The Right to Health in India
Stakeholder Report on India - Submission by Save the Children and World Vision India
For Universal Periodic Review, Thirteenth Cycle, May 2012

A. Scope of International Obligations

India is a state party to the Convention on the Rights of the Child, the Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of Violence against Women and other international, regional agreements and national constitution enshrining the human right to health. The Government is to be commended for its efforts in striving to achieve the Millennium Development Goals by 2015. However, in order to do so, India must take greater steps to ensure health for its people.

In the India commitment to the Every Woman Every Child Strategy, it says, "India is spending over US $ 3.5 billion each year on health services, with substantial expenditure on services aimed towards women's and children's health. Currently, India is focusing on strengthening its efforts in the 235 districts that account for nearly 70% of all infant and maternal deaths. Between now and 2015, India will provide technical assistance to other countries and share its experience, and will support the creation of a platform for global knowledge management to oversee the dissemination of best practices"[1]

B. Constitutional & Legislative Framework

The Country also guarantees right to health for all citizens as mentioned in the Article 47 of the Constitution. The National Policy for Children, 1974, the National Nutrition Policy, 1993, National Plan of Action 1995 provides enough policy frame work for the right to healthcare of children. The children and pregnant and lactating women of the country also have a legal entitlement to access the services of the Integrated Child Development Services Scheme (ICDS)[2].

[1] http://www.who.int/pmnch/activities/jointactionplan/100922_commitments_v3.pdf
[2] ICDS is India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other.

C. Right to an adequate Standard of Living

1. National Health Spending

The Government of India has an obligation under the Convention on the Rights of the Child (CRC) to take all appropriate measures for the implementation of the rights recognized in the Convention. For economic, social and cultural rights, such as the child's right to health (article 24, CRC), the Government is obliged to take such measures to the maximum extent of available resources and, where needed, within the framework of international cooperation.

Public spending on health in India is among the lowest (1.2 %[3]) in the world in terms of share of Gross Domestic Product (GDP) and per capita spending ($ 43[4]). Developing countries like Brazil, Chile, Costa Rica, Cuba, Colombia, Thailand, Malaysia, South Africa have made significant efforts in the recent past to ensure provisioning of universal access to health and to spend higher proportions of their national GDPs on health. The Indian Government is lagging behind governments in neighboring countries like Sri Lanka, China, and Nepal who have managed to mobilise more resources towards health than India. The Indian situation is worsened by huge inter-state variations with per capita public investments in health much more in Tamil Nadu and Kerala (Rs. 269 and Rs. 334.3 respectively)[5] than under-developed states like Bihar, (Rs. 147)[6]

A history of low per capita investments in health has resulted in India's health system being one of the most privatized in the world. Of the total spending on health, 67%[7] comes from user fees with the Government spending less than a fifth.[8] Increasing domination of the private sector in delivery of health services (for instance, almost 60% of all hospitalization and four out of every five short duration ailments are treated in private hospitals.)[9] has led to the aforementioned high out of pocket expenditure on health . The high incidence of this kind of expenditure results in high indebtedness and it severely hampers access to health services for the poorest and the most vulnerable mothers and children and remains one of the leading causes of poverty in the country. In recognition of this grave situation, the Planning Commission of India, in its approach paper to the XIIth Five Year Plan has prioritized universal health coverage as an important agenda.

Recommendations:

[3] High Level Expert Group Report on Universal Health Coverage for India, Planning Commission, Government of India, Oct. 2011
[4] Ibid,
[5] An Analysis of Public Expenditure on Health, Nutrition and Sanitation Programmes with specific reference to Child Health in India, November, 2011, pg. 17-18
[6] Ibid, pg. 17-18
[7] High Level Expert Group Report on Universal Health Coverage for India, Planning Commission, Government of India, Oct. 2011
[8] Ibid .
[9] Morbidity, Health Care and Condition of the Aged, Ministry of Statistics and Programme Implementation, 2006

