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Sanitation and healthcare governance in India: Constitutional mandates and legal perspectives

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Abstract
A strong public health care system plays an important role in protection of its people's well-being. It also supports in the creation of social and economic development of the country. Access to healthy living conditions and quality healthcare is considered essential for human well-being and has been recognized as an important part of the right to life under the Constitution of India. However, a large section of the population in India is still facing health problems because of limited access to safe drinking water, inadequate sanitation facilities, and poor solid waste management. This research paper is intended to evaluated the legal and constitutional framework governing sanitation and healthcare in India, with emphasis on their significance in protecting public health. It has analysed the constitutional provisions, statutory enactments, judicial pronouncements, and government policies relating to sanitation and healthcare. The research has tried to examine the roles of Union, State, and local governments in promoting public health. This study reveals that although India has established a comprehensive legal and policy framework to regulate sanitation and healthcare, however, still considerable challenges remain in its implementation due to inadequate infrastructure, unequal access to healthcare services, poor sanitation facilities, and weak enforcement of existing laws.

Keywords: Health care governance, sanitation, solid waste management, bio-medical waste management, medical professional standards and nutritional standards

Introduction

The prosperity and development of a nation should not be assessed exclusively through economic criterion only; rather, it should also take into consideration physical health, psychological well-being, and overall quality of life of its population. Physical and mental well-being of individuals significantly affects a nation's social progress, economic productivity, and institutional strength. [1] Health is an essential component of human development that expands people's capabilities, freedoms, and opportunities to participate efficiently in society. [2] A Healthy citizenry contributes to higher labour productivity, improved educational achievement, and greater economic growth. This facilitates in creation of strong and capable state. [3] Contrary to this the countries week on human development index and inadequate health conditions can limit human potential, deepen social inequalities, and impose substantial burdens on national resources. [4] The health status of individuals of the state serves as a significant measure of social progress, human development, and the effectiveness of public institutions. A healthy population ensuring adequate healthcare and maintaining public health standards are obligations of a welfare state. [5] Mental and physical health of the citizens determines the goal and policy framework the country. If the human race is to survive and progress, preservation of good health is a must. [6] In this backdrop it is the duty of the state to develop an effective healthcare system. We need to remember that diseases and unexpected health problems is part of human life since the beginning of human history. [7] Having preventive and protective health governance is need of the time. Hence it is necessary to guarantee hygienic environment and better sanitary system

Sanitation and healthcare in India are regulated through a mix of constitutional mandates, statutory laws made by the central and state governments, and various government policies.

Public health and sanitation are primarily State subjects under the Constitution, while the Union Government plays an important role in medical education, regulation of drugs, disease control, and national health programmes. This constitutional arrangement promotes cooperative federalism by distributing responsibilities between the Centre and the States. [8] Access to healthy living conditions and quality healthcare is considered essential for human well-being and has been recognized as an important part of the right to life under the Constitution of India. [9] A strong public health care system play an important role in protection of its people's well-being. It also supports in creation of social and economic development of the country. Traditionally in India, providing healthcare happens the responsibility of the State. In most of the province of India State Governments has played the main role in delivering public health services under the constitutional distribution of powers. [10]

However, a large section of the population in India is still facing health problems because of limited access to safe drinking water, inadequate sanitation facilities, and poor solid waste management. [11] This health challenges related with environment contribute substantially to the spread of communicable diseases and adversely affect overall public health. [12] There is a wide gap in per capita water consumption between developed and developing countries. People in many developed countries use about 400–500 litres of water per day for domestic and other purposes, while the average daily water use in many developing countries is around 20 litres per person. [13] This significant imbalance reflects unequal access to water resources and highlights the persistent challenges of water scarcity, inadequate infrastructure, and limited sanitation services in developing regions. [14] According to the Global Water

Supply and Sanitation Assessment Report, significant disparities in access to basic water and sanitation services persisted at the beginning of the twenty-first century. [15] The report estimated that nearly one-sixth of the world's population lacked access to an improved source of drinking water, while approximately two-fifths were without adequate sanitation facilities, underscoring the magnitude of the global public health challenge. [16] Poor sanitation facilities result in risk of infectious diseases and it leads to more illnesses and early deaths. Consequently, waterborne and hygiene-related diseases spread easily, in areas with inadequate sanitation facilities. Children and people from economically disadvantaged communities are affected the most. [17] Contaminated water sources, adversely affect the health and well-being of communities, particularly in densely populated and underserved areas, these conditions facilitate the spread of communicable diseases. [18]

