

THE RIGHT TO HEALTH

A PEOPLE'S MANIFESTO



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INTRODUCTION

The provision of health is an inalienable human right, globally recognized as a fundamental right. However, healthcare in Pakistan has been historically conditioned and constrained by economic, political, religious and cultural factors. Against this backdrop, the disproportionate allocation of Pakistan's budget to defence expenditure highlights the continuing underdevelopment of essential social services, including healthcare.

To add to this chronic neglect, the Constitution of Pakistan still does not recognise health as a fundamental right. Instead, health is only mentioned in Article 38 (Principles of Policy) and is therefore not justiciable, unlike fundamental rights. To address this inadequacy in the constitutional scheme, the Human Rights Commission of Pakistan (HRCP) initiated a discussion in 2023 and prepared a policy brief that argued for the need to secure health as a fundamental right.¹ A case for framing health as an independent constitutional right was made on the grounds of principles of constitutional interpretation for direct and meaningful enforcement, symbolic importance and greater efficacy.

Numerous structural inequalities lie at the heart of Pakistan's healthcare crisis, particularly affecting the marginalised and vulnerable. Comprehensive reforms are needed to combat these challenges, some of which include:

- *Inadequate infrastructure and limited healthcare access, particularly in rural and remote areas. The lack of trained healthcare professionals and essential medical supplies create significant barriers to timely and effective healthcare delivery, which in turn burdens existing facilities, often leading to overcrowding and suboptimal care, perpetuating a cycle of health challenges.*
- *Inadequate health education and awareness which, coupled with limited access to vaccinations, contribute to the prevalence of preventable and communicable diseases such as polio, tuberculosis and hepatitis. This puts numerous lives at risk while again imposing a substantial burden on the healthcare system.*
- *Maternal and infant mortality rates remain alarmingly high. Gaps in maternal care, skilled birth attendance and access to quality antenatal and postnatal services persist. Similarly, high infant mortality rates highlight the need for improved neonatal care and comprehensive healthcare support for children.*
- *Mental health issues persist, such as depression, anxiety and stress-related disorders, and are often exacerbated by societal stigma and a lack of adequate mental health services.*

Against this backdrop, HRCP believes that it is now the responsibility of the state, as well as key players in the health sector, to translate the needs and demands of people in Pakistan into action. It has therefore tried to put together a 'people's manifesto' on the right to health after holding a range of conversations with many stakeholders, groups and movements based in Pakistan. These discussions were organized at the provincial and regional level, and involved input from women, transgender persons, domestic workers, healthcare professionals, child rights activists, young men, students and educators, lady health workers, and various informal workers from as many parts of the country as possible.

¹ <https://hrcp-web.org/hrcpweb/wp-content/uploads/2020/09/2023-Securing-health-as-a-fundamental-right.pdf>

² HRCP would like to thank Zoya Rehman for her efforts in researching and producing this manifesto as part of HRCP's campaign on the right to health.

PRIMARY DEMANDS

HRCP calls on the public to endorse the primary demands of this manifesto.

- 1 Recognise the right to health as a fundamental constitutional right accorded to everyone without discrimination on the basis of race, ethnicity, religion, gender, gender identity, age, ability, sexual orientation or class.
- 2 Define health holistically as physical, mental and social wellbeing and not merely the absence of disease and infirmity. This is in line with the standards of the World Health Organisation.
- 3 Prioritise healthcare in local, provincial and national policymaking, instead of leaving it subject to political, economic, social and environmental variables. This is especially crucial for maternal and child health, mental health and disease prevention.
- 4 Make healthcare freely accessible, or at least affordable, for all. Universal access to quality healthcare must be ensured according to people's needs, not their ability to pay. Healthcare must also be accessible by vulnerable groups and to those in remote areas of the country.
- 5 Allocate at least 10 percent of the budget, particularly in provincial budgets, to healthcare, strengthening healthcare workforce capacity and healthcare infrastructure.
- 6 Promote preventive measures, address misconceptions, and foster a culture of wellbeing through education and mass awareness campaigns.

SECONDARY DEMANDS

The secondary demands of this manifesto involve taking a holistic approach to healthcare that accounts for socioeconomic, gender, occupational and environmental concerns.

CLASS AND HEALTH

Socioeconomic disparities result in differential access to healthcare services. The concentration of healthcare facilities and resources in urban centres disproportionately favours higher-income urban populations. This leaves rural and remote areas underserved, limiting healthcare options for the less privileged, and leads to overcrowding, strained resources, and suboptimal healthcare delivery. Class inequality also results in disparities in the quality of healthcare received. Lower-income individuals may face longer waiting times, rushed consultations, and inadequate attention from healthcare professionals. Lack of health insurance coverage further exacerbates this issue.

