UNIT 7  RIGHT TO DEVELOPMENT: FOOD, HEALTH AND SHELTER

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7.0 OBJECTIVES

This unit discusses the meaning and importance of the Right to Development: Food, Health and Shelter. Why development in all its forms is important for humans? After going through this Unit, you should be able to:

• have the knowledge about the Right to Development;
• the importance of this basic human right;
• how this is fundamental for human development; and
• right to Development in India.

7.1 INTRODUCTION

By development is generally meant movement upward both of individuals and the entire social system. Earlier the primary objective of development was considered economic growth. From the 1970s onward the focus has shifted to address non-economic, social and cultural issues of development which consisted in promoting education, healthcare, environmental safeguards, gender sensitivities etc. Now development came to be seen as no less dependent on just and equitable distribution of goods and services within a society. Thinkers feel that quest for development cannot be confined to only one group of countries, mostly developing
ones and concern for Development must be shared by both the rich and the poor countries alike. Accordingly to George Shepherd Jr. The fundamental position of the Right to Development approach is that development must begin and end with a concern for the human conditions and that this is a collective international responsibility.

Thus concern for human conditions and a collective international responsibility constitute the two pillars of the concept of right to development. According to Prof. Keba M’Bye, a former president of UN’s Commission on Human Rights, overall conception of human rights is marked by the Right to Development since it integrates all economic, social and cultural rights, and also civil and political rights. In this context, while there have been concerns for development as prerogative of every individual and every people for quite sometime the formal recognition of collective right to development came in 1986 with the adoption by U.N. General Assembly the Declaration on the Rights to Development.

7.2 WHAT IS THE RIGHT TO DEVELOPMENT?

The right to development can be rooted in the provisions of the Charter of the United Nations in the following words.

The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized. (Article 1(1)) The human right to development also implies the full realization of the right of peoples to self-determination, which includes, subject to the relevant provisions of both International Covenants on Human Rights, the exercise of their inalienable right to full sovereignty over all their natural wealth and resources.

The human person is the central subject of development and should be the active participant and beneficiary of the right to development.

Recognizing the right to development as a human right, the Human Rights Commission recommended to the Economic and Social Council that it invite the Secretary-General to undertake a study on “the international dimensions of the right to development as a human right in relation with other human rights based on international cooperation, including the right to peace, taking into account the requirements of the New International Economic Order and fundamental human needs”.

This theme was taken up at the International Conference on Human Rights held in Tehran from 22 April to 13 May 1968. The Conference expressed its belief “that the enjoyment of economic and social rights is inherently linked with any meaningful and profound interconnection between the realization of human rights and economic development”. It recognized “the collective responsibility of the international community to ensure the attainment of the minimum standard of living necessary for the enjoyment of human rights and fundamental freedoms by all persons throughout the world”.

In 1969 the General Assembly, in its resolution 2542 (XXIV), adopted the Declaration on Social Progress and Development, which states that “social progress and development shall aim at the continuous raising of the material and
One of the objectives of the United Nations Charter is to “promote social progress and better standards of life in larger freedom” and “to achieve international cooperation in solving international problems of an economic, social, cultural or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion”. Through the Charter, Member States undertook to promote “higher standards of living, full employment and conditions of economic and social progress and development” and “universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion”.

The Universal Declaration on Human Rights contains a number of elements that became central to the international community’s understanding of the right to development. It attaches importance, for example, to the promotion of social progress and better standards of life and recognizes the right to non-discrimination, the right to participate in public affairs and the right to an adequate standard of living. It also contains everyone’s entitlement to a social and international order in which the rights and freedoms set forth in the Declaration can be fully realized.

An important step towards the recognition of the right to development was General Assembly resolution 1161 (XII). In this resolution the General Assembly expressed the view “that a balanced and integrated economic and social development would contribute towards the promotion and maintenance of peace and security, social progress and better standards of living, and the observance of and respect for human rights and fundamental freedoms”.

In its resolution 4 (XXXIII) of 21 February 1977, the Commission on Human Rights decided to pay special attention to consideration of the obstacles impeding the full realization of economic, social and cultural rights, particularly in developing countries, and of national and international action to secure the enjoyment of those rights.

