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# About the right to health and human rights

Special Rapporteur on the right to health

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About the right to health

## Defining the right to physical and mental health

The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health. These include:

- an adequate supply of safe food, nutrition and housing;
- access to safe and potable water and adequate sanitation;
- healthy occupational and environmental conditions; and
- access to health-related education and information, including on sexual and reproductive health.



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equality of opportunity for people to enjoy the highest attainable standard of health.

The right to physical and mental health is a broad concept that can be broken down into more specific entitlements such as the rights to:

- maternal, child and reproductive health;
- informed consent, bodily integrity and freedom from torture, ill-treatment and harmful practices;
- healthy natural and workplace environments;
- the prevention, treatment and control of diseases, including access to essential medicines; and
- access to safe and potable water.

For more information on the definition of the right to health, please refer to [General Comment No. 14](#) of the Committee on Economic, Social and Cultural Rights.

## The obligations of States

The nature of the legal obligations of State parties are set out in article 12 of the [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#).

The Committee on Economic, Social and Cultural Rights in [General Comment No. 14](#) also defines the obligations that State parties have to fulfill in order to implement the right to health at the national level. These are as follows:

**The obligation to respect** the right to health requires States to, *inter alia*, refrain from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstain from enforcing discriminatory practices as a State policy; and abstain from imposing discriminatory practices relating to women's health status and



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take other measures ensuring equal access to health care and health-related services provided by third parties. States should also ensure that third parties do not limit people's access to health-related information and services.

**The obligation to fulfil** requires States parties, *inter alia*, to give sufficient recognition to the right to health in the national political and legal systems, preferably by way of legislative implementation, and to adopt a national health policy with a detailed plan for realizing the right to health. This obligation entails also the state to take positive measures that enable and assist individuals and communities to enjoy the right to health.

While all the rights under the Covenant are meant to be achieved through progressive realization, States have some **minimum core obligations** which are of immediate effect. These immediate obligations include the guarantees of non-discrimination and equal treatment, as well as the obligation to take deliberate, concrete and targeted steps towards the full realization of the right to health, such as the preparation of a national public health strategy and plan of action. Progressive realization means that States have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of the right to health.

For more on the obligations of States, please refer to the Committee on Economic, Social and Cultural Rights **General Comment No. 3** on the nature of States parties' obligations (art.2 (1)).

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