

Regulations and Laws promoting health and well-being goals (SDG3) in WHO South-East Asian countries



World Health Organization

South-East Asian Region

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PREFACE

In September 2015, the Heads of State and government adopted the 2030 Agenda for Sustainable Development that provides a shared blueprint for peace and prosperity for people and the planet. This was a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative goals and targets.

All countries in the WHO South-East (SE) Asia Region are making efforts for the full implementation of this Agenda, including for Sustainable Development Goal (SDG) 3, to ensure healthy lives and promote well-being for all at all ages by 2030.

In this endeavour, a pivotal role is played by a country's legal system. It is the bedrock that supports the important roles and necessary contributions of government, nongovernmental organizations, private sector, philanthropic foundations, academic institutions, service providers and communities towards achievement of the SDGs.

The present Regional Office for South-East Asia's seminal document "Regulation and laws promoting health and well-being goals (SDG 3) in WHO SE Asian countries" comprehensively maps the health-related legal support for SDG 3 in the Region.

The document maps countries' regulations and laws supporting achievement of health-related SDG 3 by 2030; and identifies seminal court decisions/best practices for achieving SDG 3. It is an evidence-based resource for all stakeholders involved in the implementation and follow-up of SDG 3. WHO continues to support Member States on the interface of public health, innovation and intellectual property for achievement of universal health coverage and other SDG 3 targets.

INTRODUCTION

Over the years, great progress has been made in human development. The progression of science, implementation of evidence-based policies and legal and regulatory frameworks have all supported advancements in health and enabled provision of high-quality health care to individuals and populations.

Laws and regulations are key instruments for governments to safeguard the health systems. Health-related legal frameworks help countries to attain important health goals, including universal health coverage, implementation of health policies, and application of international health regulations. At the national level, regional and global levels, judicial and quasi-judicial reviews play a transformative role in supporting accountability for health.

Importantly, the legal and regulatory environment is a pertinent part of the ecosystem of a country's approach towards the health and wellbeing of its people. The health-care laws form the basis for designing of health-related policies of a country. For instance, a policy on "Health care to all" or "Universal health coverage" would emanate from the "Provision for right to health" in a country's health laws. Overall, statutory, regulatory and administrative laws related to health care establish the basis for organizing, governing, operating and financing health systems. These laws provide rules and guidance to govern the rights and responsibilities of governments, health workers, private sector, civil society and a country's population.

The legal and regulatory framework plays an important role in achievement of milestones and goals including the Sustainable Development Goals (SDGs), as they facilitate an enabling environment. In that context, laws, policies and regulations related to health care contribute towards the achievement of SDG 3 – good health and well-being. The importance has been highlighted in World Health Assembly resolutions, including Strengthening Local Production of Medicines and Other Health Technologies to improve access (WHA74.6); and Global Strategy and Plan of Action on public health, innovation and intellectual property (WHA61.21) has been extended by WHA75.14 in 2022 to 2030, i.e. to be co-terminus with the SDG 2030 agenda.

This document is a comprehensive collation of the health-related regulatory framework of WHO South-East (SE) Asia Member States influencing trends of the key health indicators outlined under SDG 3. The targets for SDG 3 were analysed and reviewed using various data sources like World Bank, World Health Organization (WHO) and various UN databases. All WHO SE Asia countries, namely Bangladesh, Bhutan, the Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste, are included in this report. The methodology adopted for documentation is covered in six steps.

Step 1: A brief desk review of standards and best practices of countries worldwide was undertaken and analysed.

Step 2: Websites related to health and legal framework of 11 countries of WHO SEA Region were reviewed along with other relevant secondary sources. Regional language content on the websites was translated using Google Translator.

Step 3: Under each of the SDG 3 targets, laws and regulations related to health were identified and were populated in the country-specific factsheets.

Step 4: Case studies under each country were researched to highlight the public health impact of the decision. One to two case studies have been added to each of the country factsheets.

Secondary research did not reveal any relevant case study in two countries, viz. the Democratic People's Republic of Korea and Timor-Leste.

Step 5: The country-level resources were used with respect to trends related to health indicators. However, wherever local data was not available or was not updated recently, the UN SDG database has been used.

Step 6: References are listed at the end of the document.

A separate fact sheet has been developed for each country to outline the status of the nine targets of SDG 3 and the regulatory framework in place to help achieve these targets.

A regional consultative meeting was held on 6 June 2022 to:

- review country law fact sheets supporting SDG 3 targets; and
- identify seminal country decisions/laws/best practices for achieving health goals enumerated in SDG 3 (see Annex for Meeting report).



**Country profile of
laws and regulations**

BANGLADESH



Source: www.who.int¹

Demographic

- Population 16 689 000 (World Bank, 2020)²
- GDP per capita (in US\$) 1968.79 (World Bank, 2020)³
- Current health expenditure as share of GDP 2.34% (World Bank, 2018)⁴
- Purchasing power parity < US\$1.90 per day (% of population) 5.6% (Asian Development Bank, 2019)

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Current regulatory framework to improve maternal health in Bangladesh is as follows:

Bangladesh labour act, 2013⁵	This Act was adopted to amend further the Bangladesh Labour Act, 2006. Sections 45 to 50 under Chapter IV of the Act that pertain to maternity benefits.
The Penal Code, 1860⁶	S.312: Causing miscarriage S.313: Causing miscarriage without a woman's consent S.314: Death caused by an act done with intent to cause miscarriage

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

Neonatal and under-5 mortality

The current regulatory framework to address child health in Bangladesh is as follows:

The Vaccination Act, 1880⁷	The purpose of this Act is to make vaccination compulsory.
Breast-Milk Substitutes (BMS) Act, 2013⁸	The aim of this Act is to protect the children in the under-5 age group. The Act calls for complete restriction on advertisement of breast milk substitutes, baby foods, children's food supplements and its equipment.

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases is as follows:

<p>The Infectious Diseases (Prevention, Control and Eradication) Act, 2018⁹</p>	<p>This Act is designed to raise awareness of, prevent, control and eradicate infectious or communicable diseases to address public health emergencies and reduce health risks. Section 4 defines infectious diseases as including the following: malaria, kala-azar, filariasis, dengue fever, influenza, avian flu, Nipah, anthrax, MERS-CoV, rabies, Japanese encephalitis, diarrhoea, tuberculosis, respiratory tract infections, HIV, viral hepatitis, diseases preventable through vaccination, typhoid, food poisoning, meningitis, Ebola, Zika, and chikungunya.</p>
<p>The International Centre for Diarrhoeal Disease Research, Bangladesh, Ordinance, 1978¹⁰</p>	<p>To provide for the establishment of an International Centre for Diarrhoeal Research in Bangladesh with multinational scientific collaboration and financial contributions to conduct research in this disease.</p>

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Bangladesh is as follows:

<p>Mental Health Act, 2018¹¹</p>	<p>This Act was enacted with the aim of providing health-care services, protecting the right to property and rehabilitation and the overall welfare of people with mental disorders or illnesses.</p>
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Bangladesh is as follows:

<p>Smoking and Tobacco Products Usage (Control) Act, 2013¹²</p>	<p>This Act is for the purpose of regulating the use of smoking and tobacco products.</p>
<p>Narcotics Control Act, 1990¹³</p>	<p>This Act reflects the growing need for effective encounters against drug smuggling and corroborating with international efforts to contain this problem.</p>

Intoxicant Control Act, 1990¹⁴	This Act provides for control of intoxicants and cure and rehabilitation of alcoholics.
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Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Bangladesh is as follows:

Road Transport Act, 2018¹⁵	The purpose of this Act is to consolidate and amend the law relating to motor vehicles.
The Fatal Accidents Act, 1855¹⁶	This Act provides compensation to families for loss occasioned by the death of a person caused by actionable wrong.

Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services is as follows:

Child Marriage Restraint Act, 2017¹⁷	This Act sets the minimum age of marriage for a male as 21 years and for a female as 18 years. The Act criminalizes contracting, allowing or solemnizing of a child marriage.
Prevention of Violence Against Women and Children Act, 2000 (Act No. 8 of 2000)¹⁸	This Act has been enacted to make necessary provisions for the prevention of crime against women and children.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Bangladesh is as follows:

The Drugs Act, 1940¹⁹	This Act regulates the import, export, manufacture, distribution and sale of drugs.
The Drugs Control (Ordinance), 1982²⁰	This Ordinance controls manufacture, import, distribution and sale of drugs.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Bangladesh is as follows:

Environment Conservation Act, 1995²¹	This Act provides for conservation of the environment, improvement of environmental standards and control and mitigation of environmental pollution.
The Bangladesh Petroleum Act, 1974²²	This Act provides for the exploration, development, exploitation, production, processing, refining and marketing of petroleum.
The Constitution of The People's Republic of Bangladesh	Article 18 A. Protection and improvement of the environment and biodiversity. The State shall endeavour to protect and improve the environment and to preserve and safeguard the natural resources, bio-diversity, wetlands, forests and wildlife for the present and future citizens. ²³

Additional laws implemented by the Government of Bangladesh, which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Penal Code, 1860²⁴	This Code highlights the offences affecting public health and safety. S. 269: Negligent act likely to spread infection of disease dangerous to life.	3.3
The Food Safety Act, 2013²⁵	The purpose of this Act is to make provisions for the establishment of an efficient and effective authority and for regulating, through coordination, the activities relating to food production, import, processing, stock, supply, marketing and sales, so as to ensure the rights of citizens to access to safe food.	3.4
The Consumers' Right Protection Act, 2009²⁶	The purpose of this Act is to make provisions for the protection of the rights of the consumers, prevention of anti-consumer right practices and for matters connected therewith. The law on consumer rights prohibits adulteration, hoarding, smuggling, black marketing, cheating or fraud in weight and measurement or selling products at a higher price.	3.8
Safe Blood Transfusion Law, 2002²⁷	This Law is for regulation of management and services related to safe collection, preservation and transfusion of human blood.	3.8

Laws	Objective of the law	Relevance to targets of SDG 3
Iodine Deficiency Disease Prevention Act, 1989²⁸	This Act provides for the prevention of iodine deficiency diseases.	3.4
The Pharmacy Ordinance, 1976²⁹	This Ordinance is to establish a Pharmacy Council to regulate the practice of pharmacy.	3.B
Chittagong Medical Law, 2016³⁰	The Act regulates medical education of students at Chittagong Medical College.	3.C
The Constitution of The People's Republic of Bangladesh³¹	Article 18: Public health and morality	3.8
The Allopathic System (Prevention of Misuse) Ordinance³²	This Ordinance is meant to prevent the misuse of the allopathic system of medicine and to provide for matters connected therewith.	3.B
The Bangladesh Unani and Ayurvedic Practitioner Ordinance, 1983³³	This Ordinance provides for the regulation of the qualifications and registration of practitioners of Unani and Ayurvedic systems of medicine.	3.C
Rajshahi Medical Law, 2016³⁴	This Act regulates medical education of students at Rajshahi Medical College.	3.C
Bangladesh Medical & Dental Council Act, 2010³⁵	This Act regulates the professional conduct, etiquette and ethics to be followed by registered medical practitioners.	3.C
The Bangladesh Nursing Council Ordinance, 1983³⁶	This Ordinance provides for the constitution of a Nursing Council.	3.C
The Medical Practice Private Clinics and Laboratories (Regulation) Ordinance, 1982³⁷	This Ordinance regulates medical practice and the functioning of private clinics and laboratories.	3.C
The Bangladesh Homoeopathic Practitioner Ordinance, 1983³⁸	This Ordinance provides for the regulation of the qualifications and registration of practitioners of the homoeopathic system of medicine.	3.C
Insurance Corporation Act, 2019³⁹	This Act regulates of the insurance sector in the country.	3.8

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings by the judicial system result in new laws being framed or existing

laws being modified or upheld, thereby influencing the regulatory framework in the country. Two such examples are outlined below.

Case 1: Fatema Zohora v Bangladesh and Others¹

Decided on: 05.12.2019, 202018 ALR 258

Issue

- Why respondent's inaction/failure in effectively regulating the donation and transplantation of organs should not be declared to be without lawful authority and of no legal effect?
- Why sections 2 (ga), 3 and 6 of 1999 (Act No. 05 of 1999) should not be declared to be void and ultra vires the Constitution of the People's Republic of Bangladesh?
- Why sections 2(4), 4, 7, 8 and 9 of 2018 (Act No. 01 of 2018) should not be declared to be void and ultra vires the Constitution?

Fact: The petitioner is the mother of a 24-year-old female kidney patient in dire need of a kidney transplant. The disease progressively deteriorated leading to the failure of both of her daughter's kidneys, which necessitated her undergoing a kidney transplant in 2015. The donor was the petitioner herself. Unfortunately, the kidney problem of the donor's daughter resurfaced. She is currently undergoing dialysis, which is extremely expensive and unsustainable in the long run, especially given that the petitioner has already incurred hefty medical expenses amounting to more than Tk 500 000 on her daughter's kidney treatment. Owing to the unreasonably restricted definition of organ donors in the existing law, that is to say, Act No. 05 of 1999, she has not been able to obtain a kidney till date for her 24-year-old daughter.

Section 3 read with Section 2(ga) and Section 6(1) of the Act No. 05 of 1999 provide a very narrow definition of donor, that is to say, "near relative". The already large gap between demand and supply of kidneys is further increased by this narrow definition of donors, leading to kidney patients dying without any transplant.

Held: There is no need to address the question of constitutionality of Sections 2(4), 4, 7, 8 and 9 of the Act No. 01 of 2018. With the above observations, guidelines and findings, the Rule is disposed of without any order as to costs. The Court legalized kidney donations from living unrelated donors and directed the respondents to take steps to make further amendments to the Act No. 05 of 1999 and the Rules of 2018 in the light of the observations, guidelines and findings made and recorded in the body of this judgment within 6 (six) months from the date of receipt of a copy of this judgment.

Public health impact: The judgment led to an amendment in the Act which was heretofore limited to kidney donations being permissible from close relatives only. Further, the scope of the Act was expanded to include organ donation from other than close or

¹ http://www.supremecourt.gov.bd/resources/documents/1220872_WP12514of2017.pdf, accessed 5 August 2022.

near relatives. The Act ethically permits facilitating increased organ transplantations in Bangladesh.²

Case 2: Nurul Islam versus Government of Bangladesh³

Decided on: 7 February 2000, WP 1825 of 1999

Issues:

- Why section 3 of the Tamakjato Shamogri Biponon Niontroner Jonno Pronito Ain 1988 should not be enforced properly?
- Why the respondents should not be directed to enact a law in light of the Ordinance No. 16 of 1990 for the prohibition of all forms of tobacco advertisements?

Facts: The petitioner, Professor Dr Nurul Islam has stated that the tobacco-related companies advertise their products in different media such as newspapers, magazines, television, radio, billboards and various kinds of sponsorships of cultural and sports programmes.

- Section 3(1) of Tamakjato Shamogri Biponon Niyontroner Jonno Pronito Ain provides for a statutory warning “Smoking is Dangerous for Health” to be printed on packed or canned tobacco-based products sold in the market in easily readable and understood Bengali on a prominent and distinct space of the said container or package.
- Section 3(2) of the said Act states “No advertisement of tobacco-based products shall be published, broadcast or displayed without having the said warning in easily readable and understood Bengali, engraved, written or printed on a prominent part of the advertisement”.

A majority of the tobacco-related companies printed the said statutory warning on the packets and containers and also broadcast and publish the same in their advertisements, but they are committing a fraud by not following the law accurately. In breach of section 3(1) of the statute, tobacco-related companies have often been printing the statutory warning on obscure corners of tobacco packets and containers and publishing the warning in a very small size, making it barely readable. In advertisements with moving images in the movie theatres and broadcast on television, the statutory warning is shown so briefly and without any voice that it has very little or no impact on the viewers. Similarly, in most of the tobacco billboards by the side of the streets and the advertisements in the newspapers and magazines, the statutory warning is so small that it is not even readable, thereby defeating/violating the spirit of the Act to create awareness about the heinous and dangerous nature of tobacco-based products.

Held: Rules are made absolute without any order as to costs with the following directions:⁴

2 Siraj, M. The Human Organ Transplantation Act in Bangladesh: Towards Proper Family-Based Ethics and Law. ABR. 2021;13:283–6. doi.org/10.1007/s41649-021-00170-6

3 <https://www.elaw.org/content/bangladesh-nurul-islam-v-government-bangladesh-wp-1825-1999-20000207-tobacco-advertising-cas>, accessed 5 August 2022.

4 <https://www.globalhealthrights.org/prof-nurul-islam-and-ors-v-government-of-the-peoples-republic-of-bangladesh-and-ors/>, accessed 5 August 2022.

1. phase-by-phase cessation of tobacco leaf production and rehabilitation of workers engaged in such activities;
2. restrict issuance of licenses to tobacco and bidi industries;
3. prohibit import of tobacco-related products; and meanwhile, print the statutory warning in bold lettering in Bengali language;
4. on expiry of existing contracts for advertisements, no further advertisements in the print, electronic or other media were to take place;
5. promotional activities like ‘Voyage of discovery’ were to be strictly prohibited by the Government;
6. banning smoking in public places and penalizing offenders as per the Penal Code.

Public health impact: The judgment led the Government of Bangladesh to enact the Smoking and Using of Tobacco Products (Control) Act in 2005. In Bangladesh, smoking has been prohibited in selected public places and in public transport. A ban on advertisement of tobacco products has also been imposed together with health warnings on tobacco product packaging.⁵

5 World Health Organization. Making a difference: Tobacco control in Bangladesh. Geneva: WHO Regional Office for SE Asia; 2017 (<https://www.who.int/bangladesh/news/detail/15-01-2017-making-a-difference-tobacco-control-in-bangladesh>, accessed 4 August 2022).

BHUTAN



Source: unicef.org⁴⁰

Demographic

- Population 771 000 (World Bank 2020)⁴¹
- GDP per capita (in US\$) 3122.4 (World Bank 2020)⁴²
- Current health expenditure as share of GDP (2018) 3.06% (World Bank)⁴³
- Purchasing power parity < US\$1.90 per day (% of population) 0.8% (Asian Development Bank, 2019)⁴⁴

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Bhutan is as follows:

Leave Regulation, 2009⁴⁵	The purpose of this regulation is to establish minimum standards for annual leave, sick leave, casual leave, maternity and paternity leave in accordance with Chapter VII of the Labour and Employment Act, 2007.
Penal Code of Bhutan, 2004⁴⁶	S. 146: Abortion is illegal, with the following exceptions: when the act is caused in good faith for the purpose of saving the life of the mother or when the pregnancy is a result of rape or incest; or when the mother is of unsound mental condition.
Bhutan Civil Service Rules and Regulations, 2018⁴⁷	Chapter 10–10.7: This Section deals with the maternity leave admissible to a civil servant.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

Secondary research did not reveal any laws under Target 3.2.

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Bhutan is as follows:

Penal Code of Bhutan, 2004⁴⁸	S. 410: A defendant shall be guilty of the offence of criminal nuisance, if the defendant knowingly or recklessly creates or maintains a condition including spreading of dangerous disease that injures or endangers the safety or health of the public.
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Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Secondary research did not reveal any laws under Target 3.4.