The unity of political and civil rights and economic, social and cultural rights was broken and the result was different covenants, one on Civil and Political Right and the other on the Economic, Cultural and Social rights. It took the world community many years to come back to the original conception of indivisible Human Rights and the Right to Development was the result of it.

### 7.2.1 UN Declaration on the Right to Development

The Declaration on the Right to Development was incorporated in the United Nations by a majority, with only United States dissenting, in 1986. It stated that the right to Development is a Human Right.

The right-based definition of development in the Declaration on the Right to Development sees it as a comprehensive economic, social, cultural and political process.

People are at the centre of concerns for sustainable development. The international community has, therefore, pledged to eradicate poverty, to promote full and
productive employment, and to foster social integration to achieve stable, safe and just societies for all.

A quick look at the Declaration containing eight articles reveals an important development which was in continuity with the economic thinking on human-centred development referred earlier. This development consists in the fact that now, almost all state members (the United States casted the negative vote and eight other European countries abstained) have agreed that they have certain duties regarding the individual’s and people’s right to development. Human rights are now explicitly considered as an essential element of development and must therefore be respected by all States. Article 4 enjoinson the States a duty to formulate international development policies though without making clear the content and the nature of that duty. However, Article 8 identifies some ‘means to be employed’ by each nation for realization of the Right to Development. Member states are required to guarantee

a) equality of opportunity for all to access basic resources and services,

b) ensure active participation of women in development-related decision-making.

Right to Development is declaratory in nature and therefore, it cannot be used as a justiciable right i.e. as a right for which legal claims can be made. This failure has however been sought to be covered by recourse to judicial interpretations of various legal norms in which the Right to Development has been invoked and/or referred to Two such important cases which deserve mention relate to the Maori tribals of New Zealand and another to the fisher-folks of Kerela in India. These relate, incidentally, to fishing rights of the traditional communities. The question put to the Tribunal/Court concerned was : Can these people who have been catching fish over so many years also claim the right of using modern technologies which will considerably raise quantity of their catch from the seas? In the case of the Maori of New Zealand, the Waitangi Tribunal referred to the Right to Development in the following passage :

“The right to development is recognized in domestic and international law; in domestic law in Simon vs the Queen (1985). For example, all people have a right to development is an emerging concept of international law following the Declaration on the Right to Development adopted on 4 December 1986 by 146 states (including New Zealand) in resolution 41/128 of the United Nations General Assembly ………. The Treaty (of Waitangi) guaranteed the Maori full protection of their fishing activities, including unrestricted rights to developing them along either or both customary or modern lines.”

The Indian case of fishing by the Kerala fisherfolks came up in 1995 before the Supreme Court when some owners of mechanized trawlers challenged the Kerala Government’s permission allowing the traditional fisherfolks to go for new technologies if that helped raise the quantity of fish more than what they used to do in the past with the help of their country boats. Though a direct reference to the Declaration on Right to Development is not there, the Court was clearly thinking in those lines when it said :

“We are also of the opinion that the Government of Kerala is perfectly justified in adopting the attitude that the public interest cannot be determined only by
looking at the quantum of fish caught in a year. In other words, production alone cannot be the basis for determining public interest. The Government is perfectly justified in saying that it is under an obligation to protect the economic interest of the traditional fishermen and to ensure that they are not deprived of their slender means of livelihood. Whether one calls it distributive justice or development with a human face, the ultimate truth is that object of all development is the human being. There can be no development for the sake of development. Priorities ought not to be inverted nor the true perspective list in the quest for more production.”

Check Your Progress 1

1) What is the Right to Development?

2) Which UN Conventions incorporate the Right to Development?

3) How is the Right to Development “a wholistic right”?

7.3 RIGHT TO FOOD

The right to food is one of the most basic human rights. All human beings have the Right to life and food forms an integral part of life. Despite the fact that the right to food is recognized directly or indirectly by all countries in the world, hunger, whether caused by war, drought, natural disaster or poverty, continues to cause widespread suffering. And poverty, one of the causes of hunger, is also a consequence of it.

