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Avinash Kumar



Avinash Kumar has completed his Ph.D. in International Investment Law from the Dept. of Law & Governance, Central University of South Bihar. His research work is on "International Investment Agreement and State's right to regulate Foreign Investment." He qualified UGC-NET and has been selected for the prestigious ICSSR Doctoral Fellowship. He is an alumnus of the Faculty of Law, University of Delhi. Formerly he has been elected as Students Union President of Law Centre-1, University of Delhi. Moreover, he completed his LL.M. from the University of Delhi (2014-16), dissertation on "Cross-border Merger & Acquisition"; LL.B. from the University of Delhi (2011-14), and B.A. (Hons.) from Maharaja Agrasen College, University of Delhi. He has also obtained P.G. Diploma in IPR from the Indian Society of International Law, New Delhi. He has qualified UGC – NET examination and has been awarded ICSSR – Doctoral Fellowship. He has published six-plus articles and presented 9 plus papers in national and international seminars/conferences. He participated in several workshops on research methodology and teaching and learning.

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SAFEGUARDING RIGHT TO HEALTH DURING COVID 19 IN INDIA: A CRITICAL STUDY¹

AUTHORED BY - SMITA MANE SINDHE

1. Introduction

The Coronavirus disease 2019 resulted in a global pandemic and health crisis, causing severe illness and death. This natural disaster affects economic growth and changes human behavior. Meanwhile, the right to health is the right to the enjoyment of the highest attainable standard of health. The right to health is one of the fundamental rights and internationally agreed human rights standards. The right to health can protect people from diseases or illness. People can have access to health services when they are sick. However, the right to health still needs further interpretation or development. Since COVID-19 affects all people around the world, it should be used to interpret or develop the right to health. This Article will explore the further definition of the right to health based on the COVID-19 pandemic. In particular, this Article will address how the right to health is interpreted or developed by the COVID-19 pandemic.²

The right to health is inherent to the right to life. COVID-19 is testing to the limit States' ability to protect the right to health. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. Everyone, regardless of their social or economic status, should have access to the health care they need. Historic underinvestment in health systems has weakened the ability to respond to this pandemic as well as provide other essential health services. COVID-19 is showing that universal health coverage (UHC) must become an imperative. Those States with strong and resilient healthcare systems are better equipped to respond to crises. Health-care systems all around the world are being stretched, with some at risk of collapse.³

The National Human Rights Commission in its advisory titled "Advisory on Right to Health in

¹ Smt. Smitha Mane Sindhe, Research Scholar, P.G. Department of Studies in Law, Karnatak University, Dharwad,

² Kitsuron Sangsuvan, "The Right to Health in Covid 19" Vermont Law Review, Vol 47:072, 2022) available at https://lawreview.vermontlaw.edu/wp-content/uploads/2023/03/05_Sangsuvan_Book1_Final-copy.pdf visited on 23.01.2025

³ United Nations report on "Human Rights are critical-for the response and the recovery" April 2020, available at <https://unsdg.un.org/sites/default/files/2020-04/COVID-19-and-Human-Rights.pdf> visited on 23.01.2025

Context of Covid 19” had noted that covid 19 had adversely impacted the treatment of person suffering from tuberculosis, cancer and other fatal diseases. This advisory had guidelines to be followed by the healthcare sector. it included free access to healthcare facilities, right to information of the patient etc. Lives are lost from the lack of oxygen, but the state's failure in delivering adequate healthcare at no cost or at a reasonable cost may damage people's trust in the system, which is far more deadly and widespread. Courts have recognized right to health as a fundamental right and the distinguishing feature of fundamental right is that it can be enforced against the state. The non accessibility to basic healthcare facilities violated the right to health of the citizens.

2. Scope of the Study:

This study critically examines the legal, institutional, and policy measures adopted to safeguard the **Right to Health** during the COVID-19 pandemic in India. The scope of the study encompasses the analysis of constitutional provisions, legislative frameworks, judicial responses, and executive actions taken to address the health crisis that unfolded due to the pandemic. The research focuses on the following key areas:

1. Constitutional and Legal Framework

- (a). Examination of the Right to Health as interpreted under Article 21 of the Indian Constitution.
- (b). Evaluation of relevant Directive Principles of State Policy (e.g., Articles 38, 39, 41, 42, 47) in the context of public health.

