RIGHT TO HEALTH DURING COVID-19 PANDEMIC: RELEVANCE OF THE HUMAN RIGHTS-BASED APPROACH

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Abstract

The COVID-19 pandemic raised the importance of the right to health in identifying and addressing the specific needs of the vulnerable groups who faced the severe impact of the pandemic. Though recognised through numerous international human rights instruments and national laws, the right to health has not been fully realised because it has often been overlooked in policy implementation, and its economic, social and cultural determinants have yet to receive due appreciation. The interdependence of the right to health on other human rights necessitates a holistic approach to health policies. However, COVID-19 placed the right to health in a conflicting position with other human rights as the health emergency invites public health interventions in the form of restrictions on these rights. A human rights approach to these interventions can keep them lawful, necessary and proportionate. The human rights approach to global health can bring transparency, accountability and global solidarity to address health inequities. Right to health in India also passed through a transition phase, giving rise to the analysis of its legal status and policy implications.

Keywords: *Right to Health, Human Rights, COVID-19, Global Solidarity*

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I. Introduction

THE COVID-19 pandemic reinstated the long-forgotten right, the right to health, which has been recognised for a long time but often missed out from the discussion of regular policy making. As a human right, the right to health has been overlooked in setting the right-based regime, and less emphasis has been given to it compared to civil and political rights. Given its dependency on state resources and a constant push of neoliberalism in policy making, the right to health has taken a back seat. COVID-19 has shaken this approach and led us to rethink and revisit human rights jurisprudence of health, its nature and scope. 'Health' is a multifarious concept involving other important economic, social and cultural constructs. Understanding the economic, social and cultural determinants of the right to health is essential to appreciate its nature, scope, and contemporary relevance. Human rights being the world's common language may highlight the voice of the marginalised, and it becomes relevant as COVID-19 severely affects vulnerable groups by aggravating their disadvantageous position in society. COVID-19 as a health emergency necessitates some restriction on the rights of the people, and it may be justified given the health concerns and necessary measures. However, the proportion and necessity of these restrictions must be guided by proportionality, accountability and transparency. Lockdown, isolation and quarantine being necessary measures must not lead to the forced plight of migrant labourers. India has encountered situations demanding adequate protection of right to health during crises by addressing other necessary human rights, such as right to privacy, critical health information and access to healthcare. Against this backdrop, the present article explores the edifice of right to health during COVID-19 and its interrelation with other human rights. It also inquires to what extent the public health interventions conforms to basic human rights while stressing the need to inculcate a human rights approach in the national, regional and international health policies.

II. Right to Health as a Human Right

The right to health has long been recognised in international human rights instruments; however, it has yet to be fully realised, given its dependence on multiple determinants.[1] WHO defines health as "a state of complete physical, mental and

1 Dainius Puras, Judith Bueno de Mesquita *et al.*, "The right to health must guide responses to COVID-19" 395 (10241) *The Lancet* 1888-1890 (June, 20, 2020), *available at*: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31255-1/fulltext (last visited on July 18, 2023).

social well-being and not merely the absence of disease or infirmity"[2]. Access to health includes both physical and mental healthcare services and medicines. The economic, social, cultural and biological determinants play a crucial role in realising the right to health. These determinants include "food, housing, access to safe water and sanitation, safe and healthy working conditions; a healthy environment; socio-economic status; cultural paradigms; and one's age, sex, and health status"[3]. Concerning health crises, the Committee on Economic Social and Cultural Rights (CESCR) categorically emphasises that "steps should be taken to fully realise right to health in crises' crisis setting[s], where resources are limited, and there are surging needs for urgent health care"[4].

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966 guarantees "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"[5]. Article 12 has its origin in Article 25 (1) of the Universal Declaration of Human Rights (UDHR), 1948, which recognises:[6]

> Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2 Dunja Mijatovic, "Learning from the pandemic to better fulfil the right to health", The Commissioner's Human Rights Comments, Council of Europe Portal, 23/04/2020, *available at*: https://www.coe.int/en/web/commissioner/-/learning-from-the-pandemic-to-better-fulfil-the-right-to-health (last visited July 22, 2023).

