



राष्ट्रीय मानव अधिकार आयोग
National Human Rights Commission

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Subject: Human Rights Advisory on Right to Health in view of the second wave of COVID-19 pandemic (Advisory 2.0)

The National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993, to protect and promote the human rights of all the citizens in the country.

2. Keeping in view the prevailing situation in the country due to the second wave of the COVID-19 pandemic, and taking into consideration the ground reports relating to human rights violations (particularly denial of the right to access to healthcare & related issues), the Commission hereby issues another “**Human Rights Advisory on Right to Health in view of the second wave of COVID-19(Advisory 2.0)**”(copy enclosed), which may be read and implemented in conjunction with the earlier ‘Human Rights Advisory on Right to Health in the context of COVID-19’ issued by the Commission on 28.09.2020.

3. All the concerned authorities of the Union/ State Governments/ UTs are advised to implement the recommendations made in the said **Advisory 2.0** and need to submit the **action taken report (ATR)** within 4 weeks for information of the Commission.

24/5/21
(Bimbadhar Pradhan)
Secretary General

Encl: Advisory 2.0

1. **The Secretary to the Govt of India**
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National Human Rights Commission

Human Rights Advisory on Right to Health in view of the second wave of COVID - 19 pandemic (Advisory 2.0)

Background

NHRC, being deeply concerned with severe impact on the human rights of the people due to the COVID-19 pandemic, issued a comprehensive set of human rights advisories in September and October 2020, including the ones related to Health and Mental Health, to protect and promote Right to Health as guaranteed by the Article 21 of the Constitution of India.

With the advent of the second wave of COVID-19, the situation has worsened and India is now facing a public health emergency of unprecedented proportion and severity. Critical gaps are apparent in the system related to patients' access to life-saving healthcare, including availability of critical care beds, oxygen supplies, essential medicines, emergency transport, and other facilities. Acute shortage of these resources is resulting in high mortality and putting a huge burden on the hospitals and healthcare professionals, beyond their capacity so much so that the healthcare infrastructure of the country appears to be on the verge of a breakdown.

As per the data of the Ministry of Health and Family Welfare, GoI, the total number of deaths from COVID-19 in India has now reached 2.12 lakhs claiming 4416 lives in 24 hours (as on 1st May, 2021). While the COVID vaccination programme is being rolled out, so far only about 2% of the population has been fully vaccinated, leaving a vast majority of the population vulnerable to infection.

The media reports giving information coming from ground zero, show serious concern about the COVID patients having to run from pillar to post in search of essential medicines, vaccines, oxygen, hospital beds, etc, for want of treatment, leading to death due to denial or delay in access to proper healthcare.

Keeping in view the abovementioned concerns and the urgency of redressal in the present context, NHRC hereby issues a second advisory on Right to Health in the context of COVID-19, to protect the human rights of the patients and public in general so as to enable them to effectively access the requisite healthcare.

This advisory should be read and implemented in conjunction with the NHRC Advisory on 'Right to Health in context of COVID-19' issued on 28.09.2020. While issuing this advisory, NHRC strongly upholds and reiterates the human rights principles of Universality, Equality, Non-discrimination, Transparency, Accountability and Protection of vulnerable sections, which underlie the operationalisation of Right to Health for all as a basic human right.

I. Immediate Actionable Recommendations

(i) **Arrangements for Oxygen, Essential Medicines and Devices:** The Centre and the State Governments/ UTs must coordinate for providing continuous, rapid and seamless logistics to meet the demand of oxygen, essential medicines and devices in all healthcare establishments in the country. Additionally, a single point of contact may be established for the same, especially for oxygen.

(ii) **Responsibility to ensure access to care:** Any COVID-19 patient who approaches any public health facility should receive the treatment free of cost. In case, the care appropriate to the severity of the condition is not available, it would be the obligation of the Health Department to organise his/ her transport to another hospital where appropriate care is available. In case of COVID patient approaching a private hospital where there is no vacant bed for admission, then the hospital must contact the Government Nodal Officer for providing necessary help/ support. Till the time proper arrangement is made, the private hospital may be directed by the Nodal Officer to provide available emergency healthcare support to the patient. Both help-desks and the COVID dashboards, given below, are essential tools to implement this approach.

