, Bhubaneswar, Odisha, India

Abstract

Health and health care has been considered as a basic right of human being. Considering the importance of health many International Covenants had incorporated provisions relating to health. In all these situation it becomes the duty of the State to make effective Law and provision to provide the health care to the citizen in the country. Thus all the countries across the globe are having their own mechanism to attain health care for their citizen. The situation of health care in India has been considered to be very poor in the International context. According to the reports in India about 66% of people die due to poor health care and 33% of people have no access to health care. The government of India inconsonance with the International covenants had made many legislations and draw plans and policies to provide health care to its citizen and more specifically to the poor and weaker section of the people. Many special drives to eradicate epidemic and endemic diseases are successfully undertaken and awareness among the ignorant mass had been created so as to control the spread of epidemics. But in spite of all efforts the ground level picture of the health care system in India depicts a grim picture. Here there is insufficient doctors in hospitals, no sanitation and cleanliness in the health care units. The Hospitals are not properly equipped for the diagnosis of the disease. And the position of supply of medicine is also not up to mark. In this condition the ordinary citizen cannot have faith in the public health care system and at times some people are forced to use this only as in case of economic constraint. In spite of the government's plans policies and people centric projects, the grim condition of public health care system indicate that there may be some gap in the plans and policies designed in the government level and its implementation. Further, the attitude of individuals in the society towards the general health care is decreasing day by day. The gaps if fulfilled can protect the right to health of the citizen in India.

Keywords: health, health care system, public health care, doctor, disease, poor and ignorant mass

1. Introduction

Health is one of the basic requirements of human being. Health and health care has been in the highest agenda of the developing countries across the globe. India in terms of quality and access to health care placed in 145th rank among the 195 nations ^[1]. The present day scenario depicts that despite of the government's plan and programmes in India, it is facing problem of degradation of health. It is estimated in 2016 that in India more than 2.4 million of people died due to the condition that could have been treated by health care. Out of this 1.6 million or 66% died due to poor health care service and 838,000 people died due to no utilisation of health care service ^[2]. The Central Government and the State Government has declared many schemes and drawn many plans to provide health service to the citizen. It has been alleged that the population in India is not able to get their right to health. The condition of health care is dismay. The millennium Development Goal has set a target to achieve health for all by 2030, and as we are coming close to the cut date. Thus, it is a time to think and plan the matter to achieve the target. The reasons of dismal condition of health care system may be many, but one of the chief reasons in Indian context may be attributed to the gap between the policy, plans drawn at government level & their implementation and the role of the stake holders for effective realisation of the rights. Finding and filling the gap can protect the human rights of the mass. This present paper is an effort to find out the condition of health care system in

India, the obligation of the government to provide health care, policies made at government level and its effectiveness and response of various stake holders in this regard and to suggest some remedies.

2. Right To health and health care

The word Health has been defined as "a state of complete physical, mental and social wellbeing and not merely the absence of disease." this statement has been further amplified to include the ability to lead a socially and economically productive life ^[3]. Thus, presently Health is considered something beyond biomedical and pathological perspective and include wellbeing both mental and social wellbeing. The right to health is a "human right to health care." Notably, this encompasses both patient at the receiving end of the service and the government or State and other agencies involved are the provider of the rights in the healthcare services. The human right to health guarantees a system of health protection for all. Everyone has the right to the health care they need, and to living conditions that enable us to be healthy, such as adequate food, housing, and a healthy environment. Health care must be provided as a public good for all, financed publicly and equitably ^[4]. The human right to health care means that hospitals, clinics, medicines, and doctors' services must be accessible, available, acceptable, and of good quality for everyone, on an equitable basis, where and when needed ^[5]. Thus the human right to health guarantees a system of health

protection for all. Everyone has the right to the health care they need, and to living conditions that enable us to be healthy, such as adequate food, housing, and a healthy environment. Health care must be provided as a public good for all, financed publicly and equitably.

