

RIGHT TO HEALTH UNDER INTERNATIONAL ENVIRONMENTAL JURISPRUDENCE

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Introduction

Since the fundamental and dreadful truth of human vulnerability sits at the core of the concept of health, it is a complicated topic that touches on significant and unresolved medical, ethical, and legal issues.¹ However, the concept of the right to health is relatively recent, having been derived from the aspirational language of international human rights agreements and developing distributive justice philosophies. However, the emergence of environment as one of the determinants of human health forces the actors of International arena to consider the impact of environment on human health right by recognising the duties of the States in protecting health rights under various international environmental instruments such as Stockholm Declaration, 1972, UN Convention on the Law of the Sea, 1982, Rio Declaration, 1992, Millennium Development Goal 2000, and Sustainable Development Goal, 2015. This Article will explain how these abovementioned instruments is critical in recognizing right to health under the international environmental jurisprudence. Further, the Article will highlight the emergence and development of the ecological model of defining health by considering the environment at the centre of it. In addition, this article will try to suggest the way forward for realizing right to health by considering the environmental aspect of it.

General Recognition of Right to Health

It's interesting to note that in the proposed preamble of the WHO's Constitution, the word "right to health" appeared for the first time. Nevertheless, the phrase "right to health" was referenced as "the right to the greatest attainable quality of health" in the final draught, which was submitted by the Preparatory Committee to the Economic and Social Council of the UN.² The 1948 UDHR identified health as a component of the right to an adequate

¹ Pavlos Eleftheriadis, *A Right to Health Care*, 40(2) JLME 268 (2012).

² BENJAMIN MASON MEIER, *THE HIGHEST ATTAINABLE STANDARD: THE WORLD HEALTH ORGANIZATION, GLOBAL HEALTH GOVERNANCE, AND THE CONTENTIOUS POLITICS OF HUMAN RIGHTS* (Columbia University, 2009).

standard of living in Article 25.³ As a result, it guarantees the right to a level of living that is appropriate for one's health and well-being, including housing and access to healthcare, as well as the right to security in the event of illness, disability, etc.⁴ When this provision is carefully reviewed, it becomes evident that it applies to both governmental health systems and private health services, the latter of which includes social interventions for public health.⁵

The International Covenant on Economic, Social, and Cultural Rights (ICESCR) was also adopted by the United Nations General Assembly to address economic, social, and cultural rights under international human rights law. All people have the right to the best possible quality of physical and mental health, according to Article 12 of the ICESCR. It states:

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The term “highest attainable standard” of health is first used in the WHO Constitution, which ensures the reasonability of the required level. The State must contribute to levelling the social playing field in health, but some factors are beyond its control, necessitating international cooperation and support for the right to health. The greatest feasible norm will certainly increase over time in response to developments in medical as well as demographic, epidemiological, and economic changes. According to Article 12(2), States Parties are obligated to take particular steps to improve the health of their citizens, including putting in place systems that ensure everyone has access to healthcare equally and quickly. According to Article 12(2)(c), the actions that the States parties to the present Covenant must take in order to fully realise this right include those necessary for the prevention, treatment, and control of epidemic, endemic, occupational, and other diseases. Further Article 12(2)(d) provides that the steps that must be taken by the States parties to the current Covenant in order for this right to be fully realised include those required for the establishment of circumstances that would guarantee access to all medical services and medical attention in the case of illness. The ICESCR is therefore of a constructive nature and places obligations on the State parties. In order to fully realise the aforementioned right,

³Hurst Hannum, *The Status of the Universal Declaration of Human Rights in National and International Law*, 25 GA. J. INT'L & COMP. L. 287 (1995).

⁴Court on its Own Motion v. Union of India, 2012 (12) SCALE 307.

