

Call for Immediate Action by the Government of Delhi

Protect People's Right to Health and Life!

Though Dengue itself is very rarely a life threatening disease and should not be a cause for panic under normal circumstances, it has now reached epidemic proportions in Delhi and elsewhere, as also experienced in previous years. The number of reported cases so far is record high (over 2500 cases by 19th Sep), though the actual number is likely to be much higher than what is being reported.

Despite it being a known fact that Dengue generally peaks during the post monsoon season (during the months of August to October), the lack of preparedness of State agencies, the negligence and extremely weak response, blatant denial of health care reflect the apathy of the State and its disregard for people's health rights and lives.

The stories of Avinash Rout and Aman Sharma are unfortunate illustrations of this – the two young children who died of dengue after being denied treatment by several private hospitals - Avinash's parents committed suicide following his tragic death. They were citizens who had fallen prey not only to the disease, but also to the heinous acts on the part of the (only for profit) private health care institutions, and to the non-vigilance and non-preparedness of the State.

All the preventive, promotive and curative responses by the State have been extremely disorganised and undisputedly chaotic. The pathetic infrastructure of the public hospitals and the major gaps in measures by the other public health services were more than apparent. The gravity of the situation was reflected in the Delhi High Court intervening to ask the Centre, the state government and the civic bodies to explain various steps that have been taken to address this challenge.

Also very visible was the lack of control of the government over the private health care sector, and thus the impunity with which the latter was able to deny health care to the people, in direct violation of their rights. Even now, newspaper reports state that only 555 beds are occupied out of 640 reserved beds for free treatment of economically weaker sections in private hospitals, while a large number of people await their turn for care to survive Dengue and death - showing how powerful and least concerned a majority of the private hospitals are. Avinash's, Aman's and many other similar narratives are a reflection of the shambles that the health care system of the country and the state of Delhi is in today.

Be it the exploitative private health care sector, the crisis – ridden government health care system, or the complete lack of responsibility and accountability of the State, Dengue is one more situation that has only reinforced these. What we see in Delhi is a microcosm of the entire country – a breakdown of health services due to callous disregard for public health. We know it is not a breakdown of public health services that has been caused by the Dengue epidemic, but it is a breakdown that exists and we are reminded of it every time the system faces even a moderate challenge.

We, people of Delhi, representatives of various mass organisations, civil society groups and health movement are angered and deeply concerned by this situation. We are unwilling to let the deaths and distress of the Avinashes, Amans and many others continue. We believe that the measures initiated so far by the government are insufficient and insignificant to address the scale of the problem.

We demand URGENT ACTION, as well as commitments in the long term by the Central and Delhi Governments to ensure fundamental and structural changes in the uncaring, inhumane and profit driven health system:

1. Prepare and publish a comprehensive epidemic control and response plan for Dengue and similar challenges, with particular focus on the needy, economically weak and vulnerable communities.
2. Ensure vector control measures in the state, especially in the slums and areas of crowded populations, should be strengthened.
3. Establish a mechanism to test and confirm Dengue cases at the soonest and to put in all those dengue suspect or confirmed cases, whether treated at home or health facilities, under ongoing and regular observation.
4. Establish mechanisms for fever management and for free blood sample collection as well as testing of the platelet levels in fixed intervals for all the confirmed and suspect cases, and to inform them and the authorities with results. Fix up accountability levels to ensure these.
5. Establish proper transportation facilities for the suspect and confirmed cases.
6. Control mushrooming of alternative treatment provisions. Strict regulation and quality control measures should be introduced around market practices of selling or distribution herbal and other supplementations. All patients and their family should be clearly informed about what is beneficial and what is not, in such situations and up to what extent.
7. Ensure free and quality treatment of the poor by all the private and public facilities mandatory, during such situations- which should be over and above the existing norms for treating people from EWS. Government may work out viable ways of covering the genuine additional costs incurred by these institutions for providing these services.
8. Introduce systems of grievance-redressal and a legal and institutional framework for looking at and addressing issues of offences related to denial of health care and violations of other patients' rights. This should include people's health care ombudspersons, with clear terms of references and powers to direct and control the health care providers for provision of just health care services for all needy populations. Each of the major hospitals in the city should have an independent Ombudsperson.
9. Most importantly strengthen the public health system by addressing the range of problems- insufficient budgets, infrastructure, human resources, poor access to safe and clean water, sanitation facilities, free and quality health care.
10. Ensure regulation of the private health care system and initiate monitoring and accountability systems for the government and private health systems.