3. Right to Health and the International conventions:

Much before the constitution of the world Health Organisation (WHO) The health service and service to mankind was considered pious and conducted by the kings. The history of health care system can be traced back to 6th century B.C. There is instance of hospitals in the period of 'Budha' and during the period of 'Smarat Ashok' also hospitals were existed^[6]. The modern health care system was started by Florence Nightingale during the British fight in 'Crimea' in 1854^[7]. The WHO was intended to serve at the forefront of the efforts to realise human rights to advance global health^[8], following the efforts of WHO many International Conventions has shown their commitments for human right of health care and protection of human right to health for various categories found place in several Human Rights Conventions. These are:

- "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services^[9]. " Further it provides for security in case of physical debilitation or disability, and makes special mention of care given to those in motherhood or childhood.
- The right to health as provided in ICESCR^[10] put an obligations on the States parties to the Covenant to take care to achieve the full realization of this right directed to work for minimize Infant mortality and healthy development of child, for the improvement of environmental and industrial hygiene; treatment and control of epidemic and endemic disease and for creation of condition to assure medical service and attention.
- The United Nations advised the States to Prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law^[11], this call by UN is directed towards protection of The right to public health, medical care, social security and social services.
- Article 12 of the United Nations Convention on the Elimination of All Forms of Discrimination against Women outlines women's protection from gender discrimination for receiving health services and women's entitlement to specific gender-related healthcare provisions^[12].
- The Convention on the Rights of the Child calls upon parties to ensure that institutions and facilities for the care of children adhere to health standards^[13]. Further, It recognizes the child's right to access information that is pertinent to his/her physical and mental health and well-being^[14]. Specific reference to the rights of disabled children are made in which it includes health services, rehabilitation, and preventive care^[15]. It outlines child health in detail, and states, "Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States shall strive to ensure that no child is deprived of

his or her right of access to such health care services^[16].

- The General Comment makes the direct clarification that "the right to health is not to be understood as a right to be healthy." Instead, the right to health is articulated as a set of both freedoms and entitlements which accommodate the individual's biological and social conditions as well as the State's available resources, both of which may preclude a right to be healthy for reasons beyond the influence or control of the State^[17]. A realistic approach and limited positive duty is placed on the State to provide this right through this general comment.
- The Convention on the Rights of Person with Disability specifies that "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability^[18]." Further it oblige the State that States shall give the disabled the same "range, quality, and standard" of health care as it provides to other persons, as well as those services specifically required for prevention, identification, and management of disability.

Thus all the international Conventions are putting the obligation on the states party to the Convention to make suitable provisions to realise the Right to health in the respective countries.

4. Right to Health under Indian Constitution:

Health care system is not new to India. Prior to the Indian independence the health care system in India was very much indigenous. People in general were not dependant on any State managed health care system. The modern health care concept was introduced by the colonial government, but there was no specific health plan and policy drawn for the health of common Indians. After Independence, India declare itself a welfare state and has included many citizen centric welfare plans in the constitution. And health care has been recognised as a component of welfarism found its place in the Constitution.

Even though, the term Right to health is nowhere mentioned in the Indian Constitution, but through interpretation of various provisions under Indian Constitution the Supreme Court had considered the Right to health as a fundamental right under Right to life enshrined in Article 21. Further it had interpreted Right to Health under the Directive Principles of State Policy and put constitutional obligation on the State to effectuate such rights of citizen. Thus indirectly right to health find a place in the preamble, the Fundamental Rights and the Directive principles in part IV of Indian Constitution.

The Preamble to the Constitution is the mirror of the constitution. It is committed to provide all its citizen Justice-social, economic and political and ensure equality of status and of opportunity^[19] and strives to provide for welfare state. The concept of welfare State and Social justice are the components relevant to the right to health and health care of the citizen.

In the arena of Fundamental Rights the Constitution provides for the right to equality, this ensures all the citizen of India equal opportunity in realisation of rights^[20]. Therefore all the citizen are equally entitled to the health care system available in the State or every person the Court explicitly held that the right to health was an integral factor

of a meaningful should have access to health care in India. The Constitution guarantees the right to life & personal liberty of all the person ^[21]. The meaning of the word life even though not provided in the constitution but the Hon'ble Supreme Court had determined the factors of right to life through decisions. The Supreme Court held merely physical or animal existence is not life ^[22]; the right to life means to live with human dignity ^[24] and to live with human dignity includes a plethora of rights relevant for an meaningful existence ^[23]. In Consumer Education and Research Centre ^[25] case right to life. Presently the court held the right to health and medical care is a fundamental right under Article 21. The Fundamental rights being negative rights the holder/claimant of the right have to make a demand for such right before the state for its effectuation.

