Role of NHRC in protecting right to health

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Abstract: There are many ways of protecting human rights. With the Parliamentary accountability and a judiciary independently and impartially endeavoring to protect the rights of its citizens, there are also other the institutions besides Parliament and Judiciary, like National Human Rights Commissions whose establishment and strengthening enhances the existing mechanism. The role of the Commission has now a day is not prospective but also initiative in nature. In spite of its weak foundation, the Commission is working very effectively and shows that human rights protection does not have to depend wholly on the pronouncements of the courts. With the establishment of National Human Rights Commission, it has been important to link the issue of health to that of human rights.

Key words: Commission, health care, human rights.

Role of NHRC the health sector:

Intrinsic to the dignity and worth of the human person is the enjoyment of the right to health. The International Covenant on Economic, Social and Cultural Rights, to which India is a State Party, specifically recognizes that 'the enjoyment of the highest attainable standard of health' is the right of every human being. It must therefore be treated as a State responsibility, with the latter having an obligation to ensure that this right is respected. Indeed, in the Indian context, the provisions of Article 21 of the Constitution have been judicially interpreted to expand the meaning and scope of the right to life to include the right to health and to make the latter a guaranteed fundamental right which is enforceable by virtue of the constitutional remedy under Article 32 of the Constitution. With the establishment of National Human Rights Commission, it has been important to link the issue of health to that of human rights. The Commission can establish culture of accountability as it is entrusted with the responsibility of Monitoring the State's performance regularly and without proper and effective monitoring, States cannot be made accountable for violation of human rights. Though this work can be done through the Judiciarybut when linked together, more can be done to advance human well-being. National Human Rights Commission has a very limited power as per the Human Rights Protection Act, 1993. The Act takes a very narrow view of human rights and defines that 'human rights' means right relating to life, liberty, equality and

dignity of the citizens by the International Covenants and the Indian Constitution. Because of certain peculiarities, the Commission cannot discharge its responsibility by giving effect to the covenants unless it is ratified by the Parliament. Besides this, India has also a party to many a International conventions and treaties but due to its limited definition, the National Human Rights Commissions Mandate is confined to the two Covenants only. But this factor does not diminish the magnitude of its task or its potential to protect India's citizens and to develop a culture respectful of human rights and fundamental freedoms[1]

The National Human Rights Commission is a creation of the Human Rights Act, 1993. The composition of the Commission is a high-powered as majority of its members is judges. The NHRC can play a very important role by making the government responsible and accountable for violations of human rights and thereby can fulfill the international and national human rights principles. The Commission can call for explanations from the government, make inquiry, can summon and force witnesses to appear before it and examine them under oath. In doing so the Commission is endowed with all the powers of a civil court.[2]While doing so, the Commission can also suo moto receive complaints or investigate about the violation of human rights or abetment thereof or negligence in the prevention of human rights violations by public servants. [3]

NHRC also keeps track up public spirited judgments of the Supreme Court of India. In some occasions also, the Supreme Court asked the Commission to look into the matters of importance before it.The NHRC is mandated under Section 12 of the Protection of Human Rights Act, 1993 to visit Government run mental health institutions to 'study the living conditions of inmates and make recommendations thereon.' Besides discharging this specific responsibility, the Commission has been, right from its inception, giving special attention to the human rights of mentally ill persons because of their vulnerability and need for special protection. The Commission's role is complementary to that of the judiciary. Mental health care needs of the country and highlight the landmark role of the National Human Rights Commission (NHRC) in addressing and being a part of mental health change in the country.

Case laws on Mental Health:

Supreme Court of India entrusted the Commission with the responsibility of overseeing the functioning of three Mental Health Institutions on 11 November 1997. The Commission has been continuing its work in this regard through its Special Rapporteur. Due to sustained efforts of the Commission, there was significant progress during the year 2005-06. It is heartening to note that more than 90% of the admissions are voluntary admissions in these hospitals consistent with the provisions of the U.N.

