# IMPLENTATION OF LEGAL REFORMS IN MEDICAL FIELD

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**ABSTRACT**

*In a welfare state like ours it is the duty of the Government not only to make legislations but to take effective steps so as to put into action the basic human right of health. The enactment of legal reforms and Governmental measures to provide health services to the people at large. It is essential that various legislations, judicial activism upholding right to health will have to be critically studied in order to know the scope of right to health. The Constitution of India has provisions regarding the right to health. The obligation of the State to ensure the creation and the sustaining of conditions congenial to good health is cast by the Constitutional directives. The state has to direct its policy towards securing that health and strength of workers, men and women, and the caring age of children are not maltreated and that citizens are not forced by economic necessity to enter occupations unsuited to their age or strength and that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and maternal abandonment.*

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**I. Introduction:**

A policy is typically described as a deliberate plan of action to guide decisions and achieve rational outcome(s). It is a guide to action to change what would otherwise occur, a decision about amounts and allocations of resources, the overall amount is a statement of commitment to certain areas of concern.In a welfare state like ours it is the duty of the Government not only to make legislations but to take effective steps so as to put into action the basic human right of health. Medicine is essentially an integral part of human health and equally also science, culture and civilization in every age irrespective of material progress achieved. As medicine, science and technology move forward in the service of humankind, improvement in quality of life will continue to be in problem as it is conditioned by socio-economic factors prevailing in a given country, the concept of universal happiness in the area of health. Health policies and law could be of enormous good to overcome morbidity, suffering and pain of the people at large the world over.Both human rights and health are complementary to each other.

There are several instances where health care policies have troubled human rights and human rights abuses have affected health care. Hence it is therefore very important to create conditions' favorable to health. The study is based on human rights issues relating to health. The researcher has studied various legislative provisions of human rights relating to health at national and international level. The task of the World Health organization and its various objects is studied in detail. The role of Supreme Court in interpreting right to health has been studied and considered to be extremely important in the light of various judicial decisions. Various legislations upholding right to health have been critically studied in order to know the scope of right to health.

**II. Significance of Study:**

A fundamental right to live in clean and healthy environment is given in the constitution itself, but the question is how many people are enjoying this right. A high number of poor, illiterate, rural and marginalized people are still way away from the privilege. This is because of poverty, lack of education, lack of health-care facilities, basic infrastructure and overall social and regional disparity. If people are deprived of their fundamental rights of food, shelter, health, education and medical facilities, then they won't be able to be part of medical development. Ensuring people's participation in decision making that includes the design and implementation of policies affecting their health, improves the access to health care and to reduce the burden of catastrophic health. With technological advancements and proper implementation of related legal reforms, it is possible to create awareness of right to health among people. For any country, right to health is a matter of progressive realization and is essential for the steady progress of the country.

**III. Scope of The Study:**

The scope of the study is that to know the awareness of rights to human health and impact of developments in medical sciences with constitutional law related to rights to human health, technological advancement in medical science and law, justice development in medical field.

**IV. Limitations of the Study:**

Right to health covers a vast array of aspects and each aspect of healthcare can be studied in detail. However due to constraint of time the researcher has limited the area of study and has focused Right to health from a Human Rights approach. The study is limited to the legal principles involved in health as a human rights perspective.

**V. Objectives of Study**:

The researcher would like to rely on the following objectives, to explore various areas of the constitutional law related to rights to human health which incorporates theoretical concepts of law and healthcare services and to give comprehensive and practical approach regarding the technological advancements in medical sciences and law development in medical field and the recent legal challenges due to technological advancements.

**VI. Hypothesis Of Study:**

The researcher has formulated the following hypothesis that there is significance relationship between healthcare techniques due to enforcement of right to health and also due to legal policies and legal reforms in medical field there is positive impact on health care.

**VII. Research Methodology:**

The researcher will use the methodology of Doctrinal Research for the purpose of writing the paper using research library including online access to books, articles etc.

**VIII. Sources of Information:**

For completion of the project researcher would refer the following sources:-

• Publications of IPC, All India Reports, Bulletins, Supreme Court and High court judgments, Occasional publications, etc.