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Bhutan is as follows:

The Tobacco Control Act, 2010⁴⁹	This Act recognizes the harmful effects of tobacco consumption and exposure to tobacco smoke from a spiritual and social health point of view.
Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan, 2018⁵⁰	This Act brings effective measures against abuse and illicit trafficking of narcotic drugs and psychotropic substances that require coordination and cooperation of various enforcement agencies in the country, including social and community support.
Penal Code of Bhutan, 2004⁵¹	S. 383: Public Intoxication S. 385: Use of health hazard substances S. 387: Illegal sale of health hazard substances S. 390: Illegal sale of alcohol S. 496: Illegal cultivation, production or manufacturing S. 498: Illegal transaction of controlled substances S. 500: Possession of a controlled substance

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and subsequent injuries and deaths in Bhutan is as follows:

Road Safety and Transport Regulations, 2021⁵²	The purpose of this Act is to provide for the safe and efficient use of the road system of the Kingdom of Bhutan.
The Road Act of Bhutan, 2013⁵³	<ul style="list-style-type: none"> • Establish and maintain an efficient road network system to enable balanced socioeconomic development • Regulate and promote private sector participation through public–private partnerships in construction, maintenance and management of roads that ensure safe driving, thereby reducing road traffic accidents

Target 3.7: 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

Secondary research did not reveal any laws under Target 3.7.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Bhutan is as follows:

The Medicines Act of the Kingdom of Bhutan, 2003⁵⁴	This Act regulates the import, export, manufacture, sale, transportation and distribution of medicinal raw materials and products and for other matters connected therewith.
Penal Code of Bhutan, 2004⁵⁵	<p>S. 502: Adulteration of drugs</p> <p>S. 504: Sale of a prescription for a controlled substance</p> <p>S. 506: Illegal sale and use of harmful chemical substances</p>
Constitution of the Kingdom of Bhutan⁵⁶	<p>Article 4: Culture_</p> <p>Article 4, Section 1: The State shall endeavour to preserve, protect and promote the cultural heritage of the country, including monuments, places and objects of artistic or historic interest, dzongs, lhakhangs, goendeys, ten-sum, nyes, language, literature, music, visual arts and religion to enrich society and the cultural life of the citizens.</p> <p>Article 4, Section 2: The State shall recognize culture as an evolving dynamic force and shall endeavour to strengthen and facilitate the continued evolution of traditional values and institutions that are sustainable as a progressive society.</p> <p>Article 5: Environment</p> <p>Article 5, Section 1: Every Bhutanese is a trustee of the Kingdom’s natural resources and environment for the benefit of the present and future generations and it is the fundamental duty of every citizen to contribute to the protection of the natural environment, conservation of the rich biodiversity of Bhutan and prevention of all forms of ecological degradation including noise, visual and physical pollution through the adoption and support of environment-friendly practices and policies.</p>

	<p>Article 5, Section 2: The Royal Government shall:</p> <ul style="list-style-type: none"> (a) protect, conserve and improve the pristine environment and safeguard the biodiversity of the country; (b) prevent pollution and ecological degradation; (c) secure ecologically balanced sustainable development while promoting justifiable economic and social development; and (d) ensure a safe and healthy environment. <p>Article 5, Section 3: The Government shall ensure that, in order to conserve the country's natural resources and to prevent degradation of the ecosystem, a minimum of 60% of Bhutan's total land shall be maintained under forest cover for all time.</p> <p>Article 9, Section 2: The State shall strive to promote those conditions that will enable the pursuit of Gross National Happiness.</p> <p>Article 9, Section 21: The State shall provide free access to basic public health services in both modern and traditional medicines.</p> <p>Article 9, Section 22: The State shall endeavour to provide security in the event of sickness and disability or lack of adequate means of livelihood for reasons beyond one's control.</p>
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Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Bhutan is as follows:

National Environment Protection Act, 2007⁵⁷	The Act provides for the establishment of an effective system to conserve and protect the environment through the National Environment Commission or its successors, designation of competent authorities and constitution of other advisory committees so as to independently regulate and promote sustainable development in an equitable manner.
Environmental Assessment Act, 2000⁵⁸	This Act establishes procedures for the assessment of potential effects of strategic plans, policies, programmes and projects on the environment, for the determination of policies and measures to reduce potential adverse effects and to promote environmental benefits.
Waste Prevention and Management Act, 2009⁵⁹	The purpose of the Act shall be to protect and sustain human health through protection of the environment.

Water Act of Bhutan, 2011⁶⁰	To ensure that the water resources are protected, conserved and/or managed in an economically efficient, socially equitable and environmentally sustainable manner
The Pesticide Act of Bhutan, 2000⁶¹	This Act regulates the safe use and handling of chemicals to prevent public health and environmental hazards.
Penal Code of Bhutan, 2004⁶²	S. 408: Environment pollution
Constitution of the Kingdom of Bhutan⁶³	Article 5: Environment – ensure a safe and healthy environment

Additional laws implemented by the Government of Bhutan which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Blood and Blood Products Regulation of Bhutan, 2016⁶⁴	This Regulation shall apply to all the blood centres and blood storage centres involved in collection, preparation, storage, dispatch, quality control and quality assurance of blood and blood products or matters connected therewith.	3.B
The Bhutan Medical and Health Council Regulation, 2005⁶⁵	This Regulation provides for enforcement of the provisions of the Bhutan Medical and Health Council Act, 2002.	3.C
Disciplinary Proceedings for Medical Malpractice and Negligence Regulations, 2009⁶⁶	This Regulation lays down the procedures to be followed for the complaint and investigation mechanism and disciplinary proceedings against all registered medical and health professionals in Bhutan with respect to allegations of medical negligence or malpractice or professional incompetence in the practice of medicine.	3.C
University of Medical Sciences Act of Bhutan, 2012⁶⁷	This Act establishes the University of Medical Sciences of Bhutan as an autonomous body.	3.C
Bhutan Medical and Health Council Act, 2002⁶⁸	The Act provides for the constitution of a composite council for regulation of the medical and health profession in all its aspects, especially in respect of ethics and matters connected therewith.	3.C
Post Graduate Medical Education Regulation, 2014⁶⁹	The Medical and Health Council Act, 2002 empowers the Bhutan Medical and Health Council to formulate regulations for postgraduate medical education programmes.	3.C
Teaching Hospital Regulation, 2014⁷⁰	The purpose of this Regulation is to outline the general criteria for the designation of a hospital for imparting undergraduate and postgraduate medical education programmes in Bhutan.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Food Act, 2005⁷¹	The purpose of this Act is to protect human health and to regulate and facilitate the import, export and trade of food in the Kingdom of Bhutan.	3.4
Labour and Employment Act, 2007⁷²	An act that regulates the well-being of workers that contributes to the Gross National Happiness.	3.D
Consumer Protection Act, 2012⁷³	This Act provides for the protection of the economic interests and safety of consumers, to ensure better consumer products and services, to facilitate quicker redressal mechanisms and to avoid economic harm and adverse consequences in the course of acquiring and using goods and services made available in the market.	3.D
Disaster Management Act of Bhutan, 2013⁷⁴	This Act protects the lives and properties of the people and ensures safety and security of public assets and services by reducing and managing risk arising out of disasters that threaten or affect the nation as a whole or part thereof.	3.D
Sales Tax, Customs and Excise Act of the Kingdom of Bhutan, 2000⁷⁵	This Act prohibits the import of narcotics and psychotropic drugs and substances.	3.5
Biosafety Act of Bhutan, 2015⁷⁶	This Act provides protection, conservation and safeguarding of biodiversity in the country.	3.9
Biodiversity Act of the Kingdom of Bhutan, 2016⁷⁷	This Act secures the economic value of Bhutan's genetic resources for national development and biodiversity conservation through sustainable use of genetic resources in research and development of products, compounds and substances that have medicinal, industrial, agricultural and related applications.	3.9
Forest and Nature Conservation Act of Bhutan, 1995⁷⁸	This Act provides for the protection and sustainable use of forests, wildlife and related natural resources of Bhutan for the benefit of the present and future generations.	3.9
Plant Quarantine Act of Bhutan, 1993⁷⁹	This Act prevents the introduction into Bhutan of pests not already present or widespread in the country and to control those pests already in the country by restricting their spread and by endeavouring to eradicate them.	3.9

Laws	Objective of the law	Relevance to targets of SDG 3
Local Government Act, 2009⁸⁰	This Act enables direct participation of the people in the development and management of their own social, economic and environmental well-being through decentralization and devolution of power and authority.	3.D
Civils Society Organization Act, 2007⁸¹	This Act provides for the establishment and registration of civil society organizations to strengthen civil society by developing human qualities and rendering humanitarian services.	3.D

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. One such example is outlined below.

Case study 1: Sonam Tshering versus Office of Attorney General⁶

19 May 2011

Royal Court of Justice

Issue: Whether tobacco smuggling under Section 52 of the Tobacco Control Act, 2010, which prohibits tobacco production, import and sale, limits the amount of tobacco an individual can import and possess for personal use?

Fact: Sonam Tshering appealed his conviction on charges of tobacco smuggling under the Tobacco Control Act ('Act'). Tshering's Defence Counsel argued that Tshering should have been charged with violating the prohibition on the sale and purchase of tobacco under Section 11(c) and not for tobacco smuggling under Section 12 of the Act. The Defence Counsel puts forth that the defendant had revealed the source of his supply, and should have been charged only with a misdemeanour and not a fourth-degree felony, since he had revealed the source related to the sale or purchase of tobacco. The Defence Counsel pleads ignorance on the part of the defendant and prays relief to be granted, submitting that as religious personalities are not qualified to vote, they are not represented in Parliament and are hence unaware of the laws that are passed. He raised issues that the Act had not been disseminated adequately for the public to have been informed of such laws. Further, the Defence Counsel alleges that the sentencing is a degrading punishment and is in contravention to Article 7, Section 17 of the Constitution. The Defence Counsel asserted that the sentence is disproportionate to the offence. However, the Bench stressed that there is no direct contravention to the Constitution as cited and the purpose of

6 https://www.tobaccocontrolaws.org/files/live/litigation/1476/BT_Sonam%20Tshering%20v.%20Office%20of%20th.pdf, accessed 5 August 2022.

Section 52 of the Act is to prohibit any act of smuggling of tobacco and tobacco products into the Kingdom.

The Bench notes that “The Act does not ban total imports of tobacco products for personal consumption and therefore, does not breach an individual right and personal choice to consume tobacco and its related products. In accordance with Section 12 of the Tobacco Control Act, an individual can import tobacco and tobacco products for personal consumption as per the quantity approved by the Tobacco Control Board and pay relevant duties and taxes as per Section 13 of the Act. The Act, as per Section 54 states that any person found with more than the permissible quantity for personal consumption under Section 12 shall be guilty of the offense of smuggling and shall be punishable with a minimum sentence of a felony of the fourth degree. Hence, there can be no immunity if a person smuggles tobacco and tobacco products illegally into the country.”

Held: The court upheld the decision of the trial court on the charge of smuggling of tobacco, reasoning that Tshering’s source of supply is in India, and he engaged in smuggling, i.e. a cross-border import or export of prohibited or restricted goods as given in the *Sales Tax, Customs, and Exercise Act 2000* that defines smuggling as the cross-border imports or exports of prohibited or restricted goods when the defendant secretly and illegally imports or exports such goods. It defines imports or exports of goods as any goods brought into the Kingdom from a place outside the Kingdom by land, sea, or air or accordingly exports out of the Kingdom by land, sea, or air. Parliament unequivocally established that tobacco smuggling is a felony of the fourth degree, leaving no room for judicial discretion in interpreting the charges otherwise for the act committed by the defendant. However, within the section of the law the judges/justices have the discretion to weigh the degree of crimes committed to be sentenced with a minimum of three years ranging to a maximum of five years, and three years sentence was accordingly awarded to Tshering in awarding appropriate sentence having regard to the laws of the land and to what the specific provision underlines for a particular crime. The Act, as per Section 54 states that any person found with more than the permissible quantity for personal consumption under Section 12 of the *Act* shall be guilty of the offense of smuggling and shall be punishable with a minimum sentence of a felony of the fourth degree. Hence, there can be no immunity if a person smuggles tobacco and tobacco products illegally into the country. The Bench notes that the particular section explicitly provides that any person found smuggling tobacco or tobacco products shall be guilty of an offense of smuggling and be punishable with a minimum sentence of a felony of fourth degree, thereby giving very limited scope for the judges to interpret otherwise.

The Bench notes that “The Tobacco Control Act as it is explicitly provided in the Preamble is concerned with the physical health and well-being of the people of Bhutan. Further, it states that the need for the Act was in recognition of the harmful effects of tobacco consumption and exposure to tobacco smoke, from the point of spiritual and social health and its mandate for the adoption of domestic legislation of the WHO Framework Convention on Tobacco Control (FCTC) as it was ratified by the Parliament. Thus, the specific law was enacted to ensure the effective control of tobacco and tobacco-related products by the Parliament. Accordingly, Section 2 of the Bhutan penal code had repealed

any laws, rules or notification and hence, the provision of Penal Code shall not apply as argued by the Defence Counsel in this particular case.”

Public health impact: The *Tobacco Control Act 2010* was intended to ensure the effective control of tobacco and tobacco-related products concerned with the physical health and well-being of the people of Bhutan. In recognition of the harmful effects of tobacco consumption and exposure to tobacco smoke in accordance with Bhutan’s international commitment to being a State party to the WHO Framework Convention on Tobacco Control ratified by the Parliament, the judgment was intended to serve deterrence purposes, although the law was termed to be draconian by the Defence Counsel and others to not consider the principle of proportionality as the penalty was more severe than other bigger crimes in the country and that in a democracy it neglected the freedom of individuals. Therefore, the Government of Bhutan instructed the drafting of separate rules and regulations. The Act had been in force for only six months.⁷ The *Tobacco Control Amendment Act, 2014* was subsequently adopted.

7 World Health Organization. The Big Ban. Thimpu: WHO Country Office for Bhutan; 2015 (https://www.google.com/?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiOINze3a70AhVtUWwGHRyCC74QFnoECA4QAQ&url=https%3A%2F%2Fapps.who.int%2Firis%2Frest%2Fbitstreams%2F1278727%2Fretrieve&usg=AOvVaw2sV2_g0d1oVoSZKC62-OWR, accessed 5 August 2022).

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA



Source: unicef.org⁸²

Demographic

- Population 25 778 000 (World Bank 2020)⁸³
- GDP per capita (in US\$) (2020) 31 489.1 (World Bank 2020)⁸⁴
- Current health expenditure as share of GDP – Data not available
- Purchasing power parity < US\$1.90 per day (% of population) – Data not available

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in the Democratic People's Republic of Korea is as follows:

Directive No. 1309 of the Presidium of the Supreme People's Assembly⁸⁵	Article 33: Guarantee of maternity leave Article 34: Prohibition of unfair expulsion Article 50: Freedom of childbirth Article 51: Protection of pregnant women
Korea (Democratic People's Republic of)'s Constitution of 1972 with amendments through 2016⁸⁶	Article 77: The State shall afford special protection to mothers and children by providing maternity leave, reduced working hours for mothers with several children, a wide network of maternity hospitals, creches and kindergartens and other measures.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in the Democratic People's Republic of Korea is as follows:

The Criminal Code of March 1950⁸⁷	These sections address the crimes of abortion: Article 269: Abortion Article 270: Abortion by doctor, etc. Abortion without consent is a punishable offence.
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Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in the Democratic People's Republic of Korea is as follows:

Infectious Disease Control and Prevention Act⁸⁸	The purpose of this Act is to contribute to the improvement and maintenance of citizens' health by preventing the occurrence and prevalence of infectious diseases hazardous to citizens' health and prescribing necessary matters for the prevention and control thereof.
Directive No. 2303 of the Presidium of the Supreme People's Assembly⁸⁹	Article 3: Principle of consolidating and developing a system of preventive medicine: the State shall consolidate and develop a system of preventive medicine that embodies theories of socialist medicine in people's public health work. Article 27: Prevention of infectious disease: the State shall thoroughly adopt epidemic prevention measures to prevent infectious diseases in advance.

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in the Democratic People's Republic of Korea is as follows:

Mental Health Act, 1995⁹⁰	The purpose of this Act is to contribute to the improvement of public mental health by preventing mental illness and prescribing necessary matters pertaining to the medical service and rehabilitation of mentally ill persons.
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in the Democratic People's Republic of Korea is as follows:

Tobacco Control Law (Decree No. 1176)⁹¹	This Law aims to contribute to protecting the lives and health of people and creating a cultured and hygienic living environment by enforcing strict control on production, import, export and sale of tobacco and smoking.
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The Criminal Law of the Democratic People's Republic of Korea (2009)⁹²	This Law protects against the illegal production of alcohol. Article 159: Illegal production of alcoholic drink by institutions, corporate associations and organizations Article 160: Illegal production of alcoholic drink by an individual
Liquor Tax Act (Act No. 14051)⁹³	This Act allows imposition of liquor tax on alcoholic beverages.
Narcotics Control Act⁹⁴	The purpose of this Act is to contribute to improving the health of the general public by placing narcotic drugs, psychotropic substances, marijuana or other basic substances for such narcotics under appropriate control and handling, thus preventing the harm and danger to public health that may arise from the misuse or abuse thereof.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in the Democratic People's Republic of Korea is as follows:

Road Traffic Act (Act No. 13458)⁹⁵	The purpose of this Act is to ensure safe and smooth flow of traffic by preventing and removing all dangers and obstacles to traffic on roads. The Law is related to the management and safety of road traffic.
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Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Democratic People's Republic of Korea is as follows:

Directive No. 520 of the Presidium of the Supreme People's Assembly⁹⁶	Article 9: Age of marriage. Marriage in the Democratic People's Republic of Korea is allowed from 18 years for men and from 17 years for women. Article 23: Child support expenses. The parents after divorce have to take care of the child-care expenses till the child attains the age of majority.
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Target 3.8: 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

The regulatory framework to provide universal health coverage in the Democratic People's Republic of Korea is as follows:

Law No. 5 of the Presidium of the Supreme People's Assembly⁹⁷	This Law provides for people's public health work in the Democratic People's Republic of Korea, protect the lives of people and society and to promote their health.
Directive No. 2513 of the Presidium of the Supreme People's Assembly⁹⁸	This Directive provides the Social Security Law of the Democratic People's Republic of Korea. The Directive shall strictly adopt systems and order in social security work to protect people's health and shall guarantee them a stable living environment and conditions for their well-being.
National Health Insurance Act⁹⁹	The purpose of this Act is to improve citizens' health and promote social security by providing citizens with insurance benefits for the prevention, diagnosis and medical treatment of and rehabilitation from diseases and injury, for childbirth and death and for improvement of health.
National Health Promotion Act, 2011¹⁰⁰	The purpose of this Act is to improve the health of the citizens by providing them with the correct knowledge about health with which they can cultivate the awareness of the value of and responsibility for health, and by creating for them a given condition where they can spontaneously lead a healthy life.
Pharmaceutical Affairs Act, 2007¹⁰¹	The purpose of this Act is to smoothly prescribe matters necessary to deal with pharmaceutical affairs, thereby contributing to the improvement of the national public health.
Cosmetics Act, 2011¹⁰²	The purpose of this Act is to contribute to improving public health and developing the cosmetics industry by prescribing matters concerning the manufacture, importation, sale, exportation, etc. of cosmetics.
The Criminal Law of the Democratic People's Republic of Korea, 2009¹⁰³	Article 215: Manufacture and sales of fake medicines and adulterated food Article 216: Illegal cultivation of opium and manufacture of drugs Article 217: Illegal use of drugs Article 218: Smuggling and illegal trafficking of drugs

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in the Democratic People's Republic of Korea is as follows:

Chemical Substances Control Act¹⁰⁴	The purpose of this Act is to prevent hazards to people's health and the environment caused by chemicals and to protect the lives and property of the people and the environment from chemicals by properly controlling chemicals and promptly responding to accidents that occur due to chemicals.
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The Law of The People's Democratic Republic of Korea on The Protection of the Environment¹⁰⁵	This law stipulates principles of and regulates the protection of the environment, including soil, water and living beings.
Forest Law of The Democratic People's Republic of Korea, 2015¹⁰⁶	The Forest Law of the Democratic People's Republic of Korea shall serve to adopt strict discipline and order in forest creation and protection and the use of forest resources, so that the forest policy of the State can be achieved.

Additional laws implemented by the Government of the Democratic People's Republic of Korea which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Atomic Energy Act¹⁰⁷	The purpose of this Act is to provide for matters concerning the research, development, production and use of nuclear energy to contribute to the enhancement of public lifestyles and welfare by facilitating the advancement of academic research and industrial development.	3.9
High-pressure Gas Safety Control Act¹⁰⁸	The purpose of this Act is to provide for matters pertaining to the production, storage, sale, transportation and use of high-pressure gases as well as the manufacture and inspection of containers, refrigerators and specified equipment for high-pressure gases in order to prevent hazards due to high pressure gas and to secure public safety.	3.9
Agrochemicals Control Act¹⁰⁹	The purpose of this Act is to help enhance the quality of agrochemicals, establish order in their distribution, promote safety in their use and further contribute to the development of agricultural production and the conservation of the environment by providing for such matters as are related to the manufacture, importation, sales and use of agrochemicals.	3.9
Control of Livestock and Fish Feed Act¹¹⁰	The purpose of this Act is to provide for matters concerning the stabilization of supply and demand of feed for livestock and fish and quality control thereof and ensuring the safety of feed to serve to develop the livestock industry through the stable production and quality improvement of feed.	3.9

Laws	Objective of the law	Relevance to targets of SDG 3
Fertilizer Control Act¹¹¹	The purpose of this Act is to maintain and promote agricultural productivity and to protect the agricultural environment through quality preservation of fertilizers and its smooth supply/demand and price stability.	3.9
Food Sanitation Act¹¹²	The purpose of this Act is to contribute to the improvement of public health by preventing sanitary risk caused by foods, promoting qualitative improvement of food nutrition and giving accurate information on foods.	3.4
Directive No. 578 of the Presidium of the Supreme People's Assembly¹¹³	Article 201: Production of defective medicine Article 202: Manufacture and sale of fake medicine or food Article 203: Neglect of hygiene and epidemic prevention activity Article 205: Acquisition, trade or use of human organs, fetuses or blood.	3.B
Internal Organs, etc. Transplant Act¹¹⁴	The purpose of this Act is to prescribe for matters concerning the donation of organs, etc. and matters necessary for the recovery and transplantation of organs, etc. of a person, for the purpose of restoring functions of organs, etc. of another person and thus to ensure appropriate recovery and transplants of organs, etc. and to contribute to improving national health.	3.B

Secondary research did not reveal any judicial decision in the country.