Right to health is a broad area, thus protected by different provisions relating to health care under directive principles. The principle of socialism of the preambular promise is embodied in various provisions of part IV of the Constitution. Socialist when the egalitarian principles are followed, rights are valued & the dignity of each individual is upheld. Thus in furtherance of the egalitarian principles many positive obligations are put on the State as the Directive Principles of State Policy under part IV of Indian Constitution. Specific provision towards health under directive principles are: - Indian Constitution impose liability on State to secure a social order for the promotion of welfare of the people ^[26] but without public health we cannot achieve it. It means without public health welfare of people is impossible. Article 39(e) related with protection of health of workers. The constitution impose duty on State to provide public assistance basically for those who are sick and disable ^[27]. Article 42 oblige State to protect the health of infant and mother by maternity benefit. The Articles 41, 42&47 conjointly considers it the primary duty of the state to improve public health, securing of just and human condition of works, extension of sickness, old age, disablement and maternity benefits are the components of health care. Further it impose duty on the State for prohibition of consumption of intoxicating drinking and drugs are injurious to health ^[28]. Article 48A ensures that State shall Endeavour to protect and impose the pollution free environment for good health. It is further fortified and included in Fundamental Duties.

On realisation of the constitutional right to health & care under Articles 21, 41 and 47 of the Constitution the Apex Court had observed that "the right of one person correlates to a duty upon another, individual, employer, government or authority. Hence, the right of a citizen to live under Art 21 casts obligation on the State ^[29]". Further, it has widen the scope of Art 21 and held that "in a welfare state, the primary duty of the government is to secure the welfare of the people. Providing adequate medical facilities for the people is an obligation undertaken by the government in a welfare state" ^[30]. Article 41 made improvement of public health a primary duty of State. Hence, the court should enforce this duty against a defaulting authority on pain of penalty prescribe by law, regardless of the financial resources of such authority. Under Article 47, the State shall regard the raising of the level of nutrition and standard of living of its people and improvement of public health as among its primary duties. The Hon'ble Supreme Court is of the opinion that the State must confirm to the letter and spirit of Article 47 to improve public health it should not allow sub-

standard food grains to reach the public market to protect poverty stricken people who are consumer of sub-standard food from injurious effects ^[31]. The obligation of the State to ensure the creation and sustaining of conditions congenial to good health in a welfare state is mandated by the court ^[32]. There are also many other provisions relating to health fall under DPSP such as The State shall in particular, direct its policy towards securing health of workers. Though DPSP is non justiciable in nature, the Supreme Court has consider right to health a fundamental to leaving so interpreted it through Article 21 but as DPSP is giving liberty to the State to realise the rights within the limited economic capacity of the State, the State is getting the privilege of not performing the obligation strictly.

Thus, right to health and health care are considered as fundamental right under the Indian constitution and it put a positive obligation on the State to effectuate this right of all citizen without any discrimination either on the basis of caste, religion, sex or economic capacity of the citizen. All the citizen are equally entitled to get the right to health care from the

5. Health Care of Indigenous Persons through Government Institutions (Odisha)

The International covenants on right to health and health care put a positive obligation on the State to make law and provides for the effective implementation of these rights. In furtherance of the International Conventions and Constitutional obligation to ensure the Right of Health and Health care, the Government is required to formulate policies and plans. In this context The Central Government and the State Government at their level made many schemes and provided for the Public Health system applicable to various category of persons in different situation and provide for the health care system ^[33]. The most relevant among them are:- the government sponsored medical programme conducted through Governmental hospitals; the public health department of the State to maintain public health and sanitation in the State; special drives to check epidemic and endemic diseases(HIV, Polio, plague, Malaria & TB etc.); the government sponsored health schemes operated by State and Central governments; and health insurance schemes to provide medical assistance in case of critical health care expenditure etc.