• Various national and international journals, books, Magazines, Newspapers, Reports and websites etc.

• Research library including online access to books, articles etc.

**IX. Pharmaceutical Policy:**

The basic objectives of Government's Policy relating to the drugs and pharmaceutical sector were enumerated in the Drug Policy of 1986. These basic objectives still remain largely valid. However, the drug and pharmaceutical industry in the country today faces new challenges on account of liberalization of the Indian economy, the globalization of the world economy and on account of new obligations undertaken by India under the WTO Agreements. These challenges require a change in emphasis in the current pharmaceutical policy and the need for new initiatives beyond those enumerated in the Drug Policy 1986,

as modified in 1994, so that policy inputs are directed more towards promoting accelerated growth of the pharmaceutical industry and towards making it more internationally competitive. The need for radically improving the policy framework for knowledge-based industry has also been acknowledged by the Government. The Prime Minister's Advisory Council on Trade and Industry has made important recommendations regarding knowledge-based industry. The pharmaceutical industry has been identified as one of the most important knowledge based industries in which India has a comparative advantage.[1]

**X. National Policy on Indian Systems of Medicine & Homoeopathy:**

India possesses an unmatched heritage represented by its ancient systems of medicine which are a treasure house of knowledge for both preventive and curative healthcare. The positive features of the Indian Systems of Medicine, namely, their diversity and flexibility; accessibility; affordability; a broad acceptance by a section of the general public; comparatively low cost; a low level of technological input and growing economic value have great potentials to make them providers of healthcare that the larger sections of our people need a huge infrastructure already exists comprising thousands of hospitals and dispensaries, registered practitioners and twice the number of Indian Systems of Medicine & Homoeopathy colleges as available for allopathy. Although Govt. set up an independent Department in 1995 to give focus to these issues, ISM has not been able to play a significant role in health care delivery services for want of their legitimate involvement in public health programmes. Hence a policy is drawn to gain the significance of Indian systems of medicine and homeopathy[2].

**XI. National AIDS Prevention and Control Policy:**

The Blood Transfusion Service in the country is highly decentralized and lacks many vital resources like manpower, adequate infrastructure and financial base. The main issue, which plagues blood banking system in the country, is fragmented management. The standards vary from State to State, cities to cities and center to center in the same city. In spite of hospital based system, many large hospitals and nursing homes do not have their own blood banks and this has led to proliferation of standalone private blood banks. The blood component production/availability and utilization is extremely limited. There is shortage of trained health-care professionals in the field of transfusion medicine. For quality, safety and efficacy of blood and blood products, well equipped blood centers with adequate infrastructure and trained manpower is an essential requirement. For effective clinical use of blood, it is necessary to train clinical staff. To attain maximum safety, the requirements of good manufacturing practices and implementation of quality system moving towards total quality management, have posed a challenge to the organization and management of blood transfusion service.[3]

**XII. National Health Policy:**

The Government of India came up with a more comprehensive policy called the National Health Policy in the year 2002. The National Health Policy (2002) includes all that is wanted from a progressive document and yet it glosses over the objective of NHP 1983 to protect and provide primary health care to all. Government initiatives in the public health sector recorded some noteworthy successes over time with the help of National Health Policy and programmes undertaken at various levels to ensure health of citizens.

The Constitution of India based on the principles of equality ensured equal treatment to all irrespective of any discrimination. The same is very difficult to be achieved when we talk about health care services. This shows that people belonging to SC, ST and other disadvantaged groups are at a more vulnerable position as compared to others. The policy statement of 2002 had a focus on the current scenario. It was mentioned by the policy makers that the state of public health infrastructure was far from satisfactory, furthermore it was accepted that for the outdoor medical facilities, funding was insufficient; the presence of medical and Para-medical personnel was much less than that required by prescribed norms; the availability of consumables was negligible; the equipment's in many public hospitals were obsolescent

[1] Pharmaceutical Policy 2002:

[2] National Policy on Indian Systems of Medicine & Homoeopathy 2002:

