



**RIGHT TO HEALTH: IT'S
IMPLICATIONS IN INDIA DURING
THE COVID ERA**

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ABSTRACT

'Right to Health' is a fundamental human right that is imperative of all other rights. The human right to health is guaranteed internationally and nationally in various International Instruments and National legislations respectively. Ever since the outbreak of novel Corona virus, there prevails an incessant debate of defending the basic right of health to every human-being by various organizations and communities across the globe. The World Health Organization, being the upholder of health right stays as a silent spectator when it comes to balancing the right of health and controlling the spread of Covid, ever since it declared the spread of virus as a 'Global Pandemic'. In India, COVID-19 is contemplated an eye-opener in the arena of 'Public health care system' and 'Protection of right to health'. This article brings to light, the implications revolving around 'Human right to Health' – the framework of laws and the infrastructure of public health system in the post-Covid era in India.

KEYWORDS: Right to Health, Fundamental Right, Human Rights, COVID-19, Pandemic, Public Health system, Public Health Bill, Implications.

INTRODUCTION:

India is facing an unprecedented humanitarian crisis since the outbreak of COVID – 19. The number of cases is increasing rapidly day by day making India, the second-mostly affected country in the whole world. This highly impacted the 'Health system' in India as the Public- Health Infrastructure is not efficiently built to handle the challenges posed by the COVID – 19. Moreover, the Indian legislations are also not comprehensive enough to deal with the new epidemic situation like COVID -19 but then, there is an enlarging duty on the Government to uphold the 'Right to Health'. The World Health Organization declared COVID -19 as a world pandemic. Since then the World Health Organization maintains silence on striking a balance between health rights and pandemic regulation. Likewise, India too is saddled with the heavy burden of maintaining right-restriction equilibrium.

RIGHT TO HEALTH:

The World Health Organization defines "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹ It also states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political-belief, economic or social condition. From the beginning till date WHO is playing a vital role to ensure that health services are being accessed by all the people across the globe and also provides a broader vision for healthcare. India, being a member of the World Health Organization too guarantees Right to Health via various legislations. The Constitution of India is considered to be 'the bedrock of rights' to the people of

¹ <https://www.who.int/health-topics/coronavirus>.



democracy. Both the Fundamental Rights and Directive Principles of State Policy enshrined in the Part III and Part IV of the Constitution respectively undertakes to bestow 'Right to Health' invariably.

Though 'Right to Health' is not an exclusive Fundamental Right under Part III - Article 21 of the Constitution, various judicial interpretations effectuated by the Supreme Court in various cases has made 'Right to Health' as an inseparable part of 'Right to Life and Personal Liberty'.

The Supreme Court in *Bandhua Mukti Morcha v. Union of India & Ors.*², interpreted that the right to live with human dignity would also include protection of health under Article 21 of the Constitution of India.

In *State of Punjab & Ors. v. Mohinder Singh Chawla*³, the Supreme Court stated that the right to health is indispensable to right to life and so there here lies a constitutional obligation on the part of the Government to advance proper health facilities.

In *Consumer Education and Resource Centre v. Union of India*⁴ the Apex Court firmly held that the right to health and medical care is a fundamental right under Article 21 of the Constitution as it is essential for making the life meaningful and purposeful as well as upholding the dignity of the person.

² Bandhua Mukti Morcha v. Union of India AIR (1984) SC 802.

³ State of Punjab & Ors. v. Mohinder Singh Chawla AIR (1997) 4 SCC 83.

⁴ Consumer Education and Resource Centre v. Union of India AIR (1995) 3 SCC 42.

*In Re: The Proper Treatment of Covid- 19 Patients and Dignified Handling of dead bodies in the Hospitals*⁵, the Supreme Court held that affordable health care is also a fundamental right and held that the state is accountable to ensure the said right by providing affordable treatment to the people in need along with preventing dignity of the deceased while handing and cremating the bodies. It went on to add that the fight against COVID – 19 is no less than a World War and demanded a Government Public Partnership to avoid world war against COVID - 19.

The Directive Principles of State Policy under Part IV provides a stronger base for the Right to Health in India. It imposes duty and direction on the Indian states to undertake possible steps to ameliorate people's health condition widely. This implies that it is the primary obligation of the states to ensure secured health and its related services to its citizens.

