

Goal 3: Ensure healthy lives and promote well-being for all at all ages		
Human rights and labour standards	Name and description of selected priority	Comments on selected priority indicator
Target 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.		
<p>The right to life, as enshrined, inter alia, in UDHR art. 3; ICCPR art. 6(1), CRPD art.10, ICRMW art. 9 etc.</p> <p>UDHR Art. 25: (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including (...) medical care</p> <p>ICESCR: Art. 12 (1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2):The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: a): The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; b): The improvement of all aspects of environmental and industrial hygiene; c): The prevention, treatment and control of epidemic, endemic, occupational and other diseases; d): The creation of conditions which would assure to all medical service and medical attention in the event of sickness.</p> <p>CEDAW: Art. 12: 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. 2. (...) States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.</p> <p>CRPD, art. 25 (a): Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;</p> <p>ICRMW, art. 28: Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment. Art. 43: 1. Migrant workers shall enjoy equality of treatment with nationals of the State of</p>	<p>Maternal deaths per 100,000 live births.</p>	<p>Explicit human rights reference.</p> <p>This indicator corresponds to OHCHR outcome indicator on health rights. The indicator formulation relates directly to the target.</p>

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<p>employment in relation to: (e) Access to social and health services, provided that the requirements for participation in the respective schemes are met;</p> <p>UNDRIP, art. 24.2.:Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. Art. 24.1.: Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals</p>		
<p>Same as above</p>	<p>Proportion of births attended by skilled health personnel</p>	<p>Explicit human rights reference. While the emphasis on skilled health personnel has strong human rights relevance, there may be a need to supplement this indicator to also address the complementarity with traditional birth attendants, as e.g. enshrined in UNDRIP, art. 24.1. regarding traditional birth attendants.</p>
Target 3.2. By 2030, end preventable deaths of newborns and children under 5 years of age.		
<p>The right to life, as enshrined, inter alia, in UDHR art. 3; ICCPR art. 6(1), CRPD art.10, ICRMW art. 9 etc.</p> <p>UDHR Art. 25: (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including (...) medical care</p> <p>ICESCR Art. 12 (1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2):The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: a): The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; b): The improvement of all aspects of environmental and industrial hygiene; c): The prevention, treatment and control of epidemic, endemic, occupational and other diseases; d): The creation of conditions which would assure to all medical service and medical attention in the event of sickness.</p>	<p>Under-five mortality rate (deaths per 1,000 live births)</p>	<p>Explicit human rights reference Corresponds to OHCHR outcome indicator on health rights. Corresponds well with the target.</p>

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<p>CRC Art. 24.1.: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.</p> <p>2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services. 3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.</p> <p>CRPD, art. 25 (b): Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons; (d) Require health professionals to provide care of the same quality to persons with disabilities as to others,</p> <p>ICRMW, art. 28: Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment.</p> <p>UNDRIP Art. 24(1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. (2): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.</p>		
Target 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.		

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Same as above	Number of new HIV infections per 1,000 susceptible population (by age, sex, and key populations)	Explicit human rights reference, also in the effort to disaggregate according to discrimination grounds. Overlaps thematically with OHCHR process indicators. See also Special rapporteur on Right of everyone to the enjoyment of the highest attainable standard of physical and mental health A/68/297.
Same as above	TB incidence per 1,000 persons per year	Explicit human rights reference.. Overlaps thematically with OHCHR process indicators, but the formulation of the indicator is less elaborate regarding discrimination grounds.
Same as above	Malaria incident cases per 1,000 person per year	Explicit human rights reference. Overlaps thematically with OHCHR process indicators, but the formulation of the indicator is less elaborate regarding discrimination grounds.
Same as above	Estimated number of new hepatitis B infections per 100,000 population in a given year	Explicit human rights reference. . Overlaps thematically with OHCHR process indicators, but the formulation of the indicator is less elaborate regarding discrimination grounds.

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		<p>The target itself is not formulated according to human rights standards, principles or concepts.</p> <p>The control of diseases refers to States' individual and joint efforts to, <i>inter alia</i>, make available relevant technologies, using and improving epidemiological surveillance and data collection on a disaggregated basis, the implementation or enhancement of immunization programmes and other strategies of infectious disease control. (General Comment 14 on the Right to the Enjoyment of the Highest Attainable Physical and Mental Health).</p>
<p>Target 3.4 By 2030, reduce by one third premature mortality from non- communicable diseases through prevention and treatment and promote mental health and well being</p>		
<p>Same as above</p>	<p>Probability of dying of cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages 30 and 70</p>	<p>Explicit human rights reference with respect to the right to life and the right to health.</p> <p>The indicator does not address the ambition of the target to promote mental health and well-being. Nor are there any other indicators under Goal 3 that address the issue of mental health. This is a serious gap, as the International Covenant on Economic, Social and Cultural Rights (ICESCR) explicitly recognises, in article 12.1. "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".</p>

