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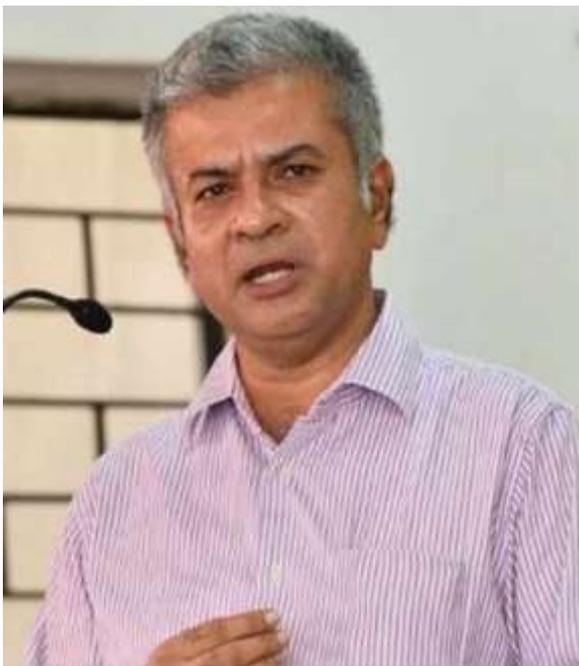
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WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

# **RIGHT TO HEALTH: A SIGNIFICANT FACET OF ARTICLE 21**

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## **Abstract**

*Right to Health: An important aspect of Article 21. The right to health has evolved as a significant facet of Article 21 of the Indian Constitution. Over the years, the judiciary has broadly interpreted this fundamental right and recognized the importance of access to health care and a clean environment. Currently, the right to health under Article 21 imposes an obligation on the government to ensure the availability and accessibility of health services to all citizens. The government has implemented various initiatives to improve healthcare infrastructure and respond to public health challenges. The right to health, which is an integral part of Article 21, guarantees the fundamental right to life and personal liberty. This includes access to healthcare facilities, essential medicines, and a clean environment. The right to health under Article 21 has influenced the Government of India's efforts to ensure that all individuals have fair access to healthcare services. The research problem involves understanding how effectively the right to health is implemented in accordance with Article 21 and identifying any challenges or gaps that hinder its full implementation. The main objective of this study is to assess the impact of Article 21 Right to Health-on-health care and its outcomes in India. The aim is to analyse relevant court judgments, evaluate government initiatives, and identify areas for improvement to ensure the effective implementation of health-related rights.*

## 1. Introduction

“The attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.”<sup>1</sup>

National Health  
Policy, 2017

The right to health is considered a significant facet of Article 21 of the Constitution of India, which guarantees the fundamental right to life and personal liberty. Article 21 asserts that "No individual shall be deprived of his life or personal liberty except in accordance with the procedure established by law." Throughout the years, the judiciary has interpreted Article 21 as a dignified and meaningful life is embraced by Article 21 in its wider context, and the right to health has been acknowledged as a significant aspect of this constitutional guarantee.

One important aspect of Article 21 of the Indian Constitution is the concept of the right to health, which refers to the recognition and protection of everyone's right to achieve the highest attainable standard of physical and mental health.

The right to health is a fundamental human right that includes access to timely, affordable, and quality healthcare services as well as the determinants of health, like clean water, sanitation, and nutritious food. It is a crucial aspect of Article 21 of the Indian Constitution, which protects the right to life and personal liberty.

The Indian Supreme Court has often highlighted that a healthy body is the basis of all human activities and that the right to health is a necessary component of the right to life. In landmark cases such as *Consumer Education and Research Centre v. Union of India*<sup>2</sup> and *Paschim Banga* case, the Court ruled that the state has a positive obligation to protect and fulfill the right to health by ensuring that all of its citizens have access to affordable, high-quality healthcare.

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<sup>1</sup> Ministry of Health & Family Welfare, India's Journey Towards Universal Health Coverage, UHC Brochure Final for Web.cdr (2023), available at [UHC brochure final for web.cdr \(mohfw.gov.in\)](http://mohfw.gov.in), (last visited Nov. 20, 2023).

