

THE UNITED NATIONS AND GLOBAL HEALTH: A HISTORICAL PERSPECTIVE

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Reforming the health care system has risen to the top of many policy agendas. The push for changing health care systems is a result of factors such as rising health care expenditures, an ageing population, and rising demand of pricey medical supplies and services. However, the discussion of health care reforms usually ignores the human rights perspective. The majority of recommendations for modifying health care systems centre on economic changes that take a market-oriented and cost-benefit approach to addressing the issues that health care systems are now experiencing. Human rights experts assert that the actual application of such suggestions in health care systems can result in arbitrary discrimination against specific groups, negatively impact health results, and make health care less accessible. This in turn would constitute a violation of the human right to equal access to health care.

One essential component of the human right to health care is the right to equitable access to medical care. According to the human rights perspective, access to healthcare is necessary for promoting people's health and well-being, which is necessary for exercising other human rights. All people have an equal claim to their corresponding fundamental human rights, which includes the right to healthcare, just by virtue of being human. The human right to equal treatment when obtaining healthcare addresses the unique requirements of those who are weaker and less fortunate. It also includes the right to equitable access to healthcare.

It is crucial that victims of violations of their human right to equal access to healthcare have the ability to have their case heard by a court or quasi-judicial body. The definition of the right to equal access to healthcare is further determined by justiciability, which also helps to preserve and realise this right. Nonetheless, there are complicated legal issues surrounding the fundamental right to equitable access to healthcare. An economic, social, and cultural human right is the equal access to healthcare. In many human rights instruments and documents a distinction is made between civil and political rights – e.g. the right to life, the right to a fair trial and the prohibition of torture and inhuman and degrading treatment - on the one hand and economic, social and cultural rights on the other.

The rights to food, shelter that is suitable, and education are examples of economic, social, and cultural rights. It has long been believed that although civil and political rights place a negative requirement on States, economic, social, and cultural rights impose positive obligations. Negative rights include the State refraining from interfering with an individual's ability to freely exercise their rights and freedoms. Positive rights necessitate proactive policies and initiatives from the government, which cost a state money. The distinction between these rights was also expressed in relation to how the justiciability of human rights has evolved historically. The justiciability of civil and political rights is simpler than that of economic, social, and cultural rights. There are just a few human rights organisations with whom one can immediately file a complaint against a purported infringement of economic, social, or cultural rights, and the creation of new organisations is frequently met with political opposition.

However, in actuality, there is less of a clear division between civil and political rights and economic, social, and cultural rights. A number of adjudicatory human rights agencies have addressed aspects of economic, social, and cultural rights through civil and political rights over the past 20 years. The "integrated approach" refers to the protection of certain aspects of economic, social, and cultural rights within the framework of civil and political rights.

A significant number of regional and international human rights accords clearly establish the right to health. These tools encompass the right to healthcare as well as additional underlying factors that contribute to the right to health. However, the majority of the relevant provisions have broad,

haphazard definitions. Toebes (1999) uses a classification of different elements of the right to health to provide for more conceptual clarity with regard to the content of this right. The three parts of this classification are the right to health's breadth, basic content, and overlapping elements. The following three sub-paragraphs outline this classification along with the entitlements and determinants that correspond to each component.

The minimum rights within the scope of the right to health are contained in the core content of the right to health, which comprises the substance of the right. There are circumstances where the realisation of rights is hindered or fails to occur. For the sake of the general welfare, for instance, this may be required when rights are at jeopardy or during emergencies (such as armed conflicts or natural disasters). Human rights are therefore rarely unqualified. It is important to emphasise that the ability to place restrictions on the exercise of human rights is meant to safeguard individual rights rather than allow Signatory States to impose restrictions. Furthermore, regulations that restrict how one can exercise one's economic, social, or cultural rights shouldn't be capricious, unfair, or discriminatory. A longer discussion of the potential for restricting human rights can be found in Chapter III, State Responsibilities. For the time being, it is sufficient to note that human rights, such as the right to health, cannot be restricted to anything other than their essential components since without them, they become meaningless.

References:

1. Brigit C.A. Toebes, *The Right to Health as a Human Right in International Law* ISBN 90–5095–057–4
2. Ineke Boerefijn, *The Reporting Procedure under the Covenant on Civil and Political Rights. Practice and Procedures of the Human Rights Committee* ISBN 90–5095–074–4
3. Kitty Arambulo, *Strengthening the Supervision of the International Covenant on Economic, Social and Cultural Rights. Theoretical and Procedural Aspects* ISBN 90–5095–058–2
4. Marlies Glasius, *Foreign Policy on Human Rights. Its Influence on Indonesia under Soeharto* ISBN 90–5095–089–2
5. Cornelis D. de Jong, *The Freedom of Thought, Conscience and Religion or Belief in the United Nations (1946–1992)* ISBN 90–5095–137–6
6. Heleen Bosma, *Freedom of Expression in England and under the ECHR: in Search of a Common Ground. A Foundation for the Application of the Human Rights Act 1998 in English Law* ISBN 90–5095–136–8