This research paper is intended to evaluate the legal and constitutional framework governing sanitation and healthcare in India, with emphasis on their significance in protecting public health. It has analysed the constitutional provisions, statutory enactments, judicial pronouncements, and government policies relating to sanitation and healthcare. The research has tried to examine the roles of Union, State, and local governments in promoting public health. For conducting of this study, the researcher has used doctrinal research methodology. We have analysed exclusively on secondary sources such as constitutional provisions, legislation, judicial decisions, government reports, books, journal articles, and publications of national and international organisations. Descriptive and analytical methods played an instrumental role in assessment of existing legal framework. Through this study it is found that although India has established a comprehensive legal and policy framework to regulate sanitation and healthcare, considerable challenges remain in its implementation due to inadequate infrastructure, unequal access to healthcare services, poor sanitation facilities, and weak enforcement of existing laws. It concludes that effective implementation of constitutional mandates, stronger institutional coordination, increased investment in public health infrastructure, and greater public awareness are essential to ensuring equitable access to sanitation and healthcare and to fulfilling the constitutional objective of securing a healthy and dignified life for all citizens.

Sanitation and Hygiene

Efficient Sanitation facility and services thereof are basic conditions for any developed nation. Improvement in sanitation system is imperative for better human health, which helps in economic and social development and also assist in better environment conditions. [19] During the late nineteenth century, scientific discoveries concerning microorganisms and their role in transmitting diseases transformed the understanding of public health. These advancements gave rise to the sanitary movement, which promoted extensive reforms in sanitation practices and encouraged significant changes in personal and community hygiene. Measures such as restricting the keeping of livestock in urban areas and improving environmental cleanliness were introduced to reduce the spread of infectious diseases. Although these reforms often encountered public resistance and, at times, required strict governmental enforcement, authorities also emphasized public education and awareness to demonstrate the health benefits of improved sanitation. The promotion of hygiene and sanitation for its own citizenry is the fundamental pillar. It will play an important role in the development of modern public health systems. [20] Inadequate sanitation facilities create serious public health challenges and it may contribute in the contamination of water sources, environmental pollution, and the proliferation of disease-carrying vectors. Moreover, unsafe disposal of human excreta and poor hygiene practices may increase exposure to infectious pathogens, which will result in health risks and preventable deaths. In its report WHO has recognized that millions of deaths each year are associated with diseases caused by inadequate sanitation, unsafe water, and improper hygiene practices. [21] Ensuring access to adequate sanitation facilities and safe drinking water for its own would substantially reduce preventable diseases and contribute to a significant decline in annual mortality rates. For protecting human life and promoting overall well-being of them it is imperative that nation should develop a critical public health intervention mechanism to improve the access to clean water, efficient sanitation and hygiene services. [22]

Constitutional and Legal Dimensions of Health Care

1. Constitutional mandates

The Constitution of India provides the foundational legal framework for regulating sanitation and healthcare governance; however, it does not explicitly recognize the right to health as a separate and enforceable Fundamental Right. [23] The supreme Court of India should be credited for making Constitution of India an organic document giving oxygen to part III of the constitution; particularly the present dynamics of Article 21. It is expanded the ambit as and when required for right to life and personal liberty as the highest court opined that the right to life is not confined to mere animal existence but includes the conditions necessary for living a life of dignity. [24] It has adopted a progressive approach with regard to access to healthcare and human dignity. [25] Through judicial decisions significance of safe drinking water and a pollution-free environment has been recognised; claiming it is an integral aspects of the right to life. [26] This broad perspective of the court instilled a new dimension to sanitation and right to healthcare as a mandatory responsibility of the state; which has resulted in affirmative steps by the government. [27] However, the executive and legislative wing of India has not implemented the direction in effective manner that is why still the quality of healthcare system is questioned in India. [28]

One of the main reasons for initially healthcare duties and policies were considered within the ambit of Article 47. No doubt DPSP is not judicially enforceable but healthcare care system is the backbone of overall development of the country. The executive of India has taken the DPSP wording as it is even for public health. Consequently, least priority has been accorded in improving public health in India. Majority of the infrastructure and medical staffs today are part of private sector. The government has initially left the nutritional standards, and enhancing the quality of life of the population to its citizenry. [29]