<sup>2</sup> *Consumer Educ. & Research Ctr. v. Union of India*, (1995) 3 S.C.C. 42 (India).

The right to health includes a broader concept of complete physical, mental, and social well-being than just the absence of disease or disabilities. Access to preventative healthcare, reproductive health services, and mental health care are all facets of this. The state must also provide appropriate infrastructure, facilities, and skilled workers for providing necessary healthcare services.

Recognizing the right to health as a basic right has far-reaching consequences for public health policy and healthcare delivery. It requires governments to prioritize healthcare expenditure, manage resources equally, and conduct health and well-being programs. It also enables citizens to demand access to high-quality healthcare and hold the authorities responsible for its responsibilities.

The right to health is a fundamental human right and a significant facet of Article 21 of the Indian Constitution. It is essential for human dignity, development, and the enjoyment of all other human rights. The realization of the right to health requires concerted efforts from governments, healthcare providers, civil society, and individuals to ensure that all people have access to the healthcare services for leading healthy and meaningful lives.

The right to health is a fundamental human right and a significant facet of Article 21 of the Indian Constitution. It is necessary for the improvement of human dignity and the fulfillment of every other human right. In order to guarantee that every individual has access to the healthcare services they require to live healthy and fulfilling lives, governments, healthcare providers, civil society, and individuals must work together to safeguard the right to health.

## **2. Historical Evolution**

**Early legal interpretations regarding the scope of Article 21 and judicial decisions that contributed to the recognition of the Right to Health under Article 21.**

The interpretation of Article 21 of the Indian Constitution, which ensures the right to life and personal liberty, has changed significantly over time. The initial interpretations of Article 21 were relatively narrow compared to its broader interpretation today. The early focus was primarily on procedural aspects and protecting individuals from arbitrary state action, with less emphasis on substantive rights. As time passed and societal demands evolved, the ambit of Article 21 has significantly expanded, encompassing numerous aspects of human dignity

and welfare.<sup>3</sup>

Over time, the judiciary has adopted a more progressive approach in interpreting Article 21. This change resulted in the recognition of various substantive rights under Article 21, including:

- Right to health and medical care
- Right to clean environment
- Right to education
- Right to food
- Right to privacy
- Right to livelihood

This evolving interpretation of Article 21 has significantly enhanced the scope of individual rights and freedoms in India. The Bandhua Mukti Morcha case recognized the right to life with dignity, including access to basic healthcare and education, emphasizing its importance for marginalized communities.<sup>4</sup> Also in Paschim Banga Khet Mazdoor Samity v. State of West Bengal (1996) this case recognized the right to health and medical aid for workers as a fundamental right under Article 21.<sup>5</sup>

### **3. Constitutional Framework**

#### **A. Constitutional Provisions related to the Right to Health -**

While the Right to Health is not explicitly mentioned in the Indian Constitution, it is recognized as an integral part of the fundamental right to life and personal liberty guaranteed under Article 21. This recognition arises through several constitutional provisions and judicial pronouncements.

##### **i. Fundamental Rights:**

- Article 21: The cornerstone of the right to health, guaranteeing the right to life and personal liberty. This includes the right to access healthcare, clean environment, and other factors necessary for a healthy life.

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<sup>3</sup> Kanya Saluja, Right to Health – A Part of Article 21?, available at <https://www.ipleaders.in/right-to-health-a-part-of-article-21> (last visited Nov. 24, 2023).

<sup>4</sup> Bandhua Mukti Morcha v. Union of India, A.I.R. 1984 S.C. 802 (India).

<sup>5</sup> Paschim Banga Khet Mazdoor Samity v. State of West Bengal, A.I.R. 1996 S.C. 2426 (India).

- Article 14: Guarantees the right to equality before the law and equal protection of the law. This implies that the state has an obligation to ensure equitable access to healthcare for all citizens.
- Article 19(1)(a): Ensures the right to freedom of speech and expression, allowing individuals to advocate for improved healthcare and raise concerns about health-related issues.

