

The Human Rights Guide to the Sustainable Development Goals

Linking human rights with all Sustainable Development Goals and targets

Click on goal, target or instrument to expand details.

Use switch to change which column to be first.

Show first:

Targets instruments

Instrument	Article / Description	Target	Indicator
UDHR Universal Declaration of Human Rights	3 Everyone has the right to life, liberty and security of person.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.6 (3. Good health and well-being) By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1 Death rate due to road traffic injuries
		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning

		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
8 Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
16.1 Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.		3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group
19 Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
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21.1 Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
21.2 Everyone has the right to equal access to public service in his country.		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
25.1 Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.		3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel

		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
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		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	27.1 Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.	3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
	28 Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.	3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
ICCPR International Covenant on Civil and Political Rights	6.1 Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
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19.2 Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms

	25.a To take part in the conduct of public affairs, directly or through freely chosen representatives;	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	25.b To vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage and shall be held by secret ballot, guaranteeing the free expression of the will of the electors;	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	25.c To have access, on general terms of equality, to public service in his country.	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
ICESCR International Covenant on Economic, Social and Cultural Rights	2.1 Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.	3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
		3.c (3. Good health and well-being) Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.	3.c.1 Health worker density and distribution
	9 The States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	10.2 Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.	3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group

<p>11.1 The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.</p>	<p>3.b (3. Good health and well-being)</p> <p>Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p>	<p>3.b.1 Proportion of the target population covered by all vaccines included in their national programme</p> <p>3.b.2 Total net official development assistance to medical research and basic health sectors</p> <p>3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis</p>
	<p>3.c (3. Good health and well-being)</p> <p>Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>	<p>3.c.1 Health worker density and distribution</p>
<p>12.1 The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.</p>	<p>3.1 (3. Good health and well-being)</p> <p>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p>	<p>3.1.1 Maternal mortality ratio</p> <p>3.1.2 Proportion of births attended by skilled health personnel</p>
	<p>3.2 (3. Good health and well-being)</p> <p>By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate</p> <p>3.2.2 Neonatal mortality rate</p>
	<p>3.3 (3. Good health and well-being)</p> <p>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p>	<p>3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations</p> <p>3.3.2 Tuberculosis incidence per 100,000 population</p> <p>3.3.3 Malaria incidence per 1,000 population</p> <p>3.3.4 Hepatitis B incidence per 100,000 population</p> <p>3.3.5 Number of people requiring interventions against neglected tropical diseases</p>
	<p>3.4 (3. Good health and well-being)</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease</p> <p>3.4.2 Suicide mortality rate</p>
	<p>3.7 (3. Good health and well-being)</p> <p>By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods</p> <p>3.7.2 Adolescent birth rate (aged 10-14 year; aged 15-19 years) per 1,000 women in that age group</p>
	<p>3.8 (3. Good health and well-being)</p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>	<p>3.8.1 Coverage of essential health services</p> <p>3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income</p>

		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
		3.a (3. Good health and well-being) Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	12.2.b The improvement of all aspects of environmental and industrial hygiene;	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.5 (3. Good health and well-being) Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
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	12.2.c The prevention, treatment and control of epidemic, endemic, occupational and other diseases;	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
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12.2.d The creation of conditions which would assure to all medical service and medical attention in the event of sickness.		3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
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12.2.a The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;		3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel

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		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	15.1.b To enjoy the benefits of scientific progress and its applications;	3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
	15.2 The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture.	3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

	<p>15.3 The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity.</p>	<p>3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p>	<p>3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis</p>
	<p>15.4 The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields.</p>	<p>3.b (3. Good health and well-being) Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p>	<p>3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis</p>
<p>CRC Convention on the Rights of the Child</p>	<p>2.1 States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.</p>	<p>3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group</p>
	<p>2.2 States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.</p>	<p>3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group</p>
	<p>3.3 States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</p>	<p>3.c (3. Good health and well-being) Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>	<p>3.c.1 Health worker density and distribution</p>
	<p>24.1 States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.</p>	<p>3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate</p>

		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15-19 years) per 1,000 women in that age group
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	24.2.d To ensure appropriate pre-natal and post-natal health care for mothers;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

