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THE SUSTAINABLE DEVELOPMENT GOALS AS A VEHICLE F
GLOBAL HEALTH OBJECTIVES: AN ETHICAL CRITIQU

Esther Murugi Muiruri

A Thesis submitted to the Faculty of Health Sciences, Univ
Johannesburg, in fulfilment of the requirements for the degree of Do

Johannesburg, 2019

Declaration

I, Esther Murugi Mucharie hereby declare that this thesis is my original work. All the relevant sources that I have used during the course of writing and acknowledged in this thesis.

This thesis is being submitted for the degree of Doctor of Philosophy of the Witwatersrand, Johannesburg. It has not been submitted for examination at this or any other University.

Signature: ----------

Signed 14th day October, 2019

Dedication

To my Father and my parents

Abstract

This is an ethical critique of the Sustainable Development
their potential for improving healthy lives and well-being for all human beings.

Drawing from globalization as the context in which various
globe between persons, corporations, institutions, and sta
dominant narratives of globalization have focused on its mac
have underexplored globalization's influences on individual health and well

The case is made that the negative effects of globalizatio
emanate from exclusion, powerlessness, and physiological ri
made that Agenda 2030 and the SDGs represent a global c
individual health and well-being.

Using a broader conception of health as well-being is philosophical
approaches, a link between the determinants of health and
made with Agenda 2030 and the SDGs as a central component
critique of reasons and intention is also carried out; justified
are crucial to the sustainability of actions under Agenda 20
ethical analysis of SDG3 is also carried out, and these link
explored.

Challenges identified by various authors as being impedime
are analysed, and solutions proposed. A contribution to
Herbert Simon's related concepts of satisficing and bounded rationality
guiding the decisions that states will make towards progress in

The conclusion is reached that while the SDGs are unlikely
congruent with several philosophical approaches that can be used to
improve health and well-being for all.

Acknowledgements

This thesis has been greatly enriched by the input and ad
Kevin Behrens and Dr. Christopher Wareham. I count it a privilege to learn
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I am grateful to the staff at the Steve Biko Centre for Bioe
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Brenda Kubheka and Ayanda Sinuka
encouragement throughout this journey.

I am blessed to have the love and support of my husband Donald, who has alw
me, generously supported me, and seen to it that the family keeps go
absences away from home. I thank our children for alway
understanding when I have had to be away.

To my siblings, Anga anteni sana! You truly represent the good in

To my father and mother, I am forever grateful for the impactful role y
life; and for your abundant generosity in countless ways. O

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INTRODUCTION

The interconnectedness of people and their shared values, and beliefs around the world, provide common ground on which to begin ex globalization. Numerous conceptions and critiques that p as involving a multiplicity of people, processes, outco combinations of these, have largely framed globalization in impact, and have failed to acknowledge its significant impact o

Using illustrations of the activities that take place across the globe among persons, corporations, institutions, governments and states, I show the interconnectedness between persons and their a some of the diverse discussions and conceptions of globali have been by various authors, and show the ways in which gl is perceived to be shaping our world

Looking at the literature on globalization reveals that its start aspects such as its impact on economic and political systems rap prominence, the effects of globalization on the individual, whil most of the literature on globalization focusing on globa environment. Through an analysis of various literatures, it is c case that little regard has been given in the literature to its effects on individual's health and well-being.

I make a contribution to bridging this gap in the literature on globalization by demonstrating that the effects of globa immediate and personal areas of individuals' lives. Using three specific manifesta globalization, namely: the threat of terrorism, globalization and effects on physiological threat, I argue for a perspective of globa on the health and well-being of the individual, that recognizes environmental narratives of globalization.

If persons are excluded from meaningful interaction, or experience a sense of powerlessness to make a positive contribution in these

their physiological health emanating from the ecological crisis, of
distant, there is a likelihood that living with ecological degradation will adversely affect
order to arrive at this understanding, of what constitutes a good life and well-being, of
definition of health that plays a role in the lives of individuals. Health must be
considered from a point of its moral significance as well.

In Chapter 1, it is claimed that the Sustainable Development Goals (SDGs) attempt to mitigate the negative effects of globalization and industrialization on well-being. This can be seen in Agenda 2030 's call, as well as the framework of the SDGs, which focus on meeting targets to be attained by 2030. Agenda 2030 SDGs also call for action from non-state actors, individuals, and other entities to meet the goals. Agenda 2030 views individuals as persons who can in positively influencing their own as well as others health.

Chapter 2 broadens the understanding of health from the perspective of the individual means.

Beyond a narrow, biomedical definition of health, the moral significance and the importance of well-being is not only risks to a person's organs and systems that we ought to be concerned about, but to the conditions which deprive human beings of the means to actually live lives of their own choosing. Extreme poverty, for example, discrimination on morally unjustifiable grounds such as race, gainful work or employment, for instance, are among the health and well-being. The determinants of health are inextricable part of endeavour that seeks to promote health and well-being.

I analyse well-being from diverse philosophical approaches that include the Capabilities Approach, utilitarianism, and virtue ethics, etc. To justify this analysis of well-being from different philosophical approaches, an ethical critique of well-being from diverse perspectives is required to variety of conceptions of well-being to be found and experienced by people different geographical, religious, educational, social, economic

A more holistic view of health would see it as the complete state of an individual well-being to the individual's interaction with the determinants of health argue must themselves incorporate considerations of social ju

Using Rawls's justice as fairness, and a critique of justice show that social justice considerations are taken into account in the health in Agenda 2030 SDG3 as a contribution to knowledge by determinants of health which incorporate social justice co between the state of health of the individual, and the wide analysed broadly using philosophical approaches.

Chapter 2 also incorporates an ethical critique of the int carrying out particular actions. I argue that the sustainability of motives and intentions that are prior to, or that lead to th there may be many reasons for carrying out particular actions altruistic purposes), the alignment of motives and int with actions has implications for the individual's health and well

Chapter 3 contains a detailed analysis of the epidemiology of SDG3, including its targets, indicators, and means of implementati

I justify this analysis of SDG3 using four main reasons. Firstl SDGs are the outcome of a global consultation process, so in 2015 specifically mentions the right to the highest attainable stand of health and well-being entails.

Secondly, the arguments I make in Chapter 2 draw from, amongst ot Venkatapuram (2007), Daniels (2001), that health extends far bey biomedical definition that is focused on alleviating disea functioning. Analysing the broader implications of SDG3 beyon definition is needless unless we go into consider what effects th being.

A third reason is needed to test whether the 2030 Agenda's aim integrated, interconnected goals is truly possible, or how the

of SDG3 a(lnd other goals) must of necessity be examined co
the other Agsoba lsr guinedChapter 2, the determinants of health a
broader conception of heablethin,gand of the inter-dependencies
necessacrynto sider the ethical implicattsi onasr geftsSDG3 and other
goalsIscarroyut ymanalysisSDG3 using various phaipposrpahcsuch as
cosmopolitanismu,tiUlbumitkaism,andsontiocal appland the Capabiliti
Approach

The fourth and final reason forimanalysiwsVenthkatea(S2D0G0 3)s
VenkatapuraMmarmot(2009) alfor indiscriplinary reasoning and e
betweendetheerminants of haealpiasmwBeldgyes taking up Venkat
and Marmot s myfoblecusged analysis of SDG3 which combines
grounding witanhetaiyssical contribution to knowledge, given tha
and ethical criGtiquandfitsSDitradicaattsamsd means of implasmenttati
previously been tcaarkedufrotuher contribution by inkcomplordaging
multiple ethical approacbhoefsSDnG3y analysis

Myanalrsiesvsesathatonse of the atrdgientdicators uwnderlodeSrDeG3 from
clarification and expansion, particularly in whAtomeeyofathree
indicators iarnadeqsuate inwhearmtshesfupapeostomeAsureexample is
one of the tracerasofo3.8n.1, which Pmeeasurges of population in
endemic areas who slept u-nderearteadnietsthicpdevious night
inadequate measure since evidence shows bhitmpgtoresquistion
responsmeostquitreated nectasbheagrid toatbiatle times of the day

Other issuesidvehitmyclude the exclusiongrofupserfaomathe indica
and the inclusion of unjustifiable and ethicaulhypeorbolemat
poisoninatgleast one indicator.

In Chapterex4p,lothree measures whicsthatateasc,tomrsn institutio
individuals can take in order to accelerate progress toward

Ianalyzaspects 2018eReportSofrtheGaeryneral of the United Natio
Hig-hevel Political Forum on Sustainable Development, wh

towards the SDGs is generally slow, and in some cases there has mixed record of success so far. For SDG 1, for instance, there has been a rise in cases of hunger rather than a reversal; con SDG 3 records some gains in terms of a general decrease in but an increase in the cases of malaria. The number of deaths have remained largely the same.

I also explore some of the issues that have been identified as im SDGs, as well as measures proposed by various actors to spur action by sta actors, institutions and other entities. I offer an initial typology that links these proposals to the underlying challenges and how well carried out earlier.

Some of the most pressing challenges that could impede t lack of statistical capacity within countries, a lack of cla financial resources would be required to meet the goals interlinkages, and synergies in national policies and pro contribution to knowledge by arguing that the concepts of bounded rationality are relevant to understanding the challenges progress in Agenda 2030. This is particularly so in cases w incomplete indicators for the SDGs and a lack of data c satisficing can help states to determine which targets and in order to have the widest impact.

Chapter 5 concludes the ethical scrutiny of the SDGs by bus and making a few recommendations for actions aiming the goals. Another call for the SDG indicators to be finalised March 2018 and progress on others still ongoing, it is likely t challenge into the SDGs 2030.

I. Rationale for the research

Owing to the impact of global health on a wide, an approach represents a global perspective on global health is called

consensus on the priorities to be tackled, having been unanimou
the 193 members of the United Nations. They offer the bes
various determinants of health at a global level.

II. Research Aim and Objectives

Through an ethical critique of various philosophical approache
to show how these SDGs can ethically justify global health objective

Objectives

1. To critically defend the claim that the impact of global
   global approach to health.
2. To ethically critique the Sustainable Development Goals, selecti
   approaches from Kant, deontology, utilitarianism
   cosmopolitanism, African traditional philosophies such
3. To normatively analyse specific measures that could ac
   achievement of the SDGs

III. Research Methodology

This is a purely normative study. It has not been based on primar
research. No data was collected or analysed. The resea
study participants. It is an ethical critique drawing from th
employing philosophical approaches from a traditional Western
diverse global perspectives.

One aim of normative bioethics research is to argue for or a
recommendations. Ethical critique in this research has be
analysing SDG3 and its targets, and implementation as ag
ethical approaches. The ethical approaches used include virtue eth
approach, utilitarianism, cosmopolitanism, the Capabilitie
SDGs which potentially have a health bearing as well as similarly analys
diverse ethical approaches, and their contribution to the Tabl
of diverse ethical approaches to analyse the SDGs sets t

suitabilit SyDG3 s targets, indicators and means of implemen
challenges to their success, and making recommendations f

I have employed the typical research methods and standa
research, mainly involving the interpretation and critical ana
critical analysis of relevant texts involves the definition
identification and criticism of assumptions, the analysis
frameworks, the development and defence of arguments, t
between general principle and particular judgment and the
interpretation of significant concepts found in the sources.

Source literature have been drawn from, but have not been
the University of the Witwatersrand Library, electronic data
and books including BioMedCentral, Wiley Online Library, PubMed,
internet search engines such as Google Scholar. Examples
my online searches include ethics, justice, SDGs, global
intention, motive, SDG indicators, and satisficing.

In my analysis of SDG3, I have examined each target as well a
establish the basis for the indicators chosen. This examina
use of the World Health Organization s Global Health Observ
as resources from various departments of the United Natio
are not limited to the United Nations Department of Economic and
United Nations Statistics Division. These resources were selected
as well as their wide scope of coverage in terms of the num

IV. Limitations of the research

Given that the SDGs were adopted in September 2015, the
the available literature using the -agenda s most current
were written prior to the adoption of the SDGs. The nature of these
most current indicators that this research considers. As
indicators for the SDGs, which continue to be reviewed and
and Expert Group on SDG-SDG Indicators (IAEG-SDGs) continues t

hold meetings to review and update the indicators. They a
indicators discussed in this research are those that were in

In view of the word limit set for this thesis, a decision had to be made to focus on a few of the specific aims as stated under each of the SDGs. Therefore, in the analysis of every SDG in scope, not all of the specific aims have been considered. This is because other SDGs do not have a bearing on health in the SDG framework. As will be evident from the discussion of the SDGs, in the analysis of SDG 3, focus is on a few of the specific aims that are connected, for the most part, to health as an area of concern that is a determinant of health and well-being. Where relevant, I have attempted to mitigate this limitation by drawing on some of the arguments made in my analysis of SDG 3.

In terms of the philosophical approaches that I have employed in this thesis, I have largely drawn insights originating from a Western philosophical perspective, which over time have become widely applied in various societies around the world. I have not discussed philosophical traditions from an Eastern perspective owing to various factors including the length of the thesis within which to undertake the study. Employing Eastern philosophical traditions in global health can potentially be an area of future research.

CHAPTER 1: THE INFLUENCE OF GLOBALIZATION

Setting the stage

All the world's a stage,

And all the men and women merely players

(Spoken by Jaques in As You Like It)

These lines written by William Shakespeare in As You Like It (Project Gutenberg Digital Text, n.d.) remain relevant today as they were when Shakespeare first wrote them. The reference to the seven ages of life is interconnected with the aim of this study, which is to explore the interactions that take place between and among governments, services that are provided to citizens institutionally by government, the business operations of private corporations and, relatedly, between and among governments and corporations against the backdrop of globalization. The daily lives of human beings are affected or influenced by globalization's various manifestations and all the men and women [are merely players] (Project Gutenberg Digital Text, n.d.). This study is about people and their interactions with other people and with governments, whether they are engaged in commercial pursuits, in the expression of fundamental rights, or in activities that are somewhere in between these two extremes. Such interactions include, for instance, exchanging goods and services, forming contracts, and establishing the rules of engagement with respect to matters such as trade, investment, security, and the engagement of individuals in diplomatic relations.

A brief and concise definition of globalization is difficult to come by. The term does so many elements and is used in such a multitude of contexts that trying to fit it into a simple sentence or two would not do it justice (Van Der Wal, 2009, p. 1). Globalization terms have evoked the range of responses, or been quite

globalization . It has been variously described as a proces
The resulting sa ndi pati ri but i ons a nd i nva ri a bl e i nv.i te confusio

In Se cti o n I, I n a nal yse some of these a nd i de nti fy s ome s pe ci fi c i s s ue s i n gl o ba l i z a ti o n
its hi s tori ca l a nd dri vi ng forces , i n order to s how the ways i n whi ch i t i s pe rce i ve d to
s ha pe our wo rl d. Whi l e s ome a s pe cts of gl o ba l i z a ti o n s ha ve a n e cono mi c a nd
poli ti ca l s ys te m s pe ci fi c a ppe a l a nd a re a ppl i ca bl e to a pa rti cul a r pl a ce , ti me a nd
i ndi vi dua l ha ve a n e ve n wi de r i mpa ct. I n Se cti o n II, we e xa mi ne s ome of the hi s tori ca l fa ctors
e ffe ct on the ma cro l e ve l , we i n tro duce s ome i nte gra ti ve fra me wo rks to s how gl o ba l i z a ti o n a ffe cts
a n i ndi vi dua l s he a l th a nd we i de ntify ga ps i n the e xi s ti ng l i te ra ture . I n Se cti o n III, we
l i te ra ture de mo ns tra te tha t the e ffe cts of gl o ba l i z a ti o n pe rva de thro ugh e
i mme di a te a nd pe rs o na l a re a s of a n i ndi vi dua l s l i fe s pe ci fi ca l l y i n the
ma ni fe s ta ti o ns of gl o ba l i z a ti o n. Se cti o n IV e xa mi ne s the thre a t of te rro ri s m to cyber s e curi ty
gl o ba l i z a ti o n e ffe cts on pri va te l i fe . I n Se cti o n V, we a rgue tha t whi l e the i nfl ue nc
of gl o ba l i z a ti o n ca nno t e i the r be i gno re d or the n re ve rs e d, Sus ta i na bl e De ve l opme
(SDGs) i ntro duce a n a l te rna ti ve gl o ba l i z a ti o n a ppro a ch e xa mi ne s s ome of the a tte mpts to mi ti ga te
s ome of the ne ga ti ve e ffe cts of gl o ba l i z a ti o n a nd ma ke the ca s e for the SDGs to s e e k to reori en
the pl a ce of the hu ma n be i ng s a t the ce ntre of gl o ba l i z a ti o n, ra the r tha n s ubjects a pe
upon whom the e ffe cts of gl o ba l i z a ti o n a re i nfl i cte d. Se cti o n VI co nclude s the a rgume nt.

Se cti o n II: Ba ck gro und: de fi ni ti o ns a nd hi s tori ca l fa ctors i n gl o ba l i z a ti o n

Etymologically, the word gl o ba l i z a ti o n, a ccordi ng to the
Online Etymological Dictionary (2017), a ppe a rs to have made its fi rs t e n
Merriam-Webster Online Dictionary (2017) however places the fir
globalization, with 1930 as the earliest definition of global as the development
of an increasingly integrated global economy marked especially by
flow of capital, a nd ra pi d growth of cheaper foreign la bo r. Three ma in e cono mi c
a spects and characteristics of gl o ba l i z a ti o n a re e mpha si s i n this view of
globalization while is acknowledged, trade plays an important
global interactions, this narrow view does not do justice to the m
richness of the possibilities of gl o ba l i z a ti o n.

In the Oxford Living Dictionary (2017) globalization is the process by which businesses or other organizations develop international influence or start operating on an international scale. This coincides with the concurrent World Trade Organization (2007) description of globalization as a process, this definition is limited globalization to legal aspects of commercial transactions and does not seem to allude explicitly to the exclusion of natural persons. Developing international influence is a process of which individual human beings are the driving force, well-known examples being, for instance, Mandela the physicist Nobel Laureate Albert Einstein, the footballer Cristiano Ronaldo, singer and entrepreneur Beyoncé Knowles-Carter, and activist Nobel Peace Prize Laureate Malala Yousafzai, to name but a few.

In terms of its history globalization is commonly divided in several phases. Pfister and Taylor (2002) consider the trade route between Europe and Asia involving goods such as coffee from Asia to Europe, and silver from Europe to other parts of the world as the earliest beginnings of globalization. Holton (2005) employs a classification of globalization attributed to Hopkins (2002) (Hopkins, 2002 cited in Holton, 2005, p. 41). Holton states that the first phase of globalization [pre-dates] industrialization and [entails] principal actors involved [as] explorers, kings, priests and scholars such as Genghis Khan, Marco Polo (Holton, 2005, p. 41). Paul

The second phase of globalization according to Holton (2005) occurred between the 15th and 19th centuries with state reconfiguration and expansion. Modern globalization Holton describes as a conventional state-centred phase (1800 to 1950) associated with industrialization and the nation-state. This was the third phase of globalization, as Matthew (2007, p. 228) noted. The modern phase was characterised by institutions that enforced international law in certain ways, adhered to standardized means of diplomatic communication, complied with international agreements, and provided predictable legal and

The fourth post-colonial phase is one which found countries struggling after 1950 in a largely decolonized world to find their place in international organization and integration (Holton, 2005, p. 41). Actors in the post-colonial phase are business and political elites, migrants and asylum seekers, global civil society and virtual networks around the globe (Holton, 2005, p. 41).

Unlike Holton, who does not see some phases of globalization as being
West, Sen (2002a, p.2) asserts that the agents of globaliza
exclusively Western, everything is said to Western. Some similar create
this point by referring to the development of scientific and t
the printing press, the magnetic-bound compass, was already in
China by A.D. 1000. He also refers to the decimal system, which had be
the second and sixth centuries AD and spread into other continents.

Historically, the globalization has varied in regional and continental
Inasmuch as the particular influence of different actors may have i
decreased over time, at one time dominant globalizing patterns of the
a fabric woven from the threads of cumulative time, the collective
various continents on the globe.

Capturing a broader understanding from the etymological dictionary definitio
and its historical usage gives us a perspective to globalization and
and its social, the image of a pebble thrown into a pond comes to
even increasing concentric ripples moving. This picture also serves
the dual purpose of illustrating the effects of globalization as the
confluence of actions, across the world, creating a

It is imperative to cast an eye on studies and analysis of the current
characterisation of globalization in order to get a richer picture of
today's world.

Broadening the understanding of globalization

The State University of New York (SUNY) system describes globalization as:

> a process of interaction and integration among the p
> governments of different nations, driven by international
> trade and investment and aided by information technology. This process has
> effects on environment, on culture, on political systems, on
> development, and on physical well-being of societies around
> the world (SUNY Levin Institute, 2016).

This description recognises globalization and the ever-growing movements as well as nations. Rather than the focus on the processes and the effects of the its characteristics Warrier and Wood (2009, p. 1) refer to as symptoms globalization.

The Defense Science Board on Globalization and Security (1999) and Wiley (2011) also mention the characteristics of globalization describing it as the integration activities of geographically and/or nationally dispersed entities in which the participation of these activities as political, cultural and economic actors through the use of are acknowledged as central to globalization, there is no recognition activities human beings who tangibly and palpably exercise agency or power consequences of globalization.

Rastegar and Moradi (2014, p. 163) attribute the product of communication technologies as well as human, developments turn the result of a process as natural and. This context in which globalization can be described as natural is. Rastegar and Moradi themselves acknowledge the definition as a second view of globalization as the plan or a process and a third view of globalization as a hybrid of as plan (2014, p. 163). The word in their first description of globalization problematic because one of the Cambridge Dictionary (2017) and the Oxford Living (2017) is found in nature and not invented made or done by people to exclude human. Rastegar and Moradi their first definition place human beings at the centre of globalization definition of nature Cambridge English Dictionary (2017) expected s not cure the. Expectations are, therefore, the ability, which in turn from a discernible past that have been experienced by the known conscious human mind through a deliberate process, rather.

One of the most conceptions of globalization comes from Anthony Giddens uses the term time-space distanciation to describe the relationship exists between local and distant (1990, p. 64). In the events and the expansion and networking relations between local and the distant. Gid globalization as the intensification of worldwide social relations w

in such a way that local happenings are shaped by events occurring many miles av
versa (1990, p. 64). Networking time and space therefore extends the influence
persons or other events into immediate geographical confines

Goldin and Reinert (2007) view globalization as the expanding worldwide connecti
in many spheres as well as increasing interdependence of human ac
spheres such as economic, social, cultural activities, illustrating the multifaceted
of globalization. Scholte (2005) and Rosenau (1997) as exemplify sociological view
interacts with social, economic, political and cultural as well as geo
(2010, p. 5).

Melluish (2014) views creation of a significant degree of global interdepende
to the rapid flow of culture between nations that cultural globalization, i
dependent on influences such as the economy and ideology,
the people involved has welcome perspective on globalization in
terms of its psychological effects on the ability to individuals think
about ourselves in relation to our environment (Arnett, 2002, p. 774; Jensen, 2003, p. 189).
describe globalization involving both the structures of community and
structures of personhood highlighting globalization influences both one's
external environment as well as the interrelation to the rest
world.

Ritzer (2007) describes types of globalization as economic, political and cultural.
Political globalization has its basis in nations and the power relati
them. Economic globalization is driven on the capitalist world transnat
corporations and World Trade Organization. Ritzer follows what he states
to be Reese's (2004) approach to theorizing aspects of globalization:
cultures around the globe are connected, often merging, for creating new
out of the unique combination of global and local resources (Ritzer, 2007, p. 10).
(2007, p. 10).

Ritzer's preferred global interactions state integration, cultural convergen
well as hybridization and localization. Globalization encompasses aspects of
human living such as food, clothing, entertainment. Ritzer examines the term

grobalization refer to the growing worldwide ability of, especiall
organizations and modern states to increase their power
(2007, p. 167). This increase power is aimed at exerting greater influence
states or the maximization of influence through grobalization (Ritzer, 2007, p. 16).
Grobalization in Ritzer's view is an example of globalizati

Another term used to describe a different form of globalization is
(2013) defines glocalization as the simultaneous occurre
particularizing tendencies of contemporary social, political, and economic sy
According to Blatter, the term is a blending of the words global and local
was popularized by the Japanese economist Roland Robertson in turn attributed i
Japanese economists who used it to explain Japanese global marketing s

Roland Robertson (2001) views glocalization as useful for conceptualizing the question
of whether global change involves increasing homogeneity or a
mixture of both (2001, p. 462). Robertson's example of commodification, R
the interplay between economic and cultural factors is a central
feature of the connection between contemporary culture and
transnational corporations have a vested interest in promo
cultural contexts in an age of globalization (Robertson, 2001, p. 462). Robertson concludes
glocalization as a hybrid of homogenization and heterog

Glocalization in Ritzer's (2007, p. 13) is the interpenetration of th
resulting in unique outcomes in different geographic areas
previous descriptions of glocalization differ in how they view within th
sameness. Thus the utility of the term glocalization lies in
simultaneous paradoxes of sameness and difference that
Ritzer (2012) sees grobalization as a useful counterpart to glocalizatio
a continuum from grobalization at one end to glocalization

One of the most well-known manifestations of glocalization is exem
Corporation's adaptation of ingredients in its menus in different co
of meal options favoured by particular markets. Crawford, H
note McDonald's use of locally sourced cheeses such as c

the introduction of 100% Angus Beef, and the New Zealand fashion
burger in Hong Kong, a fried chicken patty served in a bun

King and McGrath (2004) contribute to the globalization debate from a political perspective, classifying it into three broad groups. The first group, which proponents such as Kenichi Ohmae, see the benefits of free trade as providing a higher quality of life as well as the spread of democracy and McGrath see this as going on to recognise issues of power and inequality in a critique from (King & McGrath, 2004). The second group, which globalization is being inevitable, with, and how far, the economically privileged account, the imbalances caused by unregulated trade, the main effects being increasing inequality between states that do not wield as much econ other. The third group, also McGrath site, A Third Way (2002), p. 19) whose exponents such as Anthony Giddens, reached a Third Way with Hutton and globalization, common focus on economic transformation of life.

Holton (2005) affirms that, in seeing globalization as an processes shaped by human agency, and far from a simple master process, it is worth noting that a human process with human being centre of shaping, these are more transformational rather than static

David Held (2005) discusses globalization as well as its opportunities for inclusivity for all in a world that stakes the Held model as a world in which overlapping communities of fate exist; one in countries are deeply enmeshed with the actions of others are confined to economics alone, but to culture, law, politics and Within these connections, power is as well the unequal access of rights as well as institutional and environmental issues. Held sees as a concern a broad ran the impact of agricultural and regional subsidies, arms trade, security enforcement, and global warming. But Held fore includes by making the social democratic consensus which would like the economy and reshape the system in a manner that is free (2005, p. 31). Held's wide scope of discussions and the solutions he proposes, en appreciation of the reach, as well as the intricacies involve

Micklethwait and Wooldridge (2003) describe globalization in terms of freedom, describing it as the freer movement of goods, services, ideas, and people (2003 and p xix). They emphasise the importance of people, for example citing Gustatte that globalization has advanced by various forces such as the information and the removal of trade. The areas in which Micklethwait and Wooldridge see freedom are, arguably, that aspect of the term concerned with minimal or reduced restrictions, if any. There are, of course, instances where Priest (2007) discussing Kant's conceptualisation of freedom, states that 'the concise yet clearest definitions state freedom as the absence of impediments' (Priest, 2007, p. 4). For Amartya Sen (2002, p. 10) freedom to be valued for its substantive opportunity it gives to the pursuit of our objectives. Freedom mentioned briefly here, of its wider meanings, is discussed subsequently in chapters 3 and 4 in the context of ethical critiques of SDGs.

Mullard (2004) sees globalization as a social, economic, cultural and political as well as political, determined by the flows and dynamics. Mullard dominant example and the emphasis discussion of globalization and the market based on political, free trade, the financial (including international financial as well as large multinational) and labour markets, the policy arenas in therefore the state is the attempt to make connections between democracy and globalization and understand the processes that are lived experiences (2004, p. 160). Mullard does not make these connections his detailed characterisation in terms of the class various previously put forward, three independent entities, the community, traditional consumer. Each classification discusses how the citizen would interpret or react to matters community, access to health and education, liberty, decision, political process. Mullard's work in this important area brings the effects of globalization down to how do individuals interpret people re wide-ranging effects globalization. Mullard shows that the concept of citizenship static, but its fluid character depends on and flow of individuals liv

Srinivasan (2003) globalization as process of the dismantling o barriers to trade, and the economic, social, and political re

p.1). In his view, globalization is a positive process that contributes wh
critics see as the negative effects of globalization to po
unconducive environment, which in turn encourages issues such
as endemic corruption and financial environment. Srinivas however fails to
consider the imbalances in power and influence that
globalization; and that more often than not, those in powerful positions will
use those resources to maintain their powerful position in relation to the
maintain the status quo which Servaes (2002) argues
globalization world here, it can be seen as an imposition from the West
rest of the world. Western treatment of the poor is also criticised
locates problems in countries arising from injustices in the distrib
globalization.

One description of globalization comes from Manuel Castell
Castells uses the cultural globalization to mean a specific set of v
that are largely around the planet (Castells, 1996). Castells views
largely focused on communication power and networks, and
structure through flexibility, adaptability and integration, which
amenable to a variety of different processes and therefore of diverse
cultures.

Movius (2010) argues that cultural globalization can sometimes appear to
dissolving cultural differences to create homogeneity (Sreberny,
however states that culture, in fact, is becoming more
audience reception studies research into how media
content. These studies have found differences in how this content was p
western and non-western contexts. Moreover, media content and information
flow recipients of content also generate and distribute their
abroad. This is the persistent strength of a national and
cosmopolitan one, as indicated in mass surveys and findings of the
cultural homogenisation of the world, audience preference for
own language and culture, popularity of which is driven by market
and audience. Movius argues that as discriminating and media

audience, rather than characterizing audiences as passive consumers absorbers of the phenomenon she describes as regarding being locally as well as globally inspired and created could argu the glocalization of the media.

Keohane and Nye (2000) define globalization as implying increase of, something resulting in more of. They call this condition of increasing or decrea further defining it as a state of the world involving ne multicontinental (2000, p. 105). These connections are carried out capital, goods, information, among other, and environmental as we biological factors such as pathogens.

Globalism can be thin when it involves interactive only small group people over a limited thick when it involves many relations intensive as well as extensive, affecting many people over large dist Globalization is the process by which globalism becomes (Keohane & Nye 2000, p. 108). Keohane and Nye differ from many theirs their attempt to distinguish globalization merely beginning when involved continental trade, for instance, rather than when characterise. The distinguishing feature of the process or state of linka interdependence is that the couple is not local in terms of geographic not accurately described as global, but lies in between the two.

Some criticisms of globalization

Globalization as a process or a social construct, (with Mul most writers condemning in particular the inequalities caus as what they deem to be the erosion of some cultural values

Arigbede (1999) describes globalization as a new tyranny and gives examples globalization's negative effects on Nigeria, which includ farmers, the imbalance with richer countries, and the unrest corporations in Nigeria which have occasioned loss of jobs and loss

human beings as they see the 'Soviet', that it is not necessary to before this global terror and that it can be defeated .

Agustín and Pastén (2005, p.2) view grobalization, which they means of which the global overwhelms the local , as exertin economies and cultures of poorer nations. Through an analysis maintain their national identities in the face of globalizati against an uncritical acceptance of globalization through the equal exchange of goods and services and not yet ano and exploitation, heed (2005, pp. 15-16) words!

Holton (2005, pp. 1-6) the view that much of the condemnation stems from the simplistic mode of reasoning in which globalizat globalization, and economic globalization meant free trad national companies and liberal ideology . Holton s content seen as a one-sided process, the coherence of the moral confl and critics of globalization , so defined, becomes weake (Holton, 2005, pp. 1-6) per understanding of globalization. Holton for the realisation that the visibility of one facet such as th globalization in other areas such as culture, law and religio

Matusitz (2014, p.1) sees grobalization as a form of unb impersonal. He states that grobalization tends to eliminate t (2014, p.2), a position he illustrates through a discussio influence of Walmart Stores, Inc., particularly in Mexico. For instance, the easy access to credit cards and Walmart to be p exploitative and detrimental to the working poor in Mexico.

Summary

The above analysis of conceptions of globalization various authors that it has an impact on many aspects of human life, the political system adopted by various countries, the economic be a Leftist approach that is in favour of the less privileged.

networking of time and space first described by Giddens (a
advances enable the instantaneous exchange of information
distant peoples, commerce and trade, the exchange and adoption of cultur
influences people's outlook, and the availability of products manufactured in
distant lands.

Most of the authors whose conceptualizations of globalization Castel
(2009), Giddens (1990), Keohane and Nye (2000), McGrath (2007)
and Robertson (1992) perceive it from a macro environment perspective
globalization from its effects on these economic, political and social systems
and its wider effects on different countries. Mazlish (2004) and Steger
who consider some of the definitions focus primarily on the
globalization has on the person's perception of the world and relat

In Section below, I argue that inasmuch as globalization can affect an
international macro system, the individual remains the basic unit
have failed to give sufficient consideration to globalization's impact on individual
terms. Using three manifestations of globalization
terrorism, cyber threats and globalization's effects on physiological hea
how the interconnectedness and advancements of globalization can af
individual lives in hitherto unexpected ways. Globalization
be considered holistically at the micro environmental level and how
individual's health-being as well.

Section: Globalization's effect on individual health a

i. The threat of terrorism

One of the environmental manifestations of the impact of globalization
to the security situation around the world. The Oxford Living
definition of security is: "The state of being free from danger or threat". This
include aspects such as food security, job security, cyber security
will limit my discussion to the threats of physical harm that has been

occasioned to persons and infrastructure following major terrorist attacks around the world terrorism.

September 11, 2001 marks a significant turning point in the way in which the world security and terrorism. Now commonly referred to as "9/11" or the "9/11 attacks", this way of referring to dates is a way of emphasizing the importance of the United States, of Am the country's face with what has been described by Bergen (2 deadliest terrorist attacks on U.S. soil. Nineteen militants affiliated with the Al-Qaeda terrorist group hijacked four commercial airplanes and carried out coordinated suicide attacks targeted at various buildings in the United States of America. The World Trade Center Towers in New York City were hit by two of the planes, which caused the collapse of the towers. Part of the Pentagon in Virginia was also destroyed after another hijacked aeroplane with 64 people on board, including the hijackers, crashed into the Pentagon (Bergen, 2011). The fourth aircraft, United Airlines Flight 93, crashed in an open field in Stonycreek Township, near Shanksville, Pennsylvania, after its passengers attempted to wrest control of the aircraft from the hijackers. All 44 people on board, which included 33 passengers, 7 crew, and 4 hijackers, were killed (National Park Service).

The 9/11 Commission Report, the official report of the National Commission on Terrorist Attacks upon the United States, notes that 2,973 people were killed in the immediate aftermath of the attacks (National Commission on Terrorist Attacks upon the United States, 2004, p. 311). This figure does not include the 19 hijackers, the 10 terrorists who piloted the planes, or the people known to have died as a result of illnesses related to their exposure to the toxic dust that spread from the new World Trade Center towers in downtown Manhattan (Walters, M., 2016). More than 37,000 people, members of the Fire Department of New York City and 82% of all emergency medical workers, enrolled in the World Trade Center Health Program that was established in 2011, suffer from chronic respiratory or digestive illnesses, cancer, or a combination. Most of the 16 WTC Health Program's members were in the New York City area on 9/11 and have received medical monitoring and treatment for WTC and related sites in New York City, Pentagon, and Shanksville. Others were in the New York City area on 9/11 and have received medical monitoring and treatment for 9/11 exposures (Centers for Disease Control and Prevention, 2017). One of the lead doctors, Dr. Jim Melius, said that by 2021, we will be at the

more people have died from World Trade Center Cough than died immediate impact of the attacks (Wheeler, 2016).

Evidently, the toll on human life of this event has been devastating. Apart from the millions of dollars and thousands of hours be the adverse physical effects of the illnesses and injuries sustained during there is a great psychological cost. One example is Shanda Sawyer Sandy Dahl in 2012. Sandy Dahl was the wife of United Air captain of the ill-fated United Airlines Flight 1932 on 01 September 2001 crashe field near Shanksville, Pennsylvania. She passed away in her sleep in May an autopsy noted results consistent with the combined impact of alco toxicity (Lingold, 2012). It pointed also that Sandy Dahl had a heart c have contributed to her death. In a previous interview that she had been diagnosed with PTSD by World Trade Center Health Program for various disorders Mental Health Conditions. Among these are: Acute stress disorder depression, Traumatic Stress Disorder (Centers for Disease Control and Prevention, 2017).

Brometta (2016) documented a 7.3% incidence of Post Traumatic Stress Disorder responding to their study. For Post Traumatic Stress Disorder 11 years after th World Trade Center, the rate was 9.7% of participants. Post Traumatic Stres Disorder. The authors conclude that Post Traumatic Stress Disorder sho associations with physical health, pessimistic coping, and elevated s with life. Between 7 and 10 years after the World Trade Center residents of New York City who were in the area at the time of the attacks were at their physical psychological well-being affected than and decades after the attacks took Sandy Dahl's death is the ultimate price that continues to be pa loved ones in the attacks, even though they themselves w vicinity of the attacks. These acts or omissions of a person do not have a limited effect on the well-being of those present, and even those who are distant.

Future perceptions can also be affected by the misinformation that the global nature of terrorism amply illustrated by the 9/11 hijackers, their victims as well as the consequences of the attacks.