2. Government Measures and Health Infrastructure

- (a). Analysis of policies, guidelines, and emergency laws enacted or enforced, such as the Epidemic Diseases Act, 1897, and the Disaster Management Act, 2005.
- (b). Study of the adequacy and accessibility of health infrastructure, including hospitals, testing centers, quarantine facilities, and vaccination drives.

3. Judicial Interventions and Human Rights Concerns

- (a). Review of Supreme Court and High Court judgments that protected or clarified health rights during the pandemic.
- (b). Issues relating to inequality in healthcare access, especially for marginalized communities, migrant workers, and economically disadvantaged populations.

4. Impact on Vulnerable Groups

- (a). Special emphasis on the health rights of women, children, elderly persons, people with disabilities, and frontline workers.

- (b). Challenges of access to maternal healthcare, mental health support, and emergency services during lockdowns.

5. Policy Gaps and Accountability Mechanisms

- (a). Assessment of coordination between Union and State governments and the role of local bodies.
- (b). Evaluation of transparency, accountability, and public participation in decision-making during the health emergency.

6. Comparative and International Dimensions

- (a). Brief comparison with international health rights standards and practices adopted in other jurisdictions.
- (b). Role of India's international commitments, such as those under the ICESCR and WHO guidelines.

This study is limited to the Indian context but includes relevant comparative insights for broader understanding. It primarily covers the period from Jan 2020 to Jan-2023, the most critical phases of the pandemic in India.

3. Right to Health Care Service and the Constitution of India

According to the WHO, "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease. It is the state legal obligation to ensure uniform access to timely, acceptable, and affordable health care of appropriate quality as well as to provide for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality to all its people." Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) has recognized the right to health as a basic human right. It provides that "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This right is guaranteed in many ways under the Indian Constitution although it is not directly provided in the constitution but is inferred from other rights especially the right to life under article 21⁴

Law has always been instrumental in reforming a society. Law plays a significant and structural role in public health achievements. It creates specific frameworks to address the issues. Moreover, with the adoption of human rights, the right to health has been recognized as an

⁴ Amardeep "Covid 19 Pandemic and Human Rights in India: A Study" Vishwakarma University Law Journal, Vol. II Issue (June 2022) accessed at <https://vulj.vupune.ac.in/archives2/9.pdf> visited on 25.01.2025

inherent human right. The right to healthcare has been a progressive realization of it through codified constitutional and legal rights. The right to public health has been recognized as a fundamental right in many welfare states around the world. The Universal Declaration of Human Rights (UDHR, 1948) is regarded as the first international legal framework in outlining the scope of right to healthcare, The principle of socialism in a welfare state aims at all round development of the people including improvement of public health. The Preamble to the Constitution of India strives for a welfare state with a socialistic pattern of society. The right to health is a fundamental one as it enables an individual to enjoy all the other rights. Article 21 guarantees the right to life and personal liberty. The Directive Principles of State Policy (DPSP) explicitly speak on the health and well-being of people. Article 39(e) talks about the duty of the state towards the health of men, women and children who are working as laborers. Article 42 provides for just and humane conditions of work and maternity relief.

It further provides that the State shall make provisions for securing just and humane conditions of work and for maternity relief. Article 47 imposes obligations on state to raise the level of nutrition and the standard of living and to improve public health. The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health among its primary duties and, in particular, the state shall endeavour to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health. Article 48 and 51A refer to the preservation and improvement of healthy environment which is crucial for the improvement of health of all living beings.

However, since DPSPs are non-enforceable as declared under Article 37 and this has narrowed the scope for enforcing the DPSPs through judicial interventions although these principles are fundamental in the governance of the country and the state is duty bound to apply these principles while formulating laws. The pandemic in India has been dealt within the purview of the Epidemic Diseases Act 1897 which was enacted by the colonial government to tackle the outbreak of bubonic plague (also known as Bombay Plague Epidemic). The bubonic plague led to the death of many people within a short period of time. Since independence, India has witnessed many other major health crises like outbreak of Cholera, Chikungunya, H5N1 Influenza, Nipah virus, and Japanese Encephalitis. In all these cases, the Epidemic Diseases Act 1897 was used repeatedly. This Act empowers both the Central and State Governments to take special measures and prescribe relevant regulations regarding the tacking of epidemic

diseases⁵

4. Impact of Covid 19 on health care system in India

Despite an extensive healthcare system in India, the COVID-19 Pandemic created havoc upon the existing Indian healthcare system by disrupting the supply of essential healthcare services to patients. It has also highlighted the significant-quality discrepancies of healthcare facilities between the rural-urban areas and between public and private healthcare providers. The not so advanced healthcare system of India was exposed through the lack of oxygen and essential drugs required for the treatment of COVID-19. Additionally, during the pandemic period there was a drastic decline in seeking non-COVID-19 disease related healthcare services.

