

Joint press release by Jan Swasthya Abhiyan and Jan Sarokar

Janta Parliament demands “Right to Health Care” for all

During the online Janta Parliament (**जनता संसद**), envisioned as a simulated virtual People’s Parliament, the session on Health discussed several critical issues and challenges faced by people during the lockdown and unanimously passed a resolution to have “Right to Health Care as a Justiciable Right!”.

The session was jointly organised by Jan Swasthya Abhiyan and Jan Sarokar and several peoples’ movements and mass organisations, with participation of over 330 health professionals, health activists and socially concerned citizens who joined online from across the country. Several public health experts, members of Parliament and Peoples’ Representatives from States and activists from various parts of the country addressed the sessions. Five themes discussed were “Systemic challenges and systematic denials in government health system in times of Covid”; “Private Health Sector: high costs, denial of patients’ rights, need for regulation and public control”; “Rights of Healthcare and allied workers during and beyond COVID 19”; “Vulnerable Populations in the Times of Covid”; “Democratisation of the health systems”.

The session discussed that over the past 5-6 months, the COVID-19 pandemic has brought to fore a number of challenges to peoples’ lives. Completely unplanned and hastily implemented policy decisions undertaken during this period exposes complete lack of preparedness and empathy of the state in dealing with any such emergency and brought out the anti-people character of the current government.

It has also laid bare the **weakened public health system** on the one hand, and the **exploitative nature of the private health sector on the other**. The result has been rampant **denial of healthcare and gross violations of health rights** with most severe **impact on vulnerable populations, and rights of health workers**. The experience has underscored the need for **strengthening the public health system, and necessity of democratisation of health systems** with a strong role of community oriented accountability and involvement.

The house **unanimously condemned the attempts on part of certain sections of society, polity and the media to communalise the issue of Covid Pandemic**.

K K Shailaja, Honorable Minister of Health and Social Welfare of Government of Kerala, while inaugurating the session emphasised on the **need to invest on strengthening government health system to effectively provide Health Care for all**. She drew lessons from efforts taken by the Left Democratic Front Government in Kerala to **strengthen the government health system with political decentralisation and a pro-people orientation** so that even in times of public health emergencies good quality care can be delivered to people and spread of pandemic can be effectively contained.

Member of Parliament, Smt. Vandana Chavan highlighted that quality of services provided through the quarantine centre is of poor quality and it depicts the lack of empathy and highhandedness of the government administration. She also raised that Right to Health Care should be considered very seriously. She emphasised that the **“Shadow Pandemic of Domestic Violence” needs to be addressed with utmost emergency.**

Member of Parliament, Shri Ravi Prakash Varma highlighted that the pandemic has brought out weaknesses of the public health system and emphasised the need to strengthen and democratise the health system. He pointed out that **in times of pandemics life-saving medicines should be brought of patent protection and any efforts to reap profits out of peoples’ misery should be strongly countered.**

Ex- MP Shri Rajeev Gauda **endorsed the JSA demand that public investment on Health should be increased to 3% of GDP in next few years.**

The session was Co-Chaired by Dr Renu Khanna and Dr Abhay Shulka from JSA. Among the speakers addressing Peoples’ Parliament were Dr T.Sundararaman, Dr Thelma Narayan, Dr B. Ekbal, Amulya Nidhi, Y. K Sandhya, Dr Shakeel, Indranil, Chhaya Pachauli, Gouranga Mahapatra, Gargeya, Richa, Shakuntala Bhalerao, Dr Fuad Halim, Inayat Kakkar, Brinelle D’Souza, Abhijit More, Ameer Khan, Surekha, Dr. Shanthi Ravindranath, Jibin, Harjeet Bhatti, Santosh/ Mansingh, Surya Prakash, Obalesh, Hasina, Sunita, Kusum, Dr Prabha Chandra , Chandan Kumar, Bijayalakshmi, Loon Gangte, Bilal Khan, S.R. Azad and others.

Some of the key resolutions that were put to vote in the sessions, and were passed with support from overwhelming majority of voters (over 95% votes in support) are the following:

- Make the **right to healthcare a justiciable right** through the enactment of appropriate legislations both at Centre and State levels. Such legislations should ensure **universal access to good quality and comprehensive health for the entire population.** These should contribute to the process of making health and healthcare as fundamental rights in the Indian Constitution.
- **Increase substantially the public investment on Health care**, financed primarily through general taxation, **to 3.5% of GDP** in the short term, and 5% of GDP in the medium term.
- **Expand and strengthen the public healthcare system** to ensure quality and availability of health care appropriate to primary, secondary and tertiary level, entirely free of user fees, and provide universal access to the entire range of essential drugs and diagnostics at the public facility.
- **Ensuring effective, generalized implementation of the Clinical Establishment Act (2010)** immediately, with focus on **regulation of rates in the private health sector.**
- **Universal implementation of the Patient Rights Charter** while making it legally mandatory, accompanied by the establishment of an effective Patient Grievance Redressal mechanism

- **Adopting an effective model of public engagement with the private healthcare sector,** which would be developed even beyond the current public health emergency and would replace PMJAY
- **Ensure safety and security of Health care workers involved in occupations involving exposure to COVID 19 and compensate the families of the diseased with Rs. 50 lakh.**
- **Regularise all contractual health workers, including ASHA, Anganwadi and helpers involved in delivery of public health services and ensure that they receive protection from the entire range of labour laws.**
- Increase public investment in education and training of the entire range of health personnel
- Overhaul the National Medical Council (NMC) and the Nursing Council of India along democratic lines
- **Vulnerable populations have special needs that require special measures to ensure that they have access to comprehensive, accessible, quality health services.**
- **Expand Employees' State Insurance Scheme (ESIS) to include hitherto excluded sections of the working population in the unorganized sector;**
- Provide sex workers with sexual reproductive health (including maternity and safe abortion) services and counseling for mental health issues in one place
- Ensure comprehensive treatment and care through strengthened implementation and integration of the revised District Mental Health Programme within the National Mental Health Policy.
- **Recognise gender based violence as a public health issue** and ensure access to prompt rescue and recovery care, comprehensive medical care and sustained support for those affected by it from all backgrounds and in all situations of violence
- **Universalise Community based planning and monitoring** of health services at village, block and district levels
- Effective, prompt and just grievance redressal system needs to be operationalised to handle all complaints and disputes arising from citizens for health care rights, at all levels, starting from the community level
- The **privacy of citizens should not be compromised through official digital health platforms.** Central and State Governments should not transfer patient data to any private institution or corporate body

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