Information from the Central Intelligence Agency (2002) sho fifteen were of Saudi origin, two from the United Arab Emirates fro Egypt and Lebanon. Ziad Jarrah, the Lebanese hijacker, piloted Unit the hijacking Muhammad Atta of Egypt, Marwan al-Shehhi of the United Arab and Hani Hanjour of Saudi Arabia piloting the other three four hijacking pilots had their Hamburg, Germany, or Florida (Broadcasting Service, 2004) that is the same pilots contact with other as well as other planners of the attacks, many (British Broadcasting Corporation, 2002). Seventeen of these executors of t terrorist hijackings also lived in the United States. Khalid Sheikh Mohammed, known as KSM, who had studied mechanical engineeri North Carolina, is cited as the principal architect of the 9/11 the 9 Commission Report (National Commission on Terrorist Attacks America, 2004, p. 146).

All four pilots spent some time at flight schools in the United States, three of them primarily in Florida, and the fourth in Arizona. According to the 9/1 Commission (National Commission of Terrorist Attacks upon America, 2004), all nineteen terrorists managed to clear the screening at the various airports from which they would board the four planes Logan International Airport, Dulles International Airport, Newark International Airport.

With their origins in the Middle East and training in Europe, North American hijackers and planners of the 9/11 attacks took advantage of their global knowledge to execute the attack that marked significant watershed in the global state of security and in The terrorists apparently lived, communicated, (National Commissio of Terrorist Attacks upon the United States, 2004, p. 8). Americans passengers on telephones to their loved ones from the planes crashed

after these attacks, such as the USA PATRIOT Act (Uniting and Strengthe
America by Providing Appropriate Tools Required to Intercept
were passed, resulting in increased collaboration-sharing of information from var
law enforcement and intelligence agencies, as well as increased
crimes, amongst other measures (Department of Justice,

The Transport Security Administration (TSA) was also formed
America in November 2001, a mandate tasked with responsibility for
screening as well as requiring explosives detection screening for
(International Air Transport Association, 2010). Regulations resulting in e
security at airports and on board flights subsequently AATA Stopped by these
included Table 2.3: Dangerous Goods, Regulations prohibit the carry
certain items such as explosives, flammable and electronic weapons, approaching
restrictions on the carrying on board of medicines, liquids, gels
aerosols and certain types of batteries, (IATA, 2011). The implementation
Civil Aviation Organization mandated additional structural changes such as
hardened cockpit doors ensuring that all passenger flights carrying more than
(IATA, 2011). to enhanced screening measures adopted by
passengers are required to report earlier at airports in order to
through various security ch

September 11th 2001 led to the formation of various counter-terrorism
requires the cooperation of various agencies sharing information and inte
suspected terrorist activity, as well as the introduction of laws that would enhance
for people around the world. The intercontinental terrorism is clear in the
movement of the 9/11 hijackers as terrorists from various
nationalities of the victims of 9/11 many countries are represented and
nationalities. Anguiano and Quarantelli (2008) state that three factors
in inaccurately recording the numbers of victims of disasters, exclusion
structural factors when disasters wipe out households so that no one is
report on their disappearance (Aguirre and Quarantelli, 2008, p. 21), and systemic factors
when the system that collects and records data is overwhelmed (Aguirre &
Quarantelli, p. 12). With regard to social exclusion, Aguirre and

invisibility to be counted, a victim must be noticed, oft
access to membership in the community and to the instrur
(Aguirre & Quarantelli, 2010, p. 207). These newcomers, via migration, alienated communi
as well as others bear the brunt of invisibility as theorized by Aguirre and
Quarantelli's discussion (2006, pp. 2021).

Globalization also attracts immigrants from various nation
undocumented and therefore invisible, leaving many vulnerable to all kinds of poll
whose effects described by Gonzales and Raphael (2017) narrowly circums
their world as the United States of America. Undocumented immigrants are
estimated about 11.3 million with New York being one of the six states that a
60 percent of all undocumented immigrants (Gonzales & Raphael, 2017, p. 2). It is
highly plausible that many innocent persons from various affected countries
could have lost their lives in the 9/11 attacks.

ii. Threats to Cyber Security

Besides the threat of being maltreated arising from terrorism, the
interconnectedness brought about by globalization[1] (Aiken, 2016, p. 3
pp. 459) states that:

> Cyber security is used to refer to the integrity of our pe
> security of our critical infrastructure, commerce, to militar
> and to the protection of intellectual property. These are
> and are united only by the technology with which they e

Gordon et al., (2015, p.3) use cyber security to refer to the information
transmitted via the Internet or any other computer terms
interchangeably with information security. For Dunn Cave
form & signifies a multifaceted set of technological, people
protect networks, computers, programs and data from attac

[1] The presentation of the terms cyber security, cyberspace, security and
cyber security all being used by various authors in the relevant liter
use cybersecurity in this discussion.

(2014, p.702). Dunn Cavelty also extensively discusses the to security in accordance with the framing and language of different politi time (Dunn Cavelty, 2013; 2014).

The scope of my focus on cyber security, however, shall be data, and infiltration of privacy as a way to illustrate the weaknesses and effect of such threats to human well-being.

Gordon et al. (2015) note the need for consideration of the cost of security breaching that these costs are usually shared by firms making investment decisions in cyber security. Desc spill-over costs to other firms, in both the private and p individuals (2015, p.4), Gordon et al., make the argument that cyber-se akin to a public good, as it creates a positive externality cybersecurity breach to consumers and other firms (Gordon et al., 2015).

One example of this can be observed by the ransomware attack that disrupted the operations of the National Heal Kingdom in May 2017 (Gay et al., 2017), state that the attack resulted cancelled, ambulances being diverted and documents such a in England and Scotland. The NHS systems had been rend attack, with a report in December 2016 stating that nearly all N obsolete version of Windows for which Microsoft had stopp April 2014 (Gay et al., 2017). Government agencies and public bodies averse to failing to take into account the cost of externalit the amount and nature of information and data that govern other residents can compromise individual freedom, safety, citizenship records are altered in favour of terrorist intelligence systems

The attack on the NHS was apparently carried out using so WannaCry, which took advantage of a vulnerability in Windows (Gay et al., 2017). The disruptio to health and wellbeing arising from the cancellation of operations as the anxiety likely experienced by persons fearing the m

greater investment in cyber security, the timely sharing of
co-operation to build capacity between countries. The
than 150 countries, with organizations affected including
United States, Russia's Ministry of Health as well as its Interi
security administration, Justice Malaysia, a royal authority in Sweden
others (Dwoskin & Adam, 2017).

Robinson (2013, p.4) characterise the nature of cyber threats
sponsored intelligence-gathering (espionage), as an instrument of
state-on-state conflict), serious and organised criminality and
therefore likely that there would be significant interconnectedness between
where the cyber security threat is not part of state conflict. This
not negate the need to combat threats of a criminal or ideolog
view of cyber security as a public good, as proposed by Go
in resolving the tension often evident between the state's se
individual interests. Cesare (2016) the individual's cyber secu
a significant societal level, it may have to be assessed
concerns. Arguably, however, for governments committed
citizens, greater protection of individual liberties can res
prioritisation of, cyber security. One option would be to
towards the acquisition of cyber security protection by var
institutions, individuals as well as the formulation of policies and
to sanction errant entities behind the scenes. The latter would be akin to the
immunity in healthcare that arises when sufficient member
against contagious diseases. Therefore, the risk of a cyb
protected system is greatly reduced for each individual, no
government interests as well.

Dunn Cavelty (2014, p.710) however notes that, It has bee
confirmed that the intelligence services of the US are more
indirectly in order to be able to have more access for data
future conflict (Emphasis in original). This presents a
vulnerabilities in cyber security and, as noted by Lysaght,

future sec Thirty.sipse cuhatiboat WannaCry emawvaterafboimtya in
Microsoft systems that had been deliberatSeatyesAmofkipsaled
National Security Agemcloyfmrefuturtodenemy systems, (althou
created by th.e Tahgeermesyws,tem vulnerabilities can be exploite
intelligence agencies as well as by criminals and hackers
against a cyberatstacukr,ihowever, would be for governments t
of their own as well as other institutional sysopemrsa,tiisnmwaitht
other governments in preventing attacks of a criminal natur

iii. Adverseeftesc of lgaolbizatiomnphysiologeiaatlhh

Cyber threats and breaches to healthcare infrastructure h
wel-lbeing. However, the impact of globalizeaxtieonmdsomuchalfur,tg
Thepr inciplesWoofrltdheHeaalthnOrgaZnia2t0i0o6n)(escrhiebeahlthaasstate of comple
physical, mental anbdeisnogcialrwedlt merely the absence of di
From thisscriptewohi,ch shall be analysed f2urtheris inCehaptaer he
encompassseveral aspects ofThaishsumeatriolnfew.ill however focus
physiological heabltehingand well

A brief trip to a different country can end up being the
previously considered distanntedandintoctahleydeovreflioped worl
happened in recentboilmaeisnwinthteSUEtesAmferic(aBotel&hWilson,
2014F)ood exports from one country tcroeachothrerad vaerhaveeffeac
recaiIn 2013 a New Zealandrtmeirlkofexmpilk powder suspected
contaminated by botsuleivsem acfe(Bdritish Broadcoasotirnmation News
2013).

Other threats to human health from globalization stem fron
counterfeit.BHlacukstone, Fuhr, Jr. and Pociask (2014) discuss
that result from counterfeit drugs, which include various he
income, and a reduction in the incentive for researchers to
innovation. With regard to hazards to physiological health,
(2014, p.217) give examples of counterfeit versions of be
fighting medication, whiche daidtinvoet iongmteadineA2f0t0e8rindcrudent

in the United States counterfeit heparin, a blood thinner, was sus
deaths and necessitated a nationwide recall of heparin. Given t
made overseas and approximately 80% of the active ingredients
imported into the United States (Blackstone et al., 2014), it is clear that the c
of preventing counterfeit drugs getting into markets is sign

The World Health Organization, at its Seventieth World Health Assembly in 2017, three
use the term Substandard and Falsified (SF) medical p
understanding of the meaning of this term, as well as to re
of medical products (World Health Organization, 2017). SF medical product
include medicines that are authorised by national regulator
standards or specifications, as well as those which delibe
their identity, composition or source (World Health Organization, 2017). According to th
World Health Organization, malaria drugs and antibiotics are some of t
reported SF medical products. The use of these medicines can have long-term implications, give
that deaths and health complications can arise from malaria and infe

Further risks to health can emanate from machines a
manufactured to ease various aspects of human life. The
involves aspects of automation and sometimes human interactions
compromise the proper operation of these goods and machines. Di
in motor vehicles, for instance, have resulted in a substantial recall
September 2016 of particular models of vehicles manuf
Corporation was an occasional fault that could prevent airbags deplo
(British Broadcasting Corporation News, 2018). The investigation involved
2.9 million vehicles built by the Toyota Motor Corporation. Concerns o
possible cracks in the fuel emissions control unit (Davies
713,000 were located in Europe, with 748,000 in Japan, 495,000 in N
9,000 in China and 46,000 in Australia (Davies, 2016). The risks to health an
posed by these defects include a higher likelihood of airbags not deploying or
fail to deploy and increased risk of motor vehicles bursting into f
leaks in the case of cracks in the fuel emissions control un

process can therefore affect persons who are located this is
risks manifest.

McMichael (2013, p.1335) discusses the influence of climate change
health, stating that these often act in concert with environ
stressors that variously influence nutrition, food and health. He
that the current state of global interconnectedness means
human activity has a wider global reach. McMichael refers
on Kenya which established a relationship between regional change
increasing temperatures, rainfall and the spread of stunting
based on trends and data in 1975, stating that the long-term effects
of childhood stunting as including decreased chances of com
obtaining well-paying employment, difficulties in giving birth by th
who themselves suffered from stunting as children to have
low-weight babies, which has implications for the next generation
The effects of climate change; the spread of cigarette smoking
obesity and non-communicable diseases in, as well as occupational
health risks owing to decreased deregulation in the labour
economic factors of globalization that negatively affect health
(2013) Schrecker (2014, p.4) suggests a link between the increasing
communicable diseases and the ease with which fat, salt
high-calorie processed foods, and fast food chains have exp
liberalized trade and investment regimes.

Expounding on the impact of change on global health, McMichael
p.1338) notes an effect on the integrity of natural and built
disasters (including forest cover, wetlands, lakes, mangroves, sea
urban water drainage systems). A depletion or scarcity of resou
in areas experiencing the negative effects of climate chan
persons and livestock to move, often resulting in what McM
adverse health consequences of social disruption, displace
situations (2013, p.1338). Adverse health consequences include social dis
of hypothermia from cold temperatures or dehydration in hot temperatures

water-borne diseases such as amoebic dysentery and other d
contaminated water, exposure to schistosomiasis from contact with
risks of injuries and death from predators both in water and

The influence of climate is shown in some health evidence that cha
conditions affect epidemic infections, as discussed by Patz
incubation time-period of an infective agent within its vector orga
sensitive to changes in temperature, usually displaying a
climatic sensitivities for the agent, vector or reproduction, inc
elevation, wind and duration of rainfall (Patz et al., 1996). (For some disease
malaria borne by mosquito vectors, [t]emperature may modify
vectors by altering their biting rate, vector population dynamics an
which they come into contact (Patz et al., 1996, p. 1093).)

Another phenomenon arising from the internet with the occurrence
teenage suicides triggered by, ostensibly as a result
involvement in death groups, described as a curator o
game dubbed Blue Whale, was in July 2017 sentenced to
pleading guilty to inducing teenagers to commit suicide (The Russia To
apparently involved the curator contacting vulnerable teen
closed groups and manipulating them into completing various tas
tasks was to instruct the teenager to commit suicide. Reports in Rus
130 teenagers in Russia were prompted to kill themselves [in order to
media group Russia Today, 2017).

It is not only in Russia that the Blue Whale were reported
parts of the world including China (Shi, 2017); Kenya and Cameroon (
State (Tsim-Gaarc & Hartung, 2017). As medical professionals in
article notes, although likelihood that these teenagers were
lonely and were experiencing challenges such as a lack of
However, the ease of access to influence over vulnerable teen
in diverse geographical areas, as well as the worldwide regulatory
for collaboration amongst worldwide regulatory authorities
vulnerable persons from harm.

Two beneficial outcomes of globalization

The twofold increase in access to antiretroviral medicines between 2003 and 201
persons living with HIV/AIDS in low-income countries (2014) counts as one of the successes of globaliza
health is reverse innovation, where first solutions are developed in emerging
countries and adapted to an industrialized setting (Busse et al.,
reverse innovation as a strategy employed by General Electric
of low-cost, portable ultrasound machines, originally designed
(Busse et al., p. 2014). Immelt, Govindarajan and Trimble (2009,
term reverse innovation in the article referenced by Busse et
the opposite flow of the approach that many industrial goods ma
rich countries have employed for decades (globalization).

Summary

Globalization is characterised by both beneficial as well as adverse
some of the adverse effects with examples that are following the effects of d
actions on the lives of many who are only proximate to the
adverse act. These two positive forces have helped to draw
attention to the need for global health governance. States,
corporations, and individuals consider not just the ec
political, cultural, and other effects of globalization, but
environment in which they operate as individuals in terms of health
well-being.

In the next section, I argue that negative perceptions that many p
regard to globalization are linked to the lack of acknowled
effects on individual well-being. I analyse some of the ways of globali
emanating from geographical distance: three common barriers to
from meaningful participation in economic life; impoverishment; and

change in one s own life and the wider world, as well as physiological risks to in order to show how these themes are linked to globalization.

I claim that Agenda 2030 and the Sustainable Development Goals (SDGs) offer a research need to start pointing a way forward with the effects of globalization on individual well-being. I argue that the SDGs seek to reorient the place of the of globalization, viewing them as individual peripheral subject upon effects of globalization may occur.

Section 2: Linking individual health aims to global health

The interconnectedness of people and the ideas and values, and beliefs around which provide common ground on which to base their perceptions globalization on individual health. The discourses and perceptions and crit that perceive globalization as involving a multiplicity of people, pr products, or complex combinations of these, rather than as a monolithic macro environmental phenomenon with a significant impact on individual lives.

An examination of some of the criticisms of globalization made by Augustín (2015), Arigbede (2019), Ritzer (2014), reveals common themes in the negative perceptions of globalization, even among people who are other.

Firstly, people experience exclusion from meaningful participation in economic. Augustín and Pastén (2015) argue that the age of Globalization American hegemony brought with it

> Fear of the indigent, the unemployed, the poor, and the outcast, and addict by the ever more tenuous nature and scope of social life of spontaneous sociability. On the one hand, we encounter the mad and on the other gated as locales of refuge from the insecurity of the stre

mushrooming of security systems and the appearance of gleaming de
instead of homes

Arigbede (1999), referring to the World Bank and the Inter
why the two institutions state to the rest of the world and ma
without our participation. He asks this and questions from the persp
ordinary friends, from both poor rural and underprivileged urban s

A second negative perception that is discernible from cr
powerlessness many in the face of global change. The negative effects of glo
appear to be inevitable (Arigbede, 1999). Why, in spite of the fact that w
hard, from dawn to nightfall, not spending anything on our
any luxuries, in fact, not eating enough at any time, why do we
Arigbede shows the sense of helplessness that some people in the ex the
efforts do not produce what they have anticipated

Matusitz (2014) gives the example of Martu, a large retailer in Chi
acquired by WalMart in 2006. According to Matusitz, the fact that
just could not compete with WalMart and local stores closed near WalMart
usually went out of business. The consequent l
job seeds to stress, insecurity, income, other negative effects on health and
being.

A third negative perception involves the globalization of social health
various factors any person or state has not been in control of, without th
operation of which (or the lack thereof) can, in fact, for instance, affect any
over large distances, such as foods are aggressively advertise
available and relatively cheap global know-how, the contribution of these
increased risk. Commonwealth Secretariat (2014, p. 17) that
Some 80% of the 35 deaths attributed to NCDs each year are in low
income countries

Myers (2017) highlights the emerging field of research known as
been necessitated by the recognition that the unsustainable

to an increasing global burden of disease. Areas impact
disruptions in the global climate system, the pollution of a
even extinction of resources. These consequences have
of human beings, but also of plants and animals.

The loss of professional expertise in health care
the migration of professionals to wealthier countries is a
impact the physiological health of individuals. This is espe
professionals results in a shortfall of health care workers
countries (Aregbede, 1999). The loss of highly qualified personnel from Nige
including medical doctors, to wealthier countries, despite t
badly needed in their home country.

The same script is familiar in many low- and middle-income countries. The World
Health Organization (2016) has reported that
11 per cent of the world's population but bears 24 per cen
disease burden but only has 3 per cent of the workforce. There are many reasons why
healthcare workers migrate to countries are varied, ranging from economic
economic, professional, and political motivations as well as escape from inst
personal risk in their home country (Kaplan, 2017). The risk of a s
environment, and/or opportunities for professional and e
negative effects on the persons who were relying on such
health and well-being of healthcare workers, however, could also affect even
if in the short-term, as a result of having family and social ties and family
relationships in search of greater opportunities.

Summary

The experience of meaningful participation and economic li
sense of worthlessness against the inevitability and risk of physiolo
health. There some of the adverse effects on health may be felt in many people's exp
their daily lives, we argued that these effects are linked to

globalization, but that they have not been adequately considered in conceptions and critiques of globalization.

A focus on globalization's impact on health and well-being at an individual level would be crucial in order to mitigate the negative effects that globalization. With such a perspective, persons' experience of globalization, that they experience in their contextualized, local reality, get lost in the prevailing narrative that overwhelmingly sees globalization from its macro scale, environment, but hardly considers environmental impacts at the micro scale of the individual and well-being.

In the following part of this paper, I introduce the Sustainable Development Goals (SDGs) as a starting point for my considerations and argue that the SDGs, in that they incorporate these concerns, can be interpreted as an attempt to exemplify a global mitigation of the negative effects of globalization. I then show how SDGs seek to shape human behavior as an active participant in shaping the state of the world, rather than as a person who simply has to endure the effects of globalization that must inevitably occur.

Background on the Sustainable Development Goals (SDGs)

The SDGs are 17 goals which were unanimously adopted by the 193 member states of the United Nations on the 25th September 2015 (United Nations, 2015). The agenda is supported by, what are called, hard sticks by which progress towards the goals is assessed. The SDGs are to be put in effect until 2030 and are the successors to the Millennium Development Goals (MDGs).

In the Millennium Summit in September 2000, world leaders adopted the Millennium Declaration, the key document that emerged from the summit and from which the MDGs were derived. There were 8 MDGs: 1) Eradicate extreme poverty and hunger; 2) Achieve universal primary education; 3) Promote gender equality and empower women; 4) Reduce child mortality; 5) Improve maternal health; 6) Combat HIV/AIDS, malaria and other diseases; 7) Ensure environmental sustainability; and 8) Develop a global partnership for development (United Nations, 2006).

There was a mixed record of success in the MDGs' achievement towards the 2015 MDG target on achieving universal primary education. While there was an increase in the net primary school attendance rate from 83% in 2000 to 91% in 2015 (United Nations, 2015, p. 4), the global under-five mortality rate declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015 (United Nations, 2015).

Various authors have criticised aspects of the MDGs, including their implementation. Fukuda-Parr (2016), for instance, argues that the MDGs were a North-South aid agenda with the goals mainly relevant for developing countries. Despite the MDGs' concentration on alleviating poverty as their conception of development was limited to enlarging productive capacities of economies to make improvements (Fukuda-Parr, 2016, p. 45).

Hopper (2017, p. 8) notes that the MDGs lacked consultation with many developing countries not afforded the opportunity to contribute. Furthermore, MDGs failed to place emphasis on human rights, as some of the goals were. As Hopper (2017, p. 8) points out, it is difficult to improve maternal health (MDG 5) without addressing the issue of women's rights (Hopper, 2017, p. 9).

According to Kharas and Zhuang (2014), the MDGs was slow in getting off the ground despite the commitment made by leaders at the Millennium Summit and the goals and targets were not codified until 2001, with it being only during 2005 that MDG momentum truly began to build.

The World Health Organization (2015, p. 7) notes that a lot of attention and resources MDGs at the expense of other priority health goals, implementation of the MDGs was geared towards results (health outcomes), without offering countries how to invest in the inputs (i.e. health systems) to achieve these. Furthermore, MDGs applied a one-size-fits-all approach that failed to take into account the reality that countries from vastly different economic backgrounds very poor. This sentiment is echoed by Chandy (2015), who notes the depth of poverty to improve. Afraid to poverty else says:

> Poor people in Africa start further behind the poverty li
> is growing, it is rarely enough to push them over the $1
> average person living in extreme poverty in Africa lives on 74 cents a
> whereas for the rest of the developing world, it was 98 c

The global poverty line was subsequently adjusted upward
(World Bank Group, 2015).

i. Some lessons from the MDGs

At the Millennium Summit, leaders stated that the central challenge of to
globalization becomes a positive force for all, acknowledgi
and its costs are unequally shared (United Nations General Assembly, 2000).

The highlighted shortcomings of the MDGs that create challenges facin
people across the globe require an inclusive, participatory,
of measures that inadequately consider the criticism of MDGs as
an agenda imposed by the wealthier nations on countries i
defeat the Millennium Declaration's aspiration to make globalization a pos
There was inadequate consultation and participation of developing coun
sought in the process of deciding on the MDGs. This is an illustration of the exc
participation in social and economic life that characterizes the experience with
globalization.

Secondly, the MDGs seemed to consider quite a narrow defini
focused on combating HIV and AIDS, malaria, reducing c
maternal health. There was a cursory reference to increasing women's ab
were neither specific nor provided details given as to how they were to be
for MDG6 focused only on HIV/AIDS and malaria; whose higher
global South lends credence to the criticism that the MDGs, which had challenged
but as goals for developing countries.

The narrow definition of health discernible in the goals a
World Health Organization's constitution, which considers health to be a state of
complete physical, mental and social well-being and not merely the absence

infirmity (World Health Organization, 2006). There is sufficient acknowledgement of the impact that social, economic, and other factors such as access to information have on health.

If globalization is to be healthy, it is crucial to adopt a more positive perspective than the absence of disease. Such an approach will more effectively take account of the factors that contribute to the absence of disease, or hinder the reduction of disease, and which undermine health and well-being. A broader discussion of health will be considered in Chapter 2.

Thirdly, the MDGs do not adequately take into account conjunctural changes in the goals would be achieved (Deaton, 2004). Despite the unequal position that many individuals find themselves in with regard to achieving goals that are supposedly shared by all states, there is a uniform, desirable lessening disparities in terms of poverty, for example, the fact that existence of inequity must be considered.

While the Millennium Declaration had Shared Responsibility as one of its core values (United Nations General Assembly, 2000), the MDGs, by contrast, are primarily concerned with the responsibility of developing countries to be grounded in justice. Setting goals for developing countries to participate is ethically problematic because it fosters the perception that where some individuals perceive the negative effects of globalization, it is the responsibility of others to act.

Another issue of justice concerns the duties of rich countries to distant others, and in particular to persons. O'Neill makes an argument for obligations to take account of justice that is relevant for states in a world in which borders are increasingly permeable to movements of goods, capital, ideas and people, and in which individuals are increasingly circumscribed (O'Neill, 2000, p. 3).

O'Neill says:

> In our world, action and interaction have a huge dimension that reaches across borders and affects distant strangers may be benefitted or harmed, even substantially, by their action, and especially by our institutionally based and embodied actions they may be by theirs. Perhaps we have obligations to strangers not only in our own country, but also to distant strangers, rights against us (O'Neill, 2000, p. 187).

If distant strangers can be harmed by our actions or inact
exercise the appropriate restraint in our responses out of in
if we are to forestall looming danger. The harms to health that
other human-induced changes, air pollution, and the availabilit
that increase risks of Non-Communicable Diseases (NCDs), to have dist
strangers, and even future persons in mind when considerin

Summary

Prior to the adoption of the SDGs, the MDGs were a plan for
to ensure that globalization becomes a positive force for all the world's people (U
Nations General Assembly, 2000). An analysis of the MDGs shows th
was some success in terms of achieving some of the MDGs, there was also criticism of the
MDGs' focus and implementation, with criticisms of a narrow conception of develo
aspects of the MDGs that were deemed to include the lack of inclusivity a
and the delay in codifying and implementing the goals desp
by countries.

I have argued that the shortcomings in the MDGs are attributable
consider health as being wholly from an individual perspective, rather than
conception of health. I have also shown that the three the
various criticisms of globalization (exclusion from social
powerlessness) make a positive impact on the inevitability of glob
physiological harm to health from distant sources (one of the MDGs' aims) does not
The MDGs did not therefore succeed in their aim to make gl
nor in ensuring that the benefits and costs of globalization

In the next section, I will explore whether the SDGs, as the successor framework,
overcome the shortcomings in the MDGs.

ii. The SDGs and global health

The 17 SDGs, also referred to as the Global Goals (The G
Development Initiative, 2018) are the product of intense negotiation, compromise

the 193 countries in the United Nations General Assembly adopted the 2030 Agenda on 25th September 2015 at the Table 1 below shows the SDGs as adopted i

TABLE 1: A list of the Sustainable Development Goals of the United Nations General Assembly s R 70/1 of 15 September 2015 titled "Transforming Our World: the 2030 Agenda for Sustainable Development" (see page 14 Resolution 70/1.

Sustainable Development Goals
Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nut agriculture
Goal 3. Ensure healthy lives and promote well-being for all at all ages
Goal 4. Ensure inclusive and equitable quality education and promote lifelong opportunities for all
Goal 5. Achieve gender equality and empower all women and g
Goal 6. Ensure availability and sustainable management of wa
Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
Goal 8. Promote sustained, inclusive and sustainable econor employment and decent work for all
Goal 9. Build resilient infrastructure, promote inclusive and foster innovation
Goal 10. Reduce inequality within and among countries
Goal 11. Make cities and human settlements inclusive, safe, re
Goal 12. Ensure sustainable consumption and production patte
Goal 13. Take urgent action to combat climate change* and its impacts
Goal 14. Conserve and sustainably use the oceans, seas and development
Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and reverse land degr biodiversity loss
Goal 16. Promote peaceful and inclusive societies for sustaina to justice for all and build effective, accountable and inclusive institutions at all l
Goal 17. Strengthen the means of implementation and revital Sustainable Development

*Acknowledging that the United Nations Framework Convention o international intergovernmental forum for negotiating the global response

Resolution 70/1, popularly known as Transforming our world: the 2030 Sustainable Development Agenda (hereafter, Agenda 2030), contains the p commitments behind the SDGs, as well as the SDGs themselves

The selection and adoption of the SDGs was preceded by a
approach involving both developed and developing countri
leading up to the selection of the MDGs through the Open Working Group
Csaba Kőrösi of Hungary and Macharia Kamau of Kenya, several developing cou
participated in and contributed to the Agenda 2030 and SDGs (Knowle
Paragraph 6, The Goals and targets are the result of over two years
consultation and engagement with civil society and other
which paid particular attention to the voices of the poor (Uni
Nations General Assembly, 2015, p.3)

In contrast, Paragraph 27 of the Millennium Declaration stated that "We will sup
consolidation of democracy in Africa and assist Africa in its efforts to ensure sus
poverty eradication and sustainable development, and integrating Africa into the
of the world economy (United Nations General Assembly, 2000, p.5). Emphasis added.
wording appeared to frame the challenges faced by Africa
distant problems which developed countries had little role in, with the role of wealthier co
being one of providing direction. The inference that
assistance was merely to bring Africa into the mainstream of th
condescending and failed to recognise that these issues damaged
respect, to be treated with, and viewed as, possessing dignity;
of decisions that concern them and affect their welfare

Agenda 2030 widens the role of various actors in such a way as to give a
sense of empowerment rather than the powerlessness that
regard to the negative effects of globalization. The Millennium Declarati
primarily states and regional authorities committed to fulfilling the
2030 at Paragraph 39 widens the scope of actors tasked w
the SDGs. The success of the SDGs requires the participation of governments,
but also of the private sector, civil society, the United Nations system and other a[2]

[2] Arguably, other actors includes individuals, since Paragraph 10 of th
Agenda 2030 refers to at Paragraph 40, names the private sector, c
academia, philanthropy and foundations, parliaments, local authorities, volun
important in sharing their knowledge, resources and expertise to meet
Economic and Social Affairs, 2015, p.5).

mobilizing all available resources (United Nations General Assembly, 2015, p.13). Paragraph 51 of Agenda 2030 specifically mentions children, young women and men finding within the SDGs a platform to channel their i thereby emphasising the need for action at an individual Assembly, 2015, p.12).

The SDGs acknowledge the interplay of various factors such as the en peace and security, and poverty in affecting health (United Nations, 2015, p. 3). As Margaret Chan had suggested, Future global health goals must be better i influences of poverty, inequity, illiteracy, unsustainable patterns of man and insecurity on health

Dr. Margaret Chan, the former Director-General of the World Health Organiz 2015 that, Fundamental to achieving the SDGs is what we do to create poverty and inequality, creating inclusive economic grow improving population health are not just linked but int Organization, 2015, p. III).

Agenda 2030 refers to these SDGs as being integrated and indivisible . This phr in its Preamble and is subsequently repeated in paragraphs 5, 1 General Assembly, 2015). Being integrated and indivisible goal is likely to impact on the success of the other goals. C one goal will negatively affect the chances of other goals SDG1 to end poverty in all its forms everywhere. It is cle effort to promote financial inclusion, and ensure that perso decent living as required by SDG 8, SDG1 will not be met inequality within and among countries (United Nations, 2015). Similarly, achieving gender equality and empowering women and girls

At any one time, individuals will have different combinations of factors that have an impact on their health. Such factors include

which they live; the type of employment in which they are engaged
their levels of educational ability and access to health care; whether they have sufficient access to potable water and sanitation; and other factors that will determine whether an individual has a negative or a positive being. Since the SDGs take an integrated and individual goals, they offer a good platform for integrating concern with the impact of factors the determinants of individual health and well

Agenda 2030 also acknowledges that risks to physiological of distant. Paragraph 14 states

> Global health threats, more frequent and intense nat conflict, violent extremism, terrorism and related huma displacement of people threaten to reverse much of th made in recent decades. The survival of many societies, and of supporting systems of the planet (United Nations General Asse 2015).

As earlier shown by the analysis of actual events concern threats to physiological health, to health-being can emerge from geographically distant nations and persons. No state can from threats originating from other states.

In terms of Agenda 2030 acknowledges specific challenges small and developing states, African countries, least developed and and that these states need assistance. Paragraph 42 emphasises 2030 identifies poverty eradication all its forms and dimensions greatest global challenges. Subsequent paragraphs the need for commitment international cooperation, and global partnerships to meet the goals (United Nations General Assembly 2015).

In terms of representation on the Open Working Group gave rise 2030 justice as fairness appears to have been exercised in this group. Countries from the Asia-Pacific region had seven seats, while

Latin American and Caribbean countries had ten
efforts also made to factor in the levels of development of
& Salma, 2014, p.167).

The pledge in Agenda 2030 that no one will be left behind, stated in the
reiterated in Paragraph 4, as well as the need for just, equitable
in Paragraph 4 where States will endeavour to reach the furthest
Nations General Assembly, 2015). Agenda 2030 acknowledges the different
points from which countries are embarking on the SDGs in t

Summary

The adoption of SDGs was preceded by a considerable period of
negotiation by various countries. Developed and developing co
participate in the discussions through fair representation
SDGs and Agenda 2030 from which they emerged, inclusive en
countries with the both the process and substance of selecti

Unlike the MDGs, explicitly the participation of state actors, so, nam
individuals in meeting the goals. As such, powerlessness tha
interaction of many individuals with globalization is dimin
opportunity to play an active role. Thus, achieving the SDGs of i
in matters that affect their lives, social, economic, and oth
perspectives could have positive implications for their heal

Agenda 2030 and SDGs also acknowledge the interconnection
Being integrated and indivisible, success in progress of all goals
By expressly linking the goals in this way, the SDGs offer
and wellbeing which incorporate determinants of health, economic
environmental and other factors that influence health. The SDGs also
recognise the adverse effects that the actions of distant o
and conflict, have on global health.

Considerations of justice are also much greater in the 2030 Agenda compared to the MDGs, given that the vulnerability and special challenges of small island developing States, landlocked developing countries, and least developed countries are acknowledged and commitments to support these countries.

The SDGs represent an improvement over the MDGs in terms of the opportunities to individuals to participate in matters that affect them so The SDGs call for individuals to take action to, for example, improve their healthcare, and other aspects of their lives. They foster a primary focus on having a positive impact on the well-being of individuals. Wh effects of globalization are discussed in Section 1, the MDGs and the 2030 Agenda, 2030 and the SDGs seek to place individuals with an underlying theme at the centre of globalization. They also provide individuals with the tools to take actions that can positively influence over the effects of globalization. The individual is therefore vie active participant in shaping the state of the world, but is also the subject upon whom the effects of globalization must inevitably occur.

CHAPTER 2: BROADER CONCEPTION OF HEALTH AND WELL-BEING

Introduction

The principles of the Health Organization's Constitution describe health as a state complete physical, mental and social well-being and not merely the absence of disease infirmity (2006, p. 1). This definition has not been amended by the World Health Organization (WHO) since 1948. However, it has been criticised for, amongst other things, recognising that illness and disability can exist with health (Bradley, Viswanathan, 2013). Narrow, biomedical notions of health consider values such as a person's ability to cope with imperfect worlds an unattainable ideal given mother nature, according to its definition, a state of well-being (Misselbrook, 2014).

In the first section of this chapter, beyond a narrow, biomedical definition, consider the moral significance of health and well-being as viewed from diverse philosophical approaches, such as Kant's deontological approach, the Capabilities Approach, utilitarianism, virtue ethics, and Marxian analysis. Conceptions of well-being from different philosophical traditions are not fixed by the need to capture the conceptions of well-being might be understood to encompass different geographical, cultural, religious, educational, social, economic emphasise the need for a holistic view of health and well-being, further linking the state of individual health and well-being to that individual's interaction with determinants of health.

In Section 2, this chapter will show how social justice considerations have been applied to the determinants of health. Specifically, Agenda 2030 argue that social and justice considerations in decisions that concern the availability and distribution of determinants of health. make the moved claim that determinants which influence health social justice considerations. The claim is that between state of health the individual's well-being of that individual's and given philosophical approach. that in construing an ethically well-defined notion of well-being that takes into accou

diverse ethical frameworks, the determinants of health can be considered. However, before engaging in a strategy to prioritise determinants of health, a decision on what priority ought to be placed on the determinants of health in terms of selection, distribution and time must be made in a manner that is fair that takes cognisance of existing inequalities with a view to

In Section II, I analyse the actions that states are obliged to take in order to achieve certain ends. Section III deals with the broader view of individual health and well-being. Section IV critically examines the influence of motives and intentions on states agency and actions, arguing that these three philosophical should be analysed in the context of sustainability which ought to be taken towards the provision of the determinants of health. The role in influencing actions an impact on individual health and well-being.

Section II: Moral Significance of Health

Physiological effects of disease, pain, organ dysfunction and injury, changes in bodily functioning and body temperature, all have effects that narrow, biomedical views of health tend to take as the basis for the symptoms and manifestations of disease. Treatment and medication, surgery, physiotherapy, and the provision of assistive devices or crutches, for instance, are remedies for the physiological effects of injury is often taken to be the provision of the health care system. Whilst effects certainly have a negative impact on a person's (2010) scale to diseases such as schizophrenia and dementia, mental illness affects a ability to make decisions, as well as participate in daily activities.

An inability or a reduced capacity to make decisions affects might require that other people be called upon to make decisions a person would prefer to handle their own affairs, in the case of a finan legal nature. The loss of one's sense of independence can lead to Physical incapacities also tend to limit the kind of activities

participa Take, for instance, a situation in which a construction work
dai-wage basis falls ill with typhoid. He cannot report to th
serious symptoms he is experiencing. As a consequence of
days, he does not earn the wages that are owed to him by his employer and is unable to
his family s needs.

