

ACHIEVING SUSTAINABLE DEVELOPMENT GOALS IN EUROPE AND ASIA: THE ROLE OF REGIONAL ORGANIZATIONS IN MONITORING HUMAN RIGHT TO HEALTH AND WELL-BEING

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1. INTRODUCTION

The place of humans on the planet, their prosperity, economic abilities and duties to the state and society, as well as the possibility to restrict human rights and freedoms are the issues which were of interest to ancient philosophers, both Hippocrates, Plato and Aristotle who influenced European philosophy, and Confucius who contributed to shaping Asian values.¹ Those philosophers rightly counted good health and well-being among the factors of particular importance to the development of man, society and state. In 2015, these concepts were taken into account by the UN General Assembly.² The UN Agenda for Sustainable Development (ASD) consists of 17 Sustainable Development Goals and 169 targets which demonstrate the scale of the new universal Agenda.³

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¹ N. Alecu de Flers, *EU-ASEAN Relations: The Importance of Values, Norms and Culture*, EU Centre, Singapore Working Paper No. 1(6), 2010, pp. 465–482; Y. Gao, *Confucius and Plato on Virtue and its Implementation in Education for International Understanding: A Comparative Study*, American Journal of Educational Research No. 3(19), 2016, pp. 25–30; Plato, *Państwo*, Wydawnictwo Antyk, Kęty 2001, p. 147.

² A/RES/70/1, 21 October 2015; R. McInnes, *Sustainable Development Goals*, [in:] C.M. Finlayson et al. (eds), *The Wetland Book*, Springer, Dordrecht 2016, pp. 1–6.

³ UNCTAD, *Achieving the Sustainable Development Goals Through Consumer Protection*, United Nations, New York–Geneva 2017, UNCTAD/DITC/CPLP/2017/2, p. 8.

The UN Sustainable Development Goals (SDGs) are guided by the purposes and principles of the Charter of the United Nations from 1945;⁴ the Charter of Human Rights: Universal Declaration of Human Rights (UDHR), International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights (ICESCR);⁵ the Millennium Declaration;⁶ and the 2005 World Summit Outcome⁷. Particular importance should be attached to SDG 3 (to ensure healthy lives and to promote well-being for all at all ages), which was derived from 25 of the UDHR, 12 of the ICESCR and Section I, para. 31 of the Vienna Declaration and Programme of Action⁸. At present, all these documents associate sustainable development with human rights, including the right to health, which are protected not only by the UN, but also by sub-regional organizations, such as the EU and the ASEAN.⁹

The aim of this paper is to investigate the role of sub-regional organizations in monitoring of progress towards SDG 3, and to scrutinize similarities and differences in the previous approach of the European and Asian countries to sustainable development goals. The issue of how sustainable development goals can be achieved by national authorities with respect to the health and well-being of the whole population is still debatable.¹⁰ The goals set in the Agenda are global, however, the perception of progress toward SDGs in Europe is slightly different than it is in Asia.¹¹ The ways and means of implementing these goals on the two continents, as well as the possibilities for mutual cooperation, will also be different. There is a particular need to cooperate on fighting drug addiction in member states of both organizations.¹²

⁴ UN Charter and Statute of the International Court of Justice, signed on 26 June 1945 at the San Francisco Conference.

⁵ Universal Declaration of Human Rights adopted 10 December 1948, G.A. Res. 217A (III), U.N. Doc. A/810 at 71 (1948); International Covenant on Civil and Political Rights adopted 16 December 1966, entered into force 23 March 1976, UNTS 999: 171; International Covenant on Economic, Social and Cultural Rights adopted 16 December 1966, entered into force 3 January 1976, UNTS 993: 3.

⁶ A/RES/55/2, 18 September 2000.

⁷ A/RES/60/1, 16 September 2005.

⁸ A/CONF.157/23, 12 July 1993; J. Tobin, *The Right to Health in International Law*, Oxford University Press, Oxford, 2012, pp. 23, 130–131; T. Murphy, *Health and Human Rights*, Oxford–Portland–Oregon, Hart Publishing 2013, pp. 1–3, 38–39; E.H. Riedel, *The Human Right to Health: Conceptual Foundations*, [in:] A. Clapham, M. Robinson (eds), *Realizing the Right to Health*, Rüf&Rub, Zurich 2009, p. 28.

⁹ D. McGoldrick, *Sustainable Development and Human Rights: An Integrated Conception*, International and Comparative Law Quarterly No. 45, 2004, pp. 796–818.

¹⁰ G. Brown (ed.), *The Universal Declaration of Human Rights in the 21st Century: A Living Document in a Changing World*, Open Book Publishers, Cambridge, 2016, pp. 57–62.

¹¹ F. Fukuyama, *Confucianism and Democracy*, Journal of Democracy No. 6(2), 1995, pp. 20–33.

