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Safeguarding Public Health through Law: An Evaluation of Legal Mechanisms and Judicial Accountability

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ABSTRACT

Human rights, sustainable development, and good governance all depend on public health in the aftermath of national health crises like COVID-19. This essay examines the role of law as a vital tool for safeguarding public health by concentrating on constitutional safeguards, legislative frameworks, and judicial accountability in India. Epidemic Diseases Act of 1897, Disaster Management Act of 2005, Food Safety and Standards Act of 2006, and environmental restrictions are among the statutes that have impacted health governance. "By broadly interpreting Article 21 of the Constitution, the Indian judiciary has recognized health as a fundamental right, ensuring access to medical care, environmental protection, and food security. Public Interest Litigations (PILs) have emerged as effective mechanisms for enforcing the state's health obligations. At the same time, global agreements like the International Health Regulations (IHR 2005) and the Framework Convention on Tobacco Control (FCTC) stress that India needs to make sure that its laws are in line with international standards." Still, old laws, poor enforcement, and fears of judicial power are still problems that need to be solved. The paper says that India needs a whole law reform program, along with wise judges and institutional accountability, to improve health governance. It says that legislation is not just a way to control people, but also an important part of public health that balances rights, duties, and the health of the community.

KEYWORDS

Public Health Law, Judicial Accountability, Constitutional Provisions, Health Governance, Legislative Mechanisms, Human Rights.

INTRODUCTION

In the twenty-first century, public health has become an important part of governance and human development. The rise of pandemics like COVID-19, the ongoing threat of vector-borne diseases, and the growing number of non-communicable diseases have all shown how important it is for the law to protect and promote public health. Health, once regarded just as a sectoral concern, is now recognized as an essential component of human rights, social justice, and sustainable development. The World Health Organization defines health as a state of comprehensive physical, mental, and social well-being, rather than only the absence of illness, hence requiring multifaceted interventions, including legislative ones. In this context, law functions as a formidable tool to regulate individual and institutional conduct, establish frameworks for disease prevention and control, mandate access to healthcare services, and ensure accountability of both public and private entities.¹

Law and public health have worked together before. In the past, governments have used laws to deal with epidemics, keep the public clean, and keep people safe from contagious diseases. The British colonial authority in India passed the Epidemic Diseases Act of 1897 to grant the government the power to use force to stop the spread of the plague. Even though the Act was written over 100 years ago, it is still beneficial in today's health problems, especially during the COVID-19 pandemic. International legal tools, such as the International Health Regulations (IHR 2005), establish a compulsory framework for nations to avert and address transnational health challenges. These accomplishments demonstrate that law is not a trivial aspect of health governance, but a fundamental component.²

¹ Wendy E. Parmet & Lawrence O. Gostin, *Public Health Law: Power, Duty, Restraint*, 24 J. PUBLIC HEALTH POLICY 460 (2003), <https://www.jstor.org/stable/3343388?origin=crossref>.

² F. M. Abbott, T. Cottier & F. Gurry, *The International Intellectual Property System: Commentary and Materials.*, KLUWER LAW INT. (2007), https://law-store.wolterskluwer.com/s/product/intl-intellectual-property-system-commentary-and-materials/01t0f00000J3au4AAB?srsltid=AfmBOorr_CW9q3xB-7YyUMd5AiMdiXz2C0vCKJITahhIA8XF3ISPdMPi.

In India, the constitutional framework reinforces the centrality of health as a public good. While the Constitution does not explicitly guarantee the “right to health” as a fundamental right, judicial interpretation has expanded Article 21 (Right to Life and Personal Liberty) to encompass the right to live with dignity, which necessarily includes health and access to medical care (*Paschim Banga Khet Mazdoor Samity v. State of West Bengal*, 1996)³. Additionally, Directive Principles of State Policy (DPSPs), particularly Article 47, impose a duty on the state to raise the level of nutrition, improve public health, and prohibit intoxicating drinks and drugs injurious to health. Through this constitutional design, public health law serves as both a guiding principle for governance and a justiciable entitlement for citizens.