Ruger buttresses her case for the moral making significance of the argument
health inequalities based on social arrangements by drawing and efforts to a
and prevent future global health problems are most likely jus
argues that global health problems give rise to positive du
ability for all human beings to enjoy health, as well as negative duties not
ability to be healthy (2010, pp. 65). These duties in turn ge
duties of cooperation and obligations on international actors and
also include the reform and alignment of institutions to conform
for such an undertaking. Ruger argues the basis of these duties not as
voluntary commitments (Ruger, 2012, p. 35) view is in line with the nature
obligations that arise in Agenda 2030.

Health is considered to be of moral significance in a capabilities approach
Nussbaum (2011, p. 20) to be one of the most important capabi
protects those which make it possible for a person to live a life
capabilities as the answer to the question: What is a person able to do
Nussbaum refers to capabilities as encompassing not just c
(personality traits, intellectual and emotional capacities,
internalized learning, skills of perception and communication) (Nussbaum, 2011, p. 20)
freedoms or opportunities created by a combination of personal
social and economic environment (Nussbaum, 2011, p. 20). The Ministry of Central Huma
Capabilities Booklet (2013) lists Nussbaum s mid-list of Bodily Health capabilities. Being able
have good health, including reproductive health, to be adequately nourished and have adequate
shelter (Nussbaum, 2011, p. 33). Nussbaum s good health encompasses the
of health such as adequate nutrition, not just access to healthcare

Other determinants of health include the opportunity to work and earn a decent inc
living a life of one s own choosing. Limitations or lack of these opportuni

to ill-health and a lack of well-being from the economic effects of unemployment (2015a) notes other effects including [the disruption o individuals status, time structure, demonstration of comp relations . It also carries psychological significance of adverse stres chronic stress resulting from continuing economic, social higher levels of depressive symptoms (p. 365) and poorer mental health well-being of moral concern, then these other harms that i under consideration in any account of health. As Marmot (does it do to treat people and send them back to the condit

A consideration of functionings takes us in the direction of Aspromo (2009, p.7) describes a functioning as an achievement of the per and to be? This is a question which is very similar to that to capabilities. A functioning, however, is distinguishable from a cap functioning considers what a person does and be with the thi available to her; while a capability is a set of the various things that available to her and in the space The capabilities of a person capabilities available to the person must however be real a can freely choose to take See the distinction between owning a bicycle and bicycling, noting that having a bicycle does not say much about it can actually use it. The bicycle is treated as having the c transportation , and this is the case whether the person in question the wiks abolied or crippled (Sen, 1999

Having something in the sense of possessing it does not necessarily transla person having or enjoying the full spectrum of functionings that the object commodities), can do; or the pleasure it can bring someone have a bicycle which he considers solely as a means of ge with the same bicycle might attribute a different importance to it as well, but also get imm from bicycling. Another person may have a bicycle because he enjoys because of having such a bicycle. The Capabilities Approach values capabilities in the sense of freedom or opportunity to achieve functionings good health is a valuable capability, the functionings it prod

each person will in many ways be vulnerable to ill-health based on their social, economic, political and environmental circumstances. The World Health Report (1999) refers to as determinants of health. These determinants range from factors such as the individual's level of income and education, to broader societal factors such as States, institutions, and social norms. Efforts to understand how and why some individuals or groups are healthy while others are not, and to address inequities in health at the individual level must therefore move beyond narrow biomedical explanations to consider the broader social, economic, political and environmental determinants which affect health. Marmot (1999) refers to these determinants as the 'causes of the causes' of ill-health. Understanding how they impact individuals' health requires an appreciation of the mechanisms through which they operate. In the case of housing, for instance, the complex relationship between housing and health requires consideration not only of the physical characteristics of housing, such as shelter from the elements, but also to ensure the, sometimes competing, needs for security of tenure, privacy, social participation and access to employment and services, which are also important for the ability of households to provide a sense of community.

Venkatapuram (2007, p. 10) argues that the World Health Organization (WHO, 1948) conceives of health as a capability to achieve a state of well-being, and that the WHO's definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' implies that to be healthy is to have the capabilities to achieve well-being. Venkatapuram (2007, p. 10) argues that the WHO's definition departs from the notion of health as merely the absence of disease, which is often operationalised as being within the statistically normal range of functioning (Boorse, 1997, p. 7). Instead, Venkatapuram (2007, p. 10) argues that health is a capability, or a set of capabilities, to achieve certain 'bundles of health beings and doings' that are valuable to individuals. These 'bundles of health beings and doings' are the outcome of:

> the interaction between 1) an individual's biological needs, physical and mental abilities to convert her own endowments of material goods and social conditions into health functionings, and 2) material goods and conditions in the environment (Venkatapuram, 2007, p. 121, para 4).

Shortcomings in a person's health can therefore arise either because they are unable to achieve a state of well-being, or because the capabilities to achieve well-being are either not comprehensive enough, being restricted, or both (Venkatapuram, 2007, p. 121). Venkatapuram argues that every person has a moral entitlement to be healthy because of its intrinsic value, as well as its instrumental value in enabling the pursuit of other moral entitlements (Venkatapuram, 2007, p. 10). The moral entitlement to be healthy in turn gives rise to obligations to states, institutions and other duty-bearers to remove the restrictions to this capability (Venkatapuram, 2007, p. 10). Venkatapuram's capability theory of health and its social concern which are extrinsic to the individual, including housing, environmental conditions, and economic capabilities, which are determinants of health fall under the third and fourth categories of factors that Venkatapuram identifies as contributing to the capabilities to be healthy.

Norman and Daniels (2008) develop the argument that health is morally significant because it is necessary to protect equality of opportunity. They argue that a broader population view

the inclusion of the social determinants of health in their wake, and the
health is of moral significance. In developing his argumen
question he seeks to answer thus: As a matter of justice
promote and protect health in a population, and how can they assist
disabled? (Daniels, 2008, p.11). He calls this the Fundam
it down into three Focal Questions. The first is whether h
other factors that affect people's health are of moral importance; the secon
inequalities are unjust; and the third seeks an answer to h
under resource constraints.[3] In discussing these questions, Daniels f
previous argument in which he considers ill-health as curtailment on
species-typical functioning, and therefore the opportunities that are
individuals.

The Fundamental Question, and the first point to which the Foca
importance of the determinants of health such as clean air
the physiological well-being of an individual's body, for instance.
education is another factor that affects an individual's income and opp
that are available to her, and may influence her income an
position. It is therefore that if a person's state of health is deter
outside or beyond medical control, as well as one's access to healthc
of a person, and consequently the wider population, is not
outcome of their bad choices. It is a matter of justice.

Being a matter of justice, to which we engage with what Dan
socially controllable factors and (2018, p.18) argues that social
basis of the capability to be healthy (Venkatapuram, 2011, p.
distribution. Therefore, justice demands that socially controllable facto
(determinants of health) that are unjustly distributed; and (2) access to m
care also contributes to typical functioning and the presence
opportunities available to individuals; healthcare are of sp

[3] See, for instance, Daniels (1985, 2008).

important. The argument that answers the Social Question in the affirmative is that health and healthcare are of special moral importance.

Daniels observes that the state of health as well as access to h distributed within and among different social groups. He s important goods such as education, housing, jobs, income, wea participation, and a sense of community vary systematically across subgroups th ethnicity, gender (Daniels, 2008, p. 13). These inequalities in di have a disproportionate impact on particular racial and ethnic groups, women, and they persist across several generations. Such inequalities opportunities available to certain persons and groups, an focus on the moral significance of health inequality stems from the role it plays in determin opportunities available to a person (or lack thereof), takes consonance with the Capabilities Approach, which seeks to capabilities. Daniels's view of justice as fairness is a broad interpretation of justice broadly c population view also utilizes Rawls's principle of fair equality of opportunity to argue that just distribution of health determinants must be fairly carried out without u fairness in the form of equal opportunity is therefore enjoined as a duty not only to individuals but also to the wider population and to the government. Daniels thus supplements Rawls's theory of justice to health, locating the moral significance of health in its relation to opportunity.

From Kant's deontological approach, health is morally significant because it is a condition for the dignity of human agency. As Kant (1996, p. 79) puts it, being a person means that in general every rational being exists as an end in himself, not merely as a means to be used by this or that will at its discretion; instead he must in all his actions, whether they are directed to himself or also to other rational beings, always be considered at the same time as an end (emphasis in original).

Being in ill health affects the dignity and agency of a person in a fundamental way. From a biomedical perspective, ill health, accompanied as it often is by pain, discomfort, anxiety, and sometimes physical incapacity, diminishes a person's ability to pursue one's ends. The availability of healthcare is therefore important because both persons and societies integral to maintaining their bodily and mental well-being. Illness

capacity to convert or to will their n.Tohueghtisgnoitycibefatsseinpera
maintained, and enhanced, by the capacity reat ideas tarcnoncea and
execunter opwlnan,sor those of others, sh.Thled isherusnewtsah valu
healitsh evidnethe opportunity thosputhsiungs that give her life mea

Good hegaetherainlcyreases happiness by enabling one to parti
that he deems to bring pleasOurreoneilgtoacdantowhewrh health i
alsofno-dlerivaeatiwvael.u[4] AccordiMgill(1990.16),The principle of utility
not mean that any givrenusjfoeaisustenaces, or any given exsemptio
for exahmepaleth to be lookaesdmuepaoms to a collective something t
and to be desired on that account. They are desired and
besides beaimsg, theey are a part of the end

Rozie2r01(6provides a virtue ethics perspective on the impor
virtue ethicshiesarattcionscerned with building character, Roz
questions of virtwuheicnthhiesstates to be Who am I? Who c
How ought I get there? ; with an account of structuees of
questions recognize the dynamic beRtoweeirn,b2e0i1n6g),and vdeiwn
notable for its linguistic similarity to the question of what
the Capabilities Approach.

The beings and doingistiesofAhpeCaapnabdiloreto do with the ab
person to act within a given environment or set of circums
fulfilment or benefit from a given commodity or a particular
other hfaonc,uses first on the kind of character that a person
of actions which flow fromBthnhicsharacaterand its accompanyi
what ultimately leaflouoishumanand theHuman flourishingen

[4]If something-dhearsivantive value, it is worth having for its own sake; a
attributable to the value of something else. Good-healtyhisoftaen consi
valuable in and of itself, quite apart from whatever having good health
to Zimmerman and Brad-leyr(2019),valoune differs from intrinsic value in
traditionally unaderstoodto be some particular wadyeofunderstanding
things that are said to be int-dreinsivcatilvelygood,andoes not follow that
non-derivatively good are also intrinsically valuable. Thive value holds, even
different persons might assign varying degreevesmofthinsecgoadlueatio
has. See Zimmerman and Bradley (20-19)fvoarmiedaitnsiosnonvalue.

described by VanderWeele (2017, p. 1478) as being well in the following domains of human life: (i) happiness and life satisfaction (subjective well-being); (ii) mental and physical health; (iii) meaning and purpose, character and virtue; and (iv) close social relationships. According to VanderWeele, the five domains are to be comprehensive constituents of well-being, which can also include other aspects important to a specific conception of well-being.

The use of doing and being by VanderWeele, as well as by Sen and Nussbaum in the Capabilities Approach, is to contrast an internal state of a person, i.e. actions that the person performs, that is not to be confused with a person's ability to be well or healthy in the first sense. Functionings are the things that a person is able to do well. It will often be the case that a person who is well is in a better position to function well. The (actual) functioning well carried out by a person (or lack thereof) is often the only way that one can determine whether a fellow human being is well. We might wonder whether there is some underlying bodily problem that is causing a person reporting lack of energy, or inability to focus, or unable to finish tasks that they could comfortably handle previously, or even withdrawing from social engagements which may be unusual for his previous style of work. These actions and omissions speak to a state of mind that is anxious, afraid, depressed, overwhelmed, or to the early beginnings of disease processes such as Alzheimer's. Being and doing - well-being - is an internal state of mind and body of the individual that has a clear impact on their actions.

Human flourishing in turn has a symbiotic relationship with human agency (Ruggeri, 2021, p. 36) stating that "human agency is constitutive of human flourishing, as individuals make their own decisions and actions. Human flourishing therefore contributes to the outworking of that agency through one's actions."

The Importance of Well-being

Well-being has been a concern of many persons throughout the ages, and connected to being part of the good life, and connected to happiness (Tiberius, 2018; Haybron, 2011; Ostwald).

Ransome (2010) observes that well-being is often taken to mean what is overall good for a person. He denotes three traditional theoretical categories of well-being which have as their focus the intrinsic value state of consciousness; desire-satisfaction theories, which are concerned with the satisfaction of preferences; and thirdly, objective list theories, which are concerned with the satisfaction of desires, certain states of affairs being derived from deontological principles (Ransome, 2010, p. 42).

Ransome considers Sen's Capabilities Approach as a fourth well-being, stating that the concept of functionings has its roots in Aristotle's notion of human function, which Aristotle argued is necessary for perfect well-being (Ransome, 2010, p. 42). Some of the indicators of well-being in the Aristotelian sense include having access to basic needs such as food (Sen's commodities) as well as goods of the body and goods of the soul (Ransome, 2010, p. 51).

Aristotle according to (Robeyns, 2003) becomes ideal as a usage-centric tool, and practical as part of living a good life. Sen's Capabilities Approach freedom as part of one's valuable functionings. Freedom is merely as a lack of constraining opportunity to achieve those things we value, and have value as (Sen, 2002b, p. 585; emphasis in original) not sufficient for a person to have access to care services, for instance, a The state must also determine that these have a positive impact on also provided, and are promoted. Therefore, the availability adequate, short term and important-being; as is the opportunity decent income through work either in employment (Sen, 1993, p. 38) for the freedom to lead different types of life is reflected in capability of a person depends on a variety of factors, including social arrangements. It is not enough to have access, for instance, the accompanying social arrangements that would enable one to personal characteristics, as well as by actual possibilities for a person which we can attain well-being.

Dodge et al., (2012, p. 230) define well-being as the balance point between resource pool and the challenges faced. They therefore present the

a seesaw, with wellbeing at the fulcrum and challenges at either
Both resources and challenges are each comprised of p
elements; and the balance of these on either side of the fulcrum
their lack or presence determining how the person ca
and risk. A lack of balance (say where an individual is overwhe
lack of food and housing yet has no resources to do anything
significant) or an abundance of resources but no ch
well-being diminishes the person, in her struggle to find meanin
existence. Meaning and purpose is one of VanderWeele's f
that contribute to human flourishing (2017, p.8149).

A person who lacks a source of sustenance is said to be lacking a physic
therefore experiences a deficiency in wellbeing. However, a person who
abundant source is no doubt but no ideas as to how he can utilise this
lacking on the challenge side. The idea of challenge and
which Dodge et al., borrow and adapt from Hendry and
development which, although not directly linked to wellbeing,
that an individual faces and in terms of how wellbeing is
2012, 229).

Dodge et al. provide an accounting of wellbeing that is not on
psychological resources to a person, but also of external
The resources a person has ideally ought to be sufficient to me
thus providing the opportunity to take up the capabilities of choosing
therefore enhancing well-being. As earlier argued, this is not just
resources supported from this perspective.

Veenhoven (2012, p.64) links it with regard to the development and acquisition
for living, which he calls actualization): Since abilities do not
idleness, this quality of life is close to the concept of virtue. A
Opportunities (as well as the ability to take up or leave those opportuniti
gauge what each person is able to do and be in the Capa
necessary for the good life in virtue ethics. It would, for
courage without having had to exercise courage in the particul

opportunities and constraints in many ways to the determina
include the social and economic environment; the availab
housing; caring for the environment; as well as opportunities
earn an income (World Health Organization, 2012). Promoting well-being of persons
therefore must include the furthering, fostering and protecting of conditions
for their meaningful participation in what they consider to be a

A good life can be objectively as well as subjectively valuable (Varelius, 2013, p. 3
distinguishes between subjective meanings, attitudes and judgments that constitute well
being is often dependent on the person's view of how well
theories of well-being look at whether a thing or an activity satis
human nature; or otherwise aims at what persons ought to perceive as be
for the good life. Varelius notes that while objective theories have historically
been the perspective from which a person's attainment of various aims in life
as to whether her life is going well or poorly, objective viewpoints are just as importan
is from this perspective that another person can determin
could have a better (emphasis in the original) or at least possible life given
circumstances and determine, quite apart from the person
is objectively good. Varelius offers an alternative view of
the intersubjective agreement of a group of persons about what constitutes a good life
(Varelius, p. 367). Thus the argument here is that the coin
various agents subjective views of the good can be taken
good entails.

In the following paragraphs, various authors whose representative
diverse ethical approaches will be introduced. Each author's work will be discussed in order to indicate which ethical approa
under discussion and to analyse areas of commonality between the (and c
different) ethical approaches.

With regard to utilitarianism, Harsanyi (1997) states that
person's utility level to be a measure of the extent to which their preferences are satisfied. This notion of human well-being largely ide
with the measure of happiness, i.e. that the more preferences that are satisfied, the greater the happiness. Economists, particularly in economics, attribute persons' choices to the
utility function; arguing that the concept of utility is sim

representation preferences (1982, p. 131). Harsanyi notes that w
might be considered to be subjective, we desire also some
world as important ingredients of a good life, such as an a
being and of social standing, some success in our vario
accomplishments, as well as other pleasures (Harsanyi, 1977, p. 631) and respec

Seeking one s own well being is not incompatible with being mo
As Harsanyi writes, We desire not only our own happiness but also t
we care about (Harsanyi, 1977, p. 53). It might very well be the case
influenced in a great way by the well being of those that one cares about
to imagine a situation where illness or the lack of employm
on one s mind, thereby causing worry and diminishing their

Anderson (1991) articulates a view which emphasizes the individual place
different values and activities. Anderson argues that an individual's concept
happiness governs her estimate of the relative worth and
kinds of pleasure. It imposes bounds of coherence and integrity on a
independence, nobility, and freedom (Anderson, 1991, p. 11). It may w
the case that for many persons and communities, meaningful
activities that are worthwhile. With regard to the SDGs, individual
might find great happiness simply by participating in activities and
advancing the goal because she finds the goal worthwhile. Her
reduced level of income in the goals were not progressing was still a meaningful
perspective, where there is bound to be happiness in participation in action
are geared towards the SDGs culminates in the achievement of the g

If the human individual is worthy of moral consideration, then the
one cares about that ought to be important for, but not limited to, those
also persons worthy of moral consideration. This argument was famously made by Singer in
his seminal paper, Affluence (1972). Consider the example of a pers
who has a great abundance of wealth, but lives in a country where there is
community that has serious poverty and some people are starving. The person
other aspects of well being, for instance, having a social connection w
enjoying some of the simple pleasures of life, such as taking

robbed should he venture out. Should the wealthy person a
participate in promoting the well-being of the community around him, these
other-regarding considerations would enter in a utilitarian fashion, resul
being collectively, particularly their own well-being, both subjective a
objective were taken into account. This would fulfill the wealthy person s sol
in promoting the well-being of the community-at-large is not his own self

Ashford (2000) uses a related criticism of utilitarianism, which
obligations of agents that are too onerous. She notes that
so many persons are in such dire straits of poverty that it may be w
considered an emergency that moral agents ought to atten
moral agent, who also has her personal projects to attend t
between giving assistance in combating poverty and pursuing her personal project
the consequences of failing to help (which include death and misery)
Ashford states that utilitarianism, in contrast to other theo
emphasizing the seriousness of one's obligations, further that

> In the current emergency situation, in which relative
> continually in a position to save others from starvation, there is a conflict of interest
> constantly taking place between one's own personal projects and the needs of p
> irresolvable conflict between agents' personal projects and moral
> of these other persons (Ashford, 2000, 435).

These tragic choices imply that an affluent agent is constrained to giv
own projects in order to help other persons in need. Such acts of help. T
result in the vanishing of the relatively affluent agent s ow
projects, they are; for the well-being of one person ought not to be promote
the expense of another. The situation I have in mind is one
can no longer pursue any personal projects because all of her
extent that leaves just enough energy and resources left over to attempt
meet the needs of other persons. Only a person who is ex
puts it, would choose to live this kind of life (Ashford, 2000, 435). Since this kind
extraordinary sacrifice is not one that everybody would prefer, A
only solution to conflicts is the eradication of poverty, which is the

goal of utilitarianism because of the extreme inequalities such as those o
2000, p. 43).

For Bentham, an action conformed to the principle of utility
happiness of the community to a greater extent than it dim
happiness of the community to the sum total of the interests of its m
1990). Actions that serve to reduce the extent of pain or increase it, an
opportunities for education, for instance, can be defended as having utility
Therefore, there is a congruence of utilitarianism with the SDGs to th
eradicate extreme poverty, encourage cooperation among states and individu
promote the well-being of all at all ages.

Given the consensus among states that adopted the SDGs, the go
opportunity to begin tackling health challenges collaborati
SDGs have the potential to be a game changer in global health a
to greatly improve the health and well-being of the world's popu
importance of health for the achievement of sustainable de
of social, economic and environmental, was earlier acknow
government in the outcome document from the Rio +20 Conferen
as Resolution 66/288 The Future We Want. Paragraph 138 of its
follows:

> We recognize that health is a precondition for and an o
> three dimensions of sustainable development. We un
> sustainable development can only be achieved in the ab
> of debilitating communicable and non-communicable diseases, and
> populations can reach physical, mental and social well-being (United
> Nations General Assembly, 2012).

The leaders further urged action on the social and environ
order to create inclusive, equitable, economically productive
Nations General Assembly, 2012, the connection is made be
other. Agenda 2030, which also serves to strengthen the interconnec

Immanuel Kant (2013) also makes a case for the well-being of others and assisting them when in need. Kant argues that a law about his own welfare but not about the welfare of others c law, since one would not want to be treated that way if misfortune should befall him in his ho need. Whether practical action can become universal law or not involves the agent asking himself whether that action from the principle might never to act ex in such a way that I could also will that my maxim should become (Kant, 2013, p.488). In other words, should my actions hold as a as for others)? (Kant, 2013, p.488). Kant speaks regarding a perso nonchalantly by as others suffered:

> It is still impossible to will that such a principle hold nature. For, a will that decided this would conflict with could occur in which one would need the love and sym which, by such a law of nature arisen from his own will all hope of the assistance for which he wishes (Kant, 2013, p.494).

Seeing to it that the well-being of others is fostered also but treasses person must be treated as an end in himself and not merely

> Now, humanity might indeed subsist if no one contribu others but yet did not intentionally withdraw anything only a negative and not a positive agreement with its unless everyone also tries, as far as he can, to further ends of a subject who is an end in itself must, as far as that representation of the human (Kant, 2013, p.497) (Emphasis in original).

It is not enough, as Kant explains, to simply let the world interests, let the chips fall where they may. Each person's well being of others.

Well-being is of great importance from the perspective of Ubu roots in African communitarianism. The word ubuntu is usu

humanness in several African languages such as Zulu, Xhosa and Nde
Metz, 2016; Mnyaka & Motlhabi, 2005). However, as Eze (2008) no
with variants among speakers of Bantu languages in sub-Saharan Africa. For example from
Kenya, the word Utu is the Swahili word for personhood, as the
Kikuyu language and also Tiriki language of the Bantu languages
spoken in Kenya. The Swahili saying roughly translates to a per
relevance through other persons. It corresponds fairly well
an acknowledgment of the interconnectedness of our wealthy human
captured in the phrase I am because of you we are (Mkhwanazi, 2016 (M
83). The values espoused by Ubuntu are however not confi
but also find expression in other communities in Sub-Saharan Africa (Eze, 2008;
1987; Metz, 2016).

Among the values embraced by Ubuntu are the collective ide
well as sensitivity to the needs and wants of others, the und
reference and man as (Masoga, 2016, p.4). Metz (2016, p.138) note
Ubuntu places emphasis on friendly terms of considering ones
the whole, being close, sharing a way of life, being lovingly an
as relationships of solidarity, which he describes as ac
sympathetic caring for the common good, serving others and b
welfare (Metz, 2016, p.138).

For Kamwangamalu (1999, p.27), communalism, one of the
that, the good of all determines the good of each, or the welfare of one, of
dependent on the welfare of all. Eze states that, Accor
dependent on the appreciation, preservation and affirmation
be a person is to recognize others and to be recognized by them as in part constitu
persons with whom I share the social world (2008, p.387).

Ubuntu therefore places great value on a person's particip
as well as his contribution to advancing the good of the community. The good of the perso
being is inextricably bound up with that of the community,
the extent that his activities and relationships also advanc
the perspective of Ubuntu, personal projects would therefor

this pursuit resulted in the person shirking his responsi
community. What is esteemed in the Ubuntu way of living i
role in the community. Such roles sometimes formally assigned, simply arise
result of the needs of the community; or through one s soc
the community. Older persons, for instance, are called upo
times when clarity on an issue affecting the community
responsibilities in the manner expected of such community res
well-being of the care receiver as well as that of the community. The carri
in fulfilling the responsibilities he has well; and also rece
community. The members of the community in turn have a duty to their
taken care of through the contributions of others, to the wh
it:

> In advancing the good of the community, the individual
> advanced precisely because the community s and indi
> radically opposed but interwoven. The common good of my
> subjectivity, whereas I guarantee the community s sur
> constitutive goods, knowing that if the community hurts
> hurts (2008:8).

From the perspective of Ubuntu, individual need not be achie
expense of the community with them. To the individu
being then is to the community for her action and character. The well-being of
others. The implication of Ubuntu is that through meeting the
others the individual finds his fulfilment.

In contrast to Ubuntu, from which a person derives signif
roles, activities and relationships within the community, per Nussbaum (2000)
a broader, if more abstract perspective even distant others a
concern. This is not to say that Ubuntu does not take cosmopolitan
However, the locus of power in the cosmopolitan demonstrates humanness in Ub
circumscribed by its relational and collaborative nature. Cos
hand, takes as its starting point the interaction of global organizations
people, goods, services and ideologies that decisions made b

wide-ranging effects on others, regardless of geographical di
puts Stoic action and some moral relations strangers from their cens
is now a general reason to suppose that distance obstructs action
or respect only a few, there is room to think that justice or othe
between vast numbers of distant strangers (emphasis in origin

Eze (2017, p. 786) describes the picture of the cosmopolitan that
global denizen with a distinct outlook about the world. Eze trace
origins to the Stoic ideal of citizens bound by their sha
rationality.

Pogge draws a distinction between legal and moral cosmopolita
cosmopolitanism focuses on a political ideal of a global o
equivalent rights and duties. Moral cosmopolitanism holds that all pers
moral relations to one another: every human being has a global stature
concern (Pogge, 1992, p. 49). As human beings interact with each
distances, there is a need for coherence and a common und
live up to its ideals of ensuring that every human being i
(2012) argues that one of the ways in which cosmopolitanism
the demand that social institutions ought to be designed
beings as equals (Pogge, 2010, p. 313); and then by directing social ins
the conduct and character of human agents (Pogge, 2001, p. 104).

With regard to Agenda 2030, states, and actors all have a role
achieving the SDGs. A focal point of the SDGs is cosmopolitan ide
respect for each person as a moral being, concerns ought to inform h
that moral concern. Since persons who are of equal moral c
around the globe, efforts to give assistance where we are i
standards as to what we ought to do to actualise being, where persons are well
collaboratively with other states and institutions.

Parekh (2003, pp. 3-9) argues that:

> Pursuing goals that damage the health of others prevents them from l
> minimally decent life violates their equal rights, and their w
> inherently illegitimate. Furthermore, when others are
> their well-being by circumstances beyond their control, suc
> resources, poor technology, and arbitrary political form of governm
> they cannot easily dislodge, they need our help, and we

The primary concern in a cosmopolitan outlook is therefore as one who is worthy of and making such interactions as would ensu being of each is realised.

Summary

The philosophical approaches above offer a broader view of h from the perspective of the individual and diverse philosophical approaches by first giving various approaches are ordered to the broadest conception of individual health as specific different individuals across the globe while identifying and addressing differently as a result of each person's specific geographical, cultu economic, and other contexts.

Kant's and Kantian deontological perspectives, the Capal cosmopolitanism, Ubuntu and Daniels' justice as fairness Sava supportive of the view of action from the possible impact on health and well-being of the individual.

It is important to note the paradox that view of health-being from the perspective of the individual, although the other that an agent's action is all to be considered against their interest health-being but well differently, the question affect what's or action's have to person will often determine whether-being the individual has been taken into This account to-regarding self-interest importance

As the virtue ethics perspective shows, for instance, it i
individual has built within himself that informs the kinds o
will take toward others. A person is bereft of benefit on this
a person with a sense of empathy and who is motivated by to encourage
recognise and take action on injustices – and to act in ways to he
and others.

While the utilitarian approach favours actions that will promote the
for the greatest number of people – be it health and well-being value and
therefore worth has to be weighed up against the count for the sake of the
greatest number. Furthermore, utilitarianism only shows the need for collective
greater number of people – but it does not say how each person (and conse
persons) are to be achieved. Without such a view, there would be a
productive diminishing of the rights of individuals who a
the disproportionate burden to meet the needs of others
abandoning their own personal projects in t

A broader perspective that considers social justice at the individual level
requires the collaborative efforts of different countries and
because the experiences of global injustice across the world vary depending
on their geographical, cultural, political, economic resources,
other factors in the determinants of health.

Section II: Social justice and the determinants of health in

In this section, how Agenda 2030 has social justice considerations
determinants. This is more than improvement over the Millennium
discussed in Chapter 1, with its focus on economic prosperity, poverty reduction
also failed to ensure the meaningful participation of countries
the goals to be a reflection that social justice should not only be
by states and other actors, but also the availability and distribution of the
health, since these have an impact on individual health and well

claim that determinants of health that have incorporated s
crucial link between the view of an individual as well-being
conceived as analysed from a broad philosophical approaches.

Reading through the 2030 Agenda several mentions of the words just
various paragraphs. There are also paragraphs which frame issue
associated with justice such as equity empowerment and particip
in the following paragraphs are to Agenda 2030 (United Nations G
2015) unless otherwise indicated.

In the Preamble to the 2030 Agenda it is stated that "We are determined to
peaceful, just and inclusive societies which free from fear and
resolve to build peaceful, just and inclusive societies ; while paragraph 8
equitable, tolerant, open and socially inclusive world in
vulnerable are met. Paragraph 35 recognizes the need to build pe
societies that provide equal access to justice and that are based
(including the right to development)

Other paragraphs which allude to considerations of justice although
words include paragraph 7, which commits to ensure inclusive and univers
quality education at all levels, to health care and social pr
to ensure that vulnerable people are empowered; paragra
towards the sharing of wealth including income equality, and p
broadening and strengthening the voice and participation of
Preamble to 2030 Agenda pledges to leave no one behind , and dec
heading Prosperity) are determined to ensure that all hu
prosperous and fulfilling lives

The framing of issues in the above paragraphs of justice shows just
how widely applicable notions of justice are to human life. In the paragrap
Agenda 2030 extracted above, justice is clearly taken to be conside
provision of education, healthcare, social protection, the
participation in making decisions, access to justice (in terms of the leg
opportunities for earning a living, income. However, determinants of health d

the context of Agenda 2030 by no means constitute an exh
health in which justice is applicable. Other determinants are a
energy, decent housing, nutritious food, and many others w
2030 as part of the SDGs.

In the next section, I carry out an ethical analysis of some
relevant Agenda 2030 targets using John Rawls' justice as fairness as
restoring equilibrium. It shows the importance of distributing social go
while the law can help in setting the rules for such a distrib
and/or rules come into being also matters. These laws and/
in a manner that shows fairness to affected participants is both
ultimate (the end as well as the process of arriving at what w
Lack of fairness in either substance or procedure could b
overall.

i. Justice as fairness:

John Rawls in his book, A Theory of Justice, considers principles from which a soci
begin to consider certain rules of conduct in order to adv
society. The participants in this society must decide on ho
means and how conflicts will be resolved.

Of necessity, this involves cooperative endeavour since, as Rawls puts
makes possible a better life for all than any would have if
efforts (Rawls, 1971, p.4). For Rawls, the main issue of justice consists in the
that a society ought to formulate to determine how fundamental rights and
opportunities, assets, advantages and disadvantages are distributed
benefits and burdens are distributed.

Rawls argues that there are two principles that the basic society
person is to have an equal right to the most extensive to
compatible with a similar system of liberty for others (Rawls, 1971, p.302). The first is
the Principle of Greatest Equal Liberty (Rawls, 1971, p.72).

The second principle, Social and economic inequalities are
they are both a) to the greatest benefit of the least advantaged [the Difference Prin
b) attached to offices and positions open to all under
opportunity (Rawls, 1971, p. 83) [the Principle of Fair Equality of Opportu
despite his formulation, principles of Fair Equality of Opportunity
to the Difference Principle (Rawls, 1971, p. 83). Since the two principles are
ensure that distribution is fairly done, they focus on the r
on maximising good; although the maximising of the good could
application of principles.

Rawls states that principles are applicable primarily to institutio
and not particularly as a general moral conception (Rawls, 1955, p. 24). Th
since been numerous critiques of Rawls's two principles, in
(2015); and Pogge (1994; 2004). Scholars, such as Pogge, argue that some of Rawls's id
have to be adapted to a more interdependent world. Pogge (1994,
highlights contradictions in Rawls's position that endo
domestically but rejects individualism being the
settling of questions, only the interests of individuals (Pogge, 1994, p. 195;
2004, p. 1). Pogge's criticism is supportive of my position arg
well-being ought to be considered from the individualist perspe
a stance that advocates concern for some human beings to

Rawls's two principles hold relevance for assessing action
by institutions on behalf of states, to the extent that they
theory of these actions, while Rawls considers his theory of
internationally, I show, in the following discussion, how
extended or broadly applied to assessing the justness of actions.

Justice as commonly understood, conveys the quality of
synonyms such as validity, soundness, and legitimacy
2018). An impartial observer should
consider it sound and deserved. The consequences of particular a
agents, jointly and severally, should be proportionate and
decisions are considered just. A government intending to co

instance, must ensure that the acquisition is necessary; transparent and explicable; that the affected landowners are relocated humanely, or otherwise granted s failure in any of the procedural or substantive aspects of c to taint the validity and legitimacy of the acquisition who are likely to conclude that justice has been done.

SDG16 specifically calls for states to provide access to j accountable and inclusive institutions at all levels (United Nations General Assem p.25). Some of the targets for this goal include promoting the international levels (Target 16.3); the development of effe institutions at all levels (Target 16.6); and ensuring responsive, inclus representative decision-making at all levels (Target 16.7). This goa example of a focus on conformity with principles on equal liberty. SD also has application in a situation where it was necessary t decisions taken by a state were fair.

Justice does not therefore simply consist in the decision ul of antecedent conditions as well as outcomes, particularly with regard to proc judicial nature. Justice considers both the result as well a embodiment of which is most often captured and expressed Natural justice refers to characterised by two major principles: audi alteram partem, relates to the right to be heard before decisions are made, and nemo judex in causa sua establishes the right to an unbiased hearing (Schauer, 1976, p48). The right for parties involved to be given notice o informed of the case against them and to mount their own that characterise the practical outworking of these principles (Swanton Groves, 2013). These two principles certainly provide a framework for opportunity.

With regard to national and international institutions, just determine whether there are governance structures that are exclus participation of certain individuals in decisions that affect

actual or potential conflicts of interest - in addition to involving questions to be analysed in terms of fairness

Rawls's second principle of justice can plausibly also be extended to requiring the co-operation of states (Kuper, 2000). If we consider the least advantaged at least in terms of economic power then the current flow of fair representation on the board-making financial institutions does not reflect their contribution. These countries have a relative lack of opportunity for voice when getting representation in institutions such as the World Bank in terms of procedure, as well as low influence in outcomes (Stiglitz, 2002).

Agenda 2030 falls short in some crucial aspects of justice as it treats only issues touching on economic and financial inequalities affecting developing countries. An example is Paragraph 30 of Agenda 2030:

> States are strongly urged to refrain from promulgating and applying any economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, particularly in developing countries. (United Nations General Assembly, 2015, p.8)

Strongly urged does not seem to have the force in terms of language that conveys the seriousness of impeding the overcoming of poverty in all its forms and economic terms to allow room for such measures to be used in order to bring countries (albeit perhaps as Parliaments do) States resolve to undertake to. would have more robustly communicated the disadvantageous economic and financial measures. Since Agenda 2030 is not legally enforceable, the language that is used might not convey the effects of particular actions.

Another indication that Agenda 2030 omits aspects of financial justice is Target 16.8. Despite committing to Broaden and strengthen the participation of countries in the institutions of global governance (United Nations General

measures will be taken to address these needs. This is the resolve of towards the reform of institutions.

ii. Justice as restoring equilibrium:

Giving priority to the worst off shows an attempt at the r historical or other reasons, have found themselves in a difficu the determinants of health (and the role of social justice treatment, with the context in which he uses this phrase in call for peculiar, particular treatment of the agents at whom such Rachels puts it, If we were to stop thinking of people as d treatments, our moral outlook would be drastically changed (Rachels, 1997, p. 173). This is certainly true. Inasmuch as justice conceives of treating justice also supports dealing with other persons differentl expected.

Affirmative action in its various forms aims to help states might atte restore equilibrium. Another example is the reservation of certain quotas tenders for specific groups only because such groups have t discrimination in the award of contracts. An example of this is government policy in that reserves 30% of government contracts for women, youth a disabilities (Access to Government Procurement Opportuniti

In August 2015, Justice as restoring equilibrium is also reflected in which p to leave no one behind, and to endeavour to reach the fur General Assembly, Para 4, pp. 3-10). It pledges a significant increas will close the gender gap, end discrimination, and empower wome regional and national levels (United Nations General Ass further details as to how the restoration of equilibrium is including Target 5.1 calls for the ending of all forms of discrim and girls. Target 5.5 calls for the full and effective participation of women in leadership and decision-making at all levels of political, economi (United Nations General Assembly, 2015, p.18).

