

# Provisions for Health and Health Care in the Constitutions of the Countries of the World

Eleanor D. Kinney<sup>†</sup> & Brian Alexander Clark<sup>††</sup>

Introduction .....	285
I. Research Methods .....	287
A. Definitions .....	287
B. Typology of Provisions Addressing Health and Health Care .....	289
II. Findings .....	291
A. Provisions on Health and Health Care as a Function of Time .....	291
B. National Commitments to Health Care and Health Care .....	294
III. Discussion .....	298
A. Meaning of Constitutional Provisions .....	298
B. Performance Comparison as a Realization Strategy .....	301
Conclusion .....	303
Appendix I .....	305

## Introduction

At a time of renewed interest in the international human right to health,<sup>1</sup> it is useful to identify and examine the provisions of the constitutions of the world regarding health and health care. These provisions indicate a national commitment towards the assurance of access to high quality

---

<sup>†</sup> Hall Render Professor of Law & Co-Director, The Center for Law and Health, Indiana University School of Law, Indianapolis. J.D. 1973, A.B. 1969, Duke University; M.P.H. 1979, University of North Carolina School of Public Health, Chapel Hill.

<sup>††</sup> Deputy Prosecuting Attorney, Marion County Indiana, former Senior Research Associate, The Center for Law and Health, Indiana University School of Law, Indianapolis. J.D. 2002, B.A. 1999, Indiana University. The authors are grateful to the research assistants who helped with this Article, especially Scott Wooldridge, Jennifer Wallander, and Neesha Patel. In addition, the authors thank the faculty seminar of Indiana University School of Law, Indianapolis, especially colleagues Frank Emmert, Jim Torke, Robin Craig, Julie-Anne Tarr, George Edwards, and Miriam Anne Murphy.

1. See, e.g., HEALTH AND HUMAN RIGHTS (Jonathan M. Mann et al. eds., 1999); BRIGIT C.A. TOEBES, THE RIGHT TO HEALTH AS A HUMAN RIGHT IN INTERNATIONAL LAW (1999); Virginia A. Leary, *The Right to Health in International Human Rights Law*, 1 HEALTH & HUM. RTS. 24 (1994); Brigit Toebes, *Towards an Improved Understanding of the International Human Right to Health*, 21 HUM. RTS. Q. 661 (1999). See also G. J. Annas, *Human Rights and Health—The Universal Declaration of Human Rights at 50*, 339 NEW ENG. J. MED. 1778 (1998); Consortium for Health and Human Rights, *Health and Human Rights: A Call to Action on the 50th Anniversary of the Universal Declaration of Human Rights*, 280 JAMA 462 (1998).

37 CORNELL INT'L L.J. 285 (2004)

and affordable health care for all peoples. In addition, such constitutional provisions may be important factors in the international campaign to promote the recognition and implementation of the international human right to health domestically throughout the world.

In 1948, the United Nations formally recognized the international human right to health in the Universal Declaration of Human Rights (the "Declaration").<sup>2</sup> Article 25 of the Declaration states the following: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including . . . medical care . . . and the right to security in the event of . . . sickness [and] disability . . ." <sup>3</sup> Subsequently, many nations adopted the International Covenant on Economic, Social and Cultural Rights (ICESCR), one of the implementing treaties of the Universal Declaration.<sup>4</sup> Article 12 of ICESCR provides that states parties "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."<sup>5</sup> ICESCR also provides enforcement provisions for states parties.<sup>6</sup> Since ICESCR, the UN has adopted other treaties that recognize the international human right to health and related health questions.<sup>7</sup>

Subsequent regional treaties in Europe, the Americas, and Africa have also affirmatively recognized the human right to health.<sup>8</sup> In addition, the World Health Organization (WHO) recognizes the international human right to health in its constitution by stating that "[t]he enjoyment of the

---

2. G.A. Res. 217A, U.N. Doc. A/810, at 76 (1948).

3. *Id.*

4. G.A. Res. 2200, U.N. GAOR, 21st Sess., Supp. No. 16, at 49, U.N. Doc. A/6316 (1966).

5. *Id.* at 51.

6. See generally MATTHEW C. R. CRAVEN, *THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL, AND CULTURAL RIGHTS* 106-51 (1995) (discussing states' obligations in implementing ICESCR); Matthew C.R. Craven, *The Domestic Application of the International Covenant on Economic, Social and Cultural Rights*, 40 NETH. INT'L L. REV. 367 (1993) (discussing problems and possible solutions for enforcing ICESCR, including direct applicability).

7. See, e.g., International Convention on the Elimination of All Forms of Racial Discrimination, G.A. Res. 2106, U.N. GAOR, 20th Sess., Supp. No. 14, at 49, U.N. Doc. A/6014 (1966) (entered into force Jan. 4, 1969) (providing in article 5(e)(iv) for the right to "public health, medical care, social security and social services"); Convention on the Elimination of All Forms of Discrimination Against Women, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 196, U.N. Doc. A/RES/34/180 (1980) (entered into force Sept. 3, 1981); Convention on the Rights of the Child, G.A. Res. 44/25, U.N. GAOR, 44th Sess., Supp. No. 49, at 169, U.N. Doc. A/44/49 (1989) (entered into force Sept. 2, 1990). See generally Susan Kilbourne, *U.S. Failure To Ratify the U.N. Convention on the Rights of the Child: Playing Politics with Children's Rights*, 6 TRANSNAT'L L. & CONTEMP. PROBS. 437 (1996) (supporting adoption of the Convention and highlighting arguments of its opponents in the U.S.); Alison Dundes Renteln, *Who's Afraid of the CRC: Objections to the Convention on the Rights of the Child*, 3 ILSA J. INT'L & COMP. L. 629 (1997) (providing historical overview on the Convention's adoption process in the U.S. and political controversy surrounding it); Egon Schwelb, *The International Convention on the Elimination of All Forms of Racial Discrimination*, 15 INT'L & COMP. L.Q. 996 (1966) (discussing origins of the Convention and providing detailed comparative analysis of its provisions).

8. See *infra* notes 38, 40-44.

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.”<sup>9</sup> These foundational instruments have clearly influenced provisions regarding health and health care in national constitutions drafted after World War II.

This Article reports findings of an empirical analysis of the provisions of the constitutions of the world that address health and health care. The Article also examines other indices of national commitment to health and health care, such as ratification of ICESCR and relevant regional human rights treaties, and national performance in allocating budgetary resources towards health and health care. The Article concludes that the national commitment to health and health care is not highly related to whether or not a nation’s constitution specifically addresses health or health care. Nevertheless, the finding that 67.5% of the constitutions of all nations have provisions regarding health and health care is important for efforts to promote recognition and implementation of the international human right to health.

## I. Research Methods

This Article follows the format of a scientific research paper, reporting the results of an empirical research study. This section describes how we conducted the study, the “Findings” section reports the results of the study, and the “Discussion” section presents a theoretical discussion of the implications of the findings.

### A. Definitions

For this analysis, we established the definition of important relevant terms: “eligible nation state” and “constitution.” Eligible nation states were member-states of the United Nations as of June 30, 2003.<sup>10</sup> We used the definition of constitution from *Black’s Law Dictionary*, which is restated below:

**constitution.** 1. The fundamental and organic law of a nation or state, establishing the conception, character, and organization of its government, as well as prescribing the extent of its sovereign power and the manner of its exercise.

**flexible constitution.** A constitution that is not defined or set apart in a distinct document and that is not distinguishable from other law in the way in which its terms can be legislatively altered. The British constitution is of this type.

**rigid constitution.** A constitution embodied in a special and distinct enactment, the terms of which cannot be altered by ordinary forms of legislation. The U.S. Constitution, which cannot be changed without the consent of

9. CONST. OF THE WORLD HEALTH ORG. pmb. (opened for signatures July 22, 1946).

10. For a list of member-states and their admission dates, see United Nations, *List of Member States*, at <http://www.un.org/Overview/unmember.html> (last visited Mar. 13, 2004).

three-fourths of the state legislatures or through a constitutional convention, is of this type.

**unwritten constitution.** The customs and values, some of which are expressed in statutes, that provide the organic and fundamental law of a state or country that does not have a single written law functioning as a constitution.

2. The written instrument embodying this fundamental law.<sup>11</sup>

Most states have “rigid” constitutions consisting of a single foundational document. The few countries with flexible constitutions include Canada, Israel, New Zealand, and the United Kingdom. No state included in this study had an authoritative unwritten constitution. Rigid constitution usually consists of a preamble that recognizes the process or event in which the constitution was developed and adopted, a part codifying the procedural functioning of government, and a part (often included in the preamble) codifying the basic rights of citizens *vis-à-vis* the government. In countries that have had either a socialist economic system or a more liberal political tradition, the constitution may also impose affirmative duties on the part of the state to address social and economic needs of the population and recognize associated rights to services to meet these needs. As discussed below, the constitutions adopted after World War II primarily have these provisions.<sup>12</sup>

For all constitutions, including flexible constitutions, we used the constitutions contained in the English version of *Constitutions of the Countries of the World*.<sup>13</sup> This compendium is comprehensive, uniformly translated, current, and widely used in comparative constitutional scholarship. We found at least one other source of national constitutions (dated and less complete)<sup>14</sup> and two web sites with electronic English translations of constitutions (incomplete and not uniformly edited).<sup>15</sup> Further, for countries with flexible constitutions, we used the compendium’s determination of what instruments constitute the country’s constitution.

This Article does not analyze what the terms “health” and “health care” mean in a particular national constitution or in general. Our reluctance to do so reflects the fact that the definition of these terms has been controversial.<sup>16</sup> For example, the WHO’s constitution defines health

11. BLACK’S LAW DICTIONARY 306 (7th ed. 1999).

12. See *infra* Part II.A.

13. CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (Gisbert H. Flanz ed., perm. ed. 2003) [hereinafter CONSTITUTIONS OF THE COUNTRIES OF THE WORLD].

14. See ROBERT L. MADDEX, CONSTITUTIONS OF THE WORLD (2d ed. 2001).

15. See, e.g., Central Intelligence Agency, *The World Factbook*, available at <http://www.cia.gov/cia/publications/factbook/fields/2063.html> (2003); D. Eric Wiseley, *Constitution Finder*, at <http://confinder.richmond.edu/> (last visited Mar. 13, 2004).

16. See, e.g., RIGHTS AND RESOURCES (Frances H. Miller ed., 2003) (featuring articles that discuss health care resources); Tom L. Beauchamp & Ruth R. Faden, *The Right to Health and the Right to Health Care*, 4 J. MED. & PHIL. 118 (1979) (arguing that the right to health is a positive right and that if there is a right to health care goods and assistance it is only because of the pre-existing obligation to allocate resources for the goods and assistance); Norman Daniels, *Rights to Health Care and Distributive Justice: Programmatic Worries*, 4 J. MED. & PHIL. 174 (1979) (discussing distributive justice and other theoretical problems with defining health care); Charles Fried, *Rights and Health Care—Beyond Equity and Efficiency*, 293 NEW ENG. J. MED. 241, 243-44 (1975) (describing rights to

broadly as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>17</sup> Although the definition captures the full dimensions of the state of health, it is probably too broad a definition for government policy makers charged with the responsibility for a nation’s health care.

The definition of “health care” is fraught with other difficulties. For instance, there is no consensus on what type and amount of health care services constitute adequate care. Nor is there an understanding of the true cost or quality of those services. Scholars, however, have endeavored to delineate the crucial issue of what governments should assure or provide in terms of health care services and, specifically, what may be the content of a morally acceptable package of health care services.<sup>18</sup>

Notably, the UN Committee on Economic, Social and Cultural Rights (CESCR) charged with implementing and enforcing ICESCR has published Comment 14 that specifically outlines what the Committee expects of states parties in implementing the international human right to health recognized in ICESCR.<sup>19</sup> The Comment is a useful tool because it articulates the content of the right to health and addresses the issues of implementation and enforcement by delineating how universal expectations are to be met in economically, socially, and culturally diverse states.

## B. Typology of Provisions Addressing Health and Health Care

First, we identified five types of constitutional provisions that addressed health and health care in national constitutions:

---

health care as including distributional rights and patient’s rights to not be deliberately misled, denied information, or abandoned by a physician).

17. CONST. OF THE WORLD HEALTH ORG. pmbl.

18. See, e.g., Allen E. Buchanan, *The Right to a Decent Minimum of Health Care*, 13 PHIL. & PUB. AFF. 55 (1984) (attempting to define a decent minimum standard of care); Daniel Callahan, *What Is a Reasonable Demand on Health Care Resources? Designing a Basic Package of Benefits*, 8 J. CONTEMP. HEALTH L. & POL’Y 1, 2-3 (1992) (pointing out that Americans may have had more difficulty than Europeans with defining standard of health care, because Americans started to search for the definition at the time of technological advances and public’s higher expectations); Council on Ethical and Judicial Affairs, AMA, *Ethical Issues in Health System Reform: The Provision of Adequate Health Care*, 272 JAMA 1056, 1058 (1994) (stating that the government should create a standard ensuring that every individual has adequate health care and emphasizing that adequate health care is case specific); David M. Eddy, *What Care Is ‘Essential’? What Services Are ‘Basic’?*, 265 JAMA 782, 782, 786 (1991) (stating that defining essential care is thwart with difficulties because it must include considerations of cost, benefits and harms); see also NORMAN DANIELS ET AL., BENCHMARKS OF FAIRNESS FOR HEALTH CARE REFORM (1996) (developing a tool for examining the fairness of health care reform proposals).

19. See CESCR General Comment No. 14, *The Right to the Highest Attainable Standard of Health*, U.N. ESCOR, 22d Sess., U.N. Doc. E/C.12/2000/4 (2000); see also Eleanor D. Kinney, *The International Human Right to Health: What Does This Mean for Our Nation and World?*, 34 IND. L. REV. 1457, 1467-71 (2001) (discussing General Comment 14 and arguing that it further develops the concept of the international human right to health).

1. A statement of *aspiration*, stating a goal in relation to the health of its citizens.<sup>20</sup>
2. A statement of *entitlement*, stating a right to health or health care or public health services.<sup>21</sup>
3. A statement of *duty*, imposing a duty to provide health care or public health services.<sup>22</sup>
4. A *programmatic statement*, specifying approaches for the financing, delivery or regulation of health care and public health services.<sup>23</sup>
5. A *referential statement*, incorporating by specific reference any international or regional human rights treaties recognizing a human right to health or health care.<sup>24</sup>

In our judgment, the statements of duty and entitlement reflect a greater national constitutional commitment to health and health care than

---

20. The following is an example of an aspirational statement: "The authorities shall take steps to promote the health of the population." GRW. NED. [Constitution] ch. I, art. 22, *reprinted & translated in 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THE NETHERLANDS* 4 (Gisbert H. Flanz ed., Dr. Frank Hendrick trans., 2003).

21. The following is an example of an entitlement statement: "All citizens shall have the right to medical and health care, within the terms of the law, and shall have the duty to promote and preserve health." MOZAM. CONST. pt. II, ch. III, art. 94, *translated & reprinted in 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MOZAMBIQUE* 42 (Albert P. Blaustein & Gisbert H. Flanz, eds., Afr. Eur. Inst. trans., 1992).

22. The following is an example of a duty statement:

The State shall legislate on all questions connected with public health and hygiene, endeavoring to attain the physical, moral, and social improvement of all inhabitants of the country. It is the duty of all inhabitants to take care of their health as well as to receive treatment in case of illness. The State will provide gratis the means of prevention and treatment to both indigents and those lacking sufficient means.

URU. CONST. § II, ch. II, art. 44, *translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: URUGUAY (Booklet 1)* 5 (Gisbert H. Flanz ed., Reka Koerner trans., 1998).

23. The following is an example of a programmatic statement:

- (1) Citizens have the right to health insurance that guarantees them accessible medical care and to free medical care under conditions and according to the procedure determined by law.
- (2) The citizens' healthcare is financed from the state budget, by employers, by personal and collective insurance payments, and from other sources under conditions and according to a procedure determined by law.
- (3) The state protects the health of the citizens and encourages the development of sports and tourism.
- (4) No one may be subjected to forced medical treatment or sanitary measures except in cases provided by law.
- (5) The state exercises control over all health institutions as well as over the production of pharmaceuticals, biologic[al] substances and medical equipment and over their trade.

BULG. CONST. ch. II, art. 52, *translated & reprinted in 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BULGARIA* 11 (Gisbert H. Flanz ed., 2004).

24. The following is an example of a referential statement: "International treaties, to whose ratification Parliament has consented and by which the Czech Republic is obligated, are part of the legal order; if the international treaty provides for something other than the law, the international treaty shall be used." ÚSTAVA CR. [Constitution] (Czech Rep.) ch. I, art. 10, *translated & reprinted in 5 CONSTITUTIONS OF THE WORLD: CZECH REPUBLIC* 2 (Gisbert H. Flanz ed., Gisbert H. Flanz & Patricie H. Ward trans., 2003).

other types of statements. Thus, we distinguished statements of duty from programmatic or aspirational statements in that the language clearly imposed an unqualified duty on the state to meet the health needs of the nation's population. Similarly, entitlement statements conferred an unqualified right to health and health care. We are not certain about our categorization of some provisions, for we were dealing with English translations of constitutions. Further, there were instances where it was difficult to determine whether to categorize a provision as a provision of a duty or entitlement or simply as an aspirational or programmatic responsibility. However, after considering each provision, we were able to agree on the categories.

Second, our determination that a constitution's written provision meets the criteria of these categories is based on a plain reading of its language. Further, categories do not reflect any judicial, statutory, or regulatory interpretation in the country's domestic laws, nor does the assignment of a category reflect the enforceability of the provision through judicial or other means.

Third, we excluded constitutional provisions that mentioned health in the following contexts: (1) rights and obligations regarding a healthy environment, (2) rights and obligations with respect to a healthy workplace, (3) a right to life generally, and (4) provisions *authorizing* governments to enact laws to promote the general welfare, as in the U.S. Constitution.<sup>25</sup>

Finally, we considered the issue of the provision's universality. Universality addresses whether a constitutional provision applies to every person in the country or whether it applies to subsets of the population, *e.g.*, the elderly, children, mothers or workers. In this study, we indicate specifically whether a provision has particular application. Otherwise, a provision is presumed to have general application. The majority of relevant provisions were universal.

## II. Findings

According to our criteria, 67.5% of the constitutions of the world have a provision addressing health or health care. In almost all of these constitutions, the provisions regarding health and health care are universal, rather than limited to particular groups. Only rigid constitutions had a relevant provision regarding health or health care; all flexible constitutions were silent on the subject. Appendix I lists the countries of the world and the provisions in their constitutions, if any, regarding health and health care.

### A. Provisions on Health and Health Care as a Function of Time

The fact that countries adopted their constitutions during different historical periods is a critical factor in determining whether the constitution addresses health or health care. Constitutions reflect the period of their formation as well as the level of the constitutional law development in

---

25. U.S. CONST. art. I, § 8.

other countries and international law at the time.<sup>26</sup> Constitution making has occurred in specific periods of history—generally spawned by cataclysmic events affecting groups of nations in a particular geographic territory.