Public health care in India is free for the persons below the poverty line and rest others are required to obtain it by spending to some extent. It is estimated that only 18% of total out- patients and 44% of the inpatient are using the public health sector. There is one allopathic doctor for 10189 people; one government hospital bed for 2046 people and one state run hospital for 90343 people ^[34], which is far below the standard of the developed countries. Further there is an acute shortage of health service providers and further much acute in rural. There are almost 1.4 million doctors in India but 74% of doctors are remaining in the urban areas and only 28% is remaining in the rural areas. The condition of infrastructure and equipment is very dismal. 81% of specialist doctor post at community health centre and PHC are vacant ^[35]. At times the inexperienced and unmotivated health interns are working there for compulsion. Majority of unqualified doctors or quacks are operating the health care system especially in rural India. Mostly the public health care is required in rural areas, because the majority of population remaining there are indigenous, poor, &

ignorant. All these cumulatively create reluctance in the public health care system by rural people. Middle class and upper class people use less public health in comparison to the persons in low standard of living. This is due to inequality or rural-urban disparity in the health care system. And thus the people are more inclined to the private health service in comparison to public health service. From the ground level data collected ^[36] on implementation health care of citizen it is found an ailing performance of public health care in the State (Odisha which was taken as a sample in the survey conducted for the purpose) and no effective steps have been taken to implement the constitutional obligation by the State to secure the health and strength of people.

6. The Plans, policy and Implementation of Health Care system: A Review

Implementation of the right to health may be carried out by four stakeholders. The first one is the State; which is under a positive obligation to provide health care to its citizen and a moral obligation to effectuate the human rights of the persons as a signatory to the covenants made from time to time. The second one is the implementing agency of government. They are the persons entrusted with duties and under obligations to carry forward the government's plans and policies. The third category of persons are the individuals demanding health care from the State or the users of the right. And, fourthly the civil society.

6.1 State: The International Covenants put an obligation on the State to draw up the policies for the effectuation of the human rights declared by it. Owing the duty cast by UDHR many principles and policies are inserted in the Indian constitution with regard to right to health and some specific laws are also made in this context. Further the directive principles put a positive obligation on the State to take effective steps in this regard. Therefore many policy and plans were designed at Central and State government level for providing health care to individual.

Research conducted by various organisations at national level and reports depicts that there are acute shortage of human resource such as Doctors, Nurses, pharmacist paramedical staff and even sweepers to provide health care at ground level. Insufficiency in infrastructure, equipment and above all supply of medicines for maintenance of public health has been the hindrance in the effectuation of public health. The government sponsored health related plans (Niramay; Ayusman; Biju Swasthya Kalyan Yojana etc ^[37].) are sparingly available to all deserved and finally there is a paltry budgetary allocation for health care in India to carry on all these plans. All these cumulatively effect the entire health care system.

In this context it is observed that India is a vast country having a high population. Majority of population in India are poor, ignorant hunger and disease are enigma on them. Basic health care is primary concern for them, which the government should provide them. Though within the economic capacity the State is under bounden duty to provide health care for its citizen. Thus the government is doing budgetary allocation for the health care. However this is not adequate to provide a total health care for all. Further, by declaring many populist scheme to create political mileage before the citizen is squeezing the heads of expenditure vital to the general health care such as

appointment of human resources to provide health care and equipment and infrastructure for treatment etc. Further, the medicines purchased for hospitals are suffered of quality due to market competitions and lack of quality control.

6.2 Implementing agencies-The persons and the institutions responsible to execute the health care in the State can be considered in this category. Thus, doctors, nurse, pharmacist, paramedical staff including sweeper are directly involved in the service provider group while the officers in government are indirectly responsible as they are required to draw and effectuate the government's plans. Health care has been a multi dimension and sensitive matter and needs a multi-pronged approach for a complete solution on the health care. Thus the officers in the planning position should be very careful while they are designing the plans and policies for healthcare.

It has been alleged that out of 1.4 billion doctors in India only 18% of doctors are working for public health, which covers 80 % of the mass. There is a negligible specialist are available and they are not following ethics. In this context an eminent doctor has mentioned that materialistic attitude and high cost of studies are the factors relevant for the ethical degradation in doctors ^[38]. According to him when the whole world is running after a materialistic attitude after globalisation, the doctors are also in search of high income and increase their wealth. Secondly the doctors are spending high cost to pursue the degree so it is obvious they will look for high income. Further in rural areas they cannot get the modern comfort so they opt to remain in the urban areas.