Hunger dulls intellect and thwarts productivity, keeping entire societies from realizing their potential. For poor families in developing countries, hunger-related
illness adds to household costs and increases the burden of care for healthy family members often already struggling for subsistence. When this hardship is multiplied by millions of families worldwide, it creates a devastating ripple effect that imperils global development.

Eradicating hunger is not merely a lofty ideal. Ensuring the right to adequate food and the fundamental right to be free from hunger is a matter of international law, specifically enshrined in a number of human rights instruments to which states around the world have committed themselves.

7.3.1 Food: Fundamental Need for Development of Human Beings

Since its inception, the United Nations has identified access to adequate food as both an individual right and a collective responsibility. The 1948 Universal Declaration of Human Rights proclaimed that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food...”. Nearly 20 years later, the International Covenant on Economic, Social and Cultural Rights (1966) developed these concepts more fully, stressing “the right of everyone to ... adequate food” and specifying “the fundamental right of everyone to be free from hunger”.

So, what is the distinction between the right to be free from hunger and the right to adequate food? The right to freedom from hunger is fundamental. This means that the state has an obligation to ensure, at the very least, that people do not starve. As such, this right is intrinsically linked to the right to life. In addition, however, states should also do everything possible to promote full enjoyment of the right to adequate food for everyone within their territory — in other words, people should have physical and economic access at all times to food that is adequate in quantity and quality for a healthy and active life. For food to be considered adequate, it must also be culturally acceptable and it must be produced in a manner that is environmentally and socially sustainable. Finally, its provision should not interfere with the enjoyment of other human rights — for example, the acquisition of sufficient food for an adequate diet should not be so costly as to threaten the satisfaction of other socio-economic rights, or be fulfilled to the detriment of civil and political rights.

The civil, cultural, economic, political and social rights proclaimed in the Universal Declaration are considered interdependent, interrelated, indivisible and equally important. To be able to enjoy the right to food fully, people need access to health care and education, respect for their cultural values, the right to own property and the right to organize themselves economically and politically.

Without adequate food, people cannot lead healthy, active lives. They are not employable. They cannot care for their children, and their children cannot learn to read and write. The right to food cuts across the entire spectrum of human rights. Its fulfilment is essential to the fight against poverty, and it is at the heart of FAO’s mandate to ensure a world free from hunger.

7.3.2 Important Legislations on Right to Food

Right to an adequate standard of living, including food. Article 25 of the Universal Declaration of Human Rights (UDHR) states: “everyone has the right to a standard of living adequate for the health and well-being of himself and of
his family, including food ...”. Article 11(1) of the ICESCR states: “the States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food ...”.

**Freedom from hunger and right to life.** Article 11(2) of the ICESCR recognizes “the fundamental right of everyone to be free from hunger”, i.e. the right to at least a nutritional intake ensuring survival. This provision is to be read in conjunction with those concerning the right to life (the UDHR; art. 3, the International Convention on Civil and Political Rights (ICCPR), art. 6; the Convention on Rights of the Child (CRC), art. 6). Although there is a widespread narrow interpretation of the right to life merely as a safeguard against arbitrary killing, the Human Rights Committee rejected such restrictive interpretation and invited States to adopt “positive measures” to protect the right to life in a broader sense, including “measures to eliminate malnutrition and epidemics”.

**Deprivation of food and of means of subsistence.** Article 1(2) of the ICCPR and of the ICESCR states that “in no case may a people be deprived of its own means of subsistence”

In its General Comment 12, the Committee on Economic, Social and Cultural Rights (CESCR) clarified that “the right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement” (para. 6). According to the General Comment, the realization of the right to adequate food requires:

“the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture” (para. 8); and the “accessibility” of adequate food, including both economic accessibility (“personal or household financial costs associated with the acquisition of food for an adequate diet should be at a level such that the attainment and satisfaction of other basic needs are not threatened or compromised”) and physical accessibility (i.e. physical access to food, including for vulnerable groups, such as children, elderly people, physically disabled, etc.) (paras. 8 and 13).