<p>24.2.e To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;</p>	<p>3.2 (3. Good health and well-being)</p> <p>By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate</p>
	<p>3.3 (3. Good health and well-being)</p> <p>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p>	<p>3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases</p>
	<p>3.4 (3. Good health and well-being)</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate</p>
	<p>3.8 (3. Good health and well-being)</p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>	<p>3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income</p>
	<p>3.2 (3. Good health and well-being)</p> <p>By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate</p>
	<p>3.3 (3. Good health and well-being)</p> <p>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p>	<p>3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases</p>
	<p>3.4 (3. Good health and well-being)</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate</p>
	<p>3.7 (3. Good health and well-being)</p> <p>By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15-19 years) per 1,000 women in that age group</p>
<p>24.2.f To develop preventive health care, guidance for parents and family planning education and services.</p>		

		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
24.2.a To diminish infant and child mortality;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate	
	3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases	
	3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well- being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate	
	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	
24.2.b To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate	
	3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases	
	3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well- being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate	

	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
24.2.c To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
	3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
	3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well- being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
24.3 States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
	3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
	3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well- being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate

	<p>33 States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.</p>	<p>3.5 (3. Good health and well-being) Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p>	<p>3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol</p>
<p>CEDAW Convention on the Elimination of All Forms of Discrimination Against Women</p>	<p>12.1 States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.</p>	<p>3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p>	<p>3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel</p>
	<p>12.2 Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.</p>	<p>3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p>	<p>3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel</p>
	<p>14.2.b To have access to adequate health care facilities, including information, counselling and services in family planning;</p>	<p>3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group</p>
	<p>16.1.e The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;</p>	<p>3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group</p>
	<p>16.2 The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.</p>	<p>3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15- 19 years) per 1,000 women in that age group</p>
<p>CRPD Convention on the Rights of Persons with Disabilities</p>	<p>10 States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.</p>	<p>3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p>	<p>3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel</p>
		<p>3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate</p>

		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.6 (3. Good health and well-being) By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1 Death rate due to road traffic injuries
		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	11 States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	23.1.b The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;	3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15-19 years) per 1,000 women in that age group
	25.a Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel

		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.7 (3. Good health and well-being) By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	3.7.1 Proportion of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10-14 year; aged 15-19 years) per 1,000 women in that age group
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	25.b Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	25.d Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;	3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate

		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	25.e Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	25.f Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
ICRMW International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	9 The right to life of migrant workers and members of their families shall be protected by law.	3.c (3. Good health and well-being) Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.	3.c.1 Health worker density and distribution
		3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases

		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.6 (3. Good health and well-being) By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1 Death rate due to road traffic injuries
		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	28 Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

	43.1.e Access to social and health services, provided that the requirements for participation in the respective schemes are met;	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
	43.1 Migrant workers shall enjoy equality of treatment with nationals of the State of employment in relation to:	3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
UNDRIIP United Nations Declaration on the Rights of Indigenous Peoples	7.1 Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.6 (3. Good health and well-being) By 2020, halve the number of global deaths and injuries from road traffic accidents.	3.6.1 Death rate due to road traffic injuries
		3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	24.1 Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel

		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
	24.2 Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate
		3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases
		3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate
		3.8 (3. Good health and well-being) Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

	<p>29.2 States shall take effective measures to ensure that no storage or disposal of hazardous materials shall take place in the lands or territories of indigenous peoples without their free, prior and informed consent.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
	<p>29.3 States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>DEVAW Declaration on the Elimination of Violence against Women</p>	<p>3.a The right to life;</p>	<p>3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p>	<p>3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel</p>
		<p>3.2 (3. Good health and well-being) By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>3.2.1 Under-five mortality rate 3.2.2 Neonatal mortality rate</p>
		<p>3.3 (3. Good health and well-being) By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p>	<p>3.3.1 Number of new HIV infections per 1,000 uninfected population by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases</p>
		<p>3.4 (3. Good health and well-being) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate</p>
		<p>3.6 (3. Good health and well-being) By 2020, halve the number of global deaths and injuries from road traffic accidents.</p>	<p>3.6.1 Death rate due to road traffic injuries</p>
		<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
FCTC WHO Framework Convention on Tobacco Control	3 The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.	3.1 (3. Good health and well-being) By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.a (3. Good health and well-being) Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
Aarhus Convention Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters	5.1.a Public authorities possess and update environmental information which is relevant to their functions;	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
	5.7.c Provide in an appropriate form information on the performance of public functions or the provision of public services relating to the environment by government at all levels.	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
Escazú Agreement Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean	1 The objective of the present Agreement is to guarantee the full and effective implementation in Latin America and the Caribbean of the rights of access to environmental information, public participation in the environmental decision-making process and access to justice in environmental matters, and the creation and strengthening of capacities and cooperation, contributing to the protection of the right of every person of present and future generations to live in a healthy environment and to sustainable development.	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
		3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms

<p>4.1 Each Party shall guarantee the right of every person to live in a healthy environment and any other universally-recognized human right related to the present Agreement.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
	<p>3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>	<p>3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms</p>
	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>5.2 The exercise of the right of access to environmental information includes:</p>		
<p>5.2.a requesting and receiving information from competent authorities without mentioning any special interest or explaining the reasons for the request;</p>		
<p>5.2.b being informed promptly whether the requested information is in possession or not of the competent authority receiving the request;</p>		
<p>5.2.c being informed of the right to challenge and appeal when information is not delivered, and of the requirements for exercising this right.</p>		

<p>5.3 Each Party shall facilitate access to environmental information for persons or groups in vulnerable situations, establishing procedures for the provision of assistance, from the formulation of requests through to the delivery of the information, taking into account their conditions and specificities, for the purpose of promoting access and participation under equal conditions.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>5.4 Each Party shall guarantee that the above-mentioned persons or groups in vulnerable situations, including indigenous peoples and ethnic groups, receive assistance in preparing their requests and obtain a response.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3 Each Party shall have in place one or more up-to-date environmental information systems, which may include, inter alia:</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.i an estimated list of waste by type and, when possible, by volume, location and year; and</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.b reports on the state of the environment;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.c a list of public entities competent in environmental matters and, where possible, their respective areas of operation;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>6.3.d a list of polluted areas, by type of pollutant and location;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.e information on the use and conservation of natural resources and ecosystem services;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.f scientific, technical or technological reports, studies and information on environmental matters produced by academic and research institutions, whether public or private, national or foreign;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>6.3.h information on environmental impact assessment processes and on other environmental management instruments, where applicable, and environmental licences or permits granted by the public authorities;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.1 Each Party shall ensure the public's right to participation and, for that purpose, commits to implement open and inclusive participation in environmental decision-making processes based on domestic and international normative frameworks.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.2 Each Party shall guarantee mechanisms for the participation of the public in decision-making processes, revisions, re-examinations or updates with respect to projects and activities, and in other processes for granting environmental permits that have or may have a significant impact on the environment, including when they may affect health.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>7.3 Each Party shall promote the participation of the public in decision-making processes, revisions, re-examinations or updates other than those referred to in paragraph 2 of the present article with respect to environmental matters of public interest, such as land-use planning, policies, strategies, plans, programmes, rules and regulations, which have or may have a significant impact on the environment.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.4 Each Party shall adopt measures to ensure that the public can participate in the decision-making process from the early stages, so that due consideration can be given to the observations of the public, thus contributing to the process. To that effect, each Party shall provide the public with the necessary information in a clear, timely and comprehensive manner, to give effect to its right to participate in the decision-making process.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.5 The public participation procedure will provide for reasonable timeframes that allow sufficient time to inform the public and for its effective participation.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.6 The public shall be informed, through appropriate means, such as in writing, electronically, orally and by customary methods, and in an effective, comprehensible and timely manner, as a minimum, of the following:</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.6.a the type or nature of the environmental decision under consideration and, where appropriate, in non-technical language;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.6.b the authority responsible for making the decision and other authorities and bodies involved;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>7.6.c the procedure foreseen for the participation of the public, including the date on which the procedure will begin and end, mechanisms for participation and, where applicable, the date and place of any public consultation or hearing; and</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.6.d the public authorities involved from which additional information on the environmental decision under consideration can be requested and the procedure for requesting information.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.7 The public's right to participate in environmental decision-making processes shall include the opportunity to present observations through appropriate means available, according to the circumstances of the process. Before adopting the decision, the relevant public authority shall give due consideration to the outcome of the participation process.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.8 Each Party shall ensure that, once a decision has been made, the public is informed in a timely manner thereof and of the grounds and reasons underlying the decision, including how the observations of the public have been taken into consideration. The decision and its basis shall be made public and be accessible.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.9 The dissemination of the decisions resulting from environmental impact assessments and other environmental decision-making processes in which the public has participated shall be carried out through appropriate means, which may include written, electronic or oral means and customary methods, in an effective and prompt manner. The information disseminated shall include the established procedure to allow the public to take the relevant administrative and judicial actions.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.10 Each Party shall establish conditions that are favourable to public participation in environmental decision-making processes and that are adapted to the social, economic, cultural, geographical and gender characteristics of the public.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>7.11 When the primary language of the directly affected public is different to the official languages, the public authority shall ensure that means are provided to facilitate their understanding and participation.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.12 Each Party shall promote, where appropriate and in accordance with domestic legislation, public participation in international forums and negotiations on environmental matters or with an environmental impact, in accordance with the procedural rules on participation of each forum. The participation of the public at the national level on matters of international environmental forums shall also be promoted, where appropriate.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.13 Each Party shall encourage the establishment of appropriate spaces for consultation on environmental matters or the use of those that are already in existence in which various groups and sectors are able to participate. Each Party shall promote regard for local knowledge, dialogue and interaction of different views and knowledge, where appropriate.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.14 The public authorities shall make efforts to identify and support persons or groups in vulnerable situations in order to engage them in an active, timely and effective manner in participation mechanisms. For these purposes, appropriate means and formats will be considered, in order to eliminate barriers to participation.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.15 In the implementation of the present Agreement, each Party shall guarantee that its domestic legislation and international obligations in relation to the rights of indigenous peoples and local communities are observed.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.16 The public authority shall make efforts to identify the public directly affected by the projects or activities that have or may have a significant impact on the environment and shall promote specific actions to facilitate their participation.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>7.17.d a summary of (a), (b) and (c) of the present paragraph in comprehensible, non-technical language;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.e the public reports and opinions of the involved entities addressed to the public authority related to the project or activity under consideration;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.f a description of the available technologies to be used and alternative locations for executing the project or activity subject to assessment, when the information is available; and</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17 With respect to the environmental decision-making processes referred to in paragraph 2 of the present article, as a minimum, the following information shall be made public:</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.g actions taken to monitor the implementation and results of environmental impact assessment measures.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.a a description of the area of influence and physical and technical characteristics of the proposed project or activity;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>7.17.z The aforementioned information shall be made available free of charge to the public in accordance with paragraph 17 of article 5 of the present Agreement.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.b a description of the main environmental impacts of the project or activity and, as appropriate, the cumulative environmental impact;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>7.17.c a description of the measures foreseen with respect to those impacts;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.2.b any decision, action or omission related to public participation in the decision-making process regarding environmental matters;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.2.c any other decision, action or omission that affects or could affect the environment adversely or violate laws and regulations related to the environment.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.2 Each Party shall ensure, in the framework of its domestic legislation, access to judicial and administrative mechanisms to challenge and appeal, with respect to substance and procedure:</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