**ii. Directive Principles of State Policy (DPSP):**

- Article 38: Directs the state to strive to secure a social order for the promotion of the welfare of the people. This includes ensuring public health and providing adequate medical care for all.
- Article 39: Mandates that the state guarantees equal rights for all citizens, regardless of gender, to access sufficient means of livelihood. This includes access to healthcare, as poor health can significantly impact one's ability to earn a living.
- Article 42: Requires the state to establish fair and humane working conditions, as well as to provide maternity benefits. This emphasizes the importance of occupational health and safety regulations.
- Article 43: Directs the state to ensure a living wage and conditions of work ensuring a decent standard of life. This includes access to affordable healthcare, as healthcare costs can significantly impact an individual's standard of living.
- Article 47: Directs the state to raise the level of nutrition and the standard of living and to improve public health. This emphasizes the state's obligation to invest in healthcare infrastructure and public health initiatives.

**iii. International Law:**

- Universal Declaration of Human Rights (UDHR): India is a signatory to the UDHR, which recognizes the right to a standard of living adequate for the health and well-being of oneself and one's family.

**B. The key components of the Right to Health -**

The Supreme Court of India has outlined several key components of the right to health as enshrined in Article 21 of the Constitution. These components encompass the multifaceted nature of the right to health and emphasize the state's responsibility to ensure its fulfilment.

**i. Accessibility of healthcare services:**

Healthcare services must be accessible to everyone without discrimination, including those living in remote areas or those facing social or economic barriers. Physical accessibility involves ensuring healthcare facilities are located within reasonable reach of the population. Cultural appropriateness implies that services are tailored to the cultural norms and beliefs of the community. Financial affordability is essential to ensuring that individuals can access healthcare without facing undue financial hardship.

The Supreme Court held that the right to health includes the right to access medical facilities and services, and it is the duty of the state to ensure that such facilities are available to all citizens, especially the poor and marginalized. The case recognized the right to health as a fundamental right and an integral part of the right to life by expanding the scope of Art. 21 beyond mere survival and recognizing the importance of a healthy life. The ruling underscored the responsibility of the state to guarantee that sufficient medical facilities are accessible to all citizens, especially for those who are economically disadvantaged.

**ii. Availability of essential medicines:**

Adequate healthcare facilities, goods, and services must be accessible to meet the needs of the population. This includes a wide range of healthcare services, from preventive care and primary care to specialized care and emergency services. The availability of essential medicines and diagnostic tests is crucial for effective healthcare delivery.

The Court also observed that the state has an obligation to ensure that essential medicines are available to all its citizens, particularly those who are economically disadvantaged.<sup>6</sup> However, the availability of essential medicines remains a challenge in India. The National Health Policy 2017 acknowledges that the availability and accessibility of medicines remain a major challenge in the country, particularly in rural and remote areas.<sup>7</sup>

**iii. Acceptability of healthcare services:**

Healthcare services must be respectful of cultural and personal values, beliefs, and practices. This includes respecting informed consent, allowing individuals to choose their

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<sup>6</sup> State of Punjab v. Mohinder Singh Chawla, (1997) 2 S.C.C. 83 (India).

<sup>7</sup> Ministry of Health & Family Welfare, National Health Policy, 2017, available at <https://mohfw.gov.in/9147562941489753121.pdf> (last visited Nov. 28, 2023).

healthcare provider, and upholding privacy rights. Cultural sensitivity involves adapting healthcare practices to align with the cultural context of the community. Non-discrimination ensures that healthcare services are provided without prejudice based on factors such as caste, religion, gender, or socioeconomic status.

**iv. Quality of healthcare services:**

Healthcare services must be of good quality and meet internationally recognized standards. Effectiveness implies that services produce the desired health outcomes and address the intended health needs. Safety ensures that healthcare services do not cause harm or pose unnecessary risks to patients. Timeliness involves providing services promptly and without undue delays to avoid adverse health consequences. Person-centred care prioritizes individual needs, preferences, and values, ensuring patient-centred decision-making.

