well-being of people above the interest for science and society.

International Covenant of Economic, Social and Cultural Rights

It was approved on 1966 by the General Assembly of the United Nations (UN). Mexico joined the Covenant in 1981. It has V sections, with a total of 31 Articles which, according to the Universal Declaration of Human Rights, rights and obligations are established to promote the universal and effective respect of human rights and liberties[8-9].

According to Article 12, talking about health right does not refer to a person enjoying an optimal health or to highly expensive governmental health facilities; it refers to the implementation of public policies and action plans that allows the access for all public to health care in a short period of time, covering as much population as posible[8-9].

Additionally, Article 15 of the Covenant talks about the duty of government regarding scientific research and knowledge (preservation, development and promotion) by pointing out the right that every person has to use and enjoy scientific progress and how it can be applied to the health right[8-9].

Besides, in the year 2000, the Committee for Economic, Social and Cultural Rights reviewed the International Covenant of Economic, Social and Cultural Rights adopted since 1966, and apart from recognizing health as an inclusive right, it emphasizes the link (and dependency) it has with other rights such as the right to have food, housing, work, education, the right to participate, to equality, to not be tortured, to private life, to information Access, and to enjoy scientific progress. The right to health not only depends on health care quality in terms of the health system, but it is also closely linked to basic determinant factors[8-9].

International ethical guidelines for health-related research

In 1982, the Council for International Organizations of Medical Sciences (CIOMS), in collaboration with the World Health Organization (OMS) made the first version of “International ethical guidelines for health-related research”, with the objective of giving ethical objectives internationally approved to apply them in the design, development, evaluation and publication of scientific studies [5].

Within the reviews of the Declaration of Helsinki, created to deal with the ethical aspects related to large-scale trial suggestions (HIV/AIDS pandemic) and issues related to biotechnology and multinational trials, experimentation with vulnerable groups; the second review of the international ethical guidelines was carried out in en 1993, including an approach addressed to emphasize the benefits of the population who participated[5].

The third version, in 2002, was oriented to specify some provisions about clinical trials sponsored and executed in low-resource environments. In 2009, a series of ethical guidelines for epidemiological studies was published (process started in 2003). Finally, that same year one more review was started to generate the fourth version, which was published in 2016. It expanded the approach of “biomedical research” to “health-related research”. The guidelines included in that version are mentioned below which must be considered and identified by the researcher:

- Scientific and social value and respect for human rights.
- Research conducted in low-resource settings.
- Equitable distribution of benefits and burdens in the selection of individuals and groups of participants in research.
- Potential individual benefits and risks of participating in a research.
- Choice in control in clinical trials.
- Caring for participants’ health needs.
- Community engagement in the research.
- Collaborative partnership and capacity-building for research and research review.
- Individuals capable of giving informed consent.
- Modifications and waivers of informed consent.
- Collection, storage and use of biological materials and related data.
- Collection, storage and use of data in health-related research.
- Reimbursement and compensation for research participants.
- Treatment and compensation for research-related harms cause by a research.
- Research involving vulnerable persons and groups.
- Research involving adults incapable of giving informed consent.
- Research involving children and adolescents.
- Women as research participants.
- Pregnant and breastfeeding women as research participants.
- Research in disasters and disease outbreaks.