This apparent paradox where justice treats persons differ
way: that justice conceives of treating persons in such a manner
equal. Where all things are equal, the corollary to this statement
persons who have been disadvantaged by the disproportio
negative consequences as a result of the acts or omiss
recompense for their disadvantage. Those persons who have g
the expense, should be kept alive to the distorting effect of such
the obligation, from a moral point of view, equilibrium between the
disadvantaged and the privileged. In this, Aristotle's descr
mind:

> An unjust man does not always choose the larger sha
> between things which are without qualification, but in dealings
> However, since the lesser evil seems in a sense to be
> larger share means taking a larger share of the good
> aggrandizer. He is unfair, for unfair includes and is
> more than one's share of the good and taking less than one
> (Aristotle, *NE* 5, 1129a-1130b, trans. Ostwald).

The broad proposition that there is a moral obligation t
disadvantaged by wrongdoers needs to be kept in mind with an eye to future o
as well; for the consequences of some kinds of unjust tre
discrimination, have an impact over several generations,
communities and other social groups. The Thomistic notion of justice a
treatment of persons and justice as different treatment
cognizance of the fact that even where justice advocates a
for certain persons, the reasons for the same as well as the expected end poin
dealings with various persons, even over generations, equil

Justice thus remains true to its ultimate goal of similar tr
dissimilar treatment allowed only to the extent that it adva
for and between persons, institutions and states.

iii. Linking the determinants to individual health-bearing well

Having established the social justice variables and their inequitable distribution of the determinants of health, I now set out m which incorporate social justice principles and considerations in the an individual's health and well-being broadly conceived. This holds true even health was not the primary area analysed from diverse philosophical approaches shown.

I have just this already which incorporates philosophical approaches that attempts to take broad variety of conceptions of health and well understood and experienced by individuals and across the globe person's specific geographical, cultural, religious, and contexts.

Social justice considerations are justice ideas of fairness. Rawls's which determine how the various societal institutions are fairly met. The rights and duties, as well as such as assets, economic, education opportunities is considered, as is the distribution of b administrative procedures, and in the decisions ultimately justice as fairness. Consideration is given to how the distribution of benefits and burdens is to their benefit. In justice as fairness are evident in the UN SDGs which call for a just distribution of the determinants of health such as access t and safe water, the protection of the environment, and gr education, and industrialization for all.

Justice as an equilibrium recognises the invidious effects o on particular persons, who are then subjected to disadvanta poverty, and a lack of opportunities. These disadvantages have a negative impact on the affected individual's well-being and ability at work because one is a woman, being discriminated against, sole because of one's race, have adverse health effects such as of economic opportunities, and exclusion from social and

restoring equilibrium seeks to mitigate these disadvantag
through policies such as affirmative action or employment opportunit
Agenda 2030, justice as restoring equilibrium is clearly dis
behind ; in the emphasis on empowering vulnerable peoples;
to give assistance in resolving the special challenges face
developed countries and landlocked developing states. Suc
includes strengthening such countries statistical capacity as
Agenda 2030, and developing their research capacity and
(United Nations General Assembly, 2015)

The determinants of health, social, economic, environmental, and
influence how well life is lived and provide the inextricable
individual health, well-being as well as viewed from various philosophic
availability and distribution of these determinants of health
of social justice embedded in them, have not been explicitly
This is a novel contribution. While arguments made whi
determinants of well-being as human rights[5], little has been done to explicit
between Agenda 2030, the determinants of health, and conceive
from ethical approaches as diverse as the Capabilities Ap
deontology, virtue ethics, utilitarianism, and Ubuntu.

Without incorporating justice as a determination to restore equ
determinants of health, individuals health will be negative
anxiety disorders, distress, loss of economic opportunities and
political participation which can have effects that persist acro

Summary

Social justice considerations are crucial to the selection,
determinants of health. Given social, economic, educational
environmental and other contexts with which individuals interact

[5]See, for instance, Daniels (2008); Venkatapuram (2007); Venkatapuram

determinants of health to be made available and distributed
human life contemplated. Considerations of social justice, which take
and restoring equilibrium ensure that decisions concerning
only arrived at through a fair and justifiable process, but
health to which priority is given are made available and distributed
individual health and well-being.

Agenda 2030 mentions many of its provisions in a language that indicates
social justice and its related concepts such as equity, inclusivity,
participation have been taken up in relation to the Rawlsian conception of
justice as fairness. A discussion of justice as restoring equilibrium
usefulness as a lens to study the determinants of health, and whether their
availability and distribution takes into account the differences
which various individuals across the world face in their pursuit of
of individual health and well-being and incorporates not only a perspective
approaches, but also considers determinants of health
considerations have been embedded.

Section II: Sustainable action and Agenda 2030

Agenda 2030 paragraph 2 considers eradicating poverty in all
including extreme poverty to be the greatest global challenge
requirement for sustainable development. The General Assembly, in Agenda 2030, paragraph 3
Sustainable development as envisioned in Agenda 2030 is viewed from three dimensions: economic
and environmental, all of which ought to be achieved in a balanced
(United Nations General Assembly, 2015, paragraph 3). Various scholars emphasise
paragraphs 13 and 14 of Agenda 2030. As discussed in Chapter 1, the effects of
the individual include exclusion from social, economic and
powerlessness in changing the social, political and physiological risks
health and well-being. It is therefore apt to examine whether Agenda 2030
provides means by such exclusion and powerlessness risks to health

If the greatest global challenge in achieving the 2030 Agenda is poverty, a look at the structures that are supposed to show solidarity with the poor and the marginalized in situations will lead us to paragraph 41 of Agenda 2030, which, as mentioned above, acknowledges that Public finance, both domestic and international, will play a vital role in providing essential services and public goods and in catalysing other investments to achieve sustainable development. United Nations General Assembly, 2015, p. 10). It is not sufficient to simply state that the means of implementation to achieve the eradication of poverty in all its forms and dimensions, which is the greatest challenge facing the world today, as emphasised several times in the 2030 Agenda (United Nations General Assembly, 2015, p. 2) and subsequent paragraphs, such as paragraph 3, is met. From a point of view of existing institutional structures, the means of implementation which would have an impact on the eradication of poverty from an economic perspective ought to be examined.

In addition to examining whether the prevailing financing structures are conducive to achieving the objectives of Agenda 2030, I claim that a focus on the means of implementation in order to achieve the goals must of necessity involve an examination of the intentions, motives and reasons that lead individuals to engage in particular actions. I argue that it is the reasons underlying the motives and intentions that lead people to act in a particular way that are the most important in this context. Thus, while there may be many reasons for carrying out certain actions (for example, in order to make a profit, or simply for altruistic purposes), the reasons that individuals have for engaging in activities that have a positive impact on individual health and well-being will depend on the motivations of those individuals.

i. Examining the structures of international financial institutions

In paragraph 4 of Agenda 2030, states recommit to broadening and strengthening the voice and participation of developing countries in international economic decision-making and global economic governance (United Nations General Assembly, 2015, p. 2). The use of the word "recommit" implies that efforts at inclusivity have been made in the past. A look at the governance structure of some of the global financial institutions points to why this failure may have occurred.

Agenda 2030 envisages official development assistance (ODA), debt relief, and debt restructuring as some of the means of achieving the capacity

countries to meet their resource mobilization obligations (
2015, p. 26). The criteria international financial institutions use
country qualifies for the HIPC set by the World Bank, the Inter
Fund and other multilateral, bilateral and private creditors (World Bank
Country (HIPC) Initiative (World Bank, 2018). The composition of the
these decision-making institutions raises plausible questions
representation for all member countries, and hence the fai
used to decide on debt relief and reduced development assistance.

One explanation the World Bank, which likens its governance structure to a cooperative in which
member countries are represented by a Board of Governors desc
policymakers (World Bank Group, 2018d). The Board of Governors is made up of
the member countries' ministers of finance, or their alternates, usually
the meetings of the Boards of Governors of the World Bank
Fund (World Bank Group, 2018a). The Board of Governors has delegated significant responsibilities to Executive Directors, each of
four separate boards that make up the World Bank Group
organisations represented by Executive Directors are the International
for Reconstruction and Development (IBRD), the International
the International Finance Corporation (IFC) and the Multilateral Investment Guarantee
Agency (MIGA) (World Bank Group, 2018a). The fifth international organisation,
for Settlement of Investment Disputes (ICSID) has a separate Board
of an Administrative Council, established under the ICSID Convention, which
has one representative each from the Administrative Council of the International Centre for Settlement of
Investment Disputes, 2018).

It is worth noting that the World Bank gives Executive Directors the power to appoint three
positions, namely those appointed by the largest shareholders, with the remaining five
up by directors elected by the rest of the member countries (World Bank Group, 2018d)
(emphasis mine). However, a look at the current list of the five largest shareholder
organisations reveals six appointees: France, Japan, the United Kingdom, the
United States of America, China and Germany (World Bank Group,
2018). It is rather unfair for twenty two countries in Africa

director, (as happened in the election of Zimbabwe, where Britain
specific member states have a say in the appointment of or
powers of each country are based on a formula that incorpo
taking up membership, and so on) additional subscriptions to
additional variations between the four organisations (World
is the richer countries which have a greater say in the pol
their initial allocations as well as their economic ability to i
capital.

Representation on the Boards of the World Bank is also ske
Following the nomination of candidates for World Bank Presidents in 2012,
instance, Schneider (2012) stated that there is a gentleman's agreement tha
years, the U.S. government gets to name the World Bank
contest to head the World Bank, with Jim Yong Kim, a candidate put forward,
15.74 percent of the votes in the U.S. constituency, or market share on the Bank
event, Jim Yong Kim was selected to head the World Bank
term effective 1 July 2012 (World Bank Group, 2012).

Other than concerns over the fairness of the election process and
increased development assistance, as well as the fairnes
countries, there are possible conflicts of interest with the Articles of Agreement
Executive Directors are expected to adhere to.

An example is Article I(ii) of the IBRD Articles of Agreem
purposes of the IBRD as being:

> To promote private foreign investment by means of guarantees or participations
> in loans and other investments made by private inves
> capital is not available on reasonable terms, to supple
> providing, on suitable conditions, finance for productiv
> capital, funds raised by it and its other resources (Wor

The conflict of interest arises in the fact that the primary
the promotion of private foreign investment by means of guarantees participations in the Wor

Bank's business of approval of loans and guarantees, n
budget, country assistance strategies and borrowing and
countries in World Bank Group, 2013b). As foreign investors are u
looking for a return on their investments, there could be a
is considering, for example, whether to cancel a project that are
pressure from investors (or even regarding their returns, and eve
country is doing the best it can to keep up with its repayme
International Finance Corporation, too, in Article I (ii) of i
it shall seek to stimulate, and to help create conditions
capital, domestic and foreign, into productive investment i
Finance Corporation, 2017). It is worth questioning whether
poverty and promoting shared prosperity as stated by the
Bank Group, 2013a) can credibly and ethically be achieved
promote private foreign investment, even when it is clear that
with making decisions to effect these incongruent mandates
As Provost and Kennard (2015) note:

> In its pursuit of profits, the IFC has at times partnered
> and made investments that, while contributing to its
> questionable benefit to the people it is supposed to be
> IFC has backed enterprises that include private health
> the elite, multinational supermarket chains known for po
> displacing small, local businesses.

Provost and Kennard cite amongst other examples, the IFC
Shangri-La chain of hotels and luxury resorts in Asia, as well as investments
MedLife in Romania.

Further inequalities within poor countries can also be mas
wealthy minority in a poor country, which could lead to the
that country. Moreover, the corrupt misdeeds of a wealthy minori
the punishment of the many poor for the sins of the few th
the withdrawal of development aid. On 9th May 2017, the United States Emba
issued a statement suspending approximately $21 Million

assistance to the Ministry of Health, concerning about reports
and weak accounting procedures at the Ministry (U.S. Embassy
as the statement also indicated that the amount suspended
the overall U.S. health investment in Kenya, which exceeds
annually, it is likely that those who were not corruption and who co
benefitted from that portion of suspended aid were adverse

Countries ought to make efforts at fostering the fair inclus
governance structures of financial institutions. The World Bank's
2030's claim of commitment to strengthening and broadeni
developing countries, a reorganization of the decision-making structures
also have fair representation and enable a voice at the table is imperative. Si
2030 also makes explicit reference to the importance of shared res
achieving Agenda 2030 include [recognizing] that all cultures and
contribute to, and are enablers of, sustainable development" (United Nations
Assembly, 2015, p.10), such acknowledgment must stop only be
the requisite. Efforts to dismantle these exclusionary structu
paying-service to remedying structural inequality and re
Millennium Development Goals, which as indicated in Chapter 1, viewed develo
eradication of a narrow conception of poverty as economic dimen

ii. Reasons, Intentions, and Motives

The sustainability efforts carried out with the aim of achieving the
not only on the declarations and signatures of commitments,
motives, and intentions behind the commitments (see section below). I
this claim by giving further importance of interrogating the reasons
development aid and the migration discussion to consider the intention
motives for acting, and claim that these too ought to be examin
the sustainability of any activities that are expected to tak
improve health outcomes well

Reasons for Development Aid

Consider a situation where a particular country invites donor countries to provide development aid to a poor country. There could be several reasons why the donor countries decide to give aid, for instance altruism; or out of a sense of historical responsibility; or as a result of a bilateral, or international agreement such as Paragraph 12 of the Monterrey Consensus of the United Nations Millennium Declaration that resolves to [spare] no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty (one of the reasons for granting foreign aid mentioned during the United Nations General Assembly 2000).

Bermeo (2017) argues that there appears to have been a shift in how development aid is allocated. Donor countries may use not only grant development aid to poor countries in order to encourage development, but to advance their own interests. Put another way, the action of giving aid to poor countries may be influenced by encouraging development and reducing poverty, even though eradicating poverty is often one of the reasons stated. As Bermeo argues:

> In a connected world, policymakers in wealthier countries are concerned about transboundary problems such as terrorism, unwanted migration, disease, regional crime, instability, violence, and trafficking in persons, weapons, and illicit substances are exacerbated by underdevelopment. Governments unable to insulate themselves from negative spillovers from poor countries, are altering aid policies to address problems at their source in the source countries.

With such a shift in the rationale for development aid, can it be said that a donor country achieves its aim of containing a problem, such as terrorism, if the donor country gains the praise of some (and perhaps its own people), for providing development aid, and thereby assuages its collective conscience, so to speak, on the one hand. The recipient country benefits, presumably, from having received assistance, or towards its projects; which if utilised as they should, can result into lifting persons in the recipient country out of poverty.

transfer and building capacity are short, the quintessential bricks with which to lay the stone.

The problems highlighted by the Emergence effects of globalization Chapter 1. The self-interested approach taken by some developed countries to these global challenges, rather than seeking solutions to address the various causes of exclusion, powerlessness and threats to physiological he

Firstly, as argued in the preceding section, development reduction of poverty is more than just money, even to a degree that w meaningful. The risks of development funding being waste and corruption remain real.

Secondly, it can be argued that aid has always been a tool for furthering the donor countries aid. As Bermeo (2017) notes, During the Cold War to project the donor's influence in far away countries; to regardless of development impact (Alesina & Dollar, 2000; Berthelemy such that Aid is not necessarily distributed disproportionately flows to countries migrants to and trade more with the donor. Therefore, while amount of aid given to a country is not the only factor in the decision there appears to be a consistent pattern of aid given by donors Self-interest, rather than pure altruism, as the main reason for providing aid poverty alleviation in countries that have been recipients of aid is worth considering whether there is a mismatch of interests recipient countries. This is not to say that once the donor country has achieved giving aid (whatever it may be), it can then terminate despite the recipient country's need for it.

Despite the noble intentions of Agenda 2030 and the resolu the fulfilment of commitments made can be negatively impacted by the pursuit of different countries' goals. Seeking to meet others' needs is more likely (u actor having its own needs met. The distribution of one's resources is more likely to occur if a state is able to do so after considering their solely (or largely) in isolation of others' needs.

Thirdly, the actions of donor countries in sending which more aid migrants can particularly if aimed at preventing some migrants as commitment of these donor countries to ensure Agenda 2030

Inclusiveness is one of the commitments made in the Preamble of Agenda 2030 emphasizes just, equitable, tolerant, open and socia which the needs of the most vulnerable are met (United Nations General Asse p.4). Paragraph 36 of Agenda 2030 acknowledges that contribu enablers of sustainable development, is made to foster understanding, tolerance, mutual respect and an ethic o responsibility (paragraphs 9, 21 and 27 of Agenda 2030), inclusive and sustain economic growth is also (United Nations General Assembly resolve to build peaceful, just and inclusive societies is and 35 of Agenda 2030) further prominence as the main f Finally, paragraph 29 of Agenda 2030 specifically acknowledge migrants for inclusive growth and sustainable development states to cooperate internationally to ensure safe, orderly and regula respect for human rights and the humane treatment of migr of refugees and of displaced persons (United Nations General Assembly, 2 pledge is repeated as Target 10.7 of SDG 10 addition of migration (safe, orderly and regular migration (United Nations General Asser p.21) perhaps as a concession to political reality where migration is unpopular with citizens.

Migration is a complex phenomenon, whether as a result of people f turmoil and persecution in their countries of origin or taking up better opportunities for advancement in other countries. settling of persons of different nationalities all over the w to ensure that they take seriously Target 10.7 (safe, regular and responsible migration (United Nations General Assembly, 201 target falls under SDG10, which seeks to Reduce inequalit would seem to imply that countries should clearly be part of the acceptable measures to reduce inequality within and among

negative narratives about migration in media coverage in the media for instance, the perception that migrants are responsible for disproportionate increases in crime (Editorial Board of the New York Times, 2018). Despite the adoption of migration pacts, an issue of 2018 in the European Union summit, member states sought to tighten their external borders, increase financing for Turkey, Morocco and other North African countries (Europe Beyond Borders, 2018; Zaun & Lavenex, 2018). Wealthy developed countries continue to offer assistance for their own sake, but also to prevent asylum seekers and migrants from entering their territories.

In the following section, I provide an ethical analysis of aid as a tool to stem migration. This analysis helps further to show the impact of an approach that perceives persons as a means to one's ends, versus an approach that sees persons as ends in themselves, as argued by Kant. The sorts of actions that are set in motion by the former, will differ from those that view persons as ends in themselves more likely to be in conformity with the promotion of health and well-being. Migration in my view is one of the most illustrative issues on this point, given that migrants are individuals who often come from different economic, political, educational, cultural, and other backgrounds.

Ethical critiques of aid as a tool to stem migration

Increasing or giving development aid to countries from which migrants originate in order to keep migrants away from donor countries, could be indicative of a utilitarian approach and has the potential to diminish respect for the diversity of persons who are kept away from physical proximity to persons in the donor countries.

From Kant's perspective, each human being ought to be able to develop the capacity for humanity that resides within him, and to seek, as far as possible, the means for bringing his ends to fruition (2013). This view by Kant may bring forth some ethical troubling about the decisions by some countries to give aid in order to stem migration. The persons receiving the aid are arguably being treated as means to ends, one particular end being to stem migration from their own countries. A view of

consider aid that is tied to stopping migration as diminish
each person as one who is equally worthy of moral concern
persons who must be kept away from ours by unequal moral
not denied that countries need to adhere to migration policies
adequately for their own citizens. What I oppose here is th
espousing an attitude that does not exclude any intercultural underst
right at the outset but instead designed to keep open the possibility
such as giving development aid in order to stem migration
that individuals experience in our globalized world, and have
well-being.

There can be no meaningful inclusion if persons will not
particular with those who are different. The 2030 Agenda
the goodwill of leaders and persons in all countries to truly en
with other persons on an equal footing as of moral concern. There would
thus need to be a radical shift in the attitudes that presently whi
acceptable to exclude particular persons without engaging

In cases where leaders of particular countries frame migrat
using pessimistic language, stating that we all says there is need to
defend orderly, safe, and regular migration as a counterpart, the
Secretary-General of the United Nations, has been quoted as
positive global phenomenon. Authorities that erect major o
migration or place severe restrictions on migrants do not only
economic harm, as they impose barriers to having their labo
and legal fashion (Shimo 2018).

iii. Normative and motivational considerations

Apart from donor countries, the Agenda 2030 envisages as to what others
actions that can contribute to the SDGs. For instance, cities
and human settlements inclusive, safe, resilient and sustainable (
access to equal safe and affordable housing and basic services (United Nations
General Assembly, 2015, p. 21) ensuring good-health and well

ages including tackling actions such as ending the epidemics
malaria and neglected tropical diseases by 2030

The reasons in the Agenda 2030 statement are normative reasons
make claims about what ought to be. However, is also important to consider the
motivating reasons that states have. Why should we concern ourselves w
and motivating reasons in examining state action? It is be
between normative reasons and the motivating reasons for
implications for the sustainability actions.

Consider, for instance, Alvarez s (2017) illustration inqui
reason to tax sugary drinks (as a norm) and that can ask why the
same government has in fact implemented a tax on sugary drinks
reason (emphasis mine). In Alvarez s example, the normati
can help reduce obesity, this may also be the motivating rea
motivating reason could in fact be that certain members
company manufacturing drinks which case the motivating rea
Alvarez , not, or not solely, the reason for which the sugar t

In the event that manufacturers of sugar drinks becomes commercially
possible that policy of preventing children from being obese may be abandoned
government since the underlying motivating reason (profit) act
introduction of this tax may have negative implications for the
being of children and other individuals consuming drinks.

iv. Intentions and motives for actions

There are several ways in which the word intention can b
the word intention in the Oxford Living Dictionaries (201
aim or plan ; with its synonyms intent, objective, purpose, object, g
[and] end . This definition and its synonyms are unsatisfactory
different concepts.

From a legal perspective, purpose and intention are dist
Chartered Accountants (2006), for instance, highlights several

purpose and intention have been shown to be differen
judgments. In Wairakaesie Court (1999) 19 NZTC 15 202 (at 15
held that purpose is a reference to the object that the taxpaye
is not synonymous with intention or motive. Moreover, care
the means by which the taxpayer achieves his purpose (Southern
Institute of Chartered Accountants, 2006).

If intention is not synonymous with purpose, there m
disambiguating the kind of meaning that would convey the
motive of actions. In order to find this meaning, a further dis
intention and motive. Anscombe notes a distinction ofte
two, illustrating the difference thus:

> If a man kills someone, the harm may be said to be done out of love and p
> have done it out of hatred; these might indeed be cast
> from this awful suffering, or to get rid of the swine;
> of expression suggesting rather the object in view, expressive of the s
> which the man killed, rather than descriptive of the end
> means a future state of affairs to be produced by the killing. We should say:
> popularly, motive for an action and more rarely than intention with which the action was done (Anscombe, 1963, p. 25)

In Anscombe's example, therefore, the intention is the fu
by the action of killing. The motive for the killing, or pity. A
also possible for one to have more than one motive in con
action would best actualise the intention, and for different motives to be given differen
weighting by the agent (or a jury) considering the decision, and prioriti

In law, as in philosophy, intention and motive differ. Al
the criminal law has often been stated as implying that m
liability (Kaufman, 2003), a further analysis reveals that m
particularly as a mitigating factor during sentencing. As K
does not depart from morality so as to ignore the motive at the
prosecutorial and sentencing stages (Kaufman, 2003, p.330

A further example of the relevance of mid tuvse rtaend dibyeK tria
(20152)p.who gives a quote he attributes to William TFo. Buck
say that the CIA and the KGB engage in similar practices i
man who pushes an old lady into the path of a hurtling bus
man who pushes an old lady ot Lin gf bthuse mpa tbh uofd a thuart, after
both cases someone is pushing old ladies around .

Definitions of motive are quite varied, and in many case
philosophical point of view, might elicit different meaning
Oxford Living Dictionaries (2018) is defined as the reas
another definition being, causing or being the reason for s
cause are also used by Ans-3c2o2m)b,e (1 9t5h6e, ppo.i3n1t oon the
discussion of intention .

For Anscombe, reason and cause might influence actio
gives the example of someone who thinks she saw a face
jump. This startling actfiro m, isofo dr ifnfsetra nmce, a person explain
someone out of her will. Both cause and reason , howeve

Sverdlik (1933950), gives several propositions concerning motiv

> 1) Motives are actual psyacthoslo gical states or events; 2) Motives ar
> of the cause of an action or of the decision to act. 3)
> action, they typically continue to be present or operat
> 4) Mentioning the motives of an action is typically one way to exp
> the agent acted as she did. Motives thus count as one
> for action. 5) However, from the agent s point of vie
> others) her motives specify what is of value, and thus can
> also count as justificatory reasons. 6) The two main ty
> emotion and desire.

Sverdlik then goes on to give examples of typical motives,
sympathy, greed and ans Sweerdlik sutaycount therefore, the m

is intricately bound up with, the very act of giving consent, that it continu
influence, or be operative, in the performance of the action

Ethical analysis of motiveless and actionless acts

If the motive for action is woven into the performance of the act itself, then
perspective Kantian deontology as well as virtue ethics considers informative
action to be just as important as the action itself.

Kant's universal law formulation of the Categorical Imperativ
accordance with a maxim that in their moral judgement can be
of action that ought to be performed therefore agent wills should be
universalised. Actions that are informed by corrupt virtues to the Cate
Imperative can have effect the health and well-being of the agent, as
others affected by the agent's actions.

One real life illustration of negative effects to health and
morally wrong informed by certain virtues is the
scandal which occurred in England motivated by the need to meet the
Labour Government's central targets to achieve management
the Mid Staffordshire NHS National Health Service Trust which ran t
Hospital took several actions that serious ly compromised
patients in and out of hospital, to several deaths.

According to The Telegraph (2013):

> NHS managers staffed the hospital so thinly that the
> consultants to properly supervise junior doctors, who
> instructions from the senior nurses and matrons who enf
>
> Orders were cascaded down the hierarchy, from the executive
> to the operational managers, to the senior nurses and m
> who failed to meet were threatened with the sack.

It led to junior nurses and doctors admitting patients with trivial conditions in order to treat more cases who were in danger of breaching the four hour Accident & Emergency (A&E) waiting time limit.

For the same reason, frontline staff took care not to overuse the A&E department for fear of running out of casualty cubicles. Others would discharge patients within hours of their arrival, even when they were still unwell, in order to avoid breaching the four hour waiting time limit.

Motives do inform the sorts of actions one takes. Staff at Stafford Hospital did not set out to harm patients in order to meet government targets. Their intentions were to improve the health and well-being of their patients (harm and ill-health are generally undesirable states of affairs); and because these very actions would also negatively impact their well-being. Working in a target driven environment in which constant threats of sanctions for shortcomings are commonplace, it cannot be said to be in the interests of nurses and doctors to falsify records or to keep patients waiting in A&E. Working in such an environment was not in conformity with the Categorical Imperative.

With regard to the second criterion, which is concerned with the internal state and character of the agent as well as the actions that flow from the agent, Hursthouse argues that the virtuous agent ought to be in congruence with herself and her actions. A virtuous agent would not act in a manner that is likely to result in internal conflict. Such a person would struggle with the disintegration she will experience owing to the mismatch between her character and her actions. It is however possible for a virtuous person to act wrongly without having necessarily ceased to be virtuous (Hursthouse, 1999). This may happen when a virtuous character has an individual action perhaps being driven by external rather than principled character.

In contrast, a consequentialist view would hold the rightness of an act to depend only on its consequences, and not on motive, character, and history preceding it. As Svavarsdóttir (1999) argues, a completely forward looking theory of rightness cannot allow that the past in any way can affect its rightness, p. 180 (Svavarsdóttir, 1996).

A philosophical approach that excludes motives from consideration is inadequate in my view in that it fails to have regard to an important factor in the justification for an action, and therefore also, the inclination. For Stocker, ethical theories that fail to examine motives for action

cause persons to live their lives in disharmony. While we
value, disregarding motives results in psychological disc
essentially fragmented (Shocker, 1976, p. 456).

Ethical analysis of intentions is also important when promises are concerned.

Agenda 2030 calls for developed countries to implement
provide official development assistance (ODA) to developing countries (United Nations
General Assembly, 2015, p.

A report issued towards the end of the MDG period showed that the non-fulfilment of
commitments made by states in France, while states agreed in 2000 in the context
of the Millennium Declaration to take special measures to tackle c
including debt cancellation, improved market access, enhan
Assistance and increased flows of Foreign Direct Investment and
technology (United Nations General Assembly, 2000), many of t
been met by 2014. The MDG Gap Taskforce Report 2014 n
decline in official development assistance hit a record high in 2013, but offset
$180 billion short of commitments made and reaffirmed by
Taskforce Report 2014, p.1).

While this shortfall in financial assistance could perhaps
challenges that the European Union was experiencing, there was still broa
citizens for assistance to be given to developing countries
considered it important to help people in developing count
developing countries should be increased in line with commitmen
taking the view that aid should be increased beyond what
2013).

Economic difficulties can indeed disrupt commitments as to a
agent or a state failure. Such circumstances starkly the precario
of promises that are now highly binding to being the first c
austerity measures that are subsequently adopted by

In the case of the European Union, the support of its citizens for the positio
commitments made ought to be kept despite economic chall
view that honouring a promise is a virtue also echoed by the psalmi
in the 15th Psalm when referring to a person who keeps his oath
Hub, 2016).

From a Kantian perspective, it is important to honour comm
treat other persons as ends in themselves, our reactions on princi
undermine but rather sustain and extend one another s ca
(O Neill, 2013, p.513). Since each person ought to be tre
behoves us to strive to support actions that enable the most vu
capacities to bring their own plans and activities to fruition
persons as a means only, and fail to treat them as ends still in this sm
the mark from a Kantian perspective (O Neill, 2013). Failin
also leaves those who were anticipating the fulfilment of the promise
psychologically, having had their hopes for a basis for future action dra

Is honouring promises universalisable under Kant s univers
Imperative, which calls on persons to act in accordance w
judgment can become a universal law (Korsgaard, 2017, p.30), and considers univ
an unnecessary condition to maintain the practice of keeping promises in gen
generalised obligation to keep promises.

For Posner, promises made by individuals should be broken
defeats the obligation to keep the promise (2003, p.1906).
for instance, a promise to help out in a scheme that turns
p.1906). On this view, then, the good to be gained from breaking a promise would
keeping it would cause greater harm than fulfilling it.

If persons or states made promises that they then failed to
evaluation of the harm that they would be seeking to avoid by breaking the promise
as to determine whether it was greater than the obligation
way, the competing obligation would, from a moral perspec
obligation to fulfil the promise.

Imagine, for instance, a fire department chief breaking away from an international conference coordinating search and rescue efforts for a disaster. In the case of states failing to keep promises made in developing countries, the harm to be avoided would perhaps be of the donor country would be, at best, just as great as in the case of persons in the developing countries that they have pledged to help. If the promise would be that citizens of the developing countries will be they otherwise would be, this is arguably not a sound reason

SDG Target 17.2 calls on countries to fully implement their Official Development Assistance (ODA) that they have made assistance targets the attainment of 0.7% of gross national assistance (ODA/GNI) to developing countries; and 0.15 to 0.20 % developed countries (United Nations General Assembly, 2 point of view, these amounts are unlikely to be so onerous countries as to outweigh the good that the commitments were intended

Making, and just as easily breaking promises without counting well for progress towards achieving Agenda 2030. Success requires the participation of various actors in activities geared towards meeting commitment of both the promise makers and those whose expectations be significantly reduced if promises made were easily abandoned were the result of over two years work of intensive public (United Nations General Assembly, 2015, Page 3, para 3), it would be hoped that more than a passing level of consideration from the international resource demands of the goals. Promises made to assist should discarded lightly.

Further, countries which fail to keep their promises for development assistance (particularly those in the United Kingdom), would arguably be contravention of the stated wishes of their citizens if they have Where citizens of particular countries have expressed the wish honoured, these states have a duty to act to fulfil those obligations; existing evidence of citizens expressed wishes, in turn, whose

raises the question as to whether promises should be br
fulfilmaesntbeing against their national interest. Posner (200
the argument that keeping promises increases utility for ci
characterised by a lack of representative institutions, or
controlled by interest groups or selfish elites . Posner n
promises because doing so stands them in good stead for t
obligation to keep promises a pauthemtaiaddecisiion,(2003,
Therefore, in Posner s view, a state may have no obligat
adversely affect its national interests.

Posner s view is problematic to the extent that it then c
proimses as wholly dependent on national interests and not
easy for a state to backtrack on any commitment, provided
as the justificatiohis action.eldwaould,balowever, that each sta
national interests may be secured more strongly when the i
weighed in the balance; given that many issues that negat
global in nattrorism and trasdeecing.Just two examples.

States ought to honour commitments given to other states,
involve assistance that can improve the circumstances of t
the point of view of distributive justice, promises of assistance
in ensuring that the interests of the most vulnerable perso
the opportunity to participate meaningfully in realising t
constitutes the good.

Summary

In this chapter, I have analysed philosophical approache
biomedical definition of health in order to consider the mo
well-being. I have argued that health being well considered
holistically have shown how the determinants of health are
well-being.

In terms of justice considerations in Agenda 2030, the 2030 Agenda
acknowledges social justice points in the provision of the determinants of hea
Using an extension of Rawls's justice as fairness, social justice as reciprocity
equilibrium, we carried out an ethical analysis and showed that the SDGs
incorporate considerations of social justice, but fall short in terms
financial, and global institutional arrangements for recognizing
the voice and participation of developing countries, which does
current lack of fairness in terms of representation and vot
institutions such as the World Bank shall be resolved. With
measures to be taken under Agenda 2030, it is likely that
structural and governance reforms, thereby exacerbating th
and economic life that many individuals currently experienc

Agenda 2030 is an improvement on the Millennium Declaration in that
especially in terms of its having a broader conceptualization of the
acknowledgments of the social justice recognition that all the
integrated, indivisible and interdependent and that they need to be
separately by its appreciation of the determinants of health
realising goals in a plan of action for people, the planet and prosperity
Agenda 2030 is a first attempt to resolve the three negative effe
identified in Chapter 1: the exclusion from meaningful partic
economic life, power inequalities and the negative effects on health
and risks to physiological health

When analysed for coherence with approaches to virtue ethics, U
Kant's deontology, utilitarianism, and the Capabilities Approach
were discussed in the first section of Chapter 2 with the general principle
ethical approaches by showing that considering as a flourishing
individual health can only be claimed that reasons, motives and inten
a part in the sorts of states and other agents take. In order
have argued a mismatch between motives and intentions
them can render those actions dubious as to individual

well-being intentions, motives and reasons for acting ought t
actions they inform.

In the next chapter, I narrow my focus to analysing SDG
Ensure healthy lives and promote well-being for all at all ages (United Nations G
Assembly, 2015, p.14).

CHAPTER THREE: HEALTHY LIVES AND WELL-BEING SDG3 ANALYSIS AND ETHICAL CRITIQUE

Introduction

SDG3 in Agenda 2030 seeks to ensure healthy lives and well-being for all at all ages (United Nations General Assembly, 2015). In the previous chapter, I argued that there are three main negative effects which individuals and societies experience: exclusion from meaningful participation in life, social powerlessness to influence the change, negative effects of global physiological risks to health and well-being. I argued further that these effects can only be remedied by considering the individual and societal perspective.

In this chapter, I carry out an analysis of the epidemiology of SDG3 which is justified by four main reasons. First, SDG3 is the only one of a global commitments in 2015 that is important to analyse when specifically mentioning health and well-being, in order to overcome this global conception of health and well-being entails.

Secondly, in carrying out this analysis, I am alive to the arguments drawing from, amongst others, Venkatapuram (2011) and Daniels (2008) who hold that health extends far beyond a narrow biomedical definition that is concerned with restoring normal human functioning. I consider that the broadening of SDG3 beyond a narrow, biomedical definition of health, could have been well.

Thirdly, I also have regard for Agenda 2030's emphasis on the integrated and interconnected nature of its SDGs. This implies that the impact of SDG3 (and all other goals) must necessarily be examined contextually, with reference to other goals. As will be seen in Chapter 2, the determinants of health are the link between and the well-being of an individual as person and as such that I also consider the implications and impact of SDG3 targets and indicators on other goals. The impact of other goals on SDG3 analysis is ethical implications will be carried out concurrently with the epidemiological analysis of SDG3 below. This will allow for perspectives from

philosophical aspects of cosmopolitanism, the ontology of the Capabilities Approach.

Fourth, Venkatapuram (2007) and Venkatapuram and Marmot (2009) state that social determinants of health as well as epidemiology can only engage on both sides; given that each of the discussed analysis of SDG3 combines epidemiological and ethical analysis with contribution to knowledge, given that a detailed analysis a target, indicator and means of implementation previously been carr further contribution to knowledge by the incorporation of the approaches in my analysis of SDG3.

The basic structure of SDG3

SDG3, like the other goals in the Agenda 2030, has a focus, which supported by a number of targets which are intended to give further detail SDG3 with 9 targets which are intended to give further details should be taken in order to reach the goal by 2030. Achieving universal h under Target 3.8 and strengthening the prevention, treatment and management of 3.6 are two of the actions that must be undertaken under SDG3 (United Nations General As 2015, p.16).

Each target in turn has indicators that are put in place to help in towards achieving the target. The indicators for all the goals are not con but are the outcome of ongoing deliberations of the Inter-agency Indicators (IAEG-SDG). As at March 2018, 232 different indicators goals (United Nations Statistics Division, 2018).