**v. Participation of healthcare services:**

Individuals and communities must have the opportunity to participate in the planning, development, and implementation of healthcare policies and programs. This includes the right to information, the right to be heard, and the right to hold healthcare providers and governments accountable. Informed participation empowers individuals to make informed decisions about their health and contribute to the shaping of healthcare systems.

**vi. Accountability for healthcare services:**

The Court has placed the responsibility on healthcare providers and the government to ensure accountability for the provision of quality healthcare services. This includes addressing negligence, malpractice, and violations of patient rights.

#### **4. Judicial Precedents**

The Supreme Court of India has played a crucial role in expanding the scope and interpretation of the right to health under Article 21 of the Indian Constitution. Through a series of landmark judgments, the Court has established that the right to health is an integral component of the fundamental right to life. This interpretation has significantly impacted the healthcare landscape in India, emphasizing the government's responsibility to ensure equitable access to quality healthcare for all citizens.

- i. **Paschim Banga Khet Mazdoor Samity v. State of West Bengal:**<sup>8</sup> This case recognized the right to health and medical aid as a fundamental right under Article 21, applicable to both serving and retired workers. It established the state's obligation to provide adequate healthcare facilities for workers and their families.
- ii. **Consumer Education and Research Centre v. Union of India:**<sup>9</sup> This case recognized the right to clean drinking water as an integral part of the Right to Health. It highlighted the importance of a healthy environment for well-being and emphasized the state's responsibility to ensure access to clean water for all citizens.
- iii. **Olga Tellis v. Bombay Municipal Corporation:**<sup>10</sup> This case upheld the right to shelter and livelihood as essential components of the Right to Life. It highlighted the connection between health and social determinants and emphasized the state's responsibility to create enabling conditions for a healthy life.
- iv. **Parmanand Katara v. Union of India:**<sup>11</sup> This case extended the Right to Health to pregnant women, ensuring their access to adequate healthcare during pregnancy and childbirth. It recognized the specific needs of vulnerable groups and the state's responsibility to cater to them.
- v. **Subhas Kumar v. State of Bihar:** It has held that a Public Interest Litigation is maintainable for ensuring enjoyment of pollution-free water and air which is included in 'right to live' under Art.21 of the Constitution. The Court observed: "Right to live is a fundamental right under Art 21 of the Constitution and it includes the right of enjoyment of pollution free water and air for full enjoyment of life. If anything endangers or impairs that quality of life in derogation of laws, a citizen has right to have recourse to Art.32 of the Constitution for removing the pollution of water or air which maybe detrimental to the quality of life."<sup>12</sup>

#### **Impact of Supreme Court's Interpretation:**

- Strengthened the legal framework for healthcare access and quality.
- Emphasized the state's responsibility to ensure equitable healthcare.
- Promoted the expansion of healthcare infrastructure and services.
- Enhanced awareness of individuals' health rights and entitlements.

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<sup>8</sup> Bandhua Mukti Morcha, supra note 4.

<sup>9</sup> Consumer Educ. & Research Ctr., supra note 2.

<sup>10</sup> Olga Tellis v. Bombay Mun. Corp., A.I.R. 1986 S.C. 180 (India).

<sup>11</sup> Parmanand Katara v. Union of India, (1989) 3 S.C.R. 997 (India).

<sup>12</sup> Subhas Kumar v. State of Bihar, (1991) 1 S.C.C. 598 (India).

- Shifted the focus from curative to preventive care and public health.

## **5. Environmental Health: An Integral Component of the Right to Health**

Environmental health is an integral component of the right to health, as recognized by the Supreme Court of India. The right to health, enshrined in Article 21 of the Indian Constitution, encompasses not only the absence of disease but also the state of complete physical, mental, and social well-being. This comprehensive understanding of health acknowledges the profound impact of environmental factors on an individual's well-being. The court in Common Cause case recognized the right to clean air as a fundamental right, further expanding the scope of Article 21 to encompass environmental protection.