Even the distribution power with regard to right to health has undermined the priority of healthcare initially. As public health, sanitation, hospitals, and dispensaries are placed within the legislative domain of the State government and Central government shifted primary responsibility for public

health administration to State. However, subjects such as medical education, regulation of professional standards, and control over certain aspects of health policy fall within the sphere of Union legislative authority. [30] This division reflects the federal character of India's healthcare governance system, requiring coordination between the Centre and the States for effective implementation of health-related measures. [31]

The 73rd and 74th Constitutional Amendments introduced a decentralized approach to governance by granting constitutional status to Panchayati Raj Institutions and Urban Local Bodies. These amendments empower local authorities to undertake functions relating to sanitation, drinking water supply, waste management, and public health, thereby recognizing the importance of community-level participation in achieving effective health governance. [32] But the effectiveness of these constitutional provisions depends on sufficient funds, administrative powers, and institutional capacity of the local bodies. [33] It has been observed that majority of the local bodies are facing issue of fund scarcity and always face financial crunch even for its routine responsibility.

2. Sanitation Statutory Framework

In India policies of sanitation and healthcare evolves through environmental jurisprudence. The umbrella statute of Environment, i.e. the Environment (Protection) Act, 1986 provides a legal framework for public health protection in India. The primary objective of the Act was authorizing the Central Government to take measures for protecting and improving environmental quality and preventing environmental pollution. [34] Sections 3 and 5 of the Act, empowers the Central Government to establish standards, regulate industrial activities, and issue binding directions to authorities and individuals for environmental protection. [35] It is the parent legislation under which several sanitation and waste management rules have been subsequently notified.

Further through Solid Waste Management Rules, 2016 a comprehensive regulatory framework for the management of municipal solid waste was established. The Rules emphasized for segregation of waste at the source, door-to-door collection, scientific processing, recycling, and environmentally safe disposal of residual waste. [36] Through these responsibilities were imposed upon waste generators, local authorities, and other stakeholders for effective waste management. It has mandated the local authorities to establish systems for collection, transportation, processing, and disposal of solid waste. Even citizens are required to segregate waste and avoid improper disposal practices. [37]

In addition, the Bio-Medical Waste Management Rules, 2016 also regulate the handling of biomedical waste generated by healthcare establishments such as hospitals, clinics, laboratories, and research institutions. These Rules were intended to prevent risks to human health and the environment by prescribing procedures relating to segregation, collection, storage, transportation, treatment, and disposal of biomedical waste. [38] Healthcare providers were required to obtain authorization, ensure proper waste segregation at the point of generation, and adopt environmentally sound disposal methods. [39] These rules are significant as it could prevent infection transmission, environmental contamination, and occupational hazards for healthcare workers.

Even the Water (Prevention and Control of Pollution) Act, 1974 is an important legislative measure for protecting water resources and safeguarding public health. The provisions of the Act are designed to prevent and control water pollution and maintain the wholesomeness of water by establishing regulatory institutions such as the Central Pollution Control Board and State Pollution Control Boards. [40] The discharge of polluting substances into streams or wells require prior consent for those activities which is likely to discharge sewage or trade effluents. [41] This provision shall make streams and wells free from water contamination. The Act directly deals with sanitation objectives and the prevention of waterborne diseases.

Further through the Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013 employment of persons for manual scavenging and disallows the construction or maintenance of insanitary latrines is prohibited. [42] Provisions of the creates an obligations upon local authorities to identify insanitary latrines and manual scavengers, undertake their rehabilitation, and provide measures such as financial assistance, skill development training, and support for alternative livelihood opportunities. [43] This Act recognized sanitation as a matter connected with human dignity, equality, and public health.

These legislative Collectively demonstrate the evolution of India's sanitation framework from a limited focus on cleanliness and waste disposal towards a broader public health approach based on environmental protection, human dignity, occupational safety, and sustainable management of resources. However, effective implementation of these legislations still remains a continuing challenge due to inadequate infrastructure, weak enforcement mechanisms, and insufficient coordination among regulatory authorities.

