



**Jan Swasthya Abhiyan,  
Delhi**

**People's Health  
Manifesto,  
Delhi 2020**

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The Delhi state chapter of Jan Swasthya Abhiyan (JSA) demands that the Right to Health and Health Care for all people of Delhi should be the overarching principle of health policy discourse in the state. We urge all political parties to incorporate and commit to the demands raised in this People's Health Charter.

While some of the past initiatives to improve the situation of health in the state such as the Mohalla Clinics, better pay and working conditions for contractual workers and improved budgetary allocations for health, are appreciable, these must be consolidated and the other demands raised here must be addressed.

JSA demands that the Right to Health and Health Care for all people of Delhi should be the fundamental principle on which all health policies and programmes in the state are founded.

Specifically,

**Make the right to healthcare a justiciable right** through the enactment of appropriate legislations at the State level for the people of Delhi. Such a legislation should ensure universal access to good quality and comprehensive health care including the entire range of primary, secondary and tertiary services for the entire population of Delhi. This must be accompanied by a public health legislation which ensures people's access to a range of health determinants and protection from health harming influences and should have appropriate legal and financial backing.

Public spending on health has increased over the last few years in Delhi and the Government expenditure on health is about 13% of the total expenditure which is much higher than the average for other states. However, it is among the lowest in terms of percent of GSDP spent on health (0.65%). **Public health expenditure should be increased through general taxation to 2% of GSDP in the short term, to be increased eventually to 3.5%.** A resource rich state like Delhi, with one of the highest per capita Net State Domestic Product and considerably large tax base should be able to mobilise more resources towards realisation of the right to health and healthcare for the people of Delhi.

Delhi's healthcare system needs a departure from the dangerous and expensive reliance on the private sector, including through public-private partnerships. Delhi Government is among the few state governments to reject Prime Minister's Jan Aarogya Yojana (PMJAY). We hail Delhi government's efforts in not succumbing to the pressure and rejecting PMJAY, which, in effect, is the largest Public Private Partnership to use public money for private profit.

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We demand that an alternative system for Universal Health Care (UHC) has to be primarily focused on the expansion and strengthening of public health services at all levels with some contracting of regulated private providers as an interim mechanism, to cover the current gaps in provisioning. **We demand the provision of comprehensive, quality, accessible health services to every individual, free of personal payments.**

Lack of comprehensive primary care in Delhi is a key issue, particularly for a vast majority of population living in Delhi's slums and urban villages. During the last few years, setting up of Mohalla Clinics (MCs) has been widely recognised as a positive step towards mitigating gaps in access to clinical primary care. There are some key gaps in functioning of the MCs which need immediate attention to carry forward the good work.

- In order to cater to at least a third of Delhi's population, **the state needs around 4000 MCs, ten times more than those currently functioning.**
- Furthermore the **MCs need to be integrated into the government health system more effectively**, particularly for referral, preventive services, diagnostics, supply of medicines and regularised doctors and other health personnel.

There are more than ten government agencies and departments providing health services in Delhi, leading to limited coordination and referral. **While the government health system needs to be strengthened, these various institutions need to be integrated into one coordinated system and made free for all the people of Delhi.**

Indian Council of Medical Research (ICMR) has prepared a National List of Essential Diagnostics. Those diagnostics services should be available free of cost at public health facilities along with all the medicines under Essential Drugs List. Further, there is a need for rationalising the Essential Drug List.

A key step in strengthening the health work force is filling up vacancies of various cadres of health personnel and ensuring better working conditions. There are huge vacancies of nurses, frontline health workers at various government hospitals and in health programmes. All the vacant posts need to be filled urgently, with special emphasis on nurses and various frontline workers including Domestic Breeding Checkers, sanitation workers, Aanganwadi Workers, ASHAs, supervisors and field workers etc. Vacant posts create unmanageable work-loads for health personnel and compromises on quality of care and safety. **Vacancies must be filled-in through permanent recruitments and interim measures of short-term contractual recruitments must not be resorted to.**

Contractualisation makes workers vulnerable to violation of their rights, caste discrimination, gender based harassment, occupational safety concerns, as well as demands of bribes for work. **We demand that all workers in public health facilities should be regularised and same wage for similar work clause under the Contract Labour (Regulation and Abolition) Central Rules should be strictly implemented with adherence to staffing norms.**

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**A participatory system of community-based monitoring, grievance redressal and planning needs to be implemented** to ensure that people in Delhi would be able to access appropriate health services as their right with accountability mechanisms, seek effective action on complaints, and have strong voice for improved functioning of health services. To enable participatory health planning the Government should conduct annual district and state level health assemblies with participation of diverse sections of people, civil society organisations, and health care workers to review all aspects of the health system.

Delhi also has an enormous presence of private sector with almost all corporate chains having multiple hospitals in just one city. There are also charitable hospitals and small private clinics. We are deeply concerned about the frequent denial of patients' rights, overcharging and various kinds of malpractices which are experienced by ordinary patients in private hospitals in Delhi. **We demand that the Delhi Health Act which has been on the pipelines for quite some time be brought to public domain and incorporates comprehensive regulation of private sector.** The Act should also incorporate the draft advisory developed by Delhi government last year (May 2018) to regulate profiteering by private hospitals. This included the positive proposal of capping the profit margins that could be charged by hospitals on consumables. The advisory also has other important provisions, such as transparency of rates for packages given by hospitals, and hospitals not being allowed to compel patients to buy medicines only from their in-house pharmacy.