(iii) **Help Desks:** Functional and effective Help-Desks should be set up in all public and private hospitals for preliminary check-up of all incoming patients to assess their need. If he is in need of urgent hospitalization and bed is not available, then the patient should be handheld to reach a clinical establishment where the needed resources are available. In no case the patient and his family members should be left to cater on their own.

(iv) **Universally functional COVID dashboards:** COVID-19 related websites/ dashboards displaying real time COVID bed availability, including general isolation beds, oxygen beds, ICU beds, and ventilator support beds, etc., may be set up, which should be regularly updated and maintained to cover all Districts and Cities in the country.

(v) **Display of Information in Clinical Establishments:** Each health facility or clinical establishment, whether public or private, treating COVID patients, must prominently display at the entry/ reception itself (in Local and English language) the Facility Specific Information regarding availability and rates of COVID testing, number of beds of each type and other provisions provided free and / or with regulated cost; and mobile number of the grievance redressal authority or other responsible person to contact in case of any grievance or need for further assistance.

(vi) **Accessible healthcare at regulated, affordable rates in private hospitals:** Private hospitals to be directed by the respective Government to provide care for COVID-19 patients at defined, affordable rates. The regulated rates should be made applicable to the maximum proportion of beds, at least two third of all available beds or as per local requirements.

(vii) **Cap on prices:** A cap on the prices of COVID treatment resources like essential medicines, oxygen cylinders, ambulance services, etc., should be operationalized, monitored and audited to prevent exploitation of patients. A Grievance Redressal Mechanism must be established by the Centre & State Governments/ UTs in this regard.

(viii) **Hoarding and black marketing:** Immediate cognizance of the cases of hoarding and black marketing of essential medicines, oxygen cylinders and other medical resources should be taken seriously

and those found guilty must be brought to book. A complaint management system should be established in this regard and nobody should be harassed on grounds of making such a complaint.

(ix) **Production, transportation and distribution of essential resources:** Production and procurement of essential medicines, vaccines and oxygen should be ramped up to match the present and future demand. Speedy and seamless transportation of these resources to the health centres/ facilities must also be ensured along with its fair and need-based distribution.

(x) **Augmentation of healthcare workforce:** Strategies to augment healthcare workforce availability may be adopted including urgent filling up of existing vacancies, re-deploying staff from non-affected areas, engaging freshly graduated or post-graduate doctors after accelerated orientation in COVID care, engaging retirees who are capable of working especially for non-COVID services, and hiring / requisitioning private sector healthcare workforce capacity.

(xi) **Crematoriums/ Burial Grounds:** Management of crematoriums and burial grounds should be improved to reduce waiting time for cremations/ burials by adding more such facilities. Use of electric crematoriums should be promoted by the stakeholders. An App in this regard may be developed and made functional.

(xii) **Administrative verification of availability of beds:** Each State/ UT may conduct regular administrative verification of private health establishments who are treating COVID patients to verify the actual position, and to ensure that bed availability is being promptly updated on dashboard so that no patient is refused a bed.

(xiii) **Deceased Patients:** Body of a deceased COVID-19 patient should be treated with due respect to uphold its dignity and should be handed over to the family/ caretakers as soon as the death is declared, while ensuring that all COVID control protocols are followed. Hearse services should be provided by the hospital which must be treated as an essential service.

II. Containment

With a view to prevent further spread of the COVID-19, the Central/ State Governments/ UTs must ensure the following:

(i) **Public Information on COVID Protocols:** All COVID-related protocols, like physical distancing, wearing a mask properly at all times, sanitization, IEC activities, banning mass gathering, etc., must be widely and appropriately disseminated. To be effective, the messages and media chosen must be based on understanding of the social determinants and barriers to covid appropriate behaviour in different sections of the population.

(ii) **Practical Time Restrictions** for buying essential commodities from the market should be made to avoid crowding as suitable to the local requirements, and a feedback system for gathering public response on the arrangements made by the public administration should also be established.

(iii) **Restriction on public gathering:** Any public gathering having the potential of being a super spreader of the virus must be banned till the pandemic subsides.