3. Healthcare Laws

With an objective to standardize the health care services and to establish a regulatory mechanism for clinical establishment; registration and supervision mechanism has been mandated. [44] through this Act accountability of healthcare institutions are tried to be reulated by prescribing minimum standards relating to infrastructure, personnel, and services provided by hospitals, clinics, diagnostic centres, and other healthcare facilities. [45] This laws promote transparency, patient safety, and uniformity in healthcare delivery. [46] However, the effectiveness of the legislation still remains an issue of concern as monitoring agencies are nor pro-active in taking action against non-complier.

In the year 2019 one significant step was taken though the National Medical Commission Act, 2019 regarding medical education and the medical profession in India by replacing the Medical Council of India. [47] The primary aim of the Act is to ensure the availability of competent medical professionals, improve the quality of medical education, and establish ethical standards in medical practice. It further provides for the establishment of the National Medical Commission, autonomous boards, and mechanisms for maintaining professional standards and regulating medical institutions. [48] This law shall guarantee transparency, accountability, and quality assurance in medical education.

For regulating pharmaceutical products and cosmetics in India; the Drugs and Cosmetics Act, 1940 was enacted. This law governs the import, manufacture, distribution, and sale of drugs and cosmetics with the objective of ensuring that

medicines available to the public meet prescribed standards of quality, safety, and efficacy. [49] The regulatory authorities under this Act has a power to issue licences, conduct inspections, and take action against the manufacture or sale of substandard, adulterated, or misbranded drugs. [50] The legislation intend to preventing the circulation of unsafe medicines; nevertheless.

In addition, the Epidemic Diseases Act, 1897 provides emergency powers to governments for controlling the spread of dangerous epidemic diseases. Under the Act State Governments and the Central Government may adopt special measures, regarding regulations and temporary restrictions when ordinary legal provisions are insufficient to prevent disease outbreaks. [51] During the COVID-19 pandemic, the Act was invoked extensively to support governmental measures aimed at controlling transmission and protecting public health. [52]

In India healthcare system is regulated by above legislation. However, uneven implementation, shortage of healthcare infrastructure, and variations in regulatory capacity continue to affect the realization of equitable healthcare throughout the country.

4. Other Important Health Laws

Along with above legislation certain other Act do play an important role in promotion of public health. The Food Safety and Standards Act, 2006, [53] consolidates the laws relating to food and provides for the establishment of the Food Safety and Standards Authority of India (FSSAI) to lay down science-based standards for food. This legislation regulate its manufacture, processing, storage, distribution, sale, and import. [54] Through its regulatory framework, the Act seeks to ensure the availability of safe and wholesome food for human consumption and to prevent food adulteration and contamination that may adversely affect public health. [55] This Act represents a significant legislative measure in fulfilling the State's responsibility to safeguard public health and promote food safety as an essential component of the right to health. [56]

Further in 2021 the National Commission for Allied and Healthcare Professions Act, 2021 establishes a regulatory framework for allied and healthcare professionals in India by creating a National Commission responsible for developing standards of education, training, and professional conduct in allied healthcare professions. [57] The Act aims to ensure uniformity in professional qualifications, improve the quality of healthcare services, and regulate the practice of allied and healthcare professionals through registration and regulatory mechanisms. [58] Collectively these legislative measures contribute to strengthening the healthcare system by promoting access to quality healthcare services and ensuring accountability, competence, and rights protection within healthcare delivery.

5. Government Programmes

In advancement of the goal of better and effective public health system in India the government has initiated certain important missions. Collectively through the Swachh Bharat Mission, National Health Mission, and Ayushman Bharat scheme the government has tried to achieve new milestone. The chief objective of the he Swachh Bharat Mission, launched in 2014 was focusing improvement of sanitation, eliminating open defecation, promoting cleanliness, and enhancing public hygiene. It was designed in addressing environmental determinants of health and reducing the burden of sanitation-related diseases. [59] Further a second step was initiated under the National Health Mission. This mission seeks to strengthen the public healthcare delivery system by improving access to affordable and quality healthcare services. The goal of the mission was in expansion of primary healthcare infrastructure, maternal and child health services, disease control programmes, and community-based healthcare mechanisms. [60] With an objective to address the financial burden of poor due to medical expenses Ayushman Bharat, scheme was introduced in 2018. This scheme adopts a comprehensive approach to healthcare by emphasizing both preventive and promotive care through Health and Wellness Centres and financial protection through the Pradhan Mantri Jan Arogya Yojana (PM-JAY). It provides health insurance coverage for eligible families during hospitalization and post hospitalization. [61] However, this Scheme does not provide protection for OPD expenditure. These schemes of the government communicate the language of commitment of the towards a purely curative model of healthcare and a broader public health framework based on prevention, accessibility, affordability, and equity. These measures make Article 21 and right to health a living gurantee by complementing mandates. [62]