A distinction must be made between the right to adequate food and the right to be free from hunger. The right to be free from hunger ensures a minimum daily nutritional intake and the bare survival of the person. The right to adequate food goes beyond freedom from hunger to include also an “adequacy” standard (in terms of quality, quantity and cultural acceptability).

At the 1996 World Food Summit, leaders from 185 countries and the European Community reaffirmed, in the Rome Declaration on World Food Security, “the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger”. They further pledged to cut the number of the world’s hungry people by half by 2015.

**7.3.3 Right to Food In India**

Article 21 of the Indian constitution guarantees the right to life and liberty. No person shall be deprived of life and personal liberty except according to procedure established by law.
On 16th April 2001, People’s Union of Civil Liberties (PUCL) submitted a writ petition to the Supreme Court asking three major questions regarding the right to food.

1) Starvation deaths have become a national phenomenon and the government godowns have surplus food stock. Does the right to life mean people who are starving and who are too poor to buy food get free food grains from the state particularly when it is rotting and lying unused?

2) Does the right to life in Article 21 includes the right to food?

3) Does not the right to food which has been upheld by the apex court imply that the States have a duty to provide food especially in situations of drought and are affected by it and cannot purchase food?

Order of the Supreme Court 21st July 2001: In this hearing, the bench asked the petitioner to meet representatives of Government of India to discuss the fourth report submitted by the commissioners. The parties were asked to report back to the court in five weeks with the results of the meeting. It also said:

- In our opinion, what is of utmost importance is to see that food is provided to the aged, infirm, disabled, destitute women, destitute men who are in danger of starvation, pregnant and lactating women and destitute children, especially in cases where they or members of their family do not have sufficient funds to provide food for them.

- By way of an interim order, we direct the States to see that all the PDS shops, if closed, are re-opened and start functioning within one week from today and regular supplies made.

The Supreme court in its Order of 28th November 2001 ordered the States the following:

Public Distribution System

- It is the case of the Union of India that there has been full compliance with regard to the allotment of foodgrain in relation to the PDS. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

- The States are directed to complete the identification of BPL families, issuing of cards and commencement of distribution of 25 kgs. grain per family per month.

- The Delhi Govt. will ensure that PDS application forms are freely available and are given and received free of charge and there is an effective mechanism in place to ensure speedy and effective redressal of grievances.

Antyodaya Anna Yojana

- It is the case of the Union of India that there has been full compliance with regard to the allotment of food grain in relation to Antyodaya Anna Yojana. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

- We direct the States and the Union Territories to complete identification of beneficiaries, issuing of cards and distribution of grain under this Scheme latest by 1st January, 2002.
• It appears that some Antyodaya beneficiaries may be unable to lift grain because of penury. In such cases, the Centre, the States and the Union Territories are requested to consider giving the quota free after satisfying itself in this behalf.

**Mid-day Meal Scheme**

- It is the case of the Union of India that there has been full compliance with regard to the Mid Day Meal Scheme (MDMS). However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

- We direct the State Governments/ Union Territories to implement the Mid-Day Meal Scheme by providing every child in every Government and Government assisted Primary Schools with a prepared mid day meal with a minimum content of 300 calories and 8-12 grams of protein each day of school for a minimum of 200 days. Those Governments providing dry rations instead of cooked meals must within three months [February 28, 2002] start providing cooked meals in all Govt. and Govt. aided Primary Schools in at least half the Districts of the State (in order of poverty) and must within a further period of three months [May 28, 2002] extend the provision of cooked meals to the remaining parts of the State.

- We direct the Union of India and the FCI to ensure provision of fair average quality grain for the Scheme on time.

- The States/ Union Territories and the FCI are directed to do joint inspection of food grains. If the food grain is found, on joint inspection, not to be of fair average quality, it will be replaced by the FCI prior to lifting.

**National Old Age Pension Scheme**

- It is the case of the Union of India that there has been full compliance with regard to the National Old Age Pension Scheme. However, if any of the States gives a specific instance of non-compliance, the Union of India will do the needful within the framework of the Scheme.