(iv) **Establishment of Consultative Counseling Programmes/ Feedback Platform:** Establishment of virtual/ tele consultative programmes along with a feedback mechanism needs to be set

up to provide required support to the patients and their caregivers. For this purpose, human interface (without long waiting time) may be established to provide needed counseling to reduce the panic.

(v) **Vaccination:** There should be universal coverage and non-discriminatory pricing of COVID vaccines in all health facilities in the country, and if feasible, vaccination should be made free for everyone irrespective of private or public health establishment. Further,

- a) Number of vaccination centres should be increased to speed up the pace of vaccination wherein the social distancing norms and COVID protocols must be strictly followed.
- b) Production of vaccine and supply chain arrangement for vaccination centres should be reviewed and reworked to ensure availability of vaccines for all in time.
- c) The Public Health Outreach Program including vaccination should reach the people who are most vulnerable and at the most risk like destitute, homeless, prisoners, migrant workers, beggars, etc, and the arrangements for people not in possession of Aadhaar cards or other documents must be made.

(vi) **Creating Awareness among patients:** Necessary information must be shared with all the patients using the following methods:

- a) **Brochure for COVID-19 management:** A simple-worded information brochure having factual and clear information in an easy to understand local language related to COVID-19 and its management, should be made available to all, especially to COVID patients and their caregivers at the time of receiving their Covid positive test report.
- b) **Patient Guidance Protocol for Home Isolation:** COVID patients who are advised home isolation must be provided a 'Standard Patient Guidance Protocol for COVID-19' in the local language, with detailed practical information regarding home isolation care and practices for the patient and the caregiver.
- c) **Regular monitoring of patients in Home Isolation by field staff** through personal visits and/ or telephonic consultation to be conducted along with ensuring prompt transfer to hospitals when required.
- d) **24 X 7 Helpline:** All State Governments/ UTs may ensure the availability of authentic and widely publicised State level toll free 24x7 Helpline, where the appropriate conduct of the information provider must be ensured with prompt response and human interface. Social Media platforms, which are also the major platforms to disseminate information may be used to rapidly circulate essential and authentic information.

III. Clinical Management

(i) **Provision of Free Test, Adequate Number of COVID Testing Facilities and Timely reports:** The COVID-19 test in all Government laboratories and health facilities should be done free of cost. Collection of samples from home and number of testing facilities may be increased to avoid long queues and to prevent the spread of the virus,

It must be ensured that people receive their COVID-19 test reports within a reasonable time, preferably within 24 hours of the sample collected by the testing laboratory. Adequate resources in the laboratories should be augmented, wherever required.

(ii) **Planning / Logistics:** Adequate provision of essential resources should be planned by the Government, taking into account the possibility of another wave in future. Planning must be done for increasing the number of beds, especially ICU beds and strict measures must be adopted throughout the year to maintain adequate stocks of resources, including RT-PCR testing requirements, essential medicines, vaccines, oxygen, ICU equipment etc., in all the clinical establishments.

(iii) **Functioning of Health care services for Non-Covid Patients:** All Government hospitals must integrate COVID care with continued adequate care for non-COVID conditions. Administrative cessation of all non-covid services for fear of infection spread should be discouraged. It is feasible and desirable to sustain essential non-covid services through better infection control measures, innovative organization of care and better public information. The successful approaches and techniques in sustaining non-covid services can be learnt from WHO and the best practices within the country and elsewhere.

(iv) **Standard treatment guidelines:** In order to avoid unnecessary use of COVID related medications and also to reduce panic, the standard treatment guidelines must be adhered to. Keeping in view the reports about irrational prescribing of expensive medicines which are of marginal or circumscribed value in reducing COVID mortality (Remdesivir, Tocilizumab, etc.), the algorithms issued by AIIMS - ICMR Task Force must be rigorously followed by all private and public hospitals. A proper and common list of eligible and available plasma donors should be maintained and regularly updated.

