**The Right to the Highest Attainable Standard of Health**

**What is the legal basis for the “right to health”?**

* The best and most complete statement of the “right to health” can be found in the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12. It sets out “the right of everyone to the enjoyment of the **highest attainable standard of physical and mental health**.”
* *See also* International Convention on the Elimination of All Forms of Racial Discrimination, article 5(e) (iv); Convention on the Elimination of All Forms of Discrimination, Articles 11(f) and 12; Convention on the Rights of the Child, Article 24.
* The Committee on Economic, Social and Cultural Rights, the UN body monitoring compliance with the ICESCR, has provided detailed guidance on implementing the right to health (General Comment 14).

**What does the right to health mean?**

* A right to health care that is available, accessible, acceptable, and quality and
* A right to the underlying determinants of health, including civil and political rights

**What are the components of the right to health care?**

* **Availability** of health facilities, goods, and services
* **Accessibility** of health facilities, goods and services; this includes:
* Non-discrimination
* Physical accessibility
* Economic accessibility/affordability
* Information accessibility
* **Acceptability** of health facilities, goods, and services; they must be:
* Respectful of medical ethics
* Culturally appropriate
* Sensitive to gender and life-cycle requirements
* **Quality** health facilities, goods, and services that are scientifically and medically appropriate

**How can this right be meaningfully protected if it is dependent on resources?**

* This right contains a minimum core, priority obligations, and aspects for progressive realization to the maximum of available resources.
* The minimum core includes:
* Non-discriminatory access to health care.
* Equitable distribution of health facilities, goods, and services
* Essential medicines, as defined by the WHO; this encompasses access to palliative care and harm reduction medications.
* Minimum essential food, potable water, basic shelter, and sanitation.
* National public health strategies and plans of actions adopted and implemented through a participatory process. National strategies and plans must give particular attention to vulnerable and marginalized groups in both their process and content.
* Priority obligations include:
* Ensuring reproductive, maternal, and child health care.
* Providing immunization against major infectious diseases.
* Taking measures to prevent, treat, and control epidemics.
* Providing education and information on major health problems.
* Appropriately training health personnel, including education on health and human rights.
* National public health strategies and plans need to include **benchmarks** to measure progressive realization. There is thus an important **monitoring** role for civil society.
* Courts, tribunals, and health ombuspersons can also play a critical role in ensuring government accountability for the right to health.