India, the second most populous country in the world has been severely impacted by the ongoing COVID-19 pandemic since its emergence. COVID-19 has impacted every sector in the country including healthcare. Indian healthcare system crumbled under the massive burden of the global pandemic highlighting the gaps and challenges in the existing health delivery system.⁶ The following factors are demonstrate about impact assessment on various sectors,

(a) *Hospital Beds and Infrastructure:*

The COVID-19 pandemic significantly impacted hospital bed capacity and infrastructure globally. Hospitals faced unprecedented surges in-patient admissions, leading to shortages and overcrowding, particularly in intensive care units (ICUs). The pandemic also exposed weaknesses in healthcare infrastructure, including inadequate staffing, limited oxygen supplies, and a lack of specialized equipment. In India the capacity of hospital beds available per 1,000 people as per 2020 is 0.5 beds,⁷ and globally an average of 2.9 beds per 1,000,⁸ Intensive Care Units (2020) calculated about 95,000 ICU beds for a populations of over 1.3 billion (only 5-8% had ventilators)

⁵ Mazumdar, Azim Hussain (2021) "Impact of COVID-19 and Right to Healthcare: The Legal Dimensions of Public Health Issues in India," Journal of Law and Public Policy: Vol. 7: Iss. 1, Article 10. Available at: <https://repository.nls.ac.in/jlpp/vol7/iss1/10>

⁶ Megha Kapoor et, al., "Impact of Covid 19 on healthcare system in India: A systematic review" Journal of Public Health Research 2023 Jul 13;12(3): 22799036231186349. doi: [10.1177/22799036231186349](https://doi.org/10.1177/22799036231186349) available at <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10345816/> visited on 20.01.2025

⁷ World Health Organisation (WHO) report on Harmonization of Purchasing functions of Health Insurance Schemes in association with National Health Mission, Government of India, 2022, available at <https://iris.who.int/bitstream/handle/10665/363945/9789290229148-eng.pdf?sequence=1> visited on 23.02.2025

⁸ Waleed Kattan and Noor Alshareet, 2022 on hospital bed distribution in Saudi Arabia : Evaluating needs to achieve global standards, available at BMC Health Serv Res. 2024 Aug 8;24:911. doi: [10.1186/s12913-024-11391-4](https://doi.org/10.1186/s12913-024-11391-4) visited on 19.01.2025

(b) Testing and Vaccination:

The Government of India, had been initiated the first step towards timely identification, prompt isolation & effective treatment, higher testing also results in limiting the spread of infection. Keeping the focus on “**Test, Track and Treat**” strategy, India has tested nearly 3.7 crore cumulative COVID-19 samples so far. With India’s strong resolve to rapidly increase the number of daily tests, the cumulative testing as on date has reached 3,68,27,520., Starting from a single lab at Pune, India’s testing lab network has seen a substantial widening with total of 1524 labs today. The 986 labs in the government sector and 538 private labs include

(a). **Real-Time RT PCR** based testing labs: 787 (Govt: 459 + Private: 328)

(b). **True Nat** based testing labs: 619 (Govt: 493 + Private: 126)

(c). **CBNAAT** based testing labs: 118 (Govt: 34 + Private: 84)⁹

Finally, Total vaccine doses administered (as of July 2022): Over 2.0 billion, fully vaccinated population by July 2022: 67% of total population.

(c) Inequality in Access to Health Care

At its core, vaccination represents an individual intervention, wherein understanding risks and benefits, and providing informed consent are important. These legal and ethical issues lie at the intersection of science, law, ethics and public health and have been the subject of crucial cases before the Supreme Court (SC) and the High Court’s (HC). The SC, in particular, has passed two important judgments relating to COVID-19 vaccines. In a suo-moto writ petition, *Distribution of Essential Supplies and Services During Pandemic*, the SC in a series of orders examined vaccine availability and access from the perspective of the rights to health, life and equality.