Principles for the Protection of Persons with Mental Illness and Improvement of Mental Health Care (1999). There has been an overall shift from custodial care to treatment and rehabilitation. Cell admissions have been totally stopped and closed wards are being progressively converted into open wards.

The Human Rights Commission took suo-moto cognizance of a press report which brought out in detail the inhuman treatment meted out to the inmates of a mental asylum run by a quack having no license in Bihar. Considering the media report, the Human Rights Commission held that the treatment methods as shown in the report are outdated as the patients are tied to a tree and buckets of cold water are showered on them. The video clipping also exhibited the brutality meted out to the mental patients by putting then in chains and severely beaten. Taking a very serious view of the footage, the Commission directed the Chief Secretary of Bihar to enquire into the matter and submit a factual report within two weeks. The Commission further directed that if after inquiry, it is found to be true, the Chief Secretary should inform the commission as to the steps taken for release of the patients and ensure that they are provided with proper psychiatric and medical treatment.[4]

In another case relating to Agra Mental Asylum, U.P., the Human Rights Commission took suo-motu cognizance based on media reports of a government psychiatrist charging Rs.1000/- to issue certificates to women as clinically insane so that their husbands could file for divorce. As per the report, the psychiatrist R.S.K.Gupta had enabled 10 such divorces by issuing false certificates. The Commission directed the hospital authority as well as the home secretary of the State of U.P. to file report on the issue. It was reported later that the Dr. Gupta has appeared.[5]

The Supreme Court in the case of Dr. Upendra Buxi vs. State of Uttar Pradesh[6] directed to enforce the human rights of the occupants of State Protective Homes for women. The court ordered to constitute a medical panel to examine the inmates at Agra Home and submit report. From the report, it is revealed that 33 out of 50 inmate4s had different types of mental disability and they had not been examined at the time of admission to the Home. The Superintendent, despite this, had released 14 of them without determining their mental state and with no money to cover even their train fare to go to their village. The Court recommended that psychiatric treatment be provided to the mentally ill-inmates, for which the record of the time and place of the treatment should be maintained.

In ***Chandan Kumar Banik vs. State of West Bengal***[7], the Supreme deplored the inhuman conditions of the mentally ill in the Mental Hospital at Mankundu in the district of Hoogli. The Court ordered for discontinuing the practice of typing up the patients with iron chains and ordered drug treatment for them. The indifferent and callous attitude of State and other authorities

caused a tragic death of 26 inmates at Erwadi in Tamil Nadu as they were tied to their beds on the night a fire broke out in 2001. Following this shocking news incident the Supreme Court took suo moto notice of the incident in the form of a Public Interest Litigation and issued notices to the Union of India to "conduct a survey on an all-India basis with a view to identify registered and unregistered 'asylums' (italics added by authors) as also about the state of facilities available in such 'asylums' for treating mentally challenged."[8]

The National Human Rights Commission organized a day-long National Conference[9] on Mental Health and Human Rights. One of the key suggestions during discussion, among others, included that given the Commission's success; it needed to expand its scope of monitoring the Mental Health Care Institutions in the country. Some of the other important suggestions and recommendations included the need to[10]:
a) address the issue of shortage of paramedical staff and Psychiatrists;
b) set-up and strengthen Psychiatry Department in all Medical Colleges;
c) utilize allocated funds by the Mental Health Care Institutions;
d) organize media campaigns for awareness on mental health issues;
e) work towards financial independence of Mental Health Care Institutions; and
f) provide support to NGOs for their increased role in the Mental Health Care.

Justice Shri K.G. Balakrishnan,[11] was of the opinion that the Commission was deeply concerned with the rights of mentally ill persons. He said that good mental health hospitals were not there in all States in the country. Their region-based presence is inadequate keeping in view the number of persons getting affected with one or the other psychiatric or mental disorder. Recalling the progress made in terms of the legislation for the Care and Protection of Mentally Ill Persons, since the British time, Justice Balakrishnan hoped that the 2013 Bill on Mental Health Care, pending in Parliament, might address several concerns. He also referred to the financial crisis being faced by the Mental Health Institutions and related challenges which were needed to be addressed on priority basis to strengthen them.

