

Legal Framework for Prisoners' Healthcare Reforms in Uttar Pradesh: An Analysis of Constitutional Mandates and Statutory Provisions

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Abstract

The issue of medical treatment of prisoners holds a delicate balance of discussion in the realm of constitutional rights, human dignity and the dispensation of justice in India. The prison is a place in which the State has nearly complete control over the lives of people whose freedom it has taken by working the law. In such an environment, the role of the State is not only negative and it must not interfere arbitrarily with individuals, but also positive and affirmative that those detained must live in conditions compatible with human dignity. An aspect of this is to ensure that prisoners are protected and have their health promoted. While not mentioned specifically as a fundamental right in the constitution of India, the right to health has been steadfastly read into Article 21, March 19th, 2002. This understanding has changed the whole concept of imprisonment in the court from a mere custodial or punitive system to one that is also life-preserving, pain-relieving and reform-oriented.

Keywords: Right to Health, Article 21, Prisoners' Rights, Legal Provisions, Model Prison Manual 2016.

1. Introduction

This jurisprudence has to be seen in the historical background of the administration of prisons in India. In 1894, the colonial Prisons Act was introduced, and for the most part still forms the basis of the fundamental legislative framework in most States, conceived largely as a measure for the control, labouring and discipline of the prisoners.

Healthcare was viewed as an enrubricative activity than as an intrinsic right. Decades later, however, the Supreme Court of India has at every turn followed a consistent course of action in negating the idea of abolition of Fundamental Rights after imprisonment. Starting from the momentous case of *Sunil Batra v. Delhi Administration*, the Court has unanimously declared that the prison gate does not represent the limit of the constitution's protection.

The meaning of the right to life has been extended to right to live with dignity and thereby the right to enjoy a healthcare system, proper nutrition, sanitation, prevention of diseases, etc.

This judicially formed right has been upheld in subsequent cases considering emergency medical services, overcrowding, mental health, special treatment for women and children and especially for very elderly, terminally ill and handicapped prisoners. Alongside all the judicial developments, a number of policy and legislative efforts have been made to render the prison system (zero) modern.

The Model Prison Manual 2016 and the Model Prisons and Correctional Services Act 2023 are notable initiatives taken by the Union Govt as steps to replace the colonial prison manual with lay emphasis on healthcare, mental health, reformation and rehab of the convicts.

These national model instruments have inspired State-level reforms, such as the Uttar Pradesh Jail Manual, 2022. The interplay between the constitutional requirements, national model frameworks and State level-implementation is particularly relevant in UP, where these factors engage in conversations excluded from the dominant debates on implementing the model.

It has the second largest prison population in the country on a par with other States and suffer very critical problem of overcrowding particularly in the prisons in the country's National Capital Region. Although the State has made efforts to change the regulatory framework and to modernize provisions regarding medical assistance, women prisoners and children, there are still enormous differences between the legal requirements and reality [1].

This article aims at analysing in depth the legal regime surrounding the healthcare changes of prisoners in Uttar Pradesh. It explores the constitutional underpinnings of the right to health, the gradual development of the statutory and model regimes at the national level, the provisions of the Uttar Pradesh Jail Manual 2022 and the ongoing challenge to operationalization, and steps needed to make the right to health a reality by putting protective measures into practice.

The core idea is that despite a shift towards viewing the legal system increasingly through a rights lens, the actual implementation of prisoners' right to health requires consistent institutional accountability, resource allocation, and administrative capabilities.

2. Constitutional Mandates Governing the Right to Health of Prisoners

Basically, the constitutional infrastructure of the right to health of prisoners is built by the courts through their interpretation of Article 21 of the Constitution of India. No person shall be deprived of his life or personal liberty except in accordance with law. This provision was interpreted in fairly limited terms for several decades following the coming into force of the Constitution.

This evolution of Article 21 as a source of substantive rights has started since *Maneka Gandhi v Union of India* where the Supreme Court recognised and determined that procedure contemplated by Article 21 should be fair, just and reasonable rather than arbitrary, fanciful and oppressive. This substantive due process approach fashioned the conceptual openings for the implementation of reading positive obligations into the right to life.