- *Government health expenditure should be raised from 1.2% of GDP to 2.5% of GDP by 2016-17 and 3% by 2022 and public health facilities should be universalized in line with the Primary Health Care approach.*
- *The Government should ensure that two-third of the aforementioned health budget increase should be devoted to maternal and child health (especially to children's right to survival and to health), curative services at the primary health level, provisioning of health information and screening for risk factors.*
- *The Government should ensure that healthcare should be financed through general taxes and not through specific sources of revenue. Services should be provided free at the point of delivery, which essentially means that no user fees should be charged.*
- *The government should increase public procurement on drugs from 0.1 % to 0.5% of GDP by 2022 to ensure that citizens have universal access to essential drugs to reduce private out-pocket expenditures*
- *Greater investments should be made for drug and vaccine research and indigenous production of vaccines.*

2. Human Resources for Health

The gap of skilled health workers is quite severe in India. India needs at least another 2.61 million health workers to ensure basic minimum standards of health service delivery.[10] Though there are huge gaps at every level, it has been noticed that higher the requirement of skills, higher is the gap of skilled health workers. These gaps, however, are not the only shortcoming of the present system, which also suffers from providing health workers with proper training and inadequacy of quality infrastructural and systems support.

As with per capita spending on health, the shortage of skilled human resources is not uniform across states and regions. Rural, tribal, and geographically remote areas are critically under-served as most doctors and nurses continuously opt out of the government system to work for the private sector. The high attrition rate in the government sector is exacerbated by a lack of skill development, high absenteeism, and motivation among service providers. In addition to these issues, inadequate

[10] This estimate draws on the health worker requirements stated in the Indian Public Health Standards and the Planning Comission instituted High Level Expert Group's Report on Universal Health Coverage. The following cadres of health workers are involved in primary health care and therefore included in this count: doctors placed at Primary Health Centres; Auxilary Nurse Midwives (ANMs) who deliver babies, undertake ante- and post-natal care as well as administer immunisations; Male Multi-Purpose Workers (MMPW), who are responsible for many preventive and promotive health activities (they complement ANMs.; Anganwadi Workers (AWWs); Accredited Social Health Activists (ASHAs) and Urban Social Health Activists (USHAs) who are voluntary community health workers in rural and urban areas respectively.

infrastructure, lack of proper incentives to work in difficult terrains and under-served areas, absence of regular skill up-gradation, inadequate attention to public health needs in medical and nursing education are impediments which need to be overcome to ensure adequate human resource deployment. These issues need to addressed if India wants to save the 1.73 million under-five children and 63,000 mothers who are dying from preventable deaths every year.

Recommendations:

- *The Government should take all appropriate measures to ensure access to affordable quality maternal and child health services for the poorest and most vulnerable groups, including through recruitment of frontline health workers (according to Indian Public Health Standards), training and deployment in under-served areas of the country*
- *Increase the doctor to population ratio to 1:1953 by 2022*
- *Set up additional medical and nursing colleges, training centers for frontline health workers by 2022*
- *Provide proper monetary and non-monetary incentives for health workers especially in under-served districts. Emphasis should be laid on systematic and continuous skill development of all medical staff members across the country.*

3. Socio-economic inequities

Inclusive Growth has been the goal of the Eleventh Five Year Plan (2007-12). However interstate variation and intrastate variation in health indicators are very high. A study by Baru et al (2010) has shown inequities in accessing health services among caste, class and region and states socio-economic inequities in terms of caste, class and gender and inequities pertaining to availability, utilization and affordability as factors responsible for persistent inequities. The report also quotes 'commercialization' also perpetuates inequities while accessing services.

The India Human Development Report 2011 notes that the most striking short coming of the public health system is the failure to reach out to the bottom of the pyramid, the 800 million poor who are often excluded. The health indicators among the poor, especially those belonging to Scheduled Caste / Scheduled Tribe communities, especially in less developed states are the worst. Several studies have also pointed out discriminatory practices towards Scheduled Caste / Scheduled Tribe patients of public health services. In the field study by World Vision, it was observed that children and women from the *Sahariya Tribes* of Madhya Pradesh and Rajasthan were not able to access health services entitled to them and their rights much violated. In Uttar Pradesh, pregnant lower caste women do not get admission in government hospital: there are cases where caste women have delivered babies in the hospital compound without any assistance from the doctors within due to practice of untouchability.