Case Laws on Occupational Health: The Commission sought for a report from the government of Madhya Pradesh taking a suo- moto cognizance of the news item published in Sunday *observer* with a caption 'Death in the Air' in September, 1996. The report said that majority workers working in the slate factory in Mandsaur district are affected by inhalation of silicon dust. The government of Madhya Pradesh in spite of being taken a number of steps such as providing medical facilities, ensuring all the workers covered under the Employees State Insurance, provision of pension on the declaration that the disease affected the worker is an occupational hazard and regular visit of

the Labour Inspector, it could not be contained. The report said that the district administration had advised the owners of the factories to install BHEL machinery to minimize the dust particles. However, many of the owners were unable to meet the high cost of the sophisticated machinery as a result of which the silicosis dust was spreading and affecting the health of the workers. The Commission going through the reports and having regard to the provisions of the Indian Constitution as well as to the International Human Rights instruments with regard to the right to life the commission gave the following directions to the state for compliance in future:

1. To ensure the establishing of BHEL machinery in the factories to prevent dust pollution and to ensure that pollution free air is provided to workers.
2. Periodic inspection, on a monthly basis, by the Labour Department and reports made to the State Human Rights Commission for monitoring.
3. Windows and children of deceased workers to be taken care of by the factory owner by provided assistance.
4. To ensure that child labour is prevented by the following methods:
   a) Establishing schools at the cost of factory owners, with assistance from the state for the education of workers' children.
   b) The provision of periodic payments for their education and insurance coverage at the cost of factory owners.
   c) The position of mid-day meals and clothing to dependent children or children of deceased workers.

The Commission after examining this matter was of the view that the Right to Health and Medical Care was a fundamental right guaranteed under Article 21,read with articles 39€, 41 and 43 of the Constitution. The Right to Life includes protection of the health and strength of the workers and was a minimum dignity. The Universal Declaration of Human Rights as well as other International Instruments also spoke of this right. Continuous exposure to the corroding effect of silicon dust could result in the silent killing of those who worked in such an environment. The duty of the state, under the Directive Principles of the Constitution, was to ensure the protection of the health of workers employed in such slate factories in Mandsaur and elsewhere in the State.[12]

Case Laws on Medical Negligence:

In a case13 of negligence of a Medical Officer in Uttar Pradesh, a complaint was lodged by Smt. Ram Kumari to the Commission stating that her late husband, Shri Krishan Kumar, died in a road accident when his truck collided with a tree and caught fire thereafter. The police prepared an inquest report and sent the burnt body of her husband for post-mortem to Rai Bareilly. A team

of three doctors performed the autopsy of the dead body on 17 May 1998 but were unable to give an opinion on the cause and time of death and, therefore, sought the opinion of the State Medico-Legal Expert. The opinion was delayed by six months, as a result of which the complainant was made to rush from Allahabad to Rai Bareilly to plead with the authorities to hand over the remains of her husband's dead body for performing the last rites. The complainant sought the Commission's assistance in getting the dead body released early.

After making an inquiry, it was revealed that the Chief Medical Officer, Rae Bareilly was found to be negligent for not obtaining the Medico Legal Expert Report immediately. The commission noted that the bodily remains of the deceased were handed over the complainant nine months after the death which has resulted a great mental agony to her. The Commission was of the opinion that this avoidable delay was directly attributable tothegross negligence of the State authorities at different levels and awarded an interim compensation of Rs. 10,000/- to the complainant by the Government of Uttar Pradesh within two months.

In another case[14], the Commission received a complaint dated 18 September 2003 from an HIV positive patient stating that he had been denied treatment both by the Government and non-government hospitals. He also alleged that he had got dialysis conducted at the Apollo Hospital, New Delhi after incurring a huge expenditure but no surgery was performed to remove the stones at the Apollo Hospital. After his admission to All India Institute of Medical Sciences, he was discharged after 15 days. He complained that during his stay at the Lok Narayan Jaiprakash Hospital from 2 September 2003 to 9 September 2003 he was again refused dialysis.

