

United Nations Human Rights Council



TOPIC 2: Measures to Ensure Every Person Can Enjoy the Highest Attainable Health Standards

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Introduction to the topic

The state of our health, as well as that of our loved ones, is a constant concern for us, regardless of our age, gender, ethnicity, or socio-economic status. We view good health as our most essential asset, while illness can impede our daily activities, such as attending school or work or caring for our families. We are willing to make sacrifices to ensure a healthier, longer life for ourselves and our families. Thus, when we speak of well-being, health is often the primary focus.

The right to health is a fundamental aspect of our human rights and for living a dignified life. The Universal Declaration of Human Rights recognized health as part of the right to an adequate standard of living (article 25). The 1946 Constitution of the World Health Organization defined health “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The 1966 International Covenant on Economic, Social and Cultural Rights also acknowledged the right to health as a human right.

We often associate the right to health with access to health care and the building of hospitals. Even if this is correct, the right to health extends much further. It includes factors such as safe drinking water and food, adequate nutrition and housing, healthy working and environmental conditions, health-related education, and gender equality. The right to health also includes freedom to control one’s health and body, including sexual and reproductive freedom, and freedom from non-consensual medical treatment and interference, as well as entitlements.

The highest attainable standard of health is a fundamental right for all people, regardless of their race, religion, political beliefs, economic or social status. Still, members of the LGBTQ2+ community reportedly face discrimination and violent barriers impeding their full and equal enjoyment of the right. A study showed that 8% of the respondents reported a doctor or other health care provider refused to see them because of their sexual orientation.

This also goes for people with disabilities. They are significantly more likely to need health-care services than persons without disabilities, while also being more likely to not receive them. Studies suggest that in many low- and middle-income countries only

5 to 15 per cent of persons with disabilities requiring assistive devices and technologies have access to them.

Events and actions

As specified by the 1948 declaration of human rights, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control “.

Moreover, according to international human rights standards, every individual is entitled to the utmost possible level of health without any form of discrimination, including discrimination based on sexual orientation and gender identity (SOGI). Governments are responsible for removing discriminatory impediments that prevent marginalized groups from accessing health services and implementing legal, policy, and financial measures to gradually achieve health equity for all, as part of fulfilling this right. Despite this, countless individuals worldwide are still being deprived of their right to health due to SOGI-based discrimination and violence.

The Special Rapporteur has been mandated to pay attention to groups in vulnerable or marginalized situations. It was reported that the people most affected by poor access to healthcare include indigenous people, minority communities, people with disabilities, women and LGBT and gender diverse persons.

One must note that there have been many actions regarding and facing this problem over the past couple of decades. These include for example the [Convention on the Elimination of All Forms of Discrimination against Women, CEDAW](#) (1979). The Convention affirms to the principle of equality by asking States parties to take "all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men"(article 3). This issue is also being addressed in article 21 of the CESCR General Comment No. 14*.

Moreover, there have been several measures taken to ensure the improvement of other discriminated groups.

These include the [Convention on the Rights of Persons with Disabilities](#). People with disabilities are often being neglected in the department of health, while they are also the ones needing these services the most. This convention ensures people with disabilities can enjoy the same range, quality, and standard of free or affordable healthcare, while also offering them those health services specifically needed by them.

Another comment addressed the need for healthcare for minorities. Even though, it is expressed, the right to health must be assured to any person, regardless of their race or ethnicity, Studies have shown that minority and indigenous populations have lower access to health services, health information, and adequate housing and safe drinking water than the general population. Children, in particular, have a higher mortality rate and are more likely to suffer from severe malnutrition. CESCR General Comment 14 asks for measures concerning this issue to be taken, such as that “health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations”. The same goes for A/RES/47/135 (1992).

Besides that, the Human rights council passed multiple resolutions such as [resolution 2002/31](#), [resolutions 6/29](#) and [resolution 42/16](#), which establish, endorse, extend, and renew the Mandate of the Special Rapporteur on the right to physical and mental health.

They gather, request, receive and exchange information on the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health while also addressing specific cases of alleged violations of the right to physical and mental health for everyone.

Useful links

<https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

<https://www.ohchr.org/en/documents/thematic-reports/ahrc5027-report-right-enjoyment-highest-attainable-standard-physical-and>

<https://www.refworld.org/pdfid/4538838d0.pdf>

<https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2013/07/7-Backman.pdf>

<https://www.coe.int/de/web/commissioner/-/states-must-act-now-on-their-duty-to-ensure-the-best-attainable-standard-of-physical-and-mental-health-for-all>

<http://fra.europa.eu/en/eu-charter/article/35-health-care>