Judicial response

The India judiciary has played a decisive and transformative role in shaping the jurisprudence of sanitation and healthcare governance by interpreting Article 21 of the Constitution. It has made the ambit of right to life as dynamic by inclusion of right to health, hygienic living conditions, and access to medical care within dignified life more than mere animal existence. It is true that the chapter of fundamental right, nowhere explicitly mention right to health. However, the judiciary has expanded the meaning of the right to life to include conditions necessary for a dignified existence. This approach of the highest court of India has supplemented DPSP and Article 47, in improvement of public health, nutrition, and the standard of living of its citizens.

The journey judicial intervention in shaping of sanitation governance begins with Municipal Council, Ratlam v. Vardhichand. In this case, the Supreme Court observed that public authorities cannot avoid their statutory obligations relating to sanitation and public health on the ground of financial limitations. The Court emphasized that Article 47 makes improvement of public health a primary responsibility of the State and directed the municipality to undertake measures for waste removal, drainage improvement, construction of public facilities, and prevention of public nuisance. [63] This case heralded a new era where through court direction sanitation is no longer merely an administrative function but a constitutional obligation linked with the protection of life and dignity.

Further in Virender Gaur v. State of Haryana, the Supreme Court held that a hygienic environment is an integral part of the right to a healthy life under Article 21. The Court opined that environmental degradation and inadequate sanitation directly affect human health and dignity, making it the responsibility of governmental authorities to ensure proper environmental conditions. [64] The connection between

environmental protection, sanitation, and healthcare was supported by several judgements. In L.K. Koolwal v. State of Rajasthan, the Rajasthan High Court recognized that maintenance of sanitation and preservation of the environment fall within the ambit of Article 21 as poor sanitation creates conditions harmful to human life and health. [65]

The Supreme Court has achieved a significant milestone when they opened that providing accessible healthcare services is the State's responsibility. In Paschim Banga Khet Mazdoor Samity v. State of West Bengal, the court ruled that that denial of timely medical treatment violates Article 21. The Court observed that it is a constitutional obligation of the state to establish an effective healthcare system and ensuring that administrative or financial constraints do not prevent individuals from receiving essential medical treatment. [66] The same was endorsed in State of Punjab v. Mohinder Singh Chawla, where the Supreme Court reiterated that the right to health is an integral component of the right to life guaranteed under Article 21. [67]

In addition, preventive healthcare and occupational safety was also covered under the healthcare governance by the court. In Consumer Education and Research Centre v. Union of India, the Supreme Court recognized the right of workers to get health protection and medical care under Article 21. The Court stated that the State and employers have a duty to protect workers from occupational hazards and unsafe working conditions. The judiciary has enlarged the scope of healthcare governance beyond hospitals and medical services. [68]

In Indian Medical Association v. Union of India, the Court reaffirmed that the right to health under Article 21 includes the right of consumers to receive information necessary to protect their health and safety, particularly concerning healthcare-related products and services. [69] More recently, judicial proceedings concerning sanitation facilities have reaffirmed that access to basic hygiene facilities forms part of human dignity. In Rajeeb Kalita v. Union of India, the Supreme Court considered the availability and maintenance of sanitation facilities in public institutions and recognized that basic hygiene and sanitation are closely connected with the dignity and health protections guaranteed under Article 21. [70]

Indian judiciary has played a significant role in evolution of policies regarding sanitation and healthcare governance and time to time given necessary direction for creating an effective healthcare system. This has been done through public interest litigation and constitutional interpretation, where courts have required the State and local authorities to adopt proactive necessary measures for maintaining sanitation, ensuring healthcare accessibility, protecting occupational health, and preventing conditions that threaten human dignity. The organic development of Article 21 demonstrates that effective healthcare governance requires not only curative medical services but also preventive measures, environmental protection, sanitation infrastructure, and equitable access to health-related resources.