- Article 38 directs the state to secure social order for promoting public welfare.
- Article 39 (e) directs the State to secure health of workers.
- Article 42 directs the State to just and humane conditions of work and maternity relief.
- Article 47 casts a duty on the State to raise the nutrition levels, standard of living and to improve public health.

In *Pramand Katara v. Union Of India & Ors*⁶ the Supreme Court ruled that every sector whether at a government hospital or otherwise has the professional obligation to

⁵ Re: The Proper Treatment of Covid- 19 Patients and Dignified Handling of dead bodies in the Hospitals AIR (2020) 409 SC

⁶ Pram and Katara v. Union Of India & Ors AIR (1989) SC 2039



extend its services with due expertise for protection of life and that no law or state action can intervene to avoid or delay the discharge of the paramount obligation cast upon members of the medical profession. This obligation being total, absolute, and paramount, the laws or procedure whether in statutes or otherwise which would interfere with the discharge of this obligation cannot be sustained.

In *Paschim Bangal Khet Mazdoor Samity & Others V State of West Bengal & Others*⁷ the Supreme Court while exercising its role of judicial interpretation held that in a welfare state, it is the primary duty of the government to secure the welfare of the people and there lies an obligation on the government to provide adequate medical facilities to its people. For discharging this obligation the government hospitals run by the state are duty bound to extend medical help in order to preserve and safeguard human life. If any government hospital fails to provide timely medical treatment to a person in need of such treatment, then it results in violation of Article 21 and Article 38 of the Constitution of India, 1950⁸.

The Constitution of India along with the State(s) also obligates the Panchayats and Municipalities to strengthen public health under Article 243G read with Schedule XI, Entry 23⁹. The important areas relating to Health are enlisted below under:

- Health and sanitation including hospitals, primary health care centers and dispensaries
- Family welfare
- Welfare of weaker sections
- Public health, sanitation conservancy and solid waste management.

THE INDIAN LEGAL CONCERN:

Early 2020 witnessed the outbreak of COVID -19 in India and it proved to be a massive blow to the entire population across the country. In order to combat the new novel corona virus, the Indian Government was forced to plan and implement a Public Health Strategy that necessitated and obligated various states to clasp an earlier law i.e., the Epidemic Diseases Act, 1897 which is more than a century old¹⁰. The objective of this law is to prevent the spread of dangerous epidemic diseases. The states in order to exercise their duty enshrined under Article 47 of the Indian Constitution, enforced the above said Act. Even after implementing the said Act, the battle was hard for the states, as this Act is short of specific provisions that help in preventive action during the spread of epidemic diseases¹¹. COVID -19 was declared as a 'Pandemic Situation' in India and it ultimately led to the nation-wide lockdown by invoking Sections 6, 10, 38, and 72 of the Disaster Management Act, 2005¹². The National Disaster Management Authority assumed its omnibus power and an

⁷ *Paschim Bangal Khet Mazdoor Samity & Others V State of West Bengal & Others* AIR 1996 SC 2426

⁸ <https://science.thewire.in/health/public-health-neglect-india-coronavirus-government-responsibility>.

⁹ Article 243G, Constitution of India, 1950, Bash, P.M., *The Constitution of India*, Universal Law Publishing Co. Pvt. Ltd., New Delhi, 2003.

¹⁰ <https://indianexpress.com/article/explained/explained>

-what-is-the-epidemic-act-of-1897-govt-has-invoked-to-fight-coronavirus.

¹¹ <https://www.epw.in/engage/article/epidemic-diseases-act-1897-needs-urgent-overhaul>.

¹² <https://www.theweek.in/news/india/2020/04/26/Covid-19-and-the-ambit-of-the-disaster-management-act.html>.



overriding effect on all other laws¹³ to direct to all states of India for its compliance¹⁴.

National Health Bill, 2009 was enacted through Article 252 and Item 14 under Union List in Seventh schedule of the Constitution of India, 1950. It was the International Health Regulations, 2005, a soft international health law that obligated the countries to enact laws or policies in compliance with public health legislation so that it would help countries in tackling the challenges ahead of them on the outbreak of epidemic / pandemic. The Bill mainly focused on protecting and fulfilling the Right to Health and wellbeing, health equity and justice and a robust health care system¹⁵.