3 Ingrid Nifosi-Sutton, "Realising the Right to Health during the COVID-19 Pandemic-An Antidote to the Pandemic and the Catalyst for Fulfilling a Long-Neglected Social Right" 3(1)*Yearbook of the International Disaster Law Online* 126-153 (February 21, 2022), *available at*: https://brill.com/view/journals/yido/3/1/article-p126_5.xml?language=en (last visited on July 22, 2023).

4 *Ibid.*

5 *See* The International Covenant on Economic, Social and Cultural Rights 1966, art. 12.

6 See The Universal Declaration of Human Rights, 1948, art. 25 (1).

Other international and regional human rights instruments focussing on vulnerable groups have also recognised and referred to the right to health.[7]

III. Right to Health and other Human Rights: Mutual Interdependence and Interrelation

COVID-19 has reconfirmed the interdependence of human rights in line with the statement made in para 5 of the Vienna Declaration and Programme of Action 1993, which recognises that "[a]ll human rights are universal, indivisible and interdependent and interrelated"[8]. Given the interdependence of the right to health on the realisation of other human rights, the former also needs to be protected by examining the economic and social determinants of health, including "the right to work, social security, housing, food, water and sanitation."[9]

Effective enforcement of the right to health relies heavily on health governance. It is only possible if a human rights-based approach finds an appropriate place in governance, particularly in crises. By employing this approach to the pandemic, governments set the priority of "protecting the most vulnerable people in society through transparent policymaking and public participation"[10]. Apart from other individual liberties, "the right to health obliges states to ensure available, accessible, acceptable and good quality health responses to prevent and treat COVID-19"[11]. Evidence suggests that human rights-based policies strengthen public health and necessitate better coordination between siloed human rights communities.[12] In addition, the right to health must align with health justice by recognising and

7 Refer to Article 5 (e) (iv) of the 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD); Articles 11(1) (f) and 12 of the 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (UNCEDAW); Article 24 of the 1989 UN Convention on the Rights of the Child (UNCRC); and Article 25 of the 2006 UN Convention on the Rights of Persons with Disabilities (UNCRPD). Article 11 of the 1996 Revised European Social Charter (RESC); Article 16 of the 1981 African Charter on Human and Peoples' Rights; Article 14 of the 1990 African Charter on the Rights and Welfare of the Child (ACRWC); and Article 10 of the 1988 Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador); *Ibid.*

8 *See* Vienna Declaration and Programme of Action, 1993, *available at*: https://www.ohchr.org/en/instruments-mechanisms/instruments/vienna-declaration-and-programme-action (last visited on July 22, 2023).

9 Sharifah Sekalala, Lisa Forman *et al.*, "Health and human rights are extricably linked in the COVID-19 response" 5 (9) *BMJ Global Health* e003359, *available at*: https://gh.bmj.com/content/5/9/e003359.info (last visited on July 20, 2022).

10 *Ibid.*

11 *Ibid.*

12 *Ibid.*

addressing the urgent needs and specific concerns of the most affected/infected vulnerable groups by the pandemic.[13]

IV. Challenges to Right to Health: Impact of Neoliberalism and the Need for Decolonisation of Global Health

The waves of neoliberalism have led to increasingly reduced health spending by governments and encouraged "the growing deregulation, privatisation, and commodification of health care like other social sectors"[14]. The role of private sector and non-governmental organisations in the health sector cannot be ignored, but health is a crucial subject that demands a more responsible role from the government in its regulation and governance. The theoretical premise of the right to health met with the actual reality during COVID-19 and highlighted the need to adopt a holistic approach to the right to health, emphasising the critical role of governments.[15] COVID-19 also raised a demand to decolonise global health and governance as the inequities are deeply rooted in the basic structure of health governance, which needs a review in light of the prevailing vulnerabilities.[16] Given the relatively fragmented health, insurance and research sectors, low and middle-income countries (LMICs) have been facing more severe implications of the pandemic. Women face distinct health challenges that necessitates a gender-responsive approach to health by increasing their participation in clinical trials and ensuring them the proper doses against the possible side effects of the medicine.[17]

Moreover, the rollout of universal health coverage during COVID-19 also indicates the increase in the vulnerable groups, where the individuals deprived of insurance coverage face much heat.[18] News reports reflected the cases of bias, racism and xenophobia during COVID-19, e.g. discrimination against Asian people was on the rise in the US and other countries.[19] In the above context, a human rights

13 *Ibid.*

14 Lisa Forman, "The Evolution of the Right to Health in the Shadow of COVID-19" 22(1) *Health and Human Rights Journal* 375-378 (June 2022), *available at*: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7348415/ (last visited on July 20, 2023).

