ЮРИДИЧЕСКИЕ НАУКИ

INTERNATIONAL LEGAL REGULATION OF THE RIGHT TO HUMAN HEALTH

Alieva I. Zh.
PhD student of Karaganda state University.
Academician E. A. Buketov
Bazarova G.S.
Senior Lecturer,
Eurasian Humanitarian Institute

Keywords: health, security, right, international law, regulation, Control in international law, implementation

Introduction

In recent years, significant changes have taken place in international law with regard to the normative definition of the right to health, which includes both the protection of health and the state of health. These norms suggest that the right to health care be considered in the following specific structure, which raises a number of important issues such as inequality of treatment for receiving medical care, the quality of medical care, which is also intertwined with the concept of social justice and, naturally, the right to an attainable level of physical and mental health. Need to agree that the Republic of Kazakhstan, like other states at the moment of its development, is involved in globalization processes that affect the implementation of socio-economic policies, and this trend will continue. The governments of many states, of course, are forced to reckon with promising structural problems, changes in the internal and external conditions of development. And this objectively dictates the need to modernize social strategy. At the same time, it is typical for developed countries that, despite strong economic and political pressure, the updating of the paradigm of social development and social policy is taking place consistently and gradually, taking into account previous achievements and traditions, on the basis of politically productive and responsible principles of social balance and dialogue. All that is needed for new models is a combination of the principles of economic efficiency and social justice

[1]. This article examines the legal nature of the right to health protection and the features of this right in international legal acts. The specifics of the right to health protection, mechanisms for ensuring it, the Treaty obligations of States parties in the framework of accession to international instruments, and issues of monitoring the performance of obligations are illustrated in this article.

Methods and materials

The study used logical and legal, systemic, structural, historical, as well as special legal methods for interpreting legal norms.

Results

The main strategic tasks of the Republic of Kazakhstan and the priorities of the development of our society are the systematic and qualitative improvement

of the human standard of living, the phased development of the social sphere. At the same time, the implementation of the main directions of state policy in the social sphere should be carried out on the basis of a scientifically reasoned constitutional and legal concept of social statehood.

In modern conditions, the Republic of Kazakhstan has formed a rather progressive regulatory framework for the protection of the right to health, which have been formed taking into account international human rights standards. At this stage of its development, the Republic of Kazakhstan is an active member of the international community, which imposes certain obligations to comply with international standards in the field of health care. At a time when the basic standards of the right to health care in the world are rapidly developing in accordance with international law, its regulatory clarification in national law is of important conceptual and practical importance for the formation of state policy in the field of health, which determines the relevance of research in the field of influence and implementation of international norms in the national legislation of the states and the obligations of the state arising in connection with this to ensure this right. In the framework of the study, international legal acts regulating the right to health protection were analyzed (the Universal Declaration of Human Rights, the Covenant on Economic, Social and Cultural Rights,) the WHO Constitution and other international legal documents.

Discussion

The problems of the right to health and compliance with international obligations to ensure and protect the right to health were mainly considered in the context of the protection of social human rights, which influenced the conduct of holistic research in this area. The issues of protecting civil rights, primarily in the framework of the constitutional and legal aspect in the Republic of Kazakhstan, were carried out in the dissertation of A.N. Sagindykova back in 1999, during which the main problems that existed at that time in the Republic of Kazakhstan were raised. It should be noted that some of the issues raised in this dissertation, such as the right of citizens to environmental, sanitary and epidemiological well-being and radiation safety, the right of citizens in the field of medical insurance, the right of citizens to information about their health status and factors affecting health, still have a place to be relevant in the Republic of Kazakhstan. Questions concerning the unification of national legislation with international standards in the field of social rights and specifically in the field of the right to health protection

were not the objects of integral scientific research of Kazakh scientists.