INDIA



Source: WHO¹¹⁵

Demographic

- Population 1 366 418 000 (Census 2011)¹¹⁶
- GDP per capita 2020 (in US\$) 1990.71 (World Bank 2020)¹¹⁷
- Current health expenditure as share of GDP 3.54% (The World Bank, 2018)¹¹⁸
- Purchasing power parity < US\$1.90 per day (% of population) 22.5% (World Bank, 2011)¹¹⁹

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in India is as follows:

Maternity Benefit Act, 1961 ¹²⁰	This Act regulates the employment of women in certain establishments for certain periods before and after childbirth and provides for maternity and certain other benefits.
Medical Termination of Pregnancy Act 1971 ¹²¹	The purpose of this Act is to provide for the termination of certain pregnancies by registered medical practitioners and for matters connected therewith or incidental thereto.
The Surrogacy (Regulation) Bill, 2019 ¹²²	This Bill is for the purpose of constituting a National Surrogacy Board, state surrogacy boards and appointments of appropriate authorities for regulation of the practice and process of surrogacy and for matters connected therewith or incidental thereto.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in India is as follows:

Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992	This Act provides for the regulation of production, supply and distribution of infant milk substitutes, feeding bottles and infant foods to protect and promote breastfeeding and ensuring the proper use of infant foods and matters connected therewith or incidental thereto.
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Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases is as follows:

The Epidemic Disease Act, 1897 ¹²³	This Act provides for the better prevention of the spread of dangerous epidemic diseases.
Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 ¹²⁴	This Act aims to provide for the prevention and control of the spread of HIV and AIDS and for the protection of human rights of persons affected by the said virus and syndrome and for matters connected therewith or incidental thereto.

Public health being a state subject in India, the regulatory framework impacting target achievement of SDG 3 includes laws passed at the state level. Various state governments have published by-laws for state-level implementation for effective control of malaria and other mosquito borne diseases, which are outlined below:

- The New Delhi Municipal Council (Dengue, Malaria, Filariasis, Yellow Fever and Other Vector Borne Diseases) By-laws, 2005¹²⁵
- By-laws for Control of Malaria and Other Mosquito-Borne Diseases – Hyderabad¹²⁶
- The Maharashtra (Bombay Area) Emergency Malaria Regulations, 1973¹²⁷
- Punjab Municipal Corporation Control of Dengue, Malaria and other Vector-borne diseases (Urban) By-laws, 2018¹²⁸
- Haryana Municipal Control on Malaria By-laws, 1991¹²⁹
- The Chennai Corporation Health, Malaria and Family Welfare Subordinate Services By-laws, 2009¹³⁰

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in India is as follows:

Mental Health Care Act, 2017 ¹³¹	The Act provides for mental health care and services for persons with mental illness and is meant to protect, promote and fulfil the rights of such persons during delivery of mental health care and services and for matters connected therewith or incidental thereto.
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

As per National Family Health Survey (2015–2016), 29.5% of men and 1.2% of women in the age group of 15-49 years consume alcohol once a week.

The current regulatory framework to strengthen the prevention and treatment of substance abuse in India is as follows:

Narcotics and Psychotropic Substances Act, 1985¹³²	This Act is meant to consolidate and amend the law relating to narcotic drugs and to make stringent provisions for the control and regulation of operations relating to narcotic drugs and psychotropic substances.
The Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003¹³³	The Act is meant to prohibit the advertisement of and to provide for regulation of trade and commerce in and production, supply and distribution of cigarettes and other tobacco products and for matters connected therewith or incidental thereto.
Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019¹³⁴	This Act prohibits the production, manufacture, import, export, transport, sale, distribution, storage and advertisement of electronic cigarettes in the interest of public health, to protect the people from harm and for matters connected therewith or incidental thereto.

According to the Seventh Schedule under the Constitution of India, alcohol is a state subject, hence laws related to it are implemented by the state and are not applicable at the national level.

The state-level alcohol laws are listed below:

Andaman and Nicobar Islands Excise Regulation, 2012¹³⁵	Section 24: Prohibition of sale to certain persons. No person or licensed vendor or his employee or agent shall sell or deliver any liquor to any person under the age of 18 years, whether for consumption by self or by others.
The Andhra Pradesh (Regulation of Wholesale Trade and Distribution and Retail, Trade in Indian Liquor, Foreign Liquor, Wine and Beer) Act, 1993¹³⁶	The Act provides for the taking over of the wholesale trade and distribution in Indian liquor, foreign liquor, wine and beer and regulates the retail trade thereof as a prelude to totally prohibit the consumption of intoxicating liquors.
Arunachal Pradesh Excise Act, 1993¹³⁷	To provide laws relating to excise and levy excise duty in Arunachal Pradesh.
Delhi Excise Act, 2009¹³⁸	The purpose of this Act is to consolidate, amend and update the excise laws relating to manufacture, import, export, transport, possession, purchase, sale, etc. of liquor and other intoxicants in the National Capital Territory of Delhi and for matters connected therewith or incidental thereto.

Jammu and Kashmir Excise Act, 1958 ¹³⁹	To consolidate and amend the law relating to the import, export, transport, manufacture, sale and possession of intoxicating liquor and intoxicating drugs in Jammu and Kashmir State.
Manipur Liquor Prohibition Act, 1991 ¹⁴⁰	The purpose of this Act is to prohibit, except for medicinal, scientific, industrial or such purposes the production, manufacture, possession, import, export, transport, purchase, sale and consumption of liquor in the state of Manipur.
Odisha Excise Act, 2005 ¹⁴¹	The Act provides for a comprehensive law relating to alcoholic liquor and other intoxicants in the state of Orissa.
Tripura Excise Act, 198 ¹⁴²	To consolidate and amend the laws relating to excise duties in Tripura
Madhya Pradesh Excise Act, 1915 ¹⁴³	To consolidate and amend the law in Madhya Pradesh relating to the import, export, transport, manufacture, sale and possession of intoxicating liquor and intoxicating drugs
United Provinces Excise Act, 1910 (Uttar Pradesh) ¹⁴⁴	To promote, enforce and carry into effect the policy of prohibition, it is necessary to authorize the State Government to prohibit the import, export, transport, manufacture, sale and possession of liquor and of intoxicating drugs in the United Provinces or in any specified area or areas thereof.
Rajasthan Excise Act, 1950 ¹⁴⁵	To consolidate and amend laws relating to excise duties in Rajasthan
The Gujarat Prohibition (Amendment) Act, 2017 ¹⁴⁶	This act to amends the Gujarat Prohibition Act, 1949, which is the law relating to the promotion and enforcement of and carrying into effect the policy of prohibition.
The Nagaland Liquor Total Prohibition Act, 1989 ¹⁴⁷	To totally prohibit possession, sale, consumption and manufacture of liquor in and of import and export thereof in the State of Nagaland
Bihar Prohibition and Excise Act, 2016 ¹⁴⁸	The Act is meant to enforce, implement and promote complete prohibition of liquor and intoxicants in the territory of the State of Bihar and for matters connected therewith or incidental thereto.
The Mizoram Liquor (Prohibition) Act, 2019 ¹⁴⁹	To provide for prohibition of import, export, transport, manufacture, possession, sale and consumption of liquor in the state of Mizoram and for matters connected therewith.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in India is as follows:

The Motor Vehicles Act, 1988 ¹⁵⁰	The Act to consolidate and amend the law relating to motor vehicles
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The National Highways Act, 1956¹⁵¹	This Act provides for the declaration of certain highways to be national highways and for matters connected therewith.
The Control of National Highways (Land and Traffic) Act, 2000¹⁵²	To provide for control of land within the national highways, right of way and traffic moving on the national highways and also for removal of unauthorized occupation thereon
The Indian Fatal Accidents Act, 1855¹⁵³	The Act provides for compensation to families for loss occasioned by the death of a person caused by an actionable wrong leading to a fatal accident.
Indian Penal Code, 1860¹⁵⁴	Section 336: Act endangering life or personal safety of others Section 337: Causing hurt by an act endangering life or personal safety of others Section 338: Causing grievous hurt by an act endangering life or personal safety of others

Target 3.7: 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

The current regulatory framework ensure universal access to sexual and reproductive health-care services in India is as follows:

Prohibition of Child Marriage Act, 2006¹⁵⁵	To provide for the prohibition of solemnization of child marriages and for matters connected therewith or incidental thereto
Preconception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994¹⁵⁶	The purpose of this Act is to provide for the prohibition of sex selection, before or after conception, and for regulation of prenatal diagnostic techniques for the purposes of detecting genetic abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto.

Target 3.8: 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

The regulatory framework to provide universal health coverage in India is as follows:

Protection of Human Rights Act, 1993¹⁵⁷	To provide for the constitution of a National Human Rights Commission, state human rights commissions in states and human rights courts for better protection of human rights and for matters connected therewith or incidental thereto
Drugs and Cosmetics Act, 1940¹⁵⁸	To regulate the import, manufacture, distribution and sale of drugs and cosmetics

Drugs and Magic Remedies (Objectionable) Advertisements Act, 1954¹⁵⁹	The purpose of this Act is to control the advertisement of drugs in certain cases, to prohibit the advertisement for certain purposes of remedies alleged to possess magic qualities and to provide for matters connected therewith.
The Essential Commodities Act, 1955¹⁶⁰	This Act is meant to provide, in the interest of the general public, for the control of the production, supply and distribution of, and trade and commerce in certain commodities. The first entry to the Schedule of this Act includes “drugs” under the domain of essential commodities.
Indian Penal Code, 1860¹⁶¹	<p>S. 80: Accident in doing a lawful act</p> <p>S. 269: Negligent act likely to spread infection of disease dangerous to life</p> <p>S.270: Malignant act likely to spread infection of disease dangerous to life</p> <p>S. 271: Disobedience to quarantine rule</p> <p>S. 272: Adulteration of food or drink intended for sale</p> <p>S. 273: Sale of noxious food or drink</p> <p>S. 274. Adulteration of drugs</p> <p>S. 275: Sale of adulterated drugs</p> <p>S. 276: Sale of a drug as a different drug or preparation</p> <p>S. 277: Fouling water of public spring or reservoir</p> <p>S. 278: Making atmosphere noxious to health</p> <p>S. 284: Negligent conduct with regard to poisonous substances</p>

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in India is as follows:

Water (Prevention and Control of Pollution) Act, 1974¹⁶²	The purpose of this Act is to provide for the prevention and control of water pollution and the maintaining or restoring of wholesomeness of water, for the establishment, with a view to carrying out the purposes aforesaid, of boards for the prevention and control of water pollution.
The Noise Pollution (Regulation and Control) Rules, 2000¹⁶³	To regulate and control noise producing and generating sources with the objective of maintaining the ambient air quality standards in respect of noise
Air (Prevention and Control of Pollution) Act, 1981¹⁶⁴	This Act is meant to provide for the prevention, control and abatement of air pollution, for the establishment, with a view to carrying out the aforesaid purposes, of boards, for conferring on and assigning to such boards powers and functions relating thereto and for matters connected therewith

Additional laws implemented by the Government of India which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Factories Act, 1948 ¹⁶⁵	To consolidate and amend the law regulating health, safety and welfare of labour in factories	3.9
Mines Act, 1952 ¹⁶⁶	The objective is to regulate the safety, welfare and health of workers employed in mines.	3.9
Insurance Act, 1938 ¹⁶⁷	To consolidate and amend the law relating to the business of insurance	3.D
Employees' State Insurance Act, 1948 ¹⁶⁸	The purpose of this Act is to provide for certain benefits to employees registered under the Act, in case of sickness, maternity and "employment injury " and to make provision for certain other matters in relation thereto.	3.B
Environment Protection Act, 1986 ¹⁶⁹	To provide for the protection and improvement of the environment and for matters connected therewith	3.9
The Forest (Conservation) Act, 1980 ¹⁷⁰	The Act is meant to provide for the conservation of forests and for matters connected therewith or ancillary or incidental thereto.	3.9
Food Safety and Standards Act, 2006 ¹⁷¹	The purpose of this Act is to consolidate the laws relating to food and to establish the Food Safety and Standards Authority of India for laying down science-based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto.	3.4
Prevention of Food Adulteration Act, 1954 ¹⁷²	To make provision for prevention of adulteration of food	3.4
The National Commission for Indian System of Medicine Act, 2020 ¹⁷³	The Act is meant to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high-quality medical professionals of the Indian system of medicine in all parts of the country; that promotes equitable and universal health care that encourages a community health perspective and makes services of such medical professionals accessible and affordable to all citizens.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
The National Medical Commission Act, 2019 ¹⁷⁴	This Act provides for a medical education system that improves access to quality and affordable medical education and ensures availability of adequate and high-quality medical professionals in all parts of the country.	3.C
Homoeopathy Central Council Act, 1973 ¹⁷⁵	To provide for the constitution of a Central Council of Homoeopathy and the maintenance of a Central Register of Homoeopathy and for matters connected therewith	3.C
Indian Nursing Council Act, 1947 ¹⁷⁶	To constitute an Indian Nursing Council	3.C
Pharmacy Act, 1948 ¹⁷⁷	To regulate the profession of pharmacy	3.C
The Dentists Act, 1948 ¹⁷⁸	To regulate the profession of dentistry	3.C
All-India Institutes of Medical Sciences Act, 1956 ¹⁷⁹	To provide for the establishment of All-India Institutes of Medical Sciences	3.C
The Institute of Teaching and Research in Ayurveda Act, 2020 ¹⁸⁰	The purpose of this Act is to provide for the establishment of an Institute of Teaching and Research in Ayurveda and to declare it as an institution of national importance for the promotion of quality and excellence in education, research and training in Ayurveda and allied disciplines and for matters connected therewith or incidental thereto.	3.C
Persons With Disabilities Act, 2016 ¹⁸¹	An act to give effect to the United Nations Convention on the Rights of Persons with Disabilities and for matters connected therewith or incidental thereto	3.D
Rehabilitation Council of India Act, 1992 ¹⁸²	To provide for the constitution of a Rehabilitation Council of India for regulating the training of rehabilitation professionals and the maintenance of a Central Rehabilitation Register and for matters connected therewith or incidental thereto.	3.D
The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999 ¹⁸³	This Act provides for the constitution of a body at the national level for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities and for matters connected therewith or incidental thereto.	3.D

Laws	Objective of the law	Relevance to targets of SDG 3
The Atomic Energy Act, 1962 ¹⁸⁴	Act to provide for the development, control and use of atomic energy for the welfare of the people of India and for other peaceful purposes and for matters connected therewith	3.9
Atomic Energy (Radiation Protection) Rules, 2004 ¹⁸⁵	The rules shall apply to practices adopted and interventions applied with respect to radiation sources.	3.9
New Drugs and Clinical Trials Rules, 2019 ¹⁸⁶	The Rules shall apply to all new drugs, investigational new drugs for human use, clinical trials, bioequivalence studies, bioavailability studies and Ethics Committee.	3.C
Clinical Establishments Act, 2010 ¹⁸⁷	Act to provide for the registration and regulation of clinical establishments in the country and for matters connected therewith or incidental thereto.	3.C
Transplantation of Human Organs and Tissues Rules, 2014 ¹⁸⁸	In exercise of the powers conferred by Section 24 of the Transplantation of Human Organs Act, 1994, a living person may authorize the removal of any organ or tissue of his or her body during his or her lifetime as per prevalent medical practices, for therapeutic purposes in the manner and on such conditions as specified in Forms 1, 2 and 3.	3.8
The Transplantation of Human Organs Act, 1994 ¹⁸⁹	The purpose of this Act is to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto.	3.8
Birth and Death and Marriage Registration Act, 1886 ¹⁹⁰	To provide for the voluntary registration of certain births and deaths, for the establishment of general registry offices for keeping registers of certain births, deaths and marriages, and for certain other purposes	3.2
Red Cross Society Act, 1920 ¹⁹¹	To constitute an Indian Red Cross Society to provide for the future administration of the various monies and gifts received from the public for the purpose of medical and other aid to the sick and wounded, and other purposes of a like nature during the late war	3.C

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. Two such examples are outlined below.

Case study 1: Health for Millions Trust versus Union of India & Others⁸

Decided On: 08.01.2018

SLP(C)37348/2017 **Issue:** Whether High Court on unjustifiable foundation has struck down the amending Rules of 2014 (Cigarettes and other Tobacco Products Packaging and Labelling Rules).

Fact: The special leave petition (SLP) was filed to ask for stay of the judgment and order passed by the Division Bench of the High Court of Karnataka at Bangalore in a batch of writ petitions, whereby the High Court has struck down the amendment to the Cigarettes and other Tobacco Products (Packaging and Labelling Rules) 2008, (“the 2008 Rules”) as amended by the amending Rules of 2014 (“the 2014 Rules”). It was contended that life sans health is not worth living and the chewing of tobacco or smoking of cigarettes or bidis, etc. causes irretrievable hazard to health and it is the obligation of the State to make the people aware as regards the injurious nature of these indulgences. One may start with smoking or chewing tobacco as an adventure, but gradually it becomes a habit and thereafter, it gets converted to addiction; and that addiction becomes the killing factor or causation of pain, suffering, agony, anguish and ultimately death. Criticizing the judgment and order of the High Court, it has been urged by Mr Venugopal as well as by other learned counsel that it is a fit case where this Court should intervene and direct stay of the judgment and order in entirety.

Held: Supreme Court directs stay of operation of the judgment and order passed by the High Court of Karnataka which had set aside the 2014 rules and paved the way for specified health warning that shall cover at least 85% of the principal display area of package space for pictorial warnings on both sides of packets of cigarettes and other products, of which, 60% shall cover pictorial health warning and 25% shall cover textual health warning. The Amendment Rules, 2014 were notified on 15.10.2014 and came into force on 1.4.2015.⁹

- ⦿ Rule 3(1)(b) (Specified health warning shall cover at least 85% of the principal display area of the package)
- ⦿ Rule 3(a)(d) (No messages, images or pictures that directly or indirectly promote the use or consumption of a specific tobacco brand or tobacco usage)
- ⦿ Rule 3(1)(f) (The textual health warning shall be inscribed in the language)

⁸ <http://admin.indiaenvironmentportal.org.in/files/Cigarettes%20and%20other%20Tobacco%20Products%20Packaging%20Supreme%20Court%20Order.pdf>, accessed 5 August 2022

⁹ <https://clpr.org.in/wp-content/uploads/2018/10/2014-Amendment-Rules-GSR-727E.pdf>, accessed 5 August 2022

- Rule 3(1)(h) (Every package of cigarette or any other tobacco product shall contain the particulars)
- Rule 5 (Rotation of specified health warning)

Public health impact: The Supreme Court with this judgment laid down that health of a citizen has utmost importance and he or she should be aware of that which can affect or deteriorate the condition of health. The pictorial health warnings on tobacco products are the most cost-effective tool for educating on the health risks of tobacco use among the masses.¹⁰

Case study 2: Paschim Banga Khet Mazoor Samity versus State of West Bengal¹¹

Decided on: 06/05/1996

(1996) 4 SCC 37

Issue: Whether the non-availability of facilities for treatment of the serious injuries sustained by Hakim Seikh in the various Government hospitals in Calcutta has resulted in denial of his fundamental right guaranteed under Article 21 of the Constitution (Right to freedom: protection of life and personal liberty).

Fact: This Court in the context of medico-legal cases has emphasized the need for rendering immediate medical aid to injured persons to preserve life and the obligations of the State as well as doctors in that regard. This petition filed under Article 32 (Remedies for enforcement of rights conferred by this Part¹²) of the Constitution raises this issue in the context of availability of facilities in Government hospitals for treatment of persons sustaining serious injuries.

Hakim Seikh [petitioner No. 2] who is a member of Paschim Banga Khet Mazdoor Samity [Petitioner No. 1], an organization of agricultural labourers, fell off a train at Mathurapur Station in West Bengal. As a result of the said fall Hakim Seikh suffered serious head injuries and brain haemorrhage. Feeling aggrieved by the indifferent and callous attitude on the part of the medical authorities at the various State-run hospitals in Calcutta in providing treatment for the serious injuries sustained by Hakim Seikh, the petitioners have filed this writ petition in 1992.

Held: The Court held that it cannot be ignored that it is the constitutional obligation of the State to provide adequate medical services to the people. Whatever is necessary for this purpose has to be done in the matter of discharge of constitutional obligation of the State to provide medical aid to preserve human life. In the matter of allocation of funds for medical services the said constitutional obligation of the State has to be kept in view. The scope of Article 21 was further widened, as the court held that it is the responsibility

10 <https://www.livemint.com/Politics/HlcTHmT1nfRW4zVIYf7rvL/85-pictorial-warnings-on-tobacco-products-to-continue-till.html>, accessed 5 August 2022

11 <https://main.sci.gov.in/judgment/judis/15597.pdf>, accessed 5 August 2022

12 <https://legislative.gov.in/sites/default/files/COI-updated-as-31072018.pdf>, accessed 5 August 2022

of the Government to provide adequate medical aid to every person and to strive for the welfare of the public at large.

