

## ***Summary of International Standards and Supporting Resources in the Area of Human Rights, the Right to Health and the Right to Immunization December 2011***

*This summary is not intended to be exhaustive but does, in our view, capture how broadly the right to health, and in many instances, references to immunization and related themes, pervade international covenants and related instruments (each of which has its own varying set of signatories, ratifying states, and statements of reservations on particular language or principles espoused). Added at the end of the document are a few references from the literature and other sources of interest to this theme.*

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*Excerpts in this document sourced and adapted, in part, from:*

**United Nations – Human Rights International Standards**

<http://www.ohchr.org/EN/Issues/Health/Pages/InternationalStandards.aspx>

*[accessed 23 November 2011; bolded text added for emphasis]*

*We recommend review of the treatment of right-to-health presented in:*

**Right to Health, Fact Sheet No. 31**, Office of the High Commissioner for Human Rights and WHO, June 2008 [www.ohchr.org/documents/publications/factsheet31.pdf](http://www.ohchr.org/documents/publications/factsheet31.pdf)

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## **Universal standards**

### **Universal Declaration of Human Rights (UDHR)**

#### **Article 25 (1)**

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.

## [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#)

International Covenant on Economic, Social and Cultural Rights

New York, 16 December 1966

Entry into force : 3 January 1976, in accordance with article 27 [1](#)  
Registration : 3 January 1976, No. 14531 [1](#)  
Status : Signatories : 70. Parties : 160  
Text : United Nations, Treaty Series, [vol. 993](#), p. 3; depositary notification [C.N.781.2001.TREATIES-6](#) of 5 October 2001 [Proposal of correction to the original of the Covenant (Chinese authentic text) and [C.N.7.2002.TREATIES-1](#) of 3 January 2002 [Rectification of the original of the Covenant (Chinese authentic text)].

### **Article 12**

1. The States Parties to the present Covenant recognize the right of everyone to the **enjoyment of the highest attainable standard of physical and mental health.**

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene;

© **The prevention, treatment and control of epidemic, endemic, occupational and other diseases;**

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

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### **Committee on Economic, Social and Cultural Rights**

#### [General comment No. 14: The right to the highest attainable standard of health](#)

The right to the highest attainable standard of health : . 08/11/2000.

E/C.12/2000/4. (General Comments)

Convention Abbreviation: CESCR

COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Twenty-second session

Geneva, 25 April-12 May 2000

Agenda item 3

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

General Comment No. 14 (2000)

The right to the highest attainable standard of health

(article 12 of the International Covenant on Economic, Social and Cultural Rights)

#### **[...] Core obligations**

43. In General Comment No. 3, the Committee confirms that States parties have a **core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights enunciated in the Covenant, including essential primary health care.** Read in

conjunction with more contemporary instruments, such as the Programme of Action of the International Conference on Population and Development, (28) the Alma-Ata Declaration provides compelling guidance on the core obligations arising from article 12.

Accordingly, in the Committee's view, these core obligations include at least the following obligations:

- (a) **To ensure the right of access to health facilities, goods and services on a non-discriminatory basis**, especially for vulnerable or marginalized groups;
- (b) To ensure access to the minimum essential food which is nutritionally adequate and safe, to ensure freedom from hunger to everyone;
- © To ensure access to basic shelter, housing and sanitation, and an adequate supply of safe and potable water;
- (d) **To provide essential drugs, as from time to time defined under the WHO Action Programme on Essential Drugs;**
- (e) To ensure equitable distribution of all health facilities, goods and services;
- (f) **To adopt and implement a national public health strategy and plan of action, on the basis of epidemiological evidence, addressing the health concerns of the whole population;** the strategy and plan of action shall be devised, and periodically reviewed, on the basis of a participatory and transparent process; they shall include methods, such as right to health indicators and benchmarks, by which progress can be closely monitored; the process by which the strategy and plan of action are devised, as well as their content, shall give particular attention to all vulnerable or marginalized groups.

44. The Committee also confirms that the following are **obligations of comparable priority**:

- (a) To ensure reproductive, maternal (pre-natal as well as post-natal) and child health care;
- (b) **To provide immunization against the major infectious diseases occurring in the community;**
- © **To take measures to prevent, treat and control epidemic and endemic diseases;**
- (d) To provide education and access to information concerning the main health problems in the community, including methods of preventing and controlling them;
- (e) To provide appropriate training for health personnel, including education on health and human rights.