The Bill created a robust structure where the Centre and the States had to collaborate and form National and State level boards to provide public health services in case of any health emergency. It also emphasized on community-based monitoring, grievance mechanisms and transparency provisions essential during epidemic-pandemic health emergencies and along with right to health care, it created some space for basic human rights during the quarantine and isolation¹⁶. Later the Public Health (Prevention, Control and Management of Epidemics, Bio-Terrorism and Disasters) Bill, 2017 was framed and it aimed at removing the lacunae and set-backs from the archaic Epidemic Diseases Act. The bill contains definitions of

“epidemic,” “outbreak,” “bio-terrorism” and “public health emergency.” It envisions measures like social distancing, quarantine, isolation, diagnosis and guidelines for treatment. It enlists various diseases falling under the epidemic-prone diseases category and also contemplates a public health emergency of international concern like the ongoing COVID - 19 outbreak. However, the 2017 Bill has not been tabled before the Parliament of India until now.

The Epidemic Diseases Ordinance, 2020 was promulgated by the President of India invoking Article 123 of the Constitution of India, 1950 thus amending the Epidemic Diseases Act, 1897¹⁷. The Health Bill of 2009 seemed to be a distant reality after the COVID -19 outbreak as there were instances of violence and harassment by the public in flagrant violation of

- Sections 188, 269, 270, 271 of Indian Penal Code, 1860 and
- Section 4 of the Epidemic Diseases Act, 1897.

This Ordinance enlarged the powers of the central government to regulate all means of transportation besides the prohibition of travel and act of violence¹⁸. The perusal of the Epidemic Diseases (Amendment) Ordinance, 2020 reflect *pari-materia* incorporation of objectives of Health Services Personnel and Clinical Establishments (Prohibition of Violence and

¹³ Section 38, Disaster Management Act, 2005.

¹⁴ Section 72, Disaster management Act, 2005.

¹⁵ Nomani, M.Z.M., Lone, A.A., Alhalboosi, A.K.K., Raj, A.A., and Ahmed Z, Health care services under consumer protection laws of union territories of Jammu and Kashmir: a socio-legal mapping. *Indian journal of public health research & development*, 11(2):273-278; <https://doi.org/10.37506/v11/i2/2020/ijphrd/194796>.

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http://mohfw.nic.in/NRHM/Draft_Health_Bill/General/Draft_National_Bill.pdf

¹⁷ <https://prsindia.org/billtrack/the-epidemic-diseases-amendment-ordinance-2020>.

¹⁸ Section 2B, Epidemic Diseases (Amendment) Ordinance, 2020.



Damage to Property) Bill, 2019 which prohibits acts of violence committed against healthcare service personnel, including doctors, nurses, para-medical workers and indeed a quantum leap in public health delivery system¹⁹.

The ongoing COVID – 19 crisis impacted on the Government’s functioning and its decision making such as treatment of patients in hospitals and primary health care centers, testing by way of swap, nation-wide lockdown, state lockdown, invoking Section 144 of CrPC,1973, provision of essential goods, communication of Covid positive cases, mortality rates via state-country statistics etc. This in turn highly impacted the ‘Right to Health’, that is

- people’s access to health-care services,
- equal access of treatment and health-care information,
- right to treatment of other diseases,
- right of movement/travel,
- right of vaccination, etc.

The Indian Penal code, 1860 prescribes punishment/fine/both to any person who is found negligent or malignant of spreading the infectious disease. Hence, reporting of a suspected or diagnosed COVID case is mandatory as per the provisions of the Indian Penal code, 1860 to prevent community spread. The Sections are mentioned hereunder:

- Section 188 - Disobedience to an order lawfully promulgated by a public servant.

- Section 269 - Negligently doing any act known to be likely to spread infection of any disease dangerous to life.
- Section 270 - Malignantly doing any act known to be likely to spread infection of any disease dangerous to life.

The law enforcing agencies should discharge their duties and the citizens must obey the laws/orders by being knowledgeable to the differences between the normal laws and the existing restrictive laws, so as to keep the rising Corona cases at stake.

THE INTERNATIONAL LEGAL CONCERN:

According to World Health organization, ‘Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease’²⁰.The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition²¹. The WHO presents a wider picture of not only protection of Health but also Healthcare.

Article 25 of the Universal Declaration of Human Rights (UDHR) emphasizes recognition of the right of all persons to an adequate standard of living, including guarantees for health and well-being²². It acknowledges the relationship between health and well-being and its link with other rights, such as the right to food and the right to housing, as well as medical and social services²³.

¹⁹ <https://prsindia.org/billtrack/the-epidemic-diseases-amendment-ordinance-2020>.