A healthy environment is a prerequisite for achieving the highest attainable standard of physical and mental health. Exposure to environmental hazards, such as air and water pollution, hazardous waste, and unsafe sanitation, can lead to a range of adverse health outcomes, including respiratory illnesses, waterborne diseases, and developmental disabilities. In *Milk Men Colony Vikas Samiti v. State of Rajasthan*, the Supreme Court held that the "right to life" means clean surroundings, which leads to a healthy body and mind.<sup>13</sup>

The Supreme Court of India has consistently upheld the notion that environmental protection is indispensable for the preservation of life and dignity, affirming the right to a clean and healthy environment as an essential facet of the right to life under Article 21. A facet of the right to health under Art. 21 is environmental health. The Supreme Court of India has held that the right to health includes the right to live in a clean and healthy environment in a plethora of judgments. It is the duty of the state to protect the environment and ensure that the citizens are not exposed to hazardous substances.<sup>14</sup> The court also emphasized the importance of the precautionary principle in environmental health, which means that the state must take preventive measures to avoid potential harm to human health.<sup>15</sup> The Supreme Court has further held that the right to life under Art. 21 includes the right to a healthy environment. The Court emphasized that a healthy environment is essential for human life and dignity. The Court highlighted the importance of safeguarding the environment for future generations,

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<sup>13</sup> *Milk Men Colony Vikas Samiti v. State of Rajasthan*, (2007) 2 S.C.C. 413 (India).

<sup>14</sup> *Vellore Citizens Welfare Forum v. Union of India*, A.I.R. 1996 S.C. 2715 (India).

<sup>15</sup> Rio Declaration on Environment and Development, U.N. Conference on Environment and Development, Principle 15, U.N. Doc. A/CONF.151/26 (Vol. I) (1992).

emphasizing the intergenerational equity aspect of environmental protection.<sup>16</sup> In T. Ramakrishna Rao case, the Honourable High Court gave the observation that protecting environment is duty of both citizens and the state. Article 21 encompasses the safeguarding and conservation of the environment, as environmental pollution constitutes a gradual form of demise, thereby constituting a violation of Article 21 of the Constitution of India.

## 6. Legislative Landscape

### A. Laws and Statutes Contributing to the Right to Health in India –

#### i. Mental Health Act, 2017<sup>17</sup>

The Mental Health Act, 2017, is a landmark legislation in India that focuses on providing comprehensive mental healthcare services and protecting the rights of individuals with mental illnesses. It repeals the outdated Mental Health Act of 1959 and brings India's mental healthcare framework in line with international standards.

Key provisions of the Mental Health Act, 2017, include:

- Decriminalization of suicide attempts, recognizing it as a public health issue rather than a criminal offense.
- Informed consent for mental healthcare services, empowering individuals to make informed decisions about their treatment.
- Advance directives, allowing individuals to specify their preferences for future mental healthcare.
- Protection against discrimination and abuse of individuals with mental illnesses.
- Establishment of Mental Health Review Boards to safeguard the rights of individuals undergoing involuntary mental healthcare treatment.

ii. **Pre-natal Diagnostic Techniques (Prevention of Misuse) Act, 1994:**<sup>18</sup> Aims to prevent the misuse of prenatal diagnostic techniques for sex selection and female feticide. Regulates the use of ultrasound technology and other diagnostic procedures.

iii. **Food Safety and Standards Act (2006):**<sup>19</sup> This Act ensures food safety and

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<sup>16</sup> Consumer Educ. & Research Ctr., supra note 9.

<sup>17</sup> Mental Health Act, No. 10 of 2017 (India).

<sup>18</sup> Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, No. 57 of 1994 (India).

<sup>19</sup> Food Safety and Standards Act, No. 34 of 2006 (India).

quality, protecting consumers from foodborne illnesses and promoting public health.

iv. **Air (Prevention and Control of Pollution) Act (1981):**<sup>20</sup> This Act aims to prevent and control air pollution, protecting public health from respiratory illnesses and other environmental hazards.

v. **Water (Prevention and Control of Pollution) Act (1974):**<sup>21</sup> This Act aims to prevent and control water pollution, ensuring access to clean drinking water and protecting public health from waterborne diseases.

vi. **National Rural Health Mission (NRHM)**<sup>22</sup>

The National Rural Health Mission (NRHM) is a flagship government program in India that focuses on improving healthcare infrastructure and services in rural areas. It was launched in 2005 to address the disparities in healthcare access and quality between rural and urban populations.