On this issue, the research of Russian scientists, who highlight this legal problem as one of the most pressing issues of our time, deserves attention. Thus, A. L. Vorontsov and E. V. Vorontsova in their scientific research «distinguish international legal cooperation as an independent mechanism for implementing the right to health protection, aimed primarily at ensuring the positive obligations of States that they have assumed as obligations under international agreements»[2]. Also noteworthy from the research is the author's abstract of Barteneva D. G. devoted to the issues of regulation of the right to health protection by the norms of international law. Particular attention is paid to non-judicial international mechanisms for protecting the right to health care [3]. Based on the research of other scientists, Paschenko deduces the issues of implementing the human right to health protection and medical care from the category of personal problems to the category of problems of the state and civil society[4].

According to international law, the «right to health protection» is considered more broadly than in the constitutional norms or specialized legislation of the state. As already noted, the right to health protection is closely intertwined with the concept of a decent standard of living, linking the right to health protection with social policies implemented at the level of the national state. This provision allows the right to health protection to be considered together with social relations and distinguishes this category of right from a purely biological category to a broader one, which is related to the implementation of the social function of the state. The first concept of the right to health in accordance with international law was recognized in the universal Declaration of human rights of 1948 (hereinafter - the Declaration), which was unanimously proclaimed by the UN General Assembly as a common standard for all mankind. The Declaration enshrines the right to «a standard of living sufficient for the health and well-being of himself and his family, including medical care, etc., the right to safety in case of illness, disability, or lack of livelihood in circumstances beyond control from him»[5]. As we can see, the Declaration does not define the right to health separately - as a necessary component of human rights, but rather highlights as a standard of human rights the standard of living necessary for health and the possibility of receiving medical care. These two concepts in their semantic content go beyond the scope of medical care. According to their legal properties, the norms of the Universal Declaration of Human Rights, while not being legally enforceable, but nevertheless led to a universal understanding of human rights. Based on international acts, we can say that violation or insufficient attention to human rights can seriously affect human health (inhumane degrading person, cruel treatment, violence, torture, poor living conditions, lack of information, lack of medical services).

- Respect, protection and observance of human rights can reduce the vulnerability and impact of ill health (health, nutrition, standard of living and education, adequate environmental and working conditions).
- The health system can promote or violate human rights in the form in which it is designed and implemented (access to services, provision of information, respect for the integrity and privacy, cultural sensitivity, gender and age sensitivity).

In international law, the right to health is reflected for the first time as a separate category of rights in the Covenant on economic, social and cultural rights (ICESCR) Article 12 of the ICESCR clearly establishes the right to health and defines the steps that States must take to «progressively realize» the «maximum available resources» of the «highest attainable standard of health», including «reducing stillbirth and infant mortality and for the healthy development of the child»; «Improving all aspects of environmental and industrial hygiene»;

«Prevention, treatment and control of epidemic, endemic, occupational and other diseases»; and «creating conditions that would ensure all medical care and medical assistance in the event of illness»[6]. Progressive international norms in securing the right of citizens to health protection have taken a rather liberal approach to the obligations of States to ensure the implementation of this right. The very concept of ensuring the right to health care, taking into account the «maximum available resources», is aimed at realizing this right taking into account the economic development of a particular state, which has become the basis for the formation of different standards at various levels of the socio-economic system. This norm, of course, reduces the absoluteness of this right, which implies the existence of different understandings in the national legislation of states. In addition to the ICESCR, the right to health is detailed in the Charter of the World Health Organization. This document, also based on the concept of «the highest attainable standard» of health, assumes the implementation of this right, provided on the principle of reasonableness. In this case, the place of the state is determined as a regulator in equalizing the social situation with regard to health. The reasonableness of this norm can be justified by the factor that the achievements of science in the field of healthcare, the development of the level of medical services, the demographic, epidemiological and economic situation are beyond the control of the state. However, there are factors that are beyond the control of the state. But one thing can be said that a wide range of international and regional acts recognize health as fundamental human rights, while international standards go far beyond healthcare. A review of international documents, including those that explain and interpret international norms, shows that the right to health includes state activities aimed at creating conditions for providing drinking water, adequate sanitation, and adequate nutrition, which obliges States to adhere to certain standards that cover the social dimension. In order to protect human rights in emergencies, the Syracuse principles were adopted by the United Nations Economic and Social Council in 1984. The need to adopt the Syracuse principles arose from the need to define minimum standards of

fundamental rights in the context of restrictions and derogations from the provisions of the international Covenant on civil and political rights. The Syracuse principles, in particular, state that restrictions must be at least:

- provided for and implemented in accordance with the law;
- aimed at achieving a legitimate goal of common interest;
- the state that imposes restrictions must demonstrate that these restrictions do not interfere with the democratic functioning of society;
- based on scientific evidence and not arbitrary and non-discriminatory in application;
- protecting freedom of expression and ensuring access to important information[7].