Other than targets and indicators, also SDG3 has a number of implementation. The means of implementation are, as the name suggests, the

necessary for the target.[6] The second is distinguishable from target 2030 by its emphasis on SDG3 has 4 means of implementation.

i. Ensuring healthy lives and promoting well-being in SDG3

Having analysed what a health system would entail in Chapter 2, i examining what obligations are implied by the use of the wo

The word promote connotes a positive, not the negative, duty to do maintaining, (or preventing the deterioration of) a particular synonyms include further; advance; foster; nurture; boost; stimul Living Dictionaries, 2018). The sorts of actions that would being SDG3e, at a minimum, must SDG3 s target, as means of implement. They are the minimum actions to be carried out emphasises the interconnectedness and indivisibility of all targets and indicators of SDG3 must be considered cont determinants of health.

Myers (2017) gives some illustrations SDGs show the integrated indivisible. Activities which might at first glance not appear to have a dir do affect health in very significant ways. Myers gives the whose use of fertilizer on his crops upstream causes a cha grows downstream as a result of nitrogen and phosphorus into w says, This shift creates [a] habitat that is conducive to for Anopheles vectors, paving the way to that, because of its feeding pre to transmit malaria to humans. The farmer has, unwittingly, compatriots at risk of malaria (Myers, 2017, p.283).[7] Myers also notes a correlation between ground water salinity in coastal co prevalence of pre-eclampsia and gestational hypertension in pregnant women ; noting that increased groundwater salinity has also been shown to correlat

[6] I use means of implementation as used in Agenda 2030 (United Natio also by Buse and Hawkes (2015, p.3) and Friedman refer to them as b p.2621).

blood pressure in coastal dwellers (Myers et al., 2016). The salinity of th
Bangladesh is as a result of the combination of, amongst
upriver and increasingly recurrent extreme storms. Myers
the importance of SDG13 that seeks to combat climate ch
SDG12 which seeks to ensure sustainable consumption and
in finding alternatives to harmful fertilizers which negative

The World Health Organization (2015, p.9) has provided a table of some
means of implementation which are related to SDG 3 but not
targets:

TABLE 2. Other SDG targets and means of implementation related to SDG 3

SDG TARGET	DESCRIPTION
1.3	Implement nationally appropriate social protection systems and achieve substantial coverage of the poor and the vulnerable
2.2	By 2030, end all forms of malnutrition, including achieving, by stunting and wasting in children under 5 years of age, and address the pregnant and lactating women and older persons
4.2	By 2030, ensure that all girls and boys have access to quality primary education so that they are ready for primary education
4.a	Build and upgrade education facilities that are child, disability and violent, inclusive and effective learning environments for all
5.2	Eliminate all forms of violence against all women and girls, including trafficking and sexual and other types of exploitation
5.3	Eliminate all harmful practices, such as child, early and forced
5.6	Ensure universal access to sexual and reproductive health and rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all
6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
6.3	By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
10.4	Adopt policies, especially fiscal, wage and social protection policies, and achieve progressively greater equality
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic loss relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and p

16.1	Significantly reduce all forms of violence and related death rat
16.2	End abuse, exploitation, trafficking and all forms of violence a
16.6	Develop effective, accountable and transparent institutions at a
16.9	By 2030, provide legal identity for all, including birth registra
17.18	By 2020, enhance capacity-building support to developing countries, inclu and small island developing States, to increase significantly the availability of data disaggregated by income, gender, age, race, ethnicity, migratory st other characteristics relevant in national contexts

The above table is by no means exhaustive of the targets which
on health. One example of a target that is missing is Target 11.1, which
seeks to ensure access for all to adequate, safe and affordable housing a
upgrade slums (United Nations General Assembly, 2015). As mentioned, access
and location of houses that persons live in can have significant effect
instance, in many ways. In Kumasi, many houses are constructed
from iron sheets and polythene paper, which do not prevent
thereby contributing to respiratory illnesses. Ventilation in
instances, and there are no basic amenities such as toilets and
air-borne diseases. Similarly, access to these areas, and the
close together, at times making it difficult for emergency vehicles
Fire engines in many cases cannot access these areas, which al
loss of property and fire (Amoabil, 2018).

Target 8.7, which aims to Take immediate and effective me
end modern slavery and human trafficking and secure the p
worst forms of child labour also significantly affect health (United Nations Gener
2015). This is because conditions in which trafficked persons an
slavery are exposed to are inhumane and are hazardous to

In the remainder of this chapter, I will analyse each SDG 3 target
epidemiological basis, incorporating research from diverse source
implications of the targets, including the consequences of failing to m
perspectives incorporated are African deontology, cosmopolitanism,
Approach, Ubuntu and Utilitarianism. The level of SDG 3 indicators

discuss those specific targets that are extracted from pages 15-16 of Agenda 2030 (United Nations General Assembly, 2015).

Target 3.1:

Target 3.1 seeks to reduce the global maternal mortality ra
births by 2030. World Health Organization's Statistics 2017,
p.29) indicates that the global maternal mortality ratio (M
deaths related to childbirth, pregnancy, or its managemen
given time period at 216 per 100,000 live births in 2015. The report note
achieving Target 3.1 by 2030 will require a global annual r
which is more than triple the annual rate of reduction that
2015 (2017, p.29).

A significant challenge is the inequalities that exist within
particularly in access to antenatal care and the availabilit
childbirth. These inequalities are particularly glaring as be
Africa on average, for instance, a mother living in a rural
attended to by a skilled birth attendant, compared to her c
chances of encountering a skilled birth attendant (United Nat
2015, p.40). Tanzania in East Africa, for instance, had cov
at 55 percent in rural areas, compared to 87 percent in
Children's Fund, 2017, p.5). This wide gap between poor and rich
is noted that, "Among the poorest households, only 42 perc
skilled attendant, compared to 95 percent of deliveries in
Nations Children's Fund, 2017, p.5).

The disparities illustrated above certainly contribute to the
labours under. For instance, Angola's MMR was 477 in 2015
the same year. Burundi's 2015 MMR was 712, while South Africa
was 3 (World Health Organization, 2016a). A regional com
with Africa far behind other regions of the world. The MMR
per 100,000 live births. Europe's MMR was 16. For the A
MMR is 52, with South East Asia's at 164 (World Health Org

If any meaningful progress is to be made in this target, it
efforts to invest in the deployment of skilled health personnel;
proper equipping of health facilities even in the regions
countries; sustained and adequate financing as proposed in
Addis Ababa Action Agenda of the social compact in which governments pr
sustainable and nationally appropriate social protection s
quality investments in essential public services for all, in
water and sanitation, as well as a commitment to strong inte
efforts, [including a consideration of funding modalities to mo
resources] (United Nations Department of Economic and Social A

Ethical implications of Target 3.1:

The disparities in MMR between and within countries are a matter of moral c
which so many expectant mothers die during childbirth for
through appropriate investments is morally wrong. The Kantian
calls for supporting agency as exemplified in the giving of
well as healthcare, is violated by the needless deaths
disproportionately high in certain regions of the world.

The World Health Organization's MMR figures mean that a woman in sub-Sahara
Africa and certain other parts of the world face difficulties
antenatal healthcare services. An informative visit that would enable her
nutritious foods to eat, or perhaps subtle symptoms signalling t
to a hospital may claim to be difficult. Should the early-warning
complications arise during childbirth and baby's lives are a
morbidity and mortality. Whilst this disparity can also be fr
need to allocate scarce resources fairly between rural and
is also an issue that respect for persons.

Respect for persons, according to Behrens (2018) is the recognition
person makes have an impact not only on her life but on th
community. A failure of the state to provide adequate healthcare facilities
healthcare professionals limits not only the options from which to

erodes a woman's autonomy over decision-making and to choose an option that she does not have.

These avoidable deaths are tragic in and of themselves, but considering that children who survive the birth are left without mothers and face increased risk of morbidity and mortality. As the UNICEF et al., (2015) show, there is evidence that children whose parents died within 42 days of their birth faced 46 times greater risk of death when compared to babies whose mothers survived. (UNICEF et al., 2015). The authors also note that the effects of maternal mortality on children include a lack of nutritional support for the infant which can result in malnutrition; as well as suffering and increased risk for those who are left without maternal care. For example, the risk of child marriage, poor learning outcomes and lower educational attainment, and the trauma of losing a mother can impose trauma that has detrimental long-term effects on mental health (Matsuishi et al., 2015, p. 2). Avoidable maternal mortality is a major issue for not only the newborn child who is left without a mother, but also for older children and for spouses.

Target 3.2:

Target 3.2 in SDG 3 aims to end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

As at 2015, the World Health Statistics 2017 Report put the global neonatal mortality rate at 19 per 1,000 births; and 43 per 1,000 births for the under-five mortality rate (World Health Organization, 2017b, p. 30). The neonatal and under-five mortality rates are highest in Africa and Asia, the greatest burden of these deaths, many of which are preventable with adequate care. As the report by the WHO, African Region has the highest neonatal mortality rate (81.3 per 1000 live births) and the highest under-five mortality rate (120.1 per 1000 live births) while the Western Pacific Region has the lowest (World Health Organization, 2017b, p. 30).

Data from the Global Health Observatory of 2018 (World Health Organization, 2018) shows that in 2016, there was a slight drop in the neonatal mortality rate in Africa to 7

live births. However, in contrast to Europe s 9.6 per 1,000
that the magnitude of the inequalities between Africa and th

Ethical implications in Target 3.2:

Healthy lives and well-being for all at all ages means that the lives
children are of as equal moral value as the lives of older
elderly. A situation in which children from a particular region d
very young age is indicative of a failure in our conception
what we ought to do in order to ensure that we demonstrate

Respect for persons would entail that where we can, we sh
help in the manner that would uphold and enhance such life. This is ea
can be rendered, or rendered more effectively through
and governments that we have mandated to act on our beha
raised objecting to the personhood of neonates, my reply w
only be realised if those neonates have the opportunity to grow and develop int
which occurs gradually and on a continuum in any event. C
neonates through failure to provide adequate care to children with
they can grow and thrive, to a failure of our moral obligatio
concern for those who are the most vulnerable.

The health and well-being of mothers who lose their children dur
negatively impacted, as is the case for stillbirths. As Kersting and Wagner (201
the impact of perinatal loss, including neonatal death, h
traumatic stress, depression, anxiety, and suicidal ideation (Kersting and Wagner, 2012
p.188). If the mother has other children, her ability to care for herself and for
a neonatal death may also be compromised.

While Europe as a region has already surpassed SDG Target
regions where the target is still far from being achieved, with increased effort
to meet the target in mind that even if it is met, every avoi
one death too many. Without the commitment of all countri
neonatal care, and action must be followed through to ga
of each country, such avoidable deaths are likely to continu

Target 3.3:

This target ends the epidemics of AIDS, tuberculosis, malari
diseases and combat hepatitis, waterborne diseases and other communicab
2030 contains quite a broad spectrum of diseases for which

There has been considerable progress in combating HIV/AI
HIV infections between 2000 and 2013. There were 1.6 million people newly infected
Therapy as at June 2014, up from just 800,000 in 2003 (U
have also been great strides made in fighting malaria. Mortality rates fell by 60 percent
insecticide treated mosquito nets and increased access to malaria control drugs in sub-Sahara
Africa between 2000 and 2014 (United Nations, 2015, p. 6) which seems
had some impact with a 37% global decline in malaria incidence
Health Organization, 2018b).

Targeting an end to these diseases however, means that c
vaccinations where available, the provision of information
prioritised in order that persons are aware of the risks and how to prevent
Many of the diseases listed in Target 3.3 are greatly impa
The incidence of malaria can be greatly reduced by maintai
and other measures such as spraying with insecticides, keeping grass and
bushes around homes, the presence of mounds of garbage,
often serve as potential breeding grounds for mosquitoes. Ke
disposing of garbage properly, providing for drainage, so that pools
accumulate, can help keep mosquitoes away from residenti
of malaria. Simple effective measures such as these must not
be carried out alongside other measures including providing med

According to the World Health Organization (2018), neglected tropical diseases
diseases which affect more than one billion people in 149
diseases include dengue and chikungunya (also transmitted by
therefore can be mitigated by effecting the same measures
schistosomiasis, trachoma (river blindness)

Cases of leishmaniasis are on the rise and will be a crucial factor in this target as Diseases such as cholera, dysentery, which are transmitted through contaminated water, are responsible for 2 million deaths each year, with children under 5 (World Health Organization, 2019). The availability of water would therefore also have a positive effect on Target 3.2 mortality. Other than making available safe water for drinking

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Cases of leishmaniasis are on the rise and will be a crucial factor in this target as Diseases such as cholera, dysentery, which are transmitted through contaminated water, are responsible for 2 million deaths each year, with children under 5 (World Health Organization, 2019). The availability of water would therefore also have a positive effect on Target 3.2 mortality. Other than making available safe water for drinking

education at a national and sub-national level, as well as -what should be done to bring about behavioural changes through which the likelihood of communicable diseases can be prevented should be provided.

A communicable or infectious disease is one that is caused by a specific biological agent or its toxic product that results from transmission of the infectious agent from an infected person, animal, or reservoir to a susceptible host, either directly or through an intermediate plant or animal host, vector or inanimate environment (Dias & Do Carmo, 2006-1993, p. 192, emphasis. This is original). In addition there are several diseases such as malaria, HIV/AIDS, cholera and tuberculosis, which are specifically mentioned in Target 3.3. Perhaps the distinction in naming some diseases such as malaria and HIV/AIDS, for instance, as well as the elimination of diseases subsumed under water-borne and communicable diseases are to be eliminated, by 2030. There is no specific guidance to be expected by 2030 for water-borne and communicable diseases, since a number of indicators for this target only require measurement of the incidence of malaria, Hepatitis B, the number of people requiring interventions against tropical diseases per 1,000,000 population (United Nations Statistics Division, 2018e).

While these indicators might inform, at a national level, the kinds of measures to reduce the incidence of these specific diseases, it is not clear how water-borne and communicable diseases such as cholera and tuberculosis are to be addressed and therefore the responsibility of various states which suffer from water-borne infectious diseases to take the initiative to set targets and indicators in order to track progress towards achieving this goal.

There is also a need for coordinated interventions that are necessary to address tropical diseases, communicable, diseases and water. Countries or countries contributing to a fund modelled on some of the principles of the Global Fund to fight AIDS, Tuberculosis and Malaria, which has since its inception in 2002 disbursed [more than] nearly US$ 4 billion a year to support programs in countries by and communities most in need (The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2018b). Under the Global Fund partnership, countries retain

have a vested interest in its outcomes since many of the leading Fou
programmes by increasing government spending on research to
financing of programmes supported by the Global Fund to Fig
Tuberculosis and Malaria, in addition to tropical and other diseases
communicable diseases would not only increase financing
demonstrate commitment of countries to this target.

Ethical implications in Target 3.3:

Many of the aims in Target 3.3 – the health and well-being of the persons aff
many ways. For blindness will affect the functionings of a per
no longer participate in certain occupations which require
opportunities support, a previously sighted person who was d
will experience a loss of freedom in many ways given that
other persons to do the things that he could previously do
be a diminishing opportunities.

An argument from cosmopolitanism holds that distant others are
concern, and that those in a position to render assistance ought
to give such assistance.[7] Kantian deontological perspective recognises t
viewing others as persons who are ends in themselves, and
ends, that one can in turn find the full realisation of hers
The imperative for countries to ensure that resources are avail
the subject of Target 3.3 and therefore upheld by their commitme
in Agenda 2030.

[7] While obligations in the SDGs are directed primarily at states, on wh
towards fulfilling Agenda 2030, non-state actors such as non-governmental organizations, charita
foundations, corporations, and individuals also have a role to play i
Chapter 2 of this thesis.

Target 3.4:

This target By 2030, [to] reduce by one-third premature mortality communicable diseases through prevention and treatment wellbeing .

Neither non-communicable diseases (NCDs) nor mental health the Millennium Declaration, the drivers of this target presents progress in th both as crucial to meeting SDG3.

It is estimated that out of a total number of 56 million dea 40 million of these were as a result of NCDs; with the number being cardiovascular disease, cancer, chronic respiratory Organization, 2017, p.31).

Prevention and treatment of NCDs requires the recognitio health in their prevalence can. Therefore, for instance, socio-economic status as well as lower levels of educational attainment are asso smoking (European Union, 2014). Brown (2013) that the furthe social hierarchy an individual is, the more likely she is to exp Brown notes that Evidence from health psychology suggest backgrounds are less likely to engage in health behaviours intervene with habitual, impulsive behaviour (Brown, 2013, p.97). be much harder for a person living in an environment conditions to resist the temptation to eat, for instance, if othe him are eating the same; not to mention the fact that such and cheapest to obtain. Further evidence of the effects of th provided by Cummins and Macintyre (2005), who noted tha environmental determinants that contributed to a high in neighbourhoods in England and Scotland was the presence food outlets in deprived areas. In a study to McDonald's outle found that the more deprived an area was, the greater the McDonald's per 1,000 of the population.

Gostin (2014, p.147) proposes that global agreements restrict [and] alter built environments to promote physical activ regulations can be modelled on the World Health Organizat Tobacco Control, which would result in more effective measures can also be carried out by states in the absence suggests, for instance, governments collaborations; giving the United Kingdom, where reduction programs voluntary target 85 categories of processed foods. Gostin notes that, This sodium intake by 15% between 2014, 314) and 2011 (World He Organizations Best Buy-effective interventions that can be implem order to enhance the prevention and control of NCDs. Thes for tobacco smoke-free indoor workplaces, and public Immunizat to prevent liver cancer and screening and treatment for cervical cancer (W Forum, 2011, p.7).

Without an accompanying focus on the determinants of h engage in-health damaging behaviour, very little progress will be preventing NCDs.

The treatment of NCDs is also an aim of Target 3.4. It is st

> Where intervention efforts remain static and rates of NC populations grow and age, cumulative economic losses t countries (LMICs [cardiovascular disease, diabetes, ca respiratory diseases] are estimated to surpass US$ 7 tr 2025 (an average of nearly US$ 500 billion per year) (2011, p.3).

The cost of treating non-communicable diseases, and the costs are often pro-longed and incurred by low countries. For example, S al., (2013) note that, The average monthly cost for a pati would be $33, roughly one-fifth of the average monthly income in Uga out in India noted that Hospitalisation due to an NCD ha incurring catastrophic spending than hospitalisation due to

greatest chance of incurring catastrophic expenditure being due to cancer as compared to hospitalisation for communica pp.1012012 3).

Catastrophic expenditure ed by Shu, Kouyaté and Flessa (2006 health expenditure that threatens a household s financial c needs .

Following the World Health Organization s Global Conferen Montevideo uguay, in 2017, a Roadmap to guide action by co 2018 was pro duced, amongst other measures, the emphasis political priority; the promotion of a health approach for gov investing in health workers and health systems to ensure effe NCDs; and prioritizing NCDs in domestic and global health (World Health Organizati 2018j Funding for NCDs is also an important part of the Roa NCDs require adequate, predictable and sustained financi health and socioeconomic burden (World Health Organization, 2018jan 16). The measures proposed, if followed up with concrete action, would co action on NCDs.

Promoting Mental Health and Well-being

Target 3.4 also calls for the promotion of mental health and The World Health Organization defines mental health as a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses fruitfully, and is able to make a contribution to (World Health Organization, 2018j

This definition has been criticised by some as requiring far too unrealis Galderisi et al., (2015, p. 231) state that people with good mental health are often angry or unhappy, and this is part of a full and healthy life. Mental health has been often conceptualized as a positive affect, marked by feelings of h sense of mastery over the environment . Arguably, the d Organization does not state always clearly how such a fruitful and productive

instance; nor does it suggest that all lives are an contribution t
community. A reading of the definition rather implies that
expected more of, and than, those potential of each individual

It is estimated that 804,000 deaths due to suicide occurred worldw
Nearly one in 10 people in the world suffer from a men
Organization, 2015, p.155). The presence of a mental disorder is also associated
much higher risk of mortality from other conditions, given
mortality among people living with mental disorders is more
mental disorders (World Health Organization, 2015, p.156). Other than premature m
from suicide, these deaths can be explained by poor physical health co
as cardiovascular disease, aggravated by poor access to services,
lifestyle factors and by the determinants of health which include poo
Organization, 2015, p.155).

The importance of dealing with the determinants of health
healthcare is again apparent here. Since an person's life is not lived
influenced consciously or subliminally by his environme
determinants of health – economic status, one's physical envi
education, as well as individual factors such as coping skills are
promoting mental health and well

Ethical implications in Target 3.4:

The combination of a person's economic situation, together with oth
as low educational attainment, may serve to increase vulnerability as well
consequently, affect the person's agency. Straehle (2016,
that individual vulnerability causes to individual agency
vulnerability, which is here caused by specific conditions that
individual decisions about the protection of one's interests
from a social justice perspective.

Straehle observes that there exist circumstances that ma
promote and protect one's agency and welfare interests, cir
not impossible to make informed decisions about one's life (Straehle, 2016, p. 37).

Arguably, even socio-economic, state psychology of healthy behaviour can have a significant influence on an individual's choices. Factors such as concentration of food outlets in deprived areas create the kind of situation circumstantial vulnerability. Structural conditions of circumstantial vulnerability are morally troubling since they cause health, all individuals, to be inaccessible or difficult to access, thereby putting the promise of autonomy at risk (Venkatapuram, 2016, p.38). The healthcare provision circumstantial vulnerability is therefore diminished.

State action may then be to remove circumstantial vulnerability by reducing the availability of unhealthy food outlets in any given area, especially in deprived areas, to encourage or encouraging increased investment by healthy food outlets in residential areas. This would then increase access to healthy options in particular areas and afford people the opportunity to choose healthy what may not currently have if only fast foods are available.

NCDs cause significant morbidity, and can affect a person's number and range of things that a person can be and do. As the disease progresses to an extent that say, amputation of a limb is necessary, the limb affected; as will a person who has cancer which necessitates chemotherapy which results in long periods of illness and inability to work. In many low facilities are poorly equipped and lack sufficient healthcare professionals, often have no option but to seek treatment in private healthcare facilities. NCDs in a private facility can be costly and, in some cases, they will have to sell most of their financial resources, and even sold assets to afford treatment. Treating or managing NCDs therefore has a negative impact not only on the well-being and wellbeing only of the patient, but of her family who can also be deprived of the contribution to social life of the person with NCDs. Conditions which effectively diminish a person's flourishing ought to be addressed by, among other state actors, as well as individuals responsibility to avoid and remove such welfare-reducing factors.

In the World Health Organization's definition of health, meeting one's own potential is a matter of what is possible rather than an abstract or conjectural possibility. Actual possibilities in turn call

through which persons can then pursue their own goals and
others. From a capabilities perspective, realizing one's potential is a matter of having
the opportunities from which to choose those functionings that one has reason to
freedom to settle on the ones one wishes to actualise an
(2011, p.20), capabilities confer freedoms on people to pursue opportunities cr
combination of personal abilities, but also the political, s
it is clear that the environment within which one exercises
functionings must be such as to foster the development of
ethics perspective, realising one's potential is part of t
congruence of one's psychological state with the environment, a person
opportunity to flourish.

The phrase can cope with the normal stresses of life, in
definition of mental health can be said to be vague
capacity for handling different levels of stress. Besides, one
viewpoint normal stresses of life are to be understood.
woman widowed after 60 years of marriage? What about a young student
who has failed university's final exams and knows that his parents have
been looking up to him to help lift them out? Is poverty one of the
normal stresses of life if a father is left with children to take care of
their mother walks out on the family? How would we perceive
find themselves in, living in areas of armed conflict-and so
ravaged regions? This is one definition which may not be helpful
open to claims of being unduly subjective. It might also a
shame where a person who is unable to cope with certain stressors
reproach and failure

With regard to productively and fruitfully, all the opportunities
must first exist. Situations in which there are neither
employment, the means, or even support, to begin and maintain local
businesses are conditions of moral concern; precisely because the
person's psycho-biological well-being through increased levels of stress symptoms
a consequent diminishing of well-being. Please answer briefly what fru

here m.eaPnhsaipt siis ntended to convey that a person ought to b
out of the work one does. It is certainly prefera**b**lbuet not ju
make a decent liveli**h**ood at work would take the person the time and mean
opportunities that one wishes to [pa]rtake in. SDG 8 sustained, inclu
sustainable economic growth, full and productive employm
therefore one of the key ways would have an impact on this parti
mental health-being well

Making contribution to one s community , the final part
Organization s definition of mental health, has the **h**eta**l**bo**u**r-for
philosophy, in which the person is fully rooted in the com
the welfare of the community; and being is bound up with the
community. Making a contribution to one s community is one
for the person s mental health and well-being. In order to
affairs of the community. It is in seeking to advance the
well-being is also therefore an aspect also mitigates the sense
social and economic life as well as the sense of powerl
globalized world with regard to the determinants of health wou
individual contribution to the community for instance through advocating f
of schools and teachers, holding **local** and national governme
for service delivery as in providing well-equipped healthcare facilities
housing, participating in community efforts and participating in men
amongst others.

Target 3.5:

Strengthening the prevention and treatment of substance a
and harmful use of alcohol is Target 3.5. Unlike the previous
there is no specific deadline allocated to this target. How
presumed that this target ought to be achieved by 2030, in
of means of this target, strengthening as a gauge for the
treatment of alcohol and substance abuse is an unclear mea

A look at the indicators tied to this target (3.5) reveals that they lack strength in many ways. Statistics South Africa (2019) is currently in the process of developing a new indicator which seeks to measure Coverage of treatment interventions (prevention and rehabilitation and aftercare services) for substance use, which has a vague and convoluted measurement stated as, according to the national context as alcohol per capita consumption within a calendar year in litres of pure alcohol (Statistics South Africa, 2019). Harmful use ought not to be a subjective measure, but rather an objective and-based measure applicable to all countries, and this indicator can be tracked.

The age restriction of indicator 3.5.2 to 15 years and older is problematic. Adger Jr. and Saha (2013, p.103) state (in the context of the United States of America) that 12th grade, close to one-quarter of adolescents in high school report alcoholic drink, and more than one-fifth having their first drink by the 8th grade. They note further that, data gathered in 2012 found that 21% of 8th graders, and 29% of 12th graders report engaging in heavy episodic drinking (Adger Jr. and Saha, 2013, p.103).

Given that 8th graders in the United States of America are between the ages of 13 and 14, drinking patterns must be examined for all age groups with the unwarranted-for caveat. Adger Jr. and Saha further state that studies find that alcohol often starts at very young ages. Moreover, studies show that the younger children and adolescents are when they begin to drink, the more likely they are to engage in behaviours that can harm themselves or others (2013, p.103). The harm-related consequences of drinking is therefore not captured solely by consumption of alcohol per capita per year, but also by increased cases of vandalism, increased physical violence, increased rates of morbidity and mortality as a result of drinking, and perhaps classes skipped which would probably result in disruption and low attainment in education.

The scale of the problem of drinking is evident in Adger, Jr. and Saha's (2013) findings that approximately 10% of 10 year olds have already started drinking; nearly 20% of youth begin drinking before age 13; and by the time adolescents reach the age of 15 within the past year, 50% have consumed alcohol (Adger Jr. and Saha, 2013, p.104).

Kabiru et al., (2010) reported that, from the 2003 Uganda-based Global Student Health Survey show that 14% and 12.5% of boys and girls respectively, reported to drink so much alcohol on one occasion that they were drunk. It is clear that capturing only persons who are 15 years and older excluding persons below 15 years of age may not be reflective of the portion of the population; and that any interventions designed to necessary to consider all age groups in measuring harmful drinking in order with the overall SDG3 which seeks to ensure healthy lives and promote well-being for all at all ages, and not just a specific age group.

Globally, the World Health Organization (WHO, 2014) estimates that in 2012, about 3 million deaths, or 5.9% of all global deaths, were attributable to harmful use of alcohol. This number represents the figure for mortality only, excluding many non-fatal effects such as increased risk of injury, involvement in violence, or while illnesses such as liver cirrhosis. As with perhaps all the other risk factors, health play a critical role in determining how successful efforts to reduce harm will be.

It has been stated that, Environmental factors such as the availability of alcohol, and the level and effectiveness of alcohol control policies, help to explain differences in volume of alcohol consumption and related harm between countries and over time. In recent trends in alcohol consumption around the World (Health Organization, 2014, p. 7), in societies where alcohol is sometimes locally brewed and may not be taxed, governments to regulate the manufacture, sale and consumption of alcohol in line with the local context and ensure that they understand the direct and indirect effects of alcohol on community's involvement in ensuring responsible consumption of alcohol. Underage drinking institute some form of taxation and other regulatory mechanisms to control the availability of alcohol. There is also a need for well-staffed and equipped rehabilitation facilities as part of the healthcare consideration, in addition to hospitals and clinics.

Ethical implications in Target 3.5:

The harmful use of alcohol can contribute to a wide range of health and social problems. Harris (1985, p. 196) argues that, An individual's autonomy is apparently diminished in four different kinds of what we might call 'internal defects' (Harris, 1985, p. 196) that he identifies as:

1) Defects in the individual's ability to control either her desires or both;
2) Defects in the individual's reasoning;
3) Defects in the information available to the individual, or her choice; and
4) Defects in the voluntariness of the individual's choice (Harris, 1985, p. 196).

With regard to defects in control, Harris states that there are times when an individual might find his behaviour controlled by desires which he does not endorse (1985, p. 196). He describes a situation where a heroin addict wishes, as he would say, but still passionately desires another fix. Harris argues that although the addict no longer wishes to take drugs but finds himself unable to do so, there is a conflict between the addict's first desire for drugs, and what might be described as a second-order desire not to be an addict (Harris, 1985, p. 196). Applying this argument to the situation of harmful alcohol use, a person who wishes to stop the consumption of alcohol but finds herself unable to do so will have her autonomy diminished by the conflict between her desire to stop and her actions in continuing to drink.

From a Kantian perspective, we have a moral duty to act in ways that promote the ends of others and to ensure that persons are able to exercise their will in appropriate ways. The congruence of mind and action is also viewed as important and can be negatively affected if her perception of her own state of mind does not align with her actions.

Through collaborations, between states, individuals genuine exercising of a person's autonomy can be undermined. The actions of persons described and actions can be fostered by ensuring that adequate regulatory controls are in place for the manufacture and sale of alcohol, the provision of rehabilitation and treatment facilities for persons addicted to alcohol or substances

It is also important to consider defect. Harris states that, choices are based on false or incomplete information, or d crucial point, they will to that extent be, (Harris, 1988, p. 58). Promoting the autonomy of person who believes that it is not harmful to d alcohol will entail the provision of information as well as edu harms that can occur if alcohol and other substances are include not only the ill effects on the health of the person the very real effects of such abuse on other persons.

Lander, Howsare and Byrne (2013, p. 105) state that, family uniquely affected by the individual using substances including unmet developmental needs, impaired attachment, econo emotional distress, and sometimes violence being perpetra Howsare & Byrne, 2013, p. 105). They also note a high likelihood of the with a substance use disorder developing substance abuse[8] appreciation of the consequences of their harmful alcohol unlikely to be acting autonomously in abusing such substan well-informed, they are engaging in actions that are harmful information; a situation of moral blameworthiness, as state institutions to provide the information that a person is aware o harmful effects of alcohol abuse and other substances, bu will still be important to ascertain whether they are truly acting auto by another defect in autonomy. This will require eliminatin are by now addicted, and therefore have no control over whether they can stop use of alcohol and other substances.

One other defect relevant to the harmful use of alcohol an stability of desires. Harris notes that, our character, and is very likely to change and to change considerably over (Harris, 1988, p. 59). He notes that this change in our preferenc

[8] Some children may be at further risk of Foetal Alcohol Syndrome (FAS), w alcohol during the mother's pregnancy. Some of the effects of FAS in some physical defects and social and behavioural issues (Mayo Clinic,

justification for paternalism often argued that people must b
doing things that they will come to regret (Harris, 1985). Harris however contend
that if persons were to be prevented from making any dec
regret them later, then no decisions can be made at all (Harris, 1985, p. 19). Harris argues, following Mill, that the making
determination, improves with both time and practice; and th
decisions and learn from them without paternalistic interven

Harris does have a point in that the persons who are making these d
age of majority have the competence to make these decisions
voluntarily. However, it is important to always be aware that
such as a defect in information being present, that may result in
and individuals then to seek to remove these defects to ens
an autonomous decision. Arguably, paternalistic intervention fo
make certain decisions. Restrictions may be justifiable on moral
grounds.

Given the harms that can occur during drinking, for instance, gov
justified in enacting laws that prevent the selling of alcohol to perso
majority, which in many countries is 18 years. From a sc
established that the adolescent brain is particularly suscep
drugs and alcohol; and that maturity of the brain proceeds a
This in turn has a significant impact on behaviour (Court, 2

Court states:

> The amygdala is responsible for reaction to the environ
> as a protective response. In adolescence, there may be
> considering harmful behaviour. The hippocampus relates
> the prefrontal cortex to reward response and to suscept
> and mood, leaving the vulnerable adolescent at risk. The
> matures later [than] the other areas, affecting attentio
> behaviour that is related to specific goals (2013, p. 841).

As Court notes, brain maturation continues into the mid-20s, and so it is not surprising that research (Arain et al., 2013; Somerville, 2016; Squeglia et al., 2009) has identified that the brain is still developing during adolescence. For instance, Arain et al. (2013) note that several investigators consider the age range 18–21 years as adolescence, which can be divided into substages such as early, middle and late adolescence. Adolescence is characterised by significant cognitive, social and emotional development (Arain et al., 2013, p. 452). It is therefore clear that in many countries the age at which persons are held to be mature is actually younger than from a developmental point of view. It would be particularly helpful, in order to prevent the harms that could occur from alcohol consumption, if the age at which persons are allowed to drink alcohol or smoke cigarettes was to be raised from what many countries currently have. Pending any such step, it is important that measures are taken to enforce the relevant laws protecting persons under the age of majority, and in particular that no alcohol is sold or provided to persons under the age of majority. States should also step up their efforts to prevent and control the unauthorised sale and use of narcotic and other substances.

Part of showing moral concern for others is to enable them, as far as possible, to live their own choosing. An argument can be made that we fail to show moral concern for others by turning a blind eye to persons underage drinking alcohol, smoking, or using other harmful substances.

A 10-year longitudinal study established that heavy use of substances during adolescence has an effect on brain functioning in young adulthood. Squeglia and Gray (2016) found that heavy substance using youth in treatment were assessed at age 16 and again in early adulthood (aged 25). Youth who were heavy substance users showed deficits in learning and memory, visuospatial functioning, and working memory, even after a year of abstinence. They suggest that substance use during adolescence may have long-lasting effects into adulthood (Squeglia & Gray, 2016, p. 4).

Camchong, Lim and Kumra (2017) note the effects of cannabis use on brain structure and function data which show that individuals with more persistent cannabis use and more pronounced intelligence deficits over time, with IQ significant impact on verbal IQ scale. Evidence suggests that overall IQ deficits do not fully recover after abstinence from cannabis use (1 year), particularly in cannabis dependent users.

Poor verbal learning and memory can have various negative effects on a person attainment and job prospects, for instance, both of which contribute to poorer flourishing, and which also contribute to poorer mental health outcomes, as well individuals have a moral obligation to enable persons to live lives of and must act to ensure that the practice is protected and enhanced.

From the perspective of Ubuntu, it would be an abdication of our communities, and particularly to young adolescents, to be harmful behaviour. Since our personhood is enhanced by the personhood of others, the correct response would be to engage with and alcohol use would be to liaise with the community to help those who need it), to avoid these harmful substances. Where the response ought to include assisting them in finding ways to rehabilitation and community support. In this way, we affirm of the community; and also demonstrate to them that their contribution to the community.

Target 3.6:

Halving by 2020 the number of global deaths and injuries from aim of Target 3.6. This target is notable for its deadline years earlier than the other targets under SDG3.

As with many of the SDGs, Africa bears a disproportionate burden of that the goals seek to prevent or eliminate. In terms of Africa's countries have on average a noticeably higher population, compared to other regions of the world.

According to the World Health Organization (2018), Malawi had, as at highest recorded number of deaths from road traffic injuries followed closely by Liberia at 33.7, and Republic of Congo lowest rate of deaths in Africa per 100,000 occurred in Mauritius at 12.2; followed by Nigeria at 20.5. In between these countries like South Africa, with 25.1 deaths per 100,000 of the p

of registered motor vehicles in South Africa (World Health Organization, 2013) and The United Republic of Tanzania, on the other hand, with 1.9 registered motor vehicles per 100,000 (World Health Organization, 2013), recorded the fourth highest number of deaths in Africa (World Health Organization, 2013, page 30).

There appears to be little, if any, correlation between the number of registered motor vehicles per 100,000 inhabitants and the number of deaths from road traffic accidents. For example, the United Kingdom, with 2.9 deaths per 100,000 in 2013; and with registered motor vehicles per 100,000 inhabitants in 2013 of 35,582,650. Or Canada, with 6.0 deaths per 100,000 in 2013; and with registered motor vehicles per 100,000 inhabitants in 2013 of 22,366,270. China, with 250,138,212 registered motor vehicles per 100,000 inhabitants in 2013 (World Health Organization, 2015), had 18.8 deaths per 100,000 (World Health Organization, 2015). The fatality rate is proportionately lower than the majority of the countries with far fewer registered motor vehicles.

Since the statistics indicate that it is arguably not the car ownership or number of motor vehicles results in a higher number of deaths, it is worth considering what is responsible for higher deaths from road traffic accidents is. There is also a problem with the target: Death rate due to road traffic injuries (World Health Organization, 2015). Why is it problematic to measure deaths? Because, as contended above, deaths due to road traffic injuries is a very limited measure of the problem.

Firstly, it is not at all defined what a death due to road traffic injury is. For example, if a person is seriously injured in a road traffic accident, and rushed to hospital, where it is discovered that the injuries are such that the person suffers irreversible brain damage, and is eventually discharged from hospital and into a facility where he or she dies 5 years later, this person suffers a breathing complication that is directly related to the head injury condition and dies. Would we not be entitled to classify this death as a road traffic injury ? There is a clear connection between the injury and the death; albeit occurring much later in time. Years, that these deaths are not captured.