²⁰ <https://www.who.int/about/who-we-are/constitution>.

²¹ Ibid.

²² Universal Declaration of Human Rights. UN, Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948.

²³ <http://hrlibrary.umn.edu/edumat/IHRIP/circle/modules/module14>.



Article 12 of the ICESCR states that, the “State parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, specifying among other measures “the prevention, treatment, and control of epidemic, endemic, occupational, and other diseases” and creating the “conditions which would assure to all medical service and medical attention in the event of sickness” and that the right to health is articulated in several other international covenants”²⁴.

The Committee on Economic, Social and Cultural rights embarks on²⁵

- Ensuring right to access to health facilities, goods and services on a non-discriminatory basis
- Ensuring access to minimum essential food
- Taking measures to prevent, treat and control epidemic and pandemic diseases
- Providing education and access to information concerning health
- Providing appropriate training for health personnel.

It specifically states that parties are “under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons . . . to preventive, curative and palliative health services.”²⁶

International human rights law suggests about ‘Collective Responsibility’ where there must be an International cooperation among the countries especially in times of unprecedented crises like this by sharing vaccine-knowledge, medical-instruments,

virus-administration to minimize the ramifications of COVID-19.

India being a member of the World Health Organization must also take into consideration the principles in the International Instruments and must rapidly act in assuring right to health to its citizens even in the times of global health emergency. India, being a signatory to the UDHR must pledge in sustaining human rights such as right to life, health and dignity in pandemic situation like this to a possible extent. India, which is on the surge of rising COVID – 19 cases should resort to General Comment 14 as it provides an understanding into the normative content of Right to health though it is not legally mandatory.

IMPLICATIONS:

In times of Covid, the ‘Right to Health’ stands as one of the most violated right. In the process of preventing and treating COVID-19 virus and in an unprecedented pandemic like this, the very meaning of ‘Right to Health’ itself stands altered. Inaccessibility and Un-affordability are the major reasons that stand as a blockage to the road of Right to Health.

In 2019 NITI Aayog in its report highlighted that there exists a vast difference of public health system between the states, the major reasons being fiscal constraints and lack of technical expertise. At present ‘Right to Health’ stands under the ‘State List’ under Schedule VII of the Constitution of India, 1950. There are recommendations of

²⁴ International Covenant on Economic, Social and Cultural Rights (1966).

²⁵ Committee on Economic, Social and Cultural Rights. 22nd Session April May 2000 E/C 12/2000/4, para 43.

²⁶ Gen Comment 14. The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights) CESCR Twenty-second session Geneva, 25 April-12 May 2000, para. 34.



changing it to the 'Centre List'. Though it will result in uniformity of acts among states if that it is moved from State List to the Centre List, it will also have adverse consequences resulting in red-tapism, institutional constraints, autocratic centralization etc²⁷.

The Directive Principles of State Policy under Part IV of the Constitution of India, 1950 makes a demanding obligation on the State Governments to provide a decent standard of living which is inclusive of healthcare. Along with it, there also lies a binding duty on the country to abide by the International treaties and conventions such as Universal Declaration of Human Rights (UDHR), International Covenant on Economic, Social and Cultural Rights (ICESCR) etc. that insists a larger concern over adequacy of public services and a guarantee of minimum standard of health services. On the judicial front also many interpretations and activisms suggest on protecting 'Right to Health' as a fundamental concern.

In order to face the challenges posed by COVID – 19 on the health front, India needs to reckon with the prime principles of 'International Human Rights and Health Law' such as Principles of Solidarity, Proportionality and Transparency²⁸.

Principle of Solidarity:

The principle of solidarity under the subject of health, primarily talks about equity and equal access of public health services to everyone irrespective of any discrimination with respect to sex, caste, class, religion and

language. The state has to take steps to ensure that the minimum access to health care and other essential needs are available even to the marginalized section of the society.

Principle of Proportionality:

The principle of proportionality under the context of law, talks about the need of balance between the rights and restrictions. In order to curb the pandemic and minimize the everyday Covid positive cases count, the state governments and the centre resorts to lockdown, institutional quarantine and enforcement of criminal charges who don't adhere to the newly imposed rules and regulations. It says that the curtailment of the basic rights and liberties should be reasonable and utmost arbitrariness should be avoided at any cost.