Under international human rights law, governments are required to protect the right to freedom of expression, including the right to seek, receive and impart information of any kind, regardless of borders. The above-mentioned permissible restrictions on freedom of expression for reasons of public health cannot jeopardize the right itself. In international law, States that are parties to various treaties undertake tripartite obligations: (1) to respect the right to health by refraining from direct violations, such as systemic discrimination in the health system; (2) to protect the right from interference by third parties through measures such as environmental regulation of third parties; and (3) creating conditions for the realization of this right by taking systematic measures aimed at ensuring universal access to medical care, as well as preconditions for health[8], therefore, agreeing with the opinion of Alicia Eli Yamin, it is necessary to say that it is wrong to think about the right to health in terms of a package of medical services, and even a package of services that goes beyond medical care. But it should be considered as a complex of international and national obligations, on the basis of which the state's socio-economic policy should be built[9]. In regulating the protection of the right to health, who's legal tools are becoming important, as who is the main global intergovernmental health body. In fact, the opportunities for WHO to adopt such tools are significant. The WHO Constitution provides for the adoption of three different types of instruments aimed at ensuring law: conventions, rules and recommendations, which can be found in Articles 19, 21 and 23 [10]. WHO has committed itself to mainstreaming human rights in health programs and policies at the national and regional levels, considering the fundamental determinants of health as part of an integrated approach to health and human rights. WHO was the first organization to establish the right to health. The preamble to the WHO Constitution defines the concept of «health» and recognizes health as a right which is a state of complete physical, mental and social well-being, and not just the absence of diseases and physical defects[10]. In relation to the right to health, the preamble refers to the link between health problems and unequal development in different countries, the importance of healthy child development and the importance of informed opinion and active public cooperation: concepts that are still relevant today. The adoption of the right to health by who was a breakthrough in international health and human rights law and provided an important starting point for the further development of the right to health in human rights instruments. In 1978, two United Nations organizations, the world health organization and UNICEF, held a joint conference in Almaty in the Soviet Union, where health was described as a human right to which all people are entitled. The goal of achieving health for all by the end of the century has been achieved. At this conference, the Alma-Ata Declaration on Primary Health Care was adopted. It was approved on September 12, 1978 and inspired next generations of health activists. This has become a common platform for meetings where like-minded public health can compare and discuss strategy and relate their discussion to a common document. The slogan «Health for All by the Year 2000», although not achieved, was a united appeal to progressive health workers and activists. The Declaration also inspired the global movement for human health and the two world health assemblies. The concept of «primary health care» is critical to improving the health systems of many countries, and although its meaning is interpreted in different ways, the pursuit of the ideal of integrated primary health care continues to motivate health workers around the world who want to provide a more people-oriented, responsive and effective health system for their community and country.

Thus, the Alma-Ata Declaration is a very remarkable document and had an impact that few had before or after. The right to health protection as one of the key human rights is recognized in other documents that form the norms of international law. Article 5 (e) (iv) of the International Convention on the elimination of all forms of racial discrimination of 1965, in articles 11.1 (f) and 12 of the Convention on the elimination of all forms of discrimination against women of 1979, and article 24 of the Convention on the rights of the child of 1989. Acts of regional organizations have played a significant role in shaping international standards of socio-economic human rights. The flagship in this area can be considered the documents adopted by the European Union. The idea of a «European Union health policy» has always been somewhat paradoxical. On the one hand, the norms of the founding treaties of the European Union at the initial stage of formation did not provide for any articles that would specifically enshrine the right to health protection, giving priority to the national mechanism of legal regulation. The lack of legal regulation of relations in the field of health care was compensated by the norms that set out the obligations of States in the sphere of ensuring socio-economic rights and securing these rights for all EU citizens. Of course, this situation has created a discrepancy in the regulatory framework and in the level and quality of ensuring the right to health protection. Despite the absence of a norm regulating the implementation of health rights in the fundamental treaties of the 1950s, health issues are reflected in the provisions regulating the EU's competence in the field of health. Among the acts of the European Union an

important place is occupied by the European Social Charter of 1961, as amended (Article 11), which sets forth the basic obligations of the contracting parties to ensure the «effective exercise of the right to health care»[11].