In response to the Commission's notice, the Medical Superintendent, AIIMS submitted a report stating that the patient was examined by Urologist and Nephrologist on various occasions and was found clinically stable and did not require dialysis immediately during his admission. His real function too showed an improvement and was consistent with standard clinical care. The patient was discharged only when his condition was found to be stable and was asked to report after 15 days for review and follow-up but he did not report again.

The Superintendent LNJP Hospital had also sent a report together with the updated status and progress report of the patient Surjit Singh. Upon considering the progress report, the Commission found that subsequent to the intervention by the Commission, treatment had been given to the patient and he was being given proper medical treatment and no further action by the Commission at this stage was called for.

However, the Commission, informed the Medical Superintendent LNJP Hospital that it would continue to give proper treatment of Surjit Singh and other such

HIV positive patients and that hospital should continue to offer proper treatment to the poor patients so that they may not approach the Commission in future.

The Commission has taken suo-motu cognizance of a press report captioned, "Stabbing victim bleeds to death at Indore police station" [15] The press report alleges that Ravi Dangi, aged 19 years and his friend Ankit Agrawal were stabbed by four youths in Anandnagar. On taking both the injured persons to the police station, the police instead of taking them to the hospital got busy with paper work and recording the statement and finally when the injured persons were taken to the hospital, they were declared dead on arrival.

The Commission issued notice to the Director General of Police, State of Madhya Pradesh to submit a report and in pursuant to the directions of the Commission, the Additional DGP, Madhya Pradesh, and forwarded inquiry report dated 27.08.2012 of the SP (HQ).where in allegation of negligence on the part of the police is denied. After perusal of the reports and other documents, the Commission vides proceedings dated 26.02.2013 has directed the DGP, Madhya Pradesh to forward to the Commission all the annexures mentioned in the report dated 27.08.2012 of the SP (HQ). In addition to these annexures, he has also been asked to forward copies of the postmortem report and inquest report as well as GD reports dated 21.08.2012 concerning this case. The matter is awaiting a final disposal from the Commission.

The Commission has taken suo-motu cognizance of a press report captioned, "Ward ru tadidele doctor, Rastare santan prasab (Driven away from hospital woman delivered baby on the road)"[16] published in the Samaj, a leading Odiya Daily dated 6.4.2012. The press report alleges that a woman, Rosi Jena was admitted in the Puri District Headquarters Hospital at 0900 hrs on 5.4.2012. She struggled with labour pain till 1900 hrs in the evening. The attending doctor advised her parents toarrange money for a surgical operation. Since they were unable to arrange the funds for the operation, the doctor advised them to shift their daughter to some other hospital or a nursing home. Subsequently, the woman was forcibly discharged by the doctor from the maternity ward despite their approaching CDMO forhelp. However, before Rosi could be shifted to another hospital, she delivered a girl child in front of the hospital in the auto rickshaw, which was called by the relatives for moving her to an alternative place for treatment. It was only after a shouting mob assembled in front of the hospital protesting against the inhuman conduct of the doctor that the woman and the child were readmitted for further treatment.

The Commission vide its proceedings dated 11.4.2012 called for a report in the matter from the Chief Secretary, Government of Odisha. He was also directed to inform the Commission of the

status of health of the patient and the newly born child along with the disciplinary action, if any, initiated against the delinquent doctor. Despite reminders including one with a warning of coercive process, desired reports have not yet been received.

The Commission during its visit to the Primary Health Centre, Khuntuni, District Cuttack and Community Health Centre, Behrampur, Odisha on 11th April, 2012 noticed serious irregularities on the part of government officials of the State amounting to violation of human rights of the citizens[17]. Accordingly, the Commission vide its letter dated 29.06.2012 transmitted a copy of the inspection report to the Secretary, Department of Health, Government of Odisha calling for an action taken report in the matter within four weeks.