In *Sunil Batra v Delhi Administration*, 1978 and 1980, this liberal approach was finally articulated as it relates to the prison situation. In these companion cases, the Supreme Court broke down the idea of prisoner as a "non-person" when they are in prison. Addressing the matter, Justice V.R. Krishna Iyer, who wrote the judgement, said the walls of a prison could not bar fundamental rights and that "prisoner continues to have all rights which do not become his incident of imprisonment."

The Court opined that the face of Article 21 conveys the liberty from inhuman, cruel and degrading treatment to be read with the right to medical care, proper accommodation, provision of nutritious food and hygienic environment which is an inherent aspect of Article 21.

The judgements recorded that the bare minimum required for a human life in jail is recorded that specifically mentions timely medical treatment.

This is a building block and followed-up in subsequent decisions. In *Francis Coralie Mullin v. Administrator, Union Territory of Delhi* (1981), the Court ruled that the right to life encompasses the right to live with human dignity and all the attributes of that dignity, which means the fundamental needs of an individual like food, clothing and not to live on the streets, all other needs such as the need to read and write, to express oneself. It was assumed that medical facilities were covered by this protection, and later it was actually made explicit.

In the case of *Parmanand Katara v. Union of India* (1989), the Court held that saving human life is the most important thing so it is the duty of every doctor, not only in a government hospital, but elsewhere as well to provide medical assistance in order to save the life of the person. Later the rationale that technical or procedural hurdles should not justify denial of emergency treatment was fully extended to custodial situations.

In *Rama Murthy v. State of Karnataka* (1997), the Supreme Court continued the systemic aspect of right, noting as many as 200 systemic problems in Indian prisons such as overcrowding, lack of medical facility and also the absence of any segregation between the sick and healthy. Another watershed was achieved in *In Re: Inhuman Conditions in 1382 Prisons* (2016).

The Court made it abundantly clear that even the right to medical care in prisons was a human right, and provided in detail guidelines on improving medical facilities, filling vacancies of medical officers and integrating the prison medical care with the outside public health system [2]. There have been more recent cases of jurisprudence that have been dealing with specific categories of vulnerability.

In imprisonment of Old and Doomed inmates, there have been decisions which held that further imprisonment, causing avoidable physical suffering and denial of decent treatment, is a breach of Article 21 and may warrant compassionate ways of release from prisons. Judgements on prisoners, touching upon the Rights of Persons with Disabilities Act, 2016, under Articles 14 and 21 of the Constitution, have ruled for provision of accessible infrastructure, special healthcare as per standard in the community, as well as non-discrimination.

Altogether, these decisions provide a strong and clear constitutional command. Custodial authorities have a duty of care that is given with the right to be entrusted with babies. Right to health of prisoners is not an act of administrative grace nor of residual benevolence, it is a justiciable fundamental right of Article 32/226 of the Constitution of India and must be enforced.

As important as resource constraints are for the design of implementation strategies, they cannot be used as an absolute argument to not provide basic medical care.

Thus, the constitutional mandate is quite expansive; it is not just a negative one to the effect that the State must not itself do harm, but a positive one to the effect that the State must take steps to safeguard the life and health of all human beings in its care.

3. Evolution of Statutory Framework: From the Prisons Act 1894 to the Model Prisons and Correctional Services Act 2023

Statutory framework for prisons in India has developed slowly and unevenly from being an instrument of control under the British colonial rule to a rights oriented system of correctional administration. The basic law is still the pre-Independent Prisons Act, 1894, which is still in force in majority of the States including Uttar Pradesh.

The Act came to be during the culmination of colonial rule in order to ensure security and discipline of prisoners and control of prison labour. There was little specific provision in it relating to the health of prisoners, and this provision was incidental.