⁵Lawrence O. Gostin, et. al., *70 Years of Human Rights in Global Health: Drawing on a Contentious Past to Secure a Hopeful Future*, 392 LANCET 2731, 2732 (2018).

the ICESCR requires the States parties to establish the conditions necessary to guarantee that everyone has access to medical care in the event of disease.⁶ The government must provide for fundamental needs including food, nutrition, medical care, hygiene, etc. and work to enhance public health.⁷

Stockholm Declaration, 1972

The Conference on the Human Environment, held from June 5 to 16, 1972, in Stockholm, was the most fruitful international conference in recent memory in many ways.⁸ In addition to approving a fundamental Declaration and a thorough resolution on institutional and financial arrangements over the course of two weeks, it also approved 109 recommendations that make up an extensive action plan.⁹ The Declaration placed particular emphasis on how industrialization and economic progress have increased pollution levels, depleted precious natural resources, and upset the ecological balance.¹⁰ The Declaration contains a set of common principles to inspire and guide the peoples of the world in the preservation and enhancement of the human environment. It offers the first worldwide set of guidelines for upcoming global environmental cooperation. In the past, there was less of a connection between the environmental data collecting and the preservation of the environment as a whole; instead, it was more concerned with development than preservation. Before the Stockholm Conference, the subject did not receive the attention it deserved. Through this Conference, monitoring became one of the focal themes of the Action Plan, and each state is now obligated to assist the creation of global monitoring systems by international organisations. Beyond what is already required by international law, it also acknowledges the need for states to share information on the environmental impacts of their big initiatives.¹¹ With respect to health issues, the Stockholm Conference proclaims that the majority of environmental issues in poor nations are brought on by underdevelopment. Millions of people continue to live in extreme poverty, lacking access to appropriate food, clothing, shelter, education, health care, and sanitary conditions. As a

⁶S. J. Rajalakshmi v. Customer Services, Air India Limited, 2020 (1) AKR 269.

⁷ABC v. Bihar State Aids Control Society, 2020 (3) PLJR 420.

⁸Louis B. Sohn, *The Stockholm Declaration on the Human Environment*, 14(3) HARV. INT'L L.J. 423, 423 (1973).

⁹UN Conference on the Human Environment, U.N. Doc. A/CONF.48/4.

¹⁰ Malavika Rao, *ATWAIL Perspective on Loss and Damage from Climate Change: Reflections from Indira Gandhi's Speech at Stockholm*, 12 ASIAN JIL 63, 70 (2022).

¹¹ Ludwik A. Teclaff, *The Impact of Environmental Concern on the Development of International Law*, 13(2) NAT 357, 366 (1973).

result, developing nations must focus on growth while keeping in mind their goals and the need to protect and enhance the environment.¹²

Through this declaration, the environment has been acknowledged for the first time in the global arena as the cause of underdevelopment and the lack of sufficient health and sanitation. This proclamation's analysis in light of Article 25 of the UDHR demonstrates that unless the States take action to address environmental issues, citizens will not be able to exercise their right to a standard of living sufficient for his or her own health and the welfare of his or her family. By stating in Principle 7 of the Stockholm Conference that “States shall take all possible steps to prevent pollution of the seas by substances that are liable to create hazards to human health, to harm living resources and marine life, to damage amenities or to interfere with other legitimate uses of the sea”, the Stockholm Conference sought to achieve this goal. Although this clause focuses primarily on the marine environment and the health risks it poses, it has wider ramifications for the establishment of health rights in subsequent environmental agreements.

The Stockholm Conference recommended that nations work together to advance international law regarding liability and compensation for the victims of pollution and other environmental damage caused by activities under such States' jurisdiction or control to areas beyond their jurisdiction in order to secure these aspects.¹³ The entire Stockholm Conference must also be taken into consideration as a further contribution to ecological consciousness due to its widespread success, as indicated, for example, by the increase in the number of Environment Ministries since 1972. To encourage environmental activities and cooperation within the United Nations Organization, the United Nations Environment Programme (UNEP), which is now well-known and was positioned as the environmental conscience of the United Nations system, was suggested.¹⁴

UN Convention on the Law of the Sea, 1982

All maritime and oceanic operations are governed by the 1982 United Nations Convention on the Law of the Sea. The freedom of high seas fishing is now abolished by this Convention. It covers the rights and duties that various nations have in connection to the use of the seas, the seabed and its riches, and the preservation of the marine environment.

