HEALTH CARE AS A HUMAN RIGHT

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If all people, irrespective of their economic or social status are to have access to health care, then the state has to play a more decisive role in ensuring access to such care. This is possible only if health care is regarded as a right.

Health care as a right is considered desirable universally. Yet all over the world the private sector dominates the provision of care. Today health care is fully commodified and people are left to the mercy of the market. What is worrisome about the health care market is that it works as a supply-induced demand market. This means that the providers of care dictate the terms of the market. This is not good for the poor, and especially in a country like India where 75 percent of the population lives at or below subsistence, such terms are often debilitating or even fatal.

In the developed countries, while health care may not be stated as a fundamental right, access has been made more or less universal by legislation and/or insurance or some special provisions for those who do not have the purchasing power. Thus fiscal mechanisms have been created in these countries, with an overwhelming proportion of contributions from the state, to assure basic access although the providers may be from the private sector. Similar is the situation of provision of education, though here the state institutions are more active in running the institutions themselves.

In underdeveloped countries there are not many examples of such near universal access, except perhaps some of the erstwhile socialist countries and very few other developing economies like South Korea and Chile. In a country like India where three-fourths of the population still lives in the villages providing universal access, whether for health care or education, becomes even more difficult. While public health facilities are reasonably well-developed in urban areas the infrastructure in the rural areas is grossly inadequate. This puts a lot of pressure on the urban facilities thus impeding their efficiency.

In conditions of widespread poverty where family earnings are barely adequate to meet two square meals, seeking health care from the market becomes a luxury. Yet that is where the poor are often pushed to seek health care because public facilities are ill equipped to serve their needs. Often this has led to severe indebtedness wiping out the few assets a family may own. The National Sample Survey data shows that after loans for agriculture, the second largest cause of indebtedness is for health care. This is a serious matter and needs urgent attention. It is here then that the question of rights becomes important.

While state health care services are just too inadequate to meet peoples’ demands, the private health sector is huge and fairly well spread out. But the quality of private health care in India is abysmal. More than half the private practitioners are unqualified. Of those qualified two-thirds do not practice their own system (homeopathy or ayurveda) but allopathy for which they have not received training. There are statutory authorities (the various medical councils and the local governments) to oversee that only qualified people practice the profession they have been trained in but they have not shown any concern in this regard and hence the private health sector has grown wild and uncontrolled. A number of small studies and a few national ones have clearly indicated that for ambulatory care over three-fourths of those seeking care use private providers. Given the questionable quality of private health care such a large usage of the private health sector is fraught with danger. Thus there is an urgent need for a political will to take up health care as a matter of human rights.
In a country like India where poverty is the core concern of the political economy establishing health care as a human right becomes even more important. The new economic policies under SAP have had a negative impact on the health sector with declining state investments in health care, rapidly increasing prices of medicines and further consolidation of the private health sector with the corporate sector entering the fray in a big way. With the state under pressure to reduce its participation directly in the economy it is important that the social sectors like, health care, education, social security, rural development programs etc. do not get diluted but on the contrary strengthened. The state must take the lead in reorganising the health care system as a public-private mix wherein a planned and organised system of financing and provision and not the market determines how health care is accessed by people. This will only be possible if health care becomes a human right.