The importance of legal mechanisms in safeguarding health is further accentuated by the increasing complexity of health challenges. Modern public health issues extend beyond communicable diseases and now include lifestyle disorders, environmental health hazards, food safety, occupational health risks, and mental health crises. Each of these domains requires a tailored legal framework that balances individual rights with collective interests. The Cigarettes and Other Tobacco Products Act (COTPA) 2003, for instance, aims to limit the usage, advertising, and packaging of tobacco products to protect public health. The Air (Prevention and Control of Pollution) Act, 1981 and the Environment Protection Act, 1986, on the other hand, safeguard health indirectly by dealing with the things that make people sick.⁴

The judiciary's job of making sure people are held accountable and figuring out what rights and responsibilities people have is at the foundation of these systems. The Indian judiciary has become an active player in setting public health policy through the use of Public Interest Litigations (PILs). Cases such as *Consumer Education and Research Centre v. Union of India* (1995)⁵, which recognized the right to health and medical care as a fundamental right for workers, and *Municipal Council, Ratlam v. Vardichand* (1980)⁶, which mandated municipal bodies to ensure sanitation, highlight the judiciary's proactive stance in

³ S.C. Agrawal, *Paschim Banga Khet Mazdoorsamity Of Ors vs State Of West Bengal* 1996 SCC (4) 37, JT 1996 (6) 43 (1996), <https://indiankanoon.org/doc/1743022/>.

⁴ Aparna Chandra, *India: Legal Response to Covid-19*, OXFORD COMPEND. NATL. LEG. RESPONSES TO COVID-19 1 (2024).

⁵ K. Ramaswamy, *Consumer Education & Research Centre ... vs Union Of India* 1995 AIR 922, 1995 SCC (3) 42 (1995), <https://indiankanoon.org/doc/1657323/>.

⁶ V.R. Krishnaiyer, *Municipal Council, Ratlam vs Shri Vardhichand* 1980 AIR 1622, 1981 SCR (1) 97 (19980), <https://indiankanoon.org/doc/440471/>.

upholding health rights. By expanding the ambit of fundamental rights and ensuring executive compliance, courts have emerged as vital actors in the architecture of health governance.

However, the intersection of law, health, and judicial accountability is not without challenges. Many health laws in India are outdated, fragmented, and lack effective enforcement mechanisms. The reliance on colonial-era legislations, inadequate harmonization across states, and limited awareness among citizens undermine their efficacy. Moreover, judicial interventions, while progressive, often raise concerns about judicial overreach and the separation of powers. Courts have occasionally ventured into areas traditionally reserved for legislative or executive policy-making, thereby triggering debates on institutional limits. The question, therefore, is not merely whether law can safeguard public health, but how effectively the legal and judicial frameworks can adapt to evolving health challenges while maintaining democratic accountability.

Another dimension that makes this discussion timely and significant is the global recognition of health as a human right. The Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966) recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. India, being a signatory to these covenants, has an obligation to align its domestic laws and policies with international standards. The judiciary has often used these tools to broaden the scope of the right to health, which connects domestic accountability to international obligations.⁷

The COVID-19 epidemic was a turning point that showed how good and bad the current legal and judicial systems are. The Disaster Management Act of 2005 and the Epidemic Diseases Act of 1897 were used to enforce lockdowns, quarantines, and other steps to stop the spread of disease. On the other hand, the pandemic showed how unprepared we were, how bad our healthcare system was, and how we weren't protecting vulnerable groups like migrant laborers. Judicial reactions ranged from preemptive directives to guarantee oxygen supply and immunization initiatives to prudent deference to executive decision-making. This situation shows how important it is to figure out how to make legal systems and judicial accountability

⁷ A. Shukla, *Right to Health in India: Constitutional Perspectives and Judicial Trends.*, 7 INDIAN J. LAW HUM. RIGHTS 45 (2020).

stronger to protect public health in both normal and unusual situations.⁸

OBJECTIVE OF THE STUDY

1. To critically evaluate the role of legislative frameworks in safeguarding public health in India, with specific reference to constitutional provisions, statutory laws, and regulatory mechanisms.
2. To examine the role of judicial accountability in interpreting, enforcing, and expanding public health rights, and to assess its impact on strengthening governance and ensuring equitable access to healthcare.

