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# NHRC: A PILLAR OF JUSTICE AND HUMAN RIGHTS IN INDIA

## WHY IN THE NEWS?

The President of India appointed Justice V. Ramasubramanian, a retired Supreme Court judge, as the new Chairperson of the National Human Rights Commission (NHRC). This appointment comes after the post had been vacant since June 1, 2024, following the completion of the tenure of Justice (retired) Arun Kumar Mishra. Justice V. Ramasubramanian's appointment to this pivotal role is significant as the NHRC plays a crucial part in safeguarding human rights in India.

## WHAT IS NHRC?

The **National Human Rights Commission (NHRC)** is an autonomous body in India that is responsible for protecting and promoting human rights in the country. Established in 1993, the NHRC works to ensure that human rights are upheld by monitoring and addressing violations, providing recommendations for their protection, and raising awareness about human rights issues. It investigates complaints of human rights violations, provides recommendations to the government, and works to improve the legal and social frameworks for protecting the rights of individuals, especially vulnerable groups.



### NHRC ACT 1993:

The Protection of Human Rights Act of 1993 established the National Human Rights Commission (NHRC) in India.

**1. Establishment of the NHRC:** The NHRC is headed by a Chairperson, usually a former Chief Justice of India, and includes other members with expertise in human rights.

**2. Functions and Powers:** The NHRC investigates human rights violations, makes recommendations to the government, and can intervene in legal proceedings. It also monitors laws and practices to ensure human rights standards are met.

**3. State Human Rights Commissions:** The Act allows for the creation of State Human Rights Commissions to handle regional cases.

**4. Human Rights Education:** It promotes human rights awareness and protects human rights defenders.

**5. Annual Reports:** The NHRC is required to submit an annual report to the President of India detailing its activities and the state of human rights in the country. This helps in ensuring transparency and accountability in its functioning.

### COMPOSITION OF NHRC:

**1. Chairperson:** The Chairperson is a retired Chief Justice of India or a retired Supreme Court Judge. The appointment is made by the President of India.

#### 2. Members:

One member must be a person who has been a judge of the Supreme Court of India or is a distinguished jurist.

Two members must be persons who have been the Chief Justices of High Courts.

One member should be a person with experience in the field of human rights, and ideally, this person should have a background in social work, law, or any related field. The President also appoints these members.

#### 3. Selection Committee:

The selection of the Chairperson and members is done by a committee comprising:

The Prime Minister (Chairperson of the committee)

The Home Minister

The Leader of the Opposition in the Lok Sabha

The Speaker of the Lok Sabha

The Leader of the Opposition in the Rajya Sabha

### NHRC-POWERS AND FUNCTIONS:

Category	Powers	Functions
<b>Investigative</b>	– Can take serious action on human rights violations.	– Investigates human rights violations and seeks redress for victims.
<b>Power to Intervene</b>	– Can intervene in legal proceedings related to human rights in courts.	– Provides advice to the government on human rights policies and laws.
<b>Recommendations</b>	– Can recommend actions to the government, including reforms and compensation for victims.	– Promotes awareness of human rights through education and campaigns.
<b>Inspection</b>	– Can visit places of detention (jails, mental hospitals) to ensure rights	– Coordinates with State Human Rights Commissions for effective

Category	Powers	Functions
	protection.	protection.
<b>Call for Records</b>	– Can demand records from government bodies for review.	– Submits annual reports to the President on investigations and actions.
<b>Seek Information</b>	– Can request information from authorities for inquiries.	– Ensures follow-up on its recommendations and monitors government action.
<b>Advisory Role</b>	– Provides recommendations to improve human rights protections.	– Educates authorities and the public on human rights issues.