Case laws on Starvation Death: The Commission on December 3, 1996 basing on the letter from the then Union Minister for Agriculture regarding starvation deaths in the Bolangir district of Odisha. A writ petition[18] was also filed in the similar matter by the Indian Council of legal Aid and Advice and others before the Supreme Court of India under Article 32 of the Constitution wherein it was alleged by the petitioner that starvation deaths continued to occur in certain parts of Odisha. The court on 26th July 1997 directed that since the National Human Rights Commission is seized of the matter and is expected to deliver some order, the petitioner can approach the commission. Realizing the urgency of the matter, the commission acted quickly and initially prepared an interim measure for the two year period and also requested the Odisha state government to constitute a committee to examine all aspects of the land reform question in the KBK Districts.[19] A Special Rapporteur[20] has been regularly monitoring the progress of the implementation of its directions. The commission observed that starvation deaths reported from some pockets of the country are invariably the consequence of mis-governance resulting from acts of omission and commission on the part of the public servant. The commission strongly supported the view that to be free from hunger isa Fundamental Right. Starvation, hence, constitutes a gross denial and violation of this right.[21]

Case Laws on Prisoner's Rights: Prisons were not generally perceived as a correctional component. The condition in an average Indian prison presents a very depressing and gloomy picture. Overcrowded, unhygienic and hopeless-these prisons far from being any kind of correctional centres often produce hardened criminals, who truly become a menace to society. The laws made so far relating to prison are not properly addressing the problems of the prisoners. The draft stature presented by the NHRC relating to administration of jails in 1995 to the states for their comment has made a very little progress in this regard. Article 1,3,5,6and 9 of the Universal Declaration of Human rights are relevant to the extent that they lay

down the policy statement that no one should be subjected to cruel, inhuman or degrading treatment or punishment and subjected to torture. It also says that nobody is to be subjected to arbitrary arrest or detention. The Amnesty International way back in 1955 framed standard minimum rules for the treatment of prisoners.

The Commission in the year 2004, filed intervention application for impleading it as a party in the Punjab and Haryana High Court to assist in the pending civil writ petition in the case of mentally ill under trials in jails. The Commission took this decision while pursuing the case of Jai Singh, who had been in custody as an under trial prisoner on charges of murder was transferred to mental hospital, Amritsar. On careful scrutiny of his papers revealed a very shocking story. Jai Singh's filed had been consigned to the record room with adirection that the case would be summoned as and when the accused was fit to face trial. Medical reports appeared to have been sent to the court only intermittently. It appeared that Jai Singh had been reduced to a number and forgotten.[22]

The Commission also presented before the Delhi High Court guidelines to be followed in case of mentally ill prisoners while intervening in another case[23] of a mentally ill inmate of Tihar Jail, New Delhi. The Delhi High Court directed the government of Delhi to implement the guidelines suggested by the Commission and to chalk out a proper strategy to deal with such cases of mentally ill prisoners who are convicts or undertrials. The court further directed the governments of the two states and the lower judiciary to follow the recommendations of the Commission in Toto.

1. Psychological or psychiatric counselling should be provided to prisoners as required in order to prevent mental illness and/or to ensure early detection. Collaborations of this purpose should be made with local psychiatric and medical institutions as well as with NGOs.

2. Central and district jails should have facilities for preliminary treatment of mental disorders. Sub-jails should take inmates with mental illness to visiting psychiatric facilities. All jails should be normally affiliated to a mental hospital.

3. Not a single mentally ill person who is not accused with committing a crime should be kept in or sent to prison. Such people should be taken for observation to the nearest psychiatric centre, or if that is not available to the Primary Health Centre.

4. If an undertrial or a convict undergoing sentence becomes mentally ill while in prison, the State has an affirmative responsibility to the undertrial or convict. The State must provide adequate medical support.

5. When a convict has been admitted to a hospital for psychiatric care, upon completion of the period of his prison sentence, his status in all records of the prison and hospital should be recorded as that of a free person and he should

continue to receive treatment as a free person.

6. All those in jail, with mental illness and under observation of a psychiatrist should be kept in one barrack.

7. If a mentally ill person, after standing trial following recovery from the mental illness is declared guilty of the crime, he should undergo term in the prison. Such prisoners, after recovery should not be kept in the prison hospital but should remain the association barracks with the normal inmates.