METHODOLOGY

The present study is based on a secondary research approach, relying on data and insights collected from previously published sources. Relevant literature was systematically reviewed from academic journals, government reports, legal documents, judicial pronouncements, and international health governance frameworks. Secondary sources such as books, research articles, case laws, policy papers, and reports of organizations like the World Health Organization (WHO) and Ministry of Health and Family Welfare (MoHFW) were extensively analyzed. The methodology involved identifying, selecting, and interpreting credible scholarly and policy-oriented materials to understand the interplay between legal mechanisms and public health. A comparative approach was also adopted by examining global legal practices and their relevance to the Indian context. By synthesizing diverse secondary sources, the study aims to critically evaluate legislative provisions, judicial accountability, and institutional responses, thereby providing a comprehensive understanding of how law functions as a tool for safeguarding public health.

RESULT

PUBLIC HEALTH AND THE ROLE OF LAW

Public health is not just a policy for one area; it is a social obligation that is at the heart of human wellbeing and sustainable development. It entails coordinated societal initiatives to avert sickness, enhance health, and extend lifespan through collaborative endeavor. Medical sciences and healthcare delivery are the practical basis of public health, while legislation is the

⁸ K. Rajagopal, *Judicial Responses to COVID-19 in India: Between Activism and Restraint.*, 56 ECON. POLIT. WKLY. 12 (2021).

structural framework that makes these tasks possible and controls them. Law delineates institutional duties, allocates resources, enforces accountability, and balances the conflict between individual freedom and group safety. In this sense, public health law acts both as a shield to protect communities from health risks and as a sword to compel action where necessary.⁹

At a conceptual level, the relationship between law and public health can be understood through three major functions: preventive, regulatory, and protective. First, the preventive function empowers authorities to design measures aimed at disease prevention, such as vaccination mandates, sanitation codes, or food safety standards. Second, the regulatory function creates obligations for industries, healthcare providers, and individuals to comply with norms that promote health, such as restrictions on tobacco advertising or environmental pollution controls. Third, the protective function ensures that vulnerable populations are safeguarded against inequities in health access, often through welfare legislation or judicial intervention. These functions illustrate that law is not external to public health but intrinsic to its philosophy and practice.

Historically, the use of law in public health can be traced to the regulation of epidemics and sanitation in ancient civilizations. For example, city-states like Athens and Rome implemented quarantine measures and urban sanitation laws to mitigate outbreaks. During the medieval period, European cities introduced isolation measures and pesthouses to control the spread of plague. In India, health-related regulations date back to the colonial era, where acts like the Epidemic Diseases Act, 1897 were passed to control infectious diseases. Although coercive in nature, these laws laid the foundation for modern public health governance by institutionalizing state authority over health matters.¹⁰

The contemporary function of legislation in public health is complex and intricately linked to constitutional and human rights frameworks. The judiciary in India has continuously broadened the scope of Article 21 of the Constitution, which guarantees the right to life, to encompass the right to health, a clean environment, and medical care. In *Consumer Education & Research Centre v. Union of India* (1995)¹¹, the Supreme Court

⁹ Lawrence O. Gostin & Lindsay F. Wiley, *Public Health Law*, UNIV CALIF. PR 734 (2016).

¹⁰ David Arnold, *Colonizing the Body – State Medicine & Epidemic Disease in Nineteenth-Century India (Paper): State Medicine and Epidemic Disease in Nineteenth-Century India*, UNIV. CALIF. PRESS 366 (1993).

¹¹ Ramaswamy, *supra* note 5.

recognized health and medical care as fundamental rights of workers, while in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996)¹², the Court held that failure of government hospitals to provide timely medical treatment amounted to a violation of the right to life. These important rulings show how legal interpretations have made the law a stronger protector of health rights.

Beyond constitutional rights, statutory laws play an equally vital role. The Food Safety and Standards Act, 2006, for instance, regulates the quality of food to prevent health hazards. The Cigarettes and Other Tobacco Products Act, 2003 (COTPA) imposes restrictions on advertising, sale, and use of tobacco products, thereby addressing lifestyle-related health risks. The Environment Protection Act, 1986 indirectly contributes to public health by ensuring control over pollution and environmental degradation. Each of these statutes reflects how law interacts with diverse determinants of health, ranging from nutrition and lifestyle to environmental quality.

