SDG 3: GOOD HEALTH AND WELL-BEING

A LEGAL GUIDE

This Legal Guide to the Sustainable Development Goals (SDGs) was first published by Advocates for International Development (A4ID).

Disclaimer

The information contained within this guide is correct at the date of publication.

Acknowledgements

We would like to thank Thomas Istasse, Chandni Brown, Kirkland & Ellis LLP and International Alliance of Patients' Organizations for their contribution in the development of this Guide.

Thanks are also due to Chetasi Kane for her design inputs.

Publishing information

January 2026

London, United Kingdom

About A4ID

Advocates for International Development (A4ID) was founded in 2006 to see the law and lawyers play their full part in the global eradication of poverty. Today, A4ID is the leading international charity that channels legal expertise globally toward the achievement of the UN Sustainable Development Goals. Through A4ID, the world's top lawyers are able to offer high-quality, free legal support to NGOs, social enterprises, community-based organisations, and developing country governments that are working to advance human dignity, equality, and justice. A4ID also operates as a knowledge and resource hub, exploring how the law can be better used to help achieve the SDGs through a range of courses, publications, and events.

www.a4id.org | @a4id

Foreword

The SDG Legal Initiative

There are now less than ten years left to realise the achievement of the UN Sustainable Development Goals (SDGs). Aware of the challenge, Advocates for International Development (A4ID) has been continuing its innovative work towards meeting these targets by harnessing the power of the law and the work of lawyers. A4ID's SDG Legal Initiative has been developed because it is now more important than ever that the global legal community comes together to use their skills to advance positive global change.

The SDG Legal Initiative is a call to action to the global legal profession to work towards the achievement of the SDG Agenda and we have until 2030 to do so. By sharing knowledge and providing opportunities to take practical action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity, A4ID will continue its work with the legal sector to enhance this impact. The SDG Legal Initiative aims to create communities of practice, and to amplify the role of the legal sector in achieving the SDGs.

Legal Guide to the SDGs

As part of its SDG Legal Initiative, A4ID has developed the world's first Legal Guide to the SDGs. The Legal Guide has been developed as a unique resource, providing a foundational analysis of the role that law can and should play in the achievement of the SDGs. Developed in collaboration with lawyers, academics, and development practitioners, the Guide is made up of 17 distinct chapters, each focussed on one of the 17 goals. Each chapter provides an overview of the relevant regional, national, and international legal frameworks, highlighting how the law can be applied to promote the implementation of the SDGs. The Guide also offers key insights into the legal challenges and opportunities that lawyers may encounter, presenting clear examples of the actions that lawyers can take to help achieve each goal.

Role of Law in Advancing Good Health and Well-Being

Since the launch of the SDG Agenda in 2015, nothing has placed health and well-being more starkly at the forefront of international and national debates than COVID-19. The impacts of a global health pandemic brought into sharp relief the dependencies that exist between good health and economic development, human happiness, poverty reduction, gender equality and even food shortages. The impacts were not only far reaching, but demonstrative of the symbiotic relationships that exist across all 17 SDGs.

The relevance of urban planning, for example, was noted in the rollout of lockdown measures, where public infrastructure played a key role in managing the spread of disease and regulating the concentration of people occupying shared

spaces. Similarly, the interplay of poverty exacerbated vulnerabilities, as people deprived of adequate food and clean water were forced to live in unhealthy environments and work in dangerous conditions, risking ill-health.

In recognition of these challenges, major progress has been realised in improving the health of millions of people, increasing life expectancy, reducing maternal and child mortality and fighting against leading communicable diseases.

However, progress has not been rapid enough. There still remains challenges in respect of major diseases such as malaria, in reducing financial barriers to access healthcare services, and in the unprecedented pressures that global healthcare systems have had to face over the last few years. Moreover, new challenges have emerged on the horizon, such as the globally growing burden of non-communicable disease, mental health disorders, and antibiotic resistance.

The COVID-19 pandemic was a powerful wake-up call for international cooperation, not only to better coordinate global response to health crises, but more generally to build affordable, universally accessible and quality health systems worldwide.

SDG 3 establishes specific targets to support these ambitions and provides a comprehensive framework to achieve good health for all. However, realising this change will require input from many stakeholders; with the law in particular acting as a powerful tool for reform. From road safety to tobacco control, workplace conditions to medical negligence, regulations can directly improve public health.

"Global health resilience requires bold investment and equity. To meet global health targets by 2030, a substantial intensification of efforts is needed to address deep-seated inequalities..." – UN SDG Report 2025

As a recognised human right in various legal instruments, the right to health should serve as a compass for health-related reforms, focusing on availability, accessibility, acceptability and quality. In the wake of COVID-19, transformations are already underway, with digital solutions in healthcare seeking to increase efficiencies, reduce public spending and ease workforce pressures. However, these changes require the principles of rule of law and the help of lawyers, with the law as an essential safeguard to ensure that fairness, equality of access and public accountability are not lost in the process.

Yasmin Batliwala, MBE

Chief Executive

Contents

The Sustainable Development Goals

The UN Sustainable Development Goals (SDGs) are a universal call to action to end poverty, protect the planet, and ensure that all people can enjoy peace and prosperity.

Also known as the Agenda 2030, the SDGs were agreed in 2015 by the UN General Assembly (Resolution 70/1). They were adopted by all UN Member States, and 2030 was set as the deadline for achieving them.

Compared to the Millennium Development Goals (MDGs), which they succeed, the SDGs cover more ground, with wider ambitions to address inequalities, climate change, economic growth, decent jobs, cities, industrialization, oceans, ecosystems, energy, sustainable consumption and production, peace, and justice. The SDGs are also universal, applying to all countries, whereas the MDGs had only been intended for action in developing countries.

The 17 interdependent goals are broken down into 169 targets. At the global level, progress is monitored and reviewed using a set of 232 indicators. The Addis Ababa Action Agenda provides concrete policies and actions to further support the implementation of the 2030 Agenda. Each year, the UN Secretary General also publishes a report documenting progress towards the targets. In addition, the annual meetings of the High-level Political Forum on Sustainable Development (HLPF) continues to play a central role in reviewing global progress towards the SDGs.

At the national level, even though the SDGs are not legally binding, governments are expected to implement country-led sustainable development strategies, including resource mobilisation and financing strategies, and to develop their own national indicators to assist in monitoring progress made on the goals and targets.

SDG 17 stresses the importance of multi-stakeholder partnerships to achieve the goals. The mobilisation of governments, local authorities, civil society, and the private sector is needed to achieve this aim. Today, progress is being made in many places, but, overall, action to meet the SDGs is not yet advancing at the speed or scale required. This decade must therefore deliver rapid and ambitious action to meet the SDGs by 2030.

Key terms

SDG 3: Ensure healthy lives and promote well-being for all at all ages

In the context of SDG 3, the key terms are defined as follows:

'**Health**': Health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity. According to the Constitution of the World Health Organisation (WHO), 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.'[1]

'**Well-being**': Well-being is a complex concept that is based on the satisfaction of material, physical, affective, and psychological needs. Physical and mental health is key to well-being. However, this also includes good living conditions (housing, education, employment, etc.)[2]

'**For all at all ages**': The WHO promotes a life course approach to health. Key stages in people's lives have particular relevance for their health. A life course approach studies the physical and social hazards during gestation, childhood, adolescence, young adulthood and midlife that affect chronic disease risk and health outcomes in later life. This approach also recognises the importance of the broader social, economic and cultural context. It promotes addressing the causes, not the consequences, of ill-health.

The concept of **universal health coverage** is also key for SDG 3 and is defined as 'all communities and all people receiving the services they need and being protected from health threats, whilst also ensuring that they are protected from financial hardship.'[3]

Overview of the targets

The protection of health was already at the heart of the development agenda under the Millennium Development Goals (MDGs) (2000-2015). This was seen in the aspirations of MDG 4 seeking to reduce child mortality, MDG 5 looking at how best to improve maternal health, and MDG 6 concerned with combatting HIV/AIDS, malaria and other diseases.

As part of this legacy, greater money and political attention had been mobilised towards health-related issues before the inception of the SDG Agenda.[4] This period also saw an improvement in several health indicators, paving positive steps in the right direction.[5] However "a competitive institutional landscape globally, with fragmented delivery systems at country level... [meant] that competition for funds for one target over another, and for the limelight of public attention, too often outweigh[ed] collaboration on improving health as a whole."[6] The SDG Agenda's focus on partnership working and a holistic approach to sustainable outcomes was therefore paramount to improving health and well-being beyond the MDGs progress.

Accordingly, while several of the SDGs' health-focused targets follow on from the unfinished agenda of the MDGs, others derive from World Health Assembly resolutions and related action plans. SDG 3's focus has thus shifted away from fights against specific diseases or the improvement of selected health indicators, and seeks to adopt a comprehensive approach aimed at strengthening health systems overall.