Key components of the NRHM include:

- Strengthening primary healthcare centres (PHCs) and sub-centres to provide essential healthcare services.
- Expanding the availability of trained healthcare professionals in rural areas.
- Enhancing maternal and child health services, including immunizations, prenatal care, and postnatal care.
- Promoting preventive healthcare and awareness campaigns to address common health issues in rural communities.

vii. **National Health Insurance Scheme (NHIS)**<sup>23</sup>

The National Health Insurance Scheme (NHIS) is a government-sponsored program that provides health insurance coverage to low-income and vulnerable populations. It aims to reduce the financial burden of healthcare costs and improve access to essential medical services.

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<sup>20</sup> Air (Prevention and Control of Pollution) Act, No. 14 of 1981 (India).

<sup>21</sup> Water (Prevention and Control of Pollution) Act, No. 6 of 1974 (India).

<sup>22</sup> National Rural Health Mission (NRHM), Ministry of Health & Family Welfare, Government of India (2005).

<sup>23</sup> National Health Insurance Scheme (NHIS), Ministry of Health & Family Welfare, Government of India (2003).

Key features of the NHIS include:

- Coverage for a wide range of medical expenses, including hospitalization, surgeries, and diagnostic tests.
- Cashless treatment at empanelled hospitals and healthcare providers.
- Subsidized premiums for individuals from low-income households.
- Portability of coverage, allowing beneficiaries to access healthcare services across the country.

viii. **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)<sup>24</sup>**

Also known as “Modicare”, AB-PMJAY is a national health insurance scheme that provides cashless and comprehensive healthcare coverage to over 100 million vulnerable families.

**B. Assessment of gaps or areas requiring legislative attention for effective implementation-**

These developments highlight India's dedication to ensuring the medical rights of its citizens. Decreasing rates of death and mortality, spending on public healthcare, improved health outcomes such as well-being and vaccine coverage, and technological developments in the medical sector.

The healthcare system suffers from insufficient funding, which hampers the progress of necessary infrastructure and the availability of vital resources. As a result, there is an unequal distribution of quality care, with marginalized communities and rural residents experiencing disproportionate disparities in access. Moreover, a fragmented healthcare system, combined with limited awareness and empowerment among individuals, creates obstacles to utilizing the services that are available.

The challenges faced in achieving good health outcomes are further intensified by social determinants of health, including poverty, limited access to education, and inadequate sanitation. These deeply rooted societal problems play a significant role in the development of poor health outcomes, establishing a harmful cycle that cannot be

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<sup>24</sup> Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Ministry of Health & Family Welfare, Government of India (2018).

addressed solely by the healthcare system.

Therefore, a comprehensive and multifaceted approach is required to tackle these issues effectively.

To bridge these gaps and move towards full realization of the right to health, a series of crucial steps must be undertaken. Firstly, increased government funding is essential to address infrastructural and resource limitations, ensuring accessible and quality healthcare services for all. This will guarantee that healthcare services are accessible and of high quality for everyone. Additionally, it is crucial to enhance primary healthcare systems by prioritizing preventive care and making services readily available at the community level.

It is essential to focus on specific actions to help marginalized communities and vulnerable groups, so they have fair access to healthcare. Equally important is to empower these communities through health education and awareness programs, so they can make informed decisions about their well-being and make the most of the services available to them.

India must adopt a persistent and multifaceted approach to fully realize the right to health. By tackling current challenges, implementing suggested measures, and prioritizing health as a basic human right, India can begin a transformative journey towards the well-being of its citizens. This journey necessitates ongoing collaboration and dedication from the government, healthcare providers, and individuals, resulting in a healthier and equitable future for everyone.