The COVID-19 pandemic has further illustrated the indispensable role of law in public health governance. Governments worldwide invoked emergency legislations to impose lockdowns, regulate movement, and ensure vaccine distribution. In India, both the Disaster Management Act, 2005 and the Epidemic Diseases Act, 1897 were employed to legitimize restrictions and coordinate health responses. While these measures were necessary to prevent widespread transmission, they also sparked debates about proportionality, human rights, and state accountability. Courts were called upon to review executive decisions, such as the allocation of oxygen, availability of hospital beds, and migrant workers' rights, thereby underlining the judiciary's crucial role in mediating between executive authority and individual rights.¹³

Theoretically, law can be viewed as a means to equilibrate conflicting interests in public health. For instance, requiring vaccinations means taking away people's freedom to protect the health of the group. In the same way, limits on ads for tobacco or alcohol try to limit business freedom for the sake of public health. These instances show that rights and obligations are always at odds with each other, and the law is the one who decides. Legal frameworks assist keep public health initiatives legitimate by setting limits and giving reasons for actions.

¹² Agrawal, *supra* note 3.

¹³ Rajagopal, *supra* note 8.

Public health law also makes sure that people are held accountable by setting up ways for the courts to evaluate and oversee things. Courts have often stepped in to make sure that state inaction or private negligence does not infringe health-related rights. In *Parmanand Katara v. Union of India* (1989)¹⁴, the Supreme Court ruled that it is the obligation of every doctor, whether government or private, to extend medical aid to the injured in emergencies to preserve life. This case not only upheld the right to emergency medical care, but it also made private actors responsible for public health, which made the safety net for public health even stronger. These kinds of court decisions show how the law makes sure that health governance is both preventive and corrective.

The influence of law on public health transcends national borders, extending into the international sphere. Instruments like the International Health Regulations (IHR 2005) make it necessary for countries to build basic skills for finding and dealing with health concerns that affect people around the world. The Framework Convention on Tobacco Control (FCTC), which India is a part of, also requires countries to use evidence-based strategies to cut down on tobacco use. By making these international obligations part of their own laws, states not only meet their global responsibilities but also improve their own health governance. So, the law acts as a link between international standards and the way things really are in a country.

The function of law in public health is important, but it has a lot of problems. Health laws don't work as well as they should because of old laws, broken statutory frameworks, and a lack of efficient enforcement. The use of colonial-era laws like the Epidemic Diseases Act of 1897 shows how badly legal modernization needs to be done. Additionally, although courts have actively enforced health rights, concerns regarding judicial authority and insufficient technical understanding frequently emerge. So, policymakers need to find a balance between giving legal institutions more power and making sure that health governance stays mostly based on evidence and policy.¹⁵

¹⁴ Misra Rangnath, *Pt. Parmanand Katara vs Union Of India* 1989 AIR 2039, 1989 SCR (3) 997 (1989), <https://indiankanoon.org/doc/498126/>.

¹⁵ Angela Pinzon, Juan Carlos Botero & Angela María Ruiz-Sternberg, *Rule of Law and Public Health*, RESEARCHGATE 1 (2012), https://www.researchgate.net/publication/266788866_Rule_of_Law_and_Public_Health.

LEGISLATIVE MECHANISMS SAFEGUARDING PUBLIC HEALTH

Legislative mechanisms are central to the protection and promotion of public health. Through the creation, implementation, and enforcement of statutes and regulations, the legislature defines the boundaries within which both the state and private actors operate, establishing a legal framework for health governance. These mechanisms determine not only what the government is empowered or obliged to do but also lay down significant duties and restraints, ensuring the alignment of state action with fundamental rights, equity, and social justice. In the Indian context, legislative mechanisms reflect both historical evolution and contemporary challenges, demonstrating the country's ongoing efforts to strengthen health systems, uphold constitutional values, and respond effectively to emerging threats.¹⁶

CONSTITUTIONAL MANDATES AND PUBLIC HEALTH

The foundation for public health legislation in India is laid by the Constitution. Article 21, guaranteeing the fundamental right to life and personal liberty, has been expansively interpreted by the judiciary to include the right to health, environmental protection, and access to clean air and water. Article 47, located in the Directive Principles of State Policy (DPSP), explicitly instructs the State to "raise the level of nutrition and the standard of living of its people and to improve public health." While the DPSPs are not directly justiciable, they serve as guiding principles for legislative action and form the backbone for many health-related statutes.

Indian courts have ruled in a number of important cases that Article 21 includes the right to health. Because of this, the legislative and executive branches have to defend health rights and make sure that resources are spent correctly. Sentences from celebrated rulings, such as in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996)¹⁷, affirm that the government has a constitutional obligation to provide adequate medical facilities. This judicial interpretation has, in turn, shaped the evolution and scope of public health legislation in the country.