15 *Ibid.*

16 *Ibid.*

17 *Supra* note 2.

18 *Supra* note 14.

19 "Human Rights Dimensions of COVID-19 Response" *Human Rights Watch* March 19, 2020 12:01AM EDT, *available at*: https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response (last visited on July 20, 2022).

approach to the pandemic helps policymakers to design policies centred on marginalised groups of society by recognising their specific demands.[20]

V. Implications of COVID-19 Pandemic on Right to Health: Harmonising Right to Health with other Human Rights

COVID-19 has been a constant reminder of prioritising the right to health and reinforcing and accelerating efforts to implement it. However, the right to health passed through a transition phase during the pandemic and received mixed reactions from the governments and other stakeholders. Though there have been some signs of solidarity among and within nations and a proactive role of international organisations in building trust, accountability and transparency in health governance, the situation still needs improvement.

The Right to Vaccines: A Component of the Right to Health

Recognising the right to vaccine as an integral component of right to health, CESCR stated that "the right to access a safe and effective COVID-19 vaccine is part of the contour of the right to health in so far as the right to health includes 'access to immunisation programs against the major infectious diseases'"[21]. It gives an inference that "the States are obliged also to ensure universal and equitable access to treatment for COVID-19"; and the treatment also includes "early detection, personal protective equipment for healthcare workers and other front-line staff, diagnostic tests, ventilators, and oxygen"[22]. The CESCR categorically emphasised the non-discriminatory access to the COVID-19 vaccine.[23] However, the promises made during the initial stages of the pandemic met with disappointment soon when in "the Fall of 2020, rich countries signed agreements with pharmaceutical companies to obtain preferential access to COVID-19 vaccines to the detriment of developing countries. By the end of May 2021, not enough vaccines had been produced, and those already produced or ordered had been administered in high-income countries"[24]. It is termed vaccine nationalism, which essentially went against the principle of global solidarity in providing equitable access to medicine.

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20 Saphia A., Alexander J. Zapf *et al*., "Ensuring Rights while Protecting Health: The Importance of Using a Human Rights Approach in Implementing Public Health Responses to COVID-19" 23 (2) *Health and Human Rights* 173-186 (Dec, 2021), *available at*: https://www.hhrjournal.org/2021/10/ensuring-rights-while-protecting-health-the-importance-of-using-a-human-rights-approach-in-implementing-public-health-responses-to-covid-19/ (last visited on July 20, 2023).

21 *Supra* note 3.

22 *Ibid.*

23 *Ibid.*

24 *Ibid.*

Public Health Interventions and Human Rights

The COVID-19 pandemic placed human rights in a conflicting position, where policymakers must harmonise and fine-tune them without compromising their essence. COVID-19 requires public health interventions or restrictions on several human rights, e.g. freedom of movement and right to privacy, due to preventive measures such as lockdowns and public health surveillance. However, many public health interventions were practised discriminatorily by restricting "the social, economic, and cultural rights of specific populations, such as refugees and migrants, who were particularly vulnerable to movement restrictions."[25] Public health interventions in the form of limitations on human rights can be justified based on the principles of necessity, proportionality and non-arbitrariness.[26] Siracusa Principles adopted by the UN Economic and Social Council in 1984 provides that "any measures taken to protect the population that limit people's rights and freedoms must be lawful, necessary and proportionate"[27]. Article 14 of the ICESCR emphasised that states may justify their act by "demonstrat[ing] that restrictive measures are necessary to curb the spread of infectious diseases so as to ultimately promote the rights and freedoms of individuals."[28]

Right to Critical Health Information Against Misinformation

During COVID-19, one of the essential human rights in contention was the right to information, including seeking, receiving and imparting information of all kinds, regardless of frontiers. The right to information has been recognised as a component of freedom of expression in many jurisdictions, and governments are duty bound to provide critical health information to its citizens. The CESCR regards it as a "core obligation" providing "education and access to information concerning the main health problems in the community, including methods of preventing and controlling them."[29] However, during the COVID-19, in several instances, many countries allegedly compromised critical information. Nevertheless, few countries prioritised "open communication and transparent reporting on the number of cases and holding daily press briefings by health officials and public service announcements to counter misinformation."[30]

25 *Supra* note 20.