### **NHRC ACHIEVEMENTS IN THE LAST THREE DECADES:**

- 1. Awareness and Advocacy:** Raised public awareness through workshops, seminars, and campaigns on human rights, reaching millions. Advocated for human rights education in schools, training 25,000 teachers and 5,000 law enforcement officials.
- 2. Investigation and Redressal:** Investigated thousands of violations, including police brutality and custodial deaths. Helped secure compensation for victims of rights violations, including ₹15 lakh for custodial death cases in 2018.
- 3. Strengthening Laws and Policies:** Influenced revisions to the Child Labour Act and Protection of Women from Domestic Violence Act. Advocated for legislative reforms on torture, human trafficking, and child rights.
- 4. Protection of Vulnerable Groups:** Focused on women's, Dalit, tribal, and refugee rights. For example, helped 1,000+ victims of sexual harassment and trafficking. Led campaigns on gender violence and displacement issues, benefiting marginalized communities.
- 5. Prison and Detention Reforms:** Inspected jails and exposed overcrowded conditions, leading to improved prison reforms. Reduced overcrowding by 20% in prisons through NHRC's intervention.
- 6. Reporting and Accountability:** Submits annual reports to the President, urging quicker action on pending complaints. Ensures 70% of recommendations are implemented, promoting government accountability.
- 7. Landmark Case Interventions:** Intervened in key PILs like Narmada Bachao Andolan and custodial deaths, leading to legal reforms. Filed petitions to ensure police reforms and anti-discrimination laws.
- 8. International Cooperation and Recognition:** Collaborated with organizations like Amnesty International and Human Rights Watch on forced labour and human trafficking. Recognized by the UN for its proactive role in human rights advocacy and children's rights.

### **LIMITATIONS OF NHRC:**

- 1. Limited Jurisdiction:** NHRC cannot investigate events that occurred more than one year ago. Limited jurisdiction over armed forces and private parties involved in human rights violations.
- 2. Non-Binding Recommendations:** NHRC's recommendations are not legally binding on the government or other bodies.
- 3. Inability to Penalize:** NHRC cannot punish authorities that fail to implement its recommendations or orders.
- 4. Administrative Constraints:** Faces resource shortages, including insufficient funding and staffing challenges, affecting its effectiveness.

**5. Lack of Diversity:** Criticized for the lack of diversity in its composition, as the Chairman and members are mainly from the judicial fraternity.

**6. Lack of Independence:** NHRC's composition depends on government appointments, which raises concerns about its independence.

**7. Reactive Response:** NHRC often acts reactively to complaints rather than proactively addressing systemic human rights issues.

#### **WAY FORWARD:**

**1. Expanding Jurisdiction:** Advocate for an expansion of its jurisdiction to include more cases, particularly those involving the armed forces and private parties. It should also be empowered to investigate events that happened beyond one year.

**2. Strengthening Recommendations:** The NHRC should work towards making its recommendations legally binding, ensuring greater accountability in the implementation of its suggestions.

**3. Resource Allocation:** Increase funding and staff to overcome administrative challenges and enhance its investigative capacity, making it more proactive.

**4. Promoting Diversity:** Ensure greater diversity in the commission's composition by including experts from various backgrounds like social work, law, and human rights, and not limiting the membership primarily to judicial figures.

**5. Ensuring Independence:** Strengthen the independence of the NHRC by ensuring its leadership and members are free from political influence, perhaps by adopting a more transparent and independent selection process.

**6. Proactive Approach:** Shift from a reactive approach to a more proactive stance by monitoring human rights conditions more closely and initiating investigations into systemic issues without waiting for complaints.

#### **CONCLUSION**

The National Human Rights Commission (NHRC) has played a critical role in promoting and protecting human rights in India over the last three decades. It has achieved significant successes in raising awareness, investigating violations, and advocating for vulnerable groups. However, the NHRC faces challenges, including limited jurisdiction, non-binding recommendations, and administrative constraints. Addressing these limitations through reforms and better resource allocation will enhance its capacity to protect human rights more effectively. By evolving into a more independent, proactive, and resourceful body, the NHRC can continue to safeguard and promote human rights in India.

