

Jan Swasthya Abhiyan National Convention 2025
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Thematic Note

Social Determinants of Health
Amid the Environmental and Climate Crisis

Introduction:

The Jan Swasthya Abhiyan positions health as a fundamental right—not a commodity or a matter of individual responsibility—but an inalienable entitlement rooted in dignity. The 2024 People's Manifesto "Our Health, Our Right!" articulates that health is primarily determined by the political, economic, and social environment, and that health inequities reflect systematic patterns of power and resource control rooted in capitalism, caste, patriarchy, and colonial legacies.

The JSA's framework on the social determinants of health encompasses income security, employment, education, housing, clean water and sanitation, nutrition security, safe working conditions, a safe environment, and a good quality of life. These determinants are not randomly distributed - they concentrate the burden on the poorest and most marginalised sections of society. The convergence of environmental degradation, climate crisis, and inadequate health systems creates cascading crises of heat illness, water-borne disease, respiratory disease, malnutrition, and disaster-related mortality that disproportionately affect working people, Dalit communities, Adivasis, women, and informal sector workers.

This thematic note synthesises core issues to be discussed: occupational health and heat waves, air and water pollution, water, sanitation, and nutrition as foundational rights, and climate-related disasters and health system fragility. Speakers and anchors of the thematic discussion on SDH will further discuss these and contribute to JSA's positions and demands for structural transformation toward public control, democratic decision-making, and equity.

Core Issues Being Considered

Heat Waves, Occupational Health, and Worker Protection

India's escalating heat crisis represents how the climate crisis translates into health inequality. Rising temperatures will dramatically increase heat stress-related illness and mortality. Still, the burden will fall disproportionately on outdoor workers—agricultural labourers, construction workers, sanitation workers, street vendors and gig workers—who face direct occupational exposure without access to shade, water, rest facilities, or legal protections. Ambient air quality, heat waves, and ground realities demand immediate documentation of climate impacts on workers and adaptation measures taken. Urban heat island effects (up to 2°C warmer than the hinterland) and the clustering of air pollution exacerbate occupational health challenges in specific communities. Lack of systematic documentation in India regarding climate adaptation actions and their health impacts is a significant issue to be addressed on a war footing. The readiness of health systems to address heat-related effects is inadequate, further complicating the challenges.

JSA's 2024 People's Manifesto explicitly demands "Justice to Health Workers" and worker protection through the National Policy on Safety, Health and Environment. JSA calls for: expanding the ESI system to cover all workers in organised and unorganised sectors; full rehabilitation of workers with occupational illnesses such as silicosis; enforcing occupational health standards; and ensuring adequate wages, paid leave, and workplace safety standards. Further, the current heat action plans require clear allocations for health services, whereas the existing norm allocates only a small proportion of the disaster management budget to health services. Helping meet the challenge that is growing year by year, hence earmarked funding for the health systems is required, along with provisions for training and capacity building of health care personnel at different levels on the issue.

Air and Water Pollution: Environmental Injustice and Health Denial

Air pollution causes approximately 1.2 million premature deaths annually in India; water contamination contributes 200,000+ deaths yearly. Yet these are not accidents but reflect deliberate policy choices that permit industrial pollution, mining, and thermal power generation, overuse of fossil fuels, etc., most of them at public cost. Incinerator-based waste-to-energy plants are still being imposed by the government, despite developed countries considering them outdated technologies that cause adverse climate impacts and discarding them. These centralised incinerator systems emit toxic gases and raise temperatures in surrounding areas, causing skin and respiratory health issues and posing significant health challenges to people in the vicinity. Further, various polluting industries are systematically located adjacent to settlements of poor, Dalit, and Adivasi communities, where land is cheapest and political resistance is weak.

The impacts on coastal populations and workers from industrial mega-projects are extensive. Various high-profile industries, run by cronies of central or state governments, have led to challenges related to higher water temperatures, lower dissolved oxygen levels, increased particulate matter, and higher noise levels. These have also documented drastic reductions in fish catch and increases in livestock miscarriages. It is difficult to accept "business-as-usual" development and hypocrisy in government climate budgets that promise gains, however, benefitting industrialists and devastating common coastal or Adivasi communities. The government has amended several standards and regulations to facilitate industrial and infrastructure growth in highly vulnerable geographies, to benefit these cronies.