The Secretary, Health and Family Welfare, Government of India has written a letter, dated 2nd June 2019, to Chief Secretaries of all states/UTs for adoption of Charter of Patient's Rights requesting states to implement it in various health institutions. **We demand that all hospitals in Delhi display and ensure implementation of this Charter of Patients' Rights at the earliest.**

**We demand that there has to be greater wage parity of health personnel in private sector and better working conditions.** Over the last few months there have been sustained agitations by nurses asking for the increase in wages in private facilities as per the Supreme Court recommendations of 2016. Currently nurses in the capital are paid below the minimum wage for skilled workers, and sometimes as low as Rs. 12,000 to Rs. 15,000 per month. The Supreme Court recommended that the absolute minimum should be Rs 20,000, with a higher wage for hospitals above 50 beds. Wages in hospitals of more than 200 beds should be at par with the public sector.

Special measures should be taken to address health issues of workers working in hazardous industries and extremely difficult work conditions.

**All forms of privatization of Public Health Services should be immediately stopped and various types of 'Public Private Partnerships (PPPs)' which weaken public health services should be eliminated.**

**Implement a wide range of measures to ensure that vulnerable persons / communities with special needs enjoy adequate access to healthcare - including socially vulnerable**

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people (e.g. women, dalits, muslims, adivasis, refugee and migrant populations, queer and transgender persons), people subjected to state and custodial violence; due to health status (e.g. HIV status), occupation (e.g. manual scavengers, rag pickers), differently-abled persons with physical and psychosocial disabilities, children and elderly persons, or due to any other kind of vulnerability.

Eliminate all forms of caste and religion-based and other forms of discrimination in health care through various proactive measures.

**To move towards realizing the right to health for all, the entire range of social determinants of health should be effectively addressed** by improving food security and nutrition, water supply and sanitation, housing as well as tackling negative determinants like environmental pollution, climate change, stressful working conditions, compromised road safety and weakened public transport systems, addictive substances and violence.

We demand free access to safe drinking water and proper sanitation facilities for all the people of Delhi. Addressing gaps in determinants of health must remain the focus to promote health and wellbeing of people, and for preventive healthcare.

The environment challenges that Delhi is facing are typical of issues related to urbanisation be those related to air pollution, which has come up as a major public health issue in Delhi, or the reported rising cases of cancer in some parts of Delhi. Tackling these require a multi pronged approach. Accordingly, **Comprehensive policy measures with focus on urban planning are required to deal with issues such public health issues as air pollution.**

**We demand recognition of gender based violence as a public health issue and comprehensive health care, including psychosocial care as well as medico-legal documentation and support for all survivors.** Ensure implementation of MoHFW Guidelines and Protocols on Medico-legal care for survivors/victims of sexual violence, 2014 and compliance with The Protection of Women from Domestic Violence Act (PWDVA), 2005 & 2006) in all Delhi government hospitals.

Ensure that there is no refusal to provide medical treatment and care for all survivors without exception; all health care facilities must operationalise informed consent and respect the autonomy of survivors in making decisions throughout the process; ensure appropriate referrals to protection officers, counselling, legal services, shelter services, etc. and provide copies of medical records/reports to all survivors for enabling their access to legal justice systems. Adopt measures to ensure access to the entire spectrum of equitable, sustained, quality health care for all women, children, queer, trans-persons from all backgrounds and in all situations of violence.

Ensure the implementation of Sexual Harassment at Workplace Act 2013 across the health system, in adherence to the Department of Health and Family Welfare, Government of NCT Delhi order dated 20 December, 2013 on Guidelines for Protection of Women Against Sexual

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Harassment at Workplace directed to all the directors/medical superintendents for all hospitals of Govt. of NCT of Delhi.

Promote sexual and reproductive health and rights of all persons, especially adolescents through access to information, counselling and comprehensive health care; ensure implementation of the Rashtriya Kishor Swasthya Karyakram (RKSK) including improved adolescent-friendly centres (Disha centres) in Delhi.

Maternity benefits for all pregnant and post-natal mothers should be ensured. Universalise and expand the ICDS programme should be universalised and expanded to cover under-3 children through community based management of malnutrition and day-care programmes in Delhi.

Delhi has experienced instances of starvation deaths of children in the last year, which depicts inadequacies of Mid-Day-Meal program, Public Distribution System and community Kitchen initiatives. **We demand immediate universalisation of these programs.**

**Manual scavenging should be eradicated completely in Delhi and all the workers engaged in such work should be rehabilitated and provided alternative employment and social security benefits.**

**We demand implementation of the Mental Healthcare Act 2017**, including necessary measures to eradicate stigma about mental health issues and provision of comprehensive and non-discriminatory mental health care.

**We demand that the mandatory use of Aadhaar for accessing basic entitlements, including to access health or health related services or schemes is completely prohibited.**

**We demand that action on public health be integrated with expansion of democracy and secularism at all levels, while promoting peace and solidarity. The health policies and the existing systems must ensure prevention of any type of majoritarian fundamentalism, discrimination against minorities, denial of care in conflict situations, and stigmatization or denial of care for persons labelled as ‘others’ or ‘outsiders’. Health systems at all levels must be maximally inclusive and equitable, and strongly project messages to propagate an ethos of democratic inclusion, secularism, humanity and peace.**

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