26 *Supra* note 9.

27 *Supra* note 19.

28 *Supra* note 20.

29 *Supra* note 19.

30 *Ibid.*

Personal Health Data: Right to Privacy and Confidentiality

During COVID-19, the government accumulated personal health data, and the appropriate use and handling of this data has remained one of the challenging issues. A human rights-based legal approach may help govern personal health data by considering the right to privacy and confidentiality. COVID-19 raised the demand for privacy legislation to secure and respect individuals' right to privacy with a well-informed approach. The need for such legislation was triggered by the onset of contract tracing during the pandemic and government agencies' handling of sensitive personal information. The risks of data manipulation and mishandling of the same create a direct threat to individual liberty as "there are very serious privacy implications of the corona disease which can be worse than the disease itself."[31] Patient confidentiality and the quality of vaccines are other vital issues that need special attention from policymakers. The administration of vaccines and treatment should conform to consent protocols and quality standards and be medically appropriate.[32]

Sharing of Scientific Information and Technical Know

Sharing scientific data, information, and technical know-how has been another crucial issue during the pandemic. We need to recognise and appreciate the varying priorities of different countries:[33]

> For higher-income countries, a high priority is to facilitate open and cooperative sharing of scientific information, including pathogen samples and genomic sequencing data. For lower-income countries, the priority is to ensure affordable access and sharing of the benefits of scientific research. Forging consensus among these disparate priorities will be the greatest challenge.

It necessitates, therefore, that "the negotiators develop specific, measurable metrics that directly impact equity"[34]. A human rights-based approach to the pandemic

31 Mohamad Ayub Dar & Shahnawaz Ahmad Wani, "COVID-19, Personal Data Protection and Privacy in India" 15 *Asian Bioethics Review* 125-140 (2023), *available at*: https://link.springer.com/article/10.1007/s41649-022-00227-0 (last visited on July, 2023).

32 *Supra* note 3.

33 Lawrence O. Gostin, Kevin A. Klock *et al*., "Advancing Equity in the Pandemic Treaty" *Health Affairs Forefront*, *available at*: https://www.healthaffairs.org/content/forefront/advancing-equity-pandemic-treaty (last visited on July 22, 2023).

34 Georges C. Benjamin, "Ensuring health equity during the COVID-19 pandemic: the role of public health infrastructure" 44 *Pan American Journal of Public Health* e-70, *available at*: https://www.paho.org/journal/en/articles/ensuring-health-equity-during-covid-19-pandemic-role-public-health-infrastructure (last visited on July 22, 2023).

may help recognise and address vulnerable groups' peculiar needs among and within countries.

Trust Deficit in the Public Health System and Fall in Health Insurance

Governments faced trust issues during COVID-19, and the trust deficit in the government hospitals added fuel to the fire, there exists "less trust of the people in the public hospitals given the lack of healthcare facilities and consequently decline in operations given the apprehension of contracting COVID-19 infection had highlighted the weakness of the public health policy."[35] Another serious implication of COVID-19 was the employment cut that resulted in the loss of employer-sponsored insurance to employees, shrinking the insurance coverage against the push for universal health coverage (e.g. In the United States, there was a sudden surge in unemployment during the pandemic that led to the fall in employer-sponsored insurance).[36]

VI. Global Solidarity and International Cooperation

Global solidarity with an appeal to international cooperation may help integrate efforts to realise human rights, including the right to health. International Health Regulations, 2005 casts a duty on states to assist other states in preventing disease.[37] After the outbreak of the COVID-19 pandemic, the principle of global solidarity has been emphasised, and the issue of human rights and international solidarity has been gaining momentum in the United Nations.[38] During COVID-19, WHO took numerous initiatives to facilitate international cooperation and global solidarity. One of the essential initiatives aligned with global governance could be found in "the UN Framework for the Immediate Socio-economic Response to COVID-19". It may help develop, distribute and access people's vaccines. A consistent engagement with the UN human rights system may bring transparency and accountability in global health governance. Here, the right to health can be instrumental in providing a right-based framework for COVID-19 response and

35 Priya Gauttam, Nitesh Patel *et al*., "Public Health Policy of India and COVID-19: Diagnosis and Prognosis of the Combating Response" 13(6) *Sustainability* 3415 (2021), *available at*: https://www.mdpi.com/2071-1050/13/6/3415 (last visited on July 22, 2023).