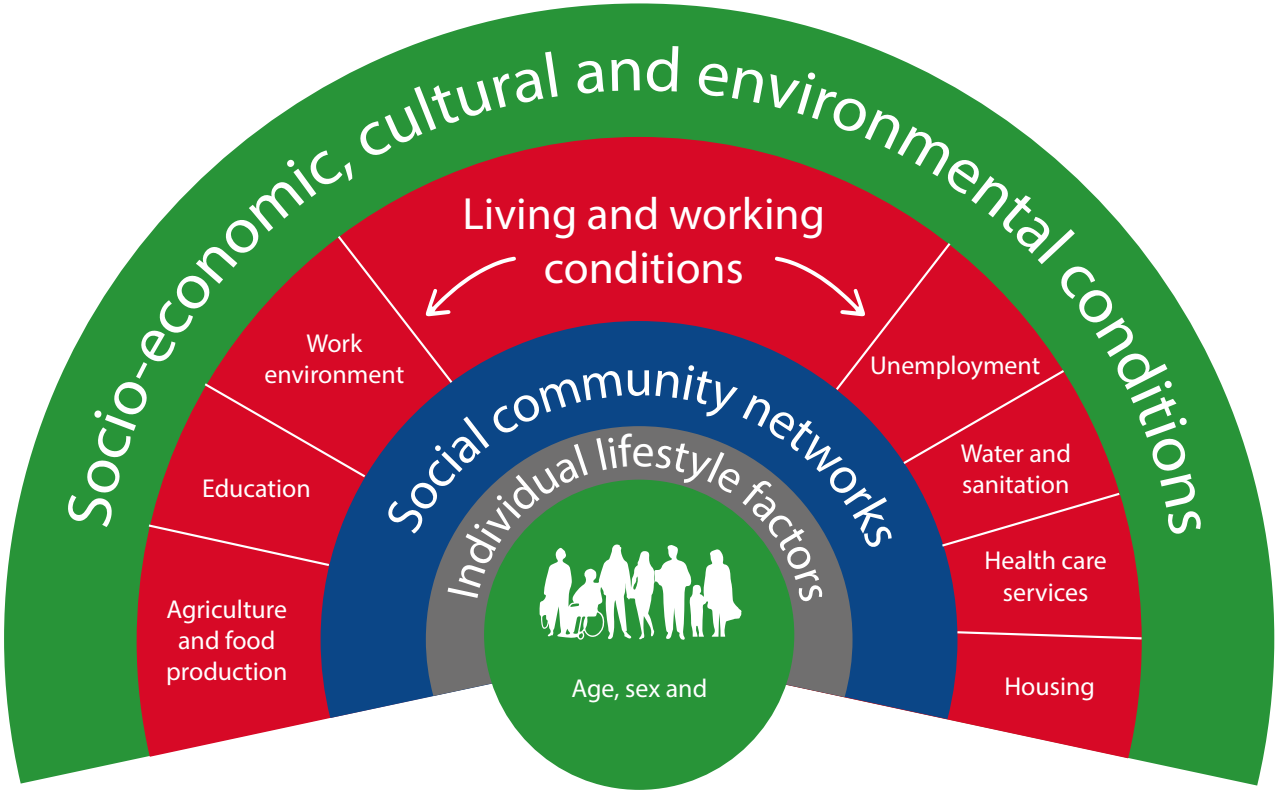
As a result, many of SDG 3 targets go beyond the promotion, development, and protection of health and are closely intertwined with other SDG targets. In doing so, the framework implicitly recognises that access and use of quality medical services is only one factor affecting the health of individuals and communities.

"Multisectoral action is central to the SDG agenda because of the range of determinants acting upon people's health, such as socioeconomic status, gender and other social determinants."
- WHO, Report by the Director-General

Rather, whether people are healthy or not is determined by a wide range of conditions known as 'social determinants of health.' This includes factors such as where and how a person is born, grows, works, lives and ages. In addressing several of these determinants in tandem, the targets listed under SDG 3 extend to issues such as road safety, alcohol and tobacco use, and environmental pollution. These determinants are also addressed in other goals and targets, including on poverty reduction (SDG 1); nutrition (SDG 2); education (SDG 4); gender equality (SDG 5); clean water and sanitation (SDG 6); access to energy (SDG 7); decent work (SDG 8); reduced inequalities (SDG 10); climate change (SDG 13); and peace, justice and strong institutions (SDG 16).

The WHO's Thirteenth General Programme of Work (2019-2023) covers all the main priorities of SDG 3 for the first half of the SDG Agenda.[7] Herein lies the hope that the implementation of the SDGs will result in overcoming the fragmented character of the MDGs in relation to health and wellbeing.

The Dahlgren-Whitehead Rainbow



To better understand the 'social determinants of health', this widely-used model, developed by Göran Dahlgren and Margaret Whitehead in 1991, maps the relationship between an individual, their environment and overall health outcomes. Individuals are placed at the centre and surrounded by layers of diffe ent influen es including agriculture and food production (SDG 2), education (SDG 4), work environment/employment (SDG 8), water and sanitation (SDG 6), health care services (SDG 3), and housing (SDG 1 & 11).

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. The global maternal mortality ratio declined by 44% between 1990 and 2015, from 385 to 216 deaths per 100,000 live births.[8] Since then, this rate has continued to fall to 197 deaths per 100,000 live births in 2023.[9]

This positive progress is attributed, in part, to improvements in competent skilled birth attendance over recent years, with 80-87% of births estimated to have been assisted by trained medical professionals between 2015-2024[10] as compared with 77% from 2008-2014.[11]

However, despite positive trends overall, inequalities persist. For example, in conflict affected settings, maternal mortality rates jump from the global average of 197 to 504. With the SDG target sitting at 70, it is clear that efforts are still needed across the board to improve the situation, particularly for those regions of the world where maternal mortality remains pervasive.[12]

By 2030, end preventable deaths of new-borns 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.

The global under-five mortality rate dropped from 77 to 39 deaths per 1,000 live births between 2000 and 2017,[13] and then again to 37 deaths by 2020.[14] Since then the rate has plateaued, standing at 37 in 2023, with 60 countries still off track to meet this target.[15]

Similarly, the neonatal mortality rate (for children in the first 28 days of life), saw positive progress from 2000- 2017, falling from 31 to 18 deaths per 1,000 live births.[16] However, since then, the figure dropped only marginally to 17 deaths in 2020,[16] where it has since remained according to 2023 figures.[18] Faster progress is therefore needed to meet the target of at least 12 by 2030, with 65 countries still off track to do so.

Almost half of early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions. Most of these deaths are concentrated in Sub-Saharan Africa,[19] and therefore require targeted action in the poorest parts of the world.

As recognised by UNICEF (2022), "the under-five mortality rate in the 37 countries classified as fragile and conflict-affected situations was triple the rate in all other countries,"[20] evidencing close dependencies between health and other social factors including SDG 16 (Peace, Justice and Strong Institutions).

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

There had been important progress made on increasing access to clean water and sanitation and reducing communicable diseases such as malaria, tuberculosis and the spread of HIV/AIDS prior to the COVID-19 pandemic.

According to reports published by WHO, the global malaria mortality rate decreased by 47% between 2000 and 2013.[21] While many countries are now moving towards eradication, recent years have seen an increase in malaria cases concentrated in Sub-Saharan Africa, with Nigeria and the Democratic Republic of the Congo most affected respectively.[22]

Similarly while the global tuberculosis mortality rate fell by 21% between 2000 and 2017, the COVID-19 pandemic saw the first drop in immunisation coverage after more than a decade of steady gains.[23] It is now predicted that tuberculosis is once again the leading cause of death from a single infectious agent, despite rates having stabilised to below pre-pandemic levels.[24]

On the other hand, gains made pre-pandemic for a reduction in HIV and neglected tropical disease (NTD) have continued to make headway despite setbacks from COVID-19. 2024 marked the fewest new HIV infections since the 1980s, and the number of people requiring interventions for NTDs continues to decline. As such, priorities now lay in ensuring effective access to healthcare and services for those who have contracted these diseases, while fresh concerns materialised around the reductions in foreign assistance for HIV services, necessitating greater domestic resource mobilisation to support the ambitions of target 3.3. [25]

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

SDG 3.4 introduced non-communicable diseases (NCDs) including cardiovascular disease, cancer, diabetes or chronic respiratory disease, and mental health as key priorities for improved health and well-being.

While internationally, the fight against NCDs has not been funded on the same level as the fight against AIDS or other pandemics; it was recognised that left unchecked, NCDs risk "overwhelm[ing] fragile health systems unless rapid investments are made in disease prevention and health promotion".[26] Indeed, NCDs are thought to have been the cause of 74% of global deaths in 2019,[27] with three quarters of NCD-related deaths and disabilities occurring in low and middle-income countries.[28]

While progress was being made in this area prior to the COVID-19 pandemic, this has since plateaued according to the latest available data. Should progress resume to pre-pandemic levels, it is still predicted that no region in the world would be on track to achieve SDG 3.4's targets by 2030.[29]

With respect to mental health, an equally significant challenge emerges against the post-COVID-19 landscape. Here, levels of anxiety and depression, particularly among young people and women increased by 25% in 2020 alone, alongside disruptions in access to mental health services and treatment gaps.[30]

Since then, the worldwide cost-of-living crisis, growing social inequalities and geopolitical tensions have further aggravated the situation, with it now estimated that approximately one in eight people are living with a mental health disorder. The WHO are therefore calling on stronger community-based mental health services, universal health coverage and improved laws, policies and funding to create more supportive mental health environments.[31]

"Investing in mental health means investing in people, communities, and economies – an investment no country can afford to neglect." - Dr Ghebreysus, WHO Director General

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

The harmful use of alcohol is thought to result in approximately 2.6 million deaths worldwide.[32] While positive progress has been made to reduce these figures over recent years, harmful use of alcohol is still high around the world, particularly in Europe and Africa.[33]

According to latest figures, there is also a growing prevalence of drug use, with a rise in the synthetic drug market and cocaine production hitting an all-time high. As of 2023, it is estimated that approximately 316 million people worldwide had used drugs in the past year, with drug markets extending across all regions in the world.[34] In both cases - alcohol and drugs - consumption is notably higher among men, with calls for greater advocacy, awareness, more effective treatment options, and efforts to combat stigma, discrimination and misconceptions around substance use.[35]

By 2020, halve the number of global deaths and injuries from road traffic accidents.

According to the WHO (the custodian agency for SDG 3.6), approximately 1.19 million people die as a result of road traffic accidents each year, with a further 20-50 million suffering from non-fatal injuries as a result.[36] In 2019, road traffic accidents were the leading cause of death for those aged 5-29 years with the WHO warning that the situation could worsen as motor vehicles are set to double by 2030.[37]

While the period of 2010-2021 saw a 5% global reduction in the number of traffic-related deaths, the target originally envisioned under this indicator was not achieved.

Nevertheless, 10 countries did achieve a target reduction of at least 50% in fatality numbers, namely: Belarus, Brunei Darussalam, Denmark, Japan, Lithuania, Norway, Russian Federation, Trinidad and Tobago, United Arab Emirates, and Venezuela.[38] Of note, were the benefits of new laws and regulations in helping to improve road safety.

With only 35 countries currently possessing laws mandating all five key areas of vehicle safety equipment, legislative reform is one particular area in which lawyers can directly contribute to SDG 3.6.

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.

Sexual and reproductive health rights are critical to improving the health and wellbeing of individuals, couples and families across the globe. For women and girls, the advent of modern contraception offers greater control over one's own body as well as their family and life choices.

