WHO's Global Malaria Programme works to keep track of malaria cases, and future problems in malaria control schemes.

WHO's help has contributed to a 40% fall in the number of deaths from tuberculosis between 1990 and 2010, and since 2005, it claims that over 46 million people have been treated and an estimated 7 million lives saved through practices advocated by WHO. These include engaging national governments and their financing, early diagnosis, standardising treatment, monitoring of the spread and impact of tuberculosis and stabilising the drug supply. It has also recognised the vulnerability of victims of HIV/AIDS to tuberculosis.

WHO aims to eradicate polio. It has also been successful in helping to reduce cases by 99% since the Global Polio Eradication Initiative was launched in 1988, which partnered WHO with Rotary International, the US Centers for Disease Control and Prevention (CDC) and the United Nations Children's Fund (UNICEF), as well as smaller organizations. It works to immunize young children and prevent the re-emergence of cases in countries declared "polio-free".

Non-communicable diseases

Another of the thirteen WHO priority areas is aimed at the prevention and reduction of "disease, disability and premature deaths from chronic non-communicable diseases, mental disorders, violence and injuries, and visual impairment".

Life course and life style

WHO works to "reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals".

It also tries to prevent or reduce risk factors for "health conditions associated with use of tobacco, alcohol, drags and other psychoactive substances, unhealthy diets and physical inactivity and unsafe sex".

WHO works to improve nutrition, food safety and food security and to ensure this has a positive effect on public health and sustainable development.

Emergency work in the world

When any sort of disaster or emergency occurs, its is WHO's stated objective to reduce any consequences it may have on world heath and its social and economic implications

Health policy

WHO addresses government health policy with two aims: firstly, "to address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches" and secondly "to promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health".

In terms of health services, WHO looks to improve "governance, financing, staffing and management" and the availability and quality of evidence and research to guide policy making. It also strives to "ensure improved access, quality and use of medical products and technologies".

International Covenant on Economic, Social and Cultural Rights Article 12

1. 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.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
(b) The improvement of all aspects of environmental and industrial hygiene;
(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
(d) The creation of conditions which would assure to all medical service and medical attention in fee event of sickness.

Definition of health

The widely acceptable definition of health is that given by the WHO in the preamble of its constitution, according to World Health Organization, "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease." In recent years, this statement has been amplified to include the ability to lead a 'socially and economically productive life'. Through this definition, WHO has helped to move health thinking beyond a limited, biomedical and pathology-based perspective to the more positive domain of "well being". Also, by explicitly including the mental and social dimensions of well being, WHO has radically expanded the scope of health and by extension, the role and responsibility of health professionals and their relationship to the larger society.

Right to health is not included directly in as a fundamental right in the Indian Constitution .The Constitution maker imposed this duty on state to ensure social and economic justice. Part four of Indian constitution which is DPSP imposed duty on States. If we only see those provisions then we find that some provisions of them has directly or indirectly related with public health. The Constitution of India not provides for the right to health as a fundamental right. The Constitution directs the state to take measures to improve the condition of health care of the people. Thus the preamble to the Constitution of India, inter alia, seeks to secure for all its citizens justice-social and economic. It provides a framework for the achievement of the objectives laid down in the preamble. The preamble has been amplified and elaborated in the Directive Principles of State policy.

Article 38 of Indian Constitution impose liability on State that states will secure a social order for the promotion of welfare of the people but without public health we cannot achieve it. It means without public health welfare of people is impossible. Article 39(e) related with workers to protect their health. Article 41 imposed duty on State to public assistance basically for those who

are sick and disable. Article 42 makes provision to protect the health of infant and mother by maternity benefit.

In the India the Directive Principle of State Policy under the Article 47 considers
the State shall regard the raising of the level of nutrition and standard of living of its people and improvement of public health as among its primary duties.
The Food Corporation of India being an agency of the State must conform to the letter and spirit of Article 47 to improve public health it should not allow substandard food grains to reach the public market. The State under Article 47 has to protect poverty stricken people who are consumer of sub-standard food from injurious effects.

Public Interest Petition for maintenance of approved standards for drugs in general and for the banning of import, manufacturing, sale and distribution of injurious drugs is maintainable. A healthy body is the very foundation of all human activities.

Article 41 provides right to assistance in case of sickness and disablement. It deals with "The state shall within the limits of its economic capacity and development, make effective provisions for securing the right to work, to education and to public assistance in case of unemployment, Old age, sickness and disablement and in other cases of undeserved want". Their implications in relation to health are obvious. Article 42 give the power to State for make provision for securing just and humane conditions of work and for maternity relief and for the protection of environment same as given by Article 48A and same obligation impose to Indian citizen by Article 51A. (g).

Panchayat, Municipality and Health

Not only the State also Panchayat, Municipalities liable to improve and protect public health. Article 243G says "State that the legislature of a state may endow the panchayats with necessary power and authority in relation to matters listed in the eleventh Schedule". The entries in this schedule having direct relevance to health are as follows:

11 Drinking
23 Health and sanitation including hospitals, primary health centers and dispensaries.
24 Family welfare
25 Women and Child development
26 Social welfare including welfare of the handicapped and mentally retarded.