In the Eurasian space, the procedure for regulating and ensuring socio-economic rights, including the right to health protection, is based on CIS regulations. Such documents include the Convention of the Commonwealth of Independent States on Human Rights and Fundamental Freedoms of May 26, 1995 (Minsk). Analysis of international legal documents shows that international law in the field of health combines international standard-setting instruments adopted within the framework of who activities and in accordance with international human rights law. It should be noted that, at the same time, international legal norms and other (optional) standards related to health are enshrined in a number of norms of other branches of international law. Thus, some provisions of the right to health protection are reflected in international humanitarian and environmental law, in the field of medical ethics and the rights of patients. In addition, some international legal instruments have an indirect impact on health, such as the world trade organization (WTO) agreement on trade-related intellectual property rights (trips).

As we understand it, the value of each legal norm that enshrines human rights and freedoms lies in the possibility of its implementation and protection, which also applies to the right to health protection. The practice of international activity is highlighted by some mechanisms aimed at observing and implementing the norms of international law. Such mechanisms include control mechanisms for monitoring the state of human rights.

Control in international law is one of the most important institutions aimed at ensuring human rights. Control, its forms and methods, both in the past and present, and in the future, is a constantly evolving process. Valeev R. M. International legal practice as indicated by Valeev identifies the following methods and methods of control: exchange of information, consultations on the implementation of international obligations, reports, reports, observations, international inspections and investigations, judicial and arbitration control [12].

The analysis of the methods of international control and the legal consequences arising from its results indicate different levels, degrees and intensity of the control subjects performing this control and procedural activity.

f the exchange of information, consultation, reporting, reports, monitoring, as control methods are applied, usually in the early stages of control, and control mostly ends with recommendations, suggestions objects control the elimination of revealed violations, the international inspection, investigations, addressing violations of international obligations by international judicial institutions can cause a state responsibility. n fact, the results of control activities, regardless of the method of control, can always entail the responsibility of the state if violations of Treaty obligations are detected during the audit. But the degree and nature of the verification activity and the consequences that may arise after verification of the fulfillment of international obligations by judicial institutions, as well as the results of inspections or investigations, are of a different nature - up to the adoption of collective measures against the violating state or the transfer of materials to the Security Council. Such a classification is conditional, since each of the control methods can be combined with each other, supplement or precede the other. Thus, we can conclude that international control is a rather multifaceted institution of international law.

Article 12 of the ICESCR recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (often referred to simply as the right to health). This norm also sets out the obligations of States parties to take steps to achieve the full realization of the right to health by, for example, ensuring the health of infants and children, improving environmental conditions and safety at work, preventing epidemics and occupational diseases, and ensuring health for all. Under article 12, States parties are required to respect, protect and fulfil the right to health, including the right to medical care and the fundamental determinants of health, such as nutritious food, drinking water and safe housing, by taking concrete and targeted measures.

Fulfilling these obligations requires complex processes and efforts on the part of the state. For example, the state is required to implement a non-discriminatory and effective health system; that it guarantees the availability and availability of clean water and essential medicines; and much more [13]. Many state actors are involved in the implementation of these processes. From the point of view of the right to health protection, these subjects are the bearers of responsibilities. Oversight and monitoring of the actions of these actors in relation to their responsibilities is important. Thus, these responsible entities can be held accountable if they fail to meet their respective obligations and responsibilities or abuse their authority. Accountability is an important component in the realization of the right to health, and accountability mechanisms play a crucial role in the oversight process needed to strengthen the realization of this right. When monitoring or monitoring compliance with the right to health by States parties, the complexity is a blurring of the concept, because scientists have rightly criticized that it is inaccurate, only gradually implemented and often unworkable. There is therefore an urgent need to examine the possibilities and limitations of the right to health in this context.