¹² Declaration on the Human Environment, 1972, Proclamation 4.

¹³ Id., Principal 7.

¹⁴ Vol. VIII, Philippe Boudes, *United Nations Conference on the Human Environment* in J. NEWMAN, GREEN ETHICS AND PHILOSOPHY - THE GREEN SERIES : TOWARD A SUSTAINABLE ENVIRONMENT, 410, 413 (Sage, 2011).

It delineates the oceanic areas over which countries with coastlines have sovereignty, rights, or control, including the right to extract and manage resources through commercial fishing and oil exploration. It also describes the rights that nations have in the “zones” of other countries, such as the rights to navigation, research, and cable laying, as well as the rights that all nations have in the parts of the ocean that are not under the exclusive control of any one country. The 1982 Convention on the Law of the Sea primarily establishes 12 nautical miles as the breadth of the territorial sea and grants other states the right of innocent passage through these waters.¹⁵ A significant shift from unilateralism to multilateralism in the development of marine law is the Convention's main idea.¹⁶

Similar to the Stockholm Declaration, this 1982 Convention lists health as one of the major areas that calls for governmental protection. It specifies that the coastal State shall have exclusive jurisdiction over such artificial islands, installations, and structures, including exclusive control over laws and regulations relating to customs, finances, health, safety, and immigration.¹⁷ As a result, this Convention guaranteed the States' sovereign status with regard to the protection of health and turned it into a forum for international cooperation. The Convention clearly states that a State shall give other States a reasonable opportunity to obtain from it, or with its assistance, information required to prevent and control harm to people's health and safety, as well as to the maritime environment, when applying this Part.¹⁸

Rio Declaration, 1992

The Rio de Janeiro Earth Summit, also known as the United Nations Conference on Environment and Development, was a significant international event that took place in Rio de Janeiro from June 3 to June 14, 1992. The World Summit on Sustainable Development in 2002 and the Kyoto Protocol are two long-term reports and implementation plans that came out of the Earth Summit in 1992 and are still followed as standards for international environmental action today. The theme of the 1992 conference, which contrasted ecology with development, prompted the reunification of seemingly contradictory goals. Although it is true that the debate received more attention in Rio than it did in Stockholm, it is perhaps less well known that the debate twenty years earlier was largely influenced by a

¹⁵ United Nations Convention on the Law of the Sea, 1982, Article 3.

¹⁶ Bernard H. Oxman, *The Rule of Law and the United Nations Convention on the Law of the Sea*, 7 *EUR. J. INT. LAW* 353, 356 (1996).

¹⁷ Convention on the Law of the Sea, 1982, Article 60(2).

¹⁸ *Id.*, Article 242(2).

disagreement between industrialised and developing countries over potential conflicts between development and environmental agendas.¹⁹ According to its definition, "sustainable development" is growth that satisfies present demands without jeopardising the ability of future generations to satiate their own needs. When applying this concept of sustainable development, there is a fundamental problem with the operational reality of determining the "sustainability" of a given plan, whether it be a specific infrastructure project, like a large dam, or a more general development policy or programme.²⁰ Since Stockholm, there hasn't been much development in the domain of international law that governs liability for harm brought on by cross-border contamination, the only topic addressed by Principle 22 as stated.

The Rio Declaration's Principle 1 indirectly refers to a substantive need requiring a least sufficient environment, although that provision falls far short of explicitly enshrining such a right, according to international jurisprudence. Instead, the entire Rio Declaration rejects what may be perceived as a compromise between a developing right to the environment and consideration of development imperatives included in the Stockholm Declaration. As an alternative, Principle 1 states that people have a right to live a healthy, productive life in harmony with the environment. This statement implies that environmental measures for the enjoyment of health as a right are driven by people's needs. In a similar vein, it states that in order to fairly meet the developmental and environmental demands of both present and future generations, the right to development must be realised.²¹ Furthermore, Principle 14 stipulates that States should work together effectively to deter or stop the relocation and transfer of any activities and chemicals that seriously degrade the environment or are found to be detrimental to human health to other States. Thus, this clause makes it abundantly obvious that any activity that harms the environment has an immediate impact on people's health, proving that the environment is one of the factors that determine a person's right to health.