Public health impact: Law Commission of India has therefore, taken up the subject in view of the judgment and prepared 201st report on “Emergency Medical Care to Victims of Accidents and During Emergency Medical Condition and Women Under Labour” in August 2006.¹³

13 <https://docplayer.net/2567154-Law-commission-of-india.html>, accessed 5 August 2022

INDONESIA



Source: unicef.org¹⁹²

Demographic

- Population 273 523 000 (World Bank 2020)¹⁹³
- GDP per capita (in US\$) 3869.59 (World Bank 2020)¹⁹⁴
- Current health expenditure as share of GDP (2018) 2.87% (The World Bank 2018)¹⁹⁵
- Purchasing power parity < US\$1.90 per day (% of population) 3.5% (Asian Development Bank, 2019)¹⁹⁶

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Indonesia is as follows:

Law Number 13/2003 Concerning Manpower¹⁹⁷

Article 76: Women's health and safety

Article 82(1): Female workers/labourers are entitled to a 1.5 (one-and-a-half) month's period of rest before the time at which they are estimated by an obstetrician or a midwife to be due to give birth to a baby and another 1.5 (one-and-a-half) month's period of rest thereafter.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Trends for neonatal and under-5 mortality

The current regulatory framework to address child health in Indonesia is as follows:

Law Number 13/2003 Concerning Manpower¹⁹⁸

Article 83: Entrepreneurs are under an obligation to provide proper opportunities to female workers/labourers whose babies still need breastfeeding to breastfeed their babies if that must be performed during working hours.

<p>Law of Republic of Indonesia number 36 Year 2009 Concerning Health¹⁹⁹</p>	<p>Article 128(1): Every child has the right to receive breast milk exclusively from birth for a minimum of 6 (six) months, unless there is a medical indication to the contrary. (2): During the breastfeeding period, the family, the Government, the local government and the community must give full support to the mother's infant by providing time and special facilities. Article 129 (1): The Government shall be responsible to stipulate a policy to ensure the right of infants to receive breastfeeding exclusively.</p>
<p>Government Regulation 33/2012 on Granting Exclusive Breastfeeding²⁰⁰</p>	<p>The purpose of the issuance of Government Regulation Number 33 of 2012 on Exclusive Breastfeeding (GR No. 33/2012) is to implement the provisions of Article 129 paragraph (2) of Law Number 36 of 2009 on Health (Health Law).</p>
<p>Minister of Health Decree 2004 No 450/Menkes/Sk/ Vi/2004²⁰¹</p>	<p>Exclusive breastfeeding for babies in Indonesia</p>

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Indonesia is as follows:

<p>Law of Republic of Indonesia Number 36 Year 2009 Concerning Health²⁰²</p>	<p>Chapter X: Infectious and Non-infectious Disease. Under this chapter the Government ensures prevention, control and elimination of infectious diseases in the country.</p>
<p>Regulation of Health Minister of The Republic of Indonesia No. 5/2013 about Malaria Layout Guidelines²⁰³</p>	<p>This regulation prevents the rise of malaria, especially in high-risk societies, and take efforts for prevention and treatment of malaria cases in order not to cause a plague and in connection with the development of a drug in the case of malaria in Indonesia.</p>
<p>The Government Regulation of The Republic of Indonesia No 40 of 1991 about Outbreak of Infectious Disease²⁰⁴</p>	<p>This Regulation ensures that infectious disease epidemic is prevented, which is one of the efforts to realize the optimal degree of health for the whole community.</p>
<p>Decree No. Kep. 68/ Men/2004 HIV/AIDS Prevention and Control in the Workplace²⁰⁵</p>	<p>To prevent and control the transmission of HIV/AIDS in the workplace, it needs to be regulated with a ministerial decree.</p>

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Indonesia is as follows:

Regulation of Health Minister of The Republic of Indonesia No. 63/2015 on the Inclusion of Sugar, Salt and Fat Content Information, as well as Health Messages on the Labels of Processed Foods²⁰⁶	<p>This Regulation aims to implement effectively, efficiently and by considering community readiness, the information of sugar, salt and fat content and health information for processed foods and ready-to-eat foods on the packet.</p>
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Indonesia is as follows:

Law of Republic of Indonesia Number 35 of 2009 Concerning Narcotics²⁰⁷	<p>This Law ensures improvement in the health status of Indonesian human resources. In order to achieve the people's welfare, it is necessary to increase efforts in the field of medical and health care. One of the ways is to fulfil the availability of certain types of narcotics that are needed as a medicine, as well as the prevention and eradication of the danger of narcotics and narcotics precursor abuse and illicit traffic.</p>
The Government Regulation of The Republic of Indonesia No 19/2003 on Security of Cigarettes for Health²⁰⁸	<p>This Regulation ensures better effective security of cigarettes for health. It aims at preventing individuals and society from diseases arising from consumption of cigarettes by means of protecting public health from incidence of fatal diseases or diseases which can affect the life quality as a result of consumption of cigarettes.</p>
Regulation of Health Minister of The Republic of Indonesia No. 29/2013 Concerning Imprinting of Health Warnings and Health Information on Tobacco Product Packaging²⁰⁹	<p>For control of materials containing addictive substances in tobacco products in the interests of health, it is necessary to stipulate this Regulation of the Minister of Health concerning imprinting of health warnings and health information on tobacco products' packaging.</p>

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Indonesia is as follows:

The Law of The Republic of Indonesia No. 22/2009²¹⁰	This Law aims to realise the safety, security, welfare and orderliness of road traffic and transportation practices in the context of supporting the economic building and sciences and technology development, regional autonomy as well as accountability of the State administration.
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Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Indonesia is as follows:

The Law of The Republic of Indonesia Number 39 of 1999²¹¹	Article 49 (1): Women have the right to special protection in the undertaking of work or a profession that can put her safety and/or her reproductive health at risk. (2): Article 49 (2): The special rights to which women are entitled arising from their reproductive function are guaranteed and protected by law.
The Ministry of Health Regulation No. 61/2014²¹²	Article 21: The contraceptive service is hosted by the Government, local government and the public. Article 22: Each person has the right to choose the method of contraception for himself/herself without coercion. Article 26: Every woman has the right to exercise her sexual and reproductive health preferences without discrimination, fear, shame and guilt. Article 27: Sexual health services are provided through counselling, communication, information, education and treatment.
The Health Law 36/2009²¹³	Article 72: Every person shall be entitled to obtain information, education and counselling on sexual and reproductive health; to have healthy and safe reproductive and sexual lives; to determine their reproductive life; and to determine on their own when and how often they want to reproduce.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Indonesia is as follows:

The 1945 Constitution of The Republic of Indonesia ²¹⁴	Article 28H(1): Every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment, and shall have the right to obtain medical care.
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The Law of The Republic of Indonesia No. 36/2009 Concerning Health²¹⁵	This Law stipulates that health is a basic human right and an aspect of welfare to be realized according to the aspirations of the nation of Indonesia as set forth in Pancasila and the Constitution of the Republic of Indonesia of 1945.
Regulation of Minister of Health No. 1799/Menkes/Per/Xii/2010 Concerning Pharmaceutical Industry²¹⁶	This is a comprehensive regulation on the pharmaceutical industry to anticipate the implementation of the international trade in the field of pharmaceuticals.
Regulation of Minister of Health No. 1010/Menkes/Per/Xi/2008 Concerning Registration of Medicines²¹⁷	This Regulation protects the public from the circulation of medicines which do not meet security, quality and utility requirements. Hence, it is necessary to assess the circulation of medicines through the registration of medicines.
Regulation of Minister of Health No. 949/Menkes/Per/Vi/2000²¹⁸	This Regulation protects the society from the distribution of finished drugs which fail to meet requirements for effectiveness, safety, quality and benefit; hence it is necessary to conduct evaluation through registration of finished drugs before their distribution.
Regulation of Minister of Health No. 62/2017 on Product License of Medical Devices, In vitro Diagnostic Medical Devices and Household Health Products²¹⁹	This Regulation ensures that medical devices, in vitro diagnostic medical devices and household health products comply with the standards and/or requirements of safety, quality and efficacy/performance to protect the public, by stipulating that a regulation on product license will be required.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Indonesia is as follows:

Environment Law No. 32/2009²²⁰	The purpose of this Law is to create an environmentally sustainable development through means of an environmental planning policy, and the rational exploitation, development, maintenance, restoration, supervision and control of the environment.
Act No. 10 of 1997 on Nuclear Energy²²¹	This Act stipulates that the development and beneficial use of nuclear energy in the various fields of human life in the world have become so advanced that its beneficial use and development for a sustainable and environmentally insighted national development needs to be enhanced and expanded to increase the nation's welfare and competitiveness.
The Government Regulation of The Republic of Indonesia No. 27/2002 on Radioactive Waste²²²	This Regulation enforces the provisions of Article 27 paragraph (2) of Law No. 10/1997 on nuclear power by stipulating a government regulation regarding radioactive waste management.

The Government Regulation of The Republic of Indonesia No. 14/2002 on Plant Quarantine ²²³	The Regulation provides a strong legal foundation for the implementation of the quarantine of animals, fish and plants. Law No. 16/1992 on Quarantine of Animal, Fish and Plant has been issued.
Regulation of Minister of Health No. 258/Menkes/Per/1ii/1992 on Hygienic Requirements in Pesticide Management ²²⁴	This Regulation provides for the availability of pesticides that are very much required for eradicating pests. This is very useful in the framework of realizing optimal health level of the community.

Additional laws implemented by the Government of Indonesia which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
The Government Regulation of The Republic of Indonesia No. 28/2004 Concerning Food Safety, Quality and Nutrition ²²⁵	This Regulation ensures provision of safe, quality and nutritious food that plays an essential role in the growth, maintenance and improvement of health status and for improving people's intelligence.	3.4
The Law of The Republic of Indonesia No.18 of 2012 Concerning Food ²²⁶	Food is a basic primary human need. The fulfilment of this requirement is a part of the human right that is guaranteed by Constitution of the Republic of Indonesia 1945 as a basic component to realize quality human resources.	3.4
Regulation of The Minister of Health Ri No. 239/Menkes/Per/V/85 on Certain Colouring Agents that are Declared as Dangerous Materials ²²⁷	Certain colouring agents as specified in Attachment to the Regulation of the Minister of Health Number 239/Menkes/Per/V/85 on "Certain Colouring Agents that are Declared as Dangerous Materials" constitute colouring agents which may cause hazards if used in drugs and foods, but some of them can be used in cosmetics. This Regulation ensures this by investigation.	3.4
Regulation of Minister of Health No. 722/Menkes/Per/Ix/1988 on food additives ²²⁸	This Regulation is based on results of research. The use of potassium bromate in foods and drinks can endanger health because it is carcinogenic, so it is necessary to prohibit its use in food products.	3.4
The Law of The Republic of Indonesia No 30 of 2007 on Energy ²²⁹	Energy resources constituting natural riches as mandated in Article 33 of the 1945 Constitution of the Republic of Indonesia shall be controlled by the State and utilized for the greatest prosperity and welfare of the people.	3.9

Laws	Objective of the law	Relevance to targets of SDG 3
The Law of The Republic of Indonesia No 41 of 1999 Concerning Forestry²³⁰	Forests should be acknowledged, managed and utilized in an optimal way and their sustainability should be maintained for the maximum welfare of the people, both for present and future generations.	3.9
The Government Regulation of The Republic of Indonesia No 45/2004 on Forest Protection²³¹	This Regulation makes an effort to prevent and control forest damage and protect forest areas and forest products due to the deeds of human beings. Areas include livestock, fire, natural disasters, pests and disease. The Regulation aims to maintain and take care of the State, community and individual rights to the forest, forest area, forest products and investments and apparatus that deal with forest management.	3.9
The Government Regulation of The Republic of Indonesia No 34/2002 on Forest Arrangement and Formulation of Plans for the Management of Forests, Exploitation of Forests and Use of Forest Areas²³²	This Regulation stipulates on forest arrangement and formulation of plans for the management of forests, exploitation of forests and use of forest areas.	3.9
The Law of The Republic of Indonesia No 5/1990 Concerning Conservation of the Living Natural Resources and its Ecosystem²³³	This Law lays down that the Indonesian living natural resources and its ecosystem have an important position and therefore, shall be managed and utilized in a perpetual, harmonious, consistent and well-balanced manner for welfare of the Indonesian community in particular and human beings in general, both presently and in future.	3.9
Decree of The Minister of Health of The Republic of Indonesia No. Po.00.04.5.00327 on Form and Procedures of Affixation of Registration of Sticker on Foreign Traditional Drug²³⁴	The Decree protects the community from foreign traditional drugs that do not comply with medical requirements. It is necessary to distinguish between fake or dark foreign traditional drugs and registered foreign traditional drugs.	3.B

Laws	Objective of the law	Relevance to targets of SDG 3
The Government Regulation of The Republic of Indonesia No 50 of 2012 About Implementation of Occupational Safety and Health Management System ²³⁵	This Regulation implements Article 87 Section (2) of the Law Number 13 of 2003 about manpower required to enact Government regulation on the application of occupational safety and health management system.	3.D
The Law of The Republic of Indonesia No 36 of 2014 Concerning Health Workers ²³⁶	This Law implements comprehensive health development measures by the Government, local government and society as directed, integrated and sustainable, that is fair and equitable, safe, of good quality and affordable to the community.	3.B
Indonesian Penal Code ²³⁷	<p>Section 267: Prohibits the doctor from issuing a false health information letter</p> <p>Section 294(2): Prohibits the doctor from committing indecency against his patient</p> <p>Section 322: Prohibition of the disclosure of the patient's secrecy</p> <p>Section 344: Prohibition of euthanasia</p> <p>Section 349: Prohibition of the involvement in illegal abortion</p> <p>Section 351: Prohibits anyone causing harm to another which is applicable for doctors who exercise medical treatment without their patient's consent</p> <p>Section 359: Provides the criminal sanction upon a negligent act causing death of another. This law is applicable to doctors who cause death of their patients due to negligent conduct</p> <p>Section 360: Provides the criminal sanction upon a negligent act causing injury of another. This law is applicable to doctors who cause injury to their patients</p>	3.8
The Law of The Republic of Indonesia No 29 of 2004 Regarding Medical Practice ²³⁸	The law provides for the development of health intended to enhance awareness, willingness and ability for healthy living for each and every citizen in an attempt to achieve the optimum degree of health as one of the elements of general welfare as it has been stated in Constitutional Law of Indonesian Republic.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Act of The Republic of Indonesia Number 4, of 1997, Concerning Disabled People²³⁹	The Act achieves the equalization of rights, obligations and roles deemed necessary to lay down a basic law and to improve social welfare efforts of the disabled in all aspects of life by a written act.	3.D

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. Two such examples are outlined below.

Case study 1: Decision Number 40/PUU-X/201214

The Constitutional Court of the Republic of Indonesia

Issue: Whether the petitioner has legal grounds to file this petition?

Facts: Petitioner works as a dental artisan categorized as an Indonesian citizen whose constitutional rights and authority are impaired by the provisions of Article 73 Paragraph (2) and Article 78 of the Medical Practice Law. Legality of the profession of dental artisan is regulated by Regulation of the Minister of Health Number 339/MENKES/PER/V/1989 concerning the Occupation of Dental Artisan; however, following the coming into effect of the Law *a quo*, the petitioner cannot work as a dental artisan anymore because the petitioner's profession has been revoked by Regulation of the Minister of Health Number 1871/MENKES/PER/IX/2011. The petition is for the existent legislation provision on the legal protection granted to a dental artisan in Indonesia.

Held: The Constitutional Court, through its decision No. 40/PUU-X/2012 has re-legalized the dental artisan profession. Among considerations made by the Constitutional Court, the re-legalization was caused because although the profession has a high risk of security, it can be settled through teaching, licensing and supervision, instead of prohibition. It was concluded that the elimination of the Occupation of Dental Artisan by Regulation of the Minister of Health Number 1871/MENKES/PER/IX/2011, is because there are other professions which can replace dental artisans in carrying out their job and such other professions are equipped with expertise in their own field, so that their work is medically accountable. Dental artisans shall remain able to carry out their profession, namely making some or all dental prostheses from acrylic and implanting removable dental prostheses, but not performing practices of medical treatment such as pulling out teeth or filling dental

14 https://www.google.com/l?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKewigztKmxN3yAhX9w4sBHUYxAdQQFnoECAQQAQ&url=https%3A%2F%2Ffen.mkri.id%2Fdownload%2Fdecision%2Fdecision_1262_20130820040628_putusan_sidang_40_PUU_X_2012%2B_kedokteran_telah%2Bbaca%2B15%2BJan%2B2013%2B-%2Bfin%2B%2528ENG%2529.pdf&usq=AOvVaw0S7AARD80WS3-V6ZEPIuH, accessed 5 August 2022

cavities because dental diseases related to nerves fall exclusively under the domain of dentists. Therefore, in the Court's opinion, the profession of dental artisan can be included in/categorized as a type of Indonesian traditional health service which must be protected by the State in a separate regulation.

Public health impact: The Constitutional Court Decision No. 40/PUU-X/2012, led to categorize the dental artisan profession under the traditional Indonesian health service. Further, the government followed the decision of the Constitutional Court in the Minister of Health Regulation No. 39 of 2014 which provided coaching, supervision and licensing of a dental artisan profession.¹⁵

Case study 2: Indonesia versus United States¹⁶

World Trade Organization Panel, WT/DS406/R

Issue: Whether the US law discriminated against cigarettes produced in Indonesia?

Facts: Indonesia brought a claim before the WTO against the United States concerning a law that prohibits cigarettes containing a constituent that is a characterizing flavour of tobacco or tobacco smoke, other than menthol or tobacco.

Arguments: Among other things, Indonesia argued that the:

- (i) law is discriminatory because it treats clove cigarettes (primarily produced in Indonesia) less favourably than similar menthol cigarettes (primarily of United States origin), in violation of Article 2.1 of the TBT Agreement; and
- (ii) prohibition is not necessary to achieve a legitimate objective, such as protection of human life or health, and that accordingly, the measure results in violation of Article 2.2 of the TBT Agreement.

Held: The WTO panel found that the US law discriminated against cigarettes produced in Indonesia in favour of cigarettes produced in the US. In upholding the panel report, the Appellate Body found that the law fell heaviest on imported products and was not based solely on a legitimate regulatory distinction between the two product classes. In the latter respect, the Appellate Body emphasized that clove and menthol each mask the harshness of tobacco and that clove and menthol cigarettes are each attractive to youth.

The Panel also rejected Indonesia's argument that the prohibition of clove flavoured cigarettes was more trade restrictive than necessary under Article 2.2 of the TBT Agreement. This aspect of the Panel Report was not appealed.¹⁷

15 Suparto Wijoyo et al. Legal Protection to Indonesian Dental Artisan: A Judicial Review Post-Constitutional Court Decision No. 40/PUU-X/2012. *European Journal of Molecular & Clinical Medicine*. 2020 (https://ejmcm.com/article_2866_e7c23c4991e769e020011aa870c464ec.pdf, accessed 5 August 2022).

16 https://www.tobaccocontrol.org/files/live/litigation/553/US_Indonesia%20v.%20United%20States.pdf (accessed 5 August 2022).

17 <https://www.google.com/l?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKewivqOniyt3yAhWBzzgGHWXPBv0QFnoECBAQAQ&url=https%3A%2F%2Fapps.who.int%2Firis%2Frest%2Fbitstreams%2F1342701%2Fretrieve&usg=AOvVaw3ggmu87BwfOcpMXqUzUHHg>, accessed 5 August 2022.

Public health impact: The WTO regulated the public health matter affecting international trade. WTO observed that imported clove cigarettes are like domestic menthol cigarettes because, *inter alia*, both contain an additive that substantially imparts flavour to the cigarette and reduces the harshness of tobacco; nonetheless, both are harmful to human health and may cause cancer and several cardiovascular and respiratory diseases, and both appeal to youth.¹⁸

18 Tania Voon. Cigarettes and Public Health at the WTO: The Appeals of the TBT Labeling Disputes Begin. American Society of International Law Volume 16 Issue 6. 2012. <https://www.asil.org/insights/volume/16/issue/6/cigarettes-and-public-health-wto-appeals-tbt-labeling-disputes-begin>

MALDIVES



Source: unicef.org²⁴⁰

Demographics

- Population 541 000 (World Bank 2020)²⁴¹
- GDP per capita (Current US\$) 7455.86 (World Bank 2020)²⁴²
- Current health expenditure as share of GDP 9.4% (World Bank 2018)²⁴³
- Purchasing power parity < US\$1.90 per day (% of population) 0 (World Bank, 2016)²⁴⁴

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Maldives is as follows:

Employment act, 2/2008²⁴⁵

This act determines the fundamental principles relating to employment in the maldives, the rights and obligations of employers and employees, establishes a labour relations authority and an employment tribunal to protect such rights, and makes provision for all other matters related to employment and covers maternity leave.

Section 43: maternity leave

1. Female employees shall be granted 60 days maternity leave based on a medical certificate specifying the estimated date of giving birth issued by a licensed medical practitioner. Such leave shall not commence 30 days prior to the date of giving birth. This section does not prevent the employee from returning to work prior to expiry of the duration of her maternity leave.
2. Maternity leave pursuant to this act or an agreement is a leave granted to female employees in addition to other forms of leave.
3. Female employees on maternity leave are also entitled to all the other rights and benefits granted under the employment agreement such as the right to a promotion. No employee on maternity leave shall be subjected to any lessening of rights conferred by the employment agreement or in calculating the duration of employment for due promotion. Nor shall the period of maternity leave be deemed a stoppage, suspension or shortening of duration of work.