Figure 1  
States with Constitutions Adopted Before World War II

Country	Date of Adoption	Date of Modification	Provision on Health or Health Care
San Marino	1600		
United Kingdom	1600		
United States	1787		
Netherlands	1814	1983	*
Norway	1814	1884	
Belgium	1831	1993	*
Argentina	1853	1994	*
Canada	1867	1982	
Luxembourg	1868		*
Switzerland	1874		*
Tonga	1875	1967	
Australia	1900		
Bhutan	1907		
Mexico	1917		
Finland	1919		*
Austria	1920	1945	
Liechtenstein	1921		*
Latvia	1922	1998	*
Lebanon	1926	1989	
Ireland	1937		
Iceland	1944		*

For purposes of this analysis, the basic periods of constitution making have been as follows:<sup>27</sup> (1) England and its common law progeny,

26. See generally Jan-Erik Lane, *Constitutions and Political Theory*, ch. 2 (1996) (discussing origins of modern constitutions); James T. McHugh, *Comparative Constitutional Traditions* 4 (2002) (“A constitution is an extrapolation of political, philosophical, sociological, economic, and other ideas and [ ] a manifestation of a higher purpose.”); Edward McWhinney, *Constitution-Making: Principles, Process, Practice* 6-9 (1981) (pointing out that constitutions reflect not only legal principles but political and social developments as well); Walter F. Murphy, *Constitutions, Constitutionalism, and Democracy*, in *Constitutionalism and Democracy* 3, 7-14 (Douglas Greenberg et al. eds., 1993) (providing overview of constitutions’ functions and how they can reflect national changes); *Political Culture and Constitutionalism: A Comparative Approach* (Daniel P. Franklin & Michael J. Baun eds., 1995) (containing articles comparing political cultures and constitutional traditions in different countries).

27. See Jon Elster, *Forces and Mechanisms in the Constitution-Making Process*, 45 *DUKE L.J.* 364, 368-70 (1995) (analyzing constitution making process and factors that advance and hinder it). Our list of periods of constitution making was inspired by a similar list in this article.

1660s-present, including the United States;<sup>28</sup> (2) European democratic states and constitutional monarchies, 1887-1960, including liberated nations after World War II in both the democratic West and the Communist Eastern Bloc;<sup>29</sup> (3) emergence of new nations from former colonies in Africa, Asia, and the Middle East, 1945-1960;<sup>30</sup> (4) the Latin American constitutional revolution, 1983-1994, replacing constitutions adopted in the 19th and 20th centuries following liberation from colonial rule;<sup>31</sup> and (5) emergence of new democracies from the former Communist Bloc, 1989-present.<sup>32</sup> During the last two periods, constitution making became something of a cottage industry among academics with the constitutions of many countries written in consultation with the same experts.<sup>33</sup> Most of the constitutions were adopted after World War II. Indeed, only twenty-one constitutions adopted before World War II are currently in place and, of these, nine countries have substantially revised their constitutions since World War II. Of the twenty-one states, nine have provisions regarding health and health care in their constitutions, many of which were added when constitutions were revised after World War II. (See Figure 1).

---

28. See, e.g., WILLI PAUL ADAMS, *THE FIRST AMERICAN CONSTITUTIONS: REPUBLICAN IDEOLOGY AND THE MAKING OF THE STATE CONSTITUTIONS IN THE REVOLUTIONARY ERA* (Rita & Robert Kimber trans., Rowman & Littlefield Publishers, Inc. 2001) (1973); GEORGE BURTON ADAMS, *THE ORIGIN OF THE ENGLISH CONSTITUTION* (1912); S.E. FINER ET AL., *COMPARING CONSTITUTIONS* (1995); Gerhard Casper, *Changing Concepts of Constitutionalism: 18th to 20th Century*, 1989 SUP. CT. REV. 311 (giving theoretical and philosophical background on American and Western European constitutionalism); Neil MacCormick, *Does the United Kingdom Have a Constitution? Reflections on MacCormick v. Lord Advocate*, 29 N. IR. LEGAL Q. 1 (1978).

29. See, e.g., *FIVE CONSTITUTIONS* (S.E. Finer ed., 1979); HERBERT J. SPIRO, *GOVERNMENT BY CONSTITUTION* 3-42 (1959).

30. See, e.g., JUDITH M. BROWN, *MODERN INDIA: THE ORIGINS OF AN ASIAN DEMOCRACY* (1985); JAMES CRAWFORD, *THE CREATION OF STATES IN INTERNATIONAL LAW* (1979); Jeff Haynes, *Democracy in the Developing World* (2001); H.W.O. Okoth-Ogendo, *Constitutions Without Constitutionalism: Reflections on an African Political Paradox*, in *Constitutionalism and Democracy* 65 (Douglas Greenberg et al. eds., 1993).

31. See DAVID LEHMANN, *DEMOCRACY AND DEVELOPMENT IN LATIN AMERICA: ECONOMICS, POLITICS AND RELIGION IN THE POST-WAR PERIOD* (1990); Carlos Santiago Nino, *Transition to Democracy, Corporatism, and Presidentialism with Special Reference to Latin America*, in *CONSTITUTIONALISM AND DEMOCRACY* 46 (Douglas Greenberg et al. eds., 1993); *THE U.S. CONSTITUTION AND THE CONSTITUTIONS OF LATIN AMERICA* 56-58 (Kenneth W. Thompson ed., 1991); Jonathan Miller, *Judicial Review and Constitutional Stability: A Sociology of the U.S. Model and Its Collapse in Argentina*, 21 HASTINGS INT'L & COMP. L. REV. 77 (1997) (discussing the Argentinean Supreme Court's role in the 19th and 20th centuries and proposing a sociological model of judicial review).

32. See, e.g., *CONSTITUTION MAKING IN EASTERN EUROPE* (A.E. Dick Howard ed., 1993); RETT R. LUDWIKOWSKI, *CONSTITUTION-MAKING IN THE REGION OF FORMER SOVIET DOMINANCE* (1996); Jon Elster, *Constitution-Making in Eastern Europe: Rebuilding the Boat in the Open Sea*, 71 PUB. ADMIN. 169 (1993); Stephen Holmes & Cass R. Sunstein, *The Politics of Constitutional Revision in Eastern Europe*, in *RESPONDING TO IMPERFECTION: THE THEORY AND PRACTICE OF CONSTITUTIONAL AMENDMENT* 275 (Sanford Levinson ed., 1995).

33. See Albert P. Blaustein, *Constitution Drafting: The Good, the Bad, and the Beautiful*, 2 SCRIBES J. LEGAL WRITING 49 (1991) (illustrating how countries transplant constitutional language from other countries' constitutions and how poor drafting can provide loopholes for political agendas); Lis Wiehl, *Constitution, Anyone? A New Cottage Industry*, N.Y. TIMES, Feb. 2, 1990, at B6 (discussing how American scholars assist in drafting new constitutions, especially in Eastern Europe).

## B. National Commitments to Health Care and Health Care

It is clear that not all of the countries that have provisions regarding health and health care in their constitutions have in practice lived up to these mandates. Some of the most resounding constitutional commitments to health and health care are in poor countries with tenuous democracies. Haiti's constitution is exemplary of this phenomenon:

Strengthen national unity by eliminating all discrimination between the urban and rural populations . . . and by recognizing the right to progress, information, education, health, employment and leisure for all citizens.<sup>34</sup>

The State has the absolute obligation to guarantee the right to life, health, and respect of the human person for all citizens without distinction, in conformity with the Universal Declaration of the Rights of Man.<sup>35</sup>

The State has the obligation to ensure for all citizens in all territorial divisions appropriate means to ensure protection, maintenance and restoration of their health by establishing hospitals, health centers and dispensaries.<sup>36</sup>

Many countries that devote extensive resources to assuring the health of and providing health care to their populations have no relevant provisions in their constitutions regarding health or health care. Figure 2 lists countries with the highest per capita government expenditures for health care and provides an "intensity score," which is a rough measure of a country's commitment to health and health care in its constitution.<sup>37</sup> Only three of these countries have provisions conferring an entitlement to health and/or imposing a duty on the state to provide health care (scale 2 and 3). Thirteen countries have no provisions regarding health and health care in their constitutions (scale 0).

A crude indicator of the national commitment to health and health care is the degree of the nation's financial support. The WHO publishes data on national health expenditures for the nations of the world, including data on governments' per capita expenditures on health care programs and services.<sup>38</sup> Of course, this measure provides no information on the

34. HAITI CONST. pmbl., § 5, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HAITI 7 (Albert P. Blaustein & Gisbert H. Flanz eds., 1987).

35. *Id.* at tit. III, ch. II, § A, art. 19, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HAITI, *supra* note 34, at 11.

36. *Id.* at art. 23.

37. To develop this measure, we used a scale with values from "0" to "3," with 0 indicating no constitutional provision. Value "1" indicates that the country had at least an aspirational, programmatic or referential statement in its constitution but lacked either an entitlement or duty statement. For a country to receive the value of "2," the country had to have either a duty or an entitlement statement. If a constitution had both, it received the score of "3," which indicates the greatest constitutional commitment to health and health care.

38. World Health Org., *The World Health Report 2003: Shaping the Future*, annex 5, available at <http://www.who.int/whr/2003/en/Annex5-en.pdf> (2003).

General government is comprised of the central or federal government; regional, state, and provincial authorities; municipal and local authorities; and autonomous trust funds or boards implementing government policies, principally social protection agencies or social security schemes. General government expenditure on health is the sum of outlays on health paid for by taxes, social security contributions, and external resources

Figure 2  
Countries of the World with the Highest Per Capita Government Health Expenditures, 2000

Country	Per Capital Government Health Expenditures in \$US	Constitutional Intensity Score
Luxembourg	2518	1
San Marino	2402	0
Iceland	2217	3
Germany	2067	0
Norway	2022	0
Denmark	1992	0
United States of America	1992	0
Canada	1826	0
Switzerland	1796	1
Israel	1776	0
France	1775	0
Sweden	1622	0
Belgium	1616	2
Australia	1601	0
Japan	1540	1
Netherlands	1523	1
Austria	1513	0
Italy	1503	3
Ireland	1474	0
United Kingdom	1437	0

quality of health care paid for or whether the expenditure is sufficient to address health care needs.

The number or strength of constitutional provisions does not appear to have a determinative role in the amount of resources that countries spend for the health care of their populations. Specifically, countries that expressed the greatest constitutional commitment to health—evidenced by inclusion of both a statement of entitlement and duty<sup>39</sup>—had an average government per capita expenditure for health care of \$308 in 2000. However, the same average for countries that had no provision regarding health or health care was \$716.95. When observed on a regional basis, as illustrated in Table 1, there is no correlation between the intensity of constitutional commitments and average per capita government expenditures for health and health care.

---

(without double-counting the government transfers to social security and extra budgetary funds). Social security and extra budgetary funds on health include the expenditure to purchase health goods and services by schemes that are compulsory, under governmental control, and cover a sizable segment of the population. See *id.*, Statistical Annex at 139-43, at <http://www.who.int/whr/2003/en/AnnexNotes.pdf>.

39. See *supra* note 37 for an explanation of the methodology for developing the “intensity score.”

Region	No. of Countries	No & % of Total with Score 3	No & % of Total with Score 0	Average Per Capita Government Expenditures (\$US)
African Region	47	7 14.9%	13 27.6%	59.67
American Region	34	8 22.8%	15 44.1%	267.93
Eastern Mediterranean Region	21	3 14.3%	7 33.33%	335.56
European Region	50	15 30%	9 18%	936.33
South East Asian Region	9	1 11.1%	2 22.2%	791.54
Western Pacific Region	28	5 17.8%	12 42.8%	515.28

This finding is not surprising. There are many factors influencing government's decisions to finance programs promoting health and providing health care services. In addition, constitutions' national legal frameworks vary tremendously in at least three important ways. First, the general attitude toward the constitution influences the degree to which a population and the representative advocacy groups look to the constitution for resources and remedies for the promotion of health and health care. In some countries, the constitution is part of the political culture and is viewed as a source of protections, whereas in other countries, the population has little knowledge of the constitution and its potential for advancing legal and social protections. Second, the degree of legal remedies, such as judicial review, private rights of action and access to courts, and the opportunity to challenge policymakers who fail to implement or enforce constitutional provisions regarding health and health care, vary between the countries. Finally, many countries, particularly in the southern hemisphere and in other parts of the developing world, do not have the financial resources to devote to improving health or providing health care services.

Some countries have constitutional provisions that specifically mention the UN Universal Declaration of Human Rights and either a UN or regional treaty recognizing an international human right to health or health care. Of the nine countries with referential statements, only six had ratified the ICESCR, three had ratified a relevant regional treaty, and two had not ratified any relevant UN or regional treaty. (See Figure 3).

Indeed, many countries have ratified a UN or regional treaty, recognizing an international human right to health. The relevant regional treaties of the Organization of American States are as follows: American Declara-

Figure 3  
Incorporation of ICESCR and/or Regional Treaty

Country	ICESCR	Regional Treaty
Argentina	*	*
Comoros	—	—
Congo	*	—
Czech Republic	*	—
East Timor	—	—
Guatemala	*	*
Haiti	—	*
Latvia	*	—
Ukraine	*	—

tion of the Rights and Duties of Man,<sup>40</sup> the American Convention on Human Rights,<sup>41</sup> and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights.<sup>42</sup> The major African regional treaty is the African Charter on Human and Peoples' Rights.<sup>43</sup> Relevant treaties for the Council of Europe are the Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine (Convention on Human Rights and Biomedicine),<sup>44</sup> the European Social Charter of 1961,<sup>45</sup> and the European Convention of Human Rights.<sup>46</sup> Further, the foundational law of the European Union,<sup>47</sup> a supranational organization, also imposes obligations on its member-states irrespective of whether they have independently ratified the treaty.

Table 2 presents the percentage of countries that have a constitutional provision regarding health and health care and the percentage of countries that have either ratified ICESCR, a regional treaty, or both. All actions

40. American Declaration of the Rights and Duties of Man, O.A.S. Res. XXX, adopted by the Ninth International Conference of American States (Mar. 30-May 2, 1948), Bogotá, O.A.S. Off. Rec. OEA/Ser. L/V/I.4 Rev. (1965).

41. American Convention on Human Rights, Nov. 22, 1969, O.A.S. Treaty Ser. No. 36, Organization of American States, O.A.S. Off. Rec. OEA/Ser. K/XVI/1.1 doc. 65 rev. 1 corr. 2 (1979), 144 U.N.T.S. 123 (entered into force July 18, 1978).

42. Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, Nov. 14, 1988, art. 10, 28 I.L.M. 156, 164.

43. Org. of African Unity, Banjul Charter on Human and Peoples' Rights, June 27, 1981, OAU Doc. CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982) (entered into force Oct. 21, 1986).

44. Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, Apr. 4, 1997, Europ. T.S. No. 164 (entered into force Dec. 1, 1999).

45. EUROPEAN SOCIAL CHARTER, Oct. 18, 1961, Europ. T.S. No. 35 (revised May 3, 1996).

46. Convention for the Protection of Human Rights and Fundamental Freedoms, Nov. 4, 1950, 213 U.N.T.S. 221, 222 (entered into force Sept. 3, 1953).

47. CONSOLIDATED VERSION OF THE TREATY ESTABLISHING THE EUROPEAN COMMUNITY, Nov. 10, 1997, O.J. (C 340) 3 (1997).

represent a fundamental legal commitment by the governments to their populations with respect to health and health care, although the precise intensity of these commitments is unknown.

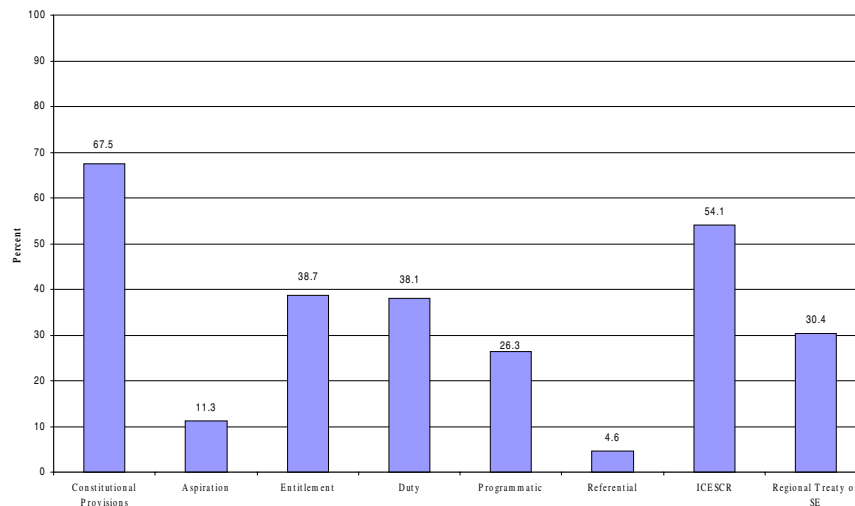
### III. Discussion

This Article does not address whether or how the constitutional provisions concerning health and health care in the constitutions of the countries of the world have been implemented domestically or analyze how these provisions could be implemented more effectively or expeditiously. These are the subjects of future research. However, a statement on health or health care in a national constitution is important in and of itself as it represents explicit commitment regarding health and health care for the country's population. These commitments can be useful as they may be implemented in the future, and their existence is helpful to those advocating for better health and health care as well as for implementation of the international human right to health.

#### A. Meaning of Constitutional Provisions

The question of constitutional provisions' meaning is complex and has at least two dimensions. First is the actual content of the concepts of "health" and "health care." As discussed above,<sup>48</sup> we chose to avoid considering this dimension in this paper. However, the development of techniques for measuring and comparing national health sector performance, discussed below,<sup>49</sup> is contributing greatly to more universal and meaningful definitions of these concepts.

Table 2



48. See sources cited *supra* notes 9, 16.

49. See *infra* Part III.B.

The second dimension of meaning refers to enforceability of the individual interest in health and health care. Customarily, lawyers and legal scholars think of the interests that constitute enforceable “rights” as the only interests with legal meaning.<sup>50</sup> This view of rights as “trumps” in the Dworkian sense<sup>51</sup> exposes the problematic distinction between social and economic rights on the one hand and civil and political rights on the other. Often these two groups of rights are characterized, respectively, as positive rights requiring affirmative state action and as negative rights requiring state abstention from specific conduct. This distinction quickly disappears when one considers that proper enforcement of so-called negative rights often implicates affirmative state action and that substantial implementation of positive rights may well result when the state refrains from conduct limiting access to existing services.<sup>52</sup>

To be recognized and implemented, economic and social rights require affirmative state action, which creates the problem with their designation as “rights.” The conventional understanding of rights is that, if violated, they assure legal remedies from courts or other authoritative adjudicative tribunals. Extant legal remedies are often tailored to addressing the denial of civil and political rights by governments or even private actors within the governments’ jurisdiction.<sup>53</sup> Under this more conventional understanding, if rights are without legal remedies, they are simply aspirational statements. Such rights, some argue,<sup>54</sup> water down the concept of rights and rob it of its meaning and effectiveness.

There is a significant difference between remedies designed to prevent a government or regulated private party from acting in a certain way, such as curtailing civil rights, and a remedy intended to force a government or regulated party to provide a particular service. Specifically, the latter remedy implicitly asks the government or regulated private party to allocate resources as the legal remedy. Thus, in the act of granting the remedy, the adjudicator invariably steps into the role of policymaker regarding the allocation of resources, which is quintessentially a legislative function. This phenomenon poses the dilemma of who is best charged with making the

---

50. See, e.g., RONALD DWORKIN, *TAKING RIGHTS SERIOUSLY* (1977); JOHN FINNIS, *NATURAL LAW AND NATURAL RIGHTS* (1980); LON L. FULLER, *THE MORALITY OF LAW* (1964); H.L.A. HART, *THE CONCEPT OF LAW* (1961); 3 F.A. HAYEK, *LAW, LEGISLATION, AND LIBERTY* (1979); MATTHEW H. KRAMER ET AL., *A DEBATE OVER RIGHTS: PHILOSOPHICAL ENQUIRIES* (1998); JOSEPH RAZ, *THE CONCEPT OF A LEGAL SYSTEM* (2d ed. 1980); JEREMY WALDRON, *LIBERAL RIGHTS: COLLECTED PAPERS 1981-1991* (1993); CARL WELLMAN, *AN APPROACH TO RIGHTS: STUDIES IN THE PHILOSOPHY OF LAW AND MORALS* (1997).