45. For the avoidance of any doubt, the Committee wishes to emphasize that it is particularly incumbent on States parties and other actors in a position to assist, to provide "international assistance and cooperation, especially economic and technical" (29) which enable developing countries to fulfill their core and other obligations indicated in paragraphs 43 and 44 above.

## Constitution of the World Health Organization

[...] The enjoyment of the **highest attainable standard of health is one of the fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition. [...]

[...] Unequal development in different countries in the promotion of health and **control of disease, especially communicable disease, is a common danger**. [...]

[...] Governments have a responsibility for the health of their peoples which can be fulfilled only by the **provision of adequate health and social measures**. [...]

## Declaration of Commitment on HIV/AIDS

### HIV/AIDS AND HUMAN RIGHTS

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups, in particular **to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection**, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;

## Declaration of Alma Ata

VI. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VIII. **All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system** and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

## Declaration on the right to development

### Article 8

1. States should undertake, at the national level, all necessary measures for the realization of the right to development and shall ensure, inter alia, **equality of opportunity for all in their access to basic resources, education, health services**, food, housing, employment and the fair distribution of income. Effective measures should be undertaken to ensure that women have an active role in the development process. Appropriate economic and social reforms should be carried out with a view to eradicating all social injustices.

### Specific groups

## Convention on the Rights of the Child (CRC)

### Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) **To diminish infant and child mortality;**

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate pre-natal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

(f) **To develop preventive health care**, guidance for parents and family planning education and services.

## Declaration of the Rights of the Child

### Principle 4

The child shall enjoy the benefits of social security. **He shall be entitled to grow and develop in health;** to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. **The child shall have the right to** adequate nutrition, housing, recreation and **medical services.**

## [Declaration on the Elimination of Violence against Women](#)

### **Article 3**

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia :

( f ) **The right to the highest standard attainable of physical and mental health;** [...]

## [Beijing Platform for Action – Women and health](#)

**Women have the right to the enjoyment of the highest attainable standard of physical and mental health.** The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life. [...]

## [United Nations Declaration on the Rights of Indigenous Peoples](#)

### **Article 24**

**1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.**

**2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.**

## [ILO Convention \(No. 169\) concerning Indigenous and Tribal Peoples in Independent Countries](#)

### **Article 25**

**1. Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health.**

## [International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families](#)

### **Article 28**

**Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment.**

### **Article 43**

1. Migrant workers shall enjoy equality of treatment with nationals of the State of employment in relation to:

(e) **Access to social and health services**, provided that the requirements for participation in the respective schemes are met;

### **Article 45**

1. Members of the families of migrant workers shall, in the State of employment, enjoy equality of treatment with nationals of that State in relation to:

(c) **Access to social and health services**, provided that requirements for participation in the respective schemes are met;

## [Convention on the Rights of Persons with Disabilities](#)

### **Article 25 - Health**

**States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.** States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- (a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and **population-based public health programmes;**
- (b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- (c) Provide these health services as close as possible to people's own communities, including in rural areas;
- (d) **Require health professionals to provide care of the same quality to persons with disabilities as to others,** including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training

## Standard Rules on the Equalization of Opportunities for Persons with Disabilities

22. The term "prevention" means action aimed at preventing the occurrence of physical, intellectual, psychiatric or sensory impairments (primary prevention) or at preventing impairments from causing a permanent functional limitation or disability (secondary prevention). Prevention may include many different types of action, such as primary health care, prenatal and postnatal care, education in nutrition, **immunization campaigns against communicable diseases, measures to control endemic diseases**, safety regulations, programmes for the prevention of accidents in different environments, including adaptation of workplaces to prevent occupational disabilities and diseases, and prevention of disability resulting from pollution of the environment or armed conflict.

## The United Nations Principles of Older Persons

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
11. **Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.**

## Basic Principles for the Treatment of Prisoners

9. **Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.**

## United Nations Rules for the Protection of Juveniles Deprived of their Liberty

49. **Every juvenile shall receive adequate medical care, both preventive and remedial**, including dental, ophthalmological and mental health care, as well as pharmaceutical products and special diets as medically indicated. All such medical care should, where possible, be provided to detained juveniles through the appropriate health facilities and services of the community in which the detention facility is located, in order to prevent stigmatization of the juvenile and promote self-respect and integration into the community.