A number of detailed standards as regards medical examination, treatment of disease, mental health, specialised care for certain categories of inmates were not laid out and medical officers were considered but not included in the Act. The philosophy behind it was that of "secure containment rather than care or reform.

This colonial status quo was more or less unchanged at the legislative level for most of the post independence years. However, the Constitution puts prisons under the control of the State Government and the Union Government could only legislate broadly on the subject through a national prisons legislation.

Largely as a result of judicial action, executive directives, and draft instruments which could be incorporated into the laws of the States, therefore, the reform was based on such mechanisms.

A strong push for reform was provided by the Supreme Court ruling in *Rama Murthy v. State of Karnataka* (1997) where the Union Government was instructed to devise a national manual of prison reforms to help focus attention on the systemic issues facing the corrections sector like overcrowding, poor living conditions and inadequate medical facilities.

Eventually, this resulted in the development of Model Prison Manual 2016, by the Ministry of Home Affairs. The Model Prison Manual 2016 was quite a departure from the 1894 Act in the sense that it was quite normatively. It included constitutional values that have been described by the Supreme Court, the international values like the United Nations Standard Minimum Rules for the Treatment of Prisoners, commonly known as the Nelson Mandela Rules, as well as progressive practices from other State manuals.

The Manual had a whole chapter dedicated to medical care, compulsorily required medical examination on admission to the prison, laid down requirements for having detailed medical history sheet, ensured a periodical check-up, segregation, etc. and recommended medical services in the prison to be under the administrative control of the State Health Department.

Particular focus was placed on addressing women prisoners' health needs, children residing with their mothers and those prisoners with mental illnesses. The Manual is itself not statutory, but it has proved to be a template for State-level reform and it has been relied on by courts many times as a statement of minimum standards.

The latest and ambitious think about complete modernisation of legislation is represented by the Model Prisons and Correctional Services Act, 2023. The Model Act has been prepared by the Ministry of Home Affairs and has been shared with all States and Union Territories, with an attempt to replace the Prisons Act 1894, the Prisoners Act 1900 and the Transfer of Prisoners Act 1950.

It is a clear change of philosophy from custody and control to reformation and rehabilitation and the safeguarding of rights. It includes dedicated chapters on the healthcare facilities and mental health, is set on the requirement of psychological examination and treatment, has a strong focus on individual sentence planning and welcomes the inclusion of welfare services and after-care services as integral parts of prison administration.

It also deals with current issues like technology application, high security prisons, open prisons and the special needs of women, trans-gender etc.

From Prisons Act 1894 to the Model Prisons and Correctional Services Act 2023, this have been a progressive albeit incomplete transformation of the law.

The old statute is still in force in many places, such as Uttar Pradesh, and the new model instruments make the normative guidance for reform. How far these progressive standards are translated into binding State law and effective administration is the key to the enjoyment of the right to health of prisoners.

4. Provisions Relating to Healthcare under the Model Prison Manual 2016

One of the most thorough efforts in modern free India to codify constitutional principles and international human rights standards into the realities of running prisons, the Model Prison Manual 2016 was produced.

In line with several judicial directives, especially those given in the case of *Rama Murthy v. State of Karnataka* (1997) and some monitoring proceedings, the Manual aims at syncretizing the separate practices that existed in the colonial era and presenting them as rights-oriented.

The individual chapter on Medical Care, evenly Chapter VII of the Manual, forms the pantheon of the healthcare architecture and has had extensive impact on the subsequent State-level healthcare reforms, including in Uttar Pradesh.

The Manual has started with a basic need, not to be fulfilled, of every prisoner being medically examined on their arrival. It requires that on the receipt of the prisoner a qualified medical officer shall examine him and shall as to each, note in the register of prisoners, whether he be in good health, indifferent health or bad health, and whether there be any physical or mental view to be observed which is proper to be put on record [3].

When an offender has been sentenced to hard labour, he or she must be classified, by the medical officer, into the class of labor in which he or she fits. The Manual also mandates a detailed proforma, provided by the National Human Rights Commission, to be completed as part of the initial health screening – hence institutionalising a standardised process.