8. The State has a responsibility for the mental and physical health of those it in prisons.

The Commission in the case of one Babu Lal, an undertrial prisoner emphasized that Right to life was a basic human right guaranteed as fundamental right under the Constitution of India and therefore, it is the responsibility of administrative authorities to ensure protection of life of the detenue in his custody including the medical necessities required. While the Commission further recommended that appropriate directions be issued to all the authorities concerned to take prompt action whenever the case of human life is involved expressed its anguished at the utter lack of sensitivity on the part of the prison administration in handling Babu Lal's case. It stated that technical considerations for shifting a patient to the hospital cannot overweigh the right of the patient to proper health care and as such, his right to life.[24]

The Commission in an appeal for expeditious arrangements for heart surgery of Harihar Behara lodged in Central Jail, Berhampur, Ganjam (Orissa), received a representation from Shri D.N. Panda, Advocate, Cuttack, stating that prisoner Harihar Behera in Central Jail, Berhampur, in the State of Orissa needed immediate heart surgery as advised by the Cardiology Department, S.C.B. Medical College Hospital, Cuttack, and asked for the intervention of the Commission.

The Commission called for a report from the inspector General of Prisons, Cuttack and directed him to make provision for medical assistance in the manner asked for, if the matter was urgent.The Inspector General of Prisons responded to the Commission's directions and stated that the Government of Orissa had been moved to approve the journey of Shri Harihar Behera outside the State and that sanction of funds and orders to that effect were awaited.On 24 March 1994, the I.G. Prisons further informed the Commission that on the petition of the wife of Shri Harihar Behera for release of her husband on special parole for a period of 90 days for open heart surgery at C.M.C. Vellore or at AIIMS, New Delhi at her own cost, the Government of Orissa had sanctioned 90 days special parole. Accordingly, Shri Harihar Behera had been released on special parole for 90 days with effect from 28 February 1994.[25]

Right to Health Care: Jan Swasthya Abhiyan[26](A network of 1000 NGOs

working in the health care sector) submitted a proposal to the Human Rights Commission in the year 2003 to hold public hearings in five regions in the country followed by one at New Delhi. During the public hearing, different individuals, groupssuffered denial of rights to healthcare from private as well public facilities were allowed to present their case. To the hearing the Commission also brought NGOs, victims and the authorities on the same platform to help resolve the individual problems, identification of systemic problems and decided to forge a partnership. In the hearing, a number of victims from the marginalized groups presented their testimonies. Systemic improvements in health care have been suggested to all concerned authorities. The active participation of NGOs and state governments has contributed considerably to the success of this programme.[27]

In the National Public Hearing[28] representatives of the civil society presented the structural deficiencies noted in the different regional public hearings, followed by delineation of state wise systemic and policy issues related to denial of health care. A number of experts made special presentations on issues related to Health rights in situations of conflict and displacement, right to essential drugs, women's right to health care, children's right to healthcare, mental health rights, health rights in the context of private medical sector, health rights in the context of their/AIDS and occupational and environmental hu8man right. The highlight of theconcluding session was in addition to the above, the National Action Plan to operationalize the 'Right to Health Care 'preparedjointly by NHRC and JSA was proposed. The broader objectives of this National Action Plan were explained as explicit recognition, delineation of content, legal enshrinement, effective operationalization including adequate resource allocations, and multi-level monitoring with civil society involvement, related to the Right to Health Care. A specific list of the recommendations was given to the Union Government and Union Health Ministry, including enacting of a National Public Health Services Act enshrining health rights of all citizens concerning the public health system, a Clinical Establishments Regulation Act related to the private medical sector, a Health Services Regulatory Authority, enhancement of the Health budget to reach 3% of the GDP and a National Health Services Monitoring Committee with civil society participation. Corresponding and parallel recommendations were made to State Governments, including a range of pro-people health sector reform measures to be carried out at the state level. The following are the recommendations to the Government of India, State governments, NHRS,SHRCs.[29]

NHRC Recommendation for a National Action Plan to Operationalize the Right to Health Care:

Enactment of a National Public Health Services Act, recognizing and delineating the Health rights of citizens, duties of the Public health system, public health obligations of private health care providers and specifying broad legal and organizational mechanisms to operationalize these rights. This act would make mandatory many of the recommendations lay down, and would make more justiciable the denial of health care arising from systemic failures, as have been witnessed during the recent public hearings.