36 David Blumenthal, Elizabeth J. Fowler *et al*., "Covid-19-Implications for the Health Care System" 383 *The New England Journal of Medicine* 1483-1488, *available at*: https://www.nejm.org/doi/full/10.1056/nejmsb2021088 (last visited on July 22, 2023).

37 *Supra* note 9.

38 *See* Obiora Chinedu Okafor, "The Revised draft Declaration on Human Rights and International Solidarity: report of the Independent Expert on Human Rights and International Solidarity", *available at*: https://digitallibrary.un.org/record/4011942#record-files-collapse-header (last visited on July 22, 2023).

help realise "the right to the highest attainable standard of physical and mental health".[39] Furthermore, international human rights law points towards the global community's collective responsibility concerning infectious disease outbreaks.[40]

After realising that all nationals are equally vulnerable to the pandemic, many wealthy countries tender their support to LMICs through "the UN's COVID-19 Global Humanitarian Response Plan, the UN Framework for the Immediate Socio-Economic Response to COVID-19 and the WHO COVID-19 Solidarity Response Fund"[41]. Moreover, the International Monetary Fund, working with WHO, has offered to suspend debt collection to support global health. WHO's initiative COVID-19 Technology Access Pool (C-TAP) was a voluntary intellectual property pool for sharing COVID-19-related technologies and knowledge; "LMICs rallied behind a People's Vaccine' to ensure that prospective vaccines will be accessible to all."[42] However, the signs of international cooperation during the pandemic have remained mixed, encouraging and discouraging. In the initial stage of the COVID-19 outbreak, "Italy's call for help met with global silence", though gradually, countries came forward for cooperation. Many countries contributed to "the COVID-19 Solidarity Response Fund", but the United States withdrew from WHO funding. Political divisions and distrust have marred international cooperation; even international organisations such as the WHO faced allegations of distrust, non-transparency and bias.[43] Two key instruments dealing with the pandemic response, "the 2005 International Health Regulations" and "the 2011 Pandemic Influenza Preparedness Framework", do not propose a right-based approach that would more effectively protect the right to health in the times of health emergencies.[44] This paucity leads to a demand "for the firm grounding of pandemic preparedness plans in human rights principles"; and many believe we would have tackled the death toll if we had strong rights-based provisions in our preparedness plan.[45]

COVID-19 necessitates the adoption of a holistic approach to international cooperation as explained by the CESCR that international cooperation means "sharing medical equipment and best practices to combat the virus, sharing

39 *Supra* note 1.

40 Lisa Montel, Anuj Kapilashrami *et al.*, "The Right to Health in Times of Pandemic-What can we learn from UK's Response to the COVID-19 Outbreak" 22(2) *Health and Human Rights Journal* 227-241 (Dec, 2020), *available at*: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7762905/ (last visited on July 18, 2023).

41 *Supra* note 9.

42 *Ibid.*

43 *Supra* note 40.

44 *Ibid.*

45 *Ibid.*

knowledge for the development of a vaccine, and engaging in joint action to minimise the economic and social impacts of the public health crisis"[46]. States are under obligation to provide international assistance and collaboration in providing access to food, essential supplies and testing and medical support.[47]

VII. Right to Health During the Pandemic in India

In India, the right to health though not explicitly recognised as a fundamental right, the judiciary has recognised it as "an integral component of the right to life"[48]. It is protected under the various provisions of the Directive Principles of State Policy.[49] In India, health is in the state list, governed by states and sometimes states face financial constraints. Keeping this view, a High-Level Group on the health sector constituted under the 15th Financial Commission "recommended that the right to health be declared a fundamental right. It also put forward a recommendation to shift the subject of health from the State List to the Concurrent List". However, the policy commission, NITI Aayog, in its report while recognising that India had an unequal public health system due to restricted technical expertise and financial constraints, expressed its concern that "if the subject of health was moved to the Concurrent List, it would lead to excessive bureaucracy, red tape and institutional constraints"[50]. The State of Rajasthan has moved the Right to Health Bill, 2022, to ensure its residents' right to health and access to healthcare, providing free healthcare service at any clinical establishment. It proposes to set up health authorities at the state and district level. However, critics suspect that implementing the right to health under the Bill would increase the state's financial obligation and also give rise to serious privacy concerns.[51]

India witnessed institutional interventions to respond to the COVID-19 pandemic as the National Human Rights Commission (NHRC) constituted a "Committee

46 *Ibid.*

47 *Supra* note 9.