In *Jacob Puliyel v Union of India*,¹⁰ it examined issues related to the right to privacy and bodily integrity in the context of public health as well as concerns with transparency in vaccine approvals and the reporting of adverse events. In both cases the SC held that while it would normally defer to the executive in matters of policy making, it had the jurisdiction to review those policies in case of violations of fundamental rights. In the ongoing case of *Rachna Gangu v Union of India*,¹¹ the Supreme Court may also

⁹ Ministry of Health and Family Welfare, Government of India, “Test, Tract, Treat Strategy, India, posted on Posted On: 25 AUG 2020 1:22PM by PIB Delhi, available at <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1648431> visited on 24.03.2025

¹⁰ *Jacob Puliyel v Union of India* 2022 SCC OnLine SC 533.

¹¹ *Rachana Gangu v Union of India* 2022 SCC Online SC 1125.

examine in greater detail the issue of informed consent and of government responsibility for compensating those who suffer from adverse effects of vaccination.¹²

(d) Public vs Private Health care infrastructure during Covid 19 in India

As India is in the midst of a second surge of Covid-19, it is once more facing the consequences of privatised provisioning of healthcare services during a healthcare emergency. With the daily increase in cases, the shortage of beds is getting more acute. Patients are being harassed from the point of admission, through treatment, to their release especially in public sector owned hospitals.

During the same period, the share of private players significantly expanded in breadth and depth through venture capital, private equity funds, external commercial borrowings, and investment by high net worth individuals increasing the role of private financial markets in healthcare. The presence of private financial markets is now felt beyond the metropolitan cities, in the Tier II and III cities They have significantly added to the number of beds, specialized clinical services and diagnostic capacities in these cities. Multi-specialty hospitals have expanded their network and outreach through primary healthcare clinics. Single speciality service providers have also expanded into fields like nephrology and eye care

In India, there are around 19 lakh hospital beds, 95,000 ICU beds and 48,000 ventilators. However, the majority of these services are concentrated in the private sector and in seven states. This inequitable distribution of facilities in the public and private sector distorts access to and availability of services, the table demonstrate the information regarding **Public and private healthcare infrastructure in India 2020**.

SL no	India	Public Sector	Private Sector	Total
1	Number of Hospitals	25,778	43,487	69,265
2	Number of Hospital beds	7,13,986	11,85,242	18,99,228
3	ICU Beds	35,699	59,262	94,961
4	Ventilators	17,850	29,631	47,481 ¹³

¹² Kajal Bhardwaj and Veena Johari, 'COVID-19 Vaccines in India: Judicial Blind Spots in upholding the Right to Health' (2022) 18(2) Socio-Legal Review 119, available at <https://doi.org/10.55496/EONP8082> visited on 19.01.2025

¹³ Bijoya Roy "Commercialization of Healthcare in India: Covid 19 and beyond" Indian Journal of Medical Ethics, available at, <https://doi.org/10.20529/IJME.2021.044> last visited on 20.01.2025

5. Emerging Medico-Legal issues during Covid-19

With no public health law in place, India is fighting COVID-19 Pandemic using a 123-year-old Epidemic Diseases Act, an older still Indian Penal Code of 1860 vintage, and a recent Disaster Management Act of 2005. Besides these, there are 483 notifications issued by the Government related to COVID-19 since January 17, 2020 till April 19, 2020. Over and above, these are various orders, guidelines, and rules made by various state governments and local authorities.

Many of these are conflicting and are creating confusion even for doctors. Some doctors have had FIR (first information report) lodged against them for allegedly not complying with orders of local authority. Hospitals have been closed if a patient or staff is found to be COVID-19 positive. Though a state of emergency has not been declared yet but expanding the scope of “Internal Disturbances” suspension of Article 19 of Indian Constitution would be the next step if the COVID-19 is not contained by measures taken so far.¹⁴

Medico-legally, it is known that confidentiality and maintaining professional secrecy are main principles in the relationship between physician and patient during physical examination wherein it is prohibited for the physician to disclose the professional secret such as publishing the patient’s name or any information belong his condition to maintain his privacy. But there is a medico-legal exception for the above mentioned medical ethics rules in the cases of COVID -19 infection because it is permitted for the physician to disclose the professional secret and notify the public authority and the relatives about the condition of the patient for the quarantine to prevent the spread of infection. Noteworthy, this exception is applied for all the cases of infection.¹⁵

6. Mental Health and Public Health Burden during Covid-19 in India

Evidence suggests the pandemic and associated PHSMs have led to a worldwide increase in mental health problems, including widespread depression and anxiety. People living with pre-existing mental disorders are also at greater risk of severe illness and death from COVID-19