This act would also include special sections to recognize and legally protect the health rights of various sections of the population, which have special health needs: Women, children, persons affected by HIV-AIDS, persons with mental health problems, persons with disability, persons in conflict situations, persons facing displacement, workers in various hazardous occupations including unorganized and migrant workers etc. Delineation of model lists of essential health services at various levels: village / community, sub-centre, PHC, CHC, Sub-divisional and District hospital to be made available as a right to allcitizens.Substantial increase in Central Budgetary provisions for Public health, to be increased to 2-3% of the GDP by 2009 as per the Common Minimum Programme.Convening one or more meetings of the Central Council on Health to evolve a consensus among various state governments towards operationalising the Right to Health Care across the country.Enacting a National Clinical Establishments Regulation Act to ensure citizen's health rights concerning the Private medical sector including right to emergency services, ensuring minimum standards, adherence to Standard treatment protocols and ceilings on prices of essential health services. Issuing a Health Services Price Control Order parallel to the Drug Price Control Order. Formulation of a Charter of Patients' Rights.

Conclusion: The linkage between human rights and human development is recognized and so is the significance of public health. It has been the primary targets for the year 2015 of the World Bank also to include public health issues such as improvement of reproductive health of women, reduction in infant and maternal mortality rates etc. There is a felt need for genuine partnerships between the government, community, NGOs, medical and legal professions with points of entry at policy making, norm setting, professional associations, service delivery area, research and education. The real significance of the Commission is advocacy, to build constant pressure and act as reminder of the state obligations towards the rights. The goal of linking health and human rights is to contribute to advancing human well-being beyond what could be achieved through an isolated health or human rights based approach.

[1] CEHAT,2007, p.140
[2] Annual Report of NHRC, 1996-97

[3] The Protection of Human Rights Act, 1993, sec. 12(a)
[4] NHRC Order June 20, 2006, Also reported in CEHAT,2007, Mumbai.
[5] NHRC Order July 5,2004 Also reported in CFHAT, 2007, Mumbai
[6] (1983) 2 SCC 308
[7] (1995) Supp. 4 SCC 505
[8] Mental Health Care and Human Rights.
[9]The Seminar was orgnaised in New Delhi on 30th May,2014
[10] nhrc.nic.in. accessed on 23.8.14
[11] Chairman, Human Rights Commission
[12] CEHAT, 2007, Mumbai, p.146
[13] Case no. 7122/24/98-99 (see nhrc.nic.in)
[14] Case No. 1698/30/2003-2004
[15] The Indian Express, 23.8.12
[16]Case No. 813/18/12/2012
[17]Case No. 1536/18/4/2012
[18] Writ petition (C)No..42/97
[19]http://nhrc.nic.in/HRIssue.htm#Right%20to%20Food.also see CEHAT, 2007, Mumbai,p.146
[20] ibid
[21] ibid
[22] CEHAT, 2007, Mumbai, p.142
[23] Writ petition (Cr) 729/2002 and 1278/2004
[24] Technicalities cannot outweigh right of undertrial prisoners, Patent to health care:NHRC, 16th Dec. 2005 availabie at http://www.nhrc.nic.in/disparchive,asp?fno=1117 (accessed on
[25] nhrc.nic.in accessed on 23.8.14
[26]www.phm-india.org accessed on 23.8.14
[27] Annual Report of Human Rights Commission 2004-2005
[28] National Public Hearing was held in New Delhi on December 16-17, 2004
[29]www.nhrc.nic.in/dispArchive.asp?fno=874 accessed on 23.8.14