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		<p>A complementary, relevant and feasible process indicator could be the “proportion of the overall allocation for public health care that is allocated to mental health care”. <i>“Mental health deserves much more attention and must be effectively mainstreamed within the Sustainable Development Goals through the goals and benchmarks related to health and sustainable development. The high number of suicides and suicide attempts are an indicator that the mental health of individuals and population needs to be addressed very seriously.”</i> See SR on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/29/33, par. 83.¹</p>
<p>Target 3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p>		
<p>ICESCR, art. 12.2.: The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: b) The improvement of all aspects of environmental and industrial hygiene;</p> <p>CRC, Article 33: States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties</p>	<p>Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders</p>	<p>Explicit human rights reference. Relates to OHCHR process indicators on health rights. Corresponds well with target.</p>
<p>Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents</p>		
<p>The right to life, as enshrined, inter alia, in UDHR art. 3; ICCPR art. 6(1), CRPD art.10, ICRMW art. 9.</p>	<p>Number of road traffic fatal injury deaths per 100 000 population</p>	<p>Explicit human rights reference with respect to the right to life and to health.</p>

¹ <http://undocs.org/A/HRC/29/33>

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		<p>Relates to OHCHR process indicators on health rights (“proportion of driving licenses withdrawn for breaches of road rules”)</p> <p>Correspondence between target and indicator</p>
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		
<p>CEDAW Art. 14, 2: States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: (b): To have access to adequate health care facilities, including information, counselling and services in family planning. Art. 16.1 1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;</p> <p>CRC, article 24.1 (f) To develop preventive health care, guidance for parents and family planning education and services.</p> <p>CEDAW. Article 16. 1. States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations 2: The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.</p> <p>CRPD, 23.1:States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have</p>	<p>Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods.</p>	<p>Explicit human rights reference Relates to Sexual and reproductive Health and Rights. See also General Comment No. 14 of the Committee on Economic, Social and Cultural Rights (CESCR) on the Right to the Enjoyment of the Highest Attainable Physical and Mental Health. Overlaps with OHCHR process indicators on violence against women.</p> <p>Correspondence between target and indicator.</p>

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access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;		
<p>As above. In addition:</p> <p>UDHR, Art. 16.1: Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family.</p> <p>CEDAW Article 16. 2: The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory.</p> <p>CRC, art. 1 For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.</p>	Adolescent birth rate (10-14; 15-19) per 1,000 women in that age group	<p>Explicit human rights reference with respect to early age birth rates.</p> <p>Relevant to the target.</p>
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		
<p>UDHR Art. 25: (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including (...) medical care</p> <p>ICESCR Art. 12 (1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2):The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: a): The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; b): The improvement of all aspects of environmental and industrial hygiene; c): The prevention, treatment and control of epidemic, endemic, occupational and other diseases; d): The creation of conditions which would assure to all medical service and medical attention in the event of sickness.</p> <p>CRC Art. 24.1.: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. 2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate</p>	Coverage of tracer interventions (e.g. child full immunization, ARV therapy, TB treatment, hypertension treatment, skilled attendant at birth, etc.)	<p>Explicit human rights Relates to OHCHR process indicator under health rights (Accessibility attribute).</p> <p>Relevant to the target.</p> <p>See also SR on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, A/HRC/29/33, par. 83.²</p>

² <http://undocs.org/A/HRC/29/33>

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<p>measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services. 3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.</p> <p>CRPD, art. 25: States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. (...) a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons b): Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons; (...)d) Require health professionals to provide care of the same quality to persons with disabilities as to others, e) Prohibit discrimination against persons with disabilities in the provision of health insurance, f) Prevent discriminatory denial of health care or health services</p> <p>ICRMW, art. 28: Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment. Art. 43.1. Migrant workers shall enjoy equality of treatment with nationals of the State of employment in relation to: e) Access to social and health services, provided that the requirements for participation in the respective schemes are met.</p> <p>UNDRIP Art. 24(1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals.</p>		