The purpose of this initial examination, which is not intended to be a mere formality, is that it will be used as the basis for medical monitoring during the time of incarceration.

At the heart of the healthcare regime set out in the Manual, is that every prisoner is supposed to have a Medical History Sheet completed for them. Vaccinations and results thereof shall be recorded on this document, as well as all admissions and discharges from the prison hospital and the nature of the illness and the action that was taken on the medical officer's advice, also and as often as may be necessary, weight shall be taken and recorded on this document.

All of these put together leave him or her with a continuous record of his or her medical condition, allowing for early diagnosis and management of a medical problem, chronic disease monitoring and/or accountability for the quality of care received.

Much attention is given in the Manual to the organization and staffing of prisons medical service. It considers the provision of adequate number of beds in prison hospitals, medical officers, pharmacist and nursing staff along with basic diagnostic facilities in the hospitals.

Notably, it suggests that medical services available in prisons be transferred from the exclusive control of the prison department to administrative control of the State Medical and Health Department.

This recommendation is based on the understanding that professional medical standards, on the job training and clinical independence are more closely assured when health care workers operate within the public health system.

The Manual also allows for the referral to district hospitals and specialised medical institutions for serious or complicated cases, and calls for immediate discussions on transportation and police escorting.

Certain emphasis is laid on the health care requirements of the women imprisoned people [4].

The Manual begins with the commitment to conducting a thorough health examination of a woman on her entry into the institution, sharing of the findings with her and her family, and treatment for sexually transmitted infections and blood-borne diseases, psychiatric care for mental illnesses, and evaluation of potential drug dependency (as called for by the Bangkok Rules of the United Nations Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders).

This involves sensitising prison personnel against gender issues, teaching the management of sexual violence and giving women prisoners basic education on health care prevention mechanisms and providing adequate counselling and treatment to those with psychological ailments.

There is specific reference to pre-natal and post-natal care to be provided to pregnant and nursing mothers as well as arrangements to look after the nutritional and medical needs of children living with their mothers in prison. These provisions demonstrate recognition of and sensitivity to women's health needs in prison as different and in need of special institutional responses.

The Manual gives special attention to mental health treatment. Includes psychological examination of inmates and provision for suitable treatment and care of mentally ill inmates. Serious mentally ill people should not be confined in ordinary prisons, according to the Manual, which urges proper coordination with mental health institutions.

In doing so, it looks forward to further developments to come in the understanding and review of statutory frameworks in the Mental Healthcare Act, 2017 and aligns the administration of prisons with the overall duty of the Constitution to safeguard the dignity of mentally afflicted persons [5].

However, as well as clinical care, the Manual takes into account that health in prisons cannot be dissociated from prison environmental and living conditions. It is full of specific standards for accommodation, cleanliness, sanitation, ventilation, food, clothes and bed linen.

The underlying principle is that of medical treatment alone is not enough to guarantee the right to health if prisoners are forced to suffer from lack of food, sanitation, and space. The Manual with its incorporation of clinical, environmental, and nutritional standards has adopted a holistic approach towards healthcare that falls within the far-reaching interpretation set out by the Supreme Court in Article 21 [6].

The Model Prison Manual (2016) is not a law per se but it has a strong norm-setting effect. It has been quoted again and again by the courts as the guidelines for acceptable standards, and a few States have adapted from it in updating their own prison manuals.

Many of the progressive aspects that are now included in the Uttar Pradesh Jail Manual 2022 can be directly related to the standards initially laid out in the Model Manual 2016 in the context of Uttar Pradesh Jails. The Manual therefore plays an important role in the development of the legal framework for prisoners' healthcare as it connects the constitutional principles and the experience of running prisons.

It also offers a comprehensive roadmap of how to run the system that the law mandates and which can be tested for adequacy against State level reform efforts.