- The States are directed to identify the beneficiaries and to start making payments latest by 1st January, 2002.

- We direct the State Govts./ Union Territories to make payments promptly by the 7th of each month.

**Annapurna Anna Yojana**

- The States/ Union Territories are directed to identify the beneficiaries and distribute the grain latest by 1st January, 2002.

**Integrated Child Development Services**

- We direct the State Govts./ Union Territories to implement the Integrated Child Development Scheme (ICDS) in full and to ensure that every ICDS disbursing centre in the country shall provide as under — Each child up to 6 years of age to get 300 calories and 8-10 grams of protein; Each adolescent girl to get 500 calories and 20-25 grams of protein; Each pregnant woman and each nursing mother to get 500 calories & 20-25 grams of protein; Each malnourished child to get 600 calories and 16-20 grams of protein.

- Have a disbursement centre in every settlement.
Specific Human Rights

National Maternity Benefits Scheme
- We direct the State Govts./Union Territories to implement the National Maternity Benefit Scheme (NMBS) by paying all BPL pregnant women Rs. 500/- through the Sarpanch 8-12 weeks prior to delivery for each of the first two births.

National Fertility Benefit Scheme
- We direct the State Govts./Union Territories to implement the National Family Benefit Scheme and pay a BPL family Rs. 10,000/- within four weeks through a local Sarpanch, whenever the primary bread winner of the family dies.

Other directions
- We direct that a copy of this order be translated in regional languages and in English by the respective States/Union Territories and prominently displayed in all Gram Panchayats, Govt. School Buildings and Fair Price Shops.
- In order to ensure transparency in selection of beneficiaries and their access to these Schemes, the Gram Panchayats will also display a list of all beneficiaries under the various Schemes.

Check Your Progress 2
1) What is the Right to Food? Why is it fundamental for human development?

2) What are the important UN legislations regarding the Right to Food?

3) What are the important programmes in India related to the Right to Food?
Universal Declaration on Human Right, apart from other rights asserts the rights that every one has to a standard of living adequate for the health and well being of themselves and their families including, among other things, medical care. Article 25 rightly includes the formulation of the right to health that is referred to in the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), and other key international instruments i.e. “the right to the enjoyment of the highest attainable standard of physical and mental health”. It is widely accepted that this formulation includes access to health care services, as well as access to those services relating to the underlying determinants of health, such as adequate sanitation and safe drinking water. Indeed, the detailed provisions of ICESCR and CRC explicitly include both health care services and the underlying determinants of health. For example, article 24(2)(b) of CRC refers to “the provision of necessary medical assistance and health care”, while article 24(2)(c) refers to “clean drinking water”.

7.4.1 Health as Crucial Human Right
The “Right to Health” was affirmed at the international level in the Universal Declaration of Human Rights, Article 25 in 1948. The article states that “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family...”. The Preamble to the WHO constitution also affirms that it is one of the fundamental rights of every human being to enjoy “the highest attainable standard of health”. Inherent in the right to health is the right to the underlying conditions of health as well as medical care.

7.4.2 Important Legislations on the Right to Health
The United Nations expanded upon the “Right to Health” in Article 12 of the International Covenant in Economic, Social and Cultural Rights in 1966. Not only did this document guarantee the “right of everyone to the enjoyment of the highest attainable standard of health”, but it also specifically called for the “provision for the reduction of... infant mortality and for the healthy development of the child; the improvement of all aspects of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic, occupational, and other diseases; and the creation of conditions which could assure to all medical service and medical attention in the event of sickness.

In 2000, the United Nations further expanded upon the “Right to Health” with General Comment No. 14. This more lengthy document expanded upon the original ideas from 1966 by exploring the historical context of this right, further defining the meaning of an adequate health care system, detailing obligations of states and NGO’s, defining violations, and discussing the basics of implementation.