Accountability is a key component of ensuring human rights, including the right to health. In General Comment No. 9 on the domestic application of the Covenant, the UN Committee on economic, social and cultural rights, the body responsible for monitoring the implementation of the Covenant, stressed that the Central obligation of States parties to the ICESCR is to ensure that the rights recognized in the instruments are fulfilled. Although the ICESCR applies a flexible

approach that allows governments to take into account the particularities of their legal and administrative systems, States must nevertheless use all means at their disposal to implement the rights recognized in the Covenant.

Accountability is crucial to ensuring that States parties meet their obligations under the Covenant. There are various accountability mechanisms, including judicial, quasi-judicial, administrative, political and social mechanisms. While the forms of monitoring mechanisms may differ in ensuring human rights, the purpose of each mechanism is to ensure that any state is responsible for its actions or omissions in relation to the right to health and that rights holders have effective remedies for violations of their rights. There are a number of potential remedies for violations of the right to health, which include restitution, compensation and rehabilitation aimed at addressing the consequences of rights violations for individual rights holders or groups of rights holders. Enforcement of rights and organizational and legal guarantees are means of protection aimed at eliminating violations of rights at the system level.

It is important to note that «accountability» is sometimes understood as guilt and punishment, while it is more accurately considered as a process of determining which norms are applied (so that it can be recommended to others) and which norms do not apply (in order to adjust and increase the effectiveness of the application of norms in states[14]. In this sense, the responsibility to respect human rights also depends on the participation of citizens and social groups in all decision-making processes related to health. In this case, the state ensures the participation of citizens through the establishment of accountability mechanisms and effective remedies. In addition, individuals and groups have the right to participate constructively in the design and development of health policies, as well as in monitoring and evaluating the implementation of these policies. In order to enable public participation in compliance monitoring processes, the state should establish fair and transparent processes that are accessible and cover different groups. Methods of participation vary, but may include regional or national conferences, local health committees, focus groups, budget oversight, and public meetings. Effective monitoring and evaluation by the government, civil society and rights holders also requires transparency. Governments are required to provide information to the public about their efforts to realize the right to health.

The main body that monitors the observance of human rights is the UN. The implementation of human rights by States parties is monitored by UN committees (Treaty bodies) that are linked to the six main conventions (CCPR, CESCR, CERD, CEDAW, CAT, CRC). Committees develop interpretations, set standards, monitor compliance, promote compliance, and investigate human rights violations. The Commission on human rights plays an important role in enhancing compliance with Treaty obligations by States parties. The main monitoring mechanism is the appointment of special rapporteurs, independent experts, and groups to monitor and report on thematic human rights issues or on regions and countries.

The UN human rights Committee is a body of independent experts that monitors the implementation of the International Covenant on civil and political rights by States parties. All States parties are required to report regularly to the Committee on how rights are being implemented. The state must submit an initial report one year after becoming a party to the Covenant, and then at the request of the Committee (usually every four years). The Committee examines each report and presents its views and recommendations to the state party in the form of «concluding observations».

The Committee on economic, social and cultural rights (CESCR) is a body of independent experts that monitors the implementation of the International Covenant on economic, social and cultural rights by States parties. The Committee was established in accordance with ECOSOC resolution 1985/17 of 28 may 1985 to perform the monitoring functions assigned to the United Nations Economic and social Council (ECOSOC) in part IV of the Covenant. All States parties are required to submit regular reports to the Committee on the implementation of the relevant rights. States must submit an initial report within two years of becoming parties to the Covenant and every five years thereafter. The Committee examines each report and submits its views and recommendations to the state party in the form of «concluding observations». In addition to the reporting procedure, the optional Protocol to the International Covenant on economic, social and cultural rights, which entered into force on 5 March 2013, empowers the Committee to receive and consider communications from individuals claiming that their rights under the Covenant have been violated. In certain circumstances, the Committee may also investigate gross or systematic violations of economic, social and cultural rights set forth in the Covenant and consider inter-state complaints. Monitoring the implementation of obligations related to economic, social and cultural rights ensures that the following results are achieved:

- identifies which state obligations are being met and which are not being met;
- monitoring identifies the sources and nature of violations, as well as problems in the implementation of economic, social and cultural rights.
- based on the monitoring findings, priorities for further actions are determined and suggestions are made for where resources can be allocated.
- the Committee can support legislative advocacy and policy development, as well as public awareness campaigns.