Principle of Transparency:

The principle of transparency under the concern of Governance, suggests that it must embody trustworthiness in public administration. Moreover the good governance should be accountable and reliable, that is, the national or state governments must make sure that viable information relating to the pandemic, its day-by-day statistics report, vaccination, health services, availability of beds are spread across the entire population in the country.

WEAKNESS IN PUBLIC HEALTH CARE SYSTEM:

The Health Survey and Development Committee, popularly known as the 'Bhore Committee' was formed in 1946. It stated that,

²⁷ <https://www.drishtiiias.com/daily-updates/daily-news-analysis/shifting-health-to-the-concurrent-list>.

²⁸ Katharina Ó Cathoir, Professor of Health Law, <https://rwi.lu.se/2020/04/covid-ensuring-right-to-health>.



“This is an ideal which we in this country may well place before ourselves, not as some distant shadowy objective to be approached through leisurely advances if and when conditions are favorable, but as a definite goal the attainment of which, at the earliest possible moment, is vital for the nation’s progress and therefore demands an inflexible, concentrated and sustained effort on the part of all, to whom the nation’s health and welfare are a matter of vital concern.”²⁹”

With the surging COVID-19 cases in its second wave more than the first wave in India and the fear of third wave in near future, the devastating impact of it on the economy and the health-care sector is huge. Way back in the times, when India became independent it pressed the need of making Right to Health as a fundamental right and bringing health sector and its governance under the umbrella of the Governmental control and this was reflected in the preamble of the Bhore Committee that reads, ‘No individual should fail to secure adequate medical care because of inability to pay for it.’³⁰” But that was not brought into proper effect. No concrete laws were formed.

Later in 1990’s, during the LPG (Liberalization, Privatization, and Globalization) era, there was only limited intervention by the Government in the field of healthcare. The role of the state was defined as investing in public health management, focused only on those health services characterized as non-excludable and non-rivalrous, where markets are considered to fail in efficient resource allocation³¹. As

the health sector was privatized, there was a hike in the cost of prices in healthcare services. This affected a lot of vulnerable groups/marginalized communities from securing healthcare services at a reasonable cost.

In order to bridge the gap of existing inequalities of health care services, the Government of India introduced National Health Care Mission as a part of ‘Universal Health Coverage’, which was earlier suggested in the Bhore Committee report. Thus, government intervention in health care was extended to a larger level by providing medical care ranging from an individual to whole-lot of public. But the form of delivery of the services was restricted to financing of care³². Rather than a provider of health services, the Government assumed the role of buyer of healthcare services from the private providers at negotiable rates through Government-funded public health care system, thinking that the persons below the poverty line will be benefited. Also there is a vacuum of private providers in the rural and remote areas.

On the contrary, this only aggravated the reluctance of public health care system in India. This again proved to be a big catastrophe in the on-going COVID-19 crises. The lack of a proper Public Health Infrastructure, exorbitant prices for hospitals beds and medicines, inequalities in healthcare services among the urban and rural public, rich and poor are all a backlash to the right of life and right to health.

²⁹ <https://thewire.in/health/public-health-neglect-india-coronavirus-government-responsibility>.

³⁰ https://www.nhp.gov.in/bhore-committee-1946_pg

³¹ <https://scroll.in/article/983344/covid-19-pandemic-shows-how-indias-thrust-to-privatise-healthcare-puts-the-burden-on-the-poor>.

³² Ibid.



The weakness of the Public Health system has come to light during this present pandemic, and so it is now the right time for the legislators, authorities to resort to resilience laws and policies and introduce robust health infrastructure capable of providing and ensuring proper health care to all its citizens, strengthening public health services and making public health care – a public good, in addition to making ‘Right to Health’, a holistic fundamental right in India by way of formulating a exhaustive legislation dedicated to it.

NEED OF THE HOUR:

Right to Health is to be protected by the Government(s), be it the Central or State, by engaging human and monetary resources. The human resources including doctors, nurses and other hospital workers/ health personnel who tirelessly engage in treating Covid patients, healthcare workers who collect swab samples and bring Covid patients to the hospitals, people from the NGOs who provide essentials to the people in containment zones, hygiene workers who involve in collecting garbage and sanitizing the localities, teachers who collect statistics of Covid-affected population, media people who disseminate Covid-related information to the entire population are the key people in protecting the essential right of health. The monetary resources should be made available to the people-in-need by way of framing policies or Yojanas such as creation of Prime Minister/ Chief Minister COVID-19 relief fund, providing relief benefits through Public Distribution System (PDS), financial assistance for food, hospital-treatment of Covid and other Covid assistance schemes so to achieve ‘adherence of basic rights’. Making available maximum resources to the

people will effectuate speedy march towards ending Covid era.