48 *See* Robin David, "Pandemic has shown why India needs the Right to Health" *Times News Network*, August 22, 2021, 10:14 IST, *available at*: https://timesofindia.indiatimes.com/india/pandemic-has-shown-why-india-needs-the-right-to-health/articleshow/85516031.cms (last visited on July 22, 2023).

49 *See* Nishant Sirohi, "Declaring the right to health a fundamental right" Health Express, *Observer Research Foundation*, July 14, 2020, *available at*: https://www.orfonline.org/expert-speak/declaring-the-right-to-health-a-fundamental-right/ (last visited on July 22, 2023) ("Article 39 (e) directs the State to secure the health of workers, Article 42 directs the State to just and humane conditions of work and maternity relief, Article 47 casts a duty on the State to raise the nutrition levels and standard of living of people and to improve public health").

50 *Ibid.*

51 *See* The Rajasthan Right to Health Bill, 2022, *available at*: https://prsindia.org/bills/states/the-rajasthan-right-to-health-bill-2022 (last visited on July 22, 2023).

of Experts on the Impact of the COVID-19 Pandemic on Human Rights and Future Response, including the representatives from civil society organizations, independent domain experts and the representatives from the concerned ministries/ departments."[52] From the human rights perspective, using 'big data analytics' to track patients and trace contacts through applications such as 'Aarogya Setu' should conform to the principles of personal data protection, and the dissemination or use of such data or information must respect consent and transparency. It highlights the need for personal data protection and privacy legislation. COVID-19 highlighted the importance of a decentralised and polycentric response in tune with cooperative federalism.[53] India's approach to cooperative federalism may help to build capacities to address health issues at the grassroots level.[54]

During COVID-19, although the Central Government of India invoked The Epidemic Diseases Act, 1897 (EDA) and Disaster Management Act, 2005, more was needed "to address the health emergency effectively, given the dynamic nature of the disease."[55] In India, one of the striking realities revealed during COVID-19 was "the private health sector's passivity towards the COVID-19 patients, which is one of the important concerns for the National Health Policy 2017 (NHP-17)."[56] COVID-19 highlighted the importance of the public healthcare system in providing more robust, resilient and responsible healthcare. For such a resilient system that can absorb the pressure during health emergencies, "India needs to expand the public healthcare system and enhance the expenditure as per the set goals in NHP-17 and WHO standards."[57] In order to build a better preparedness strategy to ensure health equity in a pandemic, we need "robust and resilient public health infrastructure during normal times."[58] We must focus on building core competencies, including "leadership, stakeholder involvement, accreditation, data collection, and funding resources"[59]. Human rights can act as a constant reminder of the concerns of the people in vulnerable positions by demanding a more inclusive, transparent and accountable role of all the actors giving effect to the right to health. The pandemic strategy must engage "individuals, communities and other civil society actors to implement the right to health."[60]

52 *Supra* note 49.
53 *Ibid.*
54 *Ibid.*
55 *Ibid.*
56 *Supra* note 35.
57 *Ibid.*
58 *Ibid.*
59 *Supra* note 34.
60 *Supra* note 3.

VIII. Conclusion

A human rights approach to health helps policy makers identify the specific requirement of the vulnerable groups and formulate policies based on the principles of equity, transparency and accountability. COVID-19 has exposed the fragility of the health care systems and infrastructure supporting health and highlighted the significance of a holistic approach to health, which recognizes the economic, social, cultural and biological determinants of health. It has provided an opportunity to the policymakers to examine the factors responsible for the realisation of the right to health. Human rights approach puts thrust on the interrelation and interdependence of the right to health on other human rights such as right to work, right to information, right to privacy and confidentiality, right to water and sanitation etc. A human rights approach to global health highlights the importance of global solidarity and international cooperation in promoting the right to health and access to medicine and healthcare.