	<ol style="list-style-type: none"> 4. A female employee shall be duly paid her wages on the same day salary payments are made in the normal course of business even while the employee is on maternity leave. 5. A further leave of 28 days (in addition to the maternity leave specified in sub-section (a)) shall be granted to an employee where a licensed medical practitioner certifies of the employee's inability to return to work either due to the ill-health of the mother or of the baby. Such leave can be granted prior to the estimated date of delivery or after delivery. The employer has the discretion not to pay the employee for the duration of such leave.
Law No 6/2014 Penal Code²⁴⁶	<p>Section 416: This Section deals with the offences relating to abortion. A person commits an offense if, after the first 120 days of pregnancy:</p> <ol style="list-style-type: none"> (i) he purposely terminates the pregnancy of another person by means other than live birth, or (ii) she purposely terminates her own pregnancy by using, or causing another person to use instruments, drugs or violence upon her for the purpose of terminating her pregnancy by means other than live birth.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Trends for neonatal and under-5 mortality

The current regulatory framework to address child health in Maldives is as follows:

Regulation on Import, Produce and Sale of Breast Milk Substitutes in The Maldives, 2008²⁴⁷	This Regulation protects and promotes continued breastfeeding for up two years or beyond, with introduction of new foods into the infants' diet after the period of exclusive breastfeeding.
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Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases is as follows:

Maldives Penal Code, 1961 ²⁴⁸	The sections that deal with offences affecting public health, safety, convenience and customary living practices are: Section 101: Spread of disease through malignant act Section 102: Disobedience to quarantine rules
Public Health Protection Act ²⁴⁹	The purpose of this Act is to establish policies for protection of public health, identify persons responsible for protection of public health, define how public health protection policies will be implemented and establish policies to limit basic rights ensured under the Maldives Constitution to Maldivians and people living in Maldives.

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being Secondary research did not reveal any laws under Target 3.4.

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Maldives is as follows:

Drugs Act (17/11) ²⁵⁰	This Act makes provision for the prevention of the use, peddling and trafficking of drugs and provides for measures to motivate drug-dependent persons to accept treatment and rehabilitation programmes, with a view to reducing or eliminating their dependence on drugs and to facilitate their reintegration into the community as responsible citizens. It stipulates offences and punishments relating to the misuse of drugs; and matters related thereto.
Regulation 2019/R158 "Packaging and Labelling of Tobacco Products" ²⁵¹	This Regulation gives out the basic design and layout features that are intended to guide manufacturers, importers and distributors in order to fully comprehend and comply with the legal requirements.
Tobacco Control Act, 15/2010 ²⁵²	An Act to prohibit growing of tobacco and advertising of tobacco products, regulate import and export, sale by wholesale and retail, packaging and labelling of tobacco products and to set up a regulatory framework for taxation of tobacco products, protection of non-tobacco users from environmental tobacco smoke, provision of requisite information and training to remain free from the hazards of tobacco, and the treatment of persons addicted to tobacco use for the control of smoking in the Maldives.
Law On Narcotics Drugs and Psychotropic Substances, (17/77) ²⁵³	This is the principal legislative act of the Maldives dealing with narcotics drugs and psychotropic substances.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Maldives is as follows:

Maldives Penal Code, 1961²⁵⁴	Section 109: Negligent use or driving of vehicles and vessels. This section provides that it is an offence to use or drive or ride vehicles or vessels in a manner that could endanger human life or cause injury to the body of a person.
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Target 3.7: 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

The current regulatory framework ensure universal access to sexual and reproductive health-care services in Maldives is as follows:

Gender Equality Act, 18/2016²⁵⁵	This Act establishes gender equality principles and aims to end all forms of violence against women and girls.
Sexual Offences Act, 17/2014²⁵⁶	This Act refers to sexual offences in the Maldives and the procedures relating to those offences.
Family Act, 4/2000²⁵⁷	Section 4: This section prescribes the minimum legal age for marriage.
Special Provisions Act to Deal with Child Sex Abuse Offenders, 12/2009²⁵⁸	This law sets out special provisions to deal with the confinement of child sex abusers at the investigative and trial stages, the monitoring of abusers following release from confinement through a mechanism, allowing the acceptance of a lower level of evidence by the court and to specify a special procedure to award damages arising out of child sex abuse.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Maldives is as follows:

Maldives Penal Code, 1961²⁵⁹	Section 105: Adulteration of drugs Section 106: Sale of adulterated or expired drugs Section 107: Sale of a drug as a different drug
Human Rights Commission Act, 6/2006²⁶⁰	The Act protects, promotes and sustains human rights in the Maldives in accordance with regional and international conventions and declarations which the Maldives is a party to.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Maldives is as follows:

Environment Protection and Preservation Act (Law No. 4/93)²⁶¹	The Act protects and preserves the land and water resources, flora and fauna as well as the beaches, reefs, lagoons and all natural habitats that are important for the sustainable development of the country.
Maritime Zones of Maldives Act (Law No. 6/96)²⁶²	This Act makes provision in respect of the internal waters, territorial sea and contiguous zone. The inland waters of every atoll, lagoon and reef of the islands of Maldives shall be the internal waters of Maldives. Save the internal waters of Maldives as determined under Section 2 of this Act, the maritime area contained within the archipelagic baselines established in accordance with Schedule 1 to this Act shall be the archipelagic waters of Maldives.
Environmental Impact Assessment Regulations, (2007)²⁶³	This Regulation assesses the impact that projects have on the environment. Environmental impact assessment is the process of identifying, predicting, evaluating and mitigating the biophysical, social and other relevant effects of development proposals prior to major decisions and commitments being made.

Additional laws implemented by the Government of Maldives which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
The Maldives Nursing Council Regulation²⁶⁴	The Council establishes/maintains and improves standards of nursing/midwifery education and practice.	3.C
Health Care Professional Act (13/2015)²⁶⁵	This Act provides for guidelines on practicing of health-care professions in the Maldives, establishes and determines the mandate and executive powers of councils responsible for the monitoring and implementation of such health-care professions and defines guidelines and standards incidental thereto.	3.C
Regulation of Maldives Medical Council²⁶⁶	The mission of the Maldives Medical Council is to maintain professional and service standards for medical care, enforce ethical codes, authorize medical practice and register practitioners.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Maldives Penal Code, 1961 ²⁶⁷	Section 103: Adulteration of food or drink intended for sale Section 104: Sale of noxious food or drink	3.4
Fishing In the Lagoons of Maldives (Law No. 1/74) ²⁶⁸	This Law regulates inshore fishing within lagoons on inhabited and uninhabited islands.	3.9
The Fisheries Act of Maldives, 1987 ²⁶⁹	This Law sets out the basic framework for fisheries management by the Ministry of Fisheries, covering the “fishing, capturing or taking of any living resources” of the Exclusive Economic Zone of the Maldives, or any activity related thereto.	3.9
Regulation on the Protection and Conservation of Environment in the Tourism Industry ²⁷⁰	This regulation stipulates the standards for the protection and conservation of environment in the tourism industry.	3.9

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. One such example is outlined below.

*Case study 1: Ihsan versus State*¹⁹

Decided On: 25.07.2019

Supreme Court of Maldives

Issue: Whether the dosage of gentamicin administered was safe for a toddler of her age and weight.

Fact: The appellant, Ahmed Ihsan sought recompense for the loss of hearing to his then 3-year-old daughter Aishath Iyan. She was initially admitted to Gdh. Thinadhoo Regional Hospital on 14 July 2007 for high fever and inflammation of her left hand, and the presence of a bacterial infection was detected from tests performed at the hospital. Then attending paediatrician Dr Paval decided to administer gentamicin – a strong antibiotic used for treating bacterial infections with some severe side effects – to Iyan. The administering of gentamicin is what led to Iyan’s deafness, as was alleged by Ahmed Ihsan in the initial filings with the Magistrate Court. Ahmed Ihsan claimed that the hospital did not take proper care. Both the Magistrate Court and High Court of the Maldives ruled in

19 <https://www.ctlstrategies.com/uncategorized/supreme-court-makes-landmark-decision-on-medical-negligence/>

favour of the State, ruling that there was no apparent negligence by the State during the care and treatment of Iyan. He then appealed to the Supreme Court.

Held: The Supreme Court held that all three conditions were met – the presence of malpractice, damage to the patient, and a causal relation between the malpractice and damage suffered by the patient and thus referred to several errors by the State in maintaining proper patient records, a lack of credibility of the records presented to the Court, as well as conflicting evidence submitted by the State. The Apex Court also noted that at the time that Aishath Iyan was admitted to the Regional Hospital, there was no record of hearing impairment or loss. Based on this, the State was unable to prove that, aside from the administering of gentamicin, any other factor led to the loss of her hearing.

The Supreme Court awarded Ahmed Ihsan MVR 7 million compensation including MVR 719 600 for cochlear implant surgery and rehabilitation, and MVR 899 500 for servicing, changing batteries and buying spares every six months for the next 35 years.

Public health impact: The judgment led the Maldives' government to plan the establishment of a "no-fault compensation modality" in which compensation and deterrence are decoupled, freeing doctors to participate in the compensation claims process without fear of punishment. This is the step that the Government has taken towards resolving medical negligence cases.²⁰

20 Resolving Medical Negligence. Maldives Financial Review. 2021 (<https://mfr.mv/public-sector/resolving-medical-negligence>, accessed 5 August 2022).

MYANMAR



Source: who.int²⁷¹

Demographic

- Population 54 409 000 (World Bank 2020)²⁷²
- GDP per capita (in US\$) 1400.22 (World Bank 2020)²⁷³
- Current health expenditure as share of GDP 4.79% (World Bank 2018)²⁷⁴
- Purchasing power parity < US\$1.90 per day (% of population) (2017) 1.4% (World Bank, 2017)²⁷⁵

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Myanmar is as follows:

Leave and Holidays Act, 1951 ²⁷⁶	This law governs maternity leave. Maternity leave is often granted as paid leave.
Social Security Law, (2012) ²⁷⁷	This Law grants the right to continued medical treatment, family assistance benefit, invalidity benefit, superannuation benefit, survivors' benefit, unemployment benefit, the right to residency and ownership of housing after retirement in addition to health care and pecuniary benefit for sickness, maternity, decease and employment injury of workers.
The Myanmar Maternal and Child Welfare Association Law 21/90 ²⁷⁸	The Law mandates a permanent organization in order to carry out effective welfare work and assistance relating to the health and social affairs of mothers and children throughout Myanmar.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

Secondary research did not reveal any laws under Target 3.2.

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Myanmar is as follows:

The Prevention and Control of Communicable Diseases Law 1/95 ²⁷⁹	This Law aims to prevent communicable disease, defined as any infectious disease which can be transmitted from man to man and from animal to man. Principal epidemic diseases include cholera, plague, dengue haemorrhagic fever (DHF) and acquired immunodeficiency syndrome (AIDS). This expression also includes communicable diseases notified as “principal epidemic diseases” by the Ministry of Health.
Penal Code, 1861 ²⁸⁰	These sections help to prevent the spread of infectious disease: Section 269: Negligent act likely to spread infection of disease dangerous to life Section 270: Malignant act likely to spread infection of disease dangerous to life

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Myanmar is as follows:

Lunacy Act, 1912 ²⁸¹	The law governs the health and safety of lunatics, which expression means an idiot or person of unsound mind.
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Myanmar is as follows:

The Narcotic Drugs and Psychotropic Substances Law 1/1993 ²⁸²	This Law prevents the danger of narcotic drugs and psychotropic substances, which can cause degeneration of mankind, as a national responsibility.
The Control of Smoking and Consumption of Tobacco Product Law 5/2006 ²⁸³	This Law educates the public that health can be adversely affected due to smoking and consumption of tobacco products and gives causes for refraining from the use of the same.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Myanmar is as follows:

The Expressways Law, 2015²⁸⁴	This Law permits construction, extension and maintenance of expressways, management and supervision of motor vehicle traffic and the collection of tolls to be carried out systematically and continuously for the safety of users of expressways, and matters relating to road safety.
Motor Vehicle Law²⁸⁵	This Law lays down the provisions for safe driving of motor vehicles in public areas through registration according to official rules and regulations and to provide driving licenses for driving particular types of motorized vehicles after qualification checks.

Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services is as follows:

Population Control Health-care Law, 2015²⁸⁶	The Law improves living standards while alleviating poverty in the country and to ensure sufficient quality health care.
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Target 3.8: 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

The regulatory framework to provide universal health coverage in Myanmar is as follows:

The Law Relating to Private Health Care Services 5/2007²⁸⁷	This law enables participation and systematic carrying out of services by private health-care providers as an integral part of the national health-care system.
Penal Code 1861²⁸⁸	The sections that protect the adulteration of drugs are: Section 274: Adulteration of drugs Section 275: Sale of adulterated drugs Section 276: Sale of drug as a different drug or preparation
National Drug Law (1992)²⁸⁹	This law enables the public to use genuine quality safe and effective drugs and to register drugs systematically.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Myanmar is as follows:

Prevention of Hazard from Chemical and Related Substances Law²⁹⁰	This Law protects the natural environment and resources from being damaged, protects living beings from chemical and related substances and ensures sustainable development for occupational safety and health of the people and environmental conservation.
Prevention from Danger of Chemical and Associated Materials Law²⁹¹	This Law prevents damage to environmental resources and endangering of living creatures due to chemical and associated materials, and systematically controls grant of approval for chemical and associated materials businesses.
The Environmental Conservation Law 9/2012²⁹²	This Law lays down the basic principles of environmental conservation in the sustainable development process and gives guidance for systematic integration of such matters to enable emergence of a healthy and clean environment and conserve natural and cultural heritage for the benefit of present and future generations.

Additional laws implemented by the Government of Myanmar which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Factories Act 1951²⁹³	This Act contains provisions for the prevention of workplace hazards and diseases and the establishment of safe and healthy workplaces.	3.D
The Plant Pest Quarantine Law 8/93²⁹⁴	This Act shall prevent quarantine pests from entering into Myanmar by any means and suppress effectively the spread of quarantine pests.	3.9
The Child Law 9/93²⁹⁵	This Law protects children in order that they may fully enjoy their rights in accordance with Law.	3.7
The Law Relating To The Nurse and Midwife 19/90²⁹⁶	This Law regulates the nursing and midwife profession.	3.C
The National Food Law²⁹⁷	This Law enables the public to consume hygienic food of genuine quality, free from danger and to prevent the public from consuming food that may cause danger or are injurious to health.	3.4

Laws	Objective of the law	Relevance to targets of SDG 3
Penal Code 1861²⁹⁸	Section 272: Adulteration of food or drink intended for sale Section 273: Sale of noxious food or drink	3.4
The Traditional Drug Law²⁹⁹	This Law promotes and develops traditional medicine and traditional drugs and enables the public to consume genuine quality, safe and efficacious traditional drugs.	3.B
The Traditional Medical Council Law 2/2000³⁰⁰	This Law protects public health by regulating any type of traditional medicine practised by traditional medical practitioners collectively, and supervising traditional medical practitioners for abidance by the rules of conduct and discipline.	3.B
Eye Donation Law 2/96³⁰¹	This Law provides for extensive treatment to persons suffering from eye diseases who may regain their sight by corneal transplantation; and to carry out effective treatment of eye diseases through systematic storage and distribution of donated eyes from the Eye Bank.	3.8
The Blood and Blood Products Law 1/2003³⁰²	This Law enables saving and looking after patients' lives by transfusion utilizing quality-assured blood and prevents transfusion-transmissible infections through blood and from other dangers.	3.8
The Body Organ Donation Law 58/2015³⁰³	This Law enables saving the life of a person who is required to undergo body organ transplant and rehabilitation of persons with disabilities due to non-functioning of body organs through extensive application of body organ transplant.	3.8
The Atomic Energy Law 8/98³⁰⁴	The aims of this Law are to develop the use of atomic energy, to ensure safety in utilization of atomic energy in the State and to lay down and carry out measures for prevention of the effects of atomic radiation on man and environment.	3.9
The Myanmar Dental Council Law³⁰⁵	To enable the public to enjoy qualified and effective dental and oral health-care services and to maintain and upgrade the qualifications and standards of the health-care services of dental practitioners.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Myanmar Medical Council Law ³⁰⁶	To maintain and upgrade qualifications and standards of health-care assistance of medical practitioners and to enable study and learning of medical science of a high standard, keeping abreast of the times.	3.C
The Constitution of the Republic of the Union of Myanmar 2008 ³⁰⁷	Article 28 (a): Earnestly strive to improve education and health of the people Article 28 (b): Enact necessary laws to enable citizens to participate in matters of their education and health Article 32 (a): Care for mothers and children, orphans, fallen Defence Services personnel's children, the aged and the disabled Article 351: Mothers, children and expectant women shall enjoy equal rights as prescribed by law Article 367: Every citizen shall, in accordance with the health policy laid down by the Union, have the right to health care.	3.B
Myanmar Red Cross Society Act, 1959 ³⁰⁸	The act is for establishment of the Red Cross Society in the country.	3.D

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. One such example is outlined below.

*Case study: Gambia versus Myanmar*²¹

Decided on: 23.01.2020

International Court of Justice

Issue: Violations of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide in respect of the Rohingya group

Fact: On 11 November 2019, The Gambia, with the support of 57 members of the Organization of Islamic Cooperation filed a case before the International Court of Justice (ICJ) alleging that the crimes against the Rohingya people in Rakhine State violate the Convention on the Prevention and Punishment of the Crime of Genocide ("Genocide

21 <https://www.icj-cij.org/public/files/case-related/178/178-20200123-ORD-01-00-EN.pdf>

Convention”). The Gambia brought up the case under Article 9 of the Convention, which allows disputes between parties “relating to the responsibility of a State for genocide” to be submitted to the ICJ. Myanmar ratified the Genocide Convention in 1956. The Gambia contends that a dispute exists with Myanmar relating to the interpretation and application of the Genocide Convention and the fulfilment by Myanmar of its obligations “to prevent genocide and to desist from its own acts of genocide”. Specifically, The Gambia asserts that in October 2016 the Myanmar military and other Myanmar security forces began widespread and systematic “clearance operations” against the Rohingya group, during the course of which they committed mass murder, rape and other forms of sexual violence, and engaged in the systematic destruction by fire of Rohingya villages, often with inhabitants locked inside burning houses, with the intention of destroying the Rohingya as a group, in whole or in part. The Gambia alleges that, from August 2017 onwards, such genocidal acts continued with Myanmar’s resumption of “clearance operations” on a more massive and wider geographical scale.

Held: The Court determined that it has prima facie jurisdiction to issue an order for following provisional measures:

- The Republic of the Union of Myanmar shall, in relation to the members of the Rohingya group in its territory, ensure that its military, as well as any irregular armed units which may be directed or supported by it and any organizations and persons which may be subject to its control, direction or influence, not commit any acts of conspiracy to commit genocide, of direct and public incitement to commit genocide, of attempt to commit genocide, or of complicity in genocide.
- The Republic of the Union of Myanmar shall take effective measures to prevent the destruction and ensure the preservation of evidence related to allegations of acts within the scope of Article II of the Convention on the Prevention and Punishment of the Crime of Genocide.
- The Republic of the Union of Myanmar shall submit a report to the Court on all measures taken to give effect to this order within four months, as from the date of this Order, and thereafter every six months, until a final decision on the case is rendered by the Court.

The rights protected by the present order of provisional measures of protection are truly fundamental rights, starting with the right to life, right to personal integrity and right to health, among others.

Public health impact: This ruling has been hailed as an “accomplishment of international justice”. The final outcome of this case regarding violation of the Genocide Convention could and certainly should invite appropriate measures to ensure better living conditions and right to health of the Rohingyas.²²

22 Banerjee S, Basu A. ICJ’s judgement on the Rohingya and its challenges. ORF. 2020 (<https://www.orfonline.org/expert-speak/icjs-judgement-rohingya-its-challenges-61233/>, accessed 5 August 2022).