Furthermore, Agenda 21 urges the integration of elements influencing resource management, poverty, and policies promoting development. It is necessary to increase access to education, healthcare, clean water, and sanitation in order to accomplish this

¹⁹ David A. Wirth, *The Rio Declaration on Environment and Development: Two Steps Forward and One Back, or Vice Versa*, 29 GA. L. REV. 599, 607 (1995).

²⁰ Gunther Handle, *Controlling Implementation of and Compliance with International Commitments: The Rocky Road from Rio*, 5 COLO. J. INT'L ENVTL. L. & POL'Y 305, 312 (1994).

²¹ Rio Declaration on Environment and Development, 1992, Principle 3.

goal.²² Para 5 of the Agenda states: Health services should “include women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size...” In order to stabilise the global population at a level that can be sustained at the end of the century, health services must place a strong emphasis on reducing infant mortality rates, which converge with low birth rates. According to Agenda 21, all people were to have their basic health needs covered and any necessary specialised environmental health services given. Collaboration between the general public and the health sector was necessary to address health challenges.²³ It states that in order to achieve health service coverage, consideration should be given to the demographic groups with the greatest needs, particularly those living in rural areas. Agenda 21 must incorporate therapeutic and preventive methods to address these problems due to the risks to public health caused by environmental degradation and the dangers to metropolitan areas.²⁴

Millennium Development Goals

The Millennium Development Goals (MDGs)²⁵ arose from the gathering of world leaders in New York in September 2000. These ambitious goals, which include putting an end to extreme poverty, lowering maternal mortality by 75%, providing universal primary education, and halting the spread of HIV/AIDS, are anticipated to be achieved by the end of 2015.²⁶ While outlining potential trade, aid, and debt reduction commitments from wealthy nations, the MDGs also helped poor countries.²⁷ Lowering infant mortality rates is the MDG's Goal 4, enhancing maternal health is the MDG's Goal 5, and eliminating diseases like HIV/AIDS, malaria, and other ailments is the MDG's Goal 6. These goals include sensible targets and indicators when it comes to the health industry. Goal 4 has only one goal: between 1990 and 2015, reduce under-five death rates by two-thirds.²⁸ Specifically, Goal 5 aimed to reduce the maternal mortality ratio by 75 % by 2015²⁹ and to

²² Agenda 21, Paragraph 3.

²³ Sougata Talukdar,

²⁴ *Id.* Paragraph 6.

²⁵ United Nations Millennium Declaration was adopted by the General Assembly on September 8, 2000.

²⁶ Mickey Chopra & Elizabeth Mason, *Millennium Development Goals: Background*, 100(Suppl 1) ARCH. DIS. CHILDH. s2 (2015).

²⁷ Donatus E. Okon & Joseph Kinuabeye Ukwai, *Challenges and Prospects of the Millennium Development Goals (MDGS) in Nigeria*, 11(2) GLOB. J. SOC. SCI. 119, 120 (2012).

²⁸ United Nations Millennium Declaration 2000, Goal 4, Target 4A.

²⁹ *Id.*, Goal 5, Target 5A.

achieve universal access to reproductive health³⁰. Further, Goal 6 has three targets: (i) to halt by 2015 and have started to reverse the spread of HIV/AIDS,³¹ (ii) to achieve global access to treatment for HIV/AIDS for those who need it by 2010,³² and (iii) to have ceased and started a reversal of the incidence of malaria and other major diseases by 2015³³.