7.4.3 Right to Health in India
India has made substantial progress in improving the health status of its population. Between 1970 and 1993, life expectancy at birth has increased from 50 to 61 years and infant mortality has decreased from 137 to 74 per 1,000 live births. India’s health policy during this period has been based on the assumption that primary health care is a basic right to which people should not be denied access due to inability to pay or for other socio-economic reasons. Nationwide population-size based norms have determined the establishment of health facilities
throughout the country. The National Health Policy (NBP, 1983) expanded this approach by special targets for fertility reduction and emphasized the reduction of preventable mortality and morbidity affecting mothers and young children. Greater improvements in health status could have been achieved if these priorities had been framed in accordance with the stated policy. However, public investments in health care have only partially reflected the priorities highlighted in the Government's policy. At the same time, private health services have been 'inaccessible to the poor and most vulnerable sections of the population and do not address public health issues of national significance. As a result, substantial gaps remain in the effective delivery and quality of health services.

The health sector in India, in this period, has been characterized by:

- A government sector that provides publicly financed and managed health services throughout the country, from primary health centers to hospitals, where free curative and preventive health services are made available to a large section of the population. Government-provided services are the dominant source of preventive care, such as immunization, ante-natal care, infectious disease control and hospital-based care, these account for about 22% of overall health spending and 1.3% of GDP.

- A private sector comprising mainly of for-profit, fee-for-service practitioners, which plays a dominant role in the provision of individual curative care through ambulatory health services, and accounts for about 78% of overall health expenditures and 4.71% of GDP.

- Private health spending as a share of national income in India is amongst the highest for developing countries. Per capita expenditure is higher than in China, Indonesia and most African countries but lower than in Thailand and Malaysia.

Non-communicable Diseases in India

Scaling up Prevention and Control of Non Communicable Diseases

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<th>Estimated deaths by cause, 30-59 yrs, India, 2005</th>
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<tr>
<td>Injuries 17%</td>
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<tr>
<td>Cardiovascular Disease 25%</td>
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<td>Cancer 9%</td>
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<tr>
<td>Communicable, maternal and perinatal, nutritional deficiency 30%</td>
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<tr>
<td>Other Chronic Diseases 8%</td>
</tr>
<tr>
<td>Diabetes 2%</td>
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<td>Chronic Respiratory Disease 9%</td>
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Source: World Health Organization, India
Non Communicable Diseases contribute to 53% of premature mortality in the most productive age groups in India. WHO has been providing consistent technical support and advocacy for NCD prevention and control. The Ministry of Health and Family Welfare, Government of India, has started a pilot programme for Prevention and Control of Diabetes Mellitus, Cardiovascular Diseases and Stroke (NPDCS). The emphasis is on prevention through health promotion and health system capacity strengthening.

Until poor sanitation, contaminated water supply, and lack of adequate facilities for solid and liquid waste management both in urban and rural areas are corrected, it may not be possible to completely prevent periodic outbreaks of infectious diseases. Nevertheless, if outbreaks are detected early enough, it will be possible to control the epidemic and reduce morbidity and fatality rates. The strategy will be to strengthen health surveillance, and early alert and rapid response mechanisms at district and sub-district levels. This would necessitate the provision of epidemiological expertise and diagnostic laboratory services as an essential component of existing health care system.

It is neither possible nor feasible to initiate and support vertical programmes for control of every non-communicable disease. During the Ninth Plan period, integrated non-communicable disease control programmes was implemented using the experience gained from pilot projects, such as the diabetes control programme launched during the Eighth Plan.

Urban migration over the last decade has resulted in the rapid growth of urban slums. In some cities, the health status of urban slum dwellers is worse than that of the rural population. Appropriate referral linkages between primary, secondary, and tertiary care facilities in defined geographic areas has been established to promote optimal use of all available facilities. Increasing involvement of the Nagar Palikas in the implementation of health, water supply, and sanitation programmes is expected to improve the health status of the urban population, especially slum dwellers and those living below the poverty line.

Programmes and Projects on Health in India: Some of the National Health Programmes are: National Malaria Eradication Programme; National Tuberculosis Control Programme; National AIDS Control Programme; and National Blindness Control Programme. The "Health for all" strategy is being re-orientated towards Health for the Under Privileged. In view of the importance given to medical and health care in the economic reforms, the Central Plan outlay for programmes of the Department of Health has been increased.