Highly vulnerable hill locations are put into further vulnerabilities - environmental degradation in these areas is threatening water sources continuously. Traditional water systems, such as Kuls and Canals, which have served as irrigation sources for centuries, have been turned into polluted dumping grounds for solid and liquid waste, becoming breeding grounds for communicable diseases, despite scientific Solid and Liquid Waste Management being identified as a top priority under the Swachh Bharat Mission 2.0. The lack of government responsibility for waste management is worrisome, and there is a need for people's intervention to hold governments at different levels accountable. The hill systems are also facing regular cloudbursts, landslides, floods, and related disasters, partly due to rapid infrastructure expansion across such regions without adequate understanding of the environmental situation and vulnerabilities. Although erratic in most instances, community water supply and sanitation initiatives have collapsed across the hill and other vulnerable regions of the country due to these natural calamities. All these issues require immediate attention.

We need community-led environment and health impact assessments for all large industrial or infrastructure projects, both by corporations and by Governments. There should be a necessary say for local communities in accepting or rejecting such large-scale projects, based on independent impact assessments. Disproportionate exposure to pollution by marginalised communities, who are already bearing the burden of development, needs to be addressed urgently as an important measure. Health systems must implement environmental health surveillance and document pollution-disease links, in addition to ensuring proper service delivery measures to the most affected communities.

Nutrition, Water, Sanitation: Foundational Rights Under Siege

Nutrition outcomes are determined not by national food availability but by entitlements—income, employment, land access, and functioning public distribution systems. Climate crisis and agricultural disruption deepen nutritional crises for the poorest, with women and children disproportionately affected.

Regarding water and sanitation, around 17% of the urban population and 47% of the rural population in the country still lack access to safe drinking water facilities, according to the UN Joint Monitoring Programme Report for 2025, despite the Government of India's flagship Jal Jeevan Mission. While access to basic sanitation systems has improved somewhat as a result of the Swachh Bharat Mission, a massive 46% of the overall population still lacks access to safely managed sanitation services. The majority of both urban and rural households still lack safe wastewater treatment and disposal, posing a risk to public health. As mentioned earlier, the environmental and climate crisis is continuously worsening the situation, with the lack of resilient systems and inadequate financing adding challenges for already disadvantaged populations. The problem has become even more challenging for the sanitation workers.

Water, sanitation, hygiene, and health need to be seen as an integrated system in which improvements in water quality and excreta disposal reduce the risk of diarrhoea by 36%, with cascading effects on nutrition and child development. There is clear evidence that the universal provision of safe water and sanitation, alongside hygiene education, significantly improves nutritional status, and this gain can be furthered by appropriate food supplementation. Water and sanitation are fundamental determinants requiring public investment and decentralised management, and they should be seen as core elements of public health systems, as in most developed countries.

Food insecurity and hunger are results of the current employment and livelihood crises, not necessarily of food availability. Export-oriented agriculture has depleted our water resources, diverted food production from domestic consumption to market procurement, and impoverished farmers. We need food sovereignty approaches, agroecology, and strong public distribution systems to ensure that no one goes hungry. Nutrition is an entitlement linked to dignified livelihoods and food systems that sustain both producers and consumers.

Various 'development' projects, including the corporate-led mining projects, are driving rampant forest destruction. The monoculture plantations of commercial value are diverting land use from food crops and depriving Adivasi communities of their forest-based biodiversity for food and lifestyles in harmony with the forest ecosystems. Such a situation is also leading to significant mental health challenges in the Adivasi communities as well.

Universal access to clean water and sanitation is foundational to the right-to-health framework. The 2024 Manifesto of the JSA demanded: water and sanitation access as a rights-based mandate, not conditional on ability to pay; ending water privatisation; investment in public infrastructure, particularly in rural/marginalised areas. Similarly, JSA has always demanded integration of nutrition with food sovereignty and agroecology, with a clear recognition that water, sanitation, hygiene and nutrition cannot be commoditised.

Disasters and Health System Fragility

Climate-related disasters—cyclones, floods, droughts—trigger displacement, livelihood disruption, food insecurity, disease outbreaks, and mental health crises, with disproportionate impact on coastal populations, small farmers, Adivasis, and the urban poor. India's health system is already fragile (public health accounts for only ~2% of total spending, vs. 5-8% in comparable countries), with over 60% of workforce shortages in rural primary health centres. Disasters overwhelm the already inadequate capacity of the rural health service delivery systems.