As of 2025, 77.2% of girls and women of reproductive age worldwide, who were married or in a union, had their need for family planning satisfied; a meagre 0.8% increase since 2015.[39] This marks extremely slow progress if the goal of universal access is to be achieved by 2030, with an estimated 250 million women still not using contraceptive methods despite a desire to do so.[40]

In particular, there is a need to focus efforts across Sub-Saharan Africa as the population of women of reproductive age is expected to grow faster than any other region in the world over the next five years and beyond.[41] It is promising then that the number of modern contraceptive users across Sub-Saharan Africa has increased in recent years, with three countries in particular – Chad, Guinea and Mali – having tripled their number of users.[42]

Positive progress has also been noted with respect of adolescent birth rates among girls aged 15–19, with a global reduction of 58% from 66.3 births per 1,000 in 2000 to 38.3 in 2024. However, once again sub-Saharan African countries remain a priority focus, reporting a significantly higher rate at 92.9. Similar trends appear among those aged 10–14.[43]

"Unintended pregnancy can have significant adverse impacts on the lives of women, children and families in both the short and long term" - UNDESA, 2022

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.

According to the WHO, 400 million people globally lacked access to one or more essential health services at the end of 2015. The subsequent impacts were far reaching, with 100 million people per year pushed into poverty and 150 million suffering financial catastrophe because of out-of-pocket expenditure on health services.[44]

Since then, the UN reports that there have been "alarming trends" regarding universal health coverage (UHC) with the UHC Service Coverage Index rising by only two points between 2015-2021.[45]

In 2025, SDG 3.8's indicators were revised in response, seeking to more closely align with the goal for UHC and better account for the financial hardship of accessing health services. Key findings following the revision include:

- Data trends demonstrating a general deceleration in progress towards UHC following the SDG Agenda's launch in 2015, warranting accelerated action;
- Uneven progress in service coverage, with women living in poverty, rural areas and from less educated backgrounds disproportionately affected; and
- Analysis highlighting greater proportions of people living in poverty that are impoverished by out-of-pocket health spending, despite improvements to overall poverty rates suggesting otherwise.[46]

"During the SDGs era, global progress towards UHC [Universal Health Coverage] has slowed, highlighting the need for renewed efforts to accelerate gains." – 2025 Global Monitoring Report, WHO & World Bank

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

An estimated 7.9 million deaths worldwide in 2023 were attributed to particulate air pollution, marking it the second leading risk factor for early death. Of note, are the exceptionally high exposure rates to polluting fuels for cooking, with one third of the global population (2.6 billion) exposed to household air pollution. As a result, women and children are at a heightened risk of suffering from poor air quality; while pollution from industry, traffic and waste burning affect all aspects of the population.[47]

Similarly, the UN 2023 Water Conference highlighted an increase in health risks as a result of contaminated water sources, including those found in industrial and household chemicals, personal care products and pharmaceuticals.[48] To address these challenges, world leaders have voiced the need to act against 'forever chemicals' and establish greater transboundary and cross-border cooperation to improve environmental and human health.[49]

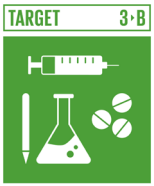
Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

The World Health Organization Framework Convention on Tobacco Control was the first international health treaty negotiated under the auspices of the WHO. The Convention was adopted in 2003 with the core aim of combatting the global tobacco epidemic that had become the leading cause of premature death by the 1990s.[50]

Over the last decade, the Convention has made significant progress to reduce smoking prevelance around the world with over 75% of the world's population now covered by at least one MPOWER measure (measures introduced by the WHO to help countries reduce national tobacco demands).[51]

As a result of these changes, it is estimated that global tobacco usage has dropped to one third of what it was two decades ago.[52]

However, a rise in e-cigarettes is a growing source of concern. These alternatives to traditional tobacco products are often marketed directly towards young people and have undermined smoke-free environment policies. To overcome this challenge, greater regulation and legislative measures will be needed, offering a chance for legal professionals to contribute their expertise. Indeed, even despite successes in reducing the prevelance of traditional smoking methods, it remains the case that greater enforcement measures are still needed to ensure legal compliance, particularly when enforcing bans on tobacco advertising, promotion and sponsorship.[53]



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.

Given the public benefit of immunization, as one of the most effective health interventions, SDG 3.b looks to promote the use of vaccines, including through international cooperation and knowledge-sharing.

The WHO makes recommendations on which vaccinations should be prioritised on the basis of international health impact, advising Member States on how best to develop their national immunization programmes.[54] Here, special attention is paid under SDG 3.b to four specific vaccinations, namely: DTP3 (diphtheria tetanus toxoid and pertussis); HPV (Human Papilloma Virus); PCV3 (Pneumococcal Conjugate Vaccine) and MCV2 (measles).

Following the COVID-19 pandemic, access to vaccination efforts for these diseases faced 'dramatic setbacks,'[55] compromising national immunization objectives. While the situation has since improved, particularly for the latter three vaccinations, efforts for DPT3 have still not returned to pre-pandemic levels.[56] In all scenarios, it is now considered 'unlikely' that the 90% global target set by the Immunization Agenda will be met.

Positively however, official development assistance for basic health from all donors increased in real terms from 2015-2021, demonstrating continued international cooperation to improve access to affordable essential medicines.[57]

While 2023 saw a 39% decrease on 2022 figures, gross ODA for medical research and basic health still reached USD 13.4 billion – slightly above 2019 levels, and 22.5% higher than 2015.[58]

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.

In order to bolster medical capacities and move towards universal health coverage, SDG 3.c looks to the density and distribution of health workers in securing access to healthcare.

Despite the many negative impacts of the COVID-19 pandemic, it is positive to see that the global health crisis has reversed expected trends in workforce capacity with many people now interested in moving into the sector.

However, despite a growing workforce, there remains workforce shortages. As of 2023, the global workforce shortage was estimated at 14.7 million health workers and is expected to continue rising as populations age and expand.[59]

Indeed, it remains the case that those regions with the lowest health worker density are also those with the highest burden of disease including Sub-Saharan Africa where, on average, there are only 2.3 medical doctors per 10,000 people.[60]

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

In order to effectively monitor and respond to global health risks, SDG 3.d looks to health emergency preparedness as well as antimicrobial resistance in understanding how and where disease outbreaks and severe illnesses may occur. This is important for containing and managing health risks before they turn into national, regional or international health problems.

While there is some data available for this indicator, for example on antimicrobial resistance levels, this is provided on a voluntary basis making it is difficult to assess the extent to which data bias may be affecting the results obtained.[61]

Consequently, complementary surveillance approaches are still needed to effectively measure progress against SDG 3.c, particularly in low-resource countries.

"Global health security is only as strong as its weakest link. No-one is safe until everyone is safe." – Dr Ghebreyesus, WHO Director-General

Key actions lawyers can take

The final section of this chapter provides more details on how the international legal community can engage in efforts to achieve SDG 3. However, the following short summary describes some of the key actions you can take to contribute to the sustainable development agenda for universal good health and well-being.

Learn and educate

There are multiple links between the law, and good health and well-being, both of which play key protective and safeguarding functions for all members of society. As such, similar challenges emerge across both sectors in maintaining fair access to services, sustainable funding, equitable treatment and professional standards. In the current climate, where health sectors are witnessing mass shortages alongside digital transformations, there is a growing responsibility to safeguard these base principles. Lawyers can start by educating themselves on how these principles and basic rights to health, including universal health coverage, are being realised within a post-COVID landscape. Armed with this knowledge, lawyers may support legal and policy reform for the achievement of SDG 3.

Integrate

As employers, law firms should lead by example and ensure they foster a healthy working environment. Since the fall out of the COVID-19 pandemic, employers can draw on new ways of working and more sophisticated internal policies to safeguard their employees and foster a more inclusive working environment for the wellbeing of staff.

Within daily legal practice, the values of SDG 3 are also apparent beyond the healthcare and pharmaceutical industries, and include law and policy work related to, among other areas, market regulations, education, nutrition and urban planning.

Act

The COVID-19 pandemic has revealed significant gaps in public health provision worldwide. It offers lawyers the opportunity to use litigation as a strategic tool in pushing governments to take greater strides towards more equal healthcare for all.

More broadly, law firms, corporate legal departments, judiciaries and barrister's chambers can partner with A4ID to provide pro bono legal services to governmental and non-governmental organisations dedicated to improving human health and well-being.

Elements of the international legal framework

The Universal Declaration of Human Rights (UDHR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) are the backbone of the right to health in international treaties.

Alongside these two treaties, there are several other influential international instruments concerning health and well-being, some of which specifically address vulnerable groups.

Universal Declaration on Human Rights

Adopted by the UN General Assembly: 10 December 1948

The Universal Declaration on Human Rights (UDHR) is a landmark in the articulation and advancement of fundamental human rights and freedoms. In thirty articles, the UDHR sets forth a series of civil, political, economic, social and cultural rights. Although it was not intended to create legally binding obligations, the UDHR presents a common standard of achievement that is widely regarded as customary international law. Moreover, many of its provisions were later adopted in binding international human rights instruments.

Article 25 of the UDHR refers to health as part of the right to an adequate standard of living. This shows how closely health is related to other human rights. Other articles that are also relevant to health include provisions on social security (Article 22), work conditions (Article 23), and education (Article 26) as social determinants of health.

International Covenant on Economic, Social and Cultural Rights

Adopted by the UN General Assembly: 16 December 1966

Entered into force: 3 January 1976

Status of ratification (as of December 2025): 173 Parties

The International Covenant on Economic, Social and Cultural Rights (ICESCR), drawing on the UDHR, affirms a series of human rights and encourages social progress. Legally binding on a large number of States, it indicates a wide consensus on economic, social and cultural human rights. However, several States have signed but not ratified the ICESCR, notably Cuba, Malaysia, Saudi Arabia, and the United States.

Article 2 of the ICESCR reflects a "progressive realisation principle' imposing a duty on parties to 'take steps (...) to the maximum of its available resources, with a view to achieving progressively the full realisation of the rights recognised in the present Covenant by all appropriate means."

Article 12 of the ICESCR recognises "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." It further provides that States must take the necessary steps with respect to child mortality and development; environmental and industrial hygiene; disease prevention and control; and medical services. Article 12 is to be understood based on the General Comments of the Committee on Economic, Social and Cultural Rights, notably General Comment 14 (2000) relating to health (see page 19).[62]

The Constitution of the World Health Organization

Adopted by the International Health Conference: 22 July 1946

Entered into force: 7 April 1948

Status of ratification (as of December 2025): 194 Parties

The WHO Constitution first articulated the right to health as the right to the enjoyment of the highest attainable standard of physical and mental health. The preamble of the WHO Constitution defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

It further provides that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Convention on the Rights of the Child

Adopted by the UN General Assembly: 20 November 1989

Entered into force: 2 September 1990

Status of ratification (as of December 2025): 196 Parties

The United Nations Convention on the Rights of the Child (CRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. It defines a child as any human being under the age of eighteen, unless the age of majority is attained earlier under national legislation.