The truth about MGDs is that it took years to reach an international agreement on a common development agenda, and then additional years to put the concepts into practise and achieve political traction.³⁴ Since the bulk of health initiatives, in the opinion of many academicians, would first largely benefit the wealthier parts of society, leading to a tendency to overlook the health of the rural populations. Many academicians saw this purpose as a drive towards non-egalitarian results. Numerous academicians have also argued that the MDGs are insufficient due to their limited focus on just three aspects of health and the absence of an overarching goal of "freedom from illness."³⁵ Others emphasise how important it is to include developing effective healthcare systems and incorporating qualified healthcare staff into its list of objectives.³⁶ It has been discovered that a number of health conditions, including non-communicable diseases, mental health, and difficulties faced by persons with disabilities, are under-recognized. Because the majority of health initiatives under the MDGs will first target the more affluent sections of society, they may potentially contribute to unequal outcomes.³⁷ As a result, the situation of the underprivileged is unchanged and unaddressed.

Sustainable Development Goals

The term "sustainable development" started to be used in policy circles after the Brundtland Commission's report on the state of the world's environment and development was published in 1987. The biggest acknowledgement of sustainable development came with the approval of the Sustainable Development Goals in September 2015. It also goes with the name Agenda 2030. The choice of indicators was hotly debated, and it was questioned

³⁰ *Id.*, Target 5B.

³¹ *Id.*, Goal 6, Target 6A.

³² *Id.*, Target 6B.

³³ *Id.*, Target 6C.

³⁴ John W. McArthur, *The Origins of the Millennium Development Goals*, 34(2) SAIS REV. 5, 22 (2014).

³⁵ J. James, *Misguided Investments in Meeting Millennium Development Goals: A Reconsideration Using Ends-based Targets*, 27(3) THIRD WORLD Q. 453, 456 (2006).

³⁶ M. Keyzer & L. Van Wesenbeeck, *The Millennium Development Goals, How Realistic Are They?*, 154 ECONOMIST 443 (2006).

³⁷ D.R. Gwatkin, *How much would Poor People Gain from Faster Progress towards the Millennium Development Goals for Health?*, 365(9461) LANCET 813 (2005).

whether they could be measured accurately. In the end, it evolved into the final 17 Sustainable Development Goals (SDGs). These SDGs aim to protect the environment, eradicate poverty, and achieve socioeconomic inclusion so that people can live in dignity. The third of these 17 aims, which is represented through 9 targets and 4 implementation modalities, is largely concerned with "ensuring healthy lifestyles and fostering well-being for all at all ages."³⁸ Thus, it covers several groups of targets, related to the unfinished MDG agenda (e.g., maternal and child health and communicable diseases); new targets including non-communicable diseases and social determinants, and targets related to health systems and universal health coverage.

Thus, it combines two main ideas (i) health is a universal right, but it is also an insurance capital that allows the settlement of the sustainable development of nations; and (ii) welfare is a state-related to different physical or psychological factors considered separately or jointly. In addition to these, ten of the other sixteen goals also include health-related indicators, such as those that directly link to health services, health outcomes, and environmental, occupational, behavioural, or metabolic risks with known causal connections to health.³⁹ In contrast to the MDGs, whose approach was sectorial in nature, the advanced SDGs strive to incorporate the economic, social, and environmental challenges faced by the people and take these into consideration in an integrative context. As a result, the SDGs are more aspirational than the MDGs. The SDGs also sought to reduce inequality within and between countries.⁴⁰ Thus, international initiatives, state implementation mechanisms, and civil society monitoring are required to secure a better future for the world's population, including the full realisation of their right to health.

Ecological Model of Health: An Influence of Environmental Jurisprudence

The modern environmental movement in western countries at the beginning of the 1970s gave rise to the ecological or relative conceptions of health.⁴¹ The ecological model has a

³⁸ Kent Buse & Sarah Hawkes, *Health in the Sustainable Development Goals: Ready for a Paradigm Shift?*, 11(1) GLOB. HEALTH 13, 14 (2013).

³⁹ M. Nilsson, et. al., *Policy: Map the Interactions between Sustainable Development Goals*, 534 NATURE 320 (2016).

⁴⁰ Sustainable Development Goals, 2015, Goal 10.

