

Delhi State Elections 2025

People's Health Manifesto

Jan Swasthya Abhiyan- Delhi

National Capital Territory of Delhi, the richest part of the country with highest per capita Net State Domestic Product and considerably large tax base, epitomises the class contradictions. Delhi has plenty of state-of-the-art super speciality hospitals both in public sector and private. Yet a vast majority of working class people in Delhi, living in slums, resettlement colonies, JJ clusters, refugees and those residing in peripheries do not have adequate access to primary healthcare or any financial protections against high cost expenses.

During COVID, in the absence of well-functioning primary and secondary care systems, people struggled to get basic life support, beds and ICU care. The pandemic exposed the inadequacies in the public health system, continued lack of accountability of the State to ensure people's health and human rights as well as the corruption and profiteering in the private health sector.

Majority of Delhi's population has to pay from their pocket to access healthcare, creating enormous inequities in access to care. Healthcare costs remain a major source of indebtedness for people, working-class people being additionally vulnerable. Although public spending on health has increased over the last few years in Delhi, it is far below the desired level of 2.5% of GSDP (about 0.8%) .

A resource rich state like Delhi 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 also has an enormous presence of the private sector with almost all corporate chains having multiple hospitals in just one city. There are frequent denials of patients' rights, overcharging and various kinds of malpractices which are experienced by ordinary patients in private hospitals in Delhi.

Lack of comprehensive primary care in Delhi is a key issue, particularly for a vast majority of the 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. However, MCs face enormous shortage of medicines and supplies which needs to be addressed immediately. Also, they do not satisfy the public health functions required for primary health care, such as prevention, promotion, monitoring, surveillance and community-based services. The coordination between the mohalla clinics and various other streams of public health services even for continuity of clinical care remains extremely weak.

As Delhi goes to elections on February 05, 2025, the Delhi chapter of Jan Swasthya Abhiyan, in collaboration with mass organisations, trade unions, community based organisations, health professionals, academics working in the field of public health and the larger civil society, presents a People's Health Manifesto with a charter of demands and appeal progressive political parties to incorporate these demands in their respective manifestos for the upcoming Delhi Assembly Elections.

Key demands:

- Ensure provision of comprehensive, quality, accessible health services to every individual, free of personal payments.
- Delhi Health Act which has been in the pipeline for quite some time must be brought in public domain and incorporate comprehensive regulation of the private sector, including rate regulation and capping the profit margins on consumables. This should pave way for making the right to healthcare a justiciable right
- All forms of privatisation of Public Health Services should be immediately stopped and various types of 'Public Private Partnerships (PPPs)' which weaken public health services should be eliminated.
- Public health expenditure should be increased through general taxation to 2.5% of GSDP in the short term, to be increased eventually to 3.5%.
- A key step in strengthening the health work-force is filling up vacancies of various cadres of health personnel and ensuring better working conditions. 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. The cadre of ASHA needs to be expanded as required for full coverage of the slum and low-income population.
- Delhi State Nursing Cell must be made functional to give Nurses their own administration independent of doctors. Public health nurse recruitment needs to be revived to strengthen public health services in the community.
- 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.
- There has to be greater wage parity of health personnel in private sector and better working conditions
- Ensure the implementation of Sexual Harassment at Workplace Act 2013 across the health system.

- Special measures should be taken to address health issues of workers working in hazardous industries and extremely difficult work conditions.
- All Gig workers, domestic help, street vendors, waste pickers, sanitation workers must be brought under the ESI
- In order to cater to at least a third of Delhi's population, the state needs around 4000 Mohalla Clinics or Urban Sub-Centres, ten times more than those currently functioning. These also must 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. Further, the timings should be extended till late evening.
- An equitable spatial distribution of health facilities must be ensured with special attention to areas with marginalised and migrant populations
- All essential quality generic medicines and diagnostics services should be made available free of cost at all public facilities. Mechanisms must be in place to ensure that there are no stockouts of TB and HIV drugs at state level
- A participatory system of community-based monitoring, grievance redressal and planning needs to be implemented.
- All hospitals in Delhi display and ensure implementation of this Charter of Patients' Rights at the earliest.
- Implement a wide range of measures to ensure that vulnerable persons / communities with special needs enjoy adequate access to comprehensive healthcare - including socially vulnerable people (e.g. women, dalits, muslims, adivasis, refugee and migrant populations, homeless persons, queer and transgender persons), people subjected to political 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.
- The entire range of social determinants of health should be effectively addressed by improving food security and nutrition, free access to drinking water and sanitation, housing as well as tackling negative determinants like environmental pollution, climate change. More specifically Ensure piped supply of potable standard water to all households, curb the water mafia and adopt decentralised water management, Connect all households to the sewerage system, Use modern and scientific methods for solid waste management, Expand public transport, reduce metro-fares, and promote electric vehicles.

- The environmental challenges that Delhi is facing are typically related to urbanisation such as air pollution, heat waves, etc. Tackling these requires a multi pronged approach. Accordingly, comprehensive policy measures with focus on urban planning are required. An immediate step should be that the proposed Waste to Energy plant in Bawana be put on hold till further environmental impact assessments are conducted.
- Eliminate all forms of caste and religion-based and other forms of discrimination in health care through various proactive measures.
- Ensure affirmative measures to promote care and support for people from marginalised groups including - women, homeless persons, trans people, queer people, people with disabilities, people from DBA communities, survivors of violence (Gender Based Violence and custodial violence), etc. which can include making the physical space more accessible, conducting trainings with the healthcare staff to make them more sensitised and skilled to offer support and care without discrimination to all.
- 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. Strengthen the functioning of One Stop Centers (OSCs)
- Maternity benefits for all pregnant and post-natal mothers should be ensured. The ICDS should be universalised and expanded to cover under-3 children through community based management of malnutrition and day-care programmes in Delhi. Other programmes such as Mid-Day-Meal, Public Distribution System must also be universalised. The food provided under ICDS and Mid-Day-Meal must be nutritive including eggs.
- 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
- 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.

- Strict and transparent implementation of EWS quota in private hospitals in providing free treatment. A dedicated cell/website/dashboard showing beds vacancies at hospitals and enabling referral from public health facilities must be created
- Provision of non-iron-fortified rice options for certain vulnerable section of population such as people with hemoglobinopathies - sickle cell anemia and thalassemia, as well as those with acute infections, acute malnutrition, certain stages of malaria, diabetes, or tuberculosis.to prevent potential health complications.
- Increase budget allocation for Maulana Azad Medical College (MAMC). As a key institution run by the Delhi government and a designated Center of Excellence for Rare Diseases, MAMC plays an essential role in supporting people with rare diseases in Delhi and those who come from the neighbouring states.
- Delhi has a large network of AYUSH services in the public system but they need to be strengthened to provide good quality services to the people which can be done in the short term through Upgradation of AYUSH Facilities, Co-location of Services, Continuing Medical Education (CME), Quality Assurance Programs
- Increase the number of affordable and effective drug rehabilitation clinics, conduct awareness drives on drugs among youth, and clamp down on drug trade.