51. DWORKIN, *supra* note 50, at 82-90.

52. See Mark Tushnet, *Civil Rights and Social Rights: The Future of the Reconstruction Amendments*, 25 *LOY. L.A. L. REV.* 1207, 1213-18 (1992) (arguing against the traditional notion that civil and social rights are distinct and that the former do not require government enforcement by drawing upon the similarities between the rights and the role of courts in their enforcement).

53. See DINAH SHELTON, *REMEDIES IN INTERNATIONAL HUMAN RIGHTS LAW* (1999).

54. See, e.g., David Beatty, *The Last Generation: When Rights Lose Their Meaning*, in *HUMAN RIGHTS AND JUDICIAL REVIEW: A COMPARATIVE PERSPECTIVE* 321 (David M. Beatty ed., 1994).

policy call in this instance—the activist judge witnessing the deficiency, or the reluctant legislature facing the full panoply of national needs and state obligations.

Even liberal scholars, while comfortable with the concept of constitutional endorsement of economic rights, appreciate the policy choices that governments must make in allocating resources for the realization of such rights, particularly in an environment of scarce resources.<sup>55</sup> More conservative scholars, Professor Cass Sunstein for example, have argued that the inclusion of positive rights in the national constitutions of developing nations have deleterious impact on the development of market economies and ultimate economic progress.<sup>56</sup> Experience in the emerging democracies of Eastern Europe suggests that courts have curtailed economic development by undue protection of economic rights in judicial decisions.<sup>57</sup> In sum, the concern is that economic and social rights should not be enforced judicially because judges would be effectively put in the position of mandating that governments spend money in a context of fixed budgetary resources.

A more useful observation about individual enforcement of economic and social rights is that the determination of their content involves facts and issues that are not appropriate for courts or other adjudicative tribunals to decide. Specifically, the determination of the content of social and economic rights calls for a determination of what Kenneth Culp Davis calls “legislative facts.”<sup>58</sup> According to Professor Davis, “[l]egislative facts do not usually concern the immediate parties but are the general facts which help the tribunal decide questions of law and policy and discretion.”<sup>59</sup> Legislative facts are distinguished from “adjudicative facts,” which Professor Davis describes as “[f]acts pertaining to the parties and their businesses and activities.”<sup>60</sup>

Lon Fuller also addresses the use of adjudication in deciding policy

---

55. See, e.g., Frank I. Michelman, *The Constitution, Social Rights, and Liberal Political Justification*, 1 INT'L J. CONST. L. 3 (2003); Mark Tushnet, *State Action, Social Welfare Rights, and the Judicial Role: Some Comparative Observations*, 3 CHI. J. INT'L L. 435 *passim* (2002); Robert West, *Rights, Capabilities, and the Good Society*, 69 FORDHAM L. REV. 1901, 1915–21 (2001) (criticizing how the cost-benefit analysis circumvents attention to rights); see also Mary Ann Glendon, *Rights in Twentieth-Century Constitutions*, 59 U. CHI. L. REV. 519, 537 (1992) (comparing American and European approaches to positive and negative rights).

56. See, e.g., Cass R. Sunstein, *Against Positive Rights*, in WESTERN RIGHTS? POST-COMMUNIST APPLICATION (András Sajó ed., 1996); Cass R. Sunstein, *Constitutionalism, Prosperity, Democracy: Transition in Eastern Europe*, 2 CONST. POL. ECON. 371 (1991). See generally CASS R. SUNSTEIN, *AFTER THE RIGHTS REVOLUTION: RECONCEIVING THE REGULATORY STATE* (1990).

57. See Andras Sajó, *How the Rule of Law Killed Hungarian Welfare Reform*, 5 E. EUR. CONST. REV. 31 (1996). See generally Vicki C. Jackson & Mark Tushnet, *Introduction to DEFINING THE FIELD OF COMPARATIVE CONSTITUTIONAL LAW*, at xi (Vicki C. Jackson & Mark Tushnet eds., 2002).

58. 2 KENNETH CULP DAVIS, *ADMINISTRATIVE LAW TREATISE* 412–13 (2d ed. 1979).

59. *Id.* at 413.

60. *Id.*

issues.<sup>61</sup> Policy concerns, such as the appropriate content of government programs to assure health care services and the allocation of budgetary resources, are “polycentric” issues that are least amenable to satisfactory adjudication.<sup>62</sup> The resolution of polycentric issues inevitably involves multiple implications and trade-offs to accommodate various exigencies and constituencies. Their resolution involves making decisions about Davis’ “legislative facts,” the accuracy or persuasiveness of which are not easily determined through adjudicative techniques.

However, conceiving of rights as only those interests that are enforceable in a court or adjudicative tribunal is a very narrow concept. Why do rights have to be legally enforceable in that manner for validation? A right might also include a policy imperative established by authoritative law such as a constitution, treaty, or other legal mandate. As such, the right as policy imperative requires bound states to take legislative action and array national budgetary priorities in ways that fulfill that policy imperative. It is beyond the scope of this Article to outline a theory of rights as policy imperatives. However, this notion exposes the constrained understanding of rights as trumps enforceable in courts and adjudicative tribunals that informs much of the discussion of rights in American jurisprudence.<sup>63</sup> This idea is captured in the thoughtful observation of an Eastern European scholar, commenting on economic and social rights as human rights:

To call social and economic rights “human rights” is not to make them automatically enforceable. Human rights should set standards and provide justification for moral claims to decent treatment, and should guide legislators in the implementation of legal rights.<sup>64</sup>

In other words, policy imperatives created by constitutional provisions and international human rights treaties can be used as standards for the evaluation of government’s performance with respect to the realization of economic and social human rights. They can also be used as the theoretical and moral basis of political advocacy. An important question not explored here is the degree to which courts accord remedies to interested parties for government’s failures to implement these policy imperatives in a meaningful fashion.

#### B. Performance Comparison as a Realization Strategy

Once we have allocated the realization and implementation of economic and social rights back into the legislative arena, the next task is to determine how to protect individuals and institutions with legitimate interests in the relevant policy imperatives. The major means of protection of these interests is legislative action and administration that results in full and effective implementation of the policy imperative. Legal challenges

61. See Lon L. Fuller, *The Forms and Limits of Adjudication*, 92 HARV. L. REV. 353, 394 (1978).

62. *Id.* at 394-404.

63. See sources cited *supra* note 50.

64. Wiktor Osiantynski, *Social and Economic Rights in a New Constitution for Poland*, in WESTERN RIGHTS? POST-COMMUNIST APPLICATION 233, 241 (András Sajó ed., 1996).

raise the specter of requiring policymakers to make different policy and budgetary choices but they cannot develop and implement a national health plan or require other steps that enhance access to high quality and affordable health care in a national population in the long run.

Further, the type of facts needed to advocate for legislative action and programmatic progress is key. Advocates must provide sound and persuasive "legislative facts" to move legislatures and administrative agencies toward effective action. To that end, some developments in health services research are useful in developing such persuasive legislative facts. In particular, health services researchers have developed important new measures for comparing outcomes of health care and national health sector performance.<sup>65</sup>

Historically, the predominant measure for comparing performance of national health care sectors has been health care expenditures, measured either as a fraction of gross domestic product (GDP) or per capita.<sup>66</sup> This measure is, at best, a proxy as to where a country stands in reducing health risks and in developing measures for assessing and comparing national health sector performance that are more precise. There is also more comprehensive information about the comparative characteristics of national health care sectors.<sup>67</sup>

Most notably, public international organizations have done much to make these important bodies of health services research and policy science research readily accessible to policymakers and advocates. In its *World Health Report 2000*, the WHO conducted its first ever analysis of national health care systems.<sup>68</sup> In 2002, the WHO published a book specifically aimed at measuring population health using comprehensive indices by combining information on mortality and ill-health.<sup>69</sup>

The Organization for Economic and Cultural Development (OECD) has been especially active in developing measures for comparing national health systems. For many years, OECD data has provided important information for the comparison of national health care systems to date.<sup>70</sup> More recently, OECD has developed a system of health accounts that establishes a conceptual framework for comparing national health care sectors.<sup>71</sup> OECD also proposed the International Classification for Health Accounts

---

65. See *infra* notes 68-72.

66. See Anders Anell & Michael Willis, International Comparison of Health Care Systems Using Resource Profiles, 78 BULL. WORLD HEALTH ORG. 770 (2000).

67. See, e.g., Social Security Administration, *Social Security Programs Throughout the World*, at <http://www.ssa.gov/policy/docs/progdesc/ssptw/index.html> (last visited Mar. 15, 2004).

68. See World Health Org., *The World Health Report 2000, Health Systems: Improving Performance*, available at <http://www.who.int/whr2001/2001/archives/2000/en/index.htm> (2000).

69. See World Health Org., Summary Measures of Population Health: Concepts, Ethics, Measurement and Applications (Christopher J.L. Murray et. al. eds., 2002).

70. See, e.g., Gerard F. Anderson & Jean-Pierre Poullier, *Health Spending, Access, and Outcomes: Trends in Industrialized Countries*, HEALTH AFF., May-June 1999, at 178.

71. See Org. for Econ. Co-Operation and Dev., *A System of Health Accounts*, OECD (2000).

(ICHA), which addresses the dimensions of health care by functions of care, providers of health care services, and funding sources.<sup>72</sup> In addition, OECD has analyzed disease-based methods and indicators for comparing health sector performance.<sup>73</sup>

The World Bank has also been active in developing important statistical indicators that can be used in assessing the performance of national health care systems as well as the government's performance in general. The World Bank has launched a website containing technical notes on quantitative techniques for the analysis of health equity issues in a country.<sup>74</sup> It has also developed a set of indicators for the quality of a state's governance that addresses six dimensions of governance: voice and accountability; political stability and absence of violence; government effectiveness; regulatory quality; rule of law; and control of corruption.<sup>75</sup> These indicators are representative of the array of indicators and methodologies that have been developed in recent years to assess national health sector performance, particularly on a comparative basis. Good information can be a powerful tool for policymakers as they make policy and budgetary decisions to improve health sector performance. In addition, these measures and methodologies are useful to advocates seeking to make constitutional provisions regarding health and health care as well as the international human right to health a reality. Indeed, the United Nations has emphasized the importance of statistical indicators in achieving the realization of international human rights in general:

Statistical indicators are a powerful tool in the struggle for human rights. They make it possible for people and organizations—from grassroots activists and civil society to governments and the United Nations—to identify important actors and hold them accountable for their actions. This is why developing and using indicators for human rights has become a cutting-edge area of advocacy.<sup>76</sup>

## Conclusion

The remaining question is what these constitutional provisions mean as a practical matter for people throughout the world in need of health care services and public health measures. Obvious socio-economic disparities between the countries mean that constitutional framers had different under-

---

72. See *id.* §§ 9-11, at 111-54.

73. See Org. for Econ. Co-Operation and Dev., *A Disease-Based Comparison of Health Systems: What Is Best and at What Cost?*, OECD (2003).

74. World Bank, *Quantitative Techniques for Health Equity Analysis: Technical Notes*, at [http://www.worldbank.org/poverty/health/wbact/health\\_eq.htm](http://www.worldbank.org/poverty/health/wbact/health_eq.htm) (last visited Mar. 15, 2004).

75. World Bank, *Indicators of Quality of Governance Worldwide*, at <http://www.worldbank.org/wbi/governance/govdata2002/> (2003); see also Daniel Kaufmann et al., *Governance Matters III: Governance Indicators for 1996-2002*, at 3-4 (World Bank Policy Research, Working Paper No. 3106, 2003), at <http://www.worldbank.org/wbi/governance/pdf/govmatters3.pdf> (last visited Mar. 15, 2004).

76. United Nations Dev. Programme (UNDP), United Nations, *Human Development Report 2000*, at 89 (2000).

standings of a right to health and health care as well as the obligations of states to provide or facilitate the provision of health care services with services to realize these rights. Moreover, even nations with more resources can have significant deficiencies in their health care sectors in terms of access, cost, and quality. Nevertheless, the presence of these constitutional provisions exhibits a national commitment to an important human right. They also establish a policy imperative for the legislative and administrative action. With recent scholarship in comparative health policy and advances in techniques for measuring and comparing health system performance, a consensus is emerging as to what services a national health system should assure or provide and what its goals, in terms of health and health care, should be. These developments will assist in bringing meaning and progress to the realization of the international human right to health throughout the world.

## Appendix I

Country	Date of Adoption	Provision(s)
Afghanistan	1964 (partly reinstated Dec. 2001)	"It is the duty of the State to provide, within the limits of its means, balanced facilities for the prevention and treatment of diseases for all Afghans. The aim of the State in this respect is to reach a stage where suitable medical facilities will be made available to all Afghans." <sup>77</sup>
Albania	1998	"Citizens enjoy in an equal manner the right to health care from the State. Everyone has the right to health insurance pursuant to the procedure provided by law." <sup>78</sup>
		"The state, within its constitutional powers and the means at its disposal, aims to supplement private initiative and responsibility, with: . . . (c) the highest possible standard of health, physical and mental health; . . . (i) health rehabilitation, specialized education and integration in society of disabled people, as well as continual improvement of their living conditions." <sup>79</sup>
		"Fulfillment of social objectives may not be claimed directly in court. The law defines the conditions and extent to which the realization of these objectives can be claimed." <sup>80</sup>
Algeria	1996 (as amended to 2002)	"All citizens have the right to health protection. The State assures the prevention and the right against epidemic and endemic illnesses." <sup>81</sup>
Andorra	1993	"The right to health protection and to receive services to look after personal needs shall be respected. With that intent the State shall guarantee a system of Social Security." <sup>82</sup>

77. AFG. CONST. tit. III, art. 36, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: AFGHANISTAN 16 (Gisbert H. Flanz ed., 2002).

78. ALB. CONST. pt. II, ch. IV, art. 55, §§ 1-2, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ALBANIA 14 (Gisbert H. Flanz ed., Kathleen Imholz trans., 1999).

79. *Id.* at pt. II, ch. V, art. 59, §§ 1(c) & (i), *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ALBANIA, *supra* note 2, at 15.

80. *Id.* at pt. II, ch. V, art. 59, § 2.

81. ALG. CONST. tit. I, ch. IV, art. 54, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ALGERIA 10 (Gisbert H. Flanz ed. & trans., 2003).

82. ANDORRA CONST. tit. II, ch. V, art. 30, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ANDORRA 10 (Albert P. Blaustein & Gisbert H. Flanz eds., Consell General of Andorra trans., 1994).

Country	Date of Adoption	Provision(s)
Angola	1992	“(1) The State shall promote the measures needed to ensure the right of citizens to medical and health care, as well as child, maternity, disability and old-age care, and care in any situation causing incapacity to work. (2) Private and cooperative enterprise in health, social welfare and social security shall be exercised in accordance with the law.” <sup>83</sup>
Antigua and Barbuda	1981	N/A <sup>84</sup>
Argentina	1853 (as amended to 1994)	“The following [international instruments], under the conditions under which they are in force, stand on the same level as the Constitution, [but] do not repeal any article in the First Part of this Constitution, and must be understood as complementary of the rights and guarantees recognized therein: The American Declaration of the Rights and Duties of Man; the Universal Declaration of Human Rights; the American Convention on Human Rights; the International Covenant on Economic, Social and Cultural Rights; . . . the International Convention on the Elimination of all Forms of Racial Discrimination; the Convention on the Elimination of all Forms of Discrimination against Woman; . . . and the Convention on the Rights of the Child. They may only be denounced, if such is to be the case, by the National Executive Power, after prior approval by two-thirds of the totality of the members of each Chamber.” <sup>85</sup>
Armenia	1995	“Everyone is entitled to the preservation of health. The provision of medical care and services shall be prescribed by law. The state shall put into effect health care protection programs for the population and promote the development of sports and physical education.” <sup>86</sup>

83. ANGL. CONST. pt. II, ch. II, art. 47, *translated at* <http://www.angola.org/referenc/constitution/con3.htm> (last visited Sept. 10, 2004).

84. *See* ANT. & BARB. CONST., *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ANTIGUA (Albert P. Blaustein & Gisbert H. Flanz eds., 1982).

85. CONST. ARG., pt. II, tit. I, § 1, ch. IV, art. 75, subd. 22, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ARGENTINA 14 (Gisbert H. Flanz ed., Jonathan M. Miller & Fang-Lian Liao trans., 1999).

86. ARM. CONST. ch. II, art. 34, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ARMENIA 6 (Gisbert H. Flanz ed., 1996).

Country	Date of Adoption	Provision(s)
Australia	1900 (effective 1901)	N/A <sup>87</sup>
Austria	1920 (as revised in 1929; reinstated in 1945)	N/A <sup>88</sup>
Azerbaijan	1995 (as amended to 2002)	“(I) Everyone has the right to health protection and medical aid. (II) The State, acting on the basis of various forms of property, implements necessary measures to promote the development of all aspects of health services, ensures the sanitary-epidemiological well being, creates various forms of medical insurance. (III) Authorized persons are made answerable for concealing the facts and cases that create danger to life and health of people. <sup>89</sup>
Bahamas	1973	N/A <sup>90</sup>
Bahrain	2002	“Every citizen is entitled to health care. The State cares for public health and the State ensures the means of prevention and treatment by establishing a variety of hospitals and health care institutions.” <sup>91</sup>

87. See AUSTL. CONST., *reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: AUSTRALIA (Albert P. Blaustein & Gisbert H. Flanz eds., 1991).

88. B-VG [Constitution] (Aus.), *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: AUSTRIA (Gisbert H. Flanz ed., Gisbert H. Flanz & Patricie H. Ward trans., 2003) [alterations in original].

89. AZER. CONST. pt. II, ch. III, art. 41, *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: AZERBAIJAN REPUBLIC 12 (Gisbert H. Flanz ed. & Gisbert H. Flanz & Patricie H. Ward trans., 2002).

90. See BAH. CONST., *translated & reprinted in* 1 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THE BAHAMAS (Gisbert H. Flanz ed., 2003).

91. BHR. CONST. ch. II, art. 8(a), *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BAHRAIN 6 (Gisbert H. Flanz ed., 2002).

Country	Date of Adoption	Provision(s)
Bangladesh	1972 (as amended to 1996)	“The State shall adopt effective measures to bring about a radical transformation in the rural areas through . . . the improvement of education, communications and public health, in those areas, so as progressively to remove the disparity in the standards of living between the urban and the rural areas.” <sup>92</sup> “The State shall regard the raising of the level of nutrition and the improvement of public health as among its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law, of alcoholic and other intoxicating drinks and of drugs which are injurious to health.” <sup>93</sup>
Barbados	1966	N/A <sup>94</sup>
Belarus	1996	“Citizens of the Republic of Belarus are guaranteed the right to health care, including free treatment at State health-care establishments. The State makes health care facilities accessible to all of its citizens.” <sup>95</sup> “Citizens of the Republic of Belarus are guaranteed the right to social security in old age, in the event of illness, disability, loss of fitness for work and loss of a breadwinner and in other instances specified by law. The State displays the particular concern for veterans of war and labor, as well as for those who lost their health in the defense of national and public interests.” <sup>96</sup>
Belgium	1994 (as amended to 2002)	“Everyone has the right to lead a life worthy of human dignity. For this purpose, the law, the decree or the rule specified in Article 134 guarantees the conditions of their exercise, taking into account the corresponding obligations of economic, social and cultural rights. These rights include particularly . . . (2) The right to social security, to the protection of health and to social, medical, and legal assistance.” <sup>97</sup>
Belize	1981 (as amended to 1988)	N/A <sup>98</sup>

92. BANGL. CONST. pt. II, art. 16, *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BANGLADESH 33 (Gisbert H. Flanz ed., 1999).