5. Uttar Pradesh Jail Manual 2022 and State-Specific Healthcare Reforms

The launch of the Uttar Pradesh Jail Manual 2022 is a great step towards modernising the administration of prisons in the State. The new Manual, which has replaced the Prison Manual of Uttar Pradesh in accordance with the colonial era of 1941, has been approved from the State Cabinet with clear intention of incorporating guidelines/ directions issued by the courts and the Central Government and eliminating the outdated instructions).

As for healthcare, the Manual 2022 prescribes several progressive measures aimed at harmonizing State practices with those defined in the Model Prison Manual 2016, as well as the constitutional standards formulated by the Supreme Court.

A retained and enhanced part of the 2022 Manual is a medical examination of all prisoners upon admission to the prison. Manual stipulates that a physician inspects the prisoner on arrival, documents his health status and, if he is sick or congenitally disabled, classifies him for labour under rigorous imprisonment [7].

It also considers the creation of medical documents containing treatment over the incarceration period. These provisions are not all new but take greater significance in the context of the overall welfare focus of the new Manual.

There are several healthcare and welfare provisions in the 2022 Manual, which are specific to gender, and make a definite improvement on the previous regime. Women prisoners have the right to have sanitary napkins; coconut oil; shampoo. Mother who is expecting and nursing to be given extra nourishing food and special medical facilities [8].

The Manual explicitly provides for the registration of all births of children born in prison; for compulsion of vaccination of all children born in prison; and for ceremonies of naming in accordance with the parents' religious beliefs.

Children stay with their mother until they are at least six years old to be allowed to do so, and plans are being considered for setting up crèches, nurseries, educational and recreational budgets. Children aged from 4 up to 6 years can attend other schools with the mother's permission. These are all indications that the health and developmental needs of women prisoners and their children have a need for targeted institutional support.

The Manual also includes structural arrangements that aim at providing better welfare and healthcare services. Each prison shall have a deputy jailor level official as the Prison Welfare Officer who shall, in consultation with the Superintendent and Jailor, be responsible for a smooth implementation of welfare, care and rehabilitation programmes.

Twenty to thirty bed hospital is planned in the prisons, which will be manned by medical officers and pharmacists and in bigger hospitals more para-medical staff [9].

Specialist visits are arranged by the medical department on literary medical days and in serious cases it is referred to medical colleges or district hospitals. Ambulance facilities are obligated to be maintained and in selected jails provision for AIDS control programmes has been made in cooperation with State AIDS Control Society.

The Manual covers a range of daily living factors with direct impacts on health, as well as clinical aspects. Personal hygiene, grooming and dietary provisions updated. Male prisoners are allowed to buy 'disposable' razors from the prisoner welfare canteen; traditional materials are used to clean teeth and gums, but the purchasing of toothpaste has been added.

This dietary regimen has been upgraded as follows: Chutney will be served daily, 'kadhi chawal' once a month and tea with biscuit will be provided in the evening. Extra nutritional support (or supplying of special meals) is considered for prisoners who are undertaking a religious fast. Although they are small steps, they play a role in the culture of dignity and physical well-being on which the human right to health is predicated.

Despite these progressive features, the Uttar Pradesh Jail Manual 2022 is still working on within the existing legislative paradigm of the Prisons Act, 1894. It by itself does not establish a comprehensive statutory framework for the Model Prisons and, Correctional Services Act 2023 as envisioned.

Furthermore, the quality of its health care services is heavily reliant on medical staffing, infrastructure, the timely operation of referral systems and the general issue of overcrowding. Well drafted provisions in the manual are even seriously challenged in the prisons of NCR districts of Uttar Pradesh where massive overcrowding is prevalent [10].

Welfare officers are designated, prison hospitals exist in name and there is formally a right to special treatment but all such measures can do little to make up for the constant shortages of doctors, slow referrals for hospital treatment and the public health implications of the extremely high rates of overcrowding.

The Manual for 2022, however, is a significant step forward, both in terms of norms and administration. It means that the State has recognized that the prisoners have a right to a level of healthcare in line with human dignity and serves as a tangible framework for additional improvements.