A new comprehensive integrated legislation upholding ‘Health Governance’ and focusing on ‘Public Health Emergency’ should be enacted. A new bill called the ‘Public Health Bill’ must be introduced in the Parliament. It must be enforced so as to tackle the future health emergencies. The new legislation is to be framed by combining and removing the difficulties present in the earlier Acts such as the Epidemic Diseases Act, 1897, Disaster Management Act, 2005 and getting insights from the draft of Public Health Bill, 2009 and Public Health (Prevention, Control and Management of epidemics, bio-terrorism and disasters) Bill, 2017.

A separate force called the ‘National Health Emergency Force’ can be formed by involving stakeholders from all fields of work relating to healthcare to combat any epidemics or pandemics where Planning, Co-ordination, Emergency Response and Health-risk mitigation should be the pivotal factors of operation.

Micro-level management through creation of civic agencies to combat the pandemic or prevent community spread at a micro-level also proves to be a beneficial plan. Cooperation between the health officials and the civic agencies correlated to establishment of fever camps, door-to-door surveillance and containment of areas at the Corporation, Municipality and Panchayat levels will be fruitful.

Vaccination should be made available to all the citizens free of cost/affordable cost. Rather than age-based stratification, area/sector wise stratification can be



followed. Small camps, such as ‘Grass-root level’ camps in Panchayat areas, ‘Municipality-ward wise camps’ in town areas can be organized with the help from nearby primary health centers in each of those areas to minimize the crowding of people in big hospitals, only to know that there is deficiency of vaccines after standing for hours together in big queues. Tokens can be issued to houses mentioning time to visit the camps so that wastage of vaccines can also be reduced.

Student population can be vaccinated in their respective schools/colleges before reopening the institutions for physical classes. Help can be procured from self-groups for checking the availability of vaccines from the concerned department and helping the institution from procuring the necessary amount of vaccines. This step will be helpful in tackling the third wave of COVID-19 where it is predicted that the children will be affected more.

Right to Health guaranteed by the Constitution is subject to the principle of reasonableness. It is not an absolute right. Hence, certain restrictions such as curfews, lockdowns, and restriction of movement, institutional / government quarantine according to humanitarian standards acceptable. But arbitrary imprisonment, imposing of hefty fines should not be resorted to. A thin line between rights and restrictions, emergent laws and normal laws must always be respected and followed by the public authorities be the situation whatever. Similarly the citizens must also abide by the newly enforced set of laws keeping in mind that Health and Life are the foremost priorities than Freedom, in the current scenario.

CONCLUSION:

The COVID -19 crises largely proved to be a mind-changer when it comes to public health infrastructure and health related laws in India. Now the time is ripe for the Government to look forward and bring necessary changes in the already existing legislations relating to human rights and health rights. A comprehensive Health Law should also be enacted to combat and stay resilient future health-related challenges. Both the Centre Government and State Governments have to look beyond their Unitary-Federal structure and resort to Co-operative Federalism. They should jointly act as a firm protector of health and its related rights of its citizens without any discriminatory attitude.

In the hard-times like this, it is not only the duty of the Governments to prevent the spread of pandemic but also there lies a duty on the part of each citizen to comply with the restrictions and protocols imposed by the Government. Human right relating to health in particular is more of a collective right rather than an individual right. As human beings are gregarious, there is a likely spread of the disease in a fast random manner. Even if a single person stands affected, it will ultimately pose a greater threat to the entire population. So, it is his solemn duty to take care of himself and the other person. The claiming of one’s own rights should in no way hinder the right of another. The sacrifice of one’s enjoyment is the bedrock of another person’s well-being aiming towards a greater well-being. Safeguarding right to life and health of each and every individual should be the paramount interest of all, in the times of corona crises.



We say that the world is one family, 'VASUDEVA KUDUMBAKAM'. In times of the pandemic situation like this, all the countries around the globe should embrace solidarity and should lend helping hands to each other in order to defeat the common challenge, the Corona virus. By breaking boundaries and indifferences let us unite together to end this pandemic.

***“Victory is not far behind, it is achievable.
UNITED WE STAND!”***