Risk, Management and Challenges

Despite proactive initiative by the government and courts of India; healthcare governance in real terms is still not satisfactory for majority of the Indians. Multiple risks and challenges are arising from demographic pressures, unequal access to healthcare services, inadequate infrastructure, financial constraints, and emerging public health threats. The first major challenge is the unequal distribution of healthcare resources between urban and rural areas. This result in disparities in access to quality medical services. Moreover, shortages of healthcare professionals, inadequate primary healthcare facilities, and limited public health expenditure are continuously affecting the efficacy of healthcare delivery systems. [71] Additionally, the increasing burden of non-communicable diseases, emerging infectious diseases, antimicrobial resistance, and environmental health risks also create complex challenges for public health management. [72]

Furthermore, effective healthcare risk management requires strengthening primary healthcare systems, improving disease surveillance, ensuring adequate health infrastructure, and promoting preventive healthcare measures. The initiatives of the National Health Mission and Ayushman Bharat attempted to address these challenges by expanding healthcare access and improving financial protection. [73] Inclusion of digital health technologies, electronic health records and telemedicine, provides opportunities to better accessibility and efficiency in healthcare sector. [74]

However, still several challenges remained to be addressed. The main concerns are regulatory gaps, shortage of trained healthcare personnel, fragmented healthcare administration, and difficulties in ensuring accountability among healthcare institutions. During the COVID-19 pandemic we have experience the vulnerabilities in healthcare preparedness, supply chains, emergency response mechanisms, and public health coordination. [75] Suffering of Covid and its impacts are forcing us to take necessary measures for strengthening healthcare governance. We require a coordinated approach involving legislative reforms, adequate funding, institutional accountability, community participation, and effective implementation of constitutional obligations for Sustainable healthcare governance. These initiatives must balance accessibility, affordability, quality, and equity to ensure the protection of public health as an essential component of human dignity.

Conclusion and Policy Strategy

The ongoing description demonstrated that effective sanitation healthcare system is the life line of any country. In India sanitation and healthcare framework reflects a cooperative constitutional model where the Union Government formulates national policies and regulatory standards while the States and local governments are primarily responsible for implementing public health and sanitation services at the ground level. Together, these constitutional provisions, statutory laws, judicial interpretation, and national programmes sought to improve sanitation, healthcare access, disease prevention, and the overall quality of life.

It is evident that the evolution of healthcare governance in India is a reflection of gradual transformation from a welfare-oriented approach to a rights-based framework. Although, Indian constitution does not explicitly recognize the right to health as a fundamental right, however, judicial intervention has established that health, sanitation, medical care, and a healthy environment are essential components of the right to life and human dignity. Through landmark judgments, the judiciary has imposed constitutional

obligations upon the State to ensure access to healthcare services, maintain public sanitation, protect environmental health, and provide conditions necessary for a dignified life. Legislative measures reflect continuing efforts to strengthen healthcare regulation and accessibility.

Still there are several concerns for the common masses which need immediate attention and action; such as disparities in healthcare access, inadequate public health infrastructure, shortage of trained healthcare professionals, and rising healthcare costs. Effective realization of the right to health requires efficient implementation, adequate financial investment, and institutional accountability.

For formulation of comprehensive healthcare policy, we should focus on strengthening primary healthcare systems, increasing public health expenditure, improving rural healthcare infrastructure, and ensuring equitable distribution of healthcare resources. Preventive healthcare, sanitation, nutrition, environmental protection, and health education should be integrated into public health planning. Regulatory mechanisms must also be strengthened to ensure quality, affordability, and accountability in both public and private healthcare sectors.

Ultimately, healthcare governance in India requires a coordinated constitutional, legislative, and policy approach that places human dignity, equity, and accessibility at the centre of health administration. The realization of the right to health depends upon transforming constitutional commitments into effective institutional practices, ensuring that healthcare becomes not merely a governmental objective but an enforceable social responsibility.