Secondly, it is arguable that under this target, there ought to be more emphasis on measuring the injuries resulting from road traffic accidents, as well as the accident factors that are contributing to a high incidence of road traffic injuries. There is no justification for measuring only deaths. As with the illustration

injuries from road traffic accidents can be severe and lead to disability and a debilitating person's health-being. A person who suffers head injuries and, for instance, remembering after a few months but now with severe memory loss may not be captured in the data. The same would go for a person who suffers from post-traumatic stress following a road traffic accident.

The external factors that contribute to road accidents and the measuring of this target can include, for instance, whether traffic offences such as driving under the influence of drugs are dealt with the roadworthiness of motor vehicles and the seriousness of such offences. Other measures include the effectiveness of laws in terms of how and whether they are enforced, such as the number of road traffic offences; number of policemen; and other road traffic safety measures. It seems to be a futile exercise to measure deaths without considering the crucial measures which can assist in minimising the deaths and subsequently greatly reduce road traffic accidents. A few examples in this regard are given to illustrate this.

Having data on the effectiveness of road traffic laws can help to increase penalties for traffic offences and thereby, for instance, get drivers off the roads either through their serving jail sentences or through the suspension of driving licences. Knowing the number of police officers assigned to the roads can be used to measure the effectiveness of the police on the roads. Should there be numerous accidents caused by vehicles that are not roadworthy or by drivers impaired by alcohol or drugs, this should be a reflection of the police presence on the roads for the number of motor vehicles and other road users. This should then take action to increase the number of police officers on the roads through the creation of more police stations and thereby open up more places for training or other means. There can be a redesign of the curriculum that is used in training police officers in this age where persons rely on Global Positioning Systems (GPS) a lot more than they might have in the past. This would help drivers understand how to navigate roads with or without GPS.

The use of mobile phones is another factor that has greatly contributed to road traffic accidents. According to Klauer et al., (2014), epidemiological studies in Europe indicate that mobile phone use among all drivers increases the risk of

(Klauer et al., 2014, p.55). They note further that distracted drivi
diversion of attention away from safe driving to an activity
(Klauer et al., 2014, p.55), is a major contributor to road tr
regard to mobile phone use, some of the behaviour they observed in
on a mobile phone, dialling, texting, sending messages and using the internet to
the web. Novice drivers engaging in any secondary phone activity
had a significantly increased risk of a crash (Klauer et al., 2014, p.57).
Experienced drivers, on the other hand, were not significantly
such as eating, adjusting the radio or looking at roadside
significant increase in the risk of a crash when using a mobile phone (Klauer et al.,
2014, p.57). Governments can use such data to provide informa
and other road users of the effects of mobile phone use and other distracting tas
or crossing the road. For example, Stavrinos et al. (2018, p.123) who were ex
impact of mobile technology on young pedestrians, cyclists
the use of mobile technology impacts both visual and co
youth safety on the road; this result was applicable acr
pedestrians, bicycling and driving (2018, p.123).

One other measure that can be included under this target
(whether resulting in death or not) is the so-called black spot. This is a
peculiar phenomenon which occurs in some countries whe
number of accidents on particular roads, or on sections o
spots are often marked with a sign to alert drivers to the black spot, wit
to exercise caution while driving along those roads (Kenya Roads Board,
however, the only action taken to reduce these accidents fall s
far short of being a solution to curbing these road accidents.
reasons as to why a statistically higher number of accidents occu
likelihood is that such statistics point to either the road structur
The permanent solution for this would be to carry out a st
existing road and redesign the road if necessary. From a
abdication of the obligations of the state to the people of Kenya
state undertakes ineffective measures that are bound to fail
without at the same time considering lasting action to re

therefore ensure that they systematically monitor road accident bl
redesign such roads where necessary.

The United Nations Statistics Division (2018) gives as related indicator
target 3.6 other indicators, namely 3.5 and 11.2. This is incorrect as
no indicators 3.5 and 11.2; targets 3.5 and 11.2 are

Target 3.5 has to do with the prevention and treatment of s
alcohol. It is well known that driving under the influence of psychoac
delayed reaction time, control of a motor vehicle, and overall impair
ability to anticipate danger. These factors contribute to an increased
road traffic accidents. Target 11.2 [2018] seeks to provide access to saf
accessible and sustainable transport systems for all, imp
expanding public transport, with special attention to the
situations, women, children, persons with disabilities and older persons .
connection between the two targets, although implying road safety
not been explained in detail.

If there is to be any reduction in deaths and injuries by 2020, as
halving of these deaths, Target 3.6 needs to have the ap
indicator, as argued, is insufficient to spur action to redu
measure the relevant criteria or factors needed; as is a measure
out of road traffic accidents that are appropriate interventions and
carried out by states.

Ethical implications in Target 3.6

It may very well be that there are defects in information, and p
control, who do not appreciate the severe consequences th
road while driving have on themselves and on other road users
obligation to remove the effects in question, such persons to be f
of the impact of their actions on themselves and on others.

From a utilitarian perspective, there is little happiness, if
injuries, deaths and damage (unless, of course, we consider

of increased happiness as a subjective reality. Individuals who consider deaths solely as an opportunity to make money rather than health and well-being of these others). It is more likely that such deaths and injuries should be of moral concern, given their and wellbeing not only of the person involved, but the community which is deprived of the participation and contribution of an injured person dies, or suffers a disability that results in previously gainful employment or activity, there is a risk of his family falling into poverty, as a result of catastrophic expenditure NCDs. The same scenario of catastrophic expenditure driven applicable in instances of chronic and long-term illness arising from road traffic crashes[9].

Target 3.7:

Ensuring universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes, is what Target 3.7 seeks to achieve.

The World Health Organization defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, relating to the reproductive system and to its functions and processes (United Nations Population Fund, 2004, p.45, para 7.2).

This definition of reproductive health emanated from the Programme of Action of the International Conference on Population and Development in Cairo in 1994, which was adopted by 179 countries (United Nations Population Fund, 2004). The Programme of Action has not been revised over the years and is still in use today. Subsequently, Target 3.7 reaffirms the consensus of all major United Nations conferences and summits and

[9] In South Africa, the Road Accident Fund (RAF) provides cover to victims of South African roads, citizens and foreigners, against injuries sustained or deaths caused by motor vehicles within the borders of South Africa (Road Accident Fund, 2019). Claims for, inter alia, past and future loss of income and earnings, general damages for pain and suffering, future hospital and medical expenses and necessary funeral expenses are compensated, however not without challenges, which include shortfalls in the funds required to settle claims and delays in settling claims (DSC Attorneys, 2019).

mentioning the 1994 Cairo Programme of Action is likely to adopt th
of reproductive health as well.

Reproductive health is stated to be a broad area that addresses all people
sex life [who] have the capability to reproduce and the freedom
how often to do so is stated to include an implicit right of me
informed and have access to effective, affordable and acceptable
planning of their choice (United Nations Population Fund, 2004, p. 45). While the 2004
introduction of this latter right suffers from the weakness O'Neill
who has to what for whom (O Neill, 2002, p. 42; emphasis in the original) is
that in keeping with Agenda 2030, there is an obligation
access and choice. This obligation belongs first and foremost to states
as non-governmental organisations; and to a lesser extent individuals can
The obligation however must justifiably rest first with the
not only purchase sufficient quantities of contraceptives
contraceptives to ensure that they are fit for human use. O
and efficacy of such contraceptives, and individuals can
distributing them, as well as timing state efforts to provide
education on the correct use and effects of such contracept

Reproductive care is then defined as the constellation of
services that contribute to reproductive health by preventing and
reproductive health problems (United Nations Population Fund, 2004, p. 45). Sexual
health is stated to be included in reproductive healthcare;
purpose of sexual health is the enhancement of life and personal rel
counselling and care related to reproduction and sexuall
Nations Population Fund, 2004, p. 46). This is an enhancement of life
relationships to be the acknowledgment of the person as one who
well-being, as well as an interest in, not the person apart from the con
his own health in seeking the prevention and treatment of d

A curious omission is the separation of reproductive health, a
sexual and reproductive healthcare rights. The World Health

Organization is that of the SDGs, The sexual and reproductive gender gap (World Health Organization, 2015, p.94

SDG5, the gender goal referred to, has as its Target 5.6 sexual and reproductive health and reproductive rights as Programme of Action of the International Conference on Population the Beijing Platform for Action and the outcome document (United Nations General Assembly, 2015, p.18). The justif reproductive healthcare services, and rights, is not at all appare unnecessary confusion and duplication of efforts. Splitting services and rights in two different goals leads to the concept lack of clarity when the language of rights is used withou responsibility.

Target 3.7 has two indicators, which seeks to measure the proportion of women reproductive age (aged 15-49 years) whose need for family planning sa modern methods 3.7.2, measures the adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (United Nations Statistics Division, 2018).

Target 5.6 also has two indicators. 5.6.1 seeks to measure the proportion of wo aged 15-49 years who make their own informed decisions r contraceptive use and reproductive health care. 5.6.2 seeks to indicate countries with laws and regulations that guarantee full and equal access aged 15 years and older to sexual and reproductive health As at December 2017, there was no data available for this Division, 2018). There is, however, a work plan explaining ongo indicator. The work plan states, amongst other things, tha self-reporting by governments is the number of legal barriers and regulations as well as the progressive laws and regulations.

Legal bars seeks to ascertain restrictions by marital status, authorization and age are specially addressed (United Nations p.2). The work plan further states that it only measures legal and barriers, and does not measure implementation of such

in complementarity with 5.6.1 and 6.b (healthcare) as found in United Nations Statistics Division,

The question then persists as to what informed the separation in two different targets are after all to be considered together concerns what value is to be gained from measuring the e considering its enforcement. At first glance, the implicatio healthcare services and rights might seem to be relative to services under SDG3, there will be some sort of distinct r spring up to guarantee the performance of this obligation. This could be grounded in enhancing access to sexual and reproductive services discuss the reasons for below.

Ethical implications in Target 3.7:

Firstly, failure to perform an obligation can be such as the challenge that will often arise, and not the other way arou it would mean, for instance, that in countries in which the constitution or statute there would not be any obligation whats provide any sort of healthcare.

The United States of America is one country in which there healthcare (Bauchner, Katz, Jaffe, 2017; Jacobs, 2015). However, the gov United States still provides healthcare to persons through programme which covers income eligible adults, children, pregnant adults and people with disabilities (Medicaid Services). Some level of healthcare is also provided for under Medicare, which covers pe and older, certain younger people with disabilities, and End-Stage Renal Disease (Centers for Medicare and Medicaid Services, 2017). While Medicare and Medicaid have the backing of law since the President Lyndon Johnson s ti enactment is attributable to the realisation that costs of me the elderly and disabled were unaffordable, there was therefore a need to shie from having to pay such costs (Berkowitz, 2005).

A moral obligation precedes the law. It is not the existence
moral obligation. As Daniels puts it, Rights are not moral fruits
earth, fully grown (1985, p. 5). There is often a tending of the earth, s
a deliberative process that persuades persons that such
provision of health care by the state for all who need it is
persons. Such deliberations may also entail a conclusion
obligation ought also to have the force of law. Therefore, primacy ought to
to ensuring clarity in the moral obligation first.

Secondly, as already indicated, failing to measure the
implementation or enforcement of existing laws on sexual
dilutes the efficacy of Indicator 5.6.2. Arguably, such an
fruitless, since existence of a law does not guarantee its enforcement. W
effective or not can only be measured by its interpretation
has been declared to have been provided or corrective actions have been take
ensure that the right is fulfilled. There should therefore b
further indicators: one measuring the frequency with which
such rights, where they exist, are adjudicated in the judicial system; and another
outcome of such legal challenges in terms of either affirmi

Thirdly, [guaranteeing] full and equal access to women and me
sexual and reproductive care, information and education re
components (access to sexual and reproductive healthcar
information and education), be measured. While Indicators
some gaps evident under Indicator 5.6.2, it is glaringly obvious that
measures which relate to women's access and use of sex
services, there are none whatsoever to measure access a
which could lead to claims of discrimination. This might be an oversig
pointer to the status of Indicator 5.6.2 as a work in progre
the addition of another indicator measuring men's access
regarding sexual and reproductive healthcare.

Part of the uncertainty and duplication that concerns sexua
SDGs is arguably attributable to the wide range of issues

is evident from the definition given earlier, as well as from the W observation that one of the challenges of managing this ta range of health issues, from contraception to gender, which each manageable set of appropriate indicators for the target (20

Looking at the 1994 Programme of Action, the health issu Rights and Reproductive Health also include the welfare education and the prevention of sexually transmitted diseases; supporting t needs of indigenous persons; the needs of persons with dis gender relations (United Nations Population Fund, 2014). T issues covering a diverse range. The indicators accompanying 5.6 do not however, appear to have adequately captured th no measure at all for those above 50 years of age; an omi tends to convey the message that their sexual and reprod matter. Limiting the measurement of these 49 individuals seems pr imply that our concern is only for those in their reproductive unjustifiable and discriminatory as against older people. S and wellbeing for all at all ages, and not just between 15 a indicator for persons 50+ sought therefore to be added; reasons should living with disabilities, as well as they face unique challenges.

Addlakha, Price and Heidari (2017, p.4) state that, People and held to be asexual (as in not sexual), incapable of re sexual/marriage partners or parents. Nampewo (2017) n disabilities in Uganda face challenges in gaining physical access in due to the nature of these facilities. The absence of disability as and wide doorways hampers access to sexual and reproductive challenges of communication in the health care facilities also pose trained in sign language to serve the number of persons li disabilities (Nampewo, 2017). In order to ensure that persons living their sexual and reproductive health needs are met, it is necessary persons able to get to the facilities where these services also go to such persons. It should not be assumed that the a

with disabilities in health facilities is attributable to their co
current healthcare situation. It is more likely to be the c
accessing these facilities and the help that they require.

Adolescents may also face challenges in meeting their sexual and re
needs. Denno, Hoopes, Moore and Chandra (2015) note that adolescents fac
as maternal deaths as well as unsafe abortions. Since De
aged between 10 and 19 years, we again encounter another gap in the
any measurement for persons below the age of 15 years. It
inadvertent, but is due to differences in cultural and religious
states as to the propriety of young people engaging in sex.

A look at the Oral statements and reservations on the P
contained in the Report of the International Conference o
records representatives of various countries putting forward th
of the Programme of Action that were in conflict with the
values (United Nations, 1995).

Paragraph 8, for instance, received reservations from Brunei Darussalam stat

> According to our interpretation, one aspect of reproduct
> health, referring specifically to paragraphs 7.3 and 7.4
> (c) of the Programme of Action, is contradictory to national
> legislation, ethical values and cultural background. My
> delegation's reservation on those paragraphs is as stated (United Nations, 1995, p. 113).

Paragraph 7.3 in the Programme of Action discusses the rights of adolescents to attain
the highest standard of sexual and reproductive health (
2004, p. 46). Paragraph 7.4 states that, Governments, in collaboration
governmental organizations, are urged to address the needs of adolescents and
establish appropriate programmes to respond to those needs. Sexually
active adolescents will require information, education, counselling
(United Nations, 1995, p. 50).

The provision of sexual and reproductive healthcare services such as adolescents is considered in some interpretations of religious and cultural to be inappropriate and against religious teachings. Furthermore, in traditions are still practised and held in high esteem, the various age groups. These are considered the proper forum for information reproductive health and only at the appropriate time. It is therefore arguable that many countries of the provisions of the Programme of Action would be an intrusion into the stability of that community and an attempt to circumvent the order of transitioning from adulthood within that cultural community.

Given the importance of passing on community values from one to ones (an example being the importance attached to communal living in an Ubuntu perspective), it is important for such viewpoints to be respected; while at the same time bearing in mind that traditions and customs may also eventually have to adjust as the world changes.

Paragraph 9 in the oral statements also recorded by the representative of El Salvador, part of which include the following:

> Life must be protected from the moment of conception. The countries are mainly Christian, we endorse the Catholic doctrine that cannot be taken unless there is a reason which justifies this reason, as far as Principle 1 of the Programme of Action associate ourselves with the reservation expressed by Argentina: we consider that life must be protected from the moment Nations, 1995, p.133).

Principle 1 contains the statement that All human beings and rights. Everyone is entitled to all the rights set forth in the Declaration of Human Rights (United Nations Population Fund

It would appear that the reservation made by Argentina, from a American countries likely arose from the Declaration of Human

Article 1 which states that, All human beings are born free and equal in dignity a
(United Nations, n.d.; emphasis mine). The implication h
Declaration are applicable only to those who a
The reservation was therefore to register their countries p
beings referred to in the Universal Declaration of Human
conception; and not to spring up upon birth.

Adhering to particular religious beliefs is, for many perso
conception of flourishing. Such beliefs are also part of t
what their ends ought to be, and a means of exercising their agenc
representative of its people in global gatherings, has a
commitments it makes during these global meetings are br
which its citizens want to achieve. It can ascertain, generall
through regular surveys on pertinent issues, for instance;
therefore important for a state to ensure that its representatives
views of its citizens in such forums, since the citizens will
state makes at global gatherings, taken by a state that is not r
majority views of its citizens, the citizens would be entitled to
as being contrary to their interests and hence consider that

Target 3.8:

Universal Health Coverage (UHC) is at the core of Target 3
health coverage, including financial risk protection, access t
services and access to safe, effective, quality and affordab
for all .

UHC is however not accepted by all sections from democratic trad
particularly in the United States. UHC is seen as a form of socia
medicine ; a term used pejoratively to represent interferenc
and undue government intrusion in economic matters that should be
operations of a free market.

St. Onge (2015, p. 351) describes the use of the term socialis
argument grounded in cultural logic; [which] reflects an ind
freedom of business over equality in health care . It is mor
of people cannot get the healthcare that they need becaus
because they fall outside a circumscribed demographic such
over 65.

Dickman, Himmelstein and Woolhandler (2017) note that in 2014, 41.9% of n
adults in the United States who received prescriptions were u
39% of Americans with low income reported not filling a prescription for a medic
owing to cost (Dickman, Himmelstein & Woolhandler, 2017, p. 1432).

Prainsack and Buyx (2011) employ the concept of solidarity
not seen as given and clearly bounded entities, but as
preferences emerge out of practices (Prainsack & Buyx, 2011, p. xv). They define
solidarity in its simplest form as practices reflecting a collective
costs (financial, social, or otherwise) (Prainsack & Buyx, 2011, p.
p.xiv).

West Oram and Buyx (2017) extend this solidarity within and between group
for the establishment and maintenance of important, social
Rather than deriving solidarity from universal values, we instead feel
understand solidarity as enacted practices that are based
in a specific context (West Oram & Buyx, 2017, p. 216, emphasis in original). W
Oram and Buyx therefore consider global and regional threats such
well as climate change, to be some of these specific cont
solidarity group. They argue that globalization, which inclu
transmission of information and faster movement of persons
these global threats; thereby helping to create a shared
richer and poorer countries are affected vulnerabilities for both rich
of these threats can provide the basis of recognition of s
cooperatively promoting health (West Oram & Buyx, 2017, p. 216).

Arguably, the concept of solidarity can also apply to UHC. Prainsa make the case that solidarity within a particular collective individual choice and liberal rights; especially in which solidari existing relationships such as nuclear families. In other in necessary to convince individuals that there is a good reas particularly if we conceive of this as primarily shaped by relations, including those that pertain to Prainsa and Buyx, capaci 2011, p.40).

One of the persuasive reasons that can be advanced to motivate cost of UHC is the availability to them of quality, essential he time of need. In a situation where some may at present ne pay for it, a case can be made that those who do not have to bot presently need healthcare ought to contribute to funding assured of healthcare in the event that they themselves need contributions when they are subsequ unable to work.

Wesolowski, Ram and Buyx (2017, p.217) recognise the need to motivate in acting cooperatively with distant others in order to prevent argument for contributing to UHC on the basis of self-interest, in that primary motivation for contribution might be a person's re catastrophic injury can strike at any time; and that one mi could not, at a time of need, afford to pay for out

UHC is deemed by states to be crucial for the success of S states that, To promote physical and mental health and well-being, expectancy for all, achieve universal health coverage and a care. No one must be left behind (United Nations General A

UHC has been defined by the World Health Organization a communities receive the promotive, preventive, curative, rehabilitat services they need, of sufficient quality to be effective, w these services does not expose the user to financial hardship (World Health Organizat

2018). According to the World Health Organization, this d
related objectives: Firstly, equity in access; such that all
them; secondly, the quality of services must be good enou
receiving services, and thirdly, should be protected from the
harm as a result of using the services.

O Connell, Rasanathan and Chopra (2014) note that the st
UHC ought to be a definition universal; one health; and coverage.
universal , O Connell et al., note that a commitment to un
fact that, many governments either deliberately or passive
services to some people living within their state borders
as refugees, undocumented migrants, nomadic people, or t
often seen by authorities as worthy of less rights (Hunt 2014,
p.277). Other grounds upon which persons are discriminated
orientation, religion, ethnic origin (2014, pp.277), political affiliation (

The meaning of universal , while it can also be an adjective includ
to all cases ; and as a noun, a term or concept of gene
Dictionaries, 2018); is thus in the case of healthcare selec
misnomer. The circumstances (if any) under which a person can be
is accessible to others need to be robustly justified, and
they must immediately be removed so that healthcare is a
additional factor in the promotion of health and well-being of all person
ultimate unit of moral concern, (and by virtue of common humanity) one
one s humanness is what ought to guide the access is limited
it rather than considerations like nationality, or wealth (Gostin and Buys 2016,
p.218) consider common vulnerabilities to emerging threat
reason for cooperative action based on solidarity; and so worth
concern in a public health context is often subject to natio
can render any responses insufficient. Arguably, however,
acknowledgement of human being s moral worth, through the
commonalities between one human being and another. Th
vulnerable to the threats that affect another can be viewed

the commitments that exist as between one human being and th
worth.

O Connell et al., (2014) the definition of health given by the
Assembly s Resolution A/67/L36 as encompassing health and
provision of basic or essential health services could achie
calls for UHC and social health insurance to deliver equita
attainable standard of physical and mental health. Including
health O Connell et al., (2014, p. 267) even earlier arguments
health are an inescapable component of any effort to
health in UHC must encompass this situation in which heal
context of UHC is more narrowly circumscribed than he
untenable and unjust. The view of health expounded in earlier cha
achievement undoubtedly requires collaboration of the other state pr
initiatives which deal with the determinants of health. These
education, industry as well as the care and protection of the enviro
weakness this wide definition in fact shows the cutting edge of
which therefore ought to be accorded a very high priority in

Coverage in UHC, as O Connell et al., note, must seek to pas
incorporate an assessment of effective utilisation . They
considered effective, two aspects, the appropriateness, an
stated clearly (O Connell et al., 2014, p. 278) in terms of appropriateness, they not
perverse provider incentives, underinvestment in promoti
insufficient attention to reduction of risk conditions or pro
skew coverage towards curative and away from preventive
2014, p. 278)

Reducing risk conditions include, for instance, ensuring that per
nutritious food to eat, as this will greatly reduce incidents
safe water to drink, and for domestic animals used, as a source of
diseases which can greatly reduce health and impede the
the determinants of health is again evident.

Perverse provider incentives in terms of coverage can be seen in Mi
example of Reform; an organisation they describe as a nec
Reform, which has actively propagated private sector inv
Health Service, receives financial support from management co
the NHS reforms. All these organisations would benefit greatly i
NHS based on private health insurers and providers (see
incentives include the advancing of the interests of the pha
groups that it supports and by doctors will, in some cases
cases, as Mindell et al., note, the role of other professionals
subverted; with commercial interests, which have as their
profits for shareholders, taking over instead.

The provision of UHC itself, rather than the appropriate
from external factors. McKee et al., (2013, p.S41), note th
of powerful vested interests, such as a medical profession
a private insurance industry that can call on vast resources
be sufficient to block progress .

Depending on how UHC in a particular country is structured
sometimes be the beneficiaries of the bulk of payments ma
costs of healthcare, leaving the public healthcare facilities
then leads to a vicious cycle where persons needing healt
equipped public health facilities. Since there is nothing
its doors, the public health facility cannot meet its opera
deserted or has to close. Such closures have the effect of
instead ought to be reduced. In Kenya, for instance, Jones and Exworth
noted opposition by the local population towards the plann
hospital in England. Some of their reasons against the clo
another hospital was reasonable, and so was the
locally accessible services. The closure plans were sub
sustained protests by locals. In cases where closures are a
of placing an expectant mother and her unborn baby at a gr

they have to travel a long distance during childbirth, than closer and faster.

In terms of quality of coverage, as Ooms et al. (2010) argue, practical policy guidance about the quality needed to achie preventable deaths (Campbell et al., 2013). Target 3.8 contained in Indicator 3.8.1 attempts to carry out an analysis of this indicator i

Indicator 3.8.1:

Indicator 3.8.1 is the coverage of essential health service average coverage of essential services based on tracer inter maternal, newborn and child health, infectious diseases, service capacity and access, among the general and the (United Nations Statistics Division, 2018).

A look at the framework for this indicator shows that it covers a w services. There are 14 tracer indicators (United Nations Statistics Division, 2018). There also appear to have been efforts made at articulatin aimed at for some of the tracer indicators. For instance, grouped under Infectious diseases, for HIV/AIDS, Percenta living with HIV currently receiving antiretroviral therapy. Percentage of incident TB cases that are detected and treated (United Nations Statistics Division, 2018).

Still, in the same cluster of infectious diseases is malari population in malaria endemic areas who slept under an insecticide night [only for countries with high malaria burden] (United Nations Statistics 2018, p. 2). This indicator does not go nearly far enough in terms of pre malaria because mosquitoes can bite and actually have a variety been believed to mostly bite at night. Sougoufara et al. behavioural change in the Anopheles vectors of malaria, which beg after the introduction of insecticidal nets. These mosquit diurnal feeding patterns; with six times more mosquitoes night; and eight times more the daytime than it had been measured

Measuring the effectiveness of this aspect of UHC by captu
insecticide-treated nets further and, indeed, is surely an ineffective exercise.
should be revised to take into consideration the least bite
through the day and also at night in time to imply that other preventiv
should be considered, for instance, the availability and acceptable effectiven
creams.

With regard to the cluster named Reproductive, maternal, ne
the tracers is Child immunization, Percentage of infant
doses of diphtheria-pertussis-tetanus containing vaccine (United Nations Statistics Divisio
2018b). While this may be an effective measure against
need to consider other childhood vaccinations such as [Gardasil], the
which is given at birth and prevents Rotavirus vaccine, which
against diarrhoea.

Also under Reproductive, maternal, newborn and child health cluster is the tracer
Pregnancy and delivery care. This measure is the Percentage of women aged 15-49
years with a birth in a given time period who received antenatal
(United Nations Statistics Division 2018b). While this is a good measure
care, it says nothing regarding the presence of skilled health
is critical. It also says nothing on the number of mothers who deli

A pregnancy can be uneventful all through, but the tide c
when the skills of a person with the right training and experience
mother and/or baby by knowing where and when to refer them for f
important to include the numbers of skilled health personn
countries, this number can be further disaggregated into the numbe
within different regions of the country, so as to ensure tha
access to skilled care without having to travel for long and early
help. Both the numbers of skilled health personnel as well
we are to meaningfully speak of UHC. Equally important is the quality of health s
rendered.

Without the appropriate measurements of these variables, s
aspects, but the quality of care that will be delivered
not even measured. The absence of these elements at the
covered are unlikely to be appropriate. The appropriate measures ought to
for UHC, given that it is considered a necessity for the p
well-being. As indicator 3.8.1 shows thus far, many person
contrary to the lofty paragraph 26 of Agenda 2030 that no o
(United Nations General Assembly, 2015, p.7).

The metadata for indicator 3.8.1 states that, These tracer
of service coverage, not as a complete list of health services and i
are required for universal health coverage (2018, p. 2). It
further states that, The 14 tracer indicators were selected,
with available data widely reported by countries (or expected
soon) (United Nations Statistics Division, 2018, p. 2). This explanation is sim
satisfactory. It is not at all persuasive that the indicators for
that they are widely reported by countries. Firstly, wi
concomitant with appropriateness as a gauge for progress.
this: Is what is being reported to be the target achieved?

As noted earlier, while it is good for a pregnant mother to
care, the desired outcome of these antenatal appointmen
attendance, but to increase the chances of a healthy baby and a heal
mother. It is a tragic situation for a mother and family to l
of skilled care. Therefore, it is all these measures are being
always be the primary aim in measuring what is widely availabl
these measures are being undertaken are the beginning and, of
all ages. In terms of maternal and child health measures must reflect
that is a healthy mother and a healthy baby. For malaria,
persons sleeping under treated nets at all times (not just at
instance, how many are successfully treated for malaria
sufficient to gauge coverage of UHC, even within the tracers i
to this question is currently in the negative. Access to qua

safe and effective, quality-assured and must be measure
suitability not only for the prevention, but also treatment of di
promotion of health and well-being.

Another reason why the appropriate measurement is the matter
increased likelihood of persons being left behind. Failing
persons suffering from, say, mental illness, will mean that
terms of the allocation of funding and other resources to
unlikely to receive the help that they require.

The broader implication of this invisibility is that the health
population will be diminished rather than promoted. This
under which the promotion of well-being and health can be
whatsoever to measure the prevalence of mental illnesses;
and accessibility of mental health care services. It is not
of the population with particular health needs can easily
concerted efforts by states to incorporate the appropriate
they are as inclusive as possible. Given the universal
of the SDGs, we cannot afford to have crucial measures for

Indicator 3.8.2:

Indicator 3.8.2 is intended to measure the
expenditure on health as a share of total household
Statistics Division, 2018). These expenditures on health are defin
thresholds: 10% and 25% of total household income. These
chosen following two years of consultation, to represent
Health Organization, 2017, p.11).

As earlier defined, catastrophic expenditure is
household's financial capacity to maintain
10% and 25% thresholds do give a fair indicator of such expen
however, any health system in which
is still living in extreme poverty that such h

experience can nevertheless that requires any amount of money di
budget.

A further definition related to indicator 3.8.2 (SDG) concerns out-of
to be, payments made at the point of use to receive any t
provider, for any type of disease or health problem (World
These payments exclude any reimbursement by a third pa
health insurance fund or a private scheme (World Health Organization, 2017,
p.1). Médecins Sans Frontières (MSF) (2017, p.3) defines O
user fees, which are the direct payments made by patien
services; and additional financial payments such as informal, as w
the costs linked to patients caretakers .

Many families do experience catastrophic expenditures, wh
getting other requirements in the family such as food, or ed
that households headed by an elderly or disabled person,
those who have a member with chronic disease are particu
which experience a high degree of poverty, this can be the
difference between life and death. With regard to user fe
Patients with communicable and non-communicable diseases are not rec
dropping out of care because of the cost (first) or logistics (second).

There are also further implications for an increase of public health
as outbreak monitoring and response frameworks are weak
afford care die in the community and do not face (Gsovi, 2017),
example of Guinea, MSF noted that in a malaria

> Close to half (48%) of the deaths among the general p
> malaria, with 8 cases of 10 children under 5 due to the disease. Amon
> deaths reported, up to 27% did not seek care for the illn
> lack of money was the main obstacle. 42% of those who
> the necessary funds, 38% had to go into debt or sell their
> needed, and only 16% received free care (Médecins Sans Frontières,
> 2017, p.10).

These numbers paint a grim picture of the effects that a la
on the health-seeking behaviour of persons and to reconsider the impacts on
persons who need healthcare, particularly the very poor.
subsidy to fund free healthcare ought to be established b
would go a long way in accessibility to healthcare for persons who
would ensure that health facilities are utilised by as many
that support for UHC ought to be given away of user fees
option for UHC. This is because of the detrimental impact such user fees
and wheeling of users. Such unintended effects include persons fall
further into poverty. The worsening of diseases from which
consequence of this is that persons cannot afford consultation fe
buy the full course of prescribed treatment; opting instead
that their money can purchase. The effect is a compromised
treatment.

Other than ensuring financial risk protection for users of
there is need to ensure that essential medicines and vaccin
offered in an equitable and non-discriminatory manner. Shayo et al., (201
in Mbarali District in Tanzania, in which they established t
medicines, which when available were unfairly distributed (Shayo
et al., 2016, p.417). Studies in other parts of Tanzania confirme
services in public health facilities, long waiting times, an
persons who were seeking services and the health facility
payment were still asked to pay for services (Shayo et al., 2016, p.418).

States ensure that financial risk protection goes hand in hand with the training of
personnel, institutional and regulatory mechanisms for other personnel and o
processes. This will ensure that services are provided in a
non-maleficence, justice, and respect for persons as the gui
would also guide processes such as payments and eligibility for wa
and dispensing of drugs, the scheduling of surgeries and ot
others.

Ethical implications in Target 3.8:

It ought to be an issue of moral concern for states, communities, and individuals all with obligations under the SDGs that persons are losing their lives, and severe diminishing of their well-being, owing to their lack of access. When the lack of access can be attributed to the denial of services for which the moral imperative to act is clear. From the Capabilities Approach, capabilities that persons should enjoy from out of things such as healthcare, in terms of achieving the SDGs, to expect persons who are unable to meet to pay for healthcare when they cannot even afford to take time off work might mean that they receive no pay for that day. It is therefore crucial to ensure that such persons are able to access the healthcare they need and are thus able to get back to work sooner, and in good health.

A healthy person is better placed to pursue the ends they choose and has the inclination, freedom, to consider which capabilities they have reason to value. For example, a small-scale farmer can choose to attend meetings with his cooperative to discuss how they can improve the package, market and export their coffee to high-end retailers. If the same farmer was unwell, with no money to pay for treatment, lack of money, his coffee crop would likely go untended; the quality of his coffee would deteriorate; and he would have neither the strength (owing to illness) nor the quality coffee); to participate fully in the market. Poverty might be considered a consequence of the inability to exercise one's freedom in terms of its reasons to value, demonstrates the effect that ill-health can have on a person's exercise of their functionings and capabilities, as Sen argues.

From the perspective of Ubuntu, turning away persons presenting with illness for reasons that they cannot afford to pay for treatment would, we would also signify a lamentable failure of the community in supporting the person's suffering ought to spur the search for community solutions to remedy the cause of that suffering; and not to turn such a person away. Responsibility for a person's treatment continues to be unsettled in the African context to ensure that a person can receive the treatment they need, it is not always sufficient in healthcare often far outweigh what funds the community

obligation to remove the negative effects ought rightly then, to fall
since they are better able to raise and distribute funds thro
established structures. They usually also have a better chance of taking global

Target 3.9:

Target 3.9 aims to substantially reduce illnesses and deaths from hazardous
chemicals and air, water and soil pollution and contaminati

This target illustrates the need for collaboration between minis
concerned with, health industries and agencies setting and implementing policy
providing oversight for environmental protection, agricultu
buttresses the importance of the determinants of health in
being, and the integrated and indivisible nature of the SDGs. For instance, SDG
to ensure that clean and safe water is available for all will
will SDG9 on promoting inclusive and sustainable industria
play a vital role in meeting Target 3.9 include SDG7 on reliable, af
SDG11 on safe and sustainable cities; and SDG12 which establishes efforts
sustainable consumption and production patterns.

The phrase substantially reduce implies that there may be in existen
the deaths and illnesses which have occurred as a result of
chemicals and pollution. In such data currently does not exist for countries, they must be
place as a matter of urgency since there would be no other way to ascer
reduction in deaths and illnesses can be measured.

Target 3.9 contains three indicators. Indicator 3.9.1 meas
household and ambient air pollution, while indicator 3.9.2 tackles mo
to unsafe water, unsafe sanitation and lack of hygiene. Indicator 3.9.3 seeks to measur
mortality rate attributable to unintentional poisoning (WH
2018).

Ambient air pollution arises as a result of fine particula
households, cars and industries (World Health Organization, 2018). Such particulate m
contributes to a broad spectrum of acute and chronic illness

obstructive pulmonary disease (COPD) and cardiovascular d
4.2 Million deaths worldwide in 2016 (World Health Organization, 2018) are
and conditions attributable to ambient air pollution and household air pollu
strokes. The type of household and cooking fuels used do
diseases.

Choi et al., (2015) in a study carried out in Bangalore, I
persons cooking with kerosene experienced increased respiratory symptoms
Liquefied Petroleum Gas (LPG). Children living in such hou
have bronchitis and phlegm.

In Malawi, Das, Jagger and Yeatts (2017) found that adults and
low-quality firewood experienced symptoms such as chest t
persons using low-quality firewood having double the prevalence of
walking up hill (Das & Yeatts, 2017).

The demand for charcoal for cooking can cause environmental degradati
deforestation. SDG15 which seeks to promote the sustainab
as to combat desertification, amongst others, must therefore
Target 3.9 states, state actors, and other entities can make
subsidise the price of cooking fuels such as Liquified Petroleum Ga
well as alternative means of heating to encourage a shift away from
charcoal. Such measures contribute to the success of SDG15 prom
health and well-being through the reduction of respiratory illnesses
under Target 3.9 would also be a positive move to decrease incidence
result from charcoal stoves left burning in poorly ventilate
warmth for households.

With regard to poor ventilation, states have a role to play
relevant bodies, in the design of houses and other types of b
ensure that minimum standards of decent housing are adh
provision for adequate flow of fresh air into and out of rooms and
between one building and another. SDG11 on inclusive, sa
and human settlements needs to be tied to this target and its indicat

Indicator 3.9.2 on the mortality rate attributable to unsafe wa
hygiene must also be viewed in the context of SDG6 whic
sanitation. As earlier discussed under Target 3.3 in the con
availability of clean and safe water for households to the red
morbidity and mortality, and the promotion of health.