The National Health Programmes aimed at prevention, control and eradication of communicable and non-communicable diseases have been accepted by the Government for implementation. Efforts have been made to ensure that the ongoing reforms do not lead to any adverse effect on the provision of essential care to meet the health needs of disadvantaged segments of the population. Some of the measures include allocation of funds under the Social Safety Net Scheme to improve Maternal and Child Health (MCH) infrastructure beginning in a phased manner with 90 poorly performing districts.

Under the Basic Minimum Services scheme, the Government is committed to providing credible primary health care at the 5000 population level. In addition
Specific Human Rights
to the Centrally Sponsored Schemes, funds will be devolved to States for meeting requirements under the Basic Minimum Services, including health and family welfare.

The strengthening of rural health infrastructure has been undertaken over the years by the Department of Family Welfare through the provision of buildings, equipment, drugs, vaccines, and training at all personnel levels.

For AIDS, a National Control Programme has been established with blood safety measures and sexually transmitted disease (STD) control through the National AIDS Control Organization. During the last four years of implementation of the programme, 154 Zonal Blood Testing Centres have been established all over the country to provide HIV testing facilities. In total, 199 blood banks were modernized during 1995-96. One hundred and twenty eight medical officers, 747 blood bank technicians, and 37 drug inspectors have undergone training under the Programme. The “One World, One Hope” theme that was adopted for the World AIDS Day on December 1, 1996 reflects the coming together of various groups to prevent the spread of HIV.

**India Report on AIDS Epidemic**

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<td>1.5</td>
</tr>
<tr>
<td>Women (15+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low estimate</td>
<td>1500</td>
<td>1600</td>
</tr>
<tr>
<td>High estimate</td>
<td>750</td>
<td>820</td>
</tr>
<tr>
<td></td>
<td>2600</td>
<td>2800</td>
</tr>
</tbody>
</table>

**Source:** 2006 Report on the Global AIDS epidemic.

As India has the second largest population in the world second only to China. Providing adequate health facility is a big challenge facing the government of India. Though the government has taken many steps as discussed above but a lot needs to be done.
Check Your Progress 3

1) Why is the Right to Health so important for development?

2) What are the important United Nations provisions related to the Right to Health?

3) Discuss some programs meant for improving the condition of health sector in India.

7.5 RIGHT TO SHELTER

The housing problem can be considered to be universal, since, to date, no country has yet managed to completely meet this basic human need.

Adequate housing serves as the crucible for human well-being and development, bringing together elements related to ecology, sustained and sustainable development. It also serves as the basic unit of human settlements and as an Indicator of the duality of life of a city or a country’s inhabitants. It reflects, among other things, the mobilization of resources and the distribution of space, as well as varied social and organizational aspects of the relationship between Government and society.

Unfortunately, in spite of its importance, there exists an enormous housing deficit throughout the world. According to the United Nations, more than one billion people are living in precarious shelter conditions, including those who are homeless.
7.5.1 Shelter as Basic Human Need

The human right to adequate housing has a central place within the body of human rights in general. The right to adequate housing was recognized as a basic human right in 1948 in the Universal Declaration of Human Rights of the General Assembly of the United Nations.

When the Universal Declaration was written, the right to adequate housing became part of a series of internationally accepted and universally applicable human rights standards.

Following that Declaration came the covenant on Economic, Social and Cultural Rights (1966) and the covenant on civil and Political Rights (1966). These agreements serve as international legal instruments, to be ratified and enforced by Governments; thus they signify important obligations.

The recognized importance of the right to housing over time has led to its ratification and reinforcement through other international declarations, conventions and conferences, in which more precise and complex objectives have been developed. Of these declarations, special note should be made of The Habitat I Vancouver Declaration (1976), the International Year of the Homeless. The Global Strategy for Housing Towards the Year 2000, as well as current preparations for the Habitat II Cities Summit Istanbul (1996.)

