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The Right to Health and Public Health Policy

The Right to Health is the universal entitlement of every individual to the highest attainable standard of physical and mental well-being. It is recognized in major international human rights instruments, such as Article 25, Universal Declaration of Human Rights (1948) and Article 12, International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966).

The right to health does **not guarantee perfect health**, but it requires that governments ensure access to essential healthcare services, underlying determinants of health—such as clean water, adequate nutrition, and safe housing—and protection from harmful practices.

Core Elements of the Right to Health

According to the **UN Committee on Economic, Social and Cultural Rights**, the right to health includes:

- **Availability**: Adequate healthcare facilities, goods, and services.
- **Accessibility**: Healthcare must be within reach physically and financially, without discrimination.
- **Acceptability**: Culturally appropriate and ethically provided services.
- **Quality**: Scientifically and medically appropriate healthcare.

Intersection with Public Health Policy

Public health policy is the practical tool governments use to fulfill their human rights obligations. The right to health providesboth a **legal foundation** and an **ethical compass** for designing effective policies. The intersection includes Health Equity, Preventive Measures, Non-Discrimination and Accountability.

Public health policies must address disparities and ensure that vulnerable populations have equal access to care. Preventive measures include vaccination programs, clean water initiatives, and tobacco control are examples of policies grounded in the right to health. Public health services must be inclusive,regardless of race, gender, socioeconomic status or health condition. Lastly, governments are responsible for the design, implementation, and evaluation of policies to ensure they meet human rights standards.

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Ongoing Challenges

Despite these clear mandates, global and national public health systems have consistently fallen short. The reasons are numerous but can be broken down mainly by resource limitations and political resistance. Emerging crises—such aspandemics or climate change—continually challenge the alignment between public health action and human rights obligations.

Hypocrisy and Policy Inconsistency - Tobacco Control

Some governments simultaneously tax tobacco products (creating reliance on tobacco revenue) while claiming to fight tobacco use. The rejection of safer nicotine alternatives that could reduce harm (e.g., vaping, nicotine pouches) are often overregulated or banned outright, while combustible cigarettes remain widely available.

This contradicts both the spirit of harm reduction and the obligation under Article 25 to reduce preventable illness.

Failure to Act in a Timely Manner to address Public Health Crises

Delays and ineffective response in emerging health crises (e.g., the global COVID-19 pandemic) exposed deep failures and gaps in preparedness and equitable vaccine distribution, again breaching Article 25 commitments to protect life and health.

Underfunding of Public Health Systems

Chronic underinvestment is a primary driver of public health failure globally. Many governments allocate disproportionately low budgets to preventive care, disease surveillance, and health promotion, despite clear evidence that prevention is more cost-effective than treatment.

Driving Progress or Exploiting the System?

Many stakeholders within public health, whose priorities often center on appearances and optics, rather than sustainable and inclusive policy development, have leveraged this challenge to promote "pay for play" health policies. These approaches risk reinforcing inequities rather than resolving them.

These policies frequently fail to address the core issues of public health effectively, instead serving to generate favorable public perception for benefactors while perpetuating systems that continue to contribute to harm.

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Conclusion

The right to health provides the legal and moral backbone for public health policy. When public health policy respects, protects, and fulfills this right, it fosters healthier and more equitable societies.

The failure of public health systems to fully adhere to the legal and moral duties of **Article 25 of the UDHR** and the **FCTC** reflects both institutional complacency and political reluctance. Without genuine accountability, transparency, and a renewed forcus on the core values of human rights and harm reduction, these failures will persist and exacerbate global health inequalities.The challenge for governments and international bodies is to continuously align policies with this essential human rights framework.

Upholding the right to health is not merely a legal obligation but a moral imperative, one that demands courageous, accountable leadership to dismantle systemic inequities and build a future where health is a **guarantee, not a privilege.**

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