93. *Id.* at art. 18, § 1, *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BANGLADESH, *supra* note 16, at 35.

94. *See* BARB. CONST., *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BARBADOS (Gisbert H. Flanz, ed., 1997).

95. BELR. CONST. § 2, art. 45, *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BELARUS 9 (Gisbert H. Flanz ed., 1997).

96. *Id.* at art. 47.

97. BELG. CONST. tit. II, art. 23, *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BELGIUM 5 (Gisbert H. Flanz ed., 2002).

98. *See* BELIZE CONST., *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BELIZE (Gisbert H. Flanz ed., 1997).

Country	Date of Adoption	Provision(s)
Benin	1990	“The human person is sacred and inviolable. The state has the absolute obligation to respect it and protect it. It shall guarantee him a full blossoming out. To that end, it shall assure to its citizens equal access to health, education, culture, information, vocational training, and employment.” <sup>99</sup>
Bhutan	1907 (as amended to 1981)	N/A <sup>100</sup>
Bolivia	1967 (as amended to 1994)	Every person has the following fundamental rights, in accordance with the laws which regulate their exercise: (a) To life, health, and safety . . . . <sup>101</sup>
Bosnia and Herzegovina	1995	N/A <sup>102</sup>
Botswana	1966 (as amended to 1987)	N/A <sup>103</sup>

99. BENIN CONST. tit. II, art. 8, *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BENIN 3 (Albert P. Blaustein & Gisbert H. Flanz eds., Jessie L. Matthews trans., 1993).

100. See BHUTAN CONST., *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BHUTAN (Albert P. Blaustein & Gisbert H. Flanz eds., 1989).

101. BOL. CONST. tit. I, art. 7(a), *translated & reprinted in* 2 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BOLIVIA 2 (Gisbert H. Flanz ed. & Marcia W. Coward trans., 1999).

102. See BOSN. & HERZ. CONST., *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BOSNIA AND HERZEGOVINA (Gisbert H. Flanz ed., 2000).

103. See BOTS. CONST., *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BOTSWANA (Albert P. Blaustein & Gisbert H. Flanz eds., 1989).

Country	Date of Adoption	Provision(s)
Brazil	1992 (as amended to 2002)	“Education, health, labor, housing, leisure, security, social security, protection of motherhood and childhood and assistance to the destitute, are social rights, in accordance with this Constitution.” <sup>104</sup> Art. 196. “Health is the right of all and the duty of the State and shall be guaranteed by social and economic policies aimed at reducing the risk of illness and other maladies and by universal and equal access to all activities and services for its promotion, protection and recovery.” <sup>105</sup>
		Art. 197 “Health activities and services are of public importance, and it is the Government’s responsibility to provide, in accordance with law, for their regulation, supervision and control. Such activities and services should be carried out directly or through third parties and also by individuals or legal entities of private law.” <sup>106</sup>
Brunei	1959 (as revised in 1984)	N/A <sup>107</sup>
Bulgaria	1991 (as amended to 2003)	“(1) Citizens have the right to health insurance that guarantees them accessible medical care and to free medical care under conditions and according to the procedure determined by law. (2) The citizens’ healthcare is financed from the state budget, by employers, by personal and collective insurance payments, and from other sources under conditions and according to a procedure determined by law. (3) The state protects the health of citizens and encourages the development of sports and tourism. (4) No one may be subjected to forced medical treatment or sanitary measures except in cases provided by law. (5) The state exercises control over all health institutions as well as over the production of pharmaceuticals, biologic[al] substances and medical equipment and over their trade.” <sup>108</sup>

104. C.F.[Constitution] tit. II, ch. II, art. 6 (Braz.), *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BRAZIL 10 (Gisbert H. Flanz ed., 2002).

105. *Id.* at tit. VIII, ch. II, § II, art. 196, *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BRAZIL, *supra* note 28, at 127.

106. *Id.* at art. 197.

107. See BRUNEI CONST., *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BRUNEI DARUSSALAM (Albert P. Blaustein & Gisbert H. Flanz eds., 1987).

108. BULG. CONST. ch. II, art. 52, *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BULGARIA 11 (Gisbert H. Flanz ed., 2004).

Country	Date of Adoption	Provision(s)
Burkina Faso	1991 (as amended to 1997)	“The right to health is recognized. The State works to promote it.” <sup>109</sup>
Burundi	1998	N/A <sup>110</sup>
Cambodia	1993 (as amended to 1999)	“The health of the people shall be guaranteed. The State shall give full consideration to disease prevention and medical treatment. Poor citizens shall receive free medical consultation in public hospitals, infirmaries and maternities. The State shall establish infirmaries and maternities in rural areas.” <sup>111</sup>
Cameroon	1996	N/A <sup>112</sup>
Canada	1867 (consolidated as of 1999)	N/A <sup>113</sup>

109. BURK. FASO CONST. tit. I, ch. IV, art. 26, *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BURKINA FASO 65 (Gisbert H. Flanz ed. & Inter-Univ. Assocs., Inc. trans., 1998).

110. See BURUNDI CONST., *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: BURUNDI (Gisbert H. Flanz ed., Anne-Françoise Bewley trans., 1999).

111. CAMBODIA CONST. ch. VI, art. 72, *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CAMBODIA 12 (Gisbert H. Flanz ed., Nat’l Assembly of Cambodia trans., 1999).

112. See CAMEROON CONST., *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CAMEROON (Gisbert H. Flanz ed., 1997). As a signatory to the African Charter on Human and Peoples’ Rights, Cameroon also binds itself to Article 16 of the Charter, which provides as follows: “(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.” *Id.*, *reprinted in* CAMEROON CONST., *supra*, at 5, *in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CAMEROON, *supra*; African Charter on Human and Peoples’ Rights, art. 16, June 24–27, 1981, O.A.U. Doc. CAB/LEG/67/3/Rev. 5, *reprinted in* 21 I.L.M. 58, 62 (1982).

113. See CAN. CONST., *reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CANADA (Gisbert H. Flanz ed., 1999).

Country	Date of Adoption	Provision(s)
Cape Verde	1992	“(1) Everyone shall have the right to health and the duty to defend and promote it, independently of economic condition. (2) The right to health shall be realized through an adequate network of health services and by the gradual creation of the economic, social, and cultural conditions necessary to guarantee a better quality of life for the population. (3) To guarantee the right to health, the State has the following duties: (a) To assure, according to available economic resources, a national health service based on complete care, with priority to preventive activities; (b) To encourage the community’s participation in the various levels of health service; (c) To articulate and regulate public and private initiatives on the subject of health; (d) To regulate and control the production, commercialization, and use of chemical, biological, and pharmacological products and other means of treatment and diagnosis.” <sup>114</sup> “All individuals shall have the duty: . . . (e) To defend and promote health.” <sup>115</sup>
Central African Republic	1995	“The State and the other public collectivities have together the duty to strive for the physical and moral health of the family and to socially encourage it by appropriate institutions.” <sup>116</sup>
Chad	1996	N/A <sup>117</sup>
Chile	1980 (as amended to 1996)	“The State protects the free and egalitarian access to actions for the promotion, protection and recovery of health and the rehabilitation of the individual. Likewise, the coordination and control of activities related to health shall rest with the State. It is the preferential duty of the State to guarantee the execution of health assistance whether rendered through public or private institutions, the form and conditions that the law determines, which may establish obligatory quotations. Every person has the right to choose the health system he wishes to obtain whether it is of the State or private.” <sup>118</sup>

114. CAPE VERDE CONST. pt. II, tit. III, art. 68, *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CAPE VERDE 74 (Albert P. Blaustein & Gisbert H. Flanz eds., Sarah Campbell & Marcia W. Coward trans., 1994).

115. *Id.* at art. 82(e), *translated & reprinted in* 3 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CAPE VERDE, *supra* note 114, at 77.

116. CENT. AFR. REP. CONST. tit. I, art. 6, para. 2, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CENTRAL AFRICAN REPUBLIC 37 (Gisbert H. Flanz ed. & Daniel G. Anna trans., 1995).

117. *See* CHAD CONST., *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CHAD (Gisbert H. Flanz ed. & Anne-Françoise Bewley trans., 1997). Chad is a signatory to the African Charter on Human and Peoples’ Rights. *See supra* note 37.

118. CHILE CONST. ch. III, art. 19, § 9, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CHILE 8 (Gisbert H. Flanz ed., 2004).

Country	Date of Adoption	Provision(s)
China	1982	<p>“The state develops medical and health services, promotes modern medicine and traditional Chinese medicine, encourages and supports the setting up of various medical and health facilities by the rural economic collectives, state enterprises and undertakings and neighbourhood organizations, and promotes sanitation activities of a mass character, all to protect the people’s health.”<sup>119</sup></p> <p>“Citizens of the People’s Republic of China have the right to material assistance from the state and society when they are old, ill, or disabled. The state develops the social insurance, social relief, and medical and health services that are required to enable citizens to enjoy this right.”<sup>120</sup></p>
Colombia	1991	<p>“The following are basic rights of children: Life, physical integrity, health and social security, a balanced diet, their name and citizenship, to have a family and not be separated from it, care and love, instruction and culture, recreation, and the free expression of their opinions.”<sup>121</sup></p> <p>“Public health and environmental protection are public services for which the state is responsible. All individuals are guaranteed access to services that promote, protect, and rehabilitate public health. ¶ It is the responsibility of the state to organize, direct, and regulate the delivery of health services and of environmental protection to the population in accordance with the principles of efficiency, universality, and solidarity. Too, to establish policies for the provision of health services by private entities and to exercise oversight and control over them. Similarly, to establish the jurisdiction of the nation, territorial entities, and individuals, and to determine the shares of their responsibilities within the limits and under the conditions determined by law. Public health services will be organized in a decentralized manner broken down in accordance with levels of responsibility and with the participation of the community. ¶ The law will determine the limits within which basic care for all the people will be free of charge and mandatory. ¶ Every individual has the right to have access to the integral care of his/her health and that of his/her community.”<sup>122</sup></p>

119. XIANFA [Constitution] ch. 1, art. 21 (1982) (P.R.C.), *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PEOPLE’S REPUBLIC OF CHINA 41 (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

120. *Id.* at ch. II, art. 45, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PEOPLE’S REPUBLIC OF CHINA, *supra* note 43, at 45.

121. COLOM. CONST. tit. II, ch. II, art. 44, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COLOMBIA 170 (Gisbert H. Flanz ed., Peter B. Heller & Marcia W. Coward trans., 1995).

122. *Id.* at art. 49, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COLOMBIA, *supra* note 45, at 171.

Country	Date of Adoption	Provision(s)
		<p>“Any child under a year old who may not be covered by any type of protection or social security will be entitled to receive free care in all health entities that receive state subsidies. The law will regulate the matter.”<sup>123</sup></p> <p>“International treaties and agreements ratified by the Congress that recognize human rights and that prohibit their limitation in states of emergency have priority domestically. ¶ The rights and duties mentioned in this Charter will be interpreted in accordance with international treaties on human rights ratified by Colombia.”<sup>124</sup></p> <p>“Revenues obtained in the exercise of the monopolies of games of chance will be earmarked exclusively to the public health services. ¶ Revenues obtained in exercise of the liquor monopoly will be earmarked on a preferential basis to the health and educational services.”<sup>125</sup></p>
Comoros	2001	<p>“To mark their attachment to the principles and fundamental rights defined by the Charter of the United Nations, the Charter of the Organization of African Unity, the Charter of the Arab League of Nations, the Universal Declaration of Human Rights of the United Nations and the African Charter on Human and Peoples’ Rights, as well as international conventions, notably those relating to the rights of children and women. Proclaim: . . . : The right of all to health . . . .”<sup>126</sup></p>
Congo	2002	<p>“The State is the guarantor of public health. The right to create private socio-sanitary establishments is guaranteed. They are regulated by law. Aged and handicapped persons have the right to specific measures of protection in accord with their physical and moral needs.”<sup>127</sup></p>

123. *Id.* at art. 50.

124. *Id.* at ch. IV, art. 93, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COLOMBIA, *supra* note 45, at 179.

125. *Id.* at tit. XII, ch. I, art. 336, paras. 4-5, *translated & reprinted in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COLOMBIA, *supra* note 45, at 248.

126. COMOROS CONST. (2001) pmb., *translated at* [http://www.chr.up.ac.za/hr\\_docs/constitutions/docs/ComorosC%20\(english%20summary\)\(rev\).doc](http://www.chr.up.ac.za/hr_docs/constitutions/docs/ComorosC%20(english%20summary)(rev).doc) (last visited Sept. 12, 2004). The Constitution of 2001 replaced the Constitution of 1996, whose preamble stated: “Inspired by the Universal Declaration of the Rights of Man of the United Nations and of the Africa Charter of the Rights of Man and of Peoples, [the Comorian people] proclaim and guarantee: . . . the right of all Comorans to health . . . .” COMOROS CONST. pmb. (1996), *reprinted and translated in* 4 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COMOROS 2 (Gisbert H. Flanz ed. & Anne-Françoise Bewley trans., 1998).

127. CONGO CONST. (2002) tit. II, art. 30, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CONGO 6 (Gisbert H. Flanz ed. & trans., 2002).

Country	Date of Adoption	Provision(s)
Cook Islands	1965	N/A <sup>128</sup>
Costa Rica	1949 (as amended to 1993)	“Social security is established for manual and intellectual workers, regulated by a system of compulsory contribution by the State, employers, and workers to protect them against the risks of illness, disability, maternity, old age, death, and other contingencies determined by law.” <sup>129</sup>
Côte D’Ivoire	2000	“Every human being has the right to the development and to the full realization of his personality in the material, intellectual, and spiritual dimensions. The State assures to all citizens equal access to health, to education, to culture, to information, to professional formation, and to employment . . . .” <sup>130</sup>
Croatia	1990 (as amended to 2001)	“To all is guaranteed the right to health care in accordance with the law.” <sup>131</sup>  “Everyone has the right to a healthy life. ¶ The State ensures citizens the right to a healthy environment. ¶ All are obligated, within their powers and activities, to pay special attention to the protection of public health, nature and the human environment.” <sup>132</sup>
Cuba	1976 (as amended to 1992)	“Everybody has the right to health protection and care. The State guarantees this right; ¶ by providing free medical and hospital care by means of the installations of the rural medical service network, polyclinics, hospitals and preventive and specialist treatment centers; ¶ by providing free dental care; ¶ by promoting the health publicity campaigns, health education, regular medical examinations, general vaccinations and other measures to prevent the outbreak of disease. All the population cooperates in these activities and plans through the social and mass organizations.” <sup>133</sup>

128. See COOK ISLANDS CONST., at [http://www.paclii.org/ck/legis/num\\_act/cotci327/](http://www.paclii.org/ck/legis/num_act/cotci327/) (last visited Sept. 12, 2004).

129. COSTA RICA CONST. tit. V, art. 73, ¶ 1, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: COSTA RICA 87 (Gisbert H. Flanz ed., Marcia W. Coward trans., 1995).

130. CÔTE D’IVOIRE CONST. tit. I, art. 7, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CÔTE D’IVOIRE 2 (Gisbert H. Flanz ed., 2000).

131. CROAT. CONST. tit. III, ch. III, art. 58, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CROATIA 47 (Gisbert H. Flanz ed., Gisbert H. Flanz et. al. trans., 2001).

132. *Id.* at art. 69, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CROATIA, *supra* note 55, at 49.

133. CUBA CONST. ch. VII, art. 50, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CUBA 14 (Gisbert H. Flanz ed., Pam Falk & Anna I. Vellvé Torras trans., 2000).

Country	Date of Adoption	Provision(s)
Cyprus	1960	N/A <sup>134</sup>
Czech Republic	1993	N/A <sup>135</sup>
Denmark	1953	N/A <sup>136</sup>
Djibouti	1992	N/A <sup>137</sup>
Dominica	1978	N/A <sup>138</sup>
Dominican Republic	1966 (as amended to 2002)	“With the aim of strengthening its stability and well-being, its moral, religious, and cultural life, the family shall receive the broadest possible protection from the State. ¶ (a) Maternity, regardless of the condition or status of the woman, shall enjoy the protection of the public powers and shall be entitled to official assistance in case of abandonment. The State shall adopt measures of hygiene and other steps designed to prevent infant mortality insofar as possible and to attain the healthy development of children. The establishment of family well-being [bien de familia] is likewise declared to be of high social interest. The State shall encourage family savings and the establishment of credit, production, distribution, and consumer cooperatives or any others that may be useful.” <sup>139</sup>

134. See CYPRUS CONST., *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CYPRUS (Albert P. Blaustein & Gisbert H. Flanz eds., 1994).

135. See ÚSTAVA ÈR. [Constitution] (Czech Rep.), *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CZECH REPUBLIC (Gisbert H. Flanz ed., Gisbert H. Flanz & Patricie H. Ward trans., 2003). However, the Constitution of the Czech Republic does specify that “[i]nternational treaties, to whose ratification Parliament has consented and by which the Czech Republic is obligated, are part of the legal order; if the international treaty provides for something other than the law, the international treaty shall be used.” *Id.* at ch. I, art. 10, *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: CZECH REPUBLIC, *supra*, at 2.

136. See DEN. CONST., *translated & reprinted in* 5 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: DENMARK (Albert P. Blaustein & Gisbert H. Flanz eds., 1985).

137. See Djib. Const., *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: DJIBOUTI (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

138. See DOMINICA CONST., *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: DOMINICA (Gisbert H. Flanz ed., 1997).

139. DOM. REP. CONST. (2002) tit. II, sec. I, art. 15.

Country	Date of Adoption	Provision(s)
		“The State shall stimulate the progressive development of social security so that every person shall be able to enjoy adequate protection against unemployment, sickness, disability, and old age.” <sup>140</sup>
East Timor	2002	“(1) All have the right to health and medical care, and the duty to protect and promote them. (2) The State promotes the establishment of a national health service that is universal and general. The national health service shall be free of charge in accordance with the possibilities of the State and in conformity with the law. (3) The national health service shall have, as much as possible, a decentralized participatory management.” <sup>141</sup>
Ecuador	1998	“The State guarantees the right to health, its promotion and protection, through the development of food security, the provision of potable water and basic sanitation, the promotion of a healthy family, work and community environment, and the possibility of permanent and uninterrupted access to health services, in conformity with the principles of equity, universality, solidarity, quality and efficiency.” <sup>142</sup> “Public health programs and initiatives shall be free of charge for everyone. The public services for medical attention, shall be [free of charge] for those persons that need it. Emergency attention shall not be denied in public or private establishments for any reason. ¶ The State shall promote a culture of health and life, with emphasis on the food and nutritional education of mothers and children, and sexual and reproductive health [education], through the participation of society and the collaboration of the means of social communication. ¶ [The State] shall adopt programs that tend to eliminate alcoholism and other addictions.” <sup>143</sup>

140. *Id.* at art. 17.

141. EAST TIMOR CONST. pt. II, tit. III, art. 57, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EAST TIMOR 22 (Gisbert H. Flanz ed., Inter-Univ. Assocs., Inc. trans., 2002). Additionally, Article 23 specifies that “[f]undamental rights enshrined in the Constitution shall not exclude any other rights provided for by the law and shall be interpreted in accordance with the Universal Declaration of Human Rights.” *Id.* at pt. II, tit. I, art. 23, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EAST TIMOR, *supra*, at 15.