[3] National AIDS Prevention and Control Policy:

and unusable; and, the buildings were in a dilapidated state. In the indoor treatment facilities, again, the equipment's were obsolescent; the availability of essential drugs was minimal; the capacity of the facilities was grossly inadequate, which leaded to over-crowding, and consequentially to a steep deterioration in the quality of the services. It was also acknowledged that the medical education system was not much satisfactory and the quality of education was highly uneven and in several instances even sub-standard. The need for the specialists in public health and family medicine was desired. Information, education and communication were the fore front areas whereby the health facilities can be better improved. It was accepted that health research facilities in the country had been very limited. The role of private sector was emphasized that contributed significantly to secondary level care and tertiary care. Though private sector was perceived to be financially exploitative but people always preferred to incline towards it. Some other areas where there was a dire need of improvement as suggested in the policy statement were women's health, medical ethics, enforcement of quality standards for food and drugs, regulation of standards in paramedical disciplines, environmental and occupational health, providing medical facilities to users from overseas, the impact of globalization on the health sector, inter-sect oral contribution to health, population growth and health standards, alternative systems of medicine etc. [4]

The National Policy on Health, 2002 was executed with the following objectives that to achieve an acceptable standard of good health amongst the general population of the country, overriding importance would be given to ensuring a more equitable access to health services across the social and geographical expanse of the country, to increased access to tried and tested systems of traditional medicine will be ensured. It is expected that this initiative will strengthen the capacity of the public health administration at the State level to render effective service delivery; importance will be given to increasing the aggregate public health investment through a substantially increased contribution by the Central Government. To come up with increase access to the decentralized public health system by establish new infrastructure in deficient areas, and by improvement the infrastructure in the existing institutions. The contribution of the private sector in providing health services would be much better, particularly for the population group which can afford to pay for services, predominance will be given to preventive and first-line curative initiatives at the primary health level through increased sect oral share of allocation and importance will be laid on balanced use of drugs within the allopathic system.

The fourth point of the National health policy 2002 prescribes its policy towards various aspects like, Financial resources; Equity; Delivery of national public health programmes; The state of public health infrastructure; Extending public health services; Role of local self-government institutions; Norms for health care personnel; Education of health care professionals; Need for specialists in 'public health' and 'family medicine'; Nursing personnel; Use of generic drugs and vaccines; Urban health; Mental health; Information, education and communication; Enforcement of quality standards for food and drugs; Regulation of standards in paramedical disciplines; Environmental and occupational health; Providing medical facilities to users from overseas; Impact of globalization on the health sector; Health research; Role of the private sector; The role of civil society; National disease surveillance network; Health statistics; Women's health; Medical ethics. Some of the key points of summation as laid down by the policy are as follows:-

The National Health Policy, 2002 does not claim to be a road map for meeting all the health needs of the populace of the country because the health needs of the country are enormous and the resources limited. So the policy has to make choices between priorities and operational options. It focuses on the need for enhanced funding and an organizational restructuring of the national public health initiatives in order to facilitate more equitable access to the health facilities, macro-policy prescriptions laid down in this document, governments and private sector programme planners will have to design separate schemes, tailor-made to the health needs of women, children, geriatrics, tribal and other socio-economically under-served sections.

The Policy highlights the expected roles of different participating groups in the health sector. Apart from the role that the central Government has to guarantee in assisting public health programmes, the need for the delivery of public health services by the State administration, NGOs and other institutions of civil society has been emphasized. It agree to the fact that the health levels significantly depends on population stabilization but at the same time complementary efforts are much needed in other areas of

[4]National Health Policy in the year 2002.

social sectors like improved drinking water supply, basic sanitation, minimum nutrition etc.

The need to ensure 'equity' in the health sector is well recognized in NHP 2002, and so a marked emphasis has been provided in the policy for expanding and improving the primary health facilities. It emphasizes the role of more empathetic and committed service providers in private and public sectors for the significant improvement in the quality of health services. The National Health Policy is concluded with the words that in the area of public health, an improved standard of governance is a prerequisite for the success of any health policy.