A notable omission in the SDG indicator framework is the
arising from unsafe water and lack of hygiene is a major
measure the morbidity rate attributable to these risk factors.
water-borne diseases contains no such indicator to measure
mortality from contaminated water.

Other than the presence of pathogens in water, there are other fo
cause illnesses. These include the release of toxic chemicals from
waterways, as well as from the application of fertilizers, pesticides
Lu et al., (2015) also include the contamination of water
mining and smelting, irrigation with sewage, and the use of sludge from wastewate
Apart from the effects of contaminated water on human health, the safety
note a rise in cancer cases in China, which in turn leads to
villages, where the morbidity rate of cancer is significantly h
most probably caused by environmental pollution (Lu et al., 2015). Owing to rapid
urbanization in China, as well as industrialization, even with the
standards and controls, there has been an increase in wa
nearly 38.6% of the length of the rivers could not be used
sources, with 17.7% of the length of the rivers unfit for irrigation (Lu et al., 2015).

Since there is a shortage of water for irrigation in China, m
water used for irrigation is sewage water, which contains h
adds contaminants into the soils, which are then taken up by
consumed by human beings, thereby increasing the risk
diseases that occur as a result of high concentrations of
mercury, lead, nickel, and arsenic in water or food include re
diseases, diabetes, and neuron damage (Rehman et al., 201

High levels of arsenic can also cause psychosis, which can manifest as disturbances by affecting a person's mental health. As Rehman et al., (2016) reference to Bangladesh, suffering from arsenicosis also suffers social ostracism from social uncertainty. Society considers such victims as a burden (Rehman et al., 2016). The health and well-being of such persons is indubitably affected, and further magnified by their social environment.

Target 3.9 is also clearly interconnected with Target 6.3, for which seeks to improve water quality by reducing pollution, eliminating the release of hazardous chemicals and materials, halving the proportion and substantially increasing recycling and safe reuse globally (United Nations General Assembly, 2015, para 51). Two corresponding indicators: 6.3.1 Proportion of wastewater safely treated; while 6.3.2 measures water with good ambient water quality (United Nations Statistics Division).

A more helpful measure for indicator 6.3.1 would be the number of diseases suspected to arise from water contamination or pollution, which could then inform what specific actions would need to be taken to treat the source of water, since the pollutants in different areas of the world. Such details of morbidity arising from polluted water would also help in the monitoring of the source of the pollutants and the gaps in wastewater treatment.

The negative effects of water pollutants on human health emphasise the need for an integrated approach. This is considered a SDG 3 approach is also for all the other SDGs since success of one feeds into and supports the success of others. It is an unjustifiable omission for indicators on monitoring unsafe water sources under Target 3.9 and SDG 6, which has the main goal with focus on the availability and sustainable management of water.

Ethical implications in Target 3.9:

Indicator 3.9.3 seeks to establish the mortality rate attributed (United Nations Statistics Division, 2019) which has a connection with indicator 3.9.1 the effects of consuming contaminated water or chemicals that

skin or inhaling harmful gases can result in the poisoning
environment and death even.

This indirect way also raises interesting questions, as philosophical
concept which cannot be separated from intention (Anscombe, 1957). This is the reason
why I discuss under the ethical implications.

As earlier discussed in Chapter 2, intention, following Anscombe,
which a particular action is undertaken; the future state
action (Anscombe, p. 1957). To speak of intentional poisoning further
that the agent who carried out the poisoning had as the
impacting the health of the person affected. Poisoning intentionally
would imply that the end (which may be harmful) that was hoped
by the agent when carried it out.

Unintentional actions seem to suggest, at first instance, that no moral responsibility
accrue to the agent who carried out the action. However, moral responsibility
However, whether moral responsibility should be attributed to the agent
actions arguably ought to depend on whether or not the agent foresaw the consequences
or not. An unintended end is not synonymous with an unforeseen consequence. For
example, where factory workers discharge toxic effluent into a river from which
homesteads are located some distance away from the bank of the river. The
main source of water for domestic use for the local community. Following the discharge
toxic discharge into the river, persons in these homesteads become ill
and some die. It is eventually established by the government that the illness
consuming the contaminated water, for which action was taken. The workers
reasonable for the workers to state that their intention in discharging effluent into
the river was only to get rid of the effluent but not to poison. My
answer would be in the negative. Poisonous substances and toxic effluent must be disposed
of carefully, with due regard for their hazardous effects on human health.

One way of looking at this poisoning situation that is so, that the
suffering and death of the persons affected does not attract any moral responsibility
of the agents since it was unintentional. The end that the agents had in mind

was to get rid of the effluent. I contend, however, that an
must always consider the consequences of those actions in
harm should any persons be affected. Put another way, th
should always be this: What if a person happens to come into
ingest, or inhale these poisonous substances? The answer
the actions of such agents and inform the sorts of actions
mitigate, the occurrence of any such adverse outcomes. In othe
defined by Nolo's Plain English Law Dictionary (2018) as, The ab
anticipate the potential results of an action, such as the d
one is negligent or breaches a contract, must be taken into con
agents.

In our example, the factory workers disposed of poisonous
disposal or discharge was carried out in contravention of such purposes; or
without regard for the consequences of those actions. Whet
the poisoning was intended or not, is immaterial to the moral resp
carries it out. If it is foreseeable that harm could occur to persons who
or ingest the poisonous substance, then moral responsibili
accept that foreseeability must always be part of the con
regarding actions, then unintentional poisoning in the contex
to be considered separately; implying as it does that its c
persons affected. Intention certainly would be determinative of their
criminal culpability of the agent who carried out the poisoning; however, the person
who suffers the effects of the poisoning would be unintentionally
unintentionally poisoned. Such an act is therefore unjustifiable.[10]

[10] This argument differs from the Doctrine of Double Effect in that the h
brought about as a side effect of some good end to which the agent's primary purpose
initially. The action of dumping is morally neutral; because su
earth's ecosystem in general, besides being harmful to human beings. I
good reason for engaging in such dumping, provided that it is done to be
disposal methods, and/or designated areas, that would avoid or mitig
environment. On the Doctrine of Double Effect, see, for instance, Mang

Given the abundant evidence of the negative effects of po
well-being, we need not wait for death to occur in order to
problem. Target 3.9 therefore ought to have to address morbidi
not just mortality, as well as the related risks. Effects of cancers, n
cardiovascular, and other diseases on persons, their famili
to cause us to take action to address and reduce or elimina
States, state actors, institutions, and other entities cannot
they wait until deaths occur in order to gauge the scale of
of these deaths is ongoing harm and suffering which ought also
included as a measurement towards progress.

ii. The Means of Implementation in SDG3

The means of implementation (MoI) for SDGs, as earlier mentioned, are four unique but complementary
that are necessary for targets to be achieved. They are distinguishable
alphanumeric listing immediately following the targets for ea
slightly different from the other SDGs by virtue of its emphasis on a multisectoral
of implementation as each means of implementation also ha
indicator.

There are 4 means of implementation under SDG3. Each cont
targets through which actions can make progress towards the
means of implementation collectively, as well as the approp
enabling environment through which the goal and its targets
resources including, financial resources, adoption of appr
policies and governance structures (United Nations, 2014).

The means of implementation under SDG3 broadly encompass co
global treaties and agreements such as the WHO Framework Convention
(FCTC) and the Agreement on Trade-Related Aspects of Intellectual
Rights (TRIPS). As a means of giving impetus to action, SDG3 analysis
means of implementation for SDG3 as well as the point indicator
improvement.

The first means of implementation, 3.a, concerns the stre
Organization's Framework Convention on Tobacco Control
appropriate (United Nations General Assembly, 2015, p.16).
in a survey carried out in 2015 established that fewer than
the FCTC (which has 180 Parties), had implemented the
FCTC. Article 14 requires that Parties
measures to help tobacco users quit (Nilan et al., 2017, p.
instance, the availability of tobacco cessation treatment
treatment strategy, as well as the availability of informatio
tobacco (Nilan et al., 2017, p.2023).

The slow pace of implementation of Article 14 of the FCTC
for the success of this, given that by 2013 FCTC guidelines we
2010. Further challenges are presented by the lack of more
defined parameters with which to measure progress.

Inasmuch as various states have different smoking burde
resources which they can commit towards stopping the use
minimum standards to which all Parties should aspire in their FCTC progre
the reduction of numbers of people smoking or using toba
minimum of a 10% reduction in the number of users of toba
and thereafter by a quantifiable increase in subsequent years. In
an acknowledgment of different countries' capacities; but t
of accountability towards progress that is expected for each

The World Health Organization's Article 14 (2010) also reco
need funding for the national tobacco cessation, as well as
dependency. However, the funding burden ought not to be
given that many have funding shortfalls related to other
Guidelines in Article 14 therefore propose placing the
cessation support on the tobacco industry. This can be achieved through
such as tobacco product regulations, licensing

and other measures (World Health Organization, 2012, p.40). Money from these measures would certainly go a long way in funding tobacco dependence initiatives, but if the funds are to be generated and applied strictly for these tobacco cessation and treatment purposes.

With regard to indicator 3.a.1, which seeks to ascertain the prevalence of current tobacco use among persons aged 15 years and older, it would be ascertain whether there might be persons under the age of 15 using tobacco in one form or another. This would ensure that they too are included in initiatives to curb the use of tobacco.

On essential vaccines and medicines (3.b)

The second means of implementation, 3.b, aims to support the research and development of affordable medicines and vaccines for communicable diseases that primarily affect developing countries. Such access is envisaged to be achieved through the Doha Declaration on the TRIPS Agreement and Public Health. The Doha Declaration affirms the right of countries to fully utilize the provisions in the TRIPS Agreement that would enable them to protect public health (United Nations General Assembly, 2015, p.17).

The Doha Declaration on the TRIPS Agreement and Public Health clarified that the World Trade Organization had some rights to grant compulsory licenses or third parties in situations where states needed to take measures to protect public health. Other measures to promote access to essential medicines included the right to parallel importation as well as an extension in the period of transition for the least developed countries (World Health Organization, 2013).

In determining whether a compulsory licence to obtain essential medicines for reasons of national emergencies, or other circumstances of extreme urgency, requirements, such as the need to show prior attempts to obtain a voluntary licence from the patent holder were waived in the World Health Organization (2013) Declaration. This therefore means that countries no longer have to negotiate with the patent holder prior to issuing to grant a voluntary licence

of such medicines and vaccines can have the patent rights of a
compulsory licence to a government agency or another country that
country facing the public health problem can then import the
sanctions from the patent holder.

The importance of the Doha Declaration on TRIPS and Public Health
the existence of a moral obligation to help persons in need
indicate that the human being is a fundamental unit of moral
provide essential medicines and vaccines to the persons in
without undue restrictions. At an individual level, it accords
can only fully realise his own humanity in so far as he assumes
humanity that is in others (Kant, 2013).

There are three indicators under 3.b. Indicator 3.b.1 measures the
population covered by all vaccines included in the United Nations
Statistics Division (2013). This is a fairly robust measure, since it covers
a particular country for the relevant age group. Care needs to be taken in
the required vaccines in each national programme, which may differ
as measured against globally agreed lists. There are likely to be some
lists, given that the burden of disease in a region such as Africa is
that in Europe.

Indicator 3.b.2 seeks to measure total net official development assistance
research and basic health sectors (United Nations Statistics Division, 2013). This, too, is a good
measure, since mismatching would be more readily apparent when quantified against
the needs of each country. Countries can ensure that they disaggregate
development assistance per disease, for instance, so that funds are
channelled to the most pressing need. Support for access, according
according to 3.b, to be directed towards communicable diseases, which
primarily affect developing countries (United Nations Statistics Division, 2013). The
appropriate reference point for these funds must be the developing
countries and not the preferences of donor countries. Any mismatch between
donor preferences would be ineffective in promoting the health needs of
those countries. Properly directed resources must be the ends

these developing countries in accordance with the Kantian imperative t
in themselves and not as a means to an end.

Indicator 3.b.3 is to measure the Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis. The United Nations Statistics Division (UNSD) is the custodian agency for this indicator. Of note is that this indicator is still a work in progress and is considered under the Tier III category of indicators (UNSD, 2018). This is because it is an indicator that might present difficulties in measurement as it has different dimensions, namely availability, affordability and sustainability; all within a single parameter or indicator. A more manageable measure would perhaps have to measure these dimensions separately.

The core set of relevant essential medicines would be defined by the World Health Organization (WHO) guidelines, which provide a list of medicines that are recommended for the treatment of priority conditions in a country. The choice of medicines to be included in the core set would be informed by the disease burden in the country, safety, efficacy and cost-effectiveness of the medicines, as well as the likelihood of development of resistance to the medicines. The core set would also be informed by the level of health facility in question (this is important as the level of health facility would determine the type of medicines that are available in that facility). This will in turn inform the quantity of medicines that would be available in that particular facility at any given time.

It is important to note that the core set of relevant medicines may vary from one level of health facility to another. This is because it is possible to find disease burden variations in different regions of a country. For instance, in Kenya, as in other countries in Africa, snakebites are more common in the rural areas than in urban areas. In such areas, which are also far from any major towns and health facilities, it is important to have adequate quantities of the snake antivenom in the nearest health facility or dispensary as the case may be. However, in urban areas, where snakebites are rare, such quantities of snake antivenom may not be required. In addition, in some parts of the country, snakebite antivenom is currently not produced locally and therefore has to be imported. This is a challenge that the World Health Organization is trying to address through its Snakebite Initiative. The year 2017 was declared by WHO as the International Year of Snakebite Envenoming in order to highlight the debilitating crisis, in which 95% of deaths occur in Asia and Sub-Saharan Africa.

One notable omission in this indicator as stated is that there is no mention of the availability of essential medicines and vaccines for the target population. This will be important in ascertaining whether any available medicines are effective for the diseases for which they are procured. A look at the Work Plan for this

however shows that there is an aspect of quality being co
finalised. It is still unknown how sustainability, which is part of wh
in the indicator, is to be measured. The Work Plan seem
quality for sustainability in this indicator.

Health financing and the health workforce

This means of implementation is connected to Target 3.8 on
dimension of the health workforce, which was not specifica
Indicator 3.c aims to Substantially increase health fin
development, training and retention of the health workf
especially in developed countries and small developing States (Uni
General Assembly, 2015, p.17).

There are severe shortages of qualified personnel in many countries, but
particularly acute in developing countries. Gabon in 2016 h
the population; while Senegal had 0.068; and Zambia had 0
had 5.23 physicians per 1,000 of the population; France had 3.238
(World Health Organization, 2016). The number of nurses, while more th
physicians per 1,000 of the population, with Gabon and Zambia
2.898 nursing and midwifery personnel per 1,000 of the popu
(World Health Organization, 2016).

Without sufficient numbers of health personnel in each cou
to meet the other targets under SDG 3. Target 3.1 seeks to redu
maternal mortality ratio. With skilled health personnel
complications arising can be swiftly dealt with, and woul
incidents of mortality. This also has a direct impact on Target 3.2 to en
preventable deaths of newborns and children under five. Si
sufficient health personnel to attend to persons suffering
communicable, as well as provide care and treatment for thos

A major problem faced by developing countries is the reten
trained. Many healthcare workers will, for various reasons

countries, emigrate from their own countries seeking bette
opportunities in more high income countries. Mpofu, Gupta and Hays (2016) show the seve
the brain drain that particularly affects the health sector in developi
countries. Quoting the World Health Organisation (2011), three quarters of th
world's population in sub-Saharan Africa bears 24 per cent of the glo
only has 3 per cent of the world's health workforce. A major contributor to this
affairs, according to the authors, is the migration of me
middle-income countries (LMICs) to high income countries (HICs).

Without the requisite health workforce, attaining universal health coverage, as
Mpofu, Gupta and Hays (2016, p. 397) that the exacerbation of the
global distribution of the medical workforce by HICs relian
potential injustice. In terms of the social contract, Rawls's justice as fair
migration would, according to the authors, require that
interventionist approach... and this is a situation that HICs need to ackn
dominant position and seek to remedy this (Mpofu, Gupta & Hays,
pp. 398-399).

From a virtue ethics perspective, a case could be made tha
in LMICs ought to be motivated by compassion and integr
countries in which they receive their training rate highly subsi
governments.

A perspective from Ubuntu would also make the practice of
acknowledgment of the interconnectedness of humanity, as captured
in the phrase "I am because of who we all are"; and of the pre
services for the good of the community (Metsipa-Mutsamiwa, 2013). Medical
practitioners would be expected to acknowledge the social and financial investm
their education and, upon their return, serve the members of the contr
community. While it can be argued that compassion, integ
honesty are of value wherever they are exercised, and thus within, or
by, geographical boundaries, there is a far greater need f
HICs; given that LMICs generally have fewer financial and

healthcare than this. This is a utilitarian argument, since it seeks to e
happiness for the greatest number of people.

The ill-health, suffering, and premature dying of persons in these
experience as a result of a considerable burden of disease that could
mitigate these adverse effects, is an issue of pressing mor
justice. It is arguable that the inequitable prevalence of poor
which have severe resource challenges in the health workforce. In many countries where t
numbers of healthcare workers are already so few as to
health systems of those countries.

There ought to be greater focus by both developed and de
and retention aspect of this migration. Governments of source countries have a moral
ensuring that sufficient numbers of persons are recruited,
deployed within their countries in the areas of greatest need. Sufficient
planning and mobilisation of resources by states, which w
in the health sector can be rewarded and work under decent and hu

From a capabilities perspective, it is clear that while health workers in high-income countries
have a range of capabilities within which they can choose, these
capabilities can hinder, rather than enable them to offer effective, active and timely
compassionate in their care of patients. Even the facilities have
sets expanded when they provide a wealth facility in which they
or effective management of their health conditions. The
conditions in turn enable them to have the freedom to pursue opportunities that
otherwise have been beyond their reach, a career in athletics after
and healing of a broken leg.

Managing global health risks 3.d:

Strengthening the capacity of all countries, in particular developing c
warning, risk reduction and management of national and g
means of implementation (United Nations General Assembly, 20

This means of tackling epidemics inextricably bound up with the need to have sufficient num of healthcare workers on the ground to detect and immedi beginnings of an infectious disease such as ebola, early extremely difficult. Fully implementing 3.c, then, is a critical of developing countries to deal with global health risks.

The indicator for this means of implementation, 3.d.1, is the International Health Regulations (IHR) capacities and health emergency preparedness (United Nations Statistics Division 2018). This is a Percentage of attributes of 13 core capacities specific point in time ; and include surveillance; response; as well as national legislation, policy and financing (United Nations 2018).

One challenge with the IHR is that it is not clear whether any measures taken to mitigate a public health emergency can actually result in the strengthening of a country's 13 core capacities. Put differently, does the collaboration and cooperation of the countries involved in emergency, result in the strengthening of the health systems within the countries? The answer to this question is perhaps not to be found within this one tool. Each country to strengthen its own capacity to work with other countries to ensure healthy lives and well-being for all ages.

Summary

In this chapter, I have carried out an analysis of the epistemic SDG3. Given that SDG3 specifically seeks to ensure healthy lives and well-being for all ages, my analysis has utilised the health capabilities approach that I had earlier established in order to determine what SDG3 ensures with regard to health and well-being entails. My analysis has shown how the targets under SDG3 are interconnected and integrated with the other SDGs and their targets. This interconnectedness indicates that the impact of SDG3 and the other goals must be seen in reference to the other goals. The goals aim to integrate and give a more get

expanded picture of the determinants which Braveman argued are the cru
between the head-to-toe image of the individual

I have analysed the epidemiological evidence base of SDG3 targets and
they set out to measure. I have incorporated indicators under SDG
from related SDGs, with a view to determining their suitabil

Some of the targets and indicators under SDG3 can benefit
particularly what they are intended to measure. Target 3.5, for
the prevention and treatment of substance abuse and harm
indicator, however, does not take into account the fact that persons
have begun drinking alcohol. Such persons would also need
them to stop drinking alcohol. If, however, they are not ca
be left behind. Indicator 3.9.3 instead proposes to measure mortality rate due
unintentional poisoning. The thesis argues that this is a grave unjustifiable
ought to be measured is the mortality rate from poisoning
intentional or unintentional. This should be significant from a practical point of view
effects of the poisoning

I have considered the ethical implications, in relation to SDG3 and its targets
implementation. The ethical implications of failing to achieve
By utilising diverse ethical approaches, such as the Human Rights Approach,
Capabilities Approach, Ubuntu and virtue ethics, it is argued that
SDG3 targets can have some significant ethical implications. My
epidemiological grounding is unique and its contribution to knowledge
such a detailed analysis and ethical critique of SDG3 and its ta
implementation has not previously been undertaken. The literature
consider multiple ethical approaches in my analysis

It is clear that what is at stake when SDG3 and its targets are
viewed contextually, and not narrowly, biomedically, as efforts to
the determinants. These include the many social and material
energy efficient housing, water and sanitation, and facilities, of
economic and other. The positive ethical approach that I use in this

been used to analyse SDG3 bring out the importance of pla
any actions designed to pro-be mindful of health and well
of the individual, will be forgotten and will be left behind.

In Chapter 4, I discuss and analyse potential measures tha
achievement of the SDGs by 2030.

CHAPTER 4: MONITORING PROGRESS AND ACCEL
ACHIEVEMENT OF THE SDGs

Introduction

With 17 goals and 169 targets to be met by 2030 [the nu
targets and 43 means of implementation] there is much to do
SDGs is to be achieved. As at March 2018, 232 indicators (United N
Statistics Division, 2018), some of whose methodologies are yet to be
are not yet operationalised.

232 indicators certainly present a challenge, particularly in terms of
regard to the resources (both human and technological) wh
analyse this data. Collection and measurement of data is central
SDGs because of the way in which the goals, targets and indicators
progress and achievement is dependent on measuring certai

In June 2015, prior to the adoption of Agenda 2030, th
Sustainable Development Solutions Network presented a re
the United Nations stating that, We believe 100 to be the maxim
indicators on which NSOs [National Statistical Offices]
effectively in a harmonized manner (Sustainable Develop
p.2). It would appear that there is much more to be measu
expansion of this number. It is thus current unclear whether NSO
position to expand their capacities to take on the additional
be beyond their capacity to do so. The number of indicators for the SD
however still likely to change, given the ongoing work on the indicators.

The Leadership Council of the Sustainable Solutions Network has
that approximately USD 1 Billion would be required to moni
At least half of this will need to be raised through domes
least $1000m will be required in Official Development Assi
(Sustainable Development Solutions Network, 2015, p.4). As we have
indicators is likely to see an increase in the amount of mo

Since countries are expected to contribute to the annual follow-up for monitoring, the SDGs as indicated is likely to have various challenges in balancing the collection of the required data. These challenges are likely to affect developing countries more severely.

As argued in Chapter 3, however, the appropriateness of s what they are supposed to measure. The principles upon which indicators ought to be based include being simple, intuitive, relevant; commensurable, in line with international standards; relevant people; and able to be disaggregated to track progress for (Sustainable Development Solutions Network, 2015).

Other than the global indicators, which are applicable to a adopt national, regional and thematic indicators to provide some flexibility in what is t country's needs. Regional indicators allow for sharing, review, and reciprocal learning across regions; while thematic indicators which particular communities might wish to contribute to in of collecting, analysing and adapting (Sustainable Development Solutions Network, 2015, p. 37). Thematic indicators include, for instance, health, education (Sustainable Development Solutions Network, 2015). This document that countries and regions might require their own indicators speaks to individuals have of health and the different contexts, such indicators might be needed in countries and regions, which for instance of severe climate impacts.

In this chapter, an analysis of the 2018 Report of the Secretary-General of the United Nations to the High-level Political Forum on Sustainable Development on progress made towards the SDGs indicates that towards the SDGs is generally slow, and in some instances, such increase of malaria cases in 2016 from the figures reported

In Section II, I analyse issues that have been identified progress in these SDGs, measures proposed by various authors states, and other actors, institutions and other entities to meet

relevant analysis incorporate perspectives that link these pro
critiques earlier offered, in order to give a holistic picture
to motivate A significant contribution of this chapter is
Herbert Simon's related concepts of satisficing and bounded ra
guiding the decisions that states will make towards prog
particularly so in cases where states face competing priorities
SDGs and lack data and/or state capacity. I argue that satisficing
determine which targets and indicators they should focus on first
impact. The flexibility allowed to states to differ or set nationally appropr
Agenda 2030 could also be a factor that leads states to focus on actions that
they consider appropriate within their national resources and c

Section 2: The present state of progress on the SDGs

In his report on progress towards the SDGs, the Secretary-General
notes that while the proportion of persons living with their
has declined significantly over the past two decades, there were still 9.2% of
persons globally who were living with their families on less than $1.90 per day (United
Nations Economic and Social Council, 2018). It is important
of the world's workforce (International Labour Organization, 2018, para. 3).
This seems to imply that it does not include persons without
income-generating activity. This percentage is therefore likely
of unemployed persons around the world do not receive benefits, whi
indicates that the rest have to find other means of support
unemployment (United Nations Economic and Social Council, 2018,

With regard to the debate from an individual perspective,
(whether from money or other income-generating activity), compounded by a
lack of cash benefits during unemployment. The economic impact of
unemployment not only by the unemployed person, but also
terms of health and well-being, reflect on the individual's ability
depression, lack of money to afford health care, and the inability to par

meaningfully in social interactions; particularly if the ab
perceived as conferring a particular status or respect.

In terms of progress towards SDG 3, the Secretary-Gen
trajectory towards ending malaria by 2030 ([United Nations Economic and Social Council, 2018, p.5](#)). In 2016, there were 216 million cases of malaria, compare
interrogated to identify causes and appropriate responses when analysing Target 3.8, there are gaps in the indicator
progress in ending malaria ([United Nations Economic and Social Council, 2018, p.5](#)). The report also highlights the use of
evidence-based research on mosquito breeding behaviour

While there have been reductions reported in new cases of
Hepatitis B in infants, the challenges in tackling other inf
communicable diseases. Out of 870,000 deaths which occurred as
water, unsafe sanitation and a lack of hygiene, 329,000 d
years of age. Sub-Saharan Africa, Eastern Asia and Southern Asia bear the highest di
([United Nations Economic and Social Council, 2018, p.5](#)).

If healthy lives and well-being for all at all ages are to become a rea
that all persons have access to clean water and proper sanitation. It
states, in collaboration with others, to provide information and
and ways of reducing the risk of contracting infectious diseases
paid to children under 5, who from the figures given appear
of unsafe water and a lack of hygiene. Schools, with teachers,
institutions, and other entities are therefore to provide education
hygienic practices to new mothers and their families.

The number of deaths from cardiovascular disease, cancer
disease stood at 32 million in 2016 ([United Nations Economic and Social Council, 2018,](#)
[para.1, p.5](#)). This figure does not include persons who were
from these diseases, an inability to, or restricted access to
from the amputation of a limb as a result of diabetes.

The reduction of an individual's capabilities and functioning is a cost of mental ill-health that societies should make efforts to capture such that people can take measures to alleviate impairments to their capabilities and, thus, to improve their well-being. This would have an impact on the freedom and opportunities they have in leading a life of their choosing.

The figure for suicides globally in 2016 remained unchanged at 800,000. This indicates a need, as argued in Chapter 3, for an increased mental illness, as well as availability and accessibility of mental health services. While mental illnesses may not be the only cause of suicide, they are a major contributor to the incidence of, and rates of, suicides and need to be captured.

The health workforce in many countries is also overstretched and can be inadequate to meet the needs of the population. As the Secretary-General's progress report noted, close to 40 per cent of low-income countries and 90 per cent of the least developed countries have fewer than three physicians per 1,000 people, and over 60 per cent have fewer than three nurses and midwives per 1,000 people (United Nations Economic and Social Council, 2018, para. 40). Shortages in the number of health workers is a critical issue which needs to be addressed if the 2030 Agenda is to be achieved. As proposed in Chapter 3, countries must scale up the training of health workers, as well as provide the means to retain them where they are most needed. This is particularly urgent in developing countries.

Other SDGs and targets with a bearing on SDG3 include, for example, SDG7 on ensuring access to affordable, reliable, sustainable and modern energy for all. While globally had access to clean fuels and technology for cooking has increased, more needs to be done, even now, since 3 billion people are still using polluting fuels and technologies for cooking (United Nations Economic and Social Council, 2018, p. 9). Such polluting fuels have an adverse effect on human health, leading to respiratory illnesses and other diseases such as lung cancer and heart disease. SDG6, as well as sanitation and hygiene facilities, is also important. Access to safe drinking water for the population in developing countries has increased from 76 per cent in 2015 to 79 per cent in 2017 (United Nations Economic and Social Council, 2018, para. 60).

Section C: Challenges and solutions to progress in the SDGs

Several writers have analysed the challenges that exist in the SDGs, that may indicators which could pose a threat to the attainment of the goals. It is important to con these challenges and seek to mitigate or remove them, if 2030.

A. Challenges: Gaps in data and sustainability indicators

Chattopadhyay (2016) discusses three prevalent challenges t The first is, "a large and rapidly growing paucity of publicly accessible dat missing notion of sustainability in the chosen metrics; a the distribution of the speed of development" (Chattopadhyay, 2016, p. 3). With regard to the first challenge, Chattopadhyay states that decision-making, the paucity of data hampers effective policy-making (Chattopadhyay, 2016, p. 4) (emphasis in original). Policy decisions made would the actual situation, but the gaps and assumptions or the p countries. This could plausibly result in a focus on the problem and therefore a longer time to achieve the SDGs. This is where the SDGs would not effectively guide the necessary action.

In terms of the sustainability gap, Chattopadhyay notes capture costs and benefits of such foreign assistance, those that help in mitigating climate change, energy sources. Such indicators base existing or past experience, thereby backward looking (Chattopadhyay, 2016, p. 4). One example of a sustainability gap is seen in Indicat in Chapter 3. It seeks to measure the availability, affordability set of relevant essential items (United Nations Statistics Division, 2013). There is, however, no indicator to measure sustainability.

Another challenge involves countries being tied to policies and inves prudent in the short term, but problematic at times, even counter the long term (Chattopadhyay, 2016, p. 4). How to mitigate this challenge i clear, although Chattopadhyay suggests [incorporating] c

quantitative projection data that can factor in uncertain
of probability as Chattopadhyay (2016, p.4). Arguably, such data wou
relying on measures that have a considerable lead time. Unless some way can be
found to overcome this challenge, the present primacy of
revisions that can be measured, would have to do.

The third issue discussed by Chattopadhyay, which raises
the distributional aspect of Agenda 2030, includes the un
intervals. For particular regions (for instance, the World Bank has no
available) - income inequality data for countries in the Middle East
and in some cases the most recent country data are 2010 (Chattopadhyay, 2016,
p.5). Countries will need efforts to collect data at regular intervals
Disaggregating such data would ensure that the voices of marginal
sections of the population are adequately addressed for in s

Proposed solutions: data and sustainability indicators

States will need to gather data at regular intervals if tha
action towards the SDGs (Thomas et al., 2016). We have a view of gathering da
specific context of SDG3. They note that in order to effecti
as health indicators and middle-income countries (LMICs) will have
bigger, and better health information systems, to capture, store, manage, it
information on the health of individuals and the activities of th
health policy and practice (Thomas et al., 2016, p.1446). Thomas et al., also recognis
only be as effective as those who will be required to input data
feeds into it, stating that there is a danger that healthcare providers
requirements to collect data. While Thomas et al., assert
compromise their duty of care to their patients (Thomas et al., 2016, p.1446) do not provide
proposals as to how the increased workload could be dealt with within the heal
system.

One of the possible options would be for governments to
healthcare providers to concentrate on. Such staff would not nec
be directly involved in clinical care, but would instead provide administrative

instance, to seek consent from patients for data collection would be likely to an increase in the budgetary allocation though not from health care many countries are already overstret

Should extra staff who are not necessarily health prof governments and healthcare facilities would need to hav their presence in health care facilities and the implications of their proximity an confidential information. Healthcare professionals maintain the three ethical duties of privacy and confidentiality. Other perso training; and further, may not be subject to oversight by governments would probably need to invest in training that em importance of protecting privacy and confidentiality. This required As Thomas et al., note, Each system will need software and people trained to use and maintain them, and to (2016, p.14). These are just a few of the issues that would regard to the data specifically for healthcare institutions

With regard to Chattopadhyay s observation that in order to ach future technologies, the only way forward is to work with It is not possible to know with certainty the effects of a States, however, ought to have the flexibility to adjust as new technologies prove to be more effective at achieving do. Agenda 2030, as it states in its Preamble, is a plan prosperity (United Nations General Assembly, 2015, p.1) and therefore enough to adjust to what is best for people, planet and p 2030 must therefore be considered a living document circumstances A seemingly rudimentary idea, the overarching focus a view individual health the aim of which Agenda 2030 is to improve the lives of people leave no one behind

[11] In addition to being a plan of action for people, planet and prosperity, Agenda 2030 seeks to strengthen universal peace and calls for collaborative partn individuals) to implement it (United Nations General Assembly, 2015).

B. Challenges of selectivity, simplification, and national adaptation of the SDGs

Fukuda-Parr (2016, p.50) identifies three challenges that w
SDGs by highlighting a risk that the most transformativ
neglected in implementation through selectivity, simplifica
adaptation.

On selectivity, Fukuda-Parr suggests that some of the SDGs, par
tackle structural issues, could be neglected. She gives
implementation of SDG 5, which requires countries to guarante
women equal rights to economic resources as well as access to ownership a
land and other forms of property (Fukuda-Parr, 2016, p.50). On the risk of sim
Fukuda-Parr notes that the language of the SDGs often equates
and sustainability in development, omitting to engage with the complexit
this language, which risks reinterpreting the goals.

The third challenge raised by Fukuda-Parr is that of national adaptation
as there is some flexibility that countries have as they wo
the political pressure on national governments to address
and inequality. It can then be an invitation not to meet the SDGs
(Fukuda-Parr, 2016, p.50). This dilution of the goals would result in
accountability, perhaps a lag in progress; which could result
to meet the goals by 2030. The consequences of inaction would of course
the most vulnerable and marginalised; an outcome that wo
of Agenda 2030, which seeks to leave no one behind.

Proposed solutions to selectivity, simplification, and nati

The SDGs do allow some scope for countries to adapt the go
needs. The risk that Fukuda-Parr raises concerning national adaptation
slow progress in which goals are material if states disagree on the
attempts at making progress, SDGs are only made feeble effor
certain goals.

While it is indeed true that each country will have different
policies and implementation, as emphasised by Fukuda-Parr, that nation

adaptation could be used by governments particularly w
political expedience such an approach. There ought rather t
between national needs and the view of what is lacking from the
perspective of the individual. This would not derogate from, but rather underpin the SDGs

In view of the fact that Agenda 2030 is based on the, the
voluntary national and thematic reviews in Paragraphs 8
take on the character of not just a reporting forum, but a
states representatives actively participate in a dialogue
draw out responses for which solutions can then be foun
spurred on to rise to the occasion and do better particula
it is a lack of commitment by the SDGs rather than resources,
issue.

C. Challenges to actualising SDG interlinkages, trade-offs and synergies in na
policies and processes:

Allen, Metternicht and Wiedmann (2018, p.8) note the limi
areas in assessing interlinkages, in the SDGs, as well as in
policy evaluation and design . Following an analysis of 2
a Voluntary National Review to the High Level Political Forum on Su
Development either in 2016 or 2017, Allen et al., found th
completed the assessment of their national plans and st
terms of policy evaluation and design, and only a few countries had
these plans and strategies. Without the deliberate incorp
the SDGs into national planning, it is unlikely that the
countries perceive the need to address interlinkages in the design of those
strategies.

While Allen et al., state that this gap is perhaps likely to
the SDGs, they also suggest that other factors such as
political dynamics and capacity could also account for these mi

et al., 2018). Xue, Weng and Yu (2017, p.151), also point
impediment to meeting the goals.

Proposed solutions for SDG interlinkages, and gaps in nationa
policies and processes

The SDGs, as I have shown earlier, are interconnected a
viewed in the context of its impact on the other goals. I
view of health-based goals have regard to the determinants o
themselves must incorporate social justice considerations.

One example which shows the interlinkages between different
health, and individual-based action is the exploitation of labour laws and p
within a country.

Lucci and Lally (2016, p.107) note that the most marginalised
be reached is through [improving] the quality of inform
through labour standards and enforcement. Such support can incl
enactment of minimum wage laws, which would see an i
workers (2016, p.17). Whilst this is certainly a welcome move, the
must be followed by enforcement, without which the benefit to l
laws might be lost. In the absence of the enforcement of
constrained to work for whatever wages the employing e
them; given that the alternative to demanding a minimum wage mig
wage at all.

Although there is some evidence that the setting of a m
increase in unemployment (Brunt & Barilla, 2018; Meer
showed results that show an increase, and others show no ch
(Bhorat et al., 2017). An analysis by Lundstrom (2017,
minimum wage, raises the possibility that wage increases the
outflow of low-skilled poor individuals relative to the exit flow of h
individuals (emphasis in original). Lundstrom however co
imperfect tool to address poverty (2017, p.42).

Arguably, those other hand, wage setting cannot afford a vulner
sustainable, existence which is further negatively impacted by
also has a deleterious effect on health and well being.

Spencer and Komro (2017, p.46) note that United States of Ame
economic security policies (including setting a minimum
health and behaviours of persons and families. They stat
the social determinants of health by which systems shape opportunities
disparities in exposures to toxic environments and
protective environments. Further, they note that with reg
wage in particular, these changes can have behaviours while
unhealthy ones. Spencer and Komro provide a summary
increase in the minimum wage is associated with a reduction in mortality
decrease in premature death rates, as well as a decr

Of the studies cited by Spencer and Komro with regard to
only one by Hoke and Cotti (2016) shows specifically, that
an increase in minimum wage is associated with drinking among
teenagers, especially males. This negative effect is offset by
increase in disposable income. A $1 increase in the minimum wage
drinking among teenagers by approximately 9% (Hoke and Cotti, 2017, p.365).