¹² S. Subramaniam, *The Asian Debate: Implications for the Spread of Liberal Democracy*, Asian Affairs No. 7(1), 2000, pp. 19–35; J. Symonides, *Wartości azjatyckie a prawa człowieka*, [in:] J. Jaskiernia, K. Spryszak (eds), *Azjatyckie systemy ochrony praw człowieka*, Wydawnictwo Adam Marszałek, Toruń 2016, pp. 44–48.

2. SUSTAINABLE DEVELOPMENT AS A SEMI-NORMATIVE CONCEPT

The UN agreement on SDGs is a remarkable achievement.¹³ Admittedly sustainable development and human rights have universal and global nature. Sustainable development, as a semi-normative concept, provides a framework for the integration of environment policies and development strategies.¹⁴ This principle was acknowledged at the 1972 Stockholm Conference on the Human Environment.¹⁵ The concept was extended further at the 1992 Rio de Janeiro Earth Summit when it was determined that man should be put at the heart of sustainable development and that an individual has the right to a healthy and creative life in harmony with the environment.¹⁶ More specific goals were set in the Millennium Project. It was then that the Millennium Development Goals (MDGs) were presented.¹⁷ These goals obliged developed countries to improve living conditions by helping developing countries. Many specific quantitative goals were set in the Millennium Project and they were supposed to be achieved by 2015.

In 2015, MDGs were replaced by SDGs which are characterised by a much broader scope of planned actions and are supposed to be achieved by 2030. After consultations, 17 main goals were chosen and then divided into 169 more detailed tasks.¹⁸ The Open Working Group on Sustainable Development Goals, established at the 2012 Rio de Janeiro Earth Summit, worked on the goals. The Group comprised 30 representatives of five UN regions, including those located in Europe and Asia. Business representatives from both regions also participated in setting goals and tasks.¹⁹ In the end, it was established that Sustainable Development Goals would be implemented within the next 15 years, starting on 1 January 2016. However, in contrast to MDGs, the 2015 Agenda stated that SDGs could not be achieved without the involvement of business. The transition from MDGs to SDGs is now ongoing on a global and regional scale.²⁰

Sustainable development is now a leading part of regional international law. The principle of sustainable development has now been recognized by European

¹³ F. Stewart, *The Sustainable Development Goals: A Comment*, Journal of Global Ethics No. 11(3), 2015, pp. 288–293.

¹⁴ UN Session, A/42/427, 4 August 1987.

¹⁵ A/CONF.48/14/REV.1, 5–16 June 1972; L. Björn-Ola, H. Selin, *The United Nations Conference on Sustainable Development: Forty Years in the Making*, Environment and Planning C: Politics and Space No. 31(6), 2013, pp. 971–987.

¹⁶ A/CONF.151/26 (Vol. I) – Rio Declaration, 3–14 June 1992.

¹⁷ S. Giorgetta, *The Right to a Healthy Environment, Human Rights and Sustainable Development*, International Environmental Agreements: Politics, Law and Economics No. 2, 2002, pp. 173–194.

¹⁸ A/RES/69/313; 12FCCC/CP/2015/1.9, 12 December 2015 – Adoption of the Paris Agreement (Proposal by the President).

¹⁹ A/RES/68/309 – 12 September 2014.

²⁰ A. Haileamlak, *Millennium Development Goals: Lessons Learnt and the Way Forward*, Ethiopian Journal of Health Sciences No. 24(4), 2014, p. 284; S. Kumar et al., *Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs): Addressing Unfinished Agenda and Strengthening Sustainable Development and Partnership*, Indian Journal of Community Medicine No. 41(1), 2016, pp. 1–4; United Nations Millennium Development Goals Report, New York, United Nations 2015, p. 3.

and Asian international organizations.²¹ That is because sustainable development objectives are currently of cross-border nature, since they require joint reactions to global threats which directly endanger life and public health. In Europe, after 1948, the concept of sustainable development has been developed by the following European international organizations: the Council of Europe, the European Union and the Organization for Security and Co-operation in Europe.²² The SDGs concept has been at the heart of European policies for a long time, firmly anchored in the European Treaties and mainstreamed in key projects, sectoral policies and initiatives. Twenty years after the Maastricht Treaty, sustainable development, including healthy life and wellness, became the explicit subject matter of the EU and its member states.²³ At the Gothenburg Summit in June 2001, the EU launched the first sustainable development strategy, which was revised in 2006.²⁴

After the Lisbon Treaty sustainable development has remained a fundamental objective of the EU. The idea of sustainable development covers not only people who are on the territory of a given country, but also becomes a part the foreign policy of the EU countries in the globalizing world. In November 2016, the EU Commission released a Communication “Next steps for sustainable European future: European Action for Sustainability”, which is a response to the 2030 Agenda for Sustainable Development.²⁵ According to the report, over the last five years, the EU has made significant progress towards overall achievement of several SDGs.