**XIII. Reports of various Committees formed for public health:**

After Independence, India adopted the welfare state approach, which was leading worldwide at that time. As with most post-colonial nations, India too attempted to restructure its patterns of investment. During that time, India's leaders envisaged a national health system in which the State would play a leading role in determining priorities and financing, and provide services to the population. Hence the government has from time to time set up number of committees to ensure public health. The recommendations given by the committees made to improve the public health system in India. The following are the major committees formed and established to look into the public health matter.

The emphasis of the first health report, i.e. the Health Planning and Development Committee's Report, 1946 (popularly known as the Committee Report) on the role of the State was explicit. The committee recommended on several aspects for the improvement in the public health sphere. It considered that the health programme in India should be developed on a foundation of preventive health work and proceeds in the closest association with the administration of medical relief. The Committee strongly recommended that health services system should be based on the needs of the people, the majority of whom were deprived and poor. It felt the need for developing a strong basic health services structure at the primary level with referral linkages. It was decided that medical benefits would have to be supplied free to all at the point of delivery and those who could afford to pay should channel contributions through the mechanism of taxation. The governments have to decide for future to decide ultimately whether medical service should remain free to all classes of the people. One of the remarkable recommendations of the Committee was to act out Public Health Act that aimed for the codification of all health laws, incorporate new provisions and make amendments under the legislations to meet the needs of the society, formulation of health care plans and the most important was to legalize the self-regulatory medical councils

The National Planning Committee (NPC) set up by the Indian National Congress in 1938 stated that the maintenance of the health of the people was the responsibility of the State, and the integration of preventive and curative functions in a single state agency was emphasized. It stressed on the need of better public health facilities.

The concern of the Health Survey and Planning Committee was limited to the development of the health services infrastructure and the health care at the primary level. It felt the growth of infrastructure needed to be change and further investment. The committee also brought a detailed report on the status of health care in India. It strongly recommended to implement a comprehensive Public Health Act and in furtherance to it drafted a Model Public Health Act. The recommendations of this committee were taken into consideration by the government in formulation of various public health policies.

The fact that a move towards articulating a national health policy that was thought of as an important step to realize the Alma Ata Declaration. It was realized that one had rearticulate and get back into track an integrated and health system that policy-makers had wavered from. It reiterated the need to integrate the development of the health system with the overall plans of socioeconomic and political change. It recommended that the Government formulate a comprehensive national health policy dealing with all dimensions-environmental, nutritional, educational, socioeconomic, preventive and curative.[5]

The main concern of the committee was the nursing profession. It pointed out major lacunae and that was the ineffectiveness of Nursing Council to stop unqualified non-registered nurses in private nursing homes from practicing or to deregister nurses who violate its code of guidelines.

[5] ICMR/ICSSR Report (1980)

A very brief overview of first five year plan to tenth five year plan in the public health sector is given herewith to know the gradual progress in the sphere of providing public health care.[6] The objectives of the First (1951-56) and Second Five-Year (1956-61) Plans were to develop the basic infrastructure and manpower visualized by the Bhore Committee. Though health was seen as fundamental to national progress, less than 5% of the total revenue was invested in health. The following priorities formed the basis of the provision of water supply and sanitation; control of malaria; preventive health care of the rural population through health units and mobile units; health services for mothers and children; education, training and health education; self-sufficiency in drugs and equipment; family planning and population control. Starting from the first plan, vertical programmes started, which became the centre of focus. The Malaria Control Programme, which was made one of the principal programmes, apart from other programmes for the control of TB, filariasis, leprosy and Venereal diseases, was launched. Health personnel were to take part in vertical programmes.[7] However, the first plan itself failed to create an integrated system by introducing verticality. Another major shift came in the Third Plan, when family planning received priority for the first time. Increase in the population became a major worry and was seen as a hurdle to the development process. Although the broad objective was to bring about progressive improvement in the health of the people by ensuring a certain minimum level of physical wellbeing and to create conditions favorable for greater efficiency, there was a shift in focus from preventive health services to family planning[8]. During the Fourth Plan efforts were made to provide an effective base for health services in rural areas by strengthening the PHCs. The vertical campaigns against communicable diseases were further intensified[9]. During the Fifth Plan policy-makers suddenly realized that health had to be addressed alongside other development programmes. The Minimum Needs Programme (MNP) promised to address all this but became an instrument through which only health infrastructure in the rural areas was to be expanded and further strengthened.[10] It called for integration of peripheral staff of vertical programmes but the population control programme got further impetus during the Emergency and most of the basic health workers got sucked into the family planning programme.[11] The Sixth Plan was influenced by two policy documents: the Alma Ata Declaration and the ICMR/ICSSR report on' Health for All by 2000'.[12]The Seventh Plan restated that the rural health programme and the three-tier health services system need to be strengthened and that the government had to make up for the deficiencies in personnel, equipment and facilities.[13] The Eighth Plan distinctly encouraged private initiatives, private hospitals, clinics and suitable returns from tax incentives. With the beginning of structural adjustment programmes and cuts in social sectors, excessive importance was given to vertical programmes such as those for the control of AIDS, tuberculosis, polio and malaria funded by multilateral agencies with specified objectives and conditions attached.[14] Both the Ninth and the Tenth Five-Year Plans start with a dismal picture of the health services infrastructure and go on to say that it is important to invest more on building good primary-level care and referral services. Both the plans highlight the importance of the role of decentralization but do not state how this will be achieved.[15]