One way of mitigating the negative effects of minimum wage increases
and adolescents is through adopting the measures propo
Target, which include tightening restrictions around the sale of a
teenagers. The setting of a minimum wage in the United K
have resulted in improved reported mental health in perso
reducing the financial strain and deprivation (Reeves et al., 2017).

In Sub-Saharan Africa, the coverage of and compliance with minimum wage la
and few countries have reliable data on wages (Bhorat
introducing and raising the minimum wage has a negative impact or
negative impact on employment (Bhorat et al., 2017), although there are some v
within countries around this finding.

For persons who are employed, if there are improvements that can systems and processes that assist them to register and begi business. One improvement can involve the waiving of processes that ar small and medium sized businesses. This reduction in bureaucratic possible, of the many procedures that are often required by before one can begin operating such businesses.

According to the World Bank Group (2017), the Doing Bu high-and upper-middle income countries have made it easier fo within their countries, while developing economies tend to on this list. Developed countries dominate the top, with over Georgia, a lower-middle income country which has ranked 9th income country, is the top country from Africa, with Mauri the next African country at 69 (World Bank 2017). In contrast, countries in Africa make up the bottom 45, which underscores for the causes of these imbalances to be examined and focused on the most vulnerable, SDG11 on sustainable, in and productive employment and decent work for all, will integrated and indivisible nature of the goals, a lack of s on other goals. For instance, it would certainly impact SDG10 within and among countries.

If the inter-linkages and synergies within the SDGs are to and factored into national plans and strategies, there m citizens of each state into their national plans and stra effective way in which persons can do this is by holding that they are taking to ensure that the SDGs are reflecte plans. Without the active participation of citizens, there is the r political expediency might trump what is of moral concern goals will ultimately not be considered a priority.

As entities tasked in the Agenda 2030 to ensure the succ states will need to hold themselves accountable to their cit to be accountable to ensure that they are taking measures t

goals. Individuals have the obligation to play their part in a
pursuing accountability by the leadership.

D. Challenges in assessing SDG targets and indicators:

Complexity and vagueness

As earlier discussed, (Pandey, 2016) there is a risk that seeking to simplify
SDGs, the various dimensions may not be fully addressed. It has
been argued that the goals are complex, but that this complexity ought

Xue et al., (2017, p. 151) complexity of the problems aiming
the SDGs and their targets as an important step in the right
the interlinkages among different goals could enhance the
and reduce the related costs. Other challenges attributable to the c
the goals and a lack of capacity within countries, there
large number of indicators, as well as the vagueness o
efficient; and substantiated (Xue et al., 2017, p. 151) consider to be difficu
measure with any exactitude.

Proposed solutions to the complexity and vagueness of SD

There are several aspects to tackling the complexity and v
indicators. One of the ways in which the complexity might be
simplifying the language that is used in the targets and
from diverse groups can better engage with large number of
the SDGs also contributes, as does the existence of
unsuitable for what they are. Instead of aiming to measure different
across the globe will have varying experiences of the
by their social, cultural, environmental, educational,
context. There would therefore need to be some level of flex
to adapt some of the goals to their local circumstances of the
the complexity and vagueness of SDG targets and indicato

Adaptive governance:

Xue et al. (2017) suggest an adaptive governance approach to rather than a reliance on the traditional mechanisms which inv negotiation and rigid implementation (Xue et al., 2017, p.157). Describing ad governance as that which can recognise the complexity alignment between high level goals and local arrangements; recog of local contexts and experiences; and is subject to con continual reinvention to achieve ultimate goals, Xue et al. propose this ap suitable for the SDGs since they consider the different contexts of

It is however not immediately apparent that an adaptive into account individual-level health and well-being. It may turn out to be the adaptive governance approach glosses over the needs of ma persons using the reason that particular needs are not a risk that adverse effects on individual health and well-being could escalate

Communicating the messages of the SDGs:

With regard to the communication of the SDGs, it is important that the message of the effectively communicated to the public in their meaning.

Various organisations have undertaken similar initiatives in an attempt to simplify the SDGs. Two examples of these are the International Disability and Develop (IDDC) (2013) and the United Nations Regional Information (UNRIC) (2017). The efforts aim to simplify the complex goals and make them accessible to persons at least have an awareness and understanding of the basic ongoing supplementary efforts at education and advocacy, such as those by institutions to expound further on what the goals entail.

In the Easy read version of the SDGs created by the IDDC instance, SDG1 is stated as, Stop poverty around the w being poor, it can mean not having other things you need p.3). SDG3 is stated as, Make sure people are in good hea decisions to stay healthy all through their lives (IDDC, 2013, p.8). These are good

statements as a beginning, since they necessarily would
and thereby trigger a conversation as to how these goals can

UNRIC has approached the SDGs by focusing on how to interact
goals using a board game. Described as a do it yourself
that, alongside a printer, a pair of scissors, some tape
playing . As at the end of 2017, the game was due to be
and Italian languages, in addition to English (2017). This
children targeted are aware of the goals and to provide an opportunity
them to begin playing a role in working towards the goals
adulthood, they are likely to be aware of what action needs to be
progress towards the goals; or to come up with other goal

Every state and global region can take the initiative to fi
the message behind the goals in ways that can be locally
This is an endeavour in which civil society and other actors can also parti
Therefore, for instance, while children in Western Europe
might have ready access to a printer, children in many
not. The board game could therefore, for instance, be t
languages spoken within Africa and made available for ch
and other local events. The game could also be adapted,
board game, but perhaps in other formats such as online
narratives. Adolescents and older children can also learn
appropriate for their level of development. Discussions could perhaps
be arranged where young people discuss creative ways to solve the c
the SDGs, with the added incentive of seeing their id
Complexity in the goals and targets can be ov

Some ethical perspectives on simplifying the SDGs:

Efforts at simplifying the SDGs demonstrate an awareness of the importa
inclusiveness, and the acknowledgment that each person
influence his or her immediate environment. The opportu
contribute to the well-being, fulfils the Kantian imperat

persons as ends in themselves as bystanders on whose be
made, but as persons who can make a valuable contribution to the

From a virtue ethics perspective, participation by perso
poverty (SDG 1); ensuring good health and well-being for all (SDG 3); and p
restoring and promoting the sustainable use of ecosystems (S
fosters virtues such as empathy, compassion, responsibili

Regarding responsibility, for instance, Williams (2008) says that
the idea is to respond to a plurality of reasons (p. 458). He elaborates
there are two distinctive features of human agency applic
to children or animals); and to certain forms of collective action. These are
first, the capacity to move between different frames of re
for past actions and plan for the future (Williams, 2008). He explains fu
that, When we praise an agent as responsible we are ack
judgment and initiative with regard to the (changing, var
demands she encounters (Williams, 2008). With regard to the S
therefore, a willingness to participate in actions to advance
indicative of personal as well as institutional or collectiv
Williams use of the word 'agent' to include individual persons and col
(Williams, 2008), it certainly would be a great achievement we
met by all countries by 2030. However, there is value (a
and personal growth and development to be gained just b
geared towards advancing the goals. In short, whether or not
participating and contributing to efforts to meet the goals

With regard to practical judgment, which would be requ
normative dimension, Williams says:

> The most consequential form of irresponsibility consis
> by ignoring some normative demands. Judgment and initiative, imagi
> and commitment are our resources for discerning a
> possible and appropriate by way of response in terms of individ

acts, but also courses of action (Williams, 2008, p. 460 policie
461).

State plans and strategies too, ought to reflect carefully
which conform to social justice considerations. The views should
consultation with those citizens who would be the persons affe
actions taken or not taken.

The SDGs have been further explained in the preamble to the agreement, wh
on what were considered the most pressing social issues. Targets
indicators to track progress were developed to assess whether, and that data will be
the fulfilment of the SDGs.

Hák, Janoušková, and Moldan (2016, p. 567) support the evaluation of
sustainable development indicators by certain criteria
legitimacy (see CREHLÁK et al., note that despite priorities and
offs between these criteria, the indicators framework should
Thus, legitimacy in the indicators will be assessed [if] the
stakeholders divergent values and beliefs are addressed, a
opposing views and [if] [e]ach (2016, pp. 566-567)

Appropriate will be with what there ought not to arise a situati
by a state taken in complete disregard for people's values
interests can be satisfied, all persons must be offered t
delicate balancing act to ensure that credibility with relevan
regard to the SDGs that seek to promote peaceful and inclusive
sustainable development, provide access to justice for al
and inclusive institutions at all levels (Goal 16, together with its
accompanying targets such as 16.7: Ensure responsive
representative decision-making at all levels (United Nations General Assem
p. 25).

E. Challenge: Lack of statistical capacity within countries

Several authors have pointed out the need for data in order t
(AbouZahr et al., 2017; Chattopadhyay, 2016; Hyams, et &
2017; Schmidt-Traub et al., 2017; Xue et al., 2017). A key cha
but particularly for developing countries. This is the lack of
lack of-to-date data; data gathering that is driven by donor
requirements; and a lack of statistical capacity (Abalu, 201
Xue et al., 2017; Marmot & Bell, 2018).

Schmidt-Traub et al., raise another challenge regarding data
data are needed, but it will take years to build the nece
adequate resources were mobilized, which is currently not the
the deadline for the SDGs set at 2030, any delay in obtai
result in many countries failing to meet the goals by the dea
track their progress effectively and ready to report on the goals.

Proposed solutions to lack of statistical capacity within countrie

The lack of statistical capacity within countries should be
the training of people within countries that have such gap
to build up the required capacity for data collection a
analysis that is necessary for the purposes of monitoring the SDGs goals

In the interim, countries have an abundance of expertise in
setting up statistical systems, financial resources can be
dedicated to strengthening capacity as well as fostering collaboration
to countries which have fallen.

F. Challenge: The influence of neoliberal mechanisms:

Scheyvens, Banks and Hughes (2016, p.376) note that wh
is one of the actors in Agenda 2030 which the SDGs, the
the critique that there exists an insufficient challenge to
have created many inequalities and poor development res

et al., note that having a liberal mindset in terms of inequalities, mechanisms ought not to be relied on to solve the very about. They argue that this is a key factor in the involvemen sustainable agenda, with its focus towards voluntary change r for instance. Further, they note that the structural caus addressed; and propose that changes need to be made i which is currently dominated by powerful corporations and oth Chapter 2, the balance of influence is also unfairly sk countries, which command a disproportionately larger sh power within global institutions. This power ensures that they followed globally. If the needs of developing countries ar there ought to be a corresponding effort at ensuring that representation prior to, and during the point at which dec are made. This will necessitate reconsidering the mandat well as their restructuring to better accommodate Pogge and Sengupta (2015, p.574) argue, even official development ass indeed substantially improve the trends in global poverty cannot fully neutralize the centrifugal tendencies produced by world economy as presently structured .

Proposed solutions to the influence of neoliberal mechani

By adopting Agenda 2030, leaders of the 193 countri commitment to take the steps necessary by 2030. The SDG ending poverty, ending hunger, ensuring healthy lives, sustainable consumption and production patterns cannot radical shift in the structural environment in which global tra argued by Pogge and Sengupta (2015); Scheyvens et al., this thesis, the success of the SDGs requires that instit order to begin dismantling the inequalities in trade and the unjus developed countries have by virtue of their dominance of making bodies. The result of this dominance is a world economy that operates in a manner not only to ascribe more

health, well-being and voices of particular individuals, insti
countries (especially from developed countries), but als
institutions.

Without fairness in the representation of both developed a
institutions, the voices of developing countries (and henc
and well-being of individuals in those countries) are not ad
policies of a global institution such as the World Bank set
goals to end extreme poverty as well as promote shared
2013a) are therefore unlikely to achieve the success stated go
these policies are not inclusive or representative.

As I have argued in previous chapters, we need to consider health a
from the individual's perspective in order to appreciate how the adve
globalization has affected individuals. This in turn can only be done
scope of the state's obligations, as well as the reforms and actions
actions that states would need to take in order to protect

G. Challenge: Financing the goals

As Schmidt-Traub et al. (2017) indicate, one of the major cha
financing of the goals.

Lucci and Lally (2016) note that critical areas for finan
vulnerable include education, health, and social protection. Wi
that despite African Union signatories to the 2001 Abuja
15% of annual budgets towards health, only 8 out of 49
during 2008–2009 and only 2 out of 49 allocated at least 10% (Lucci & Lally, 2016, p.19). These are dismal numbers. In view of the fact tha
years after the commitment to the 2001 Abuja Declaratio
pointer to the kind of challenge that will be faced in se
SDGs.

There have been various estimates regarding the gap in most of
between US$ 1.5 trillion (Niculescu, 2017); to US$ 3.3 trillion (Rao, 2017); and

uncertainty as to how much it will cost to implement the particularly if countries allocate fairly large sums to meet the for the goals.

Part of the uncertainty may be caused by the indicator revisions and additions emanating therefrom. However, such a broad variation in terms of anticipated costs; and possibility that countries have not yet considered what it implement the goals fully. If this is indeed the case, ther implementation of the SDGs may when the actual costs of imp clear and many find that they cannot then commit to fundin

Proposed solutions to financing the goals:

With regard to financing the costs for the SDGs, that first there is as yet no agreement on the costs involved. The goals have been extremely wide variations in the proposed thus far

As a first step, the United Nations High Political Forum (HLPF) on Development which is the main platform for the follow SDGs must make efforts to engage a group of independent experts from into and report on the anticipated costs. This group must contain experts from a range of disciplines so as to give a accurate picture the costs as would be possible on the information available. The exper required to issue their joint report to the HLPF within a report subsequently forming the official estimates of the

As Agenda 2030 is based on the voluntary commitments of non-state actors and they would have an important role to pla leadership of each state accountable for budgetary res implementing the SDGs. In this age of globalization and countries around the world can mobilize each other and that can keep the SDGs at the forefront of strategies. This would be crucial in ensuring that states honour the comm

developing countries for Official Development Assistance
on developed countries to implement fully their commitments for ODA tha
to developing countries, thereby providing further evidence that
in both developed and developing countries can use va
media, door-to-door visits and public gatherings to campaign for
commitments made by their governments in meeting not just SDG 17's ODA, but
those geared towards meeting all other SDGs.

H. Challenge: lack of interim targets in the SDGs:

Another area in which commentators such as Sachs (2012) and Madeley (2015) recognise
that the SDGs might fall short is the lack of interim time targets .

Many of the current targets, especially those to do with
which is the aim of the SDGs. As such, waiting until 2030 wo
make adjustments in case countries are falling behind. T
can help to set what Sachs calls intermediate milestone
progress in meeting the goals by 2030. Additionally, a more immediate deadline can be
achievement of particular targets such as the SDGs milestones
achieved within, say, the first five years of a particular SD
another good five years, which would build on the first, and
on, until 2030. This approach would require that the ind
goals are, in practice, currently not the case and would therefor
that apart from other considerations such as national pla
would have to be those for which indicators that are br
available.

Proposed solutions to the lack of targets within the SDGs:

The lack of interim time targets for the SDGs (2015) and concern
Sachs (2012) an important issue to consider.

Pogge and Sengupta's (2016) approach on the issue of t
takes the view that there is a tension between presentin
of (human) rights and presenting them in the package of

Sengupta, 2010, p. 684). They hold that rather than a focus on prog
goals, an approach encouraged by the development language of
deprivation and suffering, deprivations that must be ended. We might
severe deprivations constitute unfulfilled human rights, or
even human rights violations, that categorically require immedia
remedial attention (Pogge, 2010, p. 684).

One of the ways in which persons can hold states to their
human rights. Whether human rights are conceived of as
being human; as political values chosen through social ag
on behalf of those subject to them (Beitz, 2015); or as the means through
which individuals hold states to account for concerted action o
issues including health. The protection and enhancemen
is an essential component of any state effort, and legislating
progress of initiatives geared towards fully if also embodi

Pogge and Sengupta consider it unacceptable to describe such
poverty. They criticise the language which, they suggest, falsel
that present severe deprivations can somehow be render
acceptable, by the fact that like deprivations had been ev
the past (Pogge & Sengupta, 2016, p. 86). Pogge and Sengupta make a
argument that is indeed inexplicable for governments to delay
deprivations for which they have the resources to elimina

The issue, however, is not necessarily one of delay, but rather, the
collective will of the people, and states, to act with urg
that are required in these circumstances of deprivation. T
the SDGs against the immediate circumstances that lead
hunger, for instance.

A state could conceivably choose to immediately ensur
boundaries suffer hunger and find ways to provide social protect
it, such that nobody is deprived of shelter, food, or warmth
wait for the year 2030 and, if by then, meet all the compet

valid demands all parties are due to financial or human re
constraints. There are constant trade-offs to be made and priorities to be
here that Williams (2008) characterisation of the meaning of respon
becomes explicit. As Williams says, responsibility is not only a
readiness to respond to a plurality of alternatives (a moral agent
which, for a collective body) exercises judgement and
extending what is possible and appropriate justly in favour of
individual acts, but also courses of action (Williams, 2008,
pp. 4-6).

There is an urgent imperative for states, societies and individuals to
ensure good health and well-being for their peoples. However, the
human rights that gives urgency to this imperative is the normative concern
to every human being, with recognition of the diminishing e
deprivations have on a person's well-being, agency, dignity a

O Neill (2002, p.42) provides an interesting perspective
in order to establish intellectually robust norms for hea
better to begin from a systematic account of obligations
notes that while rights require the ascription of
obligations make for easier assessment since they state
(O Neill, 2002, p. 42). This is arguably true because
the obligation is explicitly indicated. In the Agenda 2030, for in
states (as the parties which adopted the Agenda) have a primary obligation to
SDGs. However, the obligation towards the SDGs does not be
Non-state actors, corporations, institutions, other entities
obligation to participate in activities that would help mee

It is certainly important to have such a place properly articulated
state who has to do what it does, whether through omission or fail
by a state to expressly include certain rights within its co
not negate the existence of its obligation to act in a manner
health and dignity. Neither does it excuse states from fac
through which persons can thrive; particularly if we want to

already has simply on account of being human. The mora
provide the impetus for actions that acknowledge moral co

States and other institutions have a facilitative role to pl
possible, the enjoyment of individual rights protected and enhanced. State
ought therefore to ensure that each individual has the opportunity to mea
participate in any decision which affects him or her, and to choose from wh
he can choose what best serves his or her interests. We cannot genuinely tal
person exercising choice when there is only a single option available
single option does not satisfy the need that we have in mind, fo
hospitals and other healthcare facilities which are poorl
lack the healthcare professionals who can provide care
those hospitals.

The language of development is perhaps an acknowledgment tha
mechanisms which have created the present inequalities
having them addressed considerable time to take root. This is not t
much time to dismantle them as it has taken to create them. Progress
that the factors which have influenced the present state
not only financial resources, but also time, to overcome.
immediate right to nutritious and sufficient food, for all
will be of no meaningful effect after all, if there is no ac
food; owing perhaps to the state's financial or logistical

Time is also a necessary and inevitable constraint for some aspect
their targets and means of implementation. An example is the aim of
SDG3 (3.c), which requires substantial, rapid and sustained increase in
health workforce in developing countries, especially in le
island developing States (United Nations, 2015). The
requirements of this aim is clearly that it cannot be achieved
once, specifically, the training and development aspect. Should states
already trained health workforce from other countries, the result is
good to the states whose trained workforce is depleted, but
where the emigration of these workers in turn results in

their own countries. The ethically dubious aspect of such
where the hiring of health workers from
to foster the training of the local workforce – which is
as the solution to health workforce shortages in
training and deployment requires sufficient time; and this time c
proper training, development and retention of health work

Section 5: Satisficing and Bounded Rationality

With the majority of the SDG targets having a 2030 timeframe
need for focused action that provides measurable progress
Having interim timelines for targets can act as an early warning to inform a
focus where greater effort is required for achievement by 2030.

One of the ways in which this can be done is by employing the concept of s
approach which provides the impetus to move the SDGs from a
Often attributed to Herbert A. Simon, satisficing is a combination of
satisfactory and sufficing (Bogataj & Bogataj, 2007; Wright, 2012; Mpofu, 2013). As Stütt
al., note, satisficing is a simple choice rule in which the first
according to its common usage (Stüttgen et al., 2012, p. 179). Simon says,
Scottish word satisficing (=satisfying) has been revived
decision making that sets up an aspiration level (Simon, 1955,
1972, p. 168).

A satisficing approach towards the SDGs is worth contemplating for
Firstly, given that the 17 goals and 169 targets have been
some writers (Farrukh, 2016; Xue et al., 2017) for states to find s
of successfully having attained the goals and begin the importan
to achieve them by 2030.

Secondly, is the challenge posed by the SDG indicators. The prese
one where some indicators are yet to be finalised; others ar

seek to measure; and others, as argued by Chattopadhy
formulated at present in that they cannot anticipate the co
technologies.

The incompleteness of the information required for measurement of SDG ind
can thus only result in decisions being taken on the basis of p
Under Indicator 3.b.3, countries are supposed to measure the proportion of
health facilities that have a core set of relevant essential m
a sustainable (United Nations Statistics Division, 2018). Should a state not have
capacity to collect data from every health facility, a decision is often made
at gathering data from a few selected provincial hospitals. By
doing, it would be omitting several district hospitals and health facilities
dispensaries which may have gaps in SDG 3 service provision
measures and thresholds that they should meet. Such decisions themselves
made from a point of bounded rationality (Simon, 1955).

Bounded rationality, a rationality that is consistent with ou
choice behavior, assumes that the decision maker must s
egregiously incomplete and inaccurate knowledge about th
and chooses actions that are expected to be satisfactory (
constraints (Simon, 1977b, p.

In my illustration above, I took a decision to focus on the physical availability
affordability of core medicines as perceived in health facilities
operative constraint is the lack of capacity, and the choice i
provincial hospitals taken to be representative of the state
hospitals and dispensaries (this may not actually be the case,

Decisions made from a position of bounded rationality result in so
options that are good enough, given the agent's constraints

Barros (2010) states:

> According to this hypothesis, decision makers, instead
> values in a given choice setting, engage in a search for alternatives

> good enough according to established criteria. The de
> make optimizes he or she chooses an alternative that is
> by a criterion that allows comparing all alternatives b
> decision maker finds he or she chooses a satisfactory th
> exceeds a set of minimum acceptability criteria, if he or she choose
> alternative, but one that is not necessarily the unique,
> original).

Simon has suggested some factors that put pressure on an agent's ratio
include risk and uncertainty, incomplete information and knowledge, and
would prevent the agent from calculating the best course of action (Simon, 1
rationality is thus bounded; and the agent attempts to find a satisfactory
given his existing limitations. Additional limitations identi
human information behaviour are interpersonal, in that people (human
on the old, tried and true sources that are known and available to them
preferences.

With incomplete knowledge, indicators, data collection capacity, uncert
concerning which indicators present the best alternatives,
will of necessity involve satisficing. The flexibility allowed to differen
appropriate targets is also going to be a factor that will se
consider appropriate within their national resources and ca

The question arises as to what makes a decision rational. Simon (1972, p. 1
describes rationality as a style of behavior that is appro
goals, within the limits imposed by any given conditions a
theory of rational behaviour, Simon presupposes a human
decision. He states that a significant difference between individu
organizational rationality is the assumptions that theorists make about
conditions, and whether these conditions and constraints are
is, in the surrounding environment, within the agent's knowledge and co
limitations as a processor of information. Theories that
constraints on the processing capacities of the actor are known as b
bounded rationality (Simon, 1972, p. 162) (emphasis in original).

From the above explanation, it is very clear that the term decision-making is extended, and is applicable to, decisions made by states as well.

Firstly, is the reality that decisions taken on behalf of states are made by humans behalf of those humans being staffed with the responsibility for making decisions on behalf of institutions and organizations. Agenda 2030 was a decision of 193 countries on behalf of their respective citizens. For the purposes of coming up with indicators is currently undertaken by the Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs); a group of persons who present regular updates to the United Nations Statistical Commission (United Nations Statistical Commission, 2015). Any decision made, by an individual or a corporate organization is therefore ultimately made by a human, or a group of human beings on behalf of state or organization.

Secondly, external constraints are applicable to both human and organizations. Take the example of a state which must decide on a focus on within the first five years of the SDGs; given its financial capacity. An organization which is seeking approval to launch a product and must then seek regulatory approval for this product. A person would like to attend an international conference, and must decide how and whether he can obtain visa within a certain time frame, and the airline and accommodation. These are external considerations influenced by factors outside of the agent.

There may be formal or informal guidelines or rules, applicable which give direction to two human agents tasked with making decisions. How entities can navigate these external factors and arrive at an effective guidance framework. However, they may also create ant particular external factors; provide a guide or structure or stage problem, after which the human agent must fill in the rest of the

In such a case, guidelines may be incomplete to provide a clear favored option over another in an array of choices, the human agent or corporation will arguably resort to his own internal capacity. This in turn influence the decisions state or organ

will take. Such a situation could plausibly arise when a go
of policies to pursue, for instance, in order to ensure suf
healthcare facilities. Although both indicate advantageous for both
and privately-financed facilities, the cabinet within that governm
publicly-funded and privately-financed facilities; with the proportions of
following discussion and consultation. In such cases, the final decision
president or prime minister.

Bounded rationality can therefore influence human agents w
own behalf, as well as on behalf of organizations, such as states.

Satisficing and interim targets for the SDGs

Considering the complexity of the SDGs and their targets; t
indicators; and the 2030 deadline for their achievement, it
make decisions regarding which SDG targets to focus on
rationality can have an impact on states as well as on ind
countries can begin to make headway on achieving SDG targets by making
that this is particularly so in cases where states face incentives
for the SDGs, a lack of interim time-targeted, and data-driven
satisficing approach can help states decide which indicators the
focus on first in order to have the flexibility and power to differ
set nationally appropriate targets 2030 could factor into what sta
use in order to take actions that they consider appropriate within their
resources and capacities. As Simon notes, satisficing involves a process of d
alternatives considered appropriate for reaching a desired en

Whether there are inadequate or increasing returns in progress towards its
own threshold to gauge. The threshold set would be justified
constraints the state faces and reasonable estimations of their own
progress. The SDGs, which three years ago were unveiled earlier than 2030 is
an interim target with a deadline that is set to expire after su
accountability to its citizens, the reporting on need-to-be-met targets requirin
that progress to point be made at various forums by the institution

with governmental responsibility for this could be used to encourage
Citizen invasion can also spur accountability where progress re
withheld. In this way, each state would be encouraged to set more ambitious
goals; aware of the necessity to take action; information is made available
to it.

Summary

The 17 SDGs, 169 targets and currently 232 indicators pre
terms of seeking ways to work towards their achievement
Secretary General's report 2017 on progress towards the SDGs shows that there
work to be done to make progress on the goals. While there
some aspects such as a reduction in the proportion of p
globally, the number of poverty overall is still unacceptab
health has experienced a decrease in the number of new cas
tuberculosis, HIV/AIDS, as well as Hepatitis B in infants; b
to 216 million in 2016, up from 210 million cases in 2013. The n
urgent effort by state actors and individuals to meet the SDGs by 2030
evident.

Several challenges to the implementation of the SDGs have
persistence of neoliberal mechanisms which have themselv
glaring inequalities that the SDGs are now attempting to re
for these neoliberal mechanisms to be dismantled, there is
global institutions, as ideological changes in the way state
promoting the health and well-being of individuals. Other challenges include gaps i
lack of statistical capacity, the risk of states selecting which
on based on political, and not the inadequacy of interlinkages between
strategies and the SDGs. States with sufficient training capa
collaborate to assist other states in need of such capacity so th
data that would be useful for planning and determining area

Financing for the goals remains a major challenge because there appe
present no clear estimate as to how much it will cost overa
an anomaly which makes it difficult for proper planning for
United Nations' High Political Forum (HLPF) on Sustainable
engage independent experts from around the globe to look
costs for implementing the SDGs. Developed countries
commitments for Official Development Assistance and peer
state actors can also play a role in mobilising funds for
multinational corporations and other private enterprises ca
the SDGs in their policies and strategies.

With a deadline of 2030 to achieve the SDGs, time is of the
each other accountable, particularly during the voluntary
must not merely be a reporting forum, but also foster
progress or inaction. Citizens of various states also have a
to account. Both states and citizens have a responsibilit
engage with and respond to the enormity and normative
initiative as to what actions need to be taken in respons
Sengupta (2016) also challenge the language of the goals;
delays in the removal of the requisite, however, it is not nec
language of the goals that is the collective will of states and citi
existing deprivations within the shortest time possible.

Finally, Hulme argued in favour of the adversity reduction
can be used by states to set a progressive floor for the SDGs
where states must make decisions without the benefit of complete infor
where states must act within certain constraints (lack of data
capacity, etc.) and set its own threshold measure progress in the
threshold set would be justified by reference to its existing
set their own interim time targets to gauge their progress
they are making towards achieving the SDGs.

The state can ensure accountability by holding regular reports on the progress towards the goals where the state reports on the progress it has made. Education policy must be alive to the need for making continuous progress towards the goals

In Chapter 5, I provide a summary of my previous chapters and also highlight recommendations for policy and practice.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIO

This thesis sets out the case that Agenda 2030 and the SD
to spur action towards achieving global health objectives.

Chapter 1 began with a contextual overview of the current state
of globalization. Using illustrations from the workplace across t
between and among corporations, governments and other
and amongst, highlighted the interconnectedness between persons
across the globe. I analysed some of the diverse discussio
and its historical origins by various authors, ways by which
globalization is perceived to be shaping our world.

I argued that some aspects of globalization impact such economic and
systems appear to attract particular prominence, the effect
have been explored with most of the literature on globaliz
globalization's effect on the macro environment. I made th
given in the literature globalization affects an individual's healt

I made a contribution to bridging this gap in knowledge that
on globalization by demonstrating that the effects of glob
immediate and personal areas of an individual's life such as
globalization, namely: the threat of terrorism, threats to
effects on physiological health, to show the need for a p
focuses on the health and well-being of individuals, in the prominen
environmental narratives of globalization.

I made the argument that the negative perceptions that m
globalization are linked to the lack of acknowledgment by
individual health-seeking. I buttressed this claim by using th
namely: exclusion from meaningful participation in social a
influence positive change in one's own life situation; and
physiological risks to health, in order to show how these th

I then made the claim that the Sustainable Development G attempting to take the negative effects of globalization on health and well made the case that the SDGs seek to reorient the place of th globalization since they consider health from a wellbeing perspective of rather than considering individuals as subject whom the effect globalization must inevitably occur.

Chapter 2 developed an understanding of what it means to be in a state of wellbeing from a capability perspective of the individual.

Beyond a narrow, biomedical definition of health, I explored the broader moral significance of health. From analysis of seven philos approaches that include Kant's approach, the Capabilities Appr utilitarianism, virtue ethics, and Habermas's communicative rationality, I justified this ana being from different philosophical approaches by making th wellbeing from diverse perspectives is required in order to c of wellbeing as it is understood and experienced differently by persons in different cultural, religious, educational, social, economic, and othe

I emphasised the need for a more holistic view of health in which state of wellbeing is the health of individuals and their interac determinants of health, which I argued are composed of these relations o social justice.

Using Rawls's justice as fairness, and a critique of his theory, I demonstrated that justice considerations must be taken into accou determinants of health in pursuit of Agenda 2030's contribution to th showing that determinants of health which are considered as crucial link between the state of health-being of individuals, via analysed broadly using diverse philosophical approaches.

I carried out an analysis of what the SDGs and targets states are suppo take Agenda 2030 in order to achieve the SDGs' aim of the broader

view of individual health and arrived at the conclusion that Agenda 203
generally coheres with ethical ideals of the good life and individ

I critically explored the influence of reason, motives, attitudes and intention
action, justifying this examination with the argument that these three philoso
have an influence on the sustainability with which ought to be taken by sta
agents towards the provision of the determinants of health and
mismatch between actions and the reasons, motivations and in
those actions undertaken, can lead to harms to individual healt

Chapter 3 contains a detailed analysis of the epidemiological
including its targets, indicators, and means of implementati

I justified this analysis of SDG3 in two reasons. Firstly, since A
SDGs are the outcome of a global consensus to 2015, yet S
which specifically mentions the right to health, there is a global
conception of the well-being entails.

Secondly, argument that made earlier from, amongst others, Venk
(2007) and Daniels, (2001) that health extends far beyond a
definition that is focused on alleviating morbidity and mortality
Analysing the broader implications of SDG3 beyond a narro
was necessary in order to consider what differences these could

Thirdly, was the need to address the Agenda 2030's claim that all the SDGs are integrated,
interconnected and indivisible. My analysis has proved this
the impact of SDG3 (and all other goals) must of necessit
reference to the others. As the reader will have earlier argued in Chapter 2, the de
are the link between the broader conception of health and
was therefore also necessary to consider the ethical implications of SDG
indicators to other goals. My analysis of SDG3 utilised perspectives from philos
approaches such as cosmopolitanism, deontological approaches the
Capabilities Approach.

The fourth justification for an epidemiological approach to SDG 3 is that it can help to answer questions such as why there is a higher prevalence of HIV in Venkatapuram and Marmot's (2009) multidisciplinary reasoning and engagement with the determinants of health as well as epidemiological analysis. My focus on epidemiological analysis which is the SDG 3 combines epidemiological grounding via the contribution to knowledge given that a detailed analysis and ethical critique of SDG 3 means of implementation previously been made available. Our contribution knowledge by incorporating epidemiological approaches in SDG 3 analysis.

My analysis revealed that the targets and indicators suffer from SDG clarification and expansion, particularly in what some of the indicators are intended to measure. Other factors identified include the exclusion of certain ongoing indicators, and the unjustifiable and ethically problematic practice of using proxy indicator.

In Chapter 4, I explored the measurable actions, statistics, and individuals can take in order to accelerate progress toward

I analysed aspects of the Secretary-General's United Nations to High-level Political Forum on Sustainable Development and towards the SDGs is generally shallow, and in some cases

I also explored some of the issues that have been identified as SDGs as well as measures proposed by various authors – actors, institutions and other entities to contribute to the SDGs that link these proposals to countries' individual circumstances carried out earlier.

I defended the novel thesis that Herbert Simon's concepts of satisficing bounded rationality are highly relevant to guiding the decisions that states progress in Agenda 2030. I argued that these concepts are relevant in where states face constraints such as a lack of data on the SDGs and a lack of collection capacity. I argued that satisficing can help states to and indicators they should focus on first in order to have

that the flexibility allowed to different states to customize their national Agenda 2030 because a factor that leads states to focus their actions that they consider appropriate within their national resources and cap

Recommendations:

In this final section, I will take key recommendations of the report need to finalise the SDG indicators as soon as possible; at the same time, it will cost to finance Agenda 2030; and the importance of having a view of Agenda 2030 that goes beyond 2030.

i. The need to finalise the indicators:

With the increase in the SDG indicators from the present 100 in 2015, to th 232 as at March 2018, there will certainly be a challenge in number. Compounding the difficulty even further is the fact that by the Inter-Agency and Expert Group on SDG Indicators (IAEG-SDGs), as discussed in Chapter 4. In view of the 2030 deadline for the SDGs, it is a halt to the consideration of any additional indicators, to review some indicators; or a substitution of those which are deem seek to measure as discussed in Chapter 3. While this is IAEG-SDGs some time, states will have to proceed to meet th which indicators are available; with whatever resources the

ii. The need for certainty in financing:

As indicated in Chapter 4, there is as yet no agreement as finance the goals. The estimates for financing the goals wh USD-7.5 Trillion (Niculescu, 2017) and USD 2.7 Trillion by 2

apart as to suggest that no serious global effort towards achiev
aspect of the SDGs. This is a glaring anomaly which is lik
the goals. It is regrettable that such a fundamental aspect
can be made, is as yet unwritten. Climate change has an impact not only on S
and well-being, but on all the other goals. UHC and financial r
absolute numbers without the necessary financing; as is Targ
the number of deaths and illnesses from hazardous air, water and s
water treatment plants and chemicals, for instance; and th
cooking methods; as well as the retrofitting of existing industries
if not their shutting down. These would then have to be r
alternatives; training of workers carried out.

If there is no clarity with regard to the global cost of finan
even greater challenge estimating the cost, given the fact
many states, particularly those in developing countries, grappling wi
collection and capacity challenges in High-Level Political For
must take action to immediately constitute an independent
experts to come up with a worldwide estimate as to the cost of f
Countries which have made pledges for ODA should be also t
their pledges. As argued in Chapter 3, the amounts pledge
1% of each pledging country's gross national income, are
avoidance of this promise.

iii. Agenda beyond 2030:

The SDGs are far broader in scope than the MDGs were. Th
and analysis of vast amounts of data. A look at the scope
they will require significant financial and human resources, as
yet no complete list of the indicators that are integral to th

All these factors point to the deadline of 2030 being far to
SDGs. This view does not imply that there is now no need for states a

attempt to achieve the SDGs by 2030 begin as soon as poss
continual and sustained, if any improvement is to be made
people all around the world be. We cannot afford to wait any longer, g
people suffer, which have been so eloquently pointed out b
determinants of health, a critical component in the success
national plans and policies of states; and the right to health
acknowledged through the adoption of a Health in All Polic
approach has been described by the World Health Organizat

> An approach to health and rights and obligations. It improve
> of policymakers for health impacts at all levels of govern
> emphasis on the consequences of public policies on he
> of health, and well-being. It also contributes to sustainable de
> Health Organization, 2018g).

Without a focus on the determinants of health, and the real
approach, it will be impossible to make any progress on the SDGs. These rights
therefore also be a continuing obligation on persons to hol
in the SDGs, and for states to hold each other and themselves to account
the voluntary national reviews as set out through the SDGs a
extend beyond 2030, the effort that will have been put in, a
made by 2030, makes Agenda 2030 a worthwhile pursuit,
advocating for.

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