Compliance is monitored by the UN Committee on the Rights of the Child. The CRC is the most widely ratified international human rights treaty. Notably, the United States is the only country in the world that has signed but not ratified this convention.

Article 24 of the CRC recognises the right of every child to the enjoyment of the highest attainable standard of health. State parties shall submit regular reports on how the rights are being implemented, including the legislative, judicial, administrative or other measures they have adopted.

WHO Framework Convention on Tobacco Control

Adopted by the World Health Assembly: 21 May 2003

Entered into force: 27 February 2005

Status of ratification (as of December 2025): 183 Parties

The Framework Convention on Tobacco Control (FCTC) is the first international treaty negotiated under the auspices of the WHO; developed as an evidence-based response to the globalisation of the tobacco epidemic.

Measures to reduce demand for tobacco, including price, tax and non-price measures are contained in Articles 6-14. The core supply-reduction provisions are contained in Articles 15-17, including illicit trade in tobacco products, sales to

and by minors, and provision of support for economically viable alternative activities. States are required to submit regular reports on implementation, including the legislative, judicial, administrative or other measures they have adopted in line with the FCTC. The WHO subsequently reports on the findings put forth, including challenges faced in managing tobacco control such as the current rise in e-cigarettes.

Protocol to Eliminate Illicit Trade in Tobacco Products

Adopted by the Conference of Parties to the WHO FCTC: 12 November 2012

Entered into force: 25 September 2018

Status of ratification (as of December 2025): 72 Parties

The Protocol builds upon and complements Article 15 of the WHO FCTC, which addresses means of countering illicit trade in tobacco products, a key aspect of a comprehensive tobacco control policy.

The Protocol was developed in response to the growing international illicit trade in tobacco products, which poses a serious threat to public health. Illicit trade increases the accessibility and affordability of tobacco products, thus fuelling the tobacco epidemic. It also causes substantial losses in government revenues, and at the same time contributes to the funding of transnational criminal activities.

The Protocol established a deadline of 5 years for each party to put in place tracking and tracing regimes to secure the supply chain of tobacco products by 2023. The Protocol also covers important matters such as offences, prosecutions, sanctions, seizure payments, special investigative techniques, and the disposal and destruction of confiscated products.

Convention on the Rights of Persons with Disabilities

Adopted by the UN General Assembly: 13 December 2006

Entered into force: 3 May 2008

Status of ratification (as of December 2025): 193 Parties

The Convention on the Rights of Persons with Disabilities (CRPD) is a UN treaty intended to promote and protect the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities. Article 25 of the CRPD provides that "States Parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination based on disability. States shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation."

States are required to submit regular reports on how rights are being implemented, including the legislative, judicial, administrative or other measures they have adopted. However, there is still a long way to go for achieving health equity. For example, according to a report published by the WHO, persons with intellectual disabilities were 4–5 times more likely to be admitted to hospital, and up to 8 times more likely to die from COVID-19 than those without an intellectual disability.[63]

The International Health Regulations

Adopted by the World Health Assembly: 23 May 2005

Entered into force: 15 June 2007

Status of ratification (as of December 2025): 196 Parties

The purpose and scope of the International Health Regulations (2005) are "to prevent, prepare for, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risk and which avoid unnecessary interference with international traffic and trade" (Article 2).

The Regulations impose an obligation on each State Party to notify the WHO of all events which may constitute a public health emergency of international concern within its territory (Article 6). Since 2007, in application of Article 12, the WHO Director-General has declared six public health emergencies of international concern, the latest being the COVID-19 pandemic.

The entry into force of the revised International Health Regulations (IHR) in 2025 marked a major milestone for the WHO and its Member States. The changes build on lessons learned from the COVID-19 pandemic, strengthening earlier efforts for collective defence in the detection and response to disease events, public health risks and emergencies. The revised regulations introduce a new global alert level – the 'pandemic emergency' – to encourage stronger international cooperation and response coordination in extreme situations.

The revised regulations further introduce explicit reference to 'equity' – as a fundamental principle of global health governance (Article 3) – along with requirements for fair and equitable access to health products as part of public health response measures (Article 13). This, coupled with provisions to strengthen access to finance (Article 44), seeks to improve preparedness and response among member states – expanding on core capacity requirements (listed under Annex 1) that parties are required to develop, strengthen and maintain.

A new States Parties Committee for Implementation of the IHR, alongside obligations for parties to establish their own National IHR Authority and National IHR Focal Point, paves the way for greater implementation of the regulations moving forward.

Soft law and declarations

Declaration of Alma-Ata on Primary Healthcare (1978)

Adopted at the International Conference on Primary Health Care, the Alma-Ata Declaration of 1978 identified primary health care as the key to health for all. This Declaration is still considered a major milestone in the field of public health. The Declaration affirms that, as the first level of contact with the national health system, primary healthcare should be the "central function and main focus" of national health policies.[64]

CESCR General Comment No.14: The Right to the Highest Attainable Standard of Health (Art. 12) (2000)

Adopted by the Committee on Economic, Social and Cultural Rights in 2000, the General Comment No.14 interprets Article 12 of the ICESCR. The Comment identifies the legal foundations of the right to health. It also recognises the close relation of the right to health with other human rights.

The comment adopts an extensive definition of the right to health, considering the importance of the social determinants of health. This is followed by details of the State Parties' obligations to guarantee the effectiveness of the rights to health in terms of availability, accessibility, acceptability and quality of health facilities, goods and services (para. 12). The Committee then elaborates on cross-cutting issues, such as non-discrimination and gender mainstreaming, and on the rights of specific vulnerable groups (e.g.: women, children and adolescents, older persons, persons with disabilities, and indigenous peoples). Since it sets out what States ought to do to meet their obligations to respect, protect and fulfil the right to health, the General Comment appears to be a useful interpretive tool in legal proceedings.[65]

Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (2021)

Passed in 2021, this UN General Assembly Declaration commits to urgent and transformative action to improve coordinated global HIV response, as well as tackle inequalities and take multisectoral action towards ending AIDS by 2030.

The 2021 Declaration follows from similar Declarations on HIV/AIDS adopted by the General Assembly in 2001, 2006, 2011 and 2016; and was prompted by international failures to meet the 2020 targets set out in the latter. The 2020 targets included ambitions to: reduce new HIV infections to fewer than 500,000; reduce AIDS-related deaths to the same, and eliminate HIV-related stigma and discrimination.[66]

However, with 1.7 million new HIV infections in 2019 alone,

representing an increase in at least 33 countries, the 2021 Declaration makes even bolder commitments to realise SDG 3.3 ambitions by 2030.[67]

Under the new Declaration, commitments are made to reduce new HIV infections to fewer than 370,000 by 2025 and annual AIDS-related deaths to 250,000.

In addition emphasis is placed on the need for greater public education, as well as new policies and legislation to protect and uphold the human rights of those living with or at risk of HIV, in order to end HIV-related stigma and discrimination.

ILO Recommendation 202 on Social Protection Floors (2012)

The International Labour Organisation (ILO) Recommendation 202 provides guidance to Member States on extending social security coverage by prioritising the establishment of national floors of social protection accessible to all in need.[68]

The Recommendation aims at the rapid implementation of basic social security guarantees that ensure universal access to essential health care and income security at a nationally defined minimum level. These guarantees should ensure that, over the life cycle, all in need have access to essential health care and basic income security as a base miminum; reflecting the aspirations voiced under SDG 3.8.

Political declaration on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being (2025)

Passed in 2025, this UN General Assembly Declaration marks the first declaration of its kind in which non-communicable diseases and mental health are internationally recognised as public health priorities.

The Declaration sets out commitments (inter alia) to fast-track efforts for tobacco and nicotine control (including the use of e-cigarettes), improve mental health services, promote healthy diets, address the environmental determinants of health, prevent and reduce suicide rates, and strengthen primary healthcare.

Of note, are specific commitments to further address the health risks related to digital technology (including social media), such as social isolation and loneliness, excessive screen time, and exposure to harmful content.

Promoting a holistic approach, the Declaration sets out specific commitments for strengthened financing and coordination across the 'whole-of-government' and 'whole-of-society,' while emphasising the need for accountability mechanisms in achieving impact.

"The adoption of these bold targets… is a testament to the commitment of Member States to protect the health of their people." – Dr Ghebreyesus, WHO Director General

Regional legal and policy frameworks

African Union

The African region, particularly Sub-Saharan Africa, is most affected by the global health crisis. Despite marked improvements in health over the past decade, the life expectancy at birth for Africans is still fourteen years shorter than the mean global life expectancy.[69] This section summarises regional treaties of relevance to SDG 3 in Africa.

African Charter on Human and Peoples' Rights (1981)

The Organisation of African Unity, now replaced by the African Union, adopted the Charter on Human and Peoples' Rights in 1981. The Charter formally entered into force on 21 October 1986 and is intended to promote and protect all civil, political, economic, social and cultural rights.[70]

Article 16 recognises individuals' right to enjoy the best attainable state of physical and mental health. States are required to take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.

The African Charter on the Rights and Welfare of the Child (1999)

The African Charter on the Rights and Welfare of the Child came into force on 29 November 1999. Like the UN Convention on the Rights of the Child, the African Charter is a comprehensive instrument that sets out rights and defines principles and norms relating to the wellbeing of the child.[71]

Article 14 specifically addresses children's right to health. Full implementation of this right requires measures to reduce infant and child mortality rates, ensure necessary medical assistance and health care is available for all children, and allow for the provision of nutrition and safe drinking water.

States are required to submit periodic reports on their domestic implementation, including national legislation reformed or adopted for the purpose of implementing the right to health.

According to the 2020 African Report on Child Wellbeing,[72] the last few years have seen positive political advances for children at the continental level, with campaigns to eliminate harmful practices such as female genital mutilation, child marriage and violence against children.

