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Cost to Access: India's Occupational Health Deficit

 THE HINDU

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Cost to Access: India's Occupational Health Deficit

 The Hindu

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INTERVIEW ANGLE

"Should preventive workplace health be classified as a state-guaranteed public good or remain an employer obligation?"

EDITORIAL SUMMARY:

The Hindu argues that India's working population – formal and informal – pays a hidden tax in the form of out-of-pocket spending on preventive and occupational health checks. With routine screenings priced beyond the reach of low-wage and gig workers, the editorial calls for treating workplace health as a state-guaranteed public good rather than an employer-discretionary benefit.

THE HIDDEN COST OF STAYING HEALTHY AT WORK

India spends roughly 2.1 per cent of GDP on public health, well below the National Health Policy 2017 target of 2.5 per cent. Out-of-pocket expenditure still accounts for nearly half of total health spending. Within this gap, occupational and preventive health is the most neglected layer. A daily-wage construction worker in Bengaluru pays Rs 1,200-1,800 for a basic lung-function and blood-screening package – close to three days' wages. The result is predictable: workers skip screening, present late with chronic disease, and exit the labour force prematurely.

THE STATUTORY PATCHWORK

India's occupational health architecture is fragmented across three pillars:

- **Employees' State Insurance (ESI) scheme, 1948** – covers workers earning up to Rs 21,000 per month in factories and notified establishments. Coverage is real but uneven, with ESI hospital access concentrated in industrial belts.

- **Occupational Safety, Health and Working Conditions (OSH) Code, 2020** – consolidates 13 earlier laws. Mandates annual health examinations for workers in hazardous industries, but enforcement is weak and the gig economy sits outside its core ambit.
- **Code on Social Security, 2020** – recognises gig and platform workers for the first time, but operational rules remain incomplete and benefit access is patchy.

The Periodic Labour Force Survey continues to show that over 80 per cent of India’s workforce is informal. For this majority, occupational health is, in practice, self-financed.

WHAT THE CONSTITUTION ALREADY PROMISES

Article 39(e) directs the State to ensure that the health and strength of workers is not abused. Article 42 commands just and humane conditions of work. Article 47 places the improvement of public health among the State’s primary duties. The Supreme Court in *Consumer Education and Research Centre vs Union of India* (1995) read occupational health into Article 21 – making it a justiciable component of the right to life. The constitutional case for preventive workplace health as a state obligation is therefore not aspirational; it is settled.

WHAT OTHER DEMOCRACIES DO

The United Kingdom’s National Health Service offers free routine health checks to all adults aged 40-74 through the NHS Health Check programme. Germany’s *Berufsgenossenschaften* – statutory accident-insurance bodies funded by employer contributions – finance occupational health surveillance for the entire workforce. Singapore’s Workplace Safety and Health framework mandates statutory medical surveillance for designated occupational hazards. The common feature: preventive screening is treated as infrastructure, not as a perk.

A THREE-LAYER REFORM PATH

- 1 **Expand ESI’s preventive footprint:** shift ESI’s emphasis from curative reimbursement to a mandatory annual health-screening entitlement, including for dependents.
- 2 **Operationalise the gig-worker layer:** notify Code on Social Security rules to fund occupational health through a platform-aggregator cess, pooled with the National Social Security Board for unorganised workers.
- 3 **Public-funded screening camps:** deploy *Ayushman Arogya Mandirs* (formerly Health and Wellness Centres) for workplace-tied preventive screening in industrial clusters, construction sites and gig-worker hubs.

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Key arguments:

- India's occupational health system is fragmented across ESI, OSH Code and Social Security Code; informal workers fall through the gaps.
- Constitutional duty under Articles 39(e), 42, 47 and 21 makes preventive worker health a state obligation, not employer charity.
- Comparable democracies (UK, Germany, Singapore) treat preventive screening as statutory infrastructure.

Counterarguments:

- Universal state-funded screening risks crowding out scarce primary-care capacity.
- Employer-led mandates with strict enforcement may achieve similar outcomes at lower fiscal cost.

Keywords: ESI scheme, OSH Code 2020, Code on Social Security 2020, Article 39(e), Article 42, gig workers, NHS Health Check, *Consumer Education and Research Centre* case, Ayushman Arogya Mandir.

The Hindu's case is that preventive health is the cheapest tier of public health – and the one India under-invests in most. Treating workplace screening as a state-guaranteed public good is not welfare maximalism. It is the lowest-cost way to keep India's demographic dividend productive for the next two decades.

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