References

1. World Health Organization. The World Health Report 2000: Health Systems-Improving Performance 1 (Geneva: WHO), 2000.
2. Sen A. Development as Freedom 18-19, 144-145 (New York: Oxford University Press), 1999.
3. Schultz TW. “Investment in Human Capital,” The American Economic Review,1961:51(1):1-17.
4. Grossman M. “On the Concept of Health Capital and the Demand for Health,” Journal of Political Economy,1972:80(2):223–255.
5. The World Health Organisation (WHO) defines health as a dynamic state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity.” http://priory.com/fam/gppublic.html.In C.E.S.C. LTD. etc. v. Subhash Chandra Bose and Ors., AIR1992 SC573, the Hon’ble Court stated that, “the term 'health' implies more than an absence of sickness. … health is thus a state of complete physical, menial and social well-being and nut merely the absence of disease or infirmity.” (Para 6).
6. Abichandan RK. “Health as Human Right - - - Role of Courts in Realisation of the Right”, http://gujarathighcourt.nic.in/Articles/health.html.
7. Tulchinsky TH, Varavikova EA. “A History of Public Health”, in The New Public Health (Academic Press). Doi: https://doi.org/10.1016/B978-0-12-415766-8.00001-X, 2014, 1–42.
8. INDIA CONST. Seventh Schedule, List II, Entry 6; List III.
9. Constitution of India, Art. 21; Bandhua Mukti Morcha v. Union of India, (1984) 3 SCC 161; Consumer Education and Research Centre v. Union of India, (1995) 3 SCC 42; Paschim Banga Khet Mazdoor Samity v. State of West Bengal, (1996) 4 SCC 37.
10. Mukherjee S. “A Study on Effectiveness of NRHM in Terms of Reach and Social Marketing Initiatives in Rural India” European Journal of Scientific Research,2010:42(4):573. ; INDIA CONST. Art. 21; INDIA CONST. Art. 47; INDIA CONST. Seventh Schedule, List II, Entry 6; State of Punjab v. Mohinder Singh Chawla, (1997) 2 SCC 83.
11. World Health Organization, United Nations Children's Fund. Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024: Special Focus on Inequalities (World Health Organization & United Nations Children's Fund), 2025; World Health Organization. Guidelines on Sanitation and Health (Geneva: WHO), 2018.
12. World Health Organization. Sanitation, available at: https://www.who.int/news-room/fact-sheets/detail/sanitation (last visited 8 July 2026), 2024; Ministry of Jal Shakti, Government of India. Swachh Bharat Mission (Grameen), available at: https://swachhbharatmission.ddws.gov.in (last visited 8 January 2025).
13. World Health Organization. Domestic Water Quantity, Service Level and Health (Geneva: WHO), 2003; United Nations. The United Nations World Water Development Report 2024: Water for Prosperity and Peace (United Nations), 2024.
14. United Nations Development Programme. Human Development Report 2006: Beyond Scarcity-Power, Poverty and the Global Water Crisis (Palgrave Macmillan), 2006, 3-6.
15. World Health Organization, United Nations Children's Fund. Global Water Supply and Sanitation Assessment 2000 Report (Geneva: WHO and UNICEF), 2000.
16. World Health Organization, United Nations Children's Fund (UNICEF). Global Water Supply and Sanitation Assessment 2000 Report, 2000, 1–5.
17. World Health Organization. Sanitation, available at: https://www.who.int/news-room/fact-sheets/detail/sanitation (last visited 9 January 2025), 2024.
18. World Health Organization. Sanitation, available at: https://www.who.int/news-room/fact-sheets/detail/sanitation (last visited 9 January 2025), 2024.
19. Eade, Williams. The Oxfam Handbook of development and Relief (Oxfam: UK), 1995.
20. Jamison DT, *et al*. (eds.). Disease Control Priorities: Improving Health and Reducing Poverty ch. 7 (3rd ed., World Bank), 2017.
21. World Health Organization. The World Health Report 2001: Mental Health: New Understanding, New Hope (World Health Organization), 2001.
22. World Health Organization, United Nations Children's Fund. Progress on Drinking Water, Sanitation and Hygiene: 2000–2022: Special Focus on Gender (World Health Organization & United Nations Children's Fund), 2023.
23. INDIA CONST. Arts. 21, 47.
24. Maneka Gandhi v. Union of India, (1978) 1 SCC 248.
25. Paschim Banga, Supra note 9; State of Punjab v. Mohinder Singh Chawla, (1997) 2 SCC 83.