In 2000, the Committee on economic, social and cultural rights issued General Comment 14(Twenty-second session, 2000) [15] explaining the three obligations of States with regard to the right to health: respect, protect, and execute. These obligations are ensured by the accountability of States to international human rights institutions. State accountability is a key component of human rights, including the right to health. In General Comment No. 9 on the domestic application of the Covenant, the UN Committee on

economic, social and cultural rights, the body responsible for monitoring the implementation of the Covenant, stressed that the Central obligation of States parties to the ICESCR is to ensure that The rights recognized in the Covenant are fulfilled[16]. While the ICESCR applies a flexible approach that allows governments to take into account the particularities of their legal and administrative systems, governments should nevertheless use all means at their disposal to implement the rights recognized in the act. As practice shows, including the right to health in a state Constitution or Statute may not even be necessary for citizens to make a right to health claim against state health policy. In the absence of a clearly expressed national right to health protection, citizens turn to international legal documents or claims based on the national right to life, dignity or integrity of the person. As a result, legal claims challenging priority setting pose a challenge to governments engaged in clear priority setting, regardless of whether the right to health has been included in the national Constitution. Health is a fundamental human right necessary for the enjoyment of other human rights. Everyone has the right to the highest attainable standard of health that contributes to a decent life. The right to health can be realized through many complementary approaches, such as the development of health policies or the implementation of health programmes developed by the world health organization (who), or the adoption of specific legal instruments. In addition, the right to health includes certain components that are legally binding. As part of the comprehensive implementation of the right to health protection in the framework of CIS activities, the inter – parliamentary Assembly of the Commonwealth of Independent States developed recommendations «on the approximation of the legislation of the CIS member States in the field of health protection». Of course, in contrast to reports and consideration of complaints about non-compliance with human rights, recommendations are less effective, but still model legislation is a guide for the formation of national legislation in the field of protection of the right to health.

In 2018, the permanent commissions of the IPA CIS held 20 scheduled meetings, including one visiting session in Yerevan. Scheduled meetings of the joint Commission under the IPA CIS on harmonization of legislation in the field of security and countering new challenges and threats, the Expert Council on health under the IPA CIS, the Expert Council under the Standing Commission of the IPA CIS on legal issues were also held [17]. Within the framework of CIS activities in the field of ensuring the right to health protection, draft model laws were prepared «on ensuring the rights of children to health protection in the CIS member States», «on psychiatric care and guarantees of citizens 'rights in its provision»,«on organ donation», «on access to information about the legal status of citizens»[17].

The analysis of international acts and international practice shows that the implementation and protection of the right to health protection enshrined in international acts reveals a number of problems. These problems are acute in the context of the COVID-19 pandemic.

Recent events in the context of the COVID-19 virus outbreak have shown that there are certain problems in implementing the right to health protection worldwide. On March 6, 2020, the UN panel of experts on human rights stated that «emergency statements based on the COVID-19 outbreak, which stated that «should not be used as a basis for targeting specific groups, minorities or individuals. It should not serve as a cover for repressive actions under the guise of protecting health. It should not be used simply to suppress dissent»[18]. Governments are responsible for providing the information necessary to protect and promote rights, including the right to health. The Committee on Economic, Social and Cultural Rights considers the provision of «education and access to information regarding the main public health problems in society, including methods for preventing and combating them,» as the «main obligation». The COVID-19 compliance response must ensure that accurate and up-to-date information about the virus, access to services, service failures, and other aspects of the outbreak response is available and accessible.