<p>8.2.a any decision, action or omission related to the access to environmental information;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.3.d the possibility of ordering precautionary and interim measures, inter alia, to prevent, halt, mitigate or rehabilitate damage to the environment;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.3.e measures to facilitate the production of evidence of environmental damage, when appropriate and as applicable, such as the reversal of the burden of proof and the dynamic burden of proof;</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.3.f mechanisms to execute and enforce judicial and administrative decisions in a timely manner; and</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.3 To guarantee the right of access to justice in environmental matters, each Party shall have, considering its circumstances:</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>
<p>8.3.g mechanisms for redress, where applicable, such as restitution to the condition prior to the damage, restoration, compensation or payment of a financial penalty, satisfaction, guarantees of non-repetition, assistance for affected persons and financial instruments to support redress.</p>	<p>3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>	<p>3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning</p>

	8.3.a competent State entities with access to expertise in environmental matters;	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
	8.3.b effective, timely, public, transparent and impartial procedures that are not prohibitively expensive;	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
	8.3.c broad active legal standing in defence of the environment, in accordance with domestic legislation;	3.9 (3. Good health and well-being) By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning
	10.2.d promote education and training on, and raise public awareness of, environmental matters, through, inter alia, basic educational modules on access rights for students at all levels of education;	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms
	10.2.e develop specific measures for persons or groups in vulnerable situations, such as providing interpreters or translators in languages other than official languages when necessary;	3.d (3. Good health and well-being) Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms

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