#### **PRELIMS QUESTION:**

**Q. Which of the following statements regarding the National Human Rights Commission (NHRC) of India are correct?**

1. The NHRC is empowered to take binding legal actions against the government.
2. The NHRC's recommendations are legally binding on the government and other authorities.
3. NHRC investigates complaints of human rights violations and can intervene in legal proceedings.
4. The NHRC is mandated to submit annual reports to the President of India.

**Choose the correct answer using the code below:**

- A. 1, 2, and 3
- B. 3 and 4
- C. 1, 3, and 4
- D. 2 and 4

Answer: B

**MAINS QUESTION:**

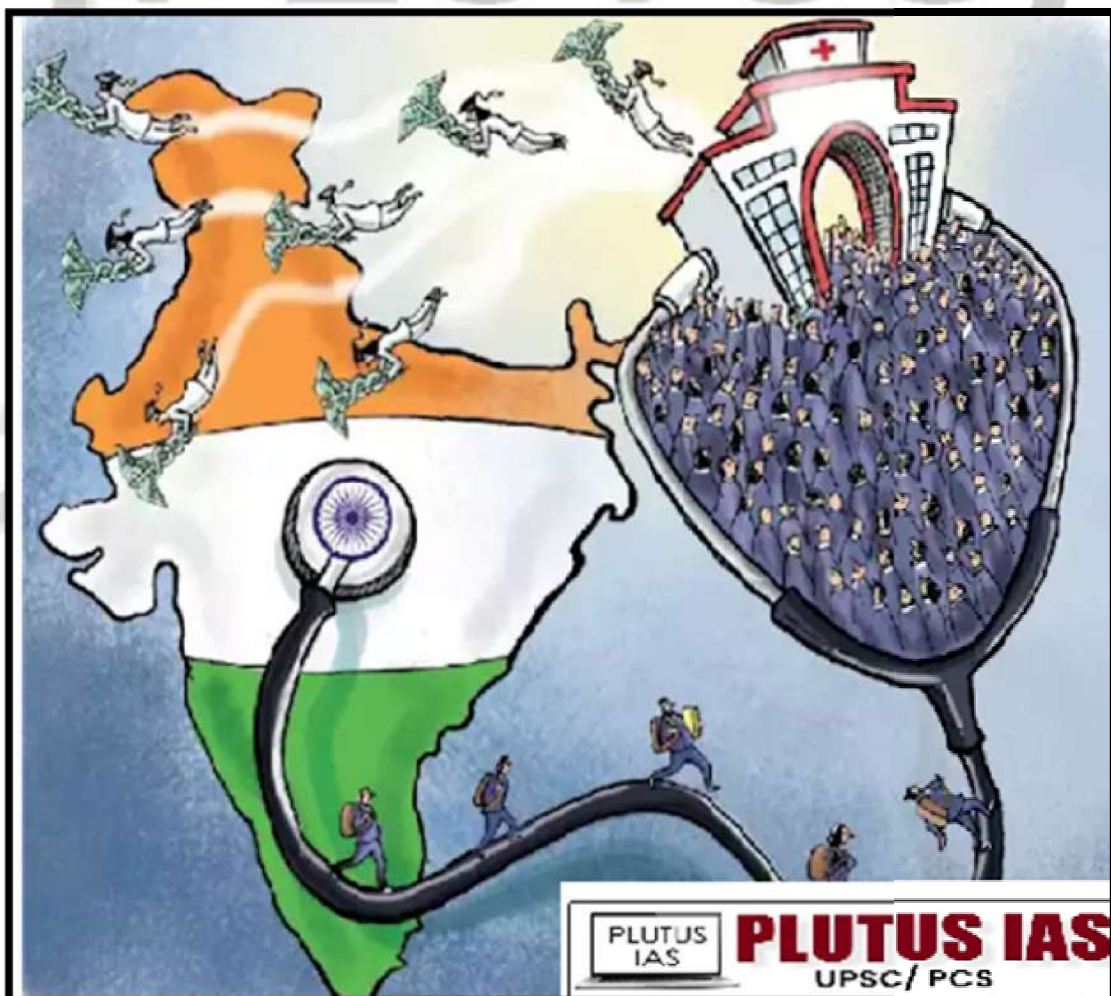
Q. The National Human Rights Commission (NHRC) has played an instrumental role in safeguarding human rights in India over the past three decades. Discuss these limitations and suggest measures to enhance the NHRC's capacity to protect human rights more effectively. (250 words, 15 marks)