⁴¹ Ben Purvis, et.al., *Three Pillars of Sustainability: In Search of Conceptual Origins*, 14(3) SUSTAIN SCI. 681, 683 (2019).

long history and was developed as a result of the development of many studies and fields, including public health, social science, biology, and psychology, which in turn generated the ecological and behavioural foundations for the conceptualization of health. The ecological or related conceptions of health were inspired by the modern environmental movement in western countries.⁴² The ecological model's foundation is, according to its source, psychologist Urie Bronfenbrenner's "Ecological Systems Theory," which explains how several environmental systems have an effect on human development.⁴³ He thought that different degrees of influence both affected and were affected by "behaviour". Notably, the term "ecological" has also been used in epidemiology to refer to a community health strategy that focuses on links between the causes and consequences of health problems. The ecological model of health is still built on the foundation of all these systems.⁴⁴ In order to address issues with health promotion, Professor Jackson has also developed a behavioral-environmental health model.⁴⁵ A healthy organism, according to Wylie, is one that properly and continuously adapts to its environment.⁴⁶ Similar to this, Purola described health as being in a condition of balance and harmony with one's ecological and social environment.⁴⁷

As a result, according to this concept, health can be described in two different ways: (i) as an adequate functional capacity that enables people to carry out their duties and responsibilities; and (ii) as a certain quality of life that enables people to live happily, successfully, fruitfully, and creatively.⁴⁸ Under the framework of the Ecological Model, the definition of mental health is based on a person's ability to carry out institutionalised social functions, whereas the assessment of somatic health centres on a person's proficiency in accomplishing valued tasks. This concept assumes that people will alter as a result of appropriate social environment changes, which will also aid in removing the interpersonal, organisational, communal, and governmental factors that support and encourage unhealthy behaviour. This ecological point of view on health also has some drawbacks and

⁴² L. W. Green, *et.al.*, *Ecological Foundation of Health Promotion*, 10(4) AM J HEALTH PROMOT 270 (1996).

⁴³ Andrea Vest Ettekal & Joseph L. Mahoney, *Ecological Systems Theory*, in KYLIE PEPPLER (ed.), THE SAGE ENCYCLOPEDIA OF OUT-OF-SCHOOL LEARNING 239, 239 (SAGE Publications, 2017).

⁴⁴ L.A. Pervin, *Performance and Satisfaction as a Function of Individual-Environment Fit*, 69(1) PSYCHOL. BULL. 56 (1968).

⁴⁵ Terri Jackson, *On the Limitations of Health Promotion*, 9(1) COMMUNITY HEALTH STUD. 1 (1985).

⁴⁶ C.M. Wylie, *The Definition and Measurement of Health and Disease*, 85(2) PUBLIC HEALTH REP 100 (1971).

⁴⁷ T. Purola, *A Systems Approach to Health and Health Policy*, 10(5) MEDICAL CARE 373 (1972).

⁴⁸ H. Hoyman, *Our Modern Concept of Health*, 32(7) J SCH HEALTH. 253 (1962).

difficulties. In general, the ecological principles don't give enough information to assist conceptualise a specific problem or suggest workable remedies.⁴⁹

Conclusion and Observations

In response to the burgeoning environmental movement of the 1960s, numerous nations began taking measures to safeguard the environment within their own boundaries. Governments began to realise, however, that pollution did not stop at their borders in the early 1970s. To solve environmental issues that affected everyone on Earth, international cooperation and consensus were required. A Declaration on the Human Environment was consequently accepted at the Stockholm Conference in 1972. The Stockholm Conference outlined nations' duties to work together to protect the environment.⁵⁰ Moreover, because of its global success, as evidenced by the rise in the number of Environment Ministries since 1972, the entire Stockholm Conference must also be considered as a contribution to ecological consciousness. Under the structural setup, the Stockholm Conference suggested for the creation of the United Nations Environment Programme, or UNEP, which is now widely recognised and is positioned as the environmental conscience of the United Nations system, to promote environmental activity and collaboration inside the United Nations Organization. To fully appreciate why the declaration is justly seen today as a historical marker, it is essential to recall the fact that the Stockholm Conference and its outcomes were moulded by the drastically divergent perspectives of industrialised and developing countries on issues of environment and development.⁵¹ Thus, it provides aspiration goals for both of these sections. The Human Environment Conference recognised that, rather than distributing the benefits of development to all people, man has instead caused environmental deficits that are detrimental to his physical and mental well-being. In addition, according to environmental law, the 1982 Convention on the Law of the Sea was crucial in establishing global cooperation for environmental protection. The International Sea-Bed Authority, the International Tribunal for the Law of the Sea, and other international organisations were also acknowledged for their significance under the 1982

