



# **Jan Swasthya Abhiyan**

## **(Peoples Health Movement – India)**

**Health for All - Now!**

**Health is a Basic Human Right!**

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**Press release on National day of action – 10 May 2021**

**Governments: Fulfill people's health rights, take steps to overcome health system crisis - NOW!**

**Act urgently to ensure rights to healthcare, containment and vaccination for all!**

Today people across India are grappling with the COVID-19 catastrophe, with total of over 37 lakh active cases and more than 2.4 lakh deaths officially recorded until now. Patients are struggling for suitable beds, oxygen and essential medicines, while due to rising deaths, cremation grounds are overflowing. However the Central government has been evading responsibility for the current crisis, refusing to accept that this wave could have been anticipated, and much more effective preparations could have been made. Instead of this, national ruling party leaders have been fueling the epidemic through promotion of religious and political mass events. Given this context, Jan Swasthya Abhiyan (JSA) demands that Central and State governments must **fulfill the following obligations urgently:**

- 1. Provide free treatment, beds for COVID care with oxygen, preventing denial of care to any COVID or non-COVID patient:** Governments must ensure that all patients who seek admission for moderate or severe COVID in a public hospital must be provided free care, and if a bed is not available, then it is duty of the government to shift the patient to another public or private hospital and ensure free care. Governments must augment the existing capacity for critical COVID care at public hospitals by urgently setting up additional oxygen beds, while coordinating and streamlining the uninterrupted supply and distribution of medical oxygen to hospitals and nursing homes. More beds in larger, especially corporate private hospitals should be taken over by State governments to provide free care. Severely symptomatic patients, or those with suggestive chest X-ray / CT scan indicating COVID illness, must be admitted and treated as COVID-19 patients, without demanding RT-PCR test reports. Governments must ensure provision of routine Primary to Tertiary care for all non-COVID patients (such as tuberculosis, HIV/AIDS, mental health disorders and other NCDs), along with Reproductive and child health services to all requiring these, making necessary arrangements.
- 2. Ensure access to effective testing, contact tracing, isolation facilities:** Governments must ensure that all symptomatic patients are able to get tested, at home or near their homes, and receive their reports within 24 hours. Testing capacity and organization of testing services requires to be expanded and improved. To limit further spread, proper contact tracing and quarantine of all close contacts must always follow testing; this is linked with community engagement and involvement of community volunteers to support those in isolation / quarantine, and good quality institutional isolation facilities, and proper information and home visits for those in home isolation. All patients need to be regularly monitored for timely detection of deterioration and ensuring hospitalization. **For actively promoting COVID-19 appropriate behaviours,** Governments must admit that authoritarian approaches which create stigma and denial have failed. They must revamp public communication strategies, and desist from shaming, victim blaming and coercion.

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**3. Universal, free vaccination with priority to the vulnerable:** The Central Government must immediately adopt nationally uniform pricing of COVID vaccines for government procurement, should take urgent steps to increase supply of vaccines through expanded procurement, and must accept the primary responsibility of purchasing and making available adequate vaccine supplies to all states, enabling universal free vaccination. State governments should increase number of vaccination centers, and ensure outreach programs to the most vulnerable, while promoting public education to overcome vaccine hesitancy.

**4. Checking exploitation and irrational care by the private sector:** Governments must cap fees for those seeking testing or treatment in private hospitals, with medical and financial audit to ensure compliance with Standard Treatment Guidelines. Hospitals empanelled under publicly funded health insurance schemes must provide free healthcare to all those eligible under these schemes. Government must urgently regulate irrational prescriptions by both private and public hospitals for medicines such as Favipiravir, Convalescent Plasma, Remdesivir, Tocilizumab etc. which have either no or limited role. To check inappropriate use of these medicines which is fuelling black marketing and inflated prices, governments must conduct effective public education campaigns to minimise unnecessary demand.

**5. Preventing violation of civil liberties, providing reliable data, coordinating efforts with civil society organisations:** Governments must ensure that human rights are protected and rights to dissent and free speech are not compromised in the COVID situation. Reliable data on mortality, morbidity and testing is required for public information, effective pandemic management, and better understanding of the problem. Dedicated health systems efforts are essential to prevent under-reporting of COVID cases and deaths.

Governments must actively partner with civil society and community groups by expanding existing bodies or newly forming participatory committees at block, district and city levels. State level public and community health task forces should be formed with Health officials, public health experts, health sector networks to ensure rapid response to ground level developments, while facilitating social action for health across states.

**6. Protecting rights of health workers:** Governments must give highest priority for ensuring safety of health workers and should provide fair terms and conditions of employment for the entire health workforce, including those working on contractual basis or as part of schemes.

**7. Ensuring dignity in death and protecting cremation workers:** Governments must ensure adequate cremation spaces so that families of the deceased do not face the added trauma of waiting for their turn. Workers at cremation spaces, often from Dalit / lower caste communities, face risk and must be provided masks, sanitisers and additional honorarium.

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To fulfill the above obligations, a wide range policy measures are urgently required which are detailed in the Jan Swasthya Abhiyan Statement on national day of action (see [www.phmindia.org](http://www.phmindia.org)). These include massive increase in public expenditure on health care and major expansion of public health systems, improved manufacture and logistics regarding medical oxygen and medicines, and increasing vaccine supply and ensuring its equitable distribution through a range of appropriate public policies. This must be accompanied by reversing decisions on privatization of government facilities, reviewing current Health insurance schemes which failed to deliver during the COVID epidemic, and implementing comprehensive regulation of the private healthcare sector.

To widely publicise these demands, **JSA is organising a National Day of Action on COVID Second wave situation today (10<sup>th</sup> May 2021)**. Healthcare professionals, health activists and social activists across India will be releasing the JSA Statement along with organising webinars, online discussions and social media campaigns in 20 states Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Manipur, Rajasthan, Odisha, Tamil Nadu, Telangana, Uttar Pradesh, Uttarakhand, to highlight demands and proposals to defend people's right to health and ensure response of health systems.

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