¹⁴ Neeraj Nagpal, Emerging Medical –Legal Issues Novel to Covid Era, Journal of Digestive Endoscopy, 2020, Vol, 11 (01): 87-88, DOI: 10.1055/s-0040-1712546 available at <https://www.thieme-connect.de/products/ejournals/abstract/10.1055/s-0040-1712546> visited on 21.01.2025

¹⁵ Elsharma, Medica-Legal aspect of emerging during Covid 19outbreak, International Journal of Forensic Sciences, Vol,5, Issue, 4 2020, available at, <https://medwinpublishers.com/IJFSC/medico-legal-aspect-of-emerging-issues-during-covid-19-outbreaks.pdf> visited on 24.02.2025

and should be considered a risk group upon diagnosis of infection. Overall, data indicated that suicide rates in most countries did not rise early in the pandemic.

However, there were indications of increased risk in young people and the longer-term impact of the pandemic and associated economic recession on mental health and suicide rates remains a concern, given the well-recognized link between suicidal behaviours and economic hardship. Finally, before COVID-19, only a minority of people with mental health problems received treatment. Studies show that the pandemic has further widened the mental health treatment gap, and outpatient mental health services have been particularly disrupted.¹⁶

7. Conclusion

The COVID-19 pandemic laid bare the strengths and shortcomings of India's healthcare system, bringing the Right to Health into sharp focus. While the Indian Constitution does not explicitly enumerate the Right to Health as a fundamental right, judicial interpretations under Article 21 have long established it as integral to the Right to Life. However, the pandemic exposed serious gaps in access, infrastructure, preparedness, and equity in health services across the country. The Government responses included emergency health regulations, expansion of testing and vaccination programs, and the use of digital platforms like Aarogya Setu. Yet, systemic issues—such as inadequate funding, regional disparities, overwhelmed public hospitals, and the marginalization of vulnerable populations—hampered the effectiveness of these measures. The crisis underscored the urgent need for a rights-based, inclusive, and resilient healthcare system.

This critical study reveals that safeguarding the Right to Health in times of crisis requires more than temporary responses. It demands sustained political commitment, investment in public health infrastructure, greater accountability, and legislative backing that guarantees healthcare as a justiciable right. Moving forward, embedding the Right to Health within the constitutional framework and policy architecture is essential to ensure equitable and accessible healthcare for all, especially during national emergencies like pandemics.

¹⁶ World Health Organisation, scientific brief March 2022, report on, Mental Health and Covid 1: Early evidence of the pandemic's impact, available at <https://iris.who.int/bitstream/handle/10665/352189/WHO-2019-nCoV-Sci-Brief-Mental-health-2022.1-eng.pdf> visited on 24.01.2025

8. Bibliography: (MLA 9th Edition Style)

1. Basu, Durga Das. *Introduction to the Constitution of India*. LexisNexis, 2020.
2. Bhuyan, Dilip Kumar. "Health Rights of Citizens in India and the COVID-19 Pandemic." *International Journal of Law Management & Humanities*, vol. 4, no. 6, 2021, pp. 232–239.
3. Chandrakant, Lahariya. "Strengthening Public Health Systems in India: A Call to Action in the Context of COVID-19." *The Indian Journal of Medical Research*, vol. 151, no. 5, 2020, pp. 395–398. DOI:10.4103/ijmr.IJMR_2067_20.
4. Government of India. *National Health Policy 2017*. Ministry of Health and Family Welfare, 2017, <https://main.mohfw.gov.in>.
5. Jain, M.P. *Indian Constitutional Law*. LexisNexis, 2021.
6. Mehrotra, Surya. "Right to Health in the Time of Pandemic: An Indian Constitutional Perspective." *Journal of the Indian Law Institute*, vol. 62, no. 2, 2020, pp. 125–139.
7. Ministry of Health and Family Welfare. *Guidelines for COVID-19 Management in India*. Government of India, 2020, <https://www.mohfw.gov.in>.
8. Office of the United Nations High Commissioner for Human Rights. *COVID-19 and Human Rights: We Are All in This Together*. United Nations, 2020, <https://www.ohchr.org>.
9. Rajagopal, Krithika. "Health Equity in India: Lessons from the COVID-19 Pandemic." *Economic and Political Weekly*, vol. 56, no. 32, 2021, pp. 42–49.
10. Supreme Court of India. *Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, AIR 1996 SC 2426.
11. United Nations. *International Covenant on Economic, Social and Cultural Rights*. 1966,
12. World Health Organization. *Maintaining Essential Health Services during the COVID-19 Outbreak*. WHO, 2020, <https://www.who.int>.