As with all international human rights, the implementation and enforcement of the right to health depend crucially on legislative and judicial action at the national level. More than 70 national constitutions recognize the right to health, and many more countries legislate on various aspects of the right to health. In addition, the recent clarification of regulatory obligations has allowed more attention to be paid to potential violations of the right to health under the Treaty. Monitoring committees in their «concluding observations» - or decisions on compliance by States- as well as in implementation by quasi-judicial international institutions and national courts in specific cases.

Bibliography:

1.1. G.Belova, G.Bazarova International-legal regulation of socio-economic policy issues in the CIS// Серия «Право». № 2(78)/2015.

2. Воронцов А.Л. Воронцова Е.В. Международно-правовое взаимодействие государств в области охраны здоровья: анализ современной практики//

3. Бартенев Д.Г. Право на охрану здоровья в международном праве (автореферат)// https://www.dissercat.com/content/pravo-na-okhranu-zdorovya-v-mezhdunarodnom-prave// https://www.dissercat.com/content/pravo-na-okhranu-zdorovya-v-mezhdunarodnom-prave

4. Пащенко И.Ю. Право на охрану здоровья и медицинскую помощь в системе социальных прав человека и гражданина//Наука. Мысль: электронный периодический журнал-2016. -№ 10. – С.153

5. Всеобщая декларация прав человека Принята резолюцией 217 А (III) Генеральной Ассамблеи ООН от 10 декабря 1948 года//https://www.un.org/ru/documents/decl_conv/declarations/declhr.shtml

6. Международный пакт об экономических, социальных и культурных правах. Принят резолюцией 2200 A (XXI) Генеральной Ассамблеи от 16 декабря 1966 года// https://www.un.org/ru/documents/decl_conv/conventions/pactecon.shtml

7. Сиракузские Принципы Толкования Ограничений и Отступлений от Положений Международного Пакта о Гражданских и Политических Правах (1985)// http://health-rights.org

8. Комитет ООН по экономическим, социальным и культурным правам. Общий комментарий 14: Право на наивысший достижимый уровень здоровья. Женева, Швейцария: Организация Объединенных Наций: 2000. Документ ООН.: http://www.unhchr.ch/tbs/doc.nsf/(symbol)/EC12.2000.4.En?OpenDocument. Доступ 26 апреля 2005 г//

9. Alicia E.Y. The Right to Health under International Law and Its Relevance to the United States// https://www.ncbi.nlm.nih.gov/pmc/articles/

10. УСТАВ (КОНСТИТУЦИЯ) ВСЕМИРНОЙ ОРГАНИЗАЦИИ ЗДРАВООХРАНЕНИЯ// https://www.who.int/governance/eb/who_constitution_ru.pdf

11. Европейская Социальная Хартия (пересмотренная) Страсбург, 3 мая 1996 https://www.coe.int/ru/web/moscow/evropejskaa-social-naa-hartia

12. Валеев Р. М. Контроль в современном международном праве: Автореферат диссертации на соискание ученой степени доктора юридических наук. Специальность 12.00.10 - Международное право - Казань,1999. - 41 с.

13. CESCR, Замечание общего порядка № 9, Внутреннее применение

Пакта, док. E / C.12 / 1998/24 (1998), пункт. 1.

14. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN. Towards a common definition of global health. Lancet 2009; 373(9679):1993-1995.

15. Комитет ООН по экономическим, социальным и культурным правам (CESCR), Замечание общего порядка № 14: Право на наивысший достижимый уровень здоровья (статья 12 Пакта), 11 августа 2000 г., E / C.12 / 2000/4 доступно по адресу: https://www.refworld.org/docid/4538838d0.html [по состоянию на 16 апреля 2020 года]

16. COMPILATION OF GENERAL COMMENTS AND GENERAL RECOMMENDATIONS ADOPTED BY HUMAN RIGHTS TREATY BODIES. Note by the Secretariat// https://www.ohchr.org/RU/HRBodies/Pages/

17. Информация об итогах деятельности Межпарламентской Ассамблеи государств — участников СНГ в 2018 году// ttps://iacis.ru/pressroom/news/sovet_mpa_sng/

18. United Nations. Protecting human rights amid COVID-19 crisis. https://www.un.org/ru/coronavirus/protecting-human-rights-amid-covid-19-crisis