NEPAL



Source: <https://www.unicef.org/nepal/press-releases/nepal-introduces-typhoid-vaccine-routine-immunisation-across-country>³⁰⁹

Demographic

- Population 29 136 000 (World Bank 2020)³¹⁰
- GDP per capita (in US\$) 1155.14 (World Bank 2020)³¹¹
- Current health expenditure as share of GDP 5.84% (World Bank, 2018)³¹²
- Purchasing power parity < US\$1.90 per day (% of population) 4.3% (Asian Development Bank, 2019)³¹³

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Nepal is as follows:

Labour Act, 2074 (2017) ³¹⁴	Section 45: Maternity leave
Civil Service Rules, 2050 (1993) ³¹⁵	Rule 59: Maternity leave Rule 59 (3a): Infant care allowances Rule 59A: Maternity care leave
The Right to Safe Motherhood and Reproductive Health Act, 2075 (2018) ³¹⁶	This Act was made to provide for the right to safe motherhood and reproductive health

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in Nepal is as follows:

Mother's Milk Substitutes (Control of Sale and Distribution) Act, 2049 (1992)³¹⁷	This Act provides for safe and adequate nutrition to the infant by protecting and promoting breastfeeding and regulating the mother's milk substitutes as well as the sale and distribution of infant foods.
The Mother's Milk Substitutes (Control of Sale and Distribution) Regulation, 1994 (2051)³¹⁸	This Regulation provides detailed rules to be abided by inspectors appointed to monitor the provisions of the Act; by health workers on accepting donations of equipment, products and accepting scholarship or a grant; and by manufacturers and distributors on donating goods and equipment, marketing and labelling.
The Act Relating to Children, 2075 (2018)³¹⁹	An Act made for amendment and consolidation of the laws relating to children
Immunization Act, 2072 (2016)³²⁰	Act relating to prevention, control, cure and elimination of diseases by means of vaccination in order to reduce infant, child, maternal and other mortality rates

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of HIV and TB

The current regulatory framework to reduce the burden of epidemics and other communicable diseases is as follows:

Infectious Disease Act, 2020(1964)³²¹	The Act makes provisions for the rooting out or prevention of any infectious disease which spreads or is likely to spread throughout Nepal or any part thereof so that such disease cannot reach its peak.
National Penal Code, 2074 (2017)³²²	Chapter 5: Offences against public interest, health, safety, convenience and morals Section 104: Prohibition of spreading infectious disease Section 105: Prohibition of transmitting human immunodeficiency virus (HIV positive) Section 106: Prohibition of violating laws relating to communicable disease

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Nepal is as follows:

The Public Health Service Act, 2075 (2018)³²³	The Act makes necessary legal provisions for implementing the right to get free basic health service and emergency health service guaranteed by the Constitution of Nepal and establishing access of the citizens to health service by making it regular, effective, qualitative and easily available.
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Nepal is as follows:

Narcotic Drugs (Control) Act, 2033 (1976)³²⁴	This Act is a legal framework to regulate and control narcotic drugs in the country.
Tobacco Products (Control and Regulatory) Act, 2068 (2011)³²⁵	The Act reduces, controls and regulates the import, production, sales and distribution and consumption of tobacco products as smoking and tobacco consumption is terribly injurious to human health.
Liquor Act, 2031 (1974)³²⁶	This Act controls the production, sale, distribution, export and import of liquor in order to maintain the decency, health, convenience and economic interest of the general public.
Hotel Management and Sale and Distribution of Liquors (Control) Act, 2023 (1966)³²⁷	An Act to make provisions to manage hotels and sales of liquor in respect to overall well-being of citizens.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Nepal is as follows:

Motor Vehicles and Transport Management Act, 2049 (1993)³²⁸	The Act provides for motor vehicle and transport management.
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Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Nepal is as follows:

Domestic Violence (Offence and Punishment) Act, 2066 (2009)³²⁹	The Act makes provision to respect the right of every person to live a secure and dignified life and to prevent and control violence occurring within the family.
National Penal Code, 2074 (2017)³³⁰	Chapter 13: Offences against protection of pregnancy. It provides regulation for safe abortion

The Right to Safe Motherhood and Reproductive Health Act, 2075 (2018)	Section 15: Provision for safe abortion
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Target 3.8: 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

The regulatory framework to provide universal health coverage in Nepal is as follows:

Drugs Act, 2035 (1978)³³¹	The Act aims to prevent the misuse or abuse of drugs and allied pharmaceutical substances and false or misleading information relating to the efficacy and use of drugs and to control the production, sale, distribution, export, import, storage and consumption of those drugs which are not safe for public consumption, efficacious and of standard quality.
Nepal Health Service Act, 2053 (1997)³³²	The Act provides health service as an essential service for the general public. It is expedient to make provisions on the constitution, operation and conditions of service of the health service in order to make the same more competent, vigorous, service-oriented and responsible.
Constitution of Nepal³³³	<p>Article 35: Right relating to health</p> <p>Article 38 (2): Every woman shall have the right to safe motherhood and reproductive health.</p> <p>Article 51(h):</p> <p>(5) To keep on enhancing investment necessary in the public health sector by the State in order to make the citizens healthy</p> <p>(6) To ensure easy, convenient and equal access of all to quality health services</p> <p>(7) To protect and promote health systems including Ayurveda, as a traditional medical system of Nepal, natural therapy and homeopathy system</p> <p>(8) To make private sector investment in the health sector service oriented by regulating and managing such investment, while enhancing the State's investment in this sector</p> <p>(9) To focus on health research and keep on increasing the number of health institutions and health workers in order to make health services widely available and qualitative</p> <p>(10) To increase average life expectancy by reducing maternal and infant mortality rate, while encouraging family planning for population management on the basis of Nepal's capacity and need</p>

The Health Insurance Act, 2074 (2017)³³⁴	The Act enables implementation of the social protection programme of the Government of Nepal. This programme aims to enable its citizens to access quality health-care services without placing a financial burden on them.
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Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Nepal is as follows:

The Environment Protection Act, 2019 (2076)³³⁵	An Act made to amend and consolidate laws relating to the environment
Environment Protection Rules, 2054 (1997)³³⁶	The Rules shall determine the environmental impact assessment relating to initial environmental examination.
Solid Waste Management Act, 2068 (2011)³³⁷	The Act stipulates the management of solid waste in a systematic and effective way by reducing at its source, re-use, processing or discharge, and maintaining a clean and healthy environment through the reduction of adverse effects that may be caused to the public health and environment.
Water Resource Act, 1992 (2049 Bs)³³⁸	The Act provides timely legal arrangements for determining the beneficial uses of water resources, preventing environmental and other hazardous effects thereof and also for keeping water resources free from pollution relating thereto and for matters connected therewith.
Soil and Watershed Conservation Act, 2039 (1982)³³⁹	The Act makes legal provisions on land and watershed conservation by controlling natural calamities such as floods, landslides and soil erosion and maintaining the convenience and economic interests of the general public.
National Penal Code, 2074 (2017)³⁴⁰	Chapter 5: Offences against public interest, health, safety, convenience and morals Section 107: Prohibition of adulteration of food Section 111: Prohibition of fouling water Section 112: Prohibition of polluting environment

Additional laws implemented by the Government of Nepal which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Nepal Medical Council Act, 2020 (1964)³⁴¹	The Act manages qualifications of medical practitioners and the registration of medical practitioners qualified in modern medicine for the scientific utilization of modern medicine throughout Nepal.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Nepal Health Professional Council Act, 2053 ³⁴²	The Act establishes a Health Professional Council to make the health services in Nepal more effective, to mobilize the services of health professionals except qualified doctors and nurses who are to be registered with the Medical Council in a managed and scientific manner and make provisions for the registration of their names according to their qualifications.	3.C
Iodized Salt (Production, Sale and Distribution) Act, 2055 (1998) ³⁴³	The Act made to provide for iodized salt and to prevent and eradicate extensive and serious effects caused to public health from iodine deficiency	3.4
Human Body Organ Transplantation (Regulation and Prohibition) Act, 2055 (1998) ³⁴⁴	The Act made to provide for the transplantation of human body organs	3.B
B.P. Koirala Memorial Cancer Hospital Act, 2053 (1997) ³⁴⁵	The Act enables cancer patients to have a humane life by providing, in an easily available manner, necessary high-standard health services for the diagnosis and treatment of cancer diseases and rehabilitation of cancer patients, and to prepare such human resources as may be required for high standard study and research works on cancer diseases.	3.B
Nepal Health Research Council Act, 2047 (1991) ³⁴⁶	An act made to provide for the establishment and management of the Nepal Health Research Council	3.C
Birth, Death and Other Personal Events (Registration) Act, 2033 (1976) ³⁴⁷	An act made for the registration of births, deaths, marriages, divorces and migrations	3.2
Security of The Health Workers and Health Organizations Act, 2066 (2010) ³⁴⁸	The Act makes necessary legal provisions for the security of health workers and health organizations against casual incidents and economic liabilities that may arise in the course of medical treatment, with a view to making health services regular, reliable, decent and effective.	3.B
Karnali Academy of Health Sciences Act, 2068 (2011) ³⁴⁹	The Act is to establish and operate the Karnali Academy of Health Sciences to provide health services in the backward (<i>pichhadiyako</i>) areas in a easy way, conduct high-standard study and research activities to produce skilled human resources necessary in the health sciences area and to strengthen health services for the general public .	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
The Act Relating to Rights of Persons with Disabilities, 2074 (2017) ³⁵⁰	The Act made to provide for the amendment and consolidation of laws relating to the rights of persons with disabilities	3.8
The Right to Food and Food Sovereignty Act, 2075 (2018) ³⁵¹	The Act was made to provide for the right to food and food sovereignty by implementation of fundamental rights relating to food, food security and food sovereignty of the citizens.	3.4
Food Act, 2073 (1967) ³⁵²	To prevent any undesirable adulteration in food or subtraction or extraction of any natural quality or utility from food and keep proper standards of food, for the purpose of maintaining the health and convenience of the general public	3.4
Disaster Risk and Management Act, 2074 (2017) ³⁵³	An Act made to provide for the relief work relating to disasters	3.D
Ayurvedic Medicine Council Act, 2047 B.S. ³⁵⁴	This Act establishes an Ayurveda Medical Council to make the Ayurvedic medical system more effective, to develop the method of production and use of Ayurvedic medicines and make provisions on the registration of Ayurvedic doctors for maintaining the health and for the convenience of the general public.	3.C
Nepal Nursing Council Act, 2053 B.S. (1996) ³⁵⁵	The Act establishes a Nursing Council in order to manage and operate the nursing business in a scientific manner by making it effective, and also provides for the registration of names according to the qualifications of the nurses.	3.C
The Social Welfare Act, 2049 (1992) ³⁵⁶	This Act was made to provide for the social welfare of Nepalese people and Nepalese society, to relate social welfare activities and various social welfare-oriented activities to tie up with reconstruction activities in order to provide humanistic livelihood to weak and helpless individuals, classes and communities and make them more enabled.	3.D
The Social Security Act, 2075 (2018) ³⁵⁷	This Act was made to provide for social security and protection of the right to social security of indigent, incapacitated and helpless citizens, helpless single women, citizens with disabilities, children, citizens who are unable to take care of themselves and citizens belonging to the tribes on the verge of extinction, in accordance with the Constitution.	3.D

Laws	Objective of the law	Relevance to targets of SDG 3
National Academy of Medical Sciences Act, 2064 (2006) ³⁵⁸	An Act to make provisions relating to the National Academy of Medical Sciences	3.C
Nepal Pharmacy Council Act, 2057 (2000) ³⁵⁹	An Act made to provide for the Nepal Pharmacy Council	3.C

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. Two such examples are outlined below.

Case study 1: *Lakshmi versus Government of Nepal*²³

Supreme Court of Nepal

20 May 2009

Issue:

- Whether the Petitioner has a right to accessible and affordable abortion?
- Whether as demanded, there is a need to issue an order for the enactment of a separate law related to abortion?

Fact: A petition was filed against discriminatory laws against women and for protection of public interests and individual rights including gender justice. Lakshmidevi Dhikta, one of the petitioners, belonged to a poor family in Dadeldhura district. Due to lack of education and awareness, and in absence of the knowledge that giving birth to unnecessary number of children is related to women's reproductive rights, she gave birth to five children. When she became pregnant again, she had sought an abortion, and while doing so, got the information that the government hospital legally provides abortion services at a service fee of NPR 1130.00. Since they did not have the said amount, she was denied the legally available service and continued with the unwanted pregnancy and gave birth to a child. Therefore, she was presenting before the court to report the injustice resulting from the violation of fundamental and legal rights including reproductive health, ensured by the prevalent laws.

Held: The question of safe abortion and accessibility of the abortion service is a matter related to health, administration and economy, it cannot be isolated only as a social and economic issue as the ground for claiming this right is based on Article 20, which is related to women's rights and other fundamental and legal rights of women. The legitimacy of the abortion service or the relevance of its availability will be meaningful only if it becomes

23 <https://reproductiverights.org/wp-content/uploads/2021/07/Laxmi-dhitta1-endnote.pdf>

accessible and affordable to those in need of it. In relation to the compensation claimed by the petitioner Lakshmidevi Dhikta on the ground that she had gone to the nearest hospital to seek abortion service but was forced to continue the unwanted pregnancy due to her inability to afford the fee, the public officials should provide the requested services required for the enforcement of constitutionally recognized right in an affordable manner, and due to the violation of such right, if a situation of infringement continued due to continuance of unintended pregnancy, the Court deems that it will be appropriate to compensate such person including through judicial remedy after taking into account the damage suffered by that person. In this case, even though the petitioner has not submitted any physical evidence regarding denial of service to her, it is worth considering that through this writ petition she has broadened the remedial measures by representing not only herself but also many other women confronting problems like her. However, it is not possible to compensate her as per the demand as it fails to specify a certain figure of compensation on the basis of assessment of the damage. Let this order be circulated to the respondents and hand over the case file as per the rules after crossing off from the registration list.

Public health impact: In September 2018, the Government of Nepal enacted an umbrella legislation – Safe Motherhood and Reproductive Health Rights Act, as directed by the Supreme Court verdict. The implementing regulation under the Act. i.e. Safe Motherhood and Reproductive Health Rights Regulation, was also passed in October 2020.²⁴

Case study 2: Advocate Keshar Jung K.C & Advocate Lokendra Bahadur Oli versus Nepal Government Ministry of Health²⁵

Supreme Court of Nepal

03 August 2020

Issue:

As the infection rate escalated, two lawyers – Lokendra Oli and Keshar Jung KC, had sought a court intervention, arguing that free health was the constitutional right of the public and that the same should also be applied during the COVID-19 pandemic.

Held:

The Court ruled that: “Increase the number of COVID-19 tests to ensure access of larger number and range of people and to ensure free testing and treatment for COVID19”.

Impact:

The Government of Nepal issued orders under the power conferred to the Government by the Infectious Disease Control Act, 1964 making health services, and in particular COVID-19 related tests and facilities easily accessible and affordable and in most of the cases free of cost for the needy.

²⁴ <https://reproductiverights.org/case/lakshmi-dhikta-v-government-of-nepal-amici-supreme-court-of-nepal/>

²⁵ <https://www.icj.org/wp-content/uploads/2021/09/Nepal-Right-to-Health-Publication-2021-ENG.pdf>, accessed 6 August 2022.

SRI LANKA



Source: unicef.org³⁶⁰

Demographic

- Population 21 919 000 (World Bank 2020)³⁶¹
- GDP per capita (in US\$) 3682.0 (World Bank 2020)³⁶²
- Current health expenditure as share of GDP 3.8% (World Bank, 2018)³⁶³
- Purchasing power parity < US\$1.90 per day (% of population) 0.4% (Asian Development Bank, 2019)³⁶⁴

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Current regulatory framework to improve maternal health in Sri Lanka is as follows:

Maternity Benefits Ordinance³⁶⁵	This is an ordinance to make provision for the payment of maternity benefits to women workers and for other matters incidental to the employment of such women before and after their confinement.
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Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in Sri Lanka is as follows:

Children and Young Persons Ordinance³⁶⁶	This Ordinance is to make provision for the establishment of juvenile courts, for the supervision of juvenile offenders, for the protection of children and young persons and for other connected purposes.
Adoption of Children Ordinance 24 of 1941³⁶⁷	The purpose of this Ordinance is to provide for the adoption of children, for the registration as custodians of persons having the care, custody or control of children of whom they are not the natural parents, and for matters connected with the matters aforesaid.

National Child Protection Authority Act 50 of 1998 ³⁶⁸	The purpose of this Act is to provide for the establishment of the National Child Protection Authority for formulating a national policy on the prevention of child abuse and the protection and treatment of children who are victims of such abuse; for the coordination and monitoring of action against all forms of child abuse; and for matters connected therewith or incidental thereto.
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Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Sri Lanka is as follows:

Ceylon National Association for the Prevention of Tuberculosis (Incorporation) Act, No. 11 of 1957 ³⁶⁹	This Act is meant to incorporate the Ceylon National Association for the prevention of TB.
Diseases (Labourers) Ordinance (1913) ³⁷⁰	This Ordinance provides for the prevention of the spread of diseases among labourers.
Prevention of Mosquito Breeding Act, No. 11 of 2007 ³⁷¹	The purpose of this Act is to provide for the prevention of mosquito breeding, for the eradication of places of mosquito breeding and for matters connected therewith or incidental thereto.
Quarantine and Prevention of Diseases Ordinance (1897) ³⁷²	The purpose of this Ordinance is to make provision for preventing the introduction into Sri Lanka of plague and all contagious or infectious diseases and for preventing the spread of such diseases in and outside Sri Lanka.
Coronavirus Disease 2019 (COVID-19) (Temporary Provisions) Act ³⁷³	The purpose of this Act is to make temporary provisions in relation to situations where persons were unable to perform certain actions required by law to be performed within the prescribed time periods due to COVID-19 circumstances; to assign alternative courts where a court cannot function due to COVID-19 circumstances; to conduct court proceedings using remote communication technology to facilitate the control of coronavirus disease 2019 (COVID-19); and for matters connected therewith or incidental thereto.
Lepers Ordinance 4 of 1901 ³⁷⁴	This Ordinance provides for the segregation and treatment of lepers.

Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Sri Lanka is as follows:

The Ceylon Association for the Mentally Retarded (Incorporation) Act, (1971) ³⁷⁵	The Act established to incorporate the Ceylon Association for the Mentally Retarded to foster and promote medical, educational, vocational and spiritual service for mentally retarded children and adults
Mental Development and Research Centre (Incorporation) Act. (2007) ³⁷⁶	The purpose of this Act is to incorporate the Mental Development and Research Centre to propagate mental training, developmental and research activities in Sri Lanka.
Mental Diseases Ordinance (1873) ³⁷⁷	The Ordinance makes further and better provision relating to the care and custody of persons or unsound mind and their estates.
National Council for Mental Health 'Sahanaya' (Incorporation) Act (1986) ³⁷⁸	This Act makes provision to incorporate the National Council for Mental Health "Sahanaya" for establishing and maintaining institutions such as day-care centres and homes under the guidance of professionally qualified persons

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Sri Lanka is as follows:

Conventions Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, No. 1 of 2008 ³⁷⁹	The Act makes legal provision to give effect to the provisions of the "Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances in Sri Lanka". Such provision is necessary to enable Sri Lanka to deal with the international aspects of illicit trafficking in narcotic drugs and psychotropic substances and to establish a mechanism to monitor the import, export and use of such substances.
Drug Dependent Persons (Treatment and Rehabilitation) Act, 13 November 2007 ³⁸⁰	This Act makes provision for the treatment and rehabilitation of drug-dependant persons and provides for matters connected therewith or incidental thereto.
National Authority on Tobacco and Alcohol Act, 29 August 2006 ³⁸¹	The propose of this Act is to provide for the establishment of the National Authority on Tobacco and Alcohol for the purpose of identifying the policy on protecting public health; for the elimination of tobacco- and alcohol-related harm through the assessment and monitoring of the production, marketing and consumption of tobacco products and alcohol products; to make provision for discouraging persons, especially children, from smoking or consuming alcohol, by curtailing their access to tobacco products and alcohol products and for matters connected therewith or incidental thereto.

Poisons, Opium, and Dangerous Drugs Ordinance, 01 January 1936 ³⁸²	This Ordinance is meant to amend and consolidate the law relating to poisons, opium and dangerous drugs.
Suwa Sahana Sewa Foundation (Incorporation) Act (Tobacco, Narcotics), 06 November 1992 ³⁸³	The purpose of this Act is to incorporate the Suwa Sahana Sewa Foundation and promote and engage in activities which would wean school children away from the use of tobacco, tobacco products, alcohol and narcotics.
Tobacco Tax Act, 03 April 1999 ³⁸⁴	This Act imposes a tax on cigarettes, cigars, <i>beedis</i> , cigarette substitutes and pipe tobacco manufactured in Sri Lanka and provides for matters connected therewith or incidental thereto.
Excise Ordinance 8 Of 1912 ³⁸⁵	This Ordinance consolidates and amends the law relating to the import, export, transport, manufacture, sale and possession of intoxicating liquor and intoxicating drugs.

Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Sri Lanka is as follows:

Motor Traffic Act, 1951 ³⁸⁶	The purpose of this Act is to amend and consolidate the law relating to motor vehicles and their use on highways, to regulate the provision of passenger carriage services and the carriage of goods by motor vehicles and to provide for the regulation of traffic on highways and matters connected with or incidental to the matters aforesaid.
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Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Sri Lanka is as follows:

Health Services Act, (1952) ³⁸⁷	An Act to provide for the constitution and responsibilities of the Department of Health; for the establishment of regional hospital boards and hospital committees; and for securing more efficient administration by the local authorities in relation to public health.
Prevention Of Domestic Violence Act, 03 October 2005 ³⁸⁸	This Act provides for the prevention of any act of domestic violence and for matters connected therewith or incidental thereto.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Sri Lanka is as follows:

National Dangerous Drugs Control Board Act 11 of 1984 ³⁸⁹	The purpose of this Act is to establish the National Dangerous Drugs Control Board, to specify the powers of such Board and to provide for matters connected therewith or incidental thereto.
National Health Development Fund, 1981 ³⁹⁰	This Act is meant to provide for the establishment of the National Health Development Fund and to provide for all matters connected therewith or incidental thereto.
National Medicines Regulatory Authority Act, No. 5 Of 2015 ³⁹¹	This Act is for providing for the establishment of a regulatory authority responsible for regulation and control of registration, licensing, manufacturing, importation and all other aspects pertaining to medicines, medical devices, borderline products and for conducting of clinical trials in a manner compatible with national medicine policy.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Sri Lanka is as follows:

National Environmental Act, 29 October 1980 ³⁹²	The purpose of this Act is to establish a Central Environmental Authority; to make provision with respect to the powers, functions and duties of that Authority; to make provision for the protection, management and enhancement of the environment for the regulation, maintenance and control of the quality of the environment; for the prevention, abatement and control of pollution; and for matters connected therewith or incidental thereto.
Fauna and Flora Protection Ordinance 2 of 1937 ³⁹³	The Ordinance is meant to provide for the protection and conservation of the fauna and flora of Sri Lanka and their habitats; for the prevention of commercial and other misuse of such fauna and flora and their habitats; for the conservation of the biodiversity of Sri Lanka; and to provide for matters connected therewith or incidental thereto.
Marine Pollution Prevention Act 59 of 1981 ³⁹⁴	The Act to provide for the prevention, reduction and control of pollution in Sri Lanka waters, to give effect to international conventions for the prevention of pollution of the sea and for matters connected with or incidental thereto.

Plant Protection Act 35 of 1999 ³⁹⁵	The purpose of this Act is to make provision against the introduction into Sri Lanka and the spreading therein of any organism harmful to, or injurious to, or destructive of plants; for the sanitation of plants in Sri Lanka; for the repeal of the Plant Protection Ordinance and for matters connected therewith or incidental thereto.
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Additional laws implemented by the Government of Sri Lanka which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Fertilizers Act 21 of 1961 ³⁹⁶	An Act to regulate the sale of fertilizers of the soil and to provide against the adulteration thereof and to repeal the Fertilizers Ordinance.	3.9
Ayurveda Act 7 of 1977 ³⁹⁷	This Act provides for the establishment of a Department Of Ayurveda; for the registration of ayurvedic hospitals, ayurvedic pharmacies, ayurvedic dispensaries and ayurvedic stores; for the establishment of an Ayurvedic Medical Council to register ayurvedic practitioners, ayurvedic pharmacists and ayurvedic nurses, and deal with matters relating to their professional conduct; for the establishment of an Ayurveda Education and Hospital Board to discharge certain functions in relation to the award of diplomas and certificates, and certain functions in relation to the education and training in Ayurveda and in relation to the Central Hospital Of Ayurveda and the pharmacy, herbarium and dispensary attached thereto.	3.C
Homoeopathy Act (2016) ³⁹⁸	The Act provides for the establishment of a Homoeopathic Medical Council; for the registration of homoeopathic practitioners and homoeopathic pharmacists; for the registration and regulation of homoeopathic institutions; for promoting, fostering, and regulating the homoeopathic system of medicine and for the regulation and control of the manufacture, importation, storage, sale and distribution of homoeopathic medicine, drugs and other homoeopathic preparations.	3.C
Cancer Research Foundation of Sri Lanka (Incorporation) Act (2009) ³⁹⁹	The Act to incorporate the Cancer Research Foundation of Sri Lanka.	3.3

Laws	Objective of the law	Relevance to targets of SDG 3
Medical Ordinance, 05 October 1927 ⁴⁰⁰	This Ordinance amends and consolidates the law relating to the Ceylon Medical College, Ceylon Medical Council, medical practitioners, dentists, midwives, pharmacists, and nurses.	3.C
Environment Conservation Levy Act 26 Of 2008 ⁴⁰¹	This Act provides for the imposition of an environment conservation levy on specified items owned by consumers, on specified items imported into or manufactured in Sri Lanka or specified services provided in Sri Lanka that are likely to have a harmful impact on the environment, and provides for the collection and recovery of such levy, and matters connected therewith or incidental thereto.	3.9
Food Act 26 of 1980 ⁴⁰²	The purpose of this Act is to regulate and control the manufacture, importation, sale and distribution of food, to establish a Food Advisory Committee, to repeal the Food and Drugs Act of 1949, and to provide for matters connected therewith or incidental thereto.	3.4
Food Control Act 25 of 1950 ⁴⁰³	This Act makes provision for the regulation and control of the distribution, transport and supply of food.	3.4
Possession of Food Act 14 Of 1956 ⁴⁰⁴	The Act controls the possession of certain articles of food.	3.4
Forest Conservation Ordinance 16 of 1907 ⁴⁰⁵	The purpose of this Ordinance is to consolidate and amend the law relating to the conservation, protection and sustainable management of forest resources and utilization of forest produce; to provide for the regulation of the transport of timber and forest produce and other activities related to such transport; and to provide for matters connected therewith or incidental thereto.	3.9
Felling of Trees (Control) Act 9 of 1951 ⁴⁰⁶	The Act provides for the prohibition, regulation or control of the felling of trees.	3.9
National Transport Medical Institute Act, 06 October 1997 ⁴⁰⁷	This Act provides for the establishment of a National Transport Medical Institute and matters connected therewith or incidental thereto.	3.C
North Lanka College of Medical Practitioners (Incorporation) Act 45 of 1988 ⁴⁰⁸	This Act incorporates the North Lanka College of Medical Practitioners.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Private Medical Institutions (Registration) Act, 14 July 2006 ⁴⁰⁹	The purpose of this Act is to provide for the registration, regulation, monitoring and inspection of private medical institutions; to foster the development of private medical institutions; and to provide for matters connected therewith or incidental thereto.	3.C
Protection Of the Rights Of Persons With Disabilities Act 28 Of 1996 ⁴¹⁰	Act to provide for the establishment of a National Council for Persons with Disabilities for the promotion, advancement and protection of rights of persons with disabilities in Sri Lanka; and to provide for matters connected therewith or incidental thereto	3.D
Sri Lanka Cancer Society (Incorporation) Act, 24 June 1997 ⁴¹¹	Act to incorporate the Sri Lanka Cancer Society	3.3
Sri Lanka Nurses Council Act ,22 June 1988 ⁴¹²	The purpose of this Act is to provide for the establishment of a Nurses Council to advise the government with regard to the laying down of standards for recruitment, education and professional practice of nurses; to provide for the registration of nurses; and for matters connected therewith of incidental thereto.	3.C
Vaccination Ordinance 1 July, 1887 ⁴¹³	Ordinance to amend the law relating to compulsory vaccination	3.8
Venereal Disease Ordinance 27 Of 1938 ⁴¹⁴	This Ordinance is meant to prevent the treatment of venereal disease otherwise than by registered medical practitioners or specially authorized practitioners of ayurvedic medicine, and to control the supply of remedies therefor, and for other matters connected therewith.	3.B
Sri Lanka Sustainable Development 1 Act No. 19 Of 2017 ⁴¹⁵	An Act to provide for the development and implementation of a national policy and strategy on sustainable development in Sri Lanka; for the establishment of a Sustainable Development Council and for matters connected therewith or incidental thereto	3.9
National Institute of Occupational Safety and Health Act 38 of 2009 ⁴¹⁶	This Act is to provide for the establishment of the National Institute of Occupational Safety and Health; for the formulation of a policy on occupational safety and health standards; to create an environment for occupational safety and health at all workplaces to protect both the employers and employees; and for matters connected therewith or incidental thereto.	3.C

Laws	Objective of the law	Relevance to targets of SDG 3
Council of the College of Community Physicians 1 of Sri Lanka (Incorporation) Act, No.18 Of 1999⁴¹⁷	An Act to incorporate the Council of the College of Community Physicians of Sri Lanka	3.C
Transplantation of Human Tissues Act 48 of 1987⁴¹⁸	An Act to provide for the donation of human bodies and tissues for therapeutic, scientific, educational and research purposes; for the removal of such tissues and the use on living persons; for the preservation of such tissues; and for matters connected therewith or incidental thereto	3.B
Sri Lanka National Freedom from Hunger Campaign Law 15 of 1973⁴¹⁹	A Law to provide for the establishment of the Sri Lanka National Freedom From Hunger Campaign Board and for matters connected therewith or incidental thereto	3.4
Diabetic Association of Sri Lanka (Incorporation) Act, 19 February 1992⁴²⁰	An Act to incorporate the Diabetic Association Of Sri Lanka	3.4
College of General Practitioners of Sri Lanka (Incorporation) Law 26 of 1974⁴²¹	A Law to incorporate the College Of General Practitioners Of Sri Lanka	3.D

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. One such example is outlined below.

Case study 1: Ceylon Tobacco Company PLC versus Ministry of Health²⁶

In the court of Appeal of the Democratic Socialist Republic of Sri Lanka

Decided on 12.05.2014

Issue: Whether the regulation P11 as amended is within the ultra vires of the powers of the Ministry of Health?

Fact: The Petitioner Ceylon Tobacco Company PLC filed the Writ Application, Writ of Certiorari seeking to quash the Tobacco Products (Labelling and Packaging) Regulation No. 1 of 2012, published in Gazette Notification marked P11 of 8.8.2012. A mandate in the

²⁶ <https://www.sundaytimes.lk/140518/judgement.pdf>, accessed 6 August 2022

nature of Writ of Prohibition is also sought against the three respondents, proceeding to make regulation prescribing health warnings for tobacco products containing pictorials, graphics, images or any other non-textual content.

As such the Petitioner Company submits that the impugned regulations seek to:

- ⦿ introduce mandatory pictorial health warnings to be displayed on packets of cigarettes covering 80% of the total area of a pack;
- ⦿ impose a descriptor ban (use of descriptions “light”, “low” and “mild”);
- ⦿ print date of production on every cigarette stick;
- ⦿ print information on the relevant constituents and emissions of tobacco products, including formaldehyde and other toxic contents, if any;
- ⦿ print health warnings and other information in a font size of not less than 10 and in all 3 languages.

Held: The Court held that the regulation in question is not ultra vires of the statute. The use of symbols in health communication could attract attention of consumers, e.g. use of skull and crossbones as the universal symbol for toxic substances. It would never have been the intention of Parliament to exclude pictorial health warnings since such a pictorial warning needs to reach all categories of persons, i.e the poor, rich, middle class, literate and illiterate, disabled and as well as children. A petitioner seeking a prerogative writ is not entitled to relief as a matter of course, as a matter of right or as a matter of routine. In the circumstances, subject to views expressed by this Court, application of the Petitioner is refused and dismissed without costs.

Public health impact: Sri Lankan President sought judicial review of the constitutionality of a bill that would amend the Tobacco Control Law to specify that pictorial health warnings should cover 80% of each tobacco pack. The WHO Framework Convention on Tobacco Control is cited through the decision.²⁷

²⁷ <https://www.unicef.org/thailand/stories>, accessed 4 August 2022.

THAILAND



Source: unicef.org⁴²²

Demographic

- Population 6 799 000 (World Bank 2020)⁴²³
- GDP per capita 2020 (in US\$) 7273.60 (World Bank, 2020)⁴²⁴
- Current health expenditure as share of GDP 3.7% (World Bank, 2018)⁴²⁵

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

The current regulatory framework to improve maternal health in Thailand is as follows:

Labour Protection Act B.E.2541 ⁴²⁶	<p>Section 59: An employer shall pay wages to a female employee for maternity leave equivalent to wages of a working day throughout the leave period, but not exceeding 45 days per year.</p> <p>Section 41: A female employee who is pregnant shall be entitled to maternity leave of not more than 90 days for each pregnancy.</p>
Penal Code, B.E. 2499 (1956) ⁴²⁷	<p>Section 301–305: Offence of abortion</p>

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in Thailand is as follows:

The Control of Marketing of Infant and Young Child Food Act ⁴²⁸	<p>To meet international recommendations for breastfeeding, Thailand's Control of Marketing of Infant and Young Child Food Act bans manufacturers, importers and distributors from marketing and advertising breast-milk substitutes (e.g. infant formula) and complementary foods for infants.</p>
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Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Thailand is as follows:

Communicable Diseases Act, B.E. 2558 (2015) ⁴²⁹	To revise the law on communicable diseases. The law is made for the purpose of prevention and control of communicable diseases.
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Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

The current regulatory framework to address NCDs and mental health in Thailand is as follows:

Mental Health Act, B.E. 2551 (2008) ⁴³⁰	To have a law on mental health
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Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Thailand is as follows:

Alcoholic Beverage Control Act, B.E. 2551 ⁴³¹	An Act on alcoholic beverage control. "Alcoholic beverage" means liquor under the law on liquor, but not including drugs, psychotropic substances and narcotics under the law concerning therewith.
Narcotics Act B.E. 2522 (1979) ⁴³²	In this Act, "narcotics" means any form of chemical or substance which contains narcotic ingredients and can be consumed by taking orally, inhaling, smoking or injecting. The term excludes certain formulations of household medicine under the law on drugs, which contain narcotics.
Narcotics Addict Rehabilitation Act B.E. 2545 (2002) ⁴³³	The Act provides for the treatment of narcotic addiction and the rehabilitation of the physical and mental conditions of narcotics addicts, including the period from cure to a return to the normal state.
Narcotics Control Act, B.E. 2519 (1976) as Amended until Act (No.5), B.E. 2545 (2002) ⁴³⁴	The Act deals with offences related to narcotics. This includes the law on narcotics, law on psychotropic substances, law on controlling the use of volatile substances and law on measures for the suppression of offenders in an offence relating to narcotics.

Act On the Measures for the Suppression of Offenders in an Offence Relating to Narcotics, B.E. 2534 (1991)⁴³⁵	A law on measures for the suppression of offenders in an offence relating to narcotics. The Act lays down “offence relating to narcotics” to mean the production, importation, exportation, disposition of or possession for disposition of narcotics, and shall also include conspiracy, aiding and abetting, assisting or attempting to commit such offence.
Tobacco Product Control Act B.E.2535⁴³⁶	In this Act, “tobacco product” means the tobacco under the law on tobacco and any other product composed of tobacco leaves or <i>nicotiana tabacum</i> plant to be used either by smoking, sucking, sniffing, munching, eating, blowing or spraying into the mouth or nose or by other means in order to obtain the same result.
Psychotropic Substances Act (No. 2), B.E. 2518 (1975)⁴³⁷	This is an Act on psychotropic substances. In this Act, “psychotropic substances” means such a substance which is natural or derived from nature, or synthetic, as may be notified in the Government Gazette.
Emergency Decree on Prevention Against Abuse of Volatile Substances B.E. 2533 (1990)⁴³⁸	To have a law on control of volatile substances. The competent officials shall have the power to go into the producing, importing, selling, or storing places during working hours in order to inspect the enforcement of this Emergency Decree; and in a case where it is believed that there is a breach of this Emergency Decree, such officials may seize the volatile substances, containers, packaging containing volatile substances or any relevant documents for the use of the prosecution.

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and the subsequent injuries and deaths in Thailand is as follows:

Vehicle Act, B.E. 2522 (1979)⁴³⁹	The Act governs the laws on vehicles. In this Act, “vehicle” means a public vehicle, service vehicle or private vehicle.
Land Traffic Act, B.E. 2522 (1979)⁴⁴⁰	The Act provides a law on land transportation. In this Act, “vehicle” means a public vehicle, service vehicle or private vehicle.
Road Accident Victims Protection Act, B.E. 2535⁴⁴¹	Act on protection of road accident victims. The Act shall determine the criteria of particulars and amount of healing expense, and expenses necessary in connection with healing, which shall be paid by the insurer or the Fund to victims.

Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Thailand is as follows:

Public Health Act, B.E. 2535 (1992)⁴⁴²	The Act lays down the law on public health and the law on control of use of faecal matter as fertilizer.
Social Security Act, B.E. 2533 (1990)⁴⁴³	This Act provides for the laws on social security by which an insured person is entitled to benefits for injury or sickness, maternity, invalidity, death, child benefits, old age and unemployment
Social Welfare Promotion Act, B.E. 2546 (2003)⁴⁴⁴	In this Act, “social welfare” means a social service system relating to the prevention, remedy, development and promotion of social stability to satisfy the fundamental needs of people to enable them to have a good quality of life and self-dependence in accordance with standards in terms of education, health and sanitation and general social services.
Health Promotion Foundation Act, B.E. 2544 (2001)⁴⁴⁵	In this Act, “health promotion” means any act aimed at the fostering of a person’s physical, mental and social condition by means of supporting a person’s behaviour, social condition and environment conducive to a good quality of life.
Act for Prevention and Solution of the Adolescent Pregnancy Problem⁴⁴⁶	This Act gives an adolescent the right to make a decision by himself, the right to information and knowledge, right to reproductive health services, right to confidentiality and privacy and right to provision of social welfare that is equal and non-discriminative, and to any other rights for the purpose of this Act accurately, completely and adequately.

Target 3.8: 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

The regulatory framework to provide universal health coverage in Thailand is as follows:

National Health Act, B.E. 2550 (2007)⁴⁴⁷	The Act provides a person the right to live in a healthy environment and environmental conditions.
National Health Security Act, B.E. 2545 (2002)⁴⁴⁸	The Act prescribes that the Thai population shall be entitled to a health service which is standard and efficient.
Drug Act (No.5), B.E. 2530 (1987)⁴⁴⁹	The Act lays down the law on drugs to include manufacture, sale or import of drugs of standard quality within the kingdom of Thailand.

Drug Case Procedure Act, B.E. 2550 (2007)⁴⁵⁰	This Act includes drug related laws, i.e. law on prohibition of use of volatile organic compounds, law on counter drugs, law on suppressive measures against drug offenders, law on harmful drugs and law on psychoactive substances.
Medical Device Act, B.E. 2551 (2008)⁴⁵¹	The Act provides a law on medical devices that require technology assessment for their use to be consistent with public health and economic and social conditions of the country.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Thailand is as follows:

The Enhancement and Conservation of National Environmental Quality Act, B.E. 2535 (1992)⁴⁵²	The Act is deemed expedient to reform and improve the law on enhancement and conservation of national environment quality.
Occupational Safety, Health and Environment Act B.E. 2554 (2011)⁴⁵³	The Act made with respect to occupational safety, health and environment

Additional laws implemented by the Government of Thailand which directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Act	Objective of the law	Relevance to targets of SDG 3
Non-Smokers' Health Protection Act B.E.2535⁴⁵⁴	This Act promulgates the law on the health protection of non-smokers. It shall designate any part or all of the public places as smoking and non-smoking areas.	3.A
Disaster Prevention and Mitigation Act, B.E.2550 (2007)⁴⁵⁵	In this Act, "disaster" means any disaster from fire, storm, strong wind, flood, drought or epidemic in humans, plants and animals.	3.D
Domestic Violence Victim Protection Act, B.E. 2550 (2007)⁴⁵⁶	In this Act, "domestic violence" means any act committed with an intention to cause bodily, mental or health harm but not including an act committed due to negligence.	3.7
Food Act, B.E. 2522 (1979)⁴⁵⁷	The Act provides for food quality control.	3.4

Act	Objective of the law	Relevance to targets of SDG 3
Hazardous Substance Act, B.E. 2535 (A.D. 1992) ⁴⁵⁸	The Act gives out the law on toxic substances. It is made for public benefit by providing protection to health and sanitation, consumers, sustainable agriculture and hazardous waste management in the locality or environment.	3.9
Institute Of Scientific and Technological Research Act, B.E. 2522 (1979) ⁴⁵⁹	The Act provides the law on Applied Scientific Research Corporation Of Thailand. The Act is made to conduct scientific and technological research in order to promote the utilization of natural resources appropriate for the economic condition, environment, health and welfare of the people.	3.C
Medical Profession Act, B.E. 2525 (1982) ⁴⁶⁰	The Act shall control the professional conduct of medical practitioners so as to be in compliance with medical ethics.	3.B
Persons with Disabilities Empowerment Act, B.E. 2550 (2007) ⁴⁶¹	To enable the legislation on rehabilitation of disabled persons. The Act sets up rules and practices on how to assist, promote, support and develop the quality of life of disabled persons.	3.D
Practice of the Art of Healing Act, B.E. 2542 (1999) ⁴⁶²	To Improve the law on the practice of the art of healing, i.e. the professional practice which is performed or intended to be performed on humans concerning medical examination, diagnosis, cure, prevention of disease, health promotion and rehabilitation and obstetrics, but not including other professional practices in medical and public health.	3.B
Protection and Promotion of Traditional Thai Medicine Wisdom Act B.E. 2542 (1999) ⁴⁶³	The Act lays down the law on the protection and promotion of traditional Thai medicine.	3.B
Red Cross Act, B.E. 2499 (1956) ⁴⁶⁴	The Act proclaims the condition of the wounded and sick from the Armed Forces in the field.	3.D
Sanatorium Act B.E. 2541 (1998) ⁴⁶⁵	A "sanatorium" means a place including a vehicle provided for normal medical practice under the law on medical practice, medicine practice under the law on medicine practice, nursing and midwifery practice and dentistry practice under the relevant laws.	3.C
Pharmaceutical Profession Act B.E. 2537 (1994) ⁴⁶⁶	This Act shall promote education, research for the pharmaceutical profession.	3.B
Dental Profession Act B.E. 2537 (1994) ⁴⁶⁷	The Act shall promote education, research study and practice of dentistry.	3.B

Act	Objective of the law	Relevance to targets of SDG 3
The Professional Nursing and Midwifery Act, B.E. 2528 (1985) as Amended by the Act, B.E. 2540 (1997) ⁴⁶⁸	The Act stipulates laws dealing with the profession of nursing and midwifery.	3.B
Public Administration in Emergency Situation. B.E. 2548 (2005) ⁴⁶⁹	The Act provides the law on public administration in emergency situations which affect public order or endangers the security of the state.	3.C

Case studies

The regulatory framework influences the achievements of various targets outlined under SDG 3. Often, key rulings in the country by the judicial system result in new laws being framed or existing laws being modified or upheld, thereby influencing the regulatory framework in the country. Two such examples are outlined below.