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Indigenous individuals also have the right to access, without any discrimination, to all social and health services. (2): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.		
As above	Fraction of the population protected against catastrophic/impoverishing out-of- pocket health expenditure	Explicit human rights. Relates to OHCHR process indicator under health rights (Accessibility attribute). Relevant to the target
Target 3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.		
<p>The right to life as enshrined, inter alia, in UDHR art. 3; ICCPR art. 6(1), CRPD art.10 and ICRMW art. 9 .</p> <p>The freedom to seek, receive and impart information as enshrined, inter alia, in UDHR art. 19 and ICCPR art. 19.</p> <p>The right to take part in the government of one's country and in the conduct of public affairs as enshrined, inter alia, in UDHR art. 21 and ICCPR art. 25.</p> <p>The right to access to legal remedy as enshrined, inter alia, in UDHR art. 8 and ICCPR art. 2.3.</p> <p>ICESCR art. 12 (1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2):The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: b): The improvement of all aspects of environmental and industrial hygiene;</p> <p>UNDRIP art. 29(2): States shall take effective measures to ensure that no storage or disposal of hazardous materials shall take place in the lands or territories of indigenous peoples without their free, prior and informed consent. Art. 29(3): States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials are duly implemented.</p>	Population in urban areas exposed to outdoor air pollution levels above WHO guideline values	Explicit human rights reference Refers to the right to a healthy natural and workplace environments under health rights (CESCR General Comment No. 14) Relevant to the target This is a people-centred and human rights-relevant indicator, which could double as indicator under target 11.6.
Target 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate		

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<p>ICESCR: Art. 12 (1): The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2):The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: b): The improvement of all aspects of environmental and industrial hygiene;</p> <p>WHO Framework Convention on Tobacco Control (FCTC), art. 3: The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.</p>	<p>Tobacco use among persons 18 years and older</p> <p>Age-standardized prevalence of current tobacco use among persons aged 18 years and older</p>	<p>Implicit human rights reference in the reference to a health related indicators.</p> <p>Refers to the right to a healthy natural and workplace environments under health rights (General Comment No. 14)</p> <p>Relevant to the target</p>
<p>Target 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p>		
<p>UDHR art. 27: Everyone has the right freely (...) to share in scientific advancement and its benefits. Art. 28: Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.</p> <p>ICESCR, Article 2 (1): Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures. Art. 11(1) The States Parties will take appropriate steps to ensure the realization of this right, [to an adequate standard of living] recognizing to this effect the essential importance of international co-operation based on free consent. Art. 15.1.: The States Parties to the present Covenant recognize the right of everyone: b) To enjoy the benefits of scientific progress and its application Art. 15.2.: The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for the conservation, the development and the diffusion of science and culture. 3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity. 4. The States Parties to the present Covenant recognize the benefits to be derived from the encouragement and development of international contacts and co-operation in the scientific and cultural fields.</p>	<p>Proportion of population with access to affordable essential medicines on a sustainable basis</p>	<p>Explicit human rights reference. "Economic accessibility (affordability): health facilities, goods and services must be affordable for all." (CESCR General Comment No. 14), see also OHCHR process indicators on health rights.</p> <p>Relevant to part of the target which covers research as well as access and TRIPs agreement under which intellectual property right. The indicator reflects only access.</p>

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Target 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially least developed countries and small island developing states		
<p>ICESCR Article 2 (1): Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures. Art. 11(1) The States Parties will take appropriate steps to ensure the realization of this right, [to an adequate standard of living] recognizing to this effect the essential importance of international co-operation based on free consent.</p> <p>CRC Article 3.3: States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</p> <p>CRPD art. 32 (a): Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities</p>	<p>Number of health workers per 10000 population (by categories, geographic distribution, place of employment, etc.)</p>	<p>Explicit human rights reference "Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population". CESCR General Comment No. 14.</p> <p>Indicator reflects part of the target</p>
Target 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.		
<p>The right to life as enshrined, inter alia, in UDHR art. 3; ICCPR art. 6(1), CRPD art.10 and ICRMW art. 9 .</p> <p>The freedom to seek, receive and impart information as enshrined, inter alia, in UDHR art. 19 and ICCPR art. 19.</p> <p>The right to take part in the government of one's country and in the conduct of public affairs as enshrined, inter alia, in UDHR art. 21 and ICCPR art. 25.</p> <p>The right to access to legal remedy as enshrined, inter alia, in UDHR art. 8 and ICCPR art. 2.3.</p> <p>The right to the highest attainable standard of physical and mental health as enshrined, inter alia, in ICESCR art. 12</p> <p>CPRD, art. 11: States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to</p>	<p>Percentage of attributes of 13 core capacities that have been attained at a specific point in time.</p>	<p>HR relevant, not referenced. Connection between the indicator and the target somewhat unclear</p>

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ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.		