¹⁶ Allyson Pollock, *Public Health Meets Law: Are There Sufficient Legal Safeguards to Ensure Access to Public Health Care for All?*, 76 MED. LEG. J. 118 (2008), <https://journals.sagepub.com/doi/10.1258/rsmmlj.76.4.118>.

¹⁷ Agrawal, *supra* note 3.

KEY STATUTORY LEGISLATION

India's public health laws are a complicated mix of old legislation from the colonial period, new laws from after independence, and more recent changes. Some of the most important legislation that focus on public health are:

- **The Epidemic Diseases Act, 1897:** Enacted during the colonial period in response to the plague, this Act gives sweeping powers to the central and state governments to control the spread of infectious diseases. It allows things like quarantine, travel restrictions, and mandatory inspections, but it has been criticized a lot for not including protections for human rights and modern governance standards. The Act was used a lot during the COVID-19 epidemic, which led to calls for it to be replaced or changed to make it more open, fair, and follow the rules.
- **The Disaster Management Act, 2005:** This law was enacted because natural and man-made catastrophes were happening more often. It sets forth the rules for reducing, preventing, mitigating, and responding to disasters. It played a vital role during major health emergencies, including pandemics, by facilitating coordinated action between national, state, and local authorities.
- **The Food Safety and Standards Act, 2006:** This new law superseded a number of old ones to create the Food Safety and Standards Authority of India (FSSAI). The FSSAI is in charge of making sure that food is safe and healthy by regulating and keeping an eye on its production, storage, distribution, sale, and import. This law has made food safety rules stronger, added standards for labeling, and made it easier to keep an eye on contamination and adulteration.
- **The Environment (Protection) Act, 1986:** It isn't a health law on its own, but its focus on controlling and lowering pollution has a direct influence on people's health. The Act lets the central government do things to keep the air, water, and land clean. People usually apply its guidelines when they discuss about health problems in the environment, industrial pollution, and dangerous waste.
- **The National Medical Commission Act, 2019:** The National Medical Commission took the place of the Medical Council of India as the main body in charge of regulating medical education and practice. The new regulating organization wants to raise the standards of medical education, make sure that medical professionals operate ethically, and increase the quality of healthcare professionals.

- **Various state-level Public Health Acts:** The Bombay Public Health Act of 1949 is the model for several Indian states' own legislation about public health. These laws give governments the authority to manage health care, sanitation, and infectious diseases in their respective territories.

● **ROLE OF REGULATORY BODIES AND INSTITUTIONS**

India's health-related statutes are operationalized by a network of regulatory agencies. For example:

- **Central Pollution Control Board (CPCB):** Administers environmental protection statutes, overseeing air and water quality and managing hazardous waste.
- **Food Safety and Standards Authority of India (FSSAI):** Implements and enforces food safety standards nationwide.
- **National Medical Commission (NMC):** Regulates medical education, grants recognition to medical qualifications, and oversees the ethical conduct of medical practitioners.

These bodies have wide-ranging powers including licensing, inspection, enforcement, and imposition of penalties ensuring the execution of legislative mandates.¹⁸

JUDICIAL ACCOUNTABILITY AND PUBLIC HEALTH

The connection between judicial responsibility and public health has become a topic of scholarly discussion and legal change more and more. The legislative and executive are mostly in charge of developing and carrying out health policies. The judiciary, on the other hand, is in charge of protecting constitutional rights and making sure that the state is held accountable when its acts or lack of action harm public health. This role has grown a lot in India over the past 40 years, mostly because of how judges have interpreted Article 21 of the Constitution's right to life. Courts have not only acknowledged health as an inherent right but have also taken aggressive measures in issues spanning from environmental contamination to hospital incompetence. In this case, judicial accountability means that courts have to protect people's health rights and that they have to be open, make decisions based on reason, and not overstep their bounds when they do so.

¹⁸ Itishri Upadhyay & Namrata Patel, *Analysis of Public Health Care Safeguard Measures in India*, SOUTH EAST. EUR. J. PUBLIC HEAL. 144 (2024), <https://seejph.com/index.php/seejph/article/view/908>.