It should also be noted that states with poor health indicators like Bihar, Jharkhand, Madhya Pradesh, Orissa, Chhattisgarh and Andhra Pradesh also account for almost half of the country's Scheduled Tribe population and 37% of Scheduled Caste population.

However, states like Tamil Nadu and Kerala with similar social groups have shown that good governance and inclusion of people from lower caste can achieve good results.

Recommendations:

Public Health care services planning must take into consideration plans to address socio-economic inequalities, especially, caste based discrimination and structural inequities.

Community based planning and monitoring and genuine participation of people, especially women need to be strengthened to facilitate improved access and governance of healthcare services.

4. Review of the MDG targets

As observed in the recent MDG report (2009), India is unlikely to meet the targets set specifically in relation to MDG 4 and 5. The target for MDG 4 is to reduce the under-five mortality rate from 54 to 18 per 1000 live births by 2015. Currently, the under-five mortality rate high due to diahorrea, malaria, pneumonia and malnutrition which account high proportion of the children's deaths. The target for MDG 5 is to reduce the maternal mortality ratio from 324 to 131 per 100,000 live births, by 2015.

However, the Infant Mortality Ratio is high at 50 per 1000 live births (2009), Under 5 Mortality Rate is 64 per 1000 live births (2009) and Maternal Mortality Ratio is 212 per 10000 births (2008). The Infant Mortality Ratio, U5MR and Maternal Mortality Ratio continue to remain high above the MDG targets.

References:

http://www.nfhsindia.org/nfhs3.html
http://planningcommission.nic.in/plans/mta/11th_mta/MTA.html

Country Context

The population of India is 1.2 billion as per the Census of India 2010 and children constitute over 40% of the population. An estimated proportion of 80% of the population live in rural areas and poverty levels stand at 71% of the total population.

India faces and experiences persistent ill health and deaths among children below the age of five, with implications on the quality of life for the future generation. The current under-five mortality rate is 54 deaths per 1000 live birth as compared to the MDG target of reducing it by one third (18) per 1000 live births (MDG report 2009). Overall, 2.1 million children are dying each year in due to Malaria, diarrhea, pneumonia and malnutrition. The health index has not shown significant improvement between 1999 – 2000 and 2007-08. In a recently conducted Annual Health Survey by the Census of India 2010-11, nine poorest states of India namely, Rajasthan, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh and Assam constituted:

• 48 percent of country's Population
• 59 percent of Births
• 70 percent of Infant Deaths
• 75 percent of Under 5 Deaths
• 62 percent of Maternal Deaths

World Vision India – a brief overview

World Vision India is a Christian, relief development and advocacy organization dedicated to working with children, families and their communities to reach their full potential by tackling the causes of poverty and injustice. World Vision India has a presence in over 165 districts in 24 states of the country and works with 5300 communities and civil society partners to enable children realize their well being aspirations of;

- good health,
- education for life,
- care protection and participation
- With opportunities to experience God's love and their neighbors.

Child health is one of the sector areas of focus alongside primary education and livelihoods. In terms of program delivery World Vision India links:

- Programmatic work at the district, community and family levels to advocacy at National, regional & global level
- Bringing the voices of communities to policy discussions
- Mobilising communities to create the pressure for basic health care service
- Ensuring a continuity of demand and provision

Save the Children:

Save the Children is the world's leading independent organization for children that works to inspire breakthroughs in the way the world treats children to achieve immediate and lasting change in their lives. We work actively with the communities, the state governments and the National Government to

bring lasting changes for the most marginalised children. The organization is working on four core issues in 12 States and Union Territories and has already brought smiles to over 3 million children across India. There are several corporates and individuals who support our work.

Contact Details:
Ms. Shireen Miller, Save the Children
Ph: +91 9811552920
Ms. Bulu Sareen, World Vision India
Ph: +91 9971491272

End of Report