**XIV.Eleventh five year plan:**

The eleventh five year plan in its health and famil y welfare plan recognizes health of a nation to be an essential component of development, vital to the nation's economic growth and internal stability. It further laysdown that assuring a minimal level of health care to the population is a critical constitution of the development process. It vision for health lays down that it will provide an opportunity to restructure policies to achieve a New Vision based on faster, broad-based, and inclusive growth. One objective of the Eleventh Five Year Plan is to achieve good health for people, especially the poor and the underprivileged.

[6] (1951-56) to (2002-2007)
[7]First Five-Year Plan:
[8](1961-66)
[9](1969-74)
[10](1974-79),
[11](1975-77)
[12](1980-84)
13 (1985-90)
[14](1992-97)
[15](1997-2002)(2002-2007)

In order to do this, a comprehensive approach is needed that encompasses individual health care, public health, sanitation, clean drinking water, access to food, and knowledge of hygiene, and feeding practices. The Plan will facilitate convergence and development of public health systems and services that are responsive to health needs and aspirations of people. Importance will be given to reducing disparities in health across regions and communities by ensuring access to affordable health care.

It is further reiterated in the eleventh plan that special attention will be given to the health of marginalized groups like adolescent girls, women of all ages, children below the age of three, older persons, disabled, and primitive tribal groups. It will view gender as the cross-cutting theme across all schemes.

In order to achieve these objectives, aggregate spending on health by the Centre and the States will be increased significantly to strengthen the capacity of the public health system to do a better job. The Plan will also ensure a large share of allocation for health programmes in critical areas such as HIV/AIDS. The contribution of the private sector in providing primary, secondary, and tertiary services will be enhanced through various measures including partnership with the government. Good governance, transparency, and accountability in the delivery of health services will be ensured through involvement of PRIs, community, and civil society groups. [16]

**XV. National Rural Health Mission:**

The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

The National Rural Health Mission seeks to provide effective healthcare to rural population throughout the country with special focus on 18states, which have weak public health indicators and/or weak infrastructure. These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.

The plan of action has been articulately laid down with special provision that reorientation of health/medical education to support rural health issues has been give emphasis to, the sub centers to be strengthened by adequate provision of essential drugs. Mission aims at Strengthening PHC for quality preventive, primitive, curative, and supervisory and Outreach services by adequate drugs, equipments and 24 hour staff personnel. New health financing mechanisms shall be formed assigning the work to a task group to examine the same. District Health Plan would be an amalgamation of field responses through Village Health Plans, State and National priorities for Health, Water Supply, Sanitation and Nutrition. Health Plans would form the core unit of action proposed in areas like water supply, sanitation, hygiene and nutrition. Disease control programmes to be strengthened and new initiatives to be launched for control of non-communicable diseases. Disease control programmes to be strengthened and new initiatives to be launched for control of non-communicable diseases. It also focuses on strengthening the Community health Centers for first referral care and adequate sanitation and hygiene is also to be provided for better health care.[17]

**XVI. National Health Policy**

The Constitution of India has certain goals based on the principle of equality, freedom, justice and dignity of the individual. The Directive Principles of State Policy under Part IV aims at the elimination of poverty, ignorance and ill-health and directs the State to regard the raising of the level of nutrition and the standard

[16] Eleventh five year plan (2007-2012):
[17] National Rural Health Mission 2005- 2012:

of living of its people and the improvement of public health as among its primary duties, securing the health and strength of workers, men and women, specially ensuring that children are given opportunities and facilities to develop in a healthy manner.