The past two decades have also seen a substantial increase in vaccination against deadly childhood illnesses, and albeit slow, steady progress has been made to improve access to safe drinking water. However, child undernutrition is still a major area of concern, along with poor education levels.

Notably despite considerable progress in law reform, a lack of

enforcement and poor implementation of the charter has led to continued high incidence of child marriage, child labour, and violence against children, with greater efforts needed to improve the situation for girls in particular.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)

The African Protocol on Women's Rights, also known as the Maputo Protocol, came into force on 25 November 2005. Women's health is addressed under Article 14 which provides that the right to health of women, including sexual and reproductive health, shall be protected by States. This entails the obligation to take appropriate measures to provide adequate, affordable and accessible health services to all women. The Protocol has been signed and ratified by 46 countries, while an additional 7 have only signed it.[73]

Legislative and other measures undertaken for the full realisation of women's rights are also included in the periodic reports submitted by States pursuant to the African Charter.

However, the Maputo Protocol has received significant religious and cultural opposition since its adoption, focused on articles granting reproductive health access and condemning female genital mutilation.[74]

Examples of relevant national legislation

At least 115 constitutions around the world have entrenched the right to health or health care,[75] whether as justiciable claim-rights, aspirational guarantees, or a combination of the two. Below provides some examples where this is the case.

India

The Constitution of India imposes a duty on the State to raise the level of nutrition and the standard of living, and to improve public health under Article 47.

In 2018, the Indian government announced an ambitious health insurance programme that would provide up to INR 500,000 (US$ 7,800) per family to 100 million poor families and give half a billion citizens free health insurance.[76]

"Our goal is wellness and welfare for everyone. Our goal is physical, mental and social wellbeing" – Narendra Modi, Prime Minister of India

The Mental Healthcare Act of 2017 is an effort by India to legislate according to the UN Convention on the Rights of Persons with Disabilities, to enhance the rights and services available to people living with mental illness. Mental illness has long been a neglected area of healthcare in India with only 1% of the Indian health budget allocated to its services.[77] In comparison, the National Health Service budget in England allocates approximately 15%.[78] The rights-based approach of the 2017 Act has nonetheless received praise and is recognised as an inspiration for other States to follow; although, concerns remain related to resources and feasibility.[79]

Philippines

In the Philippines, the right to health is protected under the Constitution. For example, Article I Section 15 of the Constitution provides that "the State shall protect and promote the right to health of the people and instil health consciousness among them."[80]

In addition, Article I Section 16 of the Constitution provides that "the State shall protect and advance the right of the people to a balanced and healthful ecology in accord with the rhythm and harmony of nature."

Chile

Named after the journalist Ricarte Soto, who led a movement calling for effective healthcare coverage with a focus on high cost diseases, Law 20850 (adopted in 2015) creates a financial protection system for low-incidence and high-cost diagnostics and treatments in Chile.[81] The law includes a set of explicit guarantees for patients diagnosed and treated for a rare disease.

Decisions to provide financial coverage of diagnosis, medicines, therapies and treatments involve health professionals, patients, and the Ministries for Health and Finance, based on elements of cost and clinical effectiveness as well as epidemiological data.

More recently, the 2022 proposed new Political Constitution for the country, seeks to entrench the right to healthcare at a constitutional level. This would impose an obligation on the State to eliminate access barriers to the right to healthcare, including protections for indigenous communities to have access to their own traditional medicines and health practices.[82] Although the newly proposed constitution was rejected, the country remains in a period of constitutional reform and could still see the right to healthcare formally entrenched in future.

Insights for the legal profession
a) Examples of relevant cases and legal proceedings

Health-related litigation is now commonly pursued in domestic and regional courts on the grounds of negligence or medical malpractice, failure to provide adequate healthcare, failure to make basic healthcare affordable for the most vulnerable, and refusal to provide emergency medical assistance.

However, there are vast differences as to how enforcement through litigation is promoted. The below provides a snapshot of how and where litigation is being used including instances where this has been more or less successful, and cases where the support of regional courts has been pursued in order to achieve justice.

Argentina

In Argentina, the number of health litigation cases is low, and public enforcement to safeguard the right to health is weak.

For example, in the case of Menores Comunidad Paynemil/ accion de amparo Expte. 311-CA-1997, the drinking water supply of the indigenous community of Paynemil had been contaminated with lead and mercury by a private oil company's operations. Following litigation brought before the Appeal Court, it was held that the right to health of the indigenous community, as protected by the Argentinean Constitution, had been violated by the State's neglect in remedying the situation.

With respect to the State's conduct, the Court attested to a lack of effective enforcement measures, noting: "even though the Government has performed some activities as to the pollution situation, in fact there has been a failure in adopting timely measures in accordance with the gravity of the problem."[83]

Colombia

In contrast to Argentina, huge numbers of individual cases have been initiated in Colombia, seeking remedies for claimed breaches of national laws and protecting rights of access to healthcare. In these cases, the courts have strengthened the right to health in several respects.

For example, a range of cases have now led to systematic changes within the Colombian healthcare system by which the State's obligation to provide access to health care for children, found in Article 44 of the Constitution, encompasses free vaccination programmes for children in the poorest areas. In addition, health providers, both private and public, may now be compelled to cover the costs of specialised overseas medical treatment of children under several conditions; and both public and private care institutions are required to make free retroviral medications available to adult HIV/AIDS patients who cannot afford them (even though the relevant medicines are not included in the free compulsory health plan).

The Constitutional Court has further developed a special monitoring chamber to oversee the implementation of these judgments for effective enforcement.[84] However, it is noted that the benefits of these changes have largely favoured relatively wealthy claimants rather than the poorest.

Nigeria

Finally, in some countries, such as Nigeria, litigation for the protection of health and well-being has been pursued before regional human rights courts in order to achieve effective enforcement.

For example, the Social and Economic Rights Action Centre (SERAC) and the Centre for Economic and Social Rights (CESR) brought a case against the Nigerian government on behalf of the Ogoni people in 2001. The action was motivated by the state oil company's environmental degradation of Ogoniland and harm to local community through the reckless disposing of toxic wastes which led to serious health outcomes.

In response, The African Commission held that Nigeria had violated a wide range of rights of the Ogoni people, stressing the intertwined nature of human rights. It further held that the environmental degradation caused to the Ogoni community, which led directly to human health problems, was a violation of Article 16 of the African Charter.[85]

b) Legal context and challenges

Law and health

Although the nexus between law and health is often overlooked and sometimes poorly understood, law is a key determinant of health.[86] Laws establish the basis for organising, governing and financing a country's health system. They regulate the operation of hospitals and other health services, set the training and practice standards of health workers, regulate the safety and efficacy of medicines and medical devices, and protect patient rights.

Beyond the healthcare system, laws exert a powerful influence on the underlying conditions, or 'social determinants' of health. These include, inter alia, education, food, housing, income, employment and sanitation. Laws and policies can also address non-communicable disease risk factors, for instance by discouraging smoking or promoting healthy nutrition.

More directly, domestic laws can be a powerful tool to promote public health and to ensuring equity. However, when they are outdated or discriminatory, laws can also represent major barriers to quality healthcare for all. Law reform efforts to remedy these deficiencies include changes to recognise the right to health in national Constitutions, as well as specific laws for addressing healthcare systems and the social determinants of health.

In this regard, it is important to recognise the complex and often political nature of healthcare systems; most of which typically involve many public and private stakeholders. Consequently, it is seen that despite the urgency for driving legislative reform, these processes are often long and complex and can be opposed by powerful stakeholders, including businesses and lobbyists. That said, as was seen in response to the COVID-19 pandemic, reforms can take place at speed where there is the necessary impetus and political will to improve healthcare services for all.

However, even when strong legal frameworks are in place, achieving real progress requires governments to devote financial and other resources. In some cases, where this has not been adequately achieved, general provisions are passed without reference to enforcement, monitoring, resourcing and the wider measures needed to deliver actual results.

Accountability and implementation of legislation are central to ensuring SDG 3 is achieved.

To ensure that legal frameworks are effective, oversight institutions are needed when implementing laws and policies to ensure efficiency, responsibility and accountability in the changes introduced. More efforts should also be placed on securing impact assessments of proposed legislations, rather than emphasising new legislative initiatives per se.

Litigation can also be formidable in this respect, holding governments accountable to the right to health. While, the justiciability of economic, social and cultural rights, as opposed to civil and political rights, has been controversial; it is now generally accepted that all human rights are indivisible, interdependent, and interrelated.[87] This is reflected

through the entry into force of complaints procedures for the ICESCR.[88]

While the right to health is recognised by numerous international instruments, it is subject to progressive realisation, which means that States have an obligation to "move expeditiously and as effectively as possible, through concrete and targeted steps towards the full realisation of the right."[89] Adopted by the Committee on Economic, Social and Cultural Rights in 2000, the General Comment n°14 on the right to health provides a highly authoritative interpretation of the States' obligations to guarantee the effectiveness of the rights to health.

The challenges in achieving SDG 3

The SDGs are integrated and indivisible: progress in one area is dependent on progress in many others. Health, understood as a state of complete physical, mental and social well-being, can only be achieved through a strengthening of health systems (SDG 3) as well as an improvement of all social determinants of health. Some synergies are well known, such as those that exist between health and education (SDG 4), gender equality (SDG 5), nutrition (SDG 2) and social protection (SDG 8). Other links may seem less direct but are not less important, for example the inverse relationship between health and inequalities (SDG 10) or the effects of climate change on communicable diseases (SDG 13). Transferring this vision into practical action is a key challenge for the SDG Agenda.

Unlike its predecessor, the MDGs, which were created in a global climate of optimism; the global context surrounding the SDGs is very different.[90] The MDGs arrived at a time when increased spending in development assistance seemed fruitful, and results were very much realised. However the landscape of the SDGs thus far, with economic austerity, rising inequalities, geopolitical tensions and a global polycrisis has meant that international development is no longer on top of the political agenda.

An unresolved question is how to better integrate short-term humanitarian aid and development assistance, as local health systems can be weakened by ill-defined emergency response.[91] Indeed, against a post-COVID landscape there have been multiple calls for reconceptualising what 'resilient' health systems should truly look like, with a shift towards long-term investments in building context-specific solutions, maximising on digital transformations and securing relationships of trust at a service level.