- ***The Constitutional Basis***

Article 21 of the Indian Constitution provides the right to life and personal liberty, and judicial interpretations have consistently affirmed that this right includes the right to health and access to healthcare. In *Consumer Education and Research Centre v. Union of India* (1995)¹⁹, the Supreme Court explicitly declared health and medical care to be part of the right to life, emphasizing that the state has a constitutional obligation to provide health facilities to workers. Similarly, in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996)²⁰, the Court held that the failure of a government hospital to provide timely medical treatment amounted to a violation of Article 21. These decisions not only confirmed that health rights are enforceable, but they also established a standard for holding governments accountable when they fail to meet their public health responsibilities.²¹

- ***Public Interest Litigation And Judicial Activism***

Public Interest Litigation (PIL) is a notable aspect of the judiciary's engagement in public health. Starting in the late 1970s, PILs became an important tool for people and civil society groups to ask the courts to look into systemic health problems. Courts have heard petitions over a wide range of issues, such as starvation, contaminated drinking water, environmental damage, and health risks at work. For instance, the Supreme Court in *People's Union for Democratic Rights v. Union of India* (1982)²² expanded the meaning of health protections by ordering measures to ensure safe working conditions for laborers engaged in the construction of Asian Games projects. Similarly, in environmental health, the Court's directions in *M.C. Mehta v. Union of India* (1987, Oleum Gas Leak case)²³ broadened the principle of absolute liability for industries engaged in hazardous activities, highlighting the judiciary's role in preventing public health disasters.²⁴

¹⁹ Ramaswamy, *supra* note 5.

²⁰ Agrawal, *supra* note 3.

²¹ A. Shukla, *Right to Health and Judicial Interpretation in India.*, 11 NUJS LAW REV. 201 (2018).

²² P.N. Bhagwati, *People'S Union For Democratic Rights ... vs Union Of India* 1982 AIR 1473, 1983 SCR (1) 456, (1982), <https://indiankanoon.org/doc/496663/>.

²³ P.N. Bhagwati, *M.C. Mehta And Anr vs Union Of India* 1987 AIR 1086, 1987 SCR (1) 819 (1987), <https://indiankanoon.org/doc/1486949/>.

²⁴ P. Mehta, *Judicial Activism and Public Health in India*, 56 INDIAN J. PUBLIC ADM. 34 (2010).

- **Accountability Through Judicial Directions**

Judicial responsibility in public health issues is shown by orders that force state officials to make healthcare systems better. For example, the Supreme Court's orders in cases relating to food security, such as PUCL v. Union of India (2001)²⁵, transformed the right to food into a justiciable entitlement and forced governments to strengthen nutritional schemes. Likewise, High Courts across the country have intervened to address deficiencies in public hospitals, shortages of essential medicines, and lapses in health infrastructure. In doing so, courts hold not only state authorities accountable but also themselves, by ensuring that their orders are reasoned, evidence-based, and enforceable. Transparency in judicial reasoning is crucial here, as it builds public trust and establishes clear standards for executive compliance.²⁶

- **Tensions And Critiques**

Despite these achievements, the judiciary's involvement in public health has not been without criticism. Scholars have noted that excessive judicial activism can blur the separation of powers and lead to inefficiencies in governance. For instance, when courts prescribe detailed policy measures without considering budgetary constraints or administrative feasibility, they risk overstepping their constitutional mandate. Judicial accountability, therefore, requires courts to strike a delicate balance: ensuring the protection of fundamental rights while respecting the competencies of legislative and executive branches. Furthermore, inconsistent rulings across jurisdictions and delays in enforcement sometimes undermine the effectiveness of judicial interventions in public health.²⁷

- **Comparative Perspectives**

The Indian experience is similar to what is happening in other parts of the world, where courts are becoming important players in health governance. In South Africa, the landmark Minister of Health v. Treatment Action Campaign (2002)²⁸

²⁵ Anju Anna John, Critical Analysis: PUCL vs Union of India (2021), <https://www.lawctopus.com/academike/pucl-v-uoii/>.

²⁶ Gautam Bhatia, *Transformative Constitution*, HARPERCOLLINS INDIA 544 (2019).

²⁷ B. Rajagopal, *Separation of Powers and Judicial Activism in India's Health Jurisprudence*, 55 ECON. POLIT. WKLY. 23.