In case of other human resources like nurse, pharmacist etc. presently the government to cut down the salary component has opted to engage outsourcing persons in these areas. The contractual persons or the outsourced persons even though are required to do the similar and some times more work than the regular persons but paid a very little. At times it is witnessed that even though some of them are skilled and super skilled but they are not getting the remuneration of an unskilled labour. Thus they become dejected to the work. Further even though the role of the sweepers in hospital is very important and the success of health care is dependent on clean and sanitised environment, it has been overlooked during outsourcing. The situation in this is a person who is getting a contract of cleaning work in a hospital engages some persons to clean. Now these cleaning persons are under the control of the pay master and the hospital authorities cannot demand any work from them and the contractor is not available on the spot to redress the problem. Such instances are causing a chaotic situation in the cleanliness and sanitation of the hospitals.

6.3 The individuals or the users of health care: Every individual in the society is a user of medical care in the State. The majority poor, destitute and ignorant are generally using the public health care system while moderate, lower middle and upper middle class of the society are normally using private health care. It is because majority of the plans and programmes of the health care declared by the Central or State government is directed towards benefit of the people under BPL category and these persons are getting financial support from government under various schemes. But, the other categories are not getting the financial support and have to spend from their own sources for health care. Thus, they are opting for health insurance and forced to go to the hospitals covered by the

company for their health issues. A very limited those are not covered under any insurance or advantage are coming to public health are only under some kind of compulsion^[39]. Thus nobody is creating a negative opinion about the health care system.

Health care is a broad concept which includes clean environment, clean and safe drinking water, and clean working & living place. The government at different point of time declared projects to clean the environment and water. Further, for maintenance of public health every State government have a department to look after but these steps of the government cannot do everything. But these departments cannot do much Because, The attitude of the common individual is to wait for the government to do a particular thing for them and they will blame the government for the delay or any deficiency in doing of the thing. For example the government had declared SWACHA BHARAT JOYANA perhaps after the photo session we forget the purpose and if the sweepers go in strike in Delhi for five days it become a dump of garbage. We cannot manage our own garbage to keep the environment clean. The Central government has declared project Namami Ganga, but we are throwing the mortal remains of human and animals into Ganga and canalise all the drains of the city to the nearby river and water resources to pollute all the water resource we use. The government provide subsidies to make toilet in home to avoid public toilet but we use that amount for some personal benefit and use toilet in the open place. Even we spite in the place we are sitting in the office or the corridor we use to walk. All these habit of the general individual is creating an unhygienic condition from which diseases are created and spread. The Hon'ble Supreme Court had passed an order to restrict the use of cracker in Diwali^[40] as it cause Air pollution and causing health hazards to all especially critical to the Asthma and Heart ailing persons; we in furtherance of the order of the Supreme court are forced to use cracker from 8.00 PM to 10.00 PM on the day of Diwali but exhaust all the cracker in the market in the following days. This implies our mindless abuse of Environment to the detriment of a healthy environment. It can be stated that if we will control our habits, change in the life style and keep our environment clean then around 2/3rd of the common disease will come down. And changing the life style the life style disease will also be reduced. We have a quote- Prevention is better than cure. Therefore we should try in ourselves to keep ourselves out of disease without blaming the government for not providing public health. Further if the number of patients will be reduced the available patients can get better care.

6.4 The Civil society: The role of the civil society in a country is very vital. It function like a watch dog in the society. It owes a duty to create public opinion regarding faulty plans and policies at the Government level and also make aware the citizen about their violation of rights and abuse of duties. Apart from these duties they should undertake a holistic approach to create awareness among the ignorant mass to develop a consciousness to do the things for the betterment of society. For example PUCI had created an opinion for clean environment^[41] and in *Murli deora vs Union of India*^[42] smoking at public place was banned by which health hazard by passive smoking of innocent persons are reduced to a greater extent.

Thus it is a duty of the civil society to find the gap in the policy and implementation at government level and

encourage the persons to be self-dependant. This can also accrue some good result.