Ritik Singh

## HEALTH: BUILDING A HEALTHIER NATION.

**WHY IN THE NEWS:**

India's progress in building a healthier nation has gained attention due to significant advancements in healthcare access, equity, and outcomes. Over the past decade, the country has introduced transformative policies reflecting a strong commitment to Universal Health Coverage. A major highlight in this journey is the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), a flagship initiative that continues to play a pivotal role in reshaping India's healthcare landscape.



**CONSTITUTIONAL PROVISIONS RELATED TO THE HEALTH:**

<b>Provisions</b>	<b>Description</b>	<b>Context for Health</b>
<b>Article 38</b>	The state is responsible for creating a social order that promotes the welfare of the people.	Framework for health and welfare-related policies, ensuring the welfare of people, including health, is prioritized.
<b>Article 39(e)</b>	The state is responsible for protecting the health and strength of workers, ensuring children's health.	Ensures workers' health and children's well-being by providing adequate resources for healthy development.
<b>Article 41</b>	The state is responsible for providing public assistance to the sick, disabled, and elderly.	Focuses on providing a safety net for the sick, disabled, and elderly, promoting social security for vulnerable populations.
<b>Article 42</b>	The state is responsible for providing maternity benefits and ensuring humane working conditions.	Aims to improve women's health, particularly during maternity, and ensure just working conditions.
<b>Article 47</b>	The state is responsible for improving public health, raising standards of living, and regulating harmful substances.	Directly mandates the government to focus on public health, nutrition, and prohibit harmful substances like drugs.
<b>Article 48A</b>	The state is responsible for ensuring a pollution-free environment for good health.	Links environmental protection with public health, ensuring a healthy environment for citizens.
<b>Union List (List I)</b>	Central government's role in regulating national health services, medical education, health research, pharmaceuticals, and managing health emergencies.	Union government has authority over national-level health services and emergency health management.
<b>State List (List II)</b>	State government's role in managing public health services, including vaccination, maternal health, and disease control within their jurisdiction.	States are responsible for managing local healthcare services, including disease control and maternal health.
<b>Concurrent List (List III)</b>	Shared responsibility between the Union and State governments for regulating public health issues, such as narcotics control, disease prevention, and health insurance.	Both Union and State governments collaborate on health issues like disease prevention and public health regulation.