Article 243-W finds place in part IXA of the constitution titled "The Municipalities:
5 Water supply for domestic industrial and commercial purpose.
6 Public health, sanitation conservancy and solid waste management.
9 Safeguarding the interest of weaker sections of society, including the handicapped and mentally retarded.
16 Vital statistics including registration of births and deaths
17 Regulation of slaughter - houses and tanneries.

Fundamental Rights and Health

The DPSP are only the directives to the State. These are non-justifiable. No person can claim for non-fulfilling these directives. But the Supreme Court has brought the right to health under the preview of Article 21. The scope of this provision is very wide. It prescribes for the right of life and personal liberty. The concept of personal liberty comprehended many rights, related to indirectly to life or liberty of a person. And now a person can claim his right of health. Thus, the right to health, along with numerous other civil, political and economic rights, is afforded protection under the Indian Constitution.

The debate surrounding the implementation of the human right to health is fresh and full of possibility for the developing world. In fact, Indian has been able to create a legal mechanism whereby right to health can be protect and enforced. The early of 1970s, witnessed a watershed in human rights litigation with the keshwanand bharti Vs State of kerla. ushering in a unprecedented period of progressive jurisprudence following the recognition fundamental rights. At the same time standing rules were relaxed in order to promote PIL and access to justice. So there were two developments in 1980s, which led to a marked increase in health related litigation. First was the establishment of consumer courts that made it cheaper and speedier to sue doctors for medical negligence. Second, the growth of PIL and one of this offshoots being recognition of health care as a fundamental right. Through PIL the Supreme Court has allowed individual citizen to approach the court directly for the protection of their Constitutional human rights.

In 1995, the Supreme Court held that right to health and medical care is a fundamental right covered by Article 21 since health is essential for making the life of workmen meaningful and purposeful and compatible with personal dignity. The state has an obligation under Article 21 to safeguard the right to life of every person, preservation of human life being of paramount importance. The Supreme Court has in the case of Parmanand Katra vs Union of India, held that whether the patient be an innocent person or be a criminal liable to punishment under the law, it is the obligation of those who are in charge of the health of the community to preserve life so that innocent may be protected and the guilty may be punished.

Article 23 is indirectly related to health. Article 23(1) prohibits traffic in human beings. It is well known that traffic in women leads to prostitution, which in turn is to major factor in spread of AIDS. Article 24 is relating to child labor it deal with "No child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment." Thus this article is of direct relevance to child health.

In addition to constitutional remedies sensitizing of the relevant ordering law towards later health for all adds to the content of right to health. Legal prohibition of commercialized transplantation of human organ and effective application of consumer protection act to deal with deficient medical services have animated right to health.

Judicial Response

With the recognition that both the Indian Constitution and the fundamental right of life emphasize human dignity, began to address the importance of health to Indian citizen. In the DPSR Art.47 declares that the State shall regard the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties. Since DPSP are not enforceable by the court, implementation of the guarantee has remained illusory. However, in

a series of cases dealing with the substantive content of the right to life, the court has found that the right live with human dignity including right to good health. In Consumer Education and Research Center v. UOI, the Court explicitly held that the right to health was an integral factor of a meaningful right to life. The court held that the right to health and medical care is a fundamental right under Article 21. The Supreme Court, while examining the issue of the constitutional right to health care under arts 21, 41 and 47 of the Constitution of India in State of Punjab v Ram Lubhaya Bagga, observed that the right of one person correlates to a duty upon another, individual, employer, government or authority. Hence, the right of a citizen to live under art 21 casts and obligation on the state. This obligation is further reinforced under art 47; it is for the state to secure health to its citizens as its primary duty. No doubt the government is rendering this obligation by opening government hospitals and health centers, but to be meaningful, they must be within the reach of its people, and of sufficient liquid quality. Since it is one of the most sacrosanct and valuable rights of a citizen, and an equally sacrosanct and sacred obligation of the state, every citizen of this welfare state looks towards the state to perform this obligation with top priority, including by way of allocation of sufficient funds. This in turn will not only secure the rights of its citizens to their satisfaction, but will benefit the state in achieving its social, political and economic goals.

Right to Health Care as a Fundamental Right

The Supreme Court, in Paschim Banga Khet mazdoor Samity & ors v. State of West Bengal & ors, while widening the scope of art 21 and the government's responsibility to provide medical aid to every person in the country, held that in a welfare state, the primary duty of the government is to secure the welfare of the people Providing adequate medical facilities for the people is an obligation undertaken by the government in a welfare state. The government discharges this obligation by providing medical care to the persons seeking to avail of those facilities. Article 21 imposes an obligation on the state to safeguard the right to life of every person. Preservation of human life is thus of paramount importance. The govern-

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contravene the law of the land by proceeding to treat an injured victim on his appearance before him, either by himself or with others. Zonal regulations and classifications cannot operate as fetters in the discharge of the obligation, even if the victim is sent elsewhere under local rules, and regardless of the involvement of police. The 1985 decision of the Standing Committee on Forensic Medicine is the effective guideline. III. No legal bar on doctors from attending to the injured persons: There is no legal impediment for a medical professional, when he is called upon or requested to attend to an injured person needing his medical assistance immediately. The