(v) **Treatment for all Symptomatic Patients:** All patients who are moderately or severely symptomatic or show suggestive chest X-ray / CT scan, where clinical assessment is indicative of COVID, must be treated as COVID-19 patients, even if the RT-PCR test report is awaited/delayed or is negative. Submission of ID or certification shall not be made a precondition for admission or treatment, if the patient has COVID symptoms and the attending doctor feels it a fit case for admission.

(vi) **Ensuring adequate ambulance services at reasonable prices:** Ambulance services to be improved and augmented in number to meet the patients' needs. A Grievance Redressal Mechanism must be established in this regard. Further, an App may be developed for this and made functional.

(vii) **Auditing of bills and provision of an itemized bill:** The Government(s) should deploy officials to audit adherence of private hospitals for ensuring regulation of rates for COVID patients. Bills of higher amount, say more than 1.5 lakhs, may be randomly checked/ audited, and all hospitals must provide a detailed itemised bill to the patients or their caregivers.

(viii) **Availability of reagents and ancillaries for COVID tests:** A regular and continuous supply of these items must be ensured to all the laboratories to enable them to carry out various Covid related tests.

IV. Community Engagement and Responsiveness

(i) **Mobilizing voluntary support and promoting community engagement:** The States/UTs may engage in large scale mobilization of suitably trained volunteers at the district/ sub-district level, to supplement the staff in designated Covid Care Centres (CCCs) and community run isolation and quarantine centres, as well as for home visits, contact tracing and providing necessary support to patients in home isolation. The Civil Society Organizations may also be involved for this purpose. This may be done by expanding existing participatory committees such as Rogi Kalyan Samitis (RKS), and multi-stakeholder committees formed through Community Action for Health processes.

(ii) **Display and observance of COVID Charter including Patients' Rights** - Each health facility managing COVID patients, whether public or private, must prominently display at reception of the facility (in local language and English) the COVID Charter. This COVID Charter would include facility specific information defined in section I (v) of this advisory, along with the *Set of Patients' rights and responsibilities* which was communicated by the Secretary, MoH&FW, Govt of India, to all States / UTs vide D.O. No. Z.28015/09/2018-MH-11/MS dated 2nd June 2019, and was circulated along with NHRC Health Rights Advisory dated 28.9.2020. This list of patients' rights and responsibilities should also be displayed on the website of the Health Department of each State/ UT for public information.

All governments should ensure regular monitoring of display and implementation of such COVID Charter in all health facilities which are providing care to COVID patients.

(iii) **Grievance redressal mechanism:** The Union/ States/UTs should establish an effective and accessible health grievance redressal mechanism at various levels to deal with cases of violation of health rights as described in *NHRC Advisory on Right to Health (dated 28 Sep. 2020), sections 11.1 to 11.4*. This may be linked with the toll-free helpline and operated in local language. The civil society organisations may also be involved in this.

(iv) **Assisting homeless people:** For patients wandering on streets in any critical health conditions and in need of assistance, the State Governments/ UTs/ Municipal Corporations may make arrangements for them to be taken to the appropriate clinical establishment. NGOs or volunteers may be involved to assist in this regard. Distribution of free food packets and implementation of Gareeb Kalyan Yojana should remain functional till the situation normalises.

(v) **Reporting on COVID:** Reporting on COVID cases or related deaths should be encouraged to portray the correct picture and magnitude of the problem in order to help the Government as well as other stakeholders to be prepared accordingly on the basis of correct information.

V. Measures Creating Enabling Conditions:

(i) **Ensuring rights of healthcare workers and frontline staff:** The NHRC Health Rights Advisory related to Healthcare Workers (Regular and Contractual) – sections 13.1 to 13.9 (issued on 28.9.2020) remain fully relevant and should be implemented in the present situation. Remaining gaps in vaccination coverage of Health Workers and Frontline Staff must be bridged rapidly, and necessary personal protective equipment must be ensured.

(ii) **Insurance Coverage for Corona Warriors:** The insurance coverage for 'Corona Warriors' needs to be extended in a seamless manner for all healthcare workers and other personnel such as Asha workers, Anganwadi workers, etc., involved in frontline work during the pandemic.

(iii) **Implementing Best Practices:** Best practices/ models which have been proved to be successful in containment of COVID-19 in some States may be followed.
