would expect a steady trend of over-reporting, not the flickering random pattern.

From a scientific basis the verdict on strategic over-reporting of vaccine coverage should be based solely on the interpretation of this statistical exercise. However, Lim and colleagues try to bolster the case that there is over-reporting by selectively displaying 12 leading cases that they believe are indicative of strategic over-reporting. The temptation to read into these highly selected cases should be resisted. The gap between survey and administrative reports is known to fluctuate randomly, and in eight of 51 countries under-reporting ensues after the GAVI policy. The human mind is notorious for seeing patterns where there are none. In fairness, the over-reporting countries are likely to be a subset of all countries, which makes it more difficult to find a statistically significant effect in the average of all GAVI countries. But one really must base inferences on all the data. Claiming to find effects by examining only the leading cases would be like claiming that a drug treatment worked by noting only the subset of patients who got better and ignoring all the others.

So are countries over-reporting vaccine coverage as a result of the new incentives? This inference would be acceptable if one could understand why it took 5 years for the over-reporting to be detectable and why the trend to over-report is not steady. The pattern of results is suggestive, but not conclusive. Ample room for reasonable doubt should forestall an inquisition that diverts country vaccine-staff away from the important job of immunising children and maintaining accurate data. The real impact of Lim and colleagues' study should be to encourage researchers to finally try to understand why survey reports do not agree with administrative reports. There is a lot to learn. The serological validation study suggested by the authors would certainly be an advance.

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I declare that I have no conflict of interest.

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Right to health and the Universal Declaration of Human Rights

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See Right to Health page 2047

The right to health is a fundamental part of our human rights and of our understanding of a life in dignity. The Universal Declaration of Human Rights[1] enshrines a vision that requires taking all human rights—civil, political, economic, social, or cultural—as an indivisible and organic whole, inseparable and interdependent, and all of equal importance. Economic, social, and cultural rights cannot be fully achieved where civil and political rights are curtailed, and civil and political rights cannot be fully exercised where economic, social, and cultural rights are neglected.

The Universal Declaration of Human Rights, adopted in 1948, affirmed in Article 25 that "everyone has the right to a standard of living adequate for the health of himself and of his family". Since then, the right to health has become widely accepted as a fundamental human right, explicitly recognised in various international and regional human-rights treaties,[2–6] as well as in national constitutions, domestic laws, policies, and programmes. In 2008, as we commemorate its 60th anniversary, and as we discuss ways in which to best measure progress in the implementation of the right to health creatively—including the use of human-rights indicators and health-systems monitoring—it is important to reflect on the essential elements that this right entails.

The 1966 International Covenant on Economic, Social and Cultural Rights[7] articulates a comprehensive view of the States' obligations to respect, protect, and fulfil the right to the enjoyment of the highest attainable standard of physical and mental health. It provides for both freedoms, such as the right to be free from non-consensual and uninformed medical treatment, medical experimentation, or forced HIV testing, as well as entitlements. These entitlements include: the right to a system of protection on an equal basis for all; a system

UN Photo

Eleanor Roosevelt holding a Declaration of Human Rights poster, November, 1949

of prevention, treatment, and control of diseases; access to essential medicines, and services for sexual, and reproductive health; and access to information and education about health for everyone.

The independent expert monitoring body overseeing the implementation of the Covenant, the Committee on Economic, Social and Cultural Rights, has developed guidance on key elements of the right to health[8] Such elements include: the availability of functioning public-health facilities, goods, services, and programmes; their physical and financial accessibility; their acceptability (ie, gender-sensitive, culturally appropriate, and respectful of confidentiality); and good quality in scientific and medical terms.

Importantly, the Committee has underscored that States must ensure the so-called underlying determinants of health: safe drinking water, adequate sanitation facilities, availability of hospitals and clinics, training of medical and professional personnel, and access to sufficient essential medicines of good quality.

Furthermore, the full realisation of the right to health depends on its anchoring in the principles of equality and non-discrimination. Irrespective of age, ethnic origin or religion, socioeconomic conditions, gender, nationality, disability, or sexual orientation, adequate access to health goods, services, and facilities must be granted to every human being, everywhere.

At the international level, the promotion and protection of the right to health has been further strengthened since the establishment in 2002 of the UN Special Rapporteur on the right to health.[9] The Special Rapporteur has greatly contributed to the advancement of health and human rights by raising awareness of critical health issues, such as maternal mortality or neglected diseases of poor people in the world, or by calling attention to the importance of a functioning interaction between public and private health sectors under the umbrella of a State's regulated health system. The Special Rapporteur has undertaken several country visits, has issued communications and urgent appeals about alleged cases of violations, and has promoted the full realisation of the right through dialogue with a wide variety of State and non-State actors, including pharmaceutical companies.

As UN High Commissioner for Human Rights, I share the commitment of the international human-rights machinery to realising the right to health. Promoting and securing the right to enjoyment of the highest attainable standard of health is ethical; it is a legal obligation and a step towards our fight to end poverty, discrimination, and exclusion.

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I declare that I have no conflict of interest.

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