142. ECUADOR CONST. tit. III, ch. IV, art. 42, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ECUADOR 13 (Gisbert H. Flanz ed., Reka Koerner trans., 1999).

143. *Id.* at art. 43 (alterations in original).

Country	Date of Adoption	Provision(s)
		<p>“The State shall create a national health policy and shall oversee its application; it shall control the functioning of the entities of the sector; it shall recognize, respect and promote the development of traditional and alternative medicines, the use of which shall be regulated by law[;] and it shall impulse scientific-technological advances in the area of health, subject to bioethical principles.”<sup>144</sup></p> <p>“The State shall organize a national health system, which shall be composed of the public, autonomous, private, and community entities of the sector. It shall function in a decentralized, dispersed and participatory manner.”<sup>145</sup></p> <p>“The financing of the public entities of the national health system shall derive from obligatory, sufficient and timely contributions from the General Budget of the State, and persons who use its services and who have the means to contribute economically and other sources indicated by law. ¶ The fiscal allotment for public health shall increase annually in exact proportion to the growth in the common total revenue of the budget of the central government. There may not be budgetary reductions in this area.”<sup>146</sup></p>
Egypt	1971 (as amended by the Referendum of May 22, 1980)	<p>“The State shall guarantee cultural, social and health services, and work to ensure them for the villages in particular in an easy and regular manner in order to raise their standard.”<sup>147</sup></p> <p>“The State shall guarantee social and health insurance services and all the citizens have the right to pensions in cases of incapacity, unemployment and old-age, in accordance with the law.”<sup>148</sup></p> <p>“Any medical or scientific experiment may not be undergone on any person without his free consent.”<sup>149</sup></p>

144. *Id.* at art. 44 (alterations in original), *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ECUADOR, *supra* note 66, at 14.

145. *Id.* at art. 45.

146. *Id.* at art. 46.

147. EGYPT CONST. pt. II, ch. I, art. 16, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EGYPT 13 (Albert P. Blaustein & Gisbert H. Flanz eds., 1991).

148. *Id.* at art. 17.

149. *Id.* at pt. III, art. 43, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EGYPT, *supra* note 71, at 17.

Country	Date of Adoption	Provision(s)
El Salvador	1983 (as amended to 1996)	<p>“The State shall protect the physical, mental and moral health of minors, and shall guarantee their right to education and assistance.”<sup>150</sup></p> <p>“The health of the inhabitants of the Republic constitutes a public good. The State and the persons are obligated to see to its conservation and restoration. ¶ The State shall determine the national health policy and shall control and supervise its application.”<sup>151</sup></p> <p>“The State shall give free assistance to the sick who lack resources, and to the inhabitants in general when the treatment constitutes an effective means of preventing the dissemination of a communicable disease. In this case, every person is obligated to submit themselves to such treatment.”<sup>152</sup></p> <p>“The public health services shall be essentially technical. Sanitary [<i>sanitarias</i>], hospital, paramedic and hospital administration careers shall be established.”<sup>153</sup></p>
Equatorial Guinea	1991	<p>“The State shall protect all persons from conception and shall assist minors to develop normally and in security, to achieve moral, mental, and financial integrity, as well as assisting home life. ¶ The State shall encourage and promote attention to health as the cornerstone of this effort.”<sup>154</sup></p>
Eritrea	1997	<p>“Every citizen shall have the right of equal access to publicly funded social services. The State shall endeavor, within the limit of its resources, to make available to all citizens health, education, cultural and other social services.”<sup>155</sup></p>

150. EL SAL. CONST.. tit. II, ch. II, § 1, art. 35, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EL SALVADOR (Booklet 1) 6 (Gisbert H. Flanz ed., Reka Koerner trans., 1998).

151. *Id.* at tit. II, ch. III, art. 65, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EL SALVADOR (Booklet 1), *supra* note 75, at 13-14.

152. *Id.* at art. 66, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EL SALVADOR (Booklet 1), *supra* note 75, at 14.

153. *Id.* at art. 67.

154. EQ. GUINEA CONST. tit. I, art. 22, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: EQUATORIAL GUINEA 31 (Albert P. Blaustein & Gisbert H. Flanz eds., Sarah Campbell trans., 1994).

155. ERI. CONST. ch. III, art. 21, § 1, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ERITREA 11 (Gisbert H. Flanz ed., 1999).

Country	Date of Adoption	Provision(s)
Estonia	1992	“All persons shall have the right to health care. ¶ Estonian citizens shall be entitled to state assistance in the case of old age, inability to work, loss of a provider, and need. The categories, extent, and conditions and procedures for assistance shall be established by law. Unless otherwise established by law, this right shall exist equally for Estonian citizens and citizens of foreign states and stateless persons who are sojourning in Estonia. ¶ The state shall encourage voluntary and local government social care. Families with many children and the disabled shall be entitled to special care by state and local authorities.” <sup>156</sup>
Ethiopia	1995	“To prevent harm arising from pregnancy and childbirth and in order to safeguard their health, women have the right of access to family planning education, information and capacity.” <sup>157</sup> “(4) The State has the obligation to allocate ever increasing resources to provide to the public health, education and other social services. (5) The State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian.” <sup>158</sup> “Government shall endeavour to protect and promote the health, welfare and living standards of the working population of the country.” <sup>159</sup> “To the extent the country’s resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security.” <sup>160</sup>
Fiji Islands	1998	N/A <sup>161</sup>

156. EST. CONST. ch. II, art. 28, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ESTONIA 9 (Albert P. Blaustein & Gisbert H. Flanz eds., 1994).

157. ETH. CONST. ch. III, pt. II, art. 35, § 9, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ETHIOPIA 12 (Gisbert H. Flanz ed., 1997).

158. *Id.* at art. 41, §§ 4-5, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ETHIOPIA, *supra* note 81, at 15.

159. *Id.* at ch. X, art. 89, § 8, *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ETHIOPIA, *supra* note 81, at 33.

160. *Id.* at ch. X, art. 90, § 1.

161. See FIJI CONST., *translated & reprinted in* 6 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: FIJI ISLANDS (Gisbert H. Flanz ed., 1998).

Country	Date of Adoption	Provision(s)
Finland	2000	“The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population. Moreover, the public authorities shall support families and others responsible for providing for children so that they have the ability to ensure the well-being and personal development of the children.” <sup>162</sup>
France	1958 (as amended to 2003)	N/A <sup>163</sup>
Gabon	1991 (as amended to 1997)	“The State, according to its possibilities, to all, notably to the child, the mother, the handicapped, to aged workers and to the elderly, the protection of health, social security, a preserved natural environment, rest and leisure[.]” <sup>164</sup>
The Gambia	1996	N/A <sup>165</sup>
Georgia	1995 (as amended to 2003)	“(1) Everyone has the right to make use of health insurance as a means of access to medical assistance. In accordance with legal procedure in established conditions free medical services are guaranteed. (2) The state controls every health organization, manufacture of medicinal means and their trade.” <sup>166</sup>
Germany	1949 (as amended to 2002)	N/A <sup>167</sup>

162. FIN. CONST. (2000) ch. II, § 19, para. 3, *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: FINLAND 4* (Gisbert H. Flanz ed., 2000).

163. See CONST. (Fr.), *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: FRANCE* (Gisbert H. Flanz ed., Marc Bouchacourt & Dina Obied trans., 2003).

164. GABON CONST. art. I, § 8, *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GABON* (Booklet 1) 2 (Gisbert H. Flanz ed. & Daniel G. Anna & Anne-Françoise Bewley trans., 1998).

165. See GAM. CONST., *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THE GAMBIA* (Gisbert H. Flanz ed., 1997).

166. GEOR. CONST. ch. II, art. 37, §§ 1-2, *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GEORGIA 9* (Gisbert H. Flanz ed., 2004).

167. See GG [Constitution] (F.R.G.), *translated & reprinted in 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GERMANY* (Gisbert H. Flanz ed., 2004).

Country	Date of Adoption	Provision(s)
Ghana	1992 (as amended to 1996)	N/A <sup>168</sup>
Greece	1975 (as amended to 2002)	“All persons are entitled to the protection of their health and of their genetic identity. Matters relating to the protection of every person against biomedical interventions shall be specified by law.” <sup>169</sup> “The State shall care for the health of citizens and shall adopt special measures for the protection of youth, old age, disability and for the relief of the needy.” <sup>170</sup>
Grenada	1983 (as amended to 1992)	N/A <sup>171</sup>
Guatemala	1985 (as amended to 1993)	“The State will protect the physical, mental, and moral health of minors and the elderly. It will guarantee them their right to food, public health, education, security, and social insurance.” <sup>172</sup> “The State guarantees the protection of the disabled and of those persons who suffer from physical, psychic, or sensory limitations. Medical-social care to them as well as the promotion of policies and services that make their rehabilitation possible and their integral reincorporation in society is declared to be of national interest. The law will regulate this matter and will create the technical organisms and executors that may be necessary.” <sup>173</sup>

168. See GHANA CONST, *translated & reprinted in* 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GHANA (Gisbert H. Flanz ed. & trans., 1995).

169. GREECE CONST. pt. II, art. 5, ¶ 5, *translated & reprinted in* 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GREECE 3 (Gisbert H. Flanz ed., 2003). Note also that the interpretive clause pertaining to Paragraph 4 of Article 5—which governs restrictions on free movement throughout the country—states that “Paragraph 4 does not preclude the prohibition of exit from the country for . . . the imposition of measures necessary for the protection of public health or the health of sick persons, as specified by law.” *Id.* at pt. II, art. 5 (interpretive cl.).

170. *Id.* at art. 21, ¶ 3, *translated & reprinted in* 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GREECE, *supra* note 93, at 13.

171. See GREN. CONST., *reprinted in* 7 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GRENADA (Albert P. Blaustein & Gisbert H. Flanz eds., 1990 & Gisbert H. Flanz ed., Supp. 1997).

172. GUAT. CONST. tit. II, ch. II, § 1, art. 51, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUATEMALA (Booklet 3) 15 (Gisbert H. Flanz ed., Reka Koerner trans., 1997).

173. *Id.* at art. 53.

Country	Date of Adoption	Provision(s)
		<p>“Refusal to supply food in the form prescribed by law is punishable.”<sup>174</sup></p> <p>“The right to health is a fundamental right of the human being without any discrimination.”<sup>175</sup></p> <p>“The State will see to the health and social assistance of all its inhabitants. It will develop through its institutions preventive measures, promotion, recuperation, rehabilitation, coordination, and appropriate auxiliary measures in order to procure for them the most complete physical, mental, and social well-being.”<sup>176</sup></p> <p>“The health of the inhabitants of the Nation is a public asset. All persons and institutions are obliged to see to its conservation and restoration.”<sup>177</sup></p> <p>“The State will control the quality of food products, pharmaceuticals, chemicals, and of everything that can affect the health and well-being of its inhabitants. It will see to the establishment and programming of priorities to health and the improvement of the conditions of the basic environmental guarantee of the communities that are least protected.”<sup>178</sup></p> <p>“The communities are entitled and have the obligation to actively participate in the planning, execution, and evaluation of health programs.”<sup>179</sup></p> <p>“The State will see to it that the food and nutrition of the population meet the minimum health requirements. The specialized institutions of the State will have to coordinate their actions among themselves or with international organizations dedicated to public health to achieve an effective national food delivery system.”<sup>180</sup></p>

174. *Id.* at art. 55.

175. *Id.* at § 7, art. 93, *translated & reprinted in 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUATEMALA (Booklet 3)*, *supra* note 96, at 23.

176. *Id.* at art. 94.

177. *Id.* at art. 95.

178. *Id.* at art. 96.

179. *Id.* at art. 98, *translated & reprinted in 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUATEMALA (Booklet 3)*, *supra* note 96, at 24.

180. *Id.* at art. 99.

Country	Date of Adoption	Provision(s)
Guinea	1990	“Man has the right to health and physical well-being. The State shall have the duty to promote the public health and to fight against epidemics and social plagues.” <sup>181</sup>
Guinea-Bissau	1991	“The object of public health shall be to promote the physical and mental welfare of the people and to encourage their balanced integration into the social-ecological sphere in which they live. It must orient its efforts toward preventive medicine and toward the progressive socialization of medicine and medical-medical sectors.” <sup>182</sup> “Every person shall have the right to life and to physical and mental wellbeing.” <sup>183</sup> “Every citizen shall have the right to protection of his health and the duty to promote and defend it.” <sup>184</sup>
Guyana	1980	“Every citizen has the right to free medical attention and also to social care in case of old age and disability.” <sup>185</sup> “Every person in Guyana is entitled to the basic right to a happy, creative and productive life, free from hunger, disease, ignorance and want.” <sup>186</sup>
Haiti	1987	“Strengthen national unity by eliminating all discrimination between the urban and rural populations, by accepting the community of languages and culture and by recognizing the right to progress, information, education, health, employment and leisure for all citizens.” <sup>187</sup>

181. GUINEA CONST. tit. II, art. 15, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUINEA 4 (Albert P. Blaustein & Gisbert H. Flanz eds. & Daniel G. Anna trans., 1993).

182. GUINEA-BISSAU CONST. tit. II, art. 15, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUINEA-BISSAU 5 (Albert P. Blaustein & Gisbert H. Flanz eds., Marcia W. Coward trans., 1994).

183. *Id.* at art. 32, § 1, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUINEA-BISSAU, *supra* note 106, at 8.

184. *Id.* at art. 39, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUINEA-BISSAU, *supra* note 106, at 11.

185. GUY. CONST. pt. I, chap. II, art. 24, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUYANA 20 (Albert P. Blaustein & Gisbert H. Flanz eds., 1988).

186. *Id.* at chap. III, art. 40(1), *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: GUYANA, *supra* note 109, at 21.

187. HAITI CONST. pml., § 5, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HAITI 7 (Albert P. Blaustein & Gisbert H. Flanz eds., 1987).

Country	Date of Adoption	Provision(s)
		<p>“The State has the absolute obligation to guarantee the right to life, health, and respect of the human person for all citizens without distinction, in conformity with the Universal Declaration of the Rights of Man.”<sup>188</sup></p> <p>“The State has the obligation to ensure for all citizens in all territorial divisions appropriate means to ensure protection, maintenance and restoration of their health by establishing hospitals, health centers and dispensaries.”<sup>189</sup></p>
Honduras	1982 (as amended to 1991)	<p>“All children shall enjoy the benefits of social security and education. ¶ Every child shall have the right to grow and develop in good health, for whom special care shall be given during the prenatal period, as much for the child as for the mother, both being entitled to food, housing, education, recreation, exercise and adequate medical services.”<sup>190</sup></p> <p>“The right to the protection of one’s health is hereby recognized. ¶ It is everyone’s duty to participate in the promotion and preservation of individual and community health. ¶ The State shall maintain a satisfactory environment for the protection of everyone’s health.”<sup>191</sup></p> <p>“It is the duty of the State to regulate, supervise and control all food, chemical, pharmaceutical and biological products through its duly constituted agencies and institutions.”<sup>192</sup></p> <p>“The Law shall regulate the production, traffic, possession, donation, use and marketing of psychotropic drugs which may be destined only for health services and scientific experimentation under the supervision of a competent authority.”<sup>193</sup></p> <p>“The Honduran Institute for the Prevention of Alcoholism, Drug Addiction, and Drug Dependency is hereby created. It shall be governed by a special law.”<sup>194</sup></p>

188. *Id.* at tit. III, ch. II, § A, art. 19, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HAITI, *supra* note 111, at 11.

189. *Id.* at art. 23.

190. HOND. CONST. tit. III, ch. IV, art. 123, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HONDURAS (Booklet 1) 26 (Gisbert H. Flanz ed., Reka Koerner trans., 1997).

191. *Id.* at ch. VII, art. 145, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HONDURAS (Booklet 1), *supra* note 114, at 32.

192. *Id.* at art. 146.

193. *Id.* at art. 147, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HONDURAS (Booklet 1), *supra* note 114, at 32-33.

194. *Id.* at art. 148, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HONDURAS (Booklet 1), *supra* note 114, at 33.

Country	Date of Adoption	Provision(s)
		“The Executive Power, through the Ministry of Public Health and Social Welfare, shall coordinate all public activities of the centralized and decentralized institutions of that field, by means of a national health plan, which shall assign priority to the neediest groups. It is the responsibility of the State to supervise private health activities according to the Law.” <sup>195</sup>
Hungary	1949 (as amended to 1994)	“The Government . . . (g) designates the State system of social welfare and medical care provisions, and ensures the conditions required.” <sup>196</sup> “(1) People living within the territory of the Republic of Hungary have the right to the highest possible level of physical and mental health. (2) The Republic of Hungary implements this right through arrangements for labour safety, with health institutions and medical care, through ensuring the possibility for regular physical training, and through the protection of the built-in . . . natural environment.” <sup>197</sup>
Iceland	1944 (as amended to 1995)	“The right to support in the case of sickness, disability, old age, unemployment, extreme poverty, and other comparable situations shall be guaranteed by law to all those in need . . . ¶ Children shall by law be guaranteed the protection and care required for their well being.” <sup>198</sup>
India	1950 (as amended to 2002)	“The State shall, in particular, direct its policy towards securing—. . . (f) that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.” <sup>199</sup>

195. *Id.* at art. 149.

196. A MAGYAR KÖZTÁRSASÁG ALKOTMÁNYA ch. VII, art. 35, § (1)(g), *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HUNGARY 10 (Gisbert H. Flanz ed., Sándor Gallai trans., 1995).

197. *Id.* at ch. XII, art. 70/D, §§ 1-2, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: HUNGARY, *supra* note 120, at 18.

198. ICE. CONST. ch. VII, art. 76, paras. 1 & 3, *translated & reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ICELAND 32 (Gisbert H. Flanz ed., Ágúst Þor Árnason trans., 1999).

199. INDIA CONST. pt. IV, art. 39(f), *reprinted in* 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: INDIA 42 (Gisbert H. Flanz ed., 2003).

Country	Date of Adoption	Provision(s)
		“The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purpose of intoxicating drinks and of drugs which are injurious to health.” <sup>200</sup>
Indonesia	1945	N/A <sup>201</sup>
Iran	1979 (as amended to 1989)	<p>“[T]he government of the Islamic Republic of Iran has the duty of directing all its resources to the following goals: . . . (12) the planning of a correct and just economic system, in accordance with Islamic criteria, in order to create welfare, eliminate poverty, and abolish all forms of deprivation with respect to food, housing, work, health care, and the provision of social insurance for all . . . .”<sup>202</sup></p> <p>“To benefit from social security with respect to retirement, unemployment, old age, disability, absence of a guardian, and benefits relating to being stranded, accidents, health services, and medical care and treatment, provided through insurance or other means, is accepted as a universal right. ¶ The government must provide the foregoing services and financial support for every individual citizen by drawing, in accordance with the law, on the national revenues and funds obtained through public contributions.”<sup>203</sup></p>
Iraq	2004 (interim constitution)	“The individual has the right to security, education, health care, and social security. The Iraqi State and its governmental units, including the federal government, the regions, governorates, municipalities, and local administrations, within the limits of their resources and with due regard to other vital needs, shall strive to provide prosperity and employment opportunities to the people.” <sup>204</sup>

200. *Id.* at art. 47, reprinted in 8 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: INDIA, *supra* note 123, at 44.

201. *See* INDON. CONST., translated & reprinted in 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: INDONESIA (Gisbert H. Flanz ed., Inter-Univ. Assocs. trans., 1998).

202. IRAN CONST. ch. I, art. 3, § 12, translated & reprinted in 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: IRAN 16-18 (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

203. *Id.* ch. III, art. 29, translated & reprinted in 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: IRAN, *supra* note 126, at 28.