#### ❖ **The Rajasthan Right to Health Care Act of 2022<sup>25</sup>**

The Rajasthan Right to Healthcare Act, 2022, is a landmark legislation passed by the Rajasthan state government in India, making it the first state in the country to guarantee the Right to Health as a fundamental right. Here's an overview of the Act:

#### **Key Features:**

☑ **Guarantee of free healthcare:** The Act guarantees all residents of Rajasthan free

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<sup>25</sup> Rajasthan Right to Health Care Act, No. 12 of 2022 (India).

access to Outpatient Department (OPD) and Inpatient Department (IPD) services at all public health facilities, including hospitals, clinics, and diagnostic centers.

- Emergency care: The Act provides for free emergency treatment and care for accidental emergencies, snake bites/animal bites, and any other emergencies decided by the State Health Authority.
- Human Resource Policy: The Act mandates the development and institutionalization of a Human Resource Policy for Health within six months of its enactment to ensure the availability and equitable distribution of doctors, nurses, and other healthcare professionals across all levels of healthcare.
- Duties of residents: The Act also outlines the duties of residents to utilize healthcare services responsibly and follow prescribed procedures for referrals and treatment.
- Grievance Redressal: The Act establishes a grievance redressal mechanism for individuals who face any violations or denial of their right to healthcare.

The Rajasthan Right to Healthcare Act, 2022, is a significant step towards ensuring the Right to Health for all residents of the state. While challenges exist, the Act holds immense potential for improving access to healthcare, promoting equity, and empowering individuals. By effectively implementing and promoting collaboration, we can lead to a future where the Right to Health is a reality for all citizens of Rajasthan and beyond.

## **7. Conclusion**

The end result of this research emphasizes how significant the Right to Health is as a crucial aspect of Article 21, which helps to form an understanding of fundamental rights in the legal framework. It is not only a fundamental right but also a constitutional obligation of the State to provide adequate healthcare facilities to its citizens. The right to health also imposes duties on individuals to maintain their own health and contribute to a healthy environment.

Article 21 of the Indian Constitution ensures the safeguarding of life and personal liberty. Over time, jurisprudential developments have expanded the scope of Article 21 to encompass a broader spectrum of rights, including the Right to Health. This evolution reflects an acknowledgment that the right to life is not merely about survival but extends to the right to lead a life with dignity, which is intrinsically linked to one's health.

India has achieved remarkable developments in improving access to healthcare services, reducing preventable fatalities, and enhancing health outcomes. In order to reach those with limited access and promote access to healthcare, government programs like the National Health Insurance Scheme (NHIS) and the National Rural Health Mission (NRHM) have been implemented.

Despite these advancements, India continues to face challenges in fully realizing the right to health for all its citizens. Ensuring fair access to high-quality healthcare is hindered by the vastness of the nation, the diversity of its population, and disparities in socioeconomic status.

The research delved into the various dimensions of the Right to Health, exploring its implications in the context of healthcare accessibility, affordability, and quality. The socioeconomic disparities in healthcare access were highlighted, emphasizing the need for policies that bridge these gaps and ensure equitable distribution of healthcare resources.

However, despite the constitutional and international recognition of the right to health, the ground reality in India is far from ideal. There is a huge disparity in access to healthcare facilities, particularly in rural and remote areas, and the quality of healthcare services in many parts of the country is inadequate.

## **8. References Statutes**

- 1) Mental Health Act, No. 10 of 2017 (India).
- 2) Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, No. 57 of 1994 (India).
- 3) Food Safety and Standards Act, No. 34 of 2006 (India).
- 4) Air (Prevention and Control of Pollution) Act, No. 14 of 1981 (India).
- 5) Water (Prevention and Control of Pollution) Act, No. 6 of 1974 (India).

## **Websites**

- 1) *Ministry of Health & Family Welfare, India's Journey Towards Universal Health Coverage, UHC Brochure Final for Web.cdr (2023), available at [UHC brochure final for web.cdr \(mohfw.gov.in\)](https://mohfw.gov.in), (last visited Nov. 20, 2023).*
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