⁴⁹ Kenneth R. McLeroy, *et al.*, *An Ecological Perspective on Health Promotion Programs*, 15(4) HEALTH EDUC. Q. 351, 355 (1988).

⁵⁰ Karin Mickelson, *The Stockholm Conference and the Creation of the South-North Divide in International Environmental Law and Policy*, in SHAWKAT ALAM, ET. AL., (eds.), INTERNATIONAL ENVIRONMENTAL LAW AND THE GLOBAL SOUTH 109, 115 (Cambridge University Press, 2015).

⁵¹ Jutta Brunnee, *The Stockholm Declaration and the Structure and Processes of International Environmental Law*, in ALDO CHIRCOP & TED MCDORMAN, (EDS.), THE FUTURE OF OCEAN REGIME BUILDING: ESSAYS IN TRIBUTE TO DOUGLAS M. JOHNSTON, 41, 41 (Kluwer Law, 2008).

Convention. States are required by this Convention to cooperate with these bodies and to respect the outcomes of their work.

Although the MDGs set a particular target, many countries did not fulfil their obligations within the allotted period.⁵² Even though there have been modest global gains in maternal health due to availability to MGDs, the pace of change is inconsistent.⁵³ Despite all these flaws, since the MDGs were formed, health and well-being have significantly improved in many parts of the world and the broad consensus through international cooperation suggests that the MDGs have played a helpful role in this success. It follows that in order to be accomplished, the health-related MDGs must be seen holistically and across generations.⁵⁴ Additionally, this global to-do list for sustainable development has come under critique for being extremely inclusive, universal, and ambitious as well as having potential contradictions, particularly between the socio-economic development and the environmental sustainability goals.⁵⁵ Gerardo Suzan and his colleague correctly noted that there had been extraordinary progress toward Goal 3, particularly in the areas of poverty reduction, providing the least developed countries with access to clean water, and combating the HIV/AIDS pandemic, tuberculosis, and malaria. Nevertheless, Accelerating realisation is still essential for a better result in health orientation. As a result, the environmental movement - possibly more so than any other global movement - has firmly built ties between a sizable number of regular people from varied backgrounds and cultures and the growth of international institutions.

Furthermore, it is widely acknowledged that the surrounding environment and its elements, such as pollution, hazardous substances, and the production of excessive green gases, have a direct bearing on health issues. In light of the foregoing, it can be argued that the State parties should take into account the current environmental issues when formulating health policies and alter their policy as necessary. Additionally, there should be no exceptions made when it comes to international cooperation in resolving environmental problems. The developed world has a crucial role to play in this issue, and they should be prepared to adjust their policies accordingly. People should also take the required actions to maintain a

⁵² Minerva Kyei-Nimakoh, et. al., *Millennium Development Goal 5: Progress and Challenges in Reducing Maternal Deaths in Ghana*, 16 BMC PREGNANCY AND CHILDBIRTH 51, 52 (2016).

⁵³ Rebekah Gaensbauer, et. al., *Saving Mothers' Lives: Progress in Achieving Millennium Development Goal 5*, 13(4) OBSTET. GYNECOL. 259 (2011).

⁵⁴ S. V. Subramanian & Emre Ozaltin, *Progress towards Millennium Development Goal 4*, 379(9822) LANCET 1193, 1194 (2012).

⁵⁵ David Stern, et. al., *Economic Growth and environmental Degradation: The Environmental Kuznets Curve and Sustainable Development*, 24(7) WORLD DEVELOPMENT 1151 (1996).

clean environment and raise awareness among others. Hence, a small step towards environmental protection will ease our path to enjoying the highest possible standard of health.