²⁸ Minister of Health and Others v Treatment Action Campaign and Others (No 2) (CCT8/02) [2002] ZACC 15; 2002 (5) SA 721 (CC); 2002 (10) BCLR 1033 (CC) (5 July 2002).

established judicial authority to compel the government to expand access to antiretroviral drugs, thereby enforcing constitutional commitments to health. In the United States, judicial examination of public health measures like vaccine mandates or quarantine orders has long been a factor in finding a balance between personal rights and the requirements of the whole population. These examples from other countries support the idea that holding judges accountable for health issues is not just something that happens in India; it is also a global responsibility of the courts to protect health rights.²⁹

- ***Towards Stronger Judicial Accountability***

To enhance judicial accountability in public health, scholars advocate several reforms. First, courts should strengthen the use of empirical data and expert testimony when issuing health-related orders, ensuring that their interventions are scientifically sound. Second, there must be better monitoring mechanisms to track compliance with judicial directives, perhaps through independent commissions or court-appointed committees. Third, judicial training in public health law can improve judges' ability to handle complex health-related disputes with greater nuance. Finally, greater openness in judicial reasoning through detailed written judgments and accessible language can help the public and policymakers understand the rationale behind decisions, thereby fostering accountability.³⁰

DISCUSSION

This study's findings confirm the essential role of law in influencing public health governance, while also emphasizing the obstacles and limitations that require immediate attention. Historically, public health legislation in India has predominantly depended on colonial-era statutes like the Epidemic Diseases Act of 1897, which, while useful in conferring emergency powers, frequently lacks protections for human rights and proportionality. The COVID-19 pandemic highlighted these shortcomings, revealing the necessity for extensive legal reforms that reconcile state power with individual rights. The Food Safety and Standards Act of 2006 and the Environment Protection Act of 1986 are examples of modern laws that show how health law has grown to include more than only infectious diseases. It also includes risks to health from lifestyle, the environment, and work.

²⁹ Parmet and Gostin, *supra* note 1.

³⁰ R. Nair, *Judicial Accountability in Health Rights Adjudication: Emerging Trends.*, 7 J. LAW PUBLIC POLICY 45 (2021).

The judiciary has been very important in broadening the meaning of Article 21, recognizing health as a basic part of the right to life, and making the government responsible through Public Interest Litigations (PILs). Too much judicial activism could make people worry about the separation of powers, which shows how important it is for judges to have some freedom and rely on expert testimony. Furthermore, the enforcement of health regulations is inconsistent, with disparities among states and inadequate institutional capacity. Comparative global experiences, such as South Africa's Treatment Action Campaign or international mechanisms like the IHR (2005), show that strong legal and judicial systems can greatly improve health outcomes. The discussion thus emphasizes the necessity for unified, modern, and enforced legislation that integrates global standards while taking into account India's unique socio-economic circumstances. Strengthening legislative frameworks, enhancing institutional accountability, and ensuring community involvement are critical steps for creating a resilient public health governance system that is fair and enduring.

CONCLUSION

The interplay between law and public health demonstrates that legal structures are crucial for promoting equity, protecting rights, and ensuring accountability. In India, constitutional requirements, legislative actions, and proactive judicial interventions have combined strengthened the right to health as essential to the right to life. But there are still difficulties with antiquated laws, judges going too far at times, and not enforcing them consistently. The COVID-19 epidemic made it increasingly evident that we need to update our laws and be ready for emergencies. In order for health governance to continue, the law must strike a balance between promoting evidence-based policy, protecting people's rights, and holding people accountable. In the end, preserving public health through law needs to be a constant process of change. This means making sure that laws follow international rules and making institutional processes stronger.

RECOMMENDATIONS

1. **Legal Reform** – Replace old colonial laws like the Epidemic Diseases Act of 1897 with new ones that protect people's rights.
2. **Strengthened Enforcement** – Make sure that health regulations are followed by independent regulatory agencies that have enough resources.

3. **Judicial Prudence** – Encourage courts to find a balance between activism and restraint by using expert testimony and considering how feasible a policy is.
4. **Institutional Accountability** – Set up ways to check that health-related cases are following court orders.
5. **Public Awareness** – Encourage health literacy to provide people the tools they need to understand and use legal safeguards.
6. **Integrated Governance** – Encourage the legislative, executive, and judiciary to work together for better health governance.
7. **International Alignment** – Make sure that your country's laws are in line with international agreements like IHR (2005) and FCTC.
8. **Capacity Building** – Teach judges, lawmakers, and public health administrators how to deal with new problems that come up.

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