7. Conclusion & Suggestion

It is an accepted fact that India is far behind in protection of health care to its citizen. In terms of quality and access to health service, it stands in 145th position among 195 nations signifies the condition of health care is worse than small neighbouring countries like Bangladesh and Srilanka. Population, poverty, ignorance and vast and varied geographical area are the factors creating hindrance in realisation of health care in their turn. Despite of everything, India is a welfare state and committed to the around wellbeing of its citizen. Without health and healthy environment wellbeing of the citizen cannot be achieved. In the global context the importance of health was considered in 1946 by the league nation and place health as a component in UDHR and in subsequent years it has been redefined to oblige the States to confirm the health right of their citizen in conformity with the human rights. Indian constitution, even though directly had not mentioned health as a fundamental right but by Judicial interpretations concedes to the point that it is non the less fundamental, so declared as a component of right of life under Article 21. The directive principles under many articles put a positive obligation on the state to realise the health and health care service in India. The government of India as well as the State governments has drawn policy, plans and also schemes to provide health service to the citizen along with private health care system operated by individual to cater the need.

India had successfully controlled the epidemic diseases to a great extent. But it is experienced that the public health care system upon which 80% of Indian milieu are dependant cannot deliver adequate service. There is acute shortage of doctors, specialist, nurse, pharmacist and sweepers in the government hospitals. Further infrastructure like building, equipment and operators of the equipment are not available in the major hospitals also. The governments declare many schemes for the patients but the beneficiaries are rarely benefited. For which the public cannot repose faith on the existing health care system. All these failures are pointing the index towards the gap in planning, Policy and implementation of policy in health care, as well towards the attitude and dependence of common citizen for government schemes.

In this context some suggestion

7.1 During that last 50 years India has successfully managed to eradicate and control the disease like malaria, polio, plague, HIV etc. This has been successful for a targeting plan to combat the fatal disease. So special drive on various life style disease may also to undertaken so that the number of these life style diseases will also come down.

7.2 It has been alleged that the budget for health care in India is very less in comparison to the budgets made in other developing countries and some time the governments are declaring many populist schemes to draw vote bank towards them. At times it is felt unrealistic, but effect the other heads of the health care system. The poor centric plans made by the Government becomes beneficial to a limited number of persons. Instead if the whole system would be focused the health care system as a whole can be cheaper and the whole mass would be benefited. So the government should make a

holistic budgetary allocation for health care, focusing on providing staff and necessary equipment to the hospitals than the situation of public health system in the State can be improvised.

For improvement in the general condition of health the government should consider:

7.2.1 To create more doctors, nurse, pharmacist and operators by promoting their education through opening colleges and infrastructure. Special budgetary allocation can be made or the companies may be directed to spend the CSR fund for raising the source, the government may also consider for health cess to generate fund for the budget.

7.2.2 To centralise the pathological and medical test by the governments by supplying equipment to the trained personal in PPP mode. A certified mechanism will check the exploitation of patients repeatedly referred by doctors for multiple test in a single disease. This can also be a mechanism of self-employment to the trained personal and reduce unemployment.

7.2.3 To control the production and supply of drugs presently it is experienced that the generic medicine supplied in Niramay yojana is either not prescribed by the doctors or it is not available in the Niramaya counters or even the people have no faith on it so they do not purchase it. In this context the government may adopt the method adopted in Bangladesh by allowing a single manufacturing company to prepare a medicine on a single generic compound. The price of which will be fixed by the government, so that one kind of medicine will be available in whole of India which can be standardised and certified. If the medicine is of common use the government can give subsidies to that production. There will be no competition for getting profit by supply substandard medicine in the market and the poor persons can also get the medicine in cheap.

7.3 A volunteer health care group may also be considered by the government. Without making a contractual appointment the doctors, nurse, pharmacist; these students may be engaged as stipendiary basis in hospitals, after completion of their course for certain period before they become eligible to practise in public. As the course fees of these students are subsidised from the national exchequer, the government may extract 2 to 3 year service from these personals, and deploy them in rural areas. So that all these younger generations will realise their ethical duty even in compulsion for getting the licence to practice.