**KEY ACHIEVEMENTS OF THE GOVERNMENT IN HEALTHCARE**

Area	Achievement	Data/Details
<b>Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)</b>	<ul style="list-style-type: none"> <li>– Health coverage of ₹5 lakh per family for secondary and tertiary care across 1,961 procedures in 27 specialties.</li> </ul>	<ul style="list-style-type: none"> <li>– <b>36.28 crore Ayushman Cards</b> issued.</li> <li>– Women account for <b>49% of cards</b> and <b>50% of admissions</b>.</li> <li>– <b>30,932 hospitals</b> empaneled.</li> </ul>
<b>Digital Health Infrastructure (ABHA)</b>	<ul style="list-style-type: none"> <li>– Facilitates access and sharing of digital health records.</li> <li>– Bridges gaps in the healthcare ecosystem through digital highways.</li> </ul>	<ul style="list-style-type: none"> <li>– <b>71.81 crore ABHA numbers</b> generated.</li> <li>– <b>46.53 crore health records</b> linked.</li> <li>– <b>3.55 lakh health facilities</b> and <b>5.38 lakh healthcare professionals</b> registered.</li> <li>– <b>PMNDP Portal</b>, launched on 5th May 2022, integrates dialysis centers under NHM with ABHA ID for portability.</li> </ul>
<b>National Health Mission (NHM)</b>	<ul style="list-style-type: none"> <li>– Strengthens healthcare at district and community levels.</li> </ul>	<ul style="list-style-type: none"> <li>– <b>753 NCD clinics</b> at district level and <b>6,238 NCD clinics</b> at CHC level.</li> <li>– <b>220 Cardiac Care Units (CCUs)</b> and <b>356 Day Care Cancer Centres</b> established.</li> </ul>
<b>Mission Indradhanush</b>	<ul style="list-style-type: none"> <li>– Expanded immunization for children and pregnant women in low-coverage areas.</li> <li>– Provides protection against 11 preventable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>– Vaccinated <b>5.46 crore children</b> and <b>1.32 crore pregnant women</b> in all phases.</li> </ul>
<b>Improvement in Health Indicators</b>	<ul style="list-style-type: none"> <li>– Reduction in mortality rates and fertility rates due to targeted interventions.</li> </ul>	<ul style="list-style-type: none"> <li>– <b>MMR</b> reduced from <b>103 (2017-2019)</b> to <b>97 (2018-2020)</b>.</li> <li>– <b>IMR</b> reduced from <b>32 (2018)</b> to <b>28 (2020)</b>.</li> <li>– <b>TFR</b> reduced from <b>2.2 (2015-2016)</b> to <b>2.0 (2019-2021)</b>.</li> </ul>
<b>National Family Health Survey (NFHS-6)</b>	<ul style="list-style-type: none"> <li>– Conducts large-scale surveys to monitor health indicators across districts.</li> </ul>	<ul style="list-style-type: none"> <li>– Pre-test conducted in <b>June-July 2022</b>; main survey fieldwork in progress.</li> <li>– Covers <b>731 districts</b> with <b>6.77 lakh households</b>.</li> <li>– Fieldwork completed in <b>20 States/UTs</b>, ongoing in 15 others.</li> </ul>
<b>Tobacco-Free Youth Campaign</b>	<ul style="list-style-type: none"> <li>– Created awareness on the harmful effects of tobacco, focusing on youth and rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>– Launched on <b>31st May 2023</b> (World No Tobacco Day).</li> <li>– <b>60-day campaign</b> conducted across all States/UTs from <b>May-July 2023</b>.</li> </ul>
<b>Consumer-Centric Policies</b>	<ul style="list-style-type: none"> <li>– Data-driven and regularly monitored policies ensure inclusivity and sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>– Commitment to achieving Universal Health Coverage through evidence-based strategies.</li> </ul>

## PERSISTENT CHALLENGES IN HEALTHCARE

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**Doctor-to-Population Ratio:** The World Health Organization (WHO) recommends a doctor-to-population ratio 1:1,000. India has a ratio of 1:1,511 (as of 2023), indicating a significant shortfall in healthcare providers, especially in rural areas.

**Gender Gap in Access to Healthcare:** Women account for only 49% of Ayushman Bharat Cardholders despite being 50% of the population, reflecting gender disparities in accessing healthcare services.

**Urban-Rural Divide in Healthcare Services:** 70% of India's population resides in rural areas, but 60% of hospitals and healthcare infrastructure are concentrated in urban areas. Rural India faces a shortage of 83% of specialist doctors at Community Health Centers (CHCs), according to the Rural Health Statistics (2022).

**Regional Divide (Northeast and Remote Areas):** Northeastern and remote states have fewer medical colleges and specialized hospitals compared to central and southern states. For example, Arunachal Pradesh has only 1 medical college for a population of over 1.3 million.

**Caste-Based Inequality in Healthcare Access:** Marginalized communities, such as Dalits, report higher rates of exclusion from healthcare services. The National Family Health Survey-5 (NFHS-5) highlighted that only 28% of Dalit households have access to private health care compared to 50% of upper-caste households.