204. IRAQ CONST. (interim, 2004) ch. II, art. 14, at [http://www.oefre.unibe.ch/law/icl/iz00000\\_.html](http://www.oefre.unibe.ch/law/icl/iz00000_.html) (last visited Sept. 12, 2004).

Country	Date of Adoption	Provision(s)
Ireland	1937 (amended to 2002)	N/A <sup>205</sup>
Israel	N/A <sup>206</sup>	
Italy	1948 (as amended to 2003)	“The Republic safeguards health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent. ¶ No one may be obligated to undergo particular health treatment except under the provisions of the law. The law cannot under any case violate the limits imposed by respect for the human person.” <sup>207</sup>
Jamaica	1962 (as amended to 1994)	N/A <sup>208</sup>
Japan	1947	All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health. <sup>209</sup>
Jordan	1952 (as amended to 1984)	N/A <sup>210</sup>

205. See Constitution of Ireland, 1937, *reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: IRELAND (Gisbert H. Flanz ed., 2004).

206. The State of Israel has no codified constitution as such; rather, it has promulgated a number of “Basic Laws” that provide a framework for governance and civil liberties. REUVEN Y. HAZAN, ISRAEL 1, *in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (Gisbert H. Flanz ed., Supp. 2001). These documents do not explicitly mention the citizenry’s right to health care. See ISR. CONST., *translated & reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ISRAEL (Albert P. Blaustein & Gisbert H. Flanz eds., Susan Hattis Rolef trans., 1994).

207. COST. [Constitution] pt. I, tit. II, art. 32 (Italy), *translated & reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ITALY 7 (Gisbert H. Flanz ed., 2003).

208. See JAM. CONST., *reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: JAMAICA (Albert P. Blaustein & Gisbert H. Flanz eds., 1983 & Gisbert H. Flanz ed., Supp. 1999). The text of the Jamaican Constitution, as updated through 1999, appears at <http://www.georgetown.edu/pdba/Constitutions/Jamaica/jam62.html> (last visited Sept. 12, 2004).

209. JAPAN CONST. ch. III, art. 25, *translated at* <http://www.solon.org/Constitutions/Japan/English/english-Constitution.html> (last visited Sept. 17, 2004).

210. See JORDAN CONST. *translated & reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: JORDAN (Albert P. Blaustein & Gisbert H. Flanz eds., Musa Burayzat trans., 1984).

Country	Date of Adoption	Provision(s)
Kazakhstan	1995 (as amended to 1998)	“(1) Citizens of the Republic of Kazakhstan have the right to protection of health. (2) Citizens of the Republic of Kazakhstan are entitled to free, guaranteed, extensive medical assistance established by law. (3) Paid medical treatment is provided by State and private medical institutions as well as by persons engaged in private medical practice on the terms and according to the procedures specified by law.” <sup>211</sup>
Kenya	1969 (as amended to 1997)	N/A <sup>212</sup>
Kiribati	1979 (amended to 1995)	N/A <sup>213</sup>
Kuwait	1962	“The State cares for public health and for means of prevention and treatment of diseases and epidemics.” <sup>214</sup>
Kyrgyzstan	1993 (as amended to 1998)	(1) Citizens of the Kyrgyz Republic have the right to the protection of health, to free-of-charge use of the network of state and municipal healthcare institutions. (2) Paid medical service to citizens is allowed on the basis and according to the procedure established by law.” <sup>215</sup>
Laos	1991	“The state pays attention to expanding the public health service, [and] allows private individuals to operate medical services in accordance with state regulations. The state promotes the expansion of sports, gymnastics, and tourism; pays attention to taking care[ ] of disabled combatants, families of those who have sacrificed their lives and who have committed good deeds for the nation, and pensioners. ¶ The State pays attention to pursuing the policy toward mothers and children.” <sup>216</sup>

211. KAZ. CONST. § II, art. 29, *translated & reprinted in* 9 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: KAZAKHSTAN (Gisbert H. Flanz ed., Karin Hermanska trans., 1999).

212. See KENYA CONST., *reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: KENYA (Gisbert H. Flanz ed., 1999).

213. See KIRIBATI CONST., *reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: KIRIBATI (Booklet 2) (Gisbert H. Flanz ed., 1996).

214. KUWAIT CONST. pt. II, art. 15, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: KUWAIT 14 (Albert P. Blaustein & Gisbert H. Flanz eds., 1991).

215. KYRG. CONST. ch. II, § 3, art. 34, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: KYRGYZ REPUBLIC 14 (Gisbert H. Flanz ed., Karin Hermanska & Patrice H. Ward trans., 2003).

216. LAOS CONST. ch. II, art. 20, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LAOS 14 (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

Country	Date of Adoption	Provision(s)
Latvia	1922 (as amended to 1998)	"The State shall protect human health and guarantee a basic level of medical assistance for everyone." <sup>217</sup>
Lebanon	1926 (as amended to 1995)	N/A <sup>218</sup>
Lesotho	1993	"(1) Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to—(a) provide for the reduction of stillbirth rate and of infant mortality and for the healthy development of the child; (b) improve environmental and industrial hygiene; (c) provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) create conditions which would assure to all, medical service and medical attention in the event of sickness; and (e) improve public health." <sup>219</sup>
Liberia	1984	"All persons shall be entitled to freedom of thought, conscience and religion and no person shall be hindered in the enjoyment thereof except as may be required by law to protect public safety, order, health, or morals or the fundamental rights and freedoms of others." <sup>220</sup>
Libya	1969 (amended 1977) <sup>221</sup>	"Health care is a right guaranteed by the State through the creation of hospitals and health establishments in accordance with the law." <sup>222</sup>

217. LAT. CONST. ch. VIII, § 8, art. 111, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LATVIA 11 (Gisbert H. Flanz ed., 1999). Article 89 of the Constitution of Latvia also states that "[t]he State shall recognize and protect fundamental human rights in accordance with this Constitution, laws and international agreements binding upon Latvia." *Id.* at ch. VIII, § 8, art. 89, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LATVIA, *supra*, at 9.

218. See LEB. CONST., *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LEBANON (Booklet 1) (Gisbert H. Flanz ed. & Fouad Fahmy Shafik trans., 1999).

219. LESOTHO CONST. ch. III, art. 27, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LESOTHO 43 (Gisbert H. Flanz ed., 1999).

220. LIBER. CONST. ch. III, art. 14, *reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LIBERIA 19 (Albert P. Blaustein & Gisbert H. Flanz eds., 1985).

221. Libya does not have a traditional written constitution, the closest such document being the Constitutional Proclamation issued on December 11, 1969. THOMAS H. EHRHARDT, LIBYA, at v, *in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

222. LIBYA CONST. PROCLAMATION (1969) ch. I, art. 15, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LIBYA 3 (Gisbert H. Flanz ed., Ahmed Rhazaoui trans., 1993).

Country	Date of Adoption	Provision(s)
Liechtenstein	1921 (as amended to 1981)	“The State shall promote the maintenance of public health, assist institutions for the care of the sick, and seek by legislation to combat intemperance and to reform alcoholics and work-shy persons.” <sup>223</sup>
Lithuania	1992	“The State shall take care of people’s health and shall guarantee medical aid and services in the event of sickness. The procedure for providing medical aid to citizens free of charge at State medical facilities shall be established by law.” <sup>224</sup>
Luxembourg	1868 (as amended to 2000)	“Medical and social aid is regulated by law.” <sup>225</sup>
Macedonia	1991	“Every citizen is guaranteed the right to health care. ¶ Citizens have the right and duty to protect and promote their own health and the health of others.” <sup>226</sup>
Madagascar	1998	“The State recognizes to each individual the right to the protection of his health, starting from conception.” <sup>227</sup>
Malawi	1994 (as amended to 1998)	“The State shall actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving the following goals . . . (c) To provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care.” <sup>228</sup>

223. LIECH. CONST. ch. III, art. 18, *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LIECHTENSTEIN (Booklet 1) 9 (Gisbert H. Flanz ed. & trans., 1997).

224. LITH. CONST. ch. IV, art. 53, para. 1, *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LITHUANIA 8 (Albert P. Blaustein & Gisbert H. Flanz eds., 1994).

225. LUX. CONST. ch. II, art. 23 (amended 1999), *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: LUXEMBOURG 3 (Gisbert H. Flanz ed. & trans., 2002).

226. MACED. CONST. pt. II, ch. II, art. 39, *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MACEDONIA 15 (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

227. MADAG. CONST. tit. II, subtit. II, art. 19, *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MADAGASCAR 4 (Gisbert H. Flanz ed., Anne-Françoise Bewley trans., 1999).

228. MALAWI CONST. ch. III, art. 13(c), *reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALAWI 10 (Gisbert H. Flanz ed., 1995 & Supps. 1996 & 1999).

Country	Date of Adoption	Provision(s)
Malaysia	1957 (as amended to 1994)	“Medicine and health including sanitation in the federal capital, and including—(a) Hospitals, clinics and dispensaries; medical profession; maternity and child welfare; lepers and leper institutions; (b) Lunacy and mental deficiency, including places for reception and treatment; (c) Poisons and dangerous drugs; and (d) Intoxicating drugs and liquors; manufacture and sale of drugs.” <sup>229</sup> “Labour and social security, including— . . . (b) Unemployment insurance; health insurance; widow’s, orphans’ and old age pensions; maternity benefits; provident and benevolent funds; [and] superannuation . . . .” <sup>230</sup> “Public health, sanitation (excluding sanitation in the federal capital) and the prevention of diseases.” <sup>231</sup>
Maldives	1998	N/A <sup>232</sup>
Mali	1992	“The education, instruction, formation, work, housing, leisure, health, and social protection constitute recognized rights.” <sup>233</sup>
Malta	1964 (as amended to 2001)	N/A <sup>234</sup>
Marshall Islands	1979 (as amended to 1995)	“The Government of the Republic of the Marshall Islands recognizes the right of the people to health care, education, and legal services and the obligation to take every step reasonable and necessary to provide these services.” <sup>235</sup>

229. MALAY. CONST. 9th sched., list I, § 14, *reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALAYSIA (Booklet 2) 184 (Gisbert H. Flanz ed., 1995).

230. *Id.* at § 15(b).

231. *Id.* at § 7, *reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALAYSIA (Booklet 2), *supra* note 153, at 184.

232. MALDIVES CONST., *reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALDIVES (Gisbert H. Flanz ed., 2000).

233. MALI CONST. tit. I, art. 17, *translated & reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALI (Booklet 1) 3 (Gisbert H. Flanz ed., Daniel G. Hanna & Inter-Univ. Assocs., Inc. trans., 1997).

234. *See* MALTA CONST., *reprinted in* 11 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MALTA (Gisbert H. Flanz ed., 2001).

235. MARSH. IS. CONST. art. II, § 15, *reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MARSHALL ISLANDS (Booklet 1) 11 (Gisbert H. Flanz ed., 2001).

Country	Date of Adoption	Provision(s)
Mauritania	1991	N/A <sup>236</sup>
Mauritius	1968 (as amended to 2000)	N/A <sup>237</sup>
Mexico	1917 (as amended to 2003)	<p>“In order to diminish the needs and unfairness that affect the indigenous people and their communities, [the Federation, states, and municipalities] have an obligation to: (III) Ensure effective access to health care services by expanding the coverage of the national system, making good use of traditional medicine, as well as supporting good nutrition for indigenous people through food programs, especially for the child population. . . . (V) Promote (<i>propiciar</i>) the incorporation of indigenous women into the development of the community by providing support for productive projects, the protection of their health, and stimulating their access to education and their participation in the decision-making process related to community life. . . . (VIII) Establish social policies to protect indigenous migrants, within both national and foreign territory, through actions to . . . improve health conditions of women, support migrant families with children through special education and nutrition programs.”<sup>238</sup></p> <p>“Every person has the right to health protection. The law will describe the basis and means for access to health care services and will establish the concurrence of the Federation and the federative entities in matters of public health . . . ¶ Boys and girls have the right to satisfy their nutrition, health, and education needs and for healthy recreation for their total development.”<sup>239</sup></p>
Micronesia	1981 (as amended to 1990)	<p>“The national government of the Federated States of Micronesia recognizes the right of the people to education, health care, and legal services and shall take every step reasonable and necessary to provide these services.”<sup>240</sup></p>

236. See MAURITANIA CONST., *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MAURITANIA (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

237. See MAURITIUS CONST, *reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MAURITIUS (Gisbert H. Flanz ed., 1998 & Supp. 2001).

238. CONST. tit. I, ch. I, art. 2(B), §§ III, V & VIII (Mex.), *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MEXICO 3-4 (Gisbert H. Flanz ed., 2004).

239. *Id.* at art. 4, paras. 3 & 6, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MEXICO, *supra* note 162, at 6.

240. MICR. CONST. art. XIII, § 1, *reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MICRONESIA (Booklet 2) 16 (Gisbert H. Flanz ed., 1996).

Country	Date of Adoption	Provision(s)
Moldova	1994	“(1) The right to health security is guaranteed. (2) The State shall provide a minimum health insurance, that is free. 3) Organic laws will establish the structure of the national health security system and the means necessary for protecting individual physical and mental health.” <sup>241</sup>
Monaco	1962 (as amended to 2002)	“Monegasque citizens shall have the right to benefit from the State aid in case of necessity, unemployment, sickness, disability, age and maternity, in the conditions and forms provided by law.” <sup>242</sup>
Mongolia	1992 (as amended to 2001)	“The citizens of Mongolia shall enjoy the following fundamental rights and freedoms: . . . (6) The right to the protection of health and medical care. The procedure and conditions of free medical aid shall be determined by law.” <sup>243</sup> “Working, protecting his/her health, bringing up and educating his/her children and protecting nature and the environment shall be a sacred duty for every citizen.” <sup>244</sup>
Morocco	1996	N/A <sup>245</sup>
Mozambique	1990	“(1) Medical and health care for citizens shall be organised through a national health service which shall benefit all Mozambicans. (2) To achieve the goals of the national health system, the law shall regulate the delivery of medical and health care. (3) The State shall promote the participation of citizens and institutions in the raising of the level of public health care.” <sup>246</sup> “All citizens shall have the right to medical and health care, within the terms of the law, and shall have the duty to promote and preserve health.” <sup>247</sup>

241. MOLD. CONST. tit. II, ch. II, art. 36, at <http://confinder.richmond.edu/moldova3.htm#T1> (last visited Sept. 13, 2004).

242. MONACO CONST. ch. III, art. 26, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MONACO 5 (Gisbert H. Flanz ed., 2004).

243. MONG. CONST. ch. II, art. 16, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MONGOLIA 5 (Gisbert H. Flanz ed., 2003).

244. *Id.* at art. 17, § 2, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MONGOLIA, *supra* note 167, at 6.

245. *See* MOROCCO CONST., *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MOROCCO (Booklet 3) (Gisbert H. Flanz ed. & trans., 1997).

246. MOZAM. CONST. pt. 1, ch. IV, art. 54, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MOZAMBIQUE 30 (Albert P. Blaustein & Gisbert H. Flanz eds. & Afr. Eur. Inst. trans., 1992).

247. *Id.* at pt. II, ch. III, art. 94, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: MOZAMBIQUE, *supra* note 170, at 42.

Country	Date of Adoption	Provision(s)
Myanmar	1974	“Every citizen in sickness shall have the right to medical treatment as arranged by the State.” <sup>248</sup>
Namibia	1990 (as amended to 1998)	“The State shall actively promote and maintain the welfare of the people by adopting, <i>inter alia</i> , policies aimed at the following: . . . (j) consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health[.]” <sup>249</sup>
Nauru	1968	N/A <sup>250</sup>
Nepal	1990	“The State shall pursue a policy of raising the standard of living of the general public through the development of infrastructures such as education, health, housing and employment of the people of all regions, by equitably distributing investment of economic resources for balanced development in the various geographical regions of the country.” <sup>251</sup>
Netherlands	1814 (as amended to 2002)	“(1)The authorities shall take steps to promote the health of the population. (2) It shall be the concern of the authorities to provide sufficient living accommodation. (3) The authorities shall promote social and cultural development and leisure activities.” <sup>252</sup>
New Zealand	1987 (as amended to 2001)	N/A <sup>253</sup>

248. MYAN. CONST. ch. XI, art. 149, *translated & reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UNION OF MYANMAR 54 (Albert P. Blaustein & Gisbert H. Flanz eds., 1990).

249. NAMIB. CONST. ch. XI, art. 95(j), *reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NAMIBIA 48 (Gisbert H. Flanz ed., 2003)

250. *See* NAURU CONST., *reprinted in* 12 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NAURU (Albert P. Blaustein & Gisbert H. Flanz eds., 1986).

251. NEPAL CONST. pt. IV, art. 26(1), *translated & reprinted in* 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NEPAL 23 (Albert P. Blaustein & Gisbert H. Flanz eds., 1994).

252. GRW. NED. [Constitution] ch. I, art. 22, *translated & reprinted in* 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THE NETHERLANDS 4 (Gisbert H. Flanz ed., Dr. Frank Hendrick trans., 2003).

253. *See* N.Z. CONST., *reprinted in* 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NEW ZEALAND (Booklets 1-4) (Gisbert H. Flanz ed., 2001).

Country	Date of Adoption	Provision(s)
Nicaragua	1987 (as amended to 1995)	“Every Nicaraguan has an equal right to health. The State shall establish the basic conditions for its promotion, protection, recuperation and rehabilitation. ¶ The organization and direction of health programs, services and actions and the promotion of popular participation in support of it corresponds to the State. ¶ Citizens are obliged to respect determined sanitary measures.” <sup>254</sup>
Niger	1999	“Everyone shall have the right to life, to health, to security, to physical and mental integrity, to education and to schooling in the conditions defined by law.” <sup>255</sup>
Nigeria	1999	“The State shall direct its policy towards ensuring that . . . (d) there are adequate medical and health facilities for all persons[.]” <sup>256</sup>
Niue	1974	“The Cabinet shall be responsible for establishing and maintaining in Niue such hospitals and other institutions and for providing such other services as it considers necessary for the public health.” <sup>257</sup>
North Korea	1972 (as amended to 1998)	“The State shall consolidate and develop the system of universal free medical service, and consolidate[ ] the section doctor system and the system of preventive medicine to protect peoples’ life and improve working peoples’ health.” <sup>258</sup> “Citizens have the right to relaxation. This right is ensured by the establishment of the working hours, the provision of holidays, paid leave, accommodation at health resorts and holiday homes at State expense and by a growing network of cultural facilities.” <sup>259</sup>

254. NICAR. CONST. tit. IV, ch. III, art. 59, *translated & reprinted in* 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NICARAGUA 11 (Booklet 1) (Gisbert H. Flanz ed., Anna I. Vellvé Torras trans., 1998).

255. NIGER CONST. tit. II, art. 11, *translated & reprinted in* 13 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NIGER 4 (Gisbert H. Flanz ed., 2003).

256. NIG. CONST. ch. II, art. 17, § 3(d), *reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NIGERIA 34 (Gisbert H. Flanz ed., 1999).

257. NIUE CONST. art. 61(1), at [http://www.vanuatu.usp.ac.fj/paclawmat/Niue\\_legislation/Niue\\_Constitution.html](http://www.vanuatu.usp.ac.fj/paclawmat/Niue_legislation/Niue_Constitution.html) (last visited Sept. 13, 2004).

258. N. KOREA CONST. ch. III, art. 56, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA 10 (Gisbert H. Flanz ed., The People’s Korea trans., 1998).

259. *Id.* at ch. VI, art. 71, *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA, *supra* note 182, at 13.