JSA demands that health spending be increased to at least 2.5% of GDP, with priority given to public provision of services. It calls for systematically strengthening public health infrastructure at all levels; investing in disaster resilience, decentralised disaster risk reduction and climate adaptation and mitigation planning, led by the affected communities;

Conclusion

The 2025 National Convention of the Jan Swasthya Abhiyan is a crucial space for civil society, health workers, academics, and affected communities to articulate a vision of health justice rooted in social determinants, environmental justice, and democratic participation. The health crisis faced by people in India, as a result of the complex challenges posed by heat waves, air and water pollution, malnutrition, access to water, sanitation, and hygiene, and climate disasters, reveals a single reality: India's development model is fundamentally unjust and makes the lives of ordinary citizens even more miserable.

This will be an occasion to suggest concrete action points that the JSA will mobilise its campaigns around - demands to fight for, systems to build and power to exercise. Health justice requires nothing less than structural transformation toward public control, democratic decision-making, and the prioritisation of the health and survival of the poorest and most marginalised populations.

The Jan Swasthya Abhiyan reiterates the importance of focusing on the Social Determinants of Health and has listed the key demands it puts forward to advance the Health for All agenda below, keeping in mind primarily the most vulnerable and marginalised populations. In a world that is going through a massive environmental and climate crisis, a series of disasters have emerged and are emerging out of this; here, the national, state, and local governments must take up these demands with utmost priority and ensure that no one is put into health challenges and distress, due to the environmental and climate challenges.

Our Demands

- Clearly list and declare heat waves as a disaster and ensure that all the affected communities get adequate compensation for the loss of livelihoods for all the days that exceed the expected maximum temperature and humidity. All those vulnerable communities should also receive their basic support as an entitlement during such disaster days. In the absence of such clear guidance, several unorganised sector workers and street vendors are pushed into starvation and extreme poverty.
- Prioritise people's health during heatwaves and orient the health systems to support the affected individuals in a timely and systematic manner. Ensure special protective measures for workers.
- Establish strong occupational health protection mandates for all workers, defining and focusing on those vulnerable workers in the informal sector, with specific heat stress provisions, hazard compensation, and enforcement mechanisms.
- Ensure that all the people and communities impacted by the climate crisis, such as cyclones, forest fires, heat waves and floods, are entitled to packages of "complete rehabilitation" under their constitutional rights, including Health Rights. Special budgetary provisions should be allocated to support such climate victims.
- Ban any new incineration-based "Waste to Energy" plants completely and phase out the existing ones, in the wake of the hazardous challenges that they pose to public health.
- Institute absolute prohibitions on new industrial projects disproportionately exposing marginalised communities to pollution; mandate independent health impact assessments with community participation and veto power.
- Guarantee water and sanitation access as rights: eliminate privatisation of schemes; ensure proper water quality monitoring.
- Bring back Universal Public Distribution systems, strengthen different food supply programmes and ensure that the right to food of all citizens is met adequately; Reorient agriculture systems that lead to farmers' prosperity and food sovereignty.
- Scale up public health system capacity for meeting various challenges posed by climate and disasters, with community-integrated planning.
- Reorient agricultural systems toward agroecology and food sovereignty, prioritising smallholder, Adivasi, and women farmers; dismantle export-oriented chemical-intensive models.

- Increase public health investment substantially: Achieve a minimum of 2.5% of GDP spending for health, with priority to public provision, while also sufficiently investing in nutrition and the social and environmental determinants of health.
- Strengthen primary health care systems and implement the full complement of comprehensive primary care with adequate staffing and resources; eliminate out-of-pocket costs that create huge access barriers to the vulnerable segments of society.
- Shift away from fossil fuels, towards ensuring a just transition towards renewable and decentralised energy systems, prioritising public health and welfare.
- Implement community-based disaster risk reduction and climate-resilient systems led by affected populations with dedicated and adequate public investment.
- Establish democratic community control over land, water, forests, and natural resources; recognise and protect Adivasi and coastal traditional rights.
- Restructure development from resource extraction toward meeting basic needs and sustaining the livelihoods of all people.
- Build public health systems anchored in prevention, community participation, and equity.
- Recognise health as determined by relations of power, money, society, culture and environment; Keeping this in mind, advance political transformation towards genuine democracy where marginalised people have authority over decisions affecting their lives and health.