The Uttar Pradesh Jail Manual (2022) along with the constitutional obligations mentioned under Article 21 and the benchmarks set by the Model Prison Manual (2016), constitutes a critical part of the legal framework regarding reforms in healthcare for prisoners in the State.

The real problems that remain with this challenge are that the progressive standards it contains have to be matched by resources, professional capacity, as well as mechanisms of monitoring and accountability.

6. Implementation Challenges, Gaps and Recommendations for Effective Reform

Yet, despite the evolution of constitutional doctrine and the creation of better regulatory structures at the national and State level, there are a number of systemic and entrenched operational and organizational challenges in the effective realization of prisoners' right to health in Uttar Pradesh. Of these problems, the most widespread and most crippling is chronic overcrowding.

The prisons in the National Capital Region districts of the State, especially Dasna in Ghaziabad, Luksar in Noida and District Jail in Meerut routinely have over five times the sanctioned population. For some of these institutions, an increase over the 200% occupation has been communicated.

This kind of congestion obviously has a direct and severe impact on health care delivery. It negatively affects sanitation and hygiene, makes it difficult to get a majority of prisoners proper ventilation, does not allow for proper isolation of those who suffer from infectious diseases inside prisons, and creates an unsustainable strain on the limited medical resources and personnel in the prison system.

Overcrowding leads to even good healthcare projections being only very loose guidelines, neither of which can be implemented [11].

A shortage of medical and paramedical personnel is also very much related to the issue of overcrowding. There are far fewer doctors than presanctioned strength in many prison hospitals and also physicians' posts are often vacant for extended periods of time.

Medical officers to inmates ratio is often grossly inadequate and the routine exams, follow up treatment and timely identification of chronic and/or serious ailments is difficult. Especially mental health services are underdeveloped.

Though the Model Prison Manual 2016, and Uttar Pradesh Jail Manual 2022 recognises the need for psychological assessment and treatment, there is a shortage of psychiatrists, clinical psychologists and counsellors available in the prison system.

A lack of systematic screening of mental health needs on admission to prison and limited access to ongoing therapeutic help, facilitate high levels of psychological distress and self-destructive behaviours, including those that could lead to suicide amongst the prison population [12].

Systems for referral to specialist treatment outside of the prison are also very inefficient. Although a medical officer may advise the transfer to a district hospital or a medical college in case of a serious illness in a prisoner, movement of such prisoner is often postponed and is not done due to non-availability of police escort.

Within a re-sourced system with conflicting demands on police staff, medical escorts are easily regarded as low priority. What ensues are life-threatening emergencies as treatable conditions are allowed to slide into critical situations, and administrative delays prevent the fulfilment of the constitutional obligation of providing prompt medical attention. Several of these challenges are exacerbated by infrastructure gaps [13].

Gauging from the diagnostic instruments, isolation facilities, or the ability to manage chronic diseases such as tuberculosis, diabetes and HIV in many prison hospitals is inadequate. An environment of overcrowding, with physical conditions of the barracks also compounding potential recovery and infection control.

Another area of concern is related to monitoring, data handling and accountability.

Though formal frameworks are in place to ensure medical history sheets are kept and periodic examinations take place, evaluations of prison health indicators are not systematically collected, analyzed or reported to the general public.

Information around morbidity, deaths and causes of death in custody, and operations of referral mechanisms is not consistently recorded in a way that is conducive to judicial scrutiny and/or inspection by the National Human Rights Commission or civil society [14].

With no strong, independent or effective systems of monitoring that deficiencies can go on without timely remedial steps. Additionally, despite the formalist enactment of Uttar Pradesh Jail Manual 2022, which endeavours to institutionalise progressive reforms, there is a certain normative ambiguity in the law which still officially refers to the colonial Prisons Act of 1894.

Although the Manual enhances administrative standards, it does not have legislative status like a comprehensive modern law as envisaged by the Model Prisons and Correctional Services Act 2023.