Country	Date of Adoption	Provision(s)
		“Citizens are entitled to free medical care, and all persons who are no longer able to work because of old age, illness or a physical disability, the old and children who have no means of support are all entitled to material assistance. This right is ensured by free medical care, an expanding network of hospitals, sanatoria and other medical institutions, State social insurance and other social security systems.” <sup>260</sup>
Norway	1814 (as amended to 1995)	N/A <sup>261</sup>
Oman	1996	“The State guarantees assistance for the citizen and his family in cases of emergency, sickness, disability and old age according to the scheme of the social security and shall work for the solidarity of the society in bearing the burdens resulting from national disasters and catastrophes. ¶ The State cares for public health and the means of prevention and treatment of diseases and epidemics. It endeavours to provide health care for every citizen and encourages establishing private hospitals, poly-clinics and medical institutions under its supervision and according to regulations determined by the Law. It also works for the conservation of the environment, its protection and prevention of pollution.” <sup>262</sup>
Pakistan	1973 (as amended to 1997)	N/A <sup>263</sup>
Palau	1981 (as amended to 1992)	“The national government shall take positive action to attain these national objectives and implement these national policies: . . . promotion of the health and social welfare of the citizens through the provision of free or subsidized health care[.]” <sup>264</sup>

260. *Id.* at art. 72.

261. See NOR. CONST., *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: NORWAY (Gisbert H. Flanz ed., Marius Emberland trans., 1999).

262. OMAN CONST. ch. II, art. 12, paras. 4-5, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: OMAN 9-10 (Gisbert H. Flanz ed., 1997).

263. See PAK. CONST., *reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PAKISTAN (Albert P. Blaustein & Gisbert H. Flanz eds., 1993 & Gisbert H. Flanz ed., Supp. 1997).

264. PALAU CONST. art. VI, *reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PALAU (Booklet 2) 10 (Gisbert H. Flanz ed., 1996).

Country	Date of Adoption	Provision(s)
Panama	1972 (as amended to 1994)	<p>“The State shall protect the physical, mental and moral health of minors and shall guarantee their rights to support, health, education and social security. In an equal manner, the elderly and the sick who are destitute shall have the right to this protection.”<sup>265</sup></p> <p>“It is an essential function of the State to protect the health of all the people of the Republic. The individual, as part of the national community, is entitled to promotion, protection, conservation, recovery and rehabilitation of his health and the obligation to preserve it, health being understood to be complete physical, mental and social well-being.”<sup>266</sup></p> <p>“In the matters of health, the State is primarily obliged to develop the following activities, integrating the functions of prevention, cure and rehabilitation in the: (1) Establishment of a national policy of food and nutrition, ensuring optimum nutritional conditions for the entire population, by promoting the availability, consumption, and biological benefit of suitable food. (2) Training of individuals and social groups by means of educational actions concerning individual and collective rights and responsibilities, with respect to personal and environmental health. (3) Protection of the health of mother, young child and adolescent, guaranteeing health care during the periods of pregnancy, lactation, childhood and adolescence. (4) Combatting [sic] of contagious diseases through environmental health, development of potable water availability, and adopting methods of immunization, prophylaxis, and treatment to be provided collectively and individually to all the population. (5) Establishment, in accordance with the requirements of each region, of centers which provide comprehensive health care services, and supply medicines to all the people. These services and medicines shall be given free to those who lack economic means to purchase them. (6) Regulation, and supervision of the fulfillment of conditions of health and safety in places of work, establishing a national policy of medicine and hygiene for Industry and Labor.”<sup>267</sup></p>
Papua New Guinea	1975 (as amended to 1995)	<p>“We declare our first goal to be for every person to be dynamically involved in the process of freeing himself from every form of domination or oppression so that each man or woman will have the opportunity to develop as a whole person in relationship with others. ¶ We accordingly call for— . . . (4) improvement in the level of nutrition and the standard of public health to enable our people to attain self fulfillment[.]”<sup>268</sup></p>

265. PAN. CONST. tit. III, ch. II, art. 52, ¶ 2, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PANAMA 111 (Gisbert H. Flanz ed., Jorge Fabrega P. trans., 1995).

266. *Id.* at ch. VI, art. 105, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PANAMA, *supra* note 190, at 121.

267. *Id.* at art. 106, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PANAMA, *supra* note 190, at 121-22.

268. PAPUA N.G. CONST. art. 1, § 4, *reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PAPUA NEW GUINEA 16 (Gisbert H. Flanz ed., 1995).

Country	Date of Adoption	Provision(s)
Paraguay	1992	<p>“Every senior citizen has the right to receive full protection by his family, society, and the State. State organizations will promote the well-being of senior citizens by providing them with social services to meet their needs for food, health, housing, culture, and leisure.”<sup>269</sup></p> <p>“Families, society, and the State will guarantee health care for exceptional persons, as well as education, recreation, and professional training so that they may be fully integrated into society. ¶ The State will formulate a policy for the prevention, treatment, rehabilitation, and integration into society of physically disabled and psychologically or sensorially impaired individuals, who will be entitled to receive the specialized care they need. These people are entitled to equal opportunities to enjoy the rights guaranteed by this Constitution to every inhabitant of the Republic, seeking to offset their disadvantages.”<sup>270</sup></p> <p>“The State recognizes the right of everyone to freely and responsibly decide the number of children they plan to have, as well as the time span between one child and another. Through a coordinated effort with the appropriate organizations, they are also entitled to receive education, scientific guidance, and adequate services. ¶ Special plans will be implemented to ensure reproductive health and maternal-child health care for low-income people.”<sup>271</sup></p> <p>“The State will protect and promote human health as a fundamental right of each person and in the best interests of the community. ¶ No one will be deprived of public assistance to prevent or treat diseases, pests, or plagues or of aid in case of disasters or accidents. ¶ Everyone must observe the health measures established by law, within a framework of respect for human dignity.”<sup>272</sup></p> <p>“The State will promote a national health system to implement comprehensive health actions through policies that will result in concerted actions and in the coordination of related programs and resources from the private and public sectors.”<sup>273</sup></p>

269. PARA. CONST. pt. I, tit. II, ch. IV, art. 57, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PARAGUAY 10 (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

270. *Id.* at art. 58.

271. *Id.* at art. 61, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PARAGUAY, *supra* note 193, at 11.

272. *Id.* at ch. VI, art. 68, *translated & reprinted in* 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PARAGUAY, *supra* note 193, at 12.

273. *Id.* at art. 69.

Country	Date of Adoption	Provision(s)
		<p>“The law will establish social welfare programs by implementing strategies based on health education and community participation.”<sup>274</sup></p> <p>“Veterans of the Chaco War and of other armed international conflicts that may be waged in the defense of the Fatherland will enjoy honors and privileges, pensions to enable them to lead a decent life, with preferential, free, and complete health care, as well as other benefits established by the law.”<sup>275</sup></p>
Peru	1993	<p>“Everyone has the right to the protection of one’s health, that of the family circle, and that of the community, and it is everyone’s duty to contribute to their development and protection. The incapacitated person, on account of a physical or mental deficiency, is entitled to the respect of dignity and to a legal system affording protection, care, readjustment, and security.”<sup>276</sup></p> <p>“The State determines national health policy. The Executive Power sets standards and oversees their implementation. It is responsible for drafting and directing it in [a] pluralistic and decentralizing manner to facilitate to everyone fair access to public health services.”<sup>277</sup></p> <p>“The State guarantees free access to public health services and pensions through public, private, or joint institutions. It also oversees their efficient operation.”<sup>278</sup></p>
Philippines	1987	<p>“The State shall protect and promote the right to health of the people and instill health consciousness among them.”<sup>279</sup></p> <p>“The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged[,] sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.”<sup>280</sup></p>

274. *Id.* at art. 70.

275. *Id.* at ch. XI, art. 130, para. 1, translated & reprinted in 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PARAGUAY, *supra* note 193, at 22.

276. PERU CONST., ch. II, art. 7, translated & reprinted in 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PERU 117 (Gisbert H. Flanz ed., Peter B. Heller trans., 1995).

277. *Id.* at art. 9.

278. *Id.* at art. 11, translated & reprinted in 14 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PERU, *supra* note 200, at 118.

279. PHIL. CONST. art. 2, § 15, reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PHILIPPINES 168 (Albert P. Blaustein & Gisbert H. Flanz ed., 1986).

280. *Id.* at art. 13, § 11, reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PHILIPPINES, *supra* note 203, at 211.

Country	Date of Adoption	Provision(s)
		“The State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health manpower development and research, responsive to the country’s health needs and problems.” <sup>281</sup>
Poland	1997	“(1) Everyone has the right to health protection. (2) Equal access to health care services, financed from public funds, is assured by public authorities to citizens, irrespective of their material situation. The conditions for and scope of the provision of services are specified by law. (3) Public authorities are obligated to provide special health care to children, pregnant women, handicapped persons and persons of advanced age. (4) Public authorities are obligated to combat epidemic illnesses and prevent the negative health consequences of degradation of the environment. (5) Public authorities shall support the development of physical culture, particularly amongst children and young persons.” <sup>282</sup>
Portugal	1976 (as amended to 2001) (5th revision)	“(1) All have the right to have their health safeguarded and the duty to defend and foster it. (2) The right to the safeguarding of health is realized by: (a) A national health service available to all and free of charge to the extent that the economic and social conditions of citizens require; (b) The creation of economic, social, cultural and environmental conditions that guarantee, specifically, the protection of children, the young and the old; the systematic improvement of living and working conditions; the promotion of physical fitness and sports in schools and among the people; the development of health education for the people and practices of healthy living. (3) In order to ensure the right to the safeguarding of health, the State has a primary duty: (a) To guarantee the access of all citizens, regardless of their economic conditions, to both preventive and remedial medical care and rehabilitation; (b) To guarantee a rational and efficient coverage of health human resources and units throughout the whole country; (c) To direct its program towards the provision of the costs of medical care and medicines from public funds; (d) To regulate and supervise privately funded medical practice, coordinating it with the national health service so as to ensure that adequate standards of efficiency and quality are achieved in public and private health institutions[;] (e) To regulate and supervise the production, distribution and marketing and the use of chemical, biological and pharmaceutical products and other methods of

281. *Id.* at § 12.

282. POL. CONST. art. 68, *translated & reprinted in* 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: POLAND (Booklet 1) 15 (Gisbert H. Flanz ed., Inter-Univ. Assocs., Inc. trans., 1997).

Country	Date of Adoption	Provision(s)
		treatment and diagnosis[;] (f) To establish policies for the prevention and treatment of drug abuse. (4) The national health service shall have a decentralized management in which the beneficiaries participate. <sup>283</sup>
Qatar	2003	“The State takes care of public health and provides the means of protection and treatment from diseases and epidemics, according to law.” <sup>284</sup>
Romania	1991	“(1) The right to health care is guaranteed. (2) The State is obliged to take measures to ensure hygiene and public health. (3) The organization of the medical assistance and social insurance system for illness, accidents, childbirth, and recovery, the supervision of the exercise of the medical professions and of the paramedical activity, as well as other measures for the protection of the individual’s physical and mental health are stipulated in accordance with the law.” <sup>285</sup>
Russia	1993	“(1) Everyone has the right to health care and medical assistance. Medical assistance shall be made available by state and municipal health care institutions to citizens free of charge, with the money from the relevant budget, insurance payments and other revenues. (2) The Russian Federation finances federal health care and health-building programs, takes measures to develop state, municipal and private health care systems, encourages activities contributing to the strengthening of health, to the development of physical culture and sport, and to ecological, sanitary and epidemiologic well being. (3) Concealment by officials of facts and circumstances posing hazards to human life and health involves liability in conformity with the federal law.” <sup>286</sup>

283. PORT. CONST. pt. I, tit. III, ch. II, art. 64, *translated & reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: PORTUGAL* (Booklet 1) 26-27 (Gisbert H. Flanz ed., Gisbert H. Flanz & Inter-Univ. Assocs., Inc. trans., 2002).

284. QATAR CONST. ch. II, art. 23, *translated & reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: QATAR 4* (Gisbert H. Flanz ed., Dr. Fouad Fahmy Shafik trans., 2004).

285. ROM. CONST. tit. II, ch. II, art. 33, *translated & reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ROMANIA 11* (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

286. Konst. RF [Constitution], § 1, ch. II, art. 41 (Russ.), *translated & reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: RUSSIAN FEDERATION 8* (Gisbert H. Flanz ed., Inter-Univ. Assocs., Inc. trans., 2002).

Country	Date of Adoption	Provision(s)
Rwanda	2003	“The State, within the limits of its capacities, takes special measures for the welfare of the survivors of genocide who were rendered destitute by the genocide committed in Rwanda from October 1, 1990 to December 31, 1994, the disabled, the indigent, and the elderly, as well as other vulnerable persons.” <sup>287</sup> “All citizens have the right and duties relating to health. The State has the duty of mobilizing the population for activities aimed at promoting good health and to assist in the implementation of these activities.” <sup>288</sup>
Samoa	1962 (as amended to 2001)	N/A <sup>289</sup>
San Marino	1600 <sup>290</sup>	N/A
São Tomé & Príncipe	1990	“(1) All have the right to health care and the duty to defend it. (2) In accordance with the National system of Health, it is incumbent upon the State to promote the Public Health which has as objectives the physical and mental well-being of the populations and their balanced fitting into the socio-ecological environment in which they live. (3) The exercise of private medical practice is permitted, in the conditions fixed by law.” <sup>291</sup>
Saudi Arabia	1992	“The state protects the rights of the people in line with the Islamic Sharia.” <sup>292</sup> “The state takes care of public health and makes health care available.” <sup>293</sup>

287. RWANDA CONST. tit. II, ch. I, art. 14, *reprinted in* 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: RWANDA 6 (Gisbert H. Flanz ed., 2004).

288. *Id.* at art. 41, *reprinted in* 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: RWANDA, *supra* note 211, at 11.

289. *See* SAMOA CONST., *reprinted in* 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: INDEPENDENT STATE OF SAMOA (Gisbert H. Flanz ed., 2004).

290. Note that San Marino does not have a codified constitution. GIBBERT H. FLANZ, SAN MARINO I, *in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (Albert P. Blaustein & Gisbert H. Flanz eds., 1975).

291. SÃO TOMÉ & PRÍNCIPE CONST. pt. II, tit. III, art. 49, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SÃO TOMÉ AND PRÍNCIPE 18 (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

292. SAUDI ARABIA CONST. ch. V, art. 26, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SAUDI ARABIA 48 (Gisbert H. Flanz ed., 1995).

293. *Id.* at art. 31, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SAUDI ARABIA, *supra* note 216, at 49.

Country	Date of Adoption	Provision(s)
Senegal	2001	“Marriage and the family constitute the natural and moral basis of the human community. They are placed under the protection of the State. The State and the public collectivities have the duty to watch over the physical and moral health of the family, in particular the handicapped and aged persons. ¶ The State guarantees to families, in general, and to those living in a rural environment, in particular, access to services of health and well being. It guarantees equally to women in general and to those living in rural environment, in particular, the right to alleviation of their living conditions.” <sup>294</sup>
Serbia & Montenegro	2003	N/A <sup>295</sup>
Seychelles	1993	“The State recognises the right of every citizen to protection of health and to the enjoyment of the highest attainable standard of physical and mental health and with a view to ensuring the effective exercise of this right the State undertakes—(a) to take steps to provide for free primary health care in State institutions for all its citizens; (b) to take appropriate measures to prevent, treat and control epidemic, endemic and other diseases; (c) to take steps to reduce infant mortality and promote the healthy development of the child; (d) to promote individual responsibility in health matters; (e) to allow, subject to such supervision and conditions as are necessary in a democratic society, for the establishment of private medical services.” <sup>296</sup>
Sierra Leone	1991	“The State shall direct its policy towards ensuring that . . . (c) the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused, and in particular that special provisions be made for working women with children, having due regard to the resources of the state; . . . (d) there are adequate medical and health facilities for all persons, having due regard to the resources of the State[.]” <sup>297</sup>
Singapore	1963 (amended to 2001)	N/A <sup>298</sup>

294. SEN. CONST. tit. II, art. 17, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SENEGAL 3 (Gisbert H. Flanz ed., 2001).

295. See SERB. & MONT. CONST. (Const'l Charter, 2003), *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SERBIA/MONTENEGRO (Gisbert H. Flanz ed., 2003).

296. SEY. CONST. ch. III, pt. I, art. 29, *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SEYCHELLES 24 (Gisbert H. Flanz ed., 2004).

297. SIERRA LEONE CONST. (1991, reinstated 1996) ch. II, art. 8, § 3(c)-(d), *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SIERRA LEONE 24 (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

298. See SING. CONST., *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SINGAPORE (Gisbert H. Flanz ed., 2001).

Country	Date of Adoption	Provision(s)
Slovakia	1992 (as amended to 2001)	“Everyone has a right to protect his or her health. Through medical insurance, the citizens have the right to free health care under the terms provided by law.” <sup>299</sup>
Slovenia	1991 (as amended to 2003)	“Everyone has the right to health care under conditions specified by law. ¶ The rights to health care from public funds are specified by law. ¶ No one may be compelled to undergo medical treatment except in cases provided by law.” <sup>300</sup>
Solomon Islands	1978	N/A <sup>301</sup>
Somalia	1979	The state in fulfilling the policy of general health care shall promote the prevention of contagious diseases, and encourage general hygiene, and free medical treatment.” <sup>302</sup>
Somaliland	2001	“(1) In order to fulfill a policy of promoting public health, the state shall have the duty to meet the country’s needs for equipment to combat communicable diseases, the provision of free medicine, and the care of the public welfare. (2) The state shall be responsible for the promotion and the extension of healthcare and private health centres.” <sup>303</sup> “The state shall be responsible for the health, care, development and education of the mother, the child, the disabled who have no one to care for them, and the mentally handicapped persons who are not able and have no one to care for them.” <sup>304</sup>

299. SLOVK. CONST. pt. II, ch. V, art. 40, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SLOVAKIA 11 (Gisbert H. Flanz ed. & trans., 2001 & Supp. 2004).

300. SLOVN. CONST. pt. II, art. 51, *translated & reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SLOVENIA 11 (Gisbert H. Flanz ed., 2003).

301. See SOLOM. IS. CONST., *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SOLOMON ISLANDS (Albert P. Blaustein & Gisbert H. Flanz eds., 1978 & Gisbert H. Flanz ed., Supp. 1996).

302. SOMAL. CONST. ch. III, § 3, art. 55, *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SOMALIA 11 (Albert P. Blaustein & Gisbert H. Flanz eds., 1981).

303. SOMALILAND CONST. ch. I, pt. II, art. 17, *translated at* [http://www.somalilandforum.com/somaliland/constitution/revised\\_constitution\\_segment1.htm#C1P2GenPri](http://www.somalilandforum.com/somaliland/constitution/revised_constitution_segment1.htm#C1P2GenPri) (last visited Sept. 14, 2004).

304. *Id.* at art. 19.

Country	Date of Adoption	Provision(s)
South Africa	1997 (as amended to 2003)	“(1) Everyone has the right to have access to—(a) health care services, including reproductive health care; (b) sufficient food and water; and (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights. (3) No one may be refused emergency medical treatment.” <sup>305</sup> “(1) Every child has the right—. . . (c) to basic nutrition, shelter, basic health care services and social services.” <sup>306</sup>
South Korea	1987	“The health of all citizens shall be protected by the State.” <sup>307</sup>
Spain	1978 (as amended to 1992)	(1) The right to health protection is recognized. (2) It is incumbent upon the public authorities to organize and watch over public health and hygiene through preventive measures and through necessary care and services. The law shall establish the rights and duties of all in this respect. (3) The public authorities shall foster health education, physical education, and sports. Likewise, they shall facilitate adequate utilization of leisure.” <sup>308</sup> “To citizens in old age, the public authorities shall guarantee economic sufficiency through adequate and periodically updated pensions. Likewise, and independently of the family obligations, they shall promote their welfare through a system of social services which shall take care of their specific problems of health, housing, culture, and leisure.” <sup>309</sup>

305. S. AFR. CONST. ch. II, art. 27, *reprinted in* 16 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: REPUBLIC OF SOUTH AFRICA 17 (Gisbert H. Flanz ed., 2004).