Here the role of law has been identified by some academics as a useful tool, given its ability to: "(a) connect the different subsystems in the healthcare sector (public, private, and supplementary), (b) measure and understand the impact of healthcare judicialization, and (c) have a strong and flexible regulation to quickly support health system adaptation."[92]

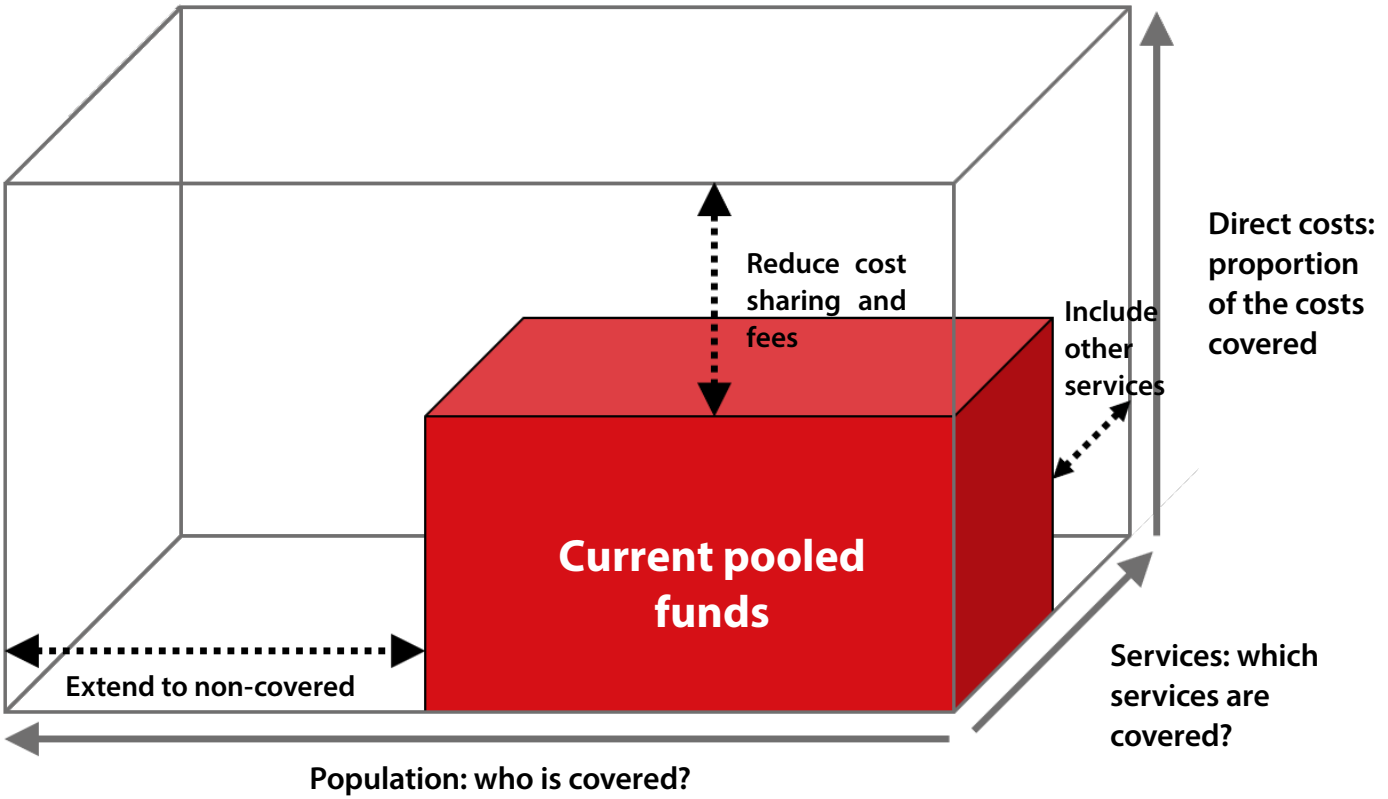
However, a challenge to the realisation of more accessible health care systems, including universal health coverage (UHC) is the need to dispel the many misinterpretations that exist surrounding it. For example, some of the concerns surrounding universal health care for citizens include the notion that this would be too expensive; that such a system would end up depriving citizens of medical services through, for example, a shortage of doctors; and the idea that the private sector is better suited to providing efficient health care. The WHO has tried to dispel some myths in this respect emphasising:

- UHC is not just health financing, it should cover all components of the health system to be successful: health service delivery systems, health workforce, health facilities or communications networks, health technologies, information systems, quality assurance mechanisms, governance and legislation.
- UHC is not only about assuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial risk protection as more resources become available.
- UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.

- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, social inclusion and cohesion.[93]

Advocacy efforts are currently ongoing to encourage adoption of the WHO Framework Convention on Global Health.[94] Grounded in the right to health, this legally binding instrument would establish a global health governance framework with clear obligations for States, as well as robust standards, monitoring and enforcement of health-related objectives. It is hoped that the treaty would help overcome challenges in global public health such as underfunding, fragmented policies, and lack of enforceability of the right to health.

Three dimensions to consider when moving towards universal coverage



c) So, what can lawyers do?

This section highlights several avenues through which the legal community can build its understanding of the SDGs in general, and of SDG 3, in particular. The ideas put forward here are intended to kick-start a conversation about the role of the legal community in the realisation of the SDGs.

At the same time, A4ID's SDG Legal Initiative will continue to push this global conversation forward and create pathways of opportunity for lawyers, the development community, and academics to become an active part of the sustainability solution.

Learn and educate

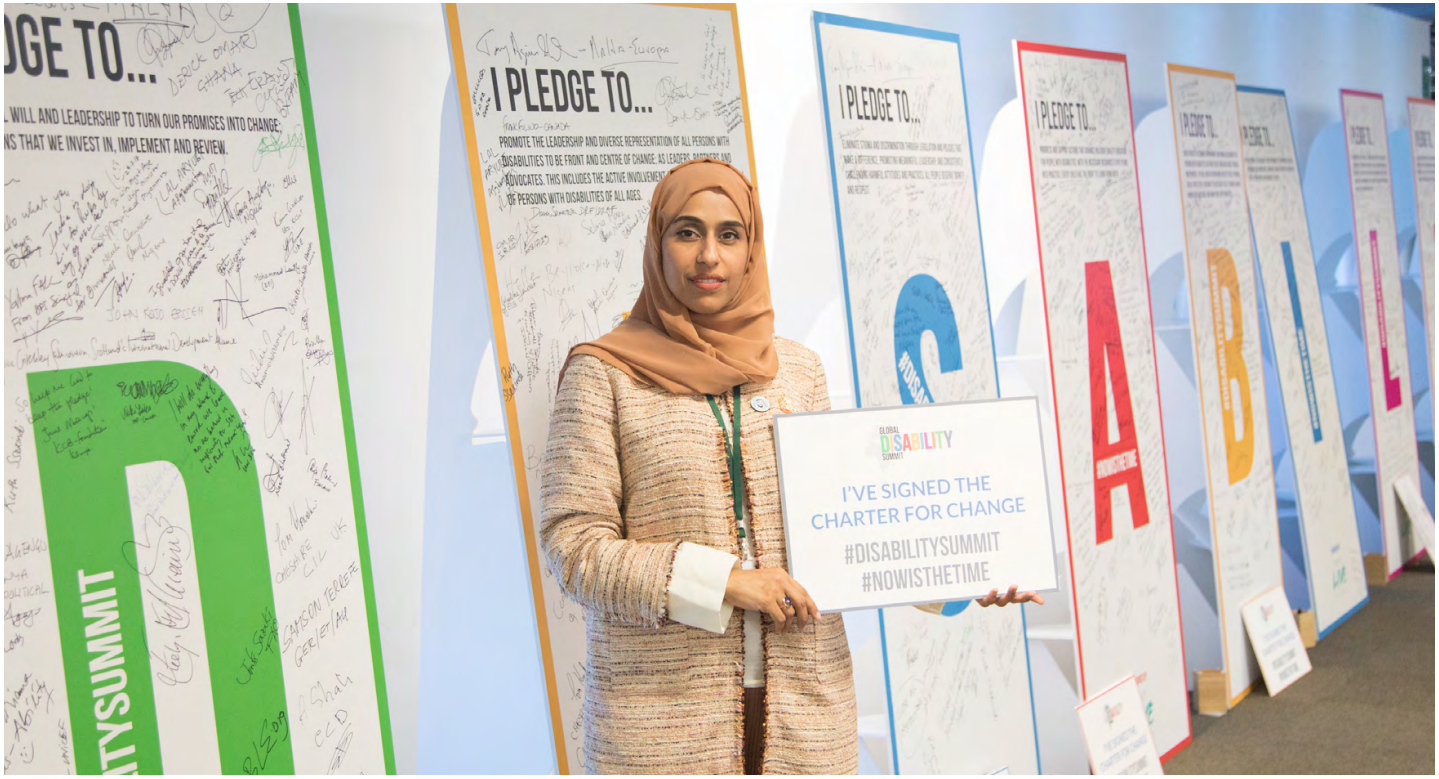
Lawyers can enhance their understanding of international public health and universal health coverage, along with policies and programmatic efforts to promote these at national and international levels. Substantial research and analysis are available, including resources that focus on SDG 3. For example, the WHO portal provides essential information on how to create an enabling national legal environment for universal health coverage;[95] while reports from the Special Rapporteur on the right to health are also of particular interest for lawyers.[96]

Drawing on this knowledge, law firms and individual lawyers can get involved in activities to raise awareness on the right to health and the ways to implement it, such as publishing research papers and organising events (including legal clinics, seminars, panel presentations and international roundtables) on relevant legal topics.

Strengthening legal literacy amongst the general population can also be instrumental in relation to the underlying determinants of health, such as obtaining social housing (SDG 1 and target 11.1); protecting or establishing land rights (SDGs 1, 5 and 11); establishing identity and citizenship (target 16.9) or preventing gender-based discrimination (SDGs 5 and 16).

As legal needs are often closely linked with the wider needs of an individual, including their health and well-being and/or social determinants of health, it is also important to recognise how factors including mental health, alcohol abuse, disease and other factors covered under SDG 3 may influence the needs of clients. This can help to improve client care skills as well as ensure that lawyers and law firms are targeting their advice accordingly.

At a firm level, managing and senior partners responsible for strategic decisions should review and familiarise themselves with the SDG 3 targets understanding how these might relate to their own workplaces and internal policies. Firms should identify the direct opportunities to positively contribute to achieving SDG 3, as well as the potentially negative or unintended impacts that the organisation could have on the targets and ways to mitigate these risks.