A comprehensive and multi-pronged effort is needed to tackle these multifaceted challenges. The State should first seek to address the issue of overcrowding by taking a host of steps, including for example, adoption of a clear policy of compassionate release of elderly and terminally ill prisoners in line with the recent directives of the Supreme Court, liberalization of the bail provisions under the Bharatiya Nagarik Suraksha Sanhita and the building up of open and semi open houses for correctional facilities.

Secondly, there should be a complete integration of prison healthcare and public health. Medical posts should be filled up on an ad hoc basis, and medical administration of prisons should be set up more like the administration of the health department of a state, with emphasis on professional standards, regular training and clinical responsibility. Third, there should be constitution of the independent medical board at the divisional and State level to periodically review the healthcare facilities in prisons and certify eventualities in need of special treatment and for compassionate release [15].

Fourth, mental health services need to be significantly improved, which includes increasing the number of staff trained to handle mental health issues, screening anyone admitted to a prison for mental health problems, and the introduction of therapeutic programmes in prisons.

Finally, there should be mechanisms for maintaining transparency of data and periodic external audits to assess the performance of the prison healthcare system and take immediate corrective measures in case of shortcomings.

Lastly the State should seriously consider the passing of such a comprehensive modern prisons legislation as contained in the Model Prisons and Correctional Services Act 2023 which instead of using the outdated framework of the 1894 act will use a modern framework that prioritises healthcare, reformation and human dignity.

7. Conclusion and Suggestions

There is thus a certain evolution in the legal regime of prison medical and health administration in Uttar Pradesh due to the national model law and the reform of the State legislation along with constitutional interpretation.

The Supreme Court's interpretation of Article 21 of the Constitution provides unequivocal and affirmative duty on State to save the life, health and dignity of every person in their custody.

For this constitutional mandate, detailed standards have been incorporated under the Model Prison Manual 2016 which lays down necessary guidelines for conducting medical examination, continuous health monitoring, rehab of vulnerable population in prisons and on linking the prison health system with public health system.

The Uttar Pradesh Jail Manual 2022 is a substantial move undertaken by the Uttar Pradesh State to institutionalise these standards in the manual, by adding new rules pertaining to medical facilities, welfare officers for implementing care and rehabilitation programmes, improved rules for women and children with additional provisions etc.

However, the presence of law and policy tools sympathetic to the progressive promotion of the right to health has not necessarily resulted in the realised right to health for prisoners.

The many impediments to the enjoyment of constitutional and statutory guarantees remain, such as severe overcrowding in the NCR prisons, chronic shortages of medical and mental health personnel, delay in referral mechanisms, infrastructural inadequacies, and weak monitoring mechanisms. The disparity between the normative commitment and administrative reality is the main challenge the system faces.

It will take an on-going and concerted effort on several fronts. Legislative modernisation via the enactment of a comprehensive State prisons law, based on a draft Model Prisons and Correctional Services Act 2023, can give a more solid statutory basis for reform.

Quality of care will depend on integral connection of prisons' medical services and public health structures, time-bound replacements of job vacancies and strengthening clinical independence of prisons' medical services. Measures taken by the judiciary and the executive for reduction of overcrowding in prisons through under trial, bail and compassionate release should be considered as a public health issue as well as a correctional issue.

To guarantee accountability and ongoing improvement, there must be independent oversight, transparent system of data and regular external auditing. There shall be clear indicators and monitoring protocols regarding the operation of specialised protocols for elderly prisoners, those who are terminally ill, disabled, women and mentally ill.

The right to health of prisoners is, in the end, a measure of the State's insistence that a prisoner's humanity, a prisoner's right to human dignity, does not go with him or her. Judicial decisions have laid the groundwork in terms of the constitution, while regulatory changes have developed a more progressive normative framework.

Ultimately, it is the process of operating these standards that needs to be translated into more uniform administration with sufficient resources, capacity and accountability. But true fulfilment of the constitutional imperative of the right to health will come only when there is a real reconciliation between law and reality and therapy becomes assured for people who are most sensitive to the State's responsibility to uphold their right to life and their right to dignity.

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