306. *Id.* at art. 28(c).

307. S. KOREA CONST. ch. II, art. 36(3), *translated & reprinted in* 10 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: REPUBLIC OF KOREA 30 (Albert P. Blaustein & Gisbert H. Flanz eds., 1987).

308. C.E. [Constitution] ch. III, art. 43, *translated & reprinted in* 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SPAIN 12 (Gisbert H. Flanz ed., 2003).

309. *Id.* at art. 50, *translated & reprinted in* 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SPAIN, *supra* note 232, at 12.

Country	Date of Adoption	Provision(s)
Sri Lanka	2000 (draft) <sup>310</sup>	“Every citizen has the right to have access to . . . (a) health-care services including emergency medical treatment.” <sup>311</sup>
St. Kitts and Nevis	1983	N/A <sup>312</sup>
St. Lucia	1978	N/A <sup>313</sup>
St. Vincent & the Grenadines	1979	N/A <sup>314</sup>
Sudan	1998	“The State shall promote public health, encourage sports and protect the environment, in its purity and natural balance, in pursuance of safety and sustainable development for the benefit of generations.” <sup>315</sup>
Suriname	1987	“The state shall take care of the creation of conditions in which an optimal satisfaction of the basic needs for work, food, health care, education, energy, clothing and communication is obtained.” <sup>316</sup> “(1) Everyone shall have a right to good health. (2) The State shall promote the general health care by systematic improvement of living and working conditions and shall give information on the protection of health.” <sup>317</sup>

310. The 1978 version of Sri Lanka’s constitution does not contain any provisions related to public health. See SRI LANKA CONST., reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SRI LANKA (Albert P. Blaustein & Gisbert H. Flanz eds., 1989 & Supp. 1993).

311. SRI LANKA CONST. (draft, 2000) art. 25, § 1(a), at [http://www.priu.gov.lk/Cons/2000ConstitutionBill/Constitution\\_Chapter3.pdf](http://www.priu.gov.lk/Cons/2000ConstitutionBill/Constitution_Chapter3.pdf).

312. See ST. KITTS & NEVIS CONST., reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ST. CHRISTOPHER & NEVIS (Albert P. Blaustein & Gisbert H. Flanz eds., 1984).

313. See ST. LUCIA CONST., reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ST. LUCIA (Albert P. Blaustein & Gisbert H. Flanz eds., 1979).

314. See ST. VINCENT CONST., reprinted in 15 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ST. VINCENT (Albert P. Blaustein & Gisbert H. Flanz eds., 1979).

315. SUDAN CONST. pt. I, art. 13, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SUDAN 3 (Gisbert H. Flanz ed., Abed Awad trans., 1999).

316. SURIN. CONST. ch. VI, § 1, art. 24, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SURINAME 28 (Albert P. Blaustein & Gisbert H. Flanz eds., 1991).

317. *Id.* at § 10, art. 36, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SURINAME, *supra* note 240, at 31.

Country	Date of Adoption	Provision(s)
Swaziland	2003 (draft)	“Without compromising quality the State shall promote free and compulsory basic education for all and shall take all practical measures to ensure the provision of basic health care services to the population.” <sup>318</sup>
Sweden	1975	N/A <sup>319</sup>
Switzerland	1998	“Whoever is in need and not in a situation of self help has a claim to aid and care and to the means that are indispensable for an existence worthy of a human being.” <sup>320</sup> “The Confederation and the Cantons seeks to ensure that, in addition to personal responsibility and private initiative . . . (b) every person benefits from necessary health care[.]” <sup>321</sup> “(1) The Confederation, within the limits of its competences, takes measures for the protection of health. (2) It issues regulations on: (a) the use of foodstuffs and of therapeutic agents, drugs, organisms, chemical products, and objects which can be dangerous to health; (b) the fight against contagious, widespread or particularly dangerous human and animal diseases; (c) protection against ionizing radiation.” <sup>322</sup>
Syria	1973 (as amended to 2000)	“(1) The state insures every citizen and his family in cases of emergency, illness, disability, orphanhood and old age. (2) The state protects the citizens’ health and provides them with the means of protection, treatment, and medication.” <sup>323</sup> “The state guarantees cultural, social, and health services. It especially undertakes to provide these services to the village in order to raise its standard.” <sup>324</sup>
Taiwan	1947 (as amended to 2000)	“The State, in order to improve national health, shall establish extensive services for sanitation and health protection, and a system of public medical service.” <sup>325</sup>

318. SWAZ. CONST. (draft, 2003) ch. VI, art. 33, § 8, at [http://confinder.richmond.edu/local\\_swaziland\\_eng.pdf](http://confinder.richmond.edu/local_swaziland_eng.pdf).

319. See SWED. CONST., translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SWEDEN (Gisbert H. Flanz ed., 2001).

320. BV, CST., COST. FED. [Constitution] tit. II, ch. I, art. 12 (Switz.), translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SWITZERLAND 169 (Gisbert H. Flanz ed. & trans., 1999).

321. *Id.* at ch. III, art. 41(1)(b), translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SWITZERLAND, *supra* note 244, at 175.

322. *Id.* at tit. III, ch. II, § 8, art. 118, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SWITZERLAND, *supra* note 244, at 197.

323. SYRIA CONST. ch. I, pt. IV, art. 46, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: SYRIA 9 (Gisbert H. Flanz ed., 2003).

324. *Id.* at art. 47.

325. TAIWAN CONST. ch. XIII, § 4, art. 157, translated & reprinted in 17 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TAIWAN 16 (Gisbert H. Flanz ed., 2001).

Country	Date of Adoption	Provision(s)
Tajikistan	1994 (as amended to 2003)	“Everyone has the right to protection of health. Everyone within the framework determined by law enjoys free medical assistance in the State healthcare establishments. The State adopts measures for improvement of the environment, development of mass sport, physical culture, and tourism. ¶ Other forms of providing medical assistance are determined by law.” <sup>326</sup>
Tanzania	1977 (as amended to 1995)	“The object of this Constitution is to facilitate the building of the United Republic as a nation of equal and free individuals enjoying freedom, justice, fraternity, and concord, through the pursuit of the policy of Socialism and Self Reliance which emphasizes the application of socialist principles while taking into account the conditions prevailing in the United Republic. Therefore, the state authority and all its agencies are obliged to direct their policies and programmes towards ensuring— . . . (i) that the use of national resources places emphasis on the development of the people and in particular is geared towards the eradication of poverty, ignorance, and disease[.]” <sup>327</sup>
Thailand	1997	“A person shall enjoy an equal right to receive standard public health service, and the indigent shall have the right to receive free medical treatment from public health centers of the State, as provided by law. ¶ The public health service by the State shall be provided thoroughly and efficiently and, for this purpose, participation by local administrative organizations and the private sector shall also be promoted in so far as it is possible. ¶ The State shall prevent and eradicate harmful contagious diseases for the public without charge, as provided by law.” <sup>328</sup> “The State shall thoroughly provide and promote standard and efficient public health service.” <sup>329</sup>

326. TAJ. CONST. ch. 2, art. 38 (amended 2003), *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TAJIKISTAN 8 (Gisbert H. Flanz ed., Patricie H. Ward trans., 2003).

327. TANZ. CONST. ch. I, pt. II, art. 9(i), *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TANZANIA 18–19 (Gisbert H. Flanz ed., 2000).

328. THAIL. CONST. ch. III, § 52, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THAILAND 12 (Gisbert H. Flanz ed., 1998).

329. *Id.* at ch. V, § 82, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: THAILAND, *supra* note 252, at 12.

Country	Date of Adoption	Provision(s)
Togo	1992 (as amended to 2002).	“The exercise of the rights and freedoms guaranteed by this Constitution shall only be subjected to the restrictions expressly provided by the law and be necessary for the protection of the national security or public order, public health, morality or the fundamental freedoms and rights of others.” <sup>330</sup> “The State shall recognize to all citizens the right to health. The State shall strive to promote it.” <sup>331</sup>
Tonga	1875 (as amended to 1988)	N/A <sup>332</sup>
Trinidad & Tobago	1976	N/A <sup>333</sup>
Tunisia	1959 (as amended to 1988)	“We proclaim that the republican regime constitutes: . . . the most certain way for assuring the protection of the family and guaranteeing to each citizen work, health, and education.” <sup>334</sup>
Turkey	1982	“Everyone has the right to live in a healthy, balanced environment. ¶ It is the duty of the state and citizens to improve the natural environment, to protect environmental health, and to prevent environmental pollution. ¶ To ensure that everyone leads their lives in conditions of physical and mental health and to secure cooperation in terms of human and material resources through economy and increased productivity, the State shall regulate central planning and functioning of the health services. ¶ The state [shall] fulfil[1] this task by utilizing and supervising the health and social assistance institutions, in both the public and private sectors. ¶ In order to establish widespread health services general health insurance may be introduced by law.” <sup>335</sup>

330. TOGO CONST. tit. II, subsec. I, art. 14, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TOGO 4 (Gisbert H. Flanz ed., 2004).

331. *Id.* at art. 34, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TOGO, *supra* note 254, at 7.

332. *See* TONGA CONST., *reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TONGA (Albert P. Blaustein & Gisbert H. Flanz eds., 1993).

333. *See* TRIN. & TOBAGO CONST., *reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TRINIDAD & TOBAGO (Albert P. Blaustein & Gisbert H. Flanz eds., 1988 & Gisbert H. Flanz ed., Supp. 1998).

334. TUNIS. CONST. pmb., *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TUNISIA 4 (Albert P. Blaustein & Gisbert H. Flanz eds. & Gisbert H. Flanz trans., 1990).

335. TURK. CONST. pt. II, ch. III, § VIII(A), art. 56, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TURKEY 18 (Gisbert H. Flanz ed., Ömer Faruk Genckaya trans., 2003).

Country	Date of Adoption	Provision(s)
		“The state takes measures to develop the physical and mental health of Turkish citizens of all ages, and encourage the spread of sports among the masses. ¶ The state protects successful athletes.” <sup>336</sup>
Turkmenistan	1992 (as amended to 1999)	“Citizens have the right to health protection, including free-of-charge usage of the State network of health care institutions. ¶ Paid medical services are permitted based on and according to the procedure established by law.” <sup>337</sup>
Tuvalu	1986	N/A <sup>338</sup>
Uganda	1995	“The State shall endeavour to fulfill the fundamental rights of all Ugandans to social justice and economic development and shall, in particular, ensure that . . . (b) all Ugandans enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits.” <sup>339</sup> “The State shall take all practical measures to ensure the provision of basic medical services to the population.” <sup>340</sup>
Ukraine	1996	“The human being, his or her life and health, honour and dignity, inviolability and security are recognised in Ukraine as the highest social value. ¶ Human rights and freedoms and their guarantees determine the essence and orientation of the activity of the State. The State is answerable to the individual for its activity. To affirm and ensure human rights and freedoms is the main duty of the State.” <sup>341</sup>

336. *Id.* at § IX(B), art. 59, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TURKEY, *supra* note 259, at 19.

337. TURKM. CONST. § II, art. 33, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TURKMENISTAN 7 (Gisbert H. Flanz ed., Patricie H. Ward trans., 2003).

338. *See* TUVALU CONST., *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: TUVALU (Booklet 2) (Gisbert H. Flanz ed., 1996).

339. UGANDA CONST. pmb., § XIV(b), *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UGANDA 26 (Gisbert H. Flanz ed., 1996).

340. *Id.* at pmb., § XX, *translated & reprinted in* 18 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UGANDA, *supra* note 263, at 27.

341. UKR. CONST. ch. I, art. 3, *translated & reprinted in* 19 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UKRAINE (Booklet 3) 5 (Gisbert H. Flanz ed., 1997).

Country	Date of Adoption	Provision(s)
		<p>“International treaties that are in force, agreed to be binding by the Verkhovna Rada of Ukraine, are part of the national legislation of Ukraine. The conclusion of international treaties that contravene the Constitution of Ukraine is possible only after introducing relevant amendments to the Constitution of Ukraine.”<sup>342</sup></p> <p>“Everyone has the right to health protection, medical care and medical insurance. ¶ Health protection is ensured through state funding of the relevant socio-economic, medical and sanitary, health improvement and prophylactic programmes. The State creates conditions for effective medical service accessible to all citizens. State and communal health protection institutions provide medical care free of charge; the existing network of such institutions shall not be reduced. The State promotes the development of medical institutions of all forms of ownership. ¶ The State provides for the development of physical culture and sports, and ensures sanitary-epidemic welfare.”<sup>343</sup></p>
United Arab Emirates	1971	“Medical protection and means of preventive treatment and treatment for diseases and epidemics shall be guaranteed by society for all citizens. Society shall promote the spread of hospitals, clinics and facilities for both general and special treatment.” <sup>344</sup>
United Kingdom	1689	N/A <sup>345</sup>
United States of America	1787	N/A <sup>346</sup>

342. *Id.* at art. 9, translated & reprinted in 19 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UKRAINE (Booklet 3), *supra* note 265, at 6.

343. *Id.* at ch. II, art. 49, translated & reprinted in 19 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UKRAINE (Booklet 3), *supra* note 265, at 23.

344. U.A.E. CONST. ch. II, art. 19, translated & reprinted in 19 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UNITED ARAB EMIRATES 6 (Albert P. Blaustein & Gisbert H. Flanz eds., 1982).

345. See BILL OF RIGHTS, 1 W. & M. sess. 2, c. 2, reprinted in 19 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UNITED KINGDOM (Booklet 1) (Albert P. Blaustein & Gisbert H. Flanz eds., 1992-2000).

346. See U.S. CONST., reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UNITED STATES OF AMERICA (Gisbert H. Flanz ed., 1996 & Supp. 1998).

Country	Date of Adoption	Provision(s)
Uruguay	1966 (as amended to 1996)	“The State shall legislate on all questions connected with public health and hygiene, endeavoring to attain the physical, moral, and social improvement of all inhabitants of the country. ¶ It is the duty of all inhabitants to take care of their health as well as to receive treatment in case of illness. The State will provide gratis the means of prevention and treatment to both indigents and those lacking sufficient means.” <sup>347</sup>
Uzbekistan	1992	“Everyone shall have the right to receive skilled medical care.” <sup>348</sup>
Vanuatu	1980	N/A <sup>349</sup>
Venezuela	1999	“Health is a fundamental social right, [and an] obligation of the State, which will guarantee it as part of the right to life. The State will promote and develop policies oriented towards elevating the quality of life, the collective well-being and the access to services. All persons have a right to the protection of health, as well as the duty to actively participate in its promotion and defense, and that to fulfill the sanitary and sanitation measures that the law establishes, in conformity with the international treaties and covenants subscribed and ratified by the Republic.” <sup>350</sup> “In order to guarantee the right to health, the State will create, perform the rectorship and manage a national public health system, with an inter-sectoral, decentralized and participatory character, integrated to the system of social security, ruled by the principles of [being] gratuitous, [of] universality, totality, equity, social integration and solidarity. The public system of health will give priority to the promotion of health and to the prevention of illnesses, guaranteeing opportune treatment and quality rehabilitation. The public goods and services of health are property of the State and cannot be privatized. The organized community has the right and the duty to participate in the making of decisions concerning the planning, execution and control of the specific policy in the public institutions of health.” <sup>351</sup>

347. URU. CONST. § II, ch. II, art. 44, *translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: URUGUAY* (Booklet 1) 5 (Gisbert H. Flanz ed., Reka Koerner trans., 1998).

348. UZB. CONST. pt. II, ch. IX, art. 40, *translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: UZBEKISTAN* 15 (Albert P. Blaustein & Gisbert H. Flanz eds., 1994).

349. See VANUATU CONST., *reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: VANUATU* (Gisbert H. Flanz ed., 1998).

350. VENEZ. CONST. tit. III, ch. V, art. 83, *translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: VENEZUELA* 15 (Gisbert H. Flanz ed., Anna I. Vellvé Torras trans., 2000) (alterations in original).

351. *Id.* at art. 84 (alterations in original).

Country	Date of Adoption	Provision(s)
		“The financing of the public system of health is an obligation of the State, which will be composed of the fiscal resources, obligatory taxations of social security and any other form of financing that the law determines. The State will guarantee a budget for health that allows the fulfillment [of] the objectives of the health policy. In coordination with the universities and the centers of investigation, a national policy of training of professionals, technicians and a national industry of production of inputs [ <i>insumos</i> ] for health will be promoted and developed. The State will regulate the public and private institutions of health.” <sup>352</sup>
Vietnam	1992	“The state shall invest in, develop, and exercise its unified management over health care activities for the people. It shall mobilize and organize all social forces to build and develop Vietnamese medicine, especially preventive medicine; combine disease prevention with medical treatment; develop and combine modern and traditional medicine and pharmaceutical practices; combine the development of state health care with folk medicine; offer health insurance; and create conditions for citizens’ access to medical care. ¶ The state shall give priority in establishing health care programs for its mountainous inhabitants and for various ethnic minority groups. ¶ Organizations and individuals are strictly prohibited from illegally providing health care and from producing or selling pharmaceutical products that are harmful to the health of the people.” <sup>353</sup> “Citizens have the right to health care. ¶ The State shall devise systems for hospital charges, and for exemption and reduction of hospital charges. ¶ Citizens have the obligation to comply with all regulations on disease control and public sanitation.” <sup>354</sup>
Yemen	1991 (as amended to 2001)	“Health care shall be provided for all citizens by the State which shall build and expand hospitals and health institutions. Medicine as a profession shall be governed by law. Free health services and health education shall be provided for all citizens.” <sup>355</sup>

352. *Id.* at art. 85, translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: VENEZUELA, *supra* note 274, at 15-16 (alterations in original).

353. VIETNAM CONST. ch. III, art. 39, translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: VIETNAM 11 (Albert P. Blaustein & Gisbert H. Flanz eds., 1992).

354. VIETNAM CONST. ch. V, art. 61, ¶¶ 1-3, translated & reprinted in 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: VIETNAM, *supra* note 277, at 14.

355. YEMEN CONST. (as amended to 1994) § IV, pt. II, art. 54, translated at <http://www.yemeninfo.gov.ye/ENGLISH/POLITICS/facts.htm> (on file with author).

Country	Date of Adoption	Provision(s)
Zambia	1991 (as amended to 1996)	“The following Directives shall be the Principles of State Policy for the purposes of this Part: . . . (d) the State shall endeavour to provide clean and safe water, adequate medical and health facilities and decent shelter for all persons, and take measures to constantly improve such facilities and amenities.” <sup>356</sup> “It shall be the duty of every citizen to . . . (b) contribute to the well-being of the community where that citizen lives, including the observance of health controls[.]” <sup>357</sup>
Zimbabwe	1979 (as amended to 2000)	N/A <sup>358</sup>

356. ZAMBIA CONST. pt. IX, art. 112(d), *reprinted in* 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ZAMBIA 61 (Gisbert H. Flanz ed., 1998).

357. *Id.* at art. 113(b), *reprinted in* 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ZAMBIA, *supra* note 280, at 62.

358. *See* ZIMB. CONST., *reprinted in* 20 CONSTITUTIONS OF THE COUNTRIES OF THE WORLD: ZIMBABWE (Gisbert H. Flanz ed., 2003).