Low literacy rates and awareness of health and preventive measures among marginalised populations hinder their ability to make informed healthcare decisions and seek appropriate treatment. Socioeconomic disparities also exacerbate lack of access to adequate nutrition, resulting in higher rates of malnutrition and related health issues among lower-income groups.

The state must provide accessible healthcare, with adequate coverage and affordable medical services, including trained medical professionals. It must eliminate socioeconomic barriers that affect people's ability to enjoy their right to health. Affordable, good-quality medications must also be accessible, with fair regulation of drug prices and provision of adequate nutrition.

GENDER AND HEALTH

Deep-seated disparities also emerge in the challenges faced by women and gender-diverse individuals when accessing quality healthcare. These disparities are a reflection of broader gender inequalities and systemic barriers that perpetuate unequal health outcomes.

For instance, maternal health remains a critical concern in Pakistan, with high maternal mortality rates attributable to inadequate access to quality antenatal and postnatal care, and family planning services. Patriarchal norms perpetuate a lack of awareness and limit women's decision-making abilities. Women's reproductive rights are also often compromised, with limited access to safe and legal abortions, putting their health and lives at risk. Gender-based violence further compounds these challenges, impacting both physical and mental wellbeing.

Women in the workforce, especially in the informal sector, often lack access to healthcare benefits, paid sick leave and a safe working environment. Finally, it must be underscored that transgender persons face greater discrimination and challenges in accessing healthcare services in Pakistan, sometimes leading to deaths.

The state must encourage comprehensive sex education to empower women and gender-diverse individuals. Access to family planning services, safe abortion services and reproductive health education is crucial. Healthcare facilities must further provide gender-affirming and gender-sensitive care, and train healthcare providers to address gender-specific health needs and to offer confidential and non-judgmental services. Gender-based violence prevention and support services are also integral to addressing these disparities. Finally, the state must prioritise fostering a culture of gender equality and inclusivity.

OCCUPATIONAL SAFETY AND HEALTH

Occupational diseases and accidents underscore the vulnerability of workers facing hazardous conditions. The agricultural, construction, mining and manufacturing sectors are particularly prone to occupational hazards, often due to factors such as lack of proper equipment, inadequate training, and absence of safety protocols. Informal workers, including domestic labourers and brick kiln workers, face even greater challenges, as their work conditions are less regulated and protective measures are often overlooked.

Lady health workers (LHWs) in particular face several challenges that impact their ability to deliver effective healthcare services, such as inadequate compensation and benefits, a lack of recognition and respect from healthcare authorities and communities, an overwhelming workload, inadequate training, supply shortages, inaccurate data management, sexual harassment and safety concerns in challenging environments.

The state must commit to improving occupational health and safety in Pakistan through implementing existing labour laws. Comprehensive training programs must be established to educate workers about the potential hazards they face and how to mitigate them. Access to regular medical check-ups and healthcare services should be ensured. Strengthening regulatory frameworks and enforcement mechanisms is paramount, ensuring that employers are held accountable for providing safe working conditions. The state must encourage the recruitment, retention and security of LHWs.

ENVIRONMENT AND HEALTH

The effects of climate change, including rising temperatures, changing precipitation patterns, and extreme weather events, have profound implications for public health, particularly among vulnerable populations such as the elderly, children and those with pre-existing health conditions. Climate change also exacerbates the spread of vector-borne diseases such as malaria and dengue, and waterborne diseases, putting entire communities at risk.

This requires enhanced surveillance, early detection, promoting hygiene practices, vaccination programmes and ready access to clean and safe drinking water to prevent disease outbreaks. Furthermore, air pollution resulting from increased industrial activity and vehicle emissions worsens respiratory conditions and contributes to premature deaths.

The state must promote public awareness of environment-related health risks, and implement policies that mitigate climate change and promote environmental sustainability. It must develop people-centric, community-based benchmarks and conduct regular audits to measure the status of environmental degradation and public health. It should ensure that emissions are curbed and thus evaluate every development project against predefined public health and environmental safety standards. Our healthcare system must be prepared to handle the influx of patients during climate-related disasters, provide timely medical care and mental health support to affected populations.

CONCLUSION

HRCP maintains that strong people's organisations and movements are essential to more democratic, transparent and accountable decision-making processes, which in turn ensure people's civil, political, economic, social and cultural rights. While the state has primary responsibility for promoting a more equitable approach to health and human rights, a wide range of civil society groups, movements, and the media have an important role to play in ensuring people's best interests are represented in policy development, and in monitoring the implementation of such policies.

HRCP encourages civic engagement and advocacy, the empowerment of community health initiatives, the strengthening of patients' rights and advocacy groups, and the promotion of collective participation in healthcare decision-making. We encourage them to endorse this People's Manifesto on the Right to Health, which is the first step towards a wider campaign for lobbying and advocacy.

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