The access to adequate and secure housing significantly strengthens the possibility that individuals and families enjoy other human rights as well as a greater quality of life overall. It is frequently assumed that, for this right to be made effective, Governments must provide sufficient public funding and other resources. However, according to the concepts embodied within the economic, social and cultural rights, such a commitment actually implies a broader and more complex series of obligations for States. According to Article 2, Paragraph 1 of the covenant on Economic, Social and Cultural Rights, in relation to housing. Governments are obliged to: a) adopt measures by all appropriate means to make effective the right to housing; b) dedicate the greatest possible amount of available resources; c) achieve these rights in a progressive fashion.

7.5.2 Right to Shelter in India

"Every woman, man and child has the right to a secure place to live in peace and dignity". This though accepted by the Government of India within the UN forum has remained a mere platitude on paper in its dealings with its people. A roof over the head assures a family the security and opportunity to concentrate on other aspects necessary for its healthy development, such as employment and education.

The right to shelter is a fundamental human right but no state has been able to completely fulfill this need of the people. In India too, the problem of shelter is acute. People sleeping on pavements is a regular sight in the cities. One of the causes is population growth. But apart from rise in population India has witnessed large scale migration from rural areas to the cities. This migration has led to acute problem of housing in the cities and the clustering of slums in the cities.

The right to shelter is not directly recognized as a fundamental right. There is acute poverty and unemployment in India which is one of the greatest causes of homelessness.
Check Your Progress 4

1) Why is homelessness a major concern?

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2) How is right to shelter related to migration from rural area to urban areas in India?

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7.6 LET US SUM UP

The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized.

People are at the centre of concerns for sustainable development. The international community has therefore pledged to eradicate poverty, to promote full and productive employment, and to foster social integration to achieve stable, safe and just societies for all.

The right to food is one of the most basic human rights. All human being have the Right to life and food forms an integral part of life. Despite the fact that the right to food is recognized directly or indirectly by all countries in the world, hunger, whether caused by war, drought, natural disaster or poverty, continues to cause widespread suffering. And poverty, one of the causes of hunger, is also a consequence of it.

The United Nations expanded upon the “Right to Health” in Article 12 of the International Covenant on Economic, Social and Cultural Rights in 1966. Not only did this document guarantee the “right of everyone to the enjoyment of the highest attainable standard of health”, but it also specifically called for the “provision for the reductions of . . . infant mortality and for the healthy development of the child; the improvement of all aspects of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic,
occupational, and other diseases; and the creation of conditions which could assure to all medical service and medical attention in the event of sickness.

In 2000, the United Nations further expanded upon the “Right to Health” with General Comment No. 14. This more lengthy document expanded upon the original ideas from 1966 by exploring the historical context of this right, further defining the meaning of an adequate health care system, detailing obligations of states and NGO’s, defining violations, and discussing the basics of implementation.

“Every woman, man and child has the right to a secure place to live in peace and dignity.” This thought accepted by the Government of India within the UN forum has remained a mere platitudine on paper in its dealings with its people. A roof over the head assures a family the security and opportunity to concentrate on other aspects necessary for its healthy development, such as employment and education.

7.7 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress 1

1) Right to development integrates all economic, social and cultural rights and also civil and political rights. This also implies the full realization of the right of people to self determination, the exercise of their inalienable right to full sovereignty over all their natural wealth and resources.


3) Right to Development is based on the view that development must begin and end with a concern for the human conditions and that this is a collective international responsibility. It also highlights the indivisibility of Civil and Political and Economic, Social and Cultural Rights.

Check Your Progress 2

1) Right to food means recognition of the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing. It is important for human development as the very basic right to life is not possible in the absence of minimum requirements of food.


3) See sub-section 7.3.4

Check Your Progress 3

1) A dignified human living means healthy life. The state has an important role to play in prevention and control of diseases.
2) See sub-section 7.4.2
3. See sub-section 7.4.3

Check Your Progress 4

1) Adequate housing serves as the crucible for human well being and development. However, there exists an enormous housing deficit throughout the world.

2) Large scale migration from rural areas to the cities leads to acute problem of housing in the cities.