Integrate

The adoption of the SDG agenda provides impetus for law firms, corporate legal departments, law societies, chambers, and other law-related organisations to examine and re-align their own policies and practices.

In their internal operations and human resources management, law firms should be at the forefront of the promotion of good health and well-being. The legal requirements for healthcare coverage for employees will differ depending on where offices are based. However, beyond meeting basic legal requirements, law firms should ensure that all employees receive comprehensive healthcare benefits, including sexual and reproductive health services and mental health support.

As employers, law firms should lead by example and provide healthy working environments. They should also promote a strong sense of well-being and healthy lifestyle habits through training, awareness raising events and campaigns, and counselling. Other schemes and policies,

such as supporting childcare costs or a policy to support breastfeeding mothers, can positively impact on the health and well-being of employees.

However, contributions to the SDG agenda must go beyond internal practices and should be reflected in core business operations. Alongside the public sector and civil society, the private sector has a fundamental role to play in the success of SDG targets. As legal advisors to companies all over the world, law firms are in a unique position to guide and influence business practices towards better sustainable development outcomes.

In the case of SDG 3, lawyers specialised in the healthcare and pharmaceuticals sectors can work to reduce their clients' potentially negative impacts on the SDG 3 targets and enhance positive outcomes in the pursuit of health and equity. This may include examining aspects of client advisory services, assessing the potential impact of transactions and investments, and implementing good practices.

Lawyers whose primary area of work lies outside the health sector can also play a significant role in contributing towards SDG 3 and the improvement of public health. Policies and laws related to market regulations, education, nutrition and urban planning, to name a few, can all impact health outcomes. For example, regulations on tobacco, alcohol and unhealthy foods are some examples where regulations have resulted in enhanced health and well-being.[97]

Similarly, traffic regulations can also have a major impact on health outcomes. For example, evidence has proven that the introduction of laws on the use of seatbelts (and safety-helmets in the case of motorbikes) reduced fatalities and injuries from motor accidents.[98]

Lawyers that do not directly engage in health-related legislation can therefore have significant impact on achieving SDG 3 by considering the indirect implications of their work on the health and well-being of employees, third-party suppliers, consumers and the general public.

Act

Many law firms are working to make their pro bono work more strategic, collaborative and sustainable. By aligning their work with the SDGs, lawyers can be confident that they are taking practical steps towards a comprehensive and inclusive roadmap for sustainable development. This can help firms to establish and develop collaborative, cross-sector partnerships with other organisations that are working towards the same goals.

Developing a pro bono strategy with clearly identified goals enables firms to assess the effectiveness of pro bono work over time and therefore increase its impact. The SDG framework offers law firms the opportunity to effectively measure and demonstrate their positive impact towards globally recognised goals. There is wide recognition that pro bono work, which is focused on progressing long-term goals and implemented in partnership with relevant organisations will lead to more sustainable results than ad hoc pro bono assistance.

The SDGs thus present a compelling opportunity for law firms, corporate legal departments and other lawyers to expand their pro bono legal activities domestically and abroad.

In regard to SDG 3, law firms and lawyers can expand their pro bono work in several ways:

- Lawyers can actively participate in the legislative process to facilitate national implementation of SDG 3. Laws and regulations are a key lever for governments to affect the quantity, quality, safety and distribution of services in health systems. Legal frameworks can help countries to attain important health goals, including universal health coverage, implement health policies, and apply international health regulations.

- In some legal systems, the legislative process requires public consultation during which draft bills are open to public comments for a specific period. Individual lawyers, as citizens, can provide their input based on their expertise of the domestic legal system. Lawyers with experience representing clients in healthcare related cases might have more to contribute as they have gained a better understanding of practical obstacles preventing individuals from enjoying their right to health.

- Law firms and individual lawyers can also contribute to the implementation of SDG 3 by providing pro bono legal services to governmental and non-governmental organisations dedicated to improving healthy lives and human well-being. Lawyers can also provide pro bono services to individuals who cannot afford the legal costs to pursue their health-related rights where they have been violated.

- Law firms and lawyers can also provide legal support to patients' associations, which advocate for the rights and interests of patients.

- Discriminatory laws and practices can have a direct impact on the well-being of vulnerable groups. Pro bono legal services may help marginalised communities to secure access to health care or to seek remedy for violations of their right to health. For example, poor people are often excluded from access to health services because they lack an official legal identity.[99]

- At the national level, and increasingly at the regional and global levels, judicial and quasi-judicial reviews are playing a role in supporting accountability for the right to health. Litigation can play a transformative role where the right to health has been violated. For example, in Africa, lawyers and law firms can make submissions to the African Commission on Human and People's Rights on behalf of individuals who have had their right to health violated by a State Party to the African Charter.[100] In order for these submissions to be accepted by the Commission, a prima facie violation of the right guaranteed under the African Charter must be alleged. Lawyers can use their legal analysis and drafting skills when preparing such communications.

- Finally, working collaboratively, A4ID has produced resources to guide law firms seeking to align their pro bono practice to the SDGs.[101] This, coupled with the rersources available via the SDG Legal Initiative, may also help lawyers consider alternative ways that they can actively contribute to SDG 3.[102]

Endnotes

1 World Health Organisation (2006). *Constitution of the World Health Organisation.* Available at: https://www.who.int/about/governance/constitution
2 World Health Organisation. *Promoting Well-Being.* Available at: https://www.who.int/activities/promoting-well-being
3 WHO (2015). *Health in the 2030 Agenda for Sustainable Development.* Available at: https://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf
4 WHO (2015). *Health in the 2030 Agenda for Sustainable Development,* p.6. Available at: https://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf
5 WHO (2013). *Monitoring the achievement of the health-related Millennium Development Goals.* Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_13-en.pdf
6 WHO (2015). *The SDGs: Reflections on the Implications and Challenges for Health.* p. 197. Available at: http://tinyurl.com/m2n7zp2n
7 WHO (2018). *Thirteenth General Programme of Work, 2019-2023.* Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1
8 WHO (2015). *Maternal Deaths Fell 44% since 1990.* Available at: https://www.who.int/news-room/detail/12-11-2015-maternal-deaths-fell-44-since-1990-un
9 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.12. Available at: https://tinyurl.com/3vps9d9n
10 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.12. Available at: https://tinyurl.com/3vps9d9n
11 United Nations (2022). *The Sustainable Development Goals Report* (2022), p.31. Available at: https://tinyurl.com/yfmcwccz
12 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.12. Available at: https://tinyurl.com/3vps9d9n
13 United Nations (2019). *The Sustainable Development Goals Report* (2019), p.27. Available at: https://bit.ly/3DaaEMd
14 United Nations (2022). *The Sustainable Development Goals Report* (2022), p.31. Available at: https://tinyurl.com/yfmcwccz
15 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.12. Available at: https://tinyurl.com/3vps9d9n
16 United Nations (2019). *The Sustainable Development Goals Report 2019,* p.27. Available at: https://bit.ly/3DaaEMd
17 United Nations (2022). *The Sustainable Development Goals Report 2022,* p.31. Available at: https://tinyurl.com/yfmcwccz
18 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.12. Available at: https://tinyurl.com/3vps9d9n
19 United Nations (2022). *The Sustainable Development Goals Report* (2022), p.31. Available at: https://tinyurl.com/yfmcwccz
20 UNICEF (2022). *Levels and Trends in Child Mortality,* Report 2022, p.1. Available at: https://data.unicef.org/resources/levels-and-trends-in-child-mortality/
21 WHO (2014). *World Malaria Report 2014,* p. 1. Available at: http://tinyurl.com/2a9696wb
22 WHO (2025). *World Malaria Report,* p.7. Available at: https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2025
23 United Nations (2019). *The Sustainable Development Goals Report 2019.* Available at: https://bit.ly/3DaaEMd
24 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.13. Available at: https://tinyurl.com/3vps9d9n
25 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.13. Available at: https://tinyurl.com/3vps9d9n
26 WHO (2015). *Health in the 2030 Agenda for Sustainable Development,* p. 7. Available at: http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf
27 United Nations (2023). *Sustainable Development Goals Extended Report 2023: SDG 3.* Available at: http://tinyurl.com/4v69cbwv
28 Alwan, A., Binagwaho, A., Debartolo, M., et al. (2019). *The legal determinants of health: Harnessing the power of law for global health and sustainable development.* The Lancet. Available at: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30233-8.pdf
29 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.14. Available at: https://tinyurl.com/3vps9d9n
30 WHO (2025). *World Mental Health Report: Transforming Mental Health for All.* Available at: https://tinyurl.com/4ymavwej
31 WHO (2025). *World Mental Health Report: Transforming Mental Health for All.* Available at: https://tinyurl.com/4ymavwej
32 WHO (2022). *Alcohol.* Available at: https://www.who.int/news-room/fact-sheets/detail/alcohol
33 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
34 UNODC (2025). *World Drug Report 2025: Key Findings.* Available at: https://tinyurl.com/yfram7un
35 WHO (2024). *Over 3 million annual deaths due to alcohol and drug use, majority among men.* Available at: https://www.who.int/news/item/25-06-2024-over-3-million-annual-deaths-due-to-alcohol-and-drug-use-majority-among-men
36 WHO (2023). *Road Traffic Injuries.* Available at: https://www.who.int/news-room/fact-sheets/detail/road-traffic-injuries
37 WHO (2023). *Global Status Report on Road Safety 2023,* p51. Available at: http://tinyurl.com/rnnxr9mr
38 WHO (2023). *Global Status Report on Road Safety 2023,* p16. Available at: http://tinyurl.com/rnnxr9mr
39 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.15. Available at: https://tinyurl.com/3vps9d9n
40 UNDESA (2025). *The New Landscape of Fertility and Family Planning 30 Years After Cairo and Beijing,* Future of the World Policy Brief No 172, p.3. Available at: https://tinyurl.com/4ve33znj
41 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
42 Family Planning 2030 (2025). Impact Report. Available at: https://www.fp2030.org/impact-report-2025/data/
43 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
44 United Nations Foundation (2015). *Briefing Cards: Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda.* Universal Access Project. Available at: http://tinyurl.com/mry7449y
45 United Nations (2023). *Sustainable Development Goals Extended Report 2023: SDG*