7.3 The public in general is also not owing any responsibility. They only demand certain benefits from the government. But, the actual health care can be by themselves by performing some duties in this regard. Health and health care demands for cleanliness in food, water, environment living and working. The government had made plans, policies and it is the duty of all the individual to maintain the clean and sanitised environment. But our citizens do not mind to pollute the water resource, the living environment. The individual can perform such duty :

7.3.1 By not doing toilet in public. And Keeping the living environment clean.

7.3.2 By preserving sanity of the water resources, by avoiding animal bath, floating of dead body or otherwise destroying the human environment and

7.3.3. Take adequate protection prevention that they will not fall on disease.

7.4 Last but not least: The civil society should do the

avowed duty on it. It should function like a watch dog. It should timely remind the government on the loop holes of the policy. Baring it to the notice of the public regarding the mal practice made in the implementation of the plans and also encourages and create an environment among the mass to create a clean and healthy environment of living.

All the concerted efforts at all level will make a healthy India and we can achieve the MDG goal of health for all by 2030.s

References

1. Assistant professor, University Law College, Utkal University, Bhubaneswar, Odisha, 751004 E-mail:Swain2ku@gmail.com;+919437731789
2. News PTI, May 23 2018 ; visited on 08.12.2018
3. News click Report 10th September 2018; visited on 08.12.2018
4. En.m.wikipedia, definition of health provided by WHO, visited 08.12.2018
5. ibid
6. Tabish SA; Historical development of health care in India; www.research gate visited on 12.12.2018
7. ibid
8. Sheingold.Brenda Helena; History of health; IJANS Vol1, 2014 pp18-22
9. In 1946 WHO was formed with this objective
10. Article 25 of Universal Declaration of Human Rights 1948
11. Article 12 of International Covenant on Economic, social and cultural Rights 1966 provides "the state parties to the present covenant recognise the right of everyone to the enjoyment of highest attainable standard of physical and mental strength."
12. Under international convention on the elimination of all forms of racial discrimination,
13. Article 12 of United Nations convention on the elimination of all forms of discrimination against women.
14. Article 3 of The convention on the Rights of the Child 1989.
15. Ibid at Article 17
16. Ibid at Article 23
17. ibid at Article 24
18. The United Nations Committee on Economic, Social and Cultural rights issued General Comment in 2000
19. Article 25 of the Convention on the Rights of Persons With disability 2006.
20. The preamble of Indian Constitution
21. Article 14 of Indian Constitution
22. Article 21 of Indian Constitution
23. M. Nagaraj vs Union of India, AIR 2007 SC 71
24. Francis coreil mulian vs Union territory of Delhi AIR 1981 SC746.
25. Maneka Gandhi Vs Union of India, AIR 1978 SC 597
26. Consumer Education and Research Centre v. UOI,1995SCC(3)
27. Article 38of Indian Constitution
28. Article 41of Indian Constitution
29. Articles 41, 42 &47 of Indian constitution under DPSP provides for.
30. State of Punjab v Ram Lubhaya Bagga 1998
31. In Paschim Banga Khet mazdoor Samity &ors v. State of West Bengal &ors (1996) 4 SCC
32. Tapan KumarVs FCI, (1996) 6 SSC 101

33. Vicent Vs UOI, AIR 1987, SC 990
34. Ayushman Bharat the health insurance schemes by GOI, Biju Swasthya Kalyana yojana, Niramaya Yojana for free treatment of poor persons and Jana Ausadhi scheme is for subsidised medicines etc. are the schemes declared by the Central and State Governments in different point of time for poor and BPL category persons.
35. En.m.wikipedia, Health Care in India, visited on 8.12.2018
36. ibid
37. The Author along with a team of students of LLM (HR) has conducted a survey on the condition of health care in government hospitals nearing Bhubaneswar on 10th and 11th December 2018.
38. opcit
39. Observation made by prof A.K.Mahapatra former director AIMS Bhubaneswar in a national seminar on Right to health and Health care in India conducted by University Law college, Bhubaneswar on 10.12.2018.
40. Opcit the data collected during survey
41. On 23.10.2018 the Supreme Court restrict the use of fire crackers.
42. PUCL v Union of India,(1997)1SCC301
43. Murali deora v Union of India (2001)8 SCC765