*Case study 1 – JT International (Thailand) versus Minister of Public Health*²⁸

Supreme Administrative Court

Decided on: 29 May 2014

Issue: The first issue is whether the administrative regulation or order in question is likely to be unlawful.

The second issue is whether allowing the administrative regulation or order to remain in effect while the case is under consideration will cause serious damages to Plaintiffs that will be difficult to remedy after the fact.

The third issue is whether suspension of enforcement of the administrative regulation or order, or in other words, temporary delay or abatement of enforcement of the administrative regulation or order during consideration of the case will not constitute an obstacle to the administrative functions of the state.

Fact: Japan Tobacco challenged a Ministry of Health order that required the display of combined picture and text health warnings covering at least 85% of at least two of the largest surfaces of the cigarette packs and cartons. While in the lower court, the tobacco company plaintiff sought and received an order that temporarily suspended the implementation of the pack warnings while the case was ongoing.

28 https://www.tobaccocontrol.org/files/live/litigation/1785/TH_JT%20International%20%28Thailand%29%20v..pdf

Defendant issued a Ministry of Public Health Notice on Rules, Procedures, and Conditions for the Display of Images, Warning Statements, and Contact Channels for Smoking Cessation on Cigarette Labels in 2013.

Article 3 of the said Notice specified that manufacturers or importers of cigarettes must print certain images, warning statements, and contact channels for smoking cessation specified.

Article 2 (of the Notice) on packs and cartons of cigarettes stipulated covering an area of not less than 85 per cent of at least 2 of the largest surfaces, positioned by the top and left edges of the cigarette pack or carton.

Article 6 (3) of the said Notice specified that when not less than 10 cigarette packs or cartons are contained within a box or wrapper, the cigarette packs or cartons within one such box or wrapper must display each of the 10 different styles of labels bearing images, warning statements and contact channels for smoking cessation.

Plaintiffs assert that they are experiencing difficulty and loss due to the said Notice, and have therefore brought suit in order to ask the court to order withdrawal of the Ministry of Public Health Notice on Rules, Procedures, and Conditions for the Display of Images, Warning Statements, and Contact Channels for Smoking Cessation on Cigarette Labels of 2013.

Held: In this decision, following an appeal by the Government, the Supreme Administrative Court reversed the lower court's temporary order. The Supreme Administrative Court found that the requirements issued are not outside the intended scope of the Tobacco Control Law and noted that the requirements were issued to protect the people and our youth. Additionally, the Court held that allowing the regulations to remain in effect while this case was still being decided on the merits would not burden the State or in any way cause problems that would be difficult to remedy after the fact because (a) Plaintiffs could restore their production system to its former state without experiencing undue loss, as they would be using their former production system and would not experience any impact to their trademarks or other advantages; and (b) the admissible fact that there were other producers who had been able to comply with the disputed regulations refuted the claim that compliance with the regulations was an insurmountable manufacturing technical problem. The order of the Administrative Court of First Instance is reversed, and the petition by the two Plaintiffs to suspend enforcement of the regulation is denied.

Public health impact: The decision protected the health of citizens with an objective of increasing knowledge and perception of harmful health effects of cigarette smoking. The impact of increasing the size of graphic health warnings on cigarette packs has significant influence on intention to quit among smoking as well as non-smoking youth.²⁹

29 Nithat Sirichotiratana et al. Effectiveness of 85% graphic health warning on cigarette packs on smoking behaviours of Thai teenagers. *Tobacco Induced Diseases*. *Tob. Induc. Dis.* 2018;16(Suppl 1):A761 (<http://www.tobaccoinduceddiseases.org/Effectiveness-of-85-graphic-health-warning-on-cigarette-packs-on-smoking-behaviours,83827,0,2.html>, accessed 6 August 2022).

Case study 2: Thailand – Customs and fiscal measures on cigarettes from the Philippines

Issue

In August 2006, the Department of Special Investigation (DSI), Thailand, launched two criminal investigations into allegations that Philip Morris Thailand had evaded customs duties and internal taxes by under-declaring the customs values of certain historical entries.

Fact

One of these investigations covered approximately 1094 entries of cigarettes imported from Indonesia over the period March 2000 to August 2003. The other investigation concerned entries of imported cigarettes over the period between 2003 and 2007 from the Philippines, and culminated in the charges filed in January 2016 which are the subject of the first recourse to Article 21.5 of the Understanding on Rules and Procedures Governing the Settlement of Disputes (DSU). When the original panel was established in 2008, the DSI investigation was still ongoing and had not yet arrived at any conclusion on whether to recommend prosecution.⁴⁷⁰

On 7 February 2008, the Philippines requested consultations with Thailand concerning a number of Thai fiscal and customs measures affecting cigarettes from the Philippines. Such measures include Thailand's customs valuation practices, excise tax, health tax, TV tax, VAT regime, retail licensing requirements and import guarantees imposed upon cigarette importers.

The Philippines claimed as follows.

- ⦿ Thailand administers these measures in a partial and unreasonable manner and thereby violates Article X:3(a) of the GATT 1994.
- ⦿ Various customs valuation measures affect imports of cigarettes. The Philippines claims that as a result of these measures, Thailand acts inconsistently with various provisions of the Customs Valuation Agreement and the interpretative notes to these provisions. Thailand does not use transaction value as the primary basis for customs valuation as required and fails to conform to the sequence of valuation methods mandated by the Customs Valuation Agreement; rather, it uses a valuation method with no basis in the Agreement.
- ⦿ Thailand's *ad valorem* excise tax, health tax and TV tax, on both imported and domestic cigarettes, are inconsistent with Article III:2, first and second sentence and Article X:1 of the GATT 1994.
- ⦿ Thailand's VAT regime is inconsistent with Articles III:2, first and second sentence, III:4 and X:1 of the GATT 1994.
- ⦿ Thailand's dual license requirement that requires that tobacco and/or cigarette retailers hold separate licenses to sell domestic and imported cigarettes is inconsistent with Article III:4 of the GATT 1994, because it provides less favourable treatment for imported products than for like domestic products.

On 29 September 2008, the Philippines requested the establishment of a panel. At its meeting on 21 October 2008, the Dispute Settlement Body (DSB) deferred the establishment of a panel.

After the establishment of the Panel, there have been a series of processes, as follows:

Consultations requested	7 February 2008
Panel requested	29 September 2008
Panel established	17 November 2008
Panel composed	16 February 2009
Panel report circulated	15 November 2010 (adopted on 15 July 2011)
Appellate Body report circulated	17 June 2011 (adopted on 15 July 2011)
Art 21.5 DSU Panel report circulated	12 November 2018
Second Recourse to Art 21.5 DSU Panel report circulated	12 July 2019

Note: Full details of the process are available at WTO website.⁴⁷¹

Moreover, for the process in Thailand, Thai public prosecutors filed charges in 2017 against Philip Morris Thailand and seven of its Thai employees for inaccurate price declarations of cigarettes imported between 2002 and 2003. In March 2020, A Thai court ordered a fine of 130 million baht to be paid by the local unit of Philip Morris for dodging tax on cigarette imports. The court also dismissed all charges against the seven former employees.

Reports have come out that the Cabinet's meeting on 4 May 2022 approved the Finance Ministry's draft agreement to end a dispute with the Philippines over tobacco tax-evasion charges.⁴⁷²

- The draft agreement titled "Understanding between the Philippines and Thailand on agreed procedures towards a comprehensive settlement of the dispute over Thailand's customs and fiscal measures on cigarettes from the Philippines".
- The agreement said the Philippines would no longer resort to trade retaliation against Thailand while investigations would be conducted. Meanwhile, Thailand agreed to proceed under the pact.

Public health impact

The dispute with the Philippines over tobacco tax-evasion charges may affect the price of tobacco sold in Thailand to be higher as well. As a result, this may impact the consumption of tobacco among Thais. Meanwhile, the Philippines may complain that Thailand was illicitly discriminating in opposition to its imports to defend its state-controlled Thailand Tobacco Monopoly.

Selling cigarettes at over-price may indirectly result in lower smoking. However, there is the possibility of smokers shifting to choosing lower price or illegal cigarettes.

Moreover, Thailand should have highlighted the necessity of implementing anti-smoking measures, such as cessation programmes, bans on advertisements, and improving public awareness, in combination with higher tobacco taxation measures.

TIMOR-LESTE



Source: worldbank.org⁴⁷³

Demographic

- Population 1 318 000 (World Bank 2020)⁴⁷⁴
- GDP per capita 2020 (in US\$) 1381.18 (World Bank 2020)⁴⁷⁵
- Current health expenditure as share of GDP 4.33% (World Bank 2018)⁴⁷⁶
- Purchasing power parity < US \$1.90 per day (% of population) (2014) 22% (World Bank, 2014)⁴⁷⁷

Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Secondary research did not reveal any laws under Target 3.1.

Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births

Neonatal and under-5 mortality

The current regulatory framework to address child health in Timor-Leste is as follows:

Constitution of The Democratic Republic of Timor-Leste of 2002

Article 8: International relations. In matters of international relations, the Democratic Republic of East Timor will adhere to the principles of national independence, the right of all nations to self-determination and independence, the people's permanent sovereignty over their wealth and natural resources, protection of human rights, mutual respect for sovereignty, territorial unity and equality between States, and non-interference in the internal affairs of other States.

Article 9: Reception of international law

1. Timor-Leste's legal system will apply general principles or customs of international law
2. The rules stipulated in international treaties, decrees and agreements apply in the legal system in the country of East Timor after their approval, ratification or signing by each authorized institution and after they are announced in the official state gazette.

	<p>Article 57: Health</p> <ol style="list-style-type: none"> 1. Everyone has the right to health care and medical care, and is obliged to protect and advance them. 2. The State shall advance the establishment of a universal and general national health system, and as long as possible free of charge under the law. 3. National health services, as far as possible, will be managed in a decentralized and participatory manner.
Decree Law No. 19/2009, The Penal Code⁴⁷⁸	<p>Article 142: Infanticide. A mother who kills her child during childbirth or soon thereafter and while still under the disturbing influence thereof, is punishable with 3 to 10 years imprisonment.</p>

Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases

Incidence of TB and HIV

The current regulatory framework to reduce the burden of epidemics and other communicable diseases in Timor-Leste is as follows:

Government Decree No. 3/2020 – Measures for the Implementation of the Declaration of State of Emergency Introduced by Decree of the President of the Republic No.29/2020 of 27 March⁴⁷⁹	<p>The Government seeks to reduce the occurrence of new cases of COVID-19 in the national territory, either through situations of imported SARS-CoV-2 or its transmission between persons already resident in Timor-Leste, following the guidelines of WHO and the example of other states. This Decree approves the measures for the implementation of the declaration of state of emergency by the President of the Republic's Decree No.29/2020, of 27 March 2020.</p>
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Target 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being

Secondary research did not reveal any laws under Target 3.4.

Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

The current regulatory framework to strengthen the prevention and treatment of substance abuse in Timor-Leste is as follows:

Decree-Law No. 2006 on Health Warning Labels and Tax Control of Manufactured Tobacco Products⁴⁸⁰	<p>This Law ensures the well-being of the citizens through the use of internationally adopted health warning labels which are subject to the provisions of this decree-law on all packaged/manufactured tobacco products, namely cigarettes and cigars, pipe tobacco and thinly cut tobacco for wrapping cigarettes.</p>
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Decree-Law No. 14/2016 of June 8 On the Tobacco Control Regime⁴⁸¹	This Law defines the regime for the prevention and control of tobacco addiction.
Ministerial Statutory Order No. 10/2018 of May 9 Regulation of Labeling of Tobacco Product ... 294⁴⁸²	This statutory order regulates the labelling of tobacco products, as well as reports on the product to be submitted to the Ministry of Health.
Decree Law No. 19/2009, The Penal Code⁴⁸³	Article 212. Drunkenness and intoxication

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

The current regulatory framework to reduce the number of road traffic accidents and subsequent injuries and deaths in Timor-Leste is as follows:

Decree Law No. 19/2009, The Penal Code, Article 208, Driving Under the Influence of Alcohol or Psychotropic Substances⁴⁸⁴	Article 208. Driving under the influence of alcohol or psychotropic substances Article 209. Hazardous driving
Decree Law No. 30/2011 of 27th of July Conditions and Procedures to be Observed in Relation to the Import of Motor Vehicles⁴⁸⁵	The present diploma shall regulate the conditions and procedures to be observed in relation to the import of mixed and light passenger vehicles.

Target 3.7: 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

The current regulatory framework to ensure universal access to sexual and reproductive health-care services in Timor-Leste is as follows:

Decree Law No. 19/2009, The Penal Code⁴⁸⁶	Article 141: Termination of pregnancy. The section provides that any person who, by any means and without consent of the pregnant woman, causes an abortion is guilty of a punishable offence.
Decree Law No. 19/2009, The Penal Code⁴⁸⁷	Section II: Sexual aggression Section III: Sexual exploitation Section IV: Sexual abuse

Target 3.8: 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

The regulatory framework to provide universal health coverage in Timor-Leste is as follows:

Law No. 10/2004 of 24 November 2004 on the Health System ⁴⁸⁸	The purpose of this Law is to establish the bases for the national health system, construed as meaning the set of institutions and services, both private and public, ensuring health protection through prevention, promotion and treatment activities.
Decree-Law No. 12/2004 of 26 May 2004 Pharmaceutical Activities ⁴⁸⁹	The present statute regulates the conditions for the exercise of pharmaceutical activities relating to import, storage, export and sale, in bulk or in retail, of medicines for human use and establishes the entities that regulate such activities.
Decree No. 2/2004 of Autonomous Drug and Medical Equipment Service ⁴⁹⁰	The present statute shall have as its aim the creation of a public enterprise to import and distribute drugs, medical products and medical equipment.

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

The current regulatory framework to reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination in Timor-Leste is as follows:

Decree-Law No. 26/2012 Establishing the Environmental Basic Law ⁴⁹¹	The present law sets out the framework for environmental policy and the guiding principles for the conservation and protection of the environment and for the preservation and sustainable use of natural resources in order to promote the quality of life of the country's citizens.
Decree Law No. 5/2011 dated February 9 on Environmental Licensing ⁴⁹²	This statute establishes an environmental licensing system which is a system based on the assessment of the potential size of the environmental impact of projects taking into account their nature, size, technical characteristics and location for preventing negative environmental impacts and controlling pollution from the projects.

Other laws implemented by the Government of Timor-Leste that directly or indirectly impact the health of the people are outlined below. The table also links the laws to the relevant targets of SDG 3.

Laws	Objective of the law	Relevance to targets of SDG 3
Decree-Law No. 18/2004 on Private Health Units ⁴⁹³	The present decree-law shall regulate the licensing, operating and monitoring conditions of private health units.	3.C
Decree Law No. 19/2009, The Penal Code ⁴⁹⁴	Article 149: Medical and surgical procedures and treatments Article 165: Trafficking in human organs Article 213: Qualification for the practice of certain activities related to pharmaceuticals and health professionals	3.B

Laws	Objective of the law	Relevance to targets of SDG 3
Decree Law No. 1/2005 of 31 May on statutes for Hospitals⁴⁹⁵	The present decree-law, also referred to as the Statutes for Hospitals, approves the juridical regime applicable to hospitals of the National Health Service.	3.B
Decree Law No.12/2004 dated May 26	The current decree law regulates the production, import, commercialization and export activities of pharmaceutical drugs and medicinal products in order to ensure the quality, safety and efficacy of products.	
Decree Law No. 14/2004 dated September 1	Instructions from the decisions of this Act which establish essential requirements for the exercise of the health profession	
Decree Law No. 14/2005, dated December 1	The Law provides for health surveillance for eliminating, diminishing and preventing risks of health and of intervening in the sanitary problems arising from the environment, production and circulation of property and rendering of services of interest for health	
Decree Law No. 9/2005, Dated November 16	Decree Law that created an epidemiological surveillance system, which consists of the collection and analysis of data related to diseases or other human health problems, the interpretation of results and transmission information to those who need it	
Decree Law No. 33/2008 Dated August 27	Decree Law that regulates hygiene and public order	
Decree Law No.26/2021 of 26 of November	Exceptional and temporary measures of sanitary surveillance in response to the pandemic of the COVID-19 disease.	

Secondary research did not reveal any judicial decision in the country.

ANNEX 1

Meeting with Member countries to develop a publication on legal frameworks supporting achievement of Sustainable Development Goals 2030 in South-East Asia Region, virtual platform, New Delhi, India, 6 June 2022

1. Introduction

WHO Regional Office for SE Asia organized a virtual meeting with Member countries to develop a publication for the Regional Committee Meeting in September 2022 on Legal Frameworks Supporting Achievement of Sustainable Development Goals (SDGs) 2030 in SE Asia Region on 6 June 2022.

The document “Regulation and Laws that promote Health Goal SDG 3 in SE Asian Countries” attempts to collate laws and related to regulatory framework of South-East Asian countries that influence key health indicators outlined in SDG 3 and the health goal in the SDGs. The targets for SDG 3 are mapped for supporting a legal framework using various data sources such as that of ministries of health, World Bank, WHO and UN databases.

The country fact sheets have been developed to identify relevant standard laws for health and best practices that support public health and benefit Member States.

Besides the UN Resolution on SDG 2030, the document has been prepared in furtherance of the following WHA resolutions:

- ◉ and plan of action on public health, innovation and intellectual property, WHA61.21 extended by WHA75.14 to 2030, i.e. to be co-terminus with the SDG 2030 agenda
- ◉ Strengthening local production of medicines and other health technologies to improve access, WHA74.6
- ◉ Addressing the global shortage of, and access to, medicines and vaccines, WHA71.12.

A regional consultative meeting was held on 6 June 2022 to enable:

- ◉ review of country law fact sheets supporting SDG 2030; and
- ◉ identifying seminal country decisions/laws/best practices for achieving health goals for SDG 2030.

The document as finalized is to be presented in the forthcoming Regional Committee September 2022 meeting of all health ministers in the Region in the Regional Office for SE Asia.

2. Summary of key conclusions and action points

Key action points emerging from the consultation are as below.

- ◉ Include additional participants who joined in the meeting in the main list and share with all participants and request country offices to share the PowerPoint presentations.
- ◉ Add one para on country constitutional provisions supporting public health by country participants if deemed necessary.
- ◉ The date for revision of the interim report from the respective countries and to give suggestions/concurrence/additions is proposed as 21 June 2022.
- ◉ Track comments received from countries and make amendments in the report accordingly.

ANNEX 2

Meeting Agenda

- ◉ Opening session
- ◉ Presentation of draft document 'Regulation and Laws that promote Health Goal SDG3 in South East Asian Countries by SEARO
- ◉ Discussion on country specific public health supporting legislative frameworks- all 11 SEAR Member states to provide inputs
- ◉ Concluding session

ANNEX 3

Meeting programme

Monday, 6 June 2022		
Discussion and Review on draft document on legal framework		Remarks
Time: 9.00 am IST onwards	<ul style="list-style-type: none"> • Welcome remarks 	<i>Dr Manisha Shridhar</i>
	<ul style="list-style-type: none"> • Introduction of participants and Moderation of the meeting 	<i>By Ismail from Bangladesh WCO focal point</i>
	<ul style="list-style-type: none"> • Address and presentation by WHO-SEARO 	<i>Dr Manisha Shridhar</i>
	<ul style="list-style-type: none"> • Presentation on public health supporting legislative frameworks 	<i>All 11 SEAR Countries</i>
	<ul style="list-style-type: none"> • Discussion on way forward 	<i>Dr Manisha Shridhar</i>
	<ul style="list-style-type: none"> • Closing Remarks 	<i>Dr Manisha Shridhar</i>

ANNEX 4

List of participants

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All countries of the WHO South-East Asia Region are making every effort to accelerate progress towards achieving Sustainable Development Goal 3 by 2030 for the health and well-being of their populations. National legal frameworks help to attain these health goals, including universal health coverage (UHC), implementation of health policies, and the application of the International Health Regulations (2005).

This publication comprehensively maps the health-related legal support envisaged for UHC, including the national regulations and laws promoting the achievement of the health goals by 2030. It identifies seminal court decisions and best practices for achieving SDG3 targets. It is an evidence-based resource for all stakeholders involved in the implementation and follow-up of SDG3 on the interplay between public health, innovation and intellectual property for the achievement of UHC and SDG3 targets.



**World Health
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South-East Asian Region