The most important thing is to achieve SDG 3: “good health and well-being”, with the exception of SDG 7: “affordable and clean energy”; SDG 12: “responsible consumption and production”; SDG 15 “life on land” and SDG 11 “sustainable cities and communities”. However, making progress towards achieving a given goal does not necessarily mean that that goal’s status is satisfactory for the EU. When it comes to SDG 3, which focuses on health and the quality of life, the fact that most indicators show progress is not enough to conclude that the EU has significantly reduced the factors which negatively affect its residents’ lives.²⁶ For example, even though the number of tobacco smokers has been reduced successfully, the number of people addicted to other abusive substances has remained stable.²⁷

²¹ M. Fehling Brett et al., *Limitations of the Millennium Development Goals: A Literature Review*, Global Public Health No. 8(10), 2013, pp. 1109–1122.

²² M. Bitadze, *Reducing Environmental Risks and Strengthening Good Environmental Governance*, paper presented at the 25th OSCE Economic and Environmental Forum: Greening the Economy and Building Partnerships for Security in the OSCE Regional Concluding Meeting, Prague, 6–8 September 2017, pp. 1–5.

²³ R. Abbing, *Health Law and the European Union*, European Journal of Health Law No. 1, 1994, pp. 123–126.

²⁴ E. Bomer, *Adapting Form to Function? From Economic to Sustainable Development Governance in the European Union*, [in:] W.M. Lafferty (ed.), *Governance for Sustainable Development: The Challenge of Adapting Form to Function*, Cheltenham, Northampton 2004, p. 66.

²⁵ Eurostat, *Sustainable Development in European Union. Monitoring report on progress towards SDGs in an EU context*, European Union, Luxembourg 2017, p. 5.

²⁶ European Commission, *Communication from the Commission on effective, accessible and resilient health systems*, COM(2014) 215 final; European Commission, *Summary, State of Health in the EU*, Brussels 2017.

²⁷ World Health Organization, *World Health Statistics 2016, Monitoring Health for the SDGs*, Geneva 2016, p. 37.

The organization implementing SDGs in Asia is the ASEAN. There are direct references to sustainable development in the ASEAN Charter which underscores the need for “sustainable development for the benefit of present and future generations to place the well-being, livelihood and welfare of the peoples at the centre of the ASEAN community building process”. The ASEAN regards sustainable development as a semi-normative concept, similarly to the EU, its main counterpart in Europe²⁸. However, the ASEAN does not hold with the UN’s view that the SDGs should be implemented as a principle complementary to the principle of respect for human rights.

In contrast to Europe, Asian values are not based on ideas of liberalism and individualism, but on respect for labour, discipline and community ties.²⁹ In light of this view, the concept of sustainable development, as an economic idea, is superior to the idea of human rights.

The primacy of sustainable development was confirmed in the preamble to the Bangkok Declaration of 1967. The ASEAN member states declared that “countries of South-East Asia share a primary responsibility for strengthening the economic and social stability of the region and ensuring their peaceful and progressive national development”. Thus, ever since the adoption of the UN Charter, and then the passing of the UDHR,³⁰ the concept of sustainable development has been treated in East Asian countries as an attempt to westernize the East.³¹

3. GDS 3.5 AS AN OVERARCHING EU AND ASEAN OBJECTIVE

In the previous millennium strategy, MDG 3 (Improvement of maternal health) and MDG4 (Combating HIV/AIDS, malaria and other diseases) were determined to be the priority goals of the UN, but European and Asian countries managed to achieve

²⁸ See K. Arts, *Inclusive Sustainable Development: A Human Rights Perspective*, Current Opinion in Environmental Sustainability No. 14, 2017, pp. 58–62.

²⁹ A. Sen, *Human Rights and Asian Values*, Carnegie Council on Ethics and International Affairs, New York, 1997, pp. 13–16.

³⁰ H. Hannum, *The UDHR in National and International Law*, Health and Human Rights No. 2, 1998, p. 147; B. Toebes, *The Right to Health as a Human Right in International Law*, Intersentia-Hart, Antwerpen 1999, pp. 36–40.

³¹ Mao Zedong strongly objected to this westernization attempt, saying that “the East wind must prevail over the West wind”. See A. Halimarski, *Trzy kręgi polityki zagranicznej Chin*, Książka i Wiedza, Warsaw 1982, pp. 78, 213. As late as in the 1990s, the Prime Minister of Singapore, Lee Kuan Yew, had the opinion that a development and “a well-organized society is more important than human rights, so that anyone can enjoy their freedoms”. That is why, Asian countries are by far more effective in ensuring national development of all their citizens than in implementing the SDGs, as in the European countries. See F. Zakaria, L. Kuan Yew, *Culture is Destiny: A Conversation with Lee Kuan Yew*, Foreign Affairs No. 73(2), 1994, pp. 109–126; C. Ning Yang, Y. Ying-Shih, G. Wang, *Lee Kuan Yew Through the Eyes