26. Subhash Kumar v. State of Bihar, (1991) 1 SCC 598; A.P. Pollution Control Board II v. Prof. M.V. Nayudu, (1999) 2 SCC 718.
27. Consumer Education & Research Centre v. Union of India, (1995) 3 SCC 42; INDIA CONST. Art. 47.
28. Bandhua Mukti Morcha v. Union of India, (1984) 3 SCC 161; see also INDIA CONST. Art. 21.
29. INDIA CONST. Art. 47; INDIA CONST. Arts. 36–51; State of Kerala v. N.M. Thomas, (1976) 2 SCC 310.
30. INDIA CONST. Seventh Schedule, List II, Entry 6; List I, Entry 66; INDIA CONST. Seventh Schedule.
31. State of Rajasthan v. Union of India, (1977) 3 SCC 592; INDIA CONST. arts. 245–246.
32. INDIA CONST. Arts. 243G, 243W; INDIA CONST. Eleventh Schedule, Entry 23 (Health and Sanitation); Twelfth Schedule, Entry 6 (Public Health, Sanitation Conservancy and Solid Waste Management).
33. Ministry of Panchayati Raj, Government of India. Devolution of Powers to Panchayati Raj Institutions, available at: https://panchayat.gov.in (last visited 8 January 2025).
34. The Environment (Protection) Act, 1986, Preamble; INDIA CONST. Art. 253.
35. The Environment (Protection) Act, 1986, ss. 3, 5.
36. The Solid Waste Management Rules, 2016, (Rule(s). 4–6.
37. Ibid., rr. 11, 15
38. The Bio-Medical Waste Management Rules, 2016, (Rules) 4–5.
39. Ibid., rr. 7–8
40. The Water (Prevention and Control of Pollution) Act, 1974, ss. 3–4.
41. Ibid., ss. 24–25.
42. The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013, ss. 5–6.
43. Ibid., ss. 11–13.
44. Clinical Establishments (Registration and Regulation) Act, 2010.
45. Ibid. Preamble.
46. Ibid., ss. 11–12.
47. The National Medical Commission Act, 2019, Preamble
48. Ibid., ss. 3, 15, 21, 27.
49. The Drugs and Cosmetics Act, 1940, Preamble.
50. Ibid., ss. 18, 27, 33-I.
51. The Epidemic Diseases Act, 1897, ss. 2-2A.
52. Ministry of Health and Family Welfare, Government of India. COVID-19: Acts and Regulations, available at: https://www.mohfw.gov.in (last visited 8 July 2026).
53. The Food Safety and Standards Act, 2006, No. 34 of 2006, Preamble (India)
54. Ibid. 16, 18
55. Ibid. 16-18.
56. Centre for Public Interest Litigation v. Union of India, (2013) 16 SCC 279
57. The National Commission for Allied and Healthcare Professions Act, 2021, No. 14 of 2021, SS. 3, 10 (India).
58. Ibid. 22-30.
59. Government of India. Swachh Bharat Mission: Guidelines, Ministry of Housing and Urban Affairs and Ministry of Jal Shakti, 2014.
60. Governm ent of India. National Health Mission Framework for Implementation (2012–2017), Ministry of Health and Family Welfare.
61. Government of India. Ayushman Bharat: National Health Protection Mission Guidelines, Ministry of Health and Family Welfare, 2018.
62. Paschim Banga, Supra note 9; Constitution of India, Article 21
63. Municipal Council, Ratlam v. Vardhichand, (1980) 4 SCC 162.
64. Virender Gaur v. State of Haryana, (1995) 2 SCC 577.
65. L.K. Koolwal v. State of Rajasthan, AIR 1988 Raj 2.
66. Paschim Banga, Supra note 9.
67. State of Punjab v. Mohinder Singh Chawla, (1997) 2 SCC 83.
68. Consumer Education and Research Centre v. Union of India, (1995) 3 SCC 42.
69. Indian Medical Association v. Union of India, (2024) 8 SCC 46.
70. Rajeeb Kalita v. Union of India, 2025 INSC 75.
71. Government of India. National Health Policy 2017, Ministry of Health and Family Welfare, Government of India.
72. World Health Organization. India: Health System Review, WHO Regional Office for South-East Asia, 2021.
73. Ministry of Health and Family Welfare, Government of India. National Health Mission Framework for Implementation; Ayushman Bharat Guidelines, 2018.
74. Ministry of Health and Family Welfare, Government of India. National Digital Health Blueprint, 2019.
75. World Health Organization. WHO Coronavirus Disease (COVID-19) Response and Health System Preparedness Reports, 2020–2022.