**Slow Growth in Public Health Infrastructure:** Public health expenditure in India remains low at 1.28% of GDP (2022-2023), far below the global average of 6%. India has only 1 government hospital bed per 1,844 people, compared to the global average of 1:550.

**High Out-of-Pocket Expenditure (OOPE):** OOPE accounts for 48.8% of total health expenditure in India, as per the National Health Accounts (NHA) 2022. This disproportionately affects low-income families, pushing an estimated 63 million people into poverty annually due to healthcare costs.

**Lack of Health Insurance Coverage:** Despite schemes like Ayushman Bharat, only 41.1% of Indian households have at least one member with health insurance, as per NFHS-5. Informal sector workers and rural populations often remain uninsured, leading to higher financial vulnerabilities.

**Overemphasis on Secondary and Tertiary Care:** A disproportionate focus on hospitals and high-end treatments often overshadows the need for robust primary healthcare systems. Only 3% of the health budget is allocated to preventive and promotive health services, while secondary and tertiary care dominates expenditures.

**Privatization of Medical Education:** The high cost of private medical education limits access for economically weaker sections. Over 60% of medical colleges in India are private, creating an uneven distribution of healthcare professionals and increasing healthcare costs.

**Curative Treatment Over Preventive Services:** India's healthcare system primarily focuses on curative treatments rather than preventive care. For example, non-communicable diseases (NCDs) account for over 60% of deaths, yet there is limited emphasis on preventive strategies like lifestyle interventions and early screenings.

## WAY FORWARD

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**Universal Health Coverage (UHC):** As envisioned in the National Health Policy, prioritize achieving UHC by ensuring equitable access to quality healthcare for all citizens, irrespective of socioeconomic or regional disparities.

**Strengthening Primary Healthcare:** Focus on primary healthcare as the backbone of the health system, particularly to address the needs of rural populations, which constitute over 60% of India's population.

**Gradual Improvement in Health Infrastructure:** Invest in improving health infrastructure incrementally, including building medical colleges, increasing hospital capacities, and enhancing diagnostic and treatment facilities in underserved regions.

**Promotion of Alternative Medicine Systems:** Promote traditional systems of medicine like AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) for a holistic approach to healthcare.



**Enhanced Focus on Women and Children:** Strengthen programs like ASHA (Accredited Social Health Activists) workers to ensure better access to healthcare for women and children in remote areas.

**Emphasis on Preventive Care:** Shift the focus from curative treatments to preventive and promotive healthcare to address the growing burden of non-communicable diseases (NCDs).

**Inclusive Healthcare for Marginalized Groups:** Adopt an inclusive approach as recommended by various committees, ensuring healthcare access for tribal communities, Dalits, and economically weaker sections.

**Leverage Technology and Data:** Utilize digital platforms like ABHA and telemedicine to bridge the urban-rural healthcare divide.

**Increase Public Health Expenditure:** Raise public health expenditure to at least 2.5% of GDP as recommended by the National Health Policy to strengthen the healthcare system sustainably.

**Collaboration with the Private Sector:** Build partnerships with private healthcare providers to expand access and reduce the burden on public healthcare infrastructure. Regulate and subsidize private healthcare services to ensure affordability and transparency.

#### CONCLUSION:

In recent years, several initiatives have improved the status of the health sector in India. However, the need is to address the persistent challenges and make the health sector affordable, accessible, and inclusive to all people.

#### PRELIMS QUESTION:

**Q. Consider the following subjects:**

1. Public health and sanitation
2. Hospitals and dispensaries
3. Medical Education

**How many of the above subjects are mentioned in the Union List of the Seventh Schedule?**

- A. Only one
- B. Only two
- C. All three
- D. None

**ANSWER: D**

#### MAINS QUESTION:

**Q.1. Assess the role of the National Medical Commission (NMC) Act of 2019 in promoting accessible and affordable health services in India. (Answer in 250 words)**

Munde Dhananjay Navnath

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