3. Available at: http://tinyurl.com/4v69cbwv
46 WHO & World Bank Group (2025). Tracking Universal Health Coverage: 2025 Global Monitoring Report. Available at: https://tinyurl.com/yv7trwer
47 Health Effects Institute (2025). State of Global Air Report 2025: A Report on Air Pollution and its role in the World's Leading Causes of Death. Available at: https://www.stateofglobalair.org/resources/report/state-global-air-report-2025
48 UN Water (2023). *The United Nations World Water Development Report 2023: Partnerships and Cooperation for Water,* p.4. Available at: https://unesdoc.unesco.org/ark:/48223/pf0000384655
49 United Nations (2023). *The United Nations 2023 Conference: Summary of Proceedings.* Available at: http://tinyurl.com/58uphz5p
50 WHO Framework Convention on Tobacco Control (2010). *History of the WHO Framework Convention on Tobacco Control.* Available at: http://tinyurl.com/mtkhst2c
51 WHO (2025). *WHO report on the global tobacco epidemic, 2025: Warning about the dangers of tobacco*, p.xv. Available at: https://www.who.int/publications/i/item/9789240112063
52 WHO (2025). *WHO report on the global tobacco epidemic, 2025: Warning about the dangers of tobacco*, p.3. Available at: https://www.who.int/publications/i/item/9789240112063
53 WHO (2025). *WHO report on the global tobacco epidemic, 2025: Warning about the dangers of tobacco*, p.22. Available at: https://www.who.int/publications/i/item/9789240112063
54 UN Statistics (2023). *SDG Indicator Metadata - Goal 3.b.* Available at: https://unstats.un.org/sdgs/metadata/files/Metadata-03-0b-01.pdf
55 WHO (2023). *Immunization Coverage: Factsheet.* Available at: https://www.who.int/news-room/fact-sheets/detail/immunization-coverage
56 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
57 United Nations (2023). *Sustainable Development Goals Extended Report 2023: SDG 3.* Available at: http://tinyurl.com/4v69cbwv
58 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
59 United Nations (2025). *The Sustainable Development Goals Report* (2025), p.15. Available at: https://tinyurl.com/3vps9d9n
60 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
61 United Nations (2025). *Sustainable Development Goals Extended Report 2025: SDG 3.* Available at: https://unstats.un.org/sdgs/report/2025/extended-report/Extended-Report-2025_Goal-3.pdf
62 Office of the High Commissioner for Human Rights (2000). *CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health.* Available at: https://bit.ly/3obO9Qs
63 WHO (2022). *Global report on health equity for persons with disabilities* Available at: https://www.who.int/publications/i/item/9789240063600
64 USSR (1987). *Declaration of Alma-Ata: International Conference on Primary Healthcare*. Available at: http://tinyurl.com/mrxwfpye
65 Office of the High Commissioner for Human Rights (2000). *CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health.* Available at: https://bit.ly/3obO9Qs
66 UNAIDS (2016). *Political Declaration on HIV/AIDS*, United Nations General Assembly Resolution A/60/L.57. Available at: https://bit.ly/3n214Fz
67 UNAIDS (2021). *Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030,* United Nations General Assembly Resolution A/75/L.95. Available at: https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf
68 ILO (2012). *Recommendation 2020 concerning National Floors of Social Protection,* Geneva. Available at: https://bit.ly/3H59K62
69 World Bank (n.d.) *Life Expectancy at Birth, Total (Years) – Sub-Saharan Africa.* Available at: https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=ZG&name_desc=true
70 WHO, (2016). *African Charter on Human and Peoples' Rights.* Available at: http://tinyurl.com/4288nzfy
71 UNICEF, (1990). *The African Charter on the Rights and Welfare of the Child*. Available at: http://tinyurl.com/7vc75mmv
72 African Child Policy Forum (2020). *The African Report on Child Wellbeing 2020.* Available at: https://www.africanchild.report
73 Amnesty International (2025). *CAR: Ratification of the Maputo Protocol, an essential step – sustained efforts to guarantee women's and girls' rights must follow.* Available at: https://www.amnesty.org/en/latest/news/2025/08/car-maputo-protocol-womens-rights/
74 Africa Union (2020). *Slow progress in meeting commitment to 2020 as the year of universal ratification of Maputo protocol,* Press Release. Available at: http://tinyurl.com/2pxu4za8
See also: Women's eNews (2008). *Rights Treaty in Uganda Snags on 'African Values'.* Available at: https://womensenews.org/2008/06/rights-treaty-in-uganda-snags-african-values/ ; PeaceWomen (2010). *Sudan: Sudanese Women Struggle to Ratify Maputo Protocol.* Available at: https://www.peacewomen.org/content/sudan-sudanese-women-struggle-ratify-maputo-protocol ; AfricLaw (2023). *The Maputo Protocol: Abolitionist or tolerative approach to polygamy, in the light of Ethiopia's reservation?* Available at: http://tinyurl.com/3j55m886
75 Office of the United Nations High Commissioner for Human Rights (2008). *The Right to Health: Factsheet No. 31*. WHO. Available at: https://bit.ly/3wrbKAj
76 World Economic Forum (2018). *India's PM Narendra Modi has launched health insurance or 100 million families.* Available at: https://www.weforum.org/stories/2018/09/indias-modi-launches-health-insurance-for-100-million-families-ahead-of-elections/
77 India Mental Health Observatory (2025). *Budget for Mental Health,* p.4. Available at: https://tinyurl.com/bd4sjjum
78 UK Parliament (2025) *Mental Health: Expected Spend for 2025-26*, Written Statement HCWS562, 27 March. Available at: https://tinyurl.com/56efxspx
79 Duffy, R., Kelly, B. (2018). *India's Mental Healthcare Act, 2017: Content, context, controversy.* International Journal of Law and Psychiatry. Available at: https://bit.ly/3oczHrH
80 Constitutional Commission (1987). *The 1987 Constitution of the Republic of the Philippines*. National Government Centre. Available at: https://bit.ly/3kiYHMx
81 Ley Chile (2015). *Crea un Sistema de Protección Financiera para Diagnósticos y Tratamientos de Alto Costo y Rinde Homenaje Póstumo a Don Luis Ricarte Soto Gallegos.* Ministerio de Salud, Available (in Spanish) at: https://www.leychile.cl/Navegar?idNorma=1078148
82 Constitute Project (2022). *2022 proposed Political Constitution of the Republic of Chile,* English Translation. Available at: https://www.constituteproject.org/constitution/Chile_2022D

83 ESCR net (n.d.). Menores Comunidad Paynemil, Accion de amparo, Expte. 311-CA-1997, Cámara de Apelaciones en lo Civil de Neuquén, Sala II. Available (with a summary in English) at: https://www.escr-net.org/caselaw/2006/menores-comunidad-paynemil-saccion-amparo-eng
84 Yamin, A. E., Parra-Vera, P. (2009). *How Do Courts Set Health Policy? The Case of the Colombian Constitutional Court*. PLoS Med Journal. Available at: https://bit.ly/3mTa1R9
85 African Commission on Human and People's Rights (2002). *Social and Economic Action Rights Centre (SERAC) v. Nigeria Communication No.155/96.* Available at: https://www.escr-net.org/caselaw/2006/social-and-economic-rights-action-center-center-economic-and-social-rights-v-nigeria
86 World Conference on Human Rights (1993). *Vienna Declaration and Programme of Action.* Available at: https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx
87 General Assembly (2008). *Optional Protocol to the International Covenant on Economic, Social and Cultural Rights.* Available at: https://bit.ly/3EU670x
88 United Nations Human Rights Office of the High Commissioner (2020). *Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health.* Available at: https://www.ohchr.org/en/issues/health/pages/srrighthealthindex.aspx
89 United Nations. *About the right to health and human rights.* Available at: http://tinyurl.com/mw9xh6dy
90 WHO Secretariat (2015). *Health in the 2030 Agenda for Sustainable Development.* Available at: https://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf
91 Ager, A et al (2023). *Health system resilience: a critical review and reconceptualisation.* Lancet Glob Health 2023; 11: e1454–58. See also: Paschoalotto MAC et al (2023). *Health systems resilience: is it time to revisit resilience after COVID-19?* Soc Sci Med.
92 Paschoalotto MAC et al (2023). *Health systems resilience: is it time to revisit resilience after COVID-19?* Soc Sci Med. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9851720/
93 WHO (2023). *Universal Health Coverage Factsheet.* Available at: http://www.who.int/mediacentre/factsheets/fs395/en/
94 Gostin, L. O., Friedman, E-A. (2013). *Towards a Framework Convention on Global Health: a transformative agenda for global health justice.* Yale J Health Policy Law Ethics, 13(1), pp.1-75. Available at: https://pubmed.ncbi.nlm.nih.gov/23815040/
95 WHO (n.d.). *Laws for Universal Health Coverage.* Available at: http://www.who.int/health-laws/en/
96 United Nations Human Rights Office of the High Commissioner (n.d.). *Annual reports of the Special Rapporteur on the right to health.* Available at: https://bit.ly/3D6xNPC
97 WHO (2023). *WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke.* Available at: http://tinyurl.com/cv5n7ap7
98 Alwan, A., Binagwaho, A., Debartolo, M., et al. (2019). *The legal determinants of health: Harnessing the power of law for global health and sustainable development.* The Lancet. Available at: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30233-8.pdf
99 United Nations Human Rights Office of the High Commissioner (n.d.). *Annual reports of the Special Rapporteur on the right to health.* Available at: https://bit.ly/3D6xNPC
100 African Commission on Human and People's Rights (n.d.). *Communications Procedure.* Available at: http://tinyurl.com/bdda8cmt
101 ROLE UK (2018). *Pro bono and the Sustainable Development Goals: A guide for international law firms working with NGOs.* Available at: https://bit.ly/3EZ4teh
102 See the SDG Legal Initiative Website. Available at: https://sdglegalinitiative.a4id.org

Photo credits

Page 1: Cheryl Nemazie/Doctors of the World, UK; page 2: Gustavo Stephan/UN Women; page 3: Pete Lewis/DFID; page 6: Karen Kasmauski/MCSP; page 17: Ashkan Forouzani/Unsplash; page 21: Dominic Chavez/World Bank; page 22: Oxfam International; page 23: Government of Chile; page 24: N. Mazars/EU; page 25: Vincent Tremeau/World Bank; page 27: Russell Watkins/DFID; page 31: Michael Hughes/DFID.