In all the successive Five Years Plans, health care has been in the forefront. With a view to have an integrated comprehensive approach towards the future development of medical education, research and health services that serves the actual health needs and priorities of the country The National Health Policy for the first time was evolved in the year 1983.

The need for evolving a health policy in 1983 was stimulated as India was committed for attaining the goal of "Health for All by the Year 2000"given by the World health Organization. Hence for the attainment of this goal this policy statement was made considering a large variety of inputs into health. The policy emphasized upon some the following strategies that, Medical and health Education. Need for providing primary health care with special emphasis on the preventive, primitive and rehabilitative aspects. Re-orientation of the existing health personnel.Practitioners of indigenous and other systems of medicine and their role in health care.[18]

The National Population Policy 2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the TFR to replacement levels by 2010, through vigorous implementation of inter sect oral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

The Persons with Disabilities face dual challenge of marginalization on account of normal socio-economic changes as well as on account of their physical and mental condition; they often start life with little access to opportunities and continue in the same state throughout their lives. Hence, there is a need for a policy framework, which protects their rights and provides them equal opportunity to participate fully in the society and enhance their dignity and self-respect, under the "National Policy for Persons with Disabilities."[19]

The Constitution of India provide that the State shall promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice- social, economic and political shall inform all the institutions of the national life then, proceeds to particularize some of the methods by which the object of general welfare, through justice, can be obtained and the basis of the new social order established.

This article finds adequate support from the provisions of subsequent articles for bringing about what Prime Minister Nehru described in Parliament as a "casteless and classless society" through the "peaceful and co-operative method". State shall secure for raising the level of nutrition and the standard of living, and the improvement of public health. adequate means of livelihood for all citizens, men and women equally; distribution of wealth so as to sub serve the common good; the operation of the economic system which does not result in the concentration of wealth and means of production to the common detriment; equal pay for equal work for both men and women; protection of adult and child labour; protection of child and youth against exploitation against moral and material abandonment; provision for work and education for all people, relief in case of unemployment, old age, sickness and disablement and in other cases of undeserved man; just and human conditions of work and maternity relief; A living wage and decent conditions of work so as to ensure to the workers sufficient leisure and enjoyment of social and cultural opportunities; free and compulsory education for all children until they reach the age of fourteen years;[20]

**XVII. Conclusion:**

The overall of plans and policy reports laid down the following conclusion that

The health reports and plans mostly concentrated on building the health services infrastructure and even this lacked a sense of integration. The delineate of plan documents and their implementation have been

[18]National Health Policy 1983:
[19]The National Population Policy 2000
[20]Article 38 and Article 39, of Indian Constitution

incremental rather than being holistic.

State should take meaningful decision to promoting the health care to the people but certain groups like the health professional associations such as medical associations; those providing health care like medical professionals; those involved in service delivery like medical representatives; health authorities both governmental and nongovernmental; health promotion groups like NGOs providing health related education, working in sexual and reproductive health, HIV/AIDS and mental health; community health care groups, advocates for patients' rights and anti-smoking organizations. Trade unions, consumer protection agencies and religious groups may also contribute towards providing health issues etc.

All groups should mainly focus health in accord with human rights, humanitarian assistance, sustainable development, domestic violence, education and the environment in which they live. The healthcare services provided by all of the above groups should mainly focus on the poor, vulnerable or otherwise disadvantaged group like women, children, adolescents, aged persons, refugees, asylum seekers, minority groups suffering from discrimination, indigenous peoples, persons with disabilities, victims of communal violence and victims of natural calamities.

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