## International Humanitarian Law

### [Geneva Convention \(IV\) relative to the Protection of Civilian Persons in Time of War](#)

**Article 56** – To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, **public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.** Medical personnel of all categories shall be allowed to carry out their duties.

### Other legal sources

**Committee on the Elimination of Discrimination against Women**

[General recommendation No. 24: Women and health](#)

**Committee on the Rights of the Child**

[General Comment No. 3: HIV/AIDS and the rights of the child](#)

[General Comment No. 4: Adolescent health and development](#)

**Committee on the Elimination of Racial Discrimination**

[General recommendation No. 30: Discrimination Against Non Citizens](#)

The Committee on the Elimination of Racial Discrimination [r]ecommends ... that the States parties to the Convention, as appropriate to their specific circumstances, adopt the following measures:

[...] 29. Remove obstacles that prevent the enjoyment of economic, social and cultural rights by non-citizens, notably in the areas of education, housing, employment and health; [...] 36. Ensure **that States parties respect the right of non-citizens to an adequate standard of physical and mental health by, inter alia, refraining from denying or limiting their access to preventive, curative and palliative health services;** [...]

## Regional standards

### Revised European Social Charter of 1996

#### **Article 11 – The right to protection of health**

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. **to prevent as far as possible epidemic, endemic and other diseases**, as well as accidents.

### African Charter on Human and People's Rights

#### **Article 16**

1. **Every individual shall have the right to enjoy the best attainable state of physical and mental health.**
2. State Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

### African Charter on the Rights and Welfare of the Child

**Article 14** - Health and Health Services states that “Every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health.” and that “State Parties to the present Charter shall undertake to pursue the full implementation of this right and in particular shall take measures ... (c) to ensure the provision of adequate nutrition and safe drinking water; (d) **to combat disease and malnutrition within the framework of primary health care through the application of appropriate technology**; ... (h) to ensure that all sectors of the society, in particular, parents, children, community leaders and community workers are informed and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of domestic and other accidents; ...”

### Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (the “Protocol of San Salvador”)

#### **Article 10 - Right to Health**

1. **Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being.**
2. In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good and, particularly, to adopt the following measures to ensure that right:
  - a. Primary health care, that is, essential health care made available to all individuals and families in the community;
  - b. Extension of the benefits of health services to all individuals subject to the State's jurisdiction;

- c. Universal immunization against the principal infectious diseases;**
- d. Prevention and treatment of endemic, occupational and other diseases;**
- e. Education of the population on the prevention and treatment of health problems, and
- f. Satisfaction of the health needs of the highest risk groups and of those whose poverty makes them the most vulnerable.

## Other Resources/Articles/References

### **GAVI congratulates Nobel Peace Prize winner**

President Ellen Johnson Sirleaf: "a passionate advocate for global health"

President Ellen Johnson Sirleaf addresses the GAVI Pledging Conference in June 2011. Source: GAVI/2011/Ben Fisher.

Geneva, 7 October 2011 - The GAVI Alliance congratulates Liberian President Ellen Johnson Sirleaf on winning the Nobel Peace Prize.

"This award is timely and thoroughly deserved. President Johnson Sirleaf is a **tireless advocate for the right of all people to health and immunisation** and we applaud the Norwegian Nobel committee's decision to recognise her," said GAVI Alliance Chief Executive Officer, Seth Berkley MD.

<http://ht.ly/6RKYR>

[Am J Prev Med](#). 2004 Jan;26(1):84-8.

### **Immunization, equity, and human rights.**

[Hinman AR](#).

Source

Task Force for Child Survival and Development, Decatur, Georgia, USA. [ahinman@taskforce.org](mailto:ahinman@taskforce.org)

Abstract

There is much to be proud of with respect to progress in childhood immunization in the United States and around the world. However, the good fortune is not yet shared by all. There is more to be done in the United States, and much more to be done around the world to ensure that all children of the world enjoy the right to immunization.

PMID:

14700717

[PubMed - indexed for MEDLINE]

[Health Aff \(Millwood\)](#). 2011 Jun;30(6):1029-33.

### **The moral case for the routine vaccination of children in developed and developing countries.**

[Dawson A](#).

Source

Centre for Professional Ethics, Keele University, in Staffordshire, England.

[a.j.dawson@keele.ac.uk](mailto:a.j.dawson@keele.ac.uk)

Abstract

In developed countries some parents have decided not to provide routine vaccinations for their children, while in many developing countries there are inadequate rates of vaccination for various reasons. The consequences for children, and members of the community in which they live, can be significant and even tragic. Although some parents may worry that vaccines will harm their child, there is a broader moral case for vaccination that parents and policy makers should consider. This case has four components: benefits and harms, best interests, community benefits, and justice. This moral case should be central to deliberations about vaccination by parents and policy makers.

## **The Potential for Private Philanthropy**

GAVI Alliance & Fund Board meeting 28-29 Nov 2007 Doc # AF-7 - Private philanthropy  
FOR INFORMATION

GAVI Secretariat, 14 November 2007 1

[http://www.google.com/url?sa=t&rct=j&q=%22right%20to%20immunization%22%20gavi&source=web&cd=1&ved=0CBwQFjAA&url=http%3A%2F%2Ffr.gavialliance.org%2Fresources%2F10.Replacement\\_private\\_philanthropy.pdf&ei=sqXPTLbHeby0gHA9-E4&usg=AFQjCNFHV-EDfDsckgiuHzSAHoQswDWU-Q&cad=rja](http://www.google.com/url?sa=t&rct=j&q=%22right%20to%20immunization%22%20gavi&source=web&cd=1&ved=0CBwQFjAA&url=http%3A%2F%2Ffr.gavialliance.org%2Fresources%2F10.Replacement_private_philanthropy.pdf&ei=sqXPTLbHeby0gHA9-E4&usg=AFQjCNFHV-EDfDsckgiuHzSAHoQswDWU-Q&cad=rja)

*...Why private philanthropy?*

GAVI's strategic plan is closely aligned with the UN Millennium Development Goals (MDGs) for the year 2015. In keeping with the MDGs, the Campaign's objective is to support GAVI's efforts to expand access to immunization throughout the poorest countries to reduce child mortality. **The Campaign's vision is that every child, everywhere has a right to immunization** and that vaccines which are readily available in the developed world should be readily available in the poorest countries. To fully realize this vision as newer vaccines are introduced, additional funding sources must be tapped...

## **State of the world's vaccines and immunization. Third edition**

WHO, UNICEF, World Bank Group

[http://whqlibdoc.who.int/publications/2009/9789241563864\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241563864_eng.pdf)

### Foreword

Immunization is one of the most powerful and cost-effective of all health interventions. It prevents debilitating illness and disability, and saves millions of lives every year. It is also key to achieving the Millennium Development Goals (MDGs) – commitments made by world leaders in 2000 to reduce poverty and improve human development. The contribution of immunization is especially critical to achieving the goal to reduce deaths among children under five years old (MDG 4).

Vaccines have the power not only to save, but also to transform, lives – giving children a chance to grow up healthy, go to school, and improve their life prospects. When vaccines are combined with other health interventions – such as vitamin A supplementation, provision of deworming medicine and bednets to prevent malaria – immunization becomes a major force for child survival.

Since 2000, efforts have been scaled up to meet the MDGs and the supporting goals of the Global Immunization Vision and Strategy (GIVS), developed by WHO and UNICEF. With financial support from the GAVI Alliance and other partners, more children are being immunized than ever before – over 100 million children a year in recent years. And more vaccines are increasingly being made available to protect adolescents and adults. These include vaccines that protect against life-threatening diseases such as influenza, meningitis, and cancers that occur in adulthood.

At the same time, access to vaccines and immunization is becoming more equitable.

Pneumococcal and rotavirus vaccines, now available to GAVI-eligible countries, prevent the leading causes of the two main child-killers – pneumonia and diarrhoea. Their introduction provides an opportunity to scale up the use of other interventions for the prevention and treatment of pneumonia and diarrhoea to achieve better overall disease control.

Despite the progress, more must be done to target the 24 million children, mainly in developing countries, who are proving difficult to reach with vaccines. Identifying and implementing strategies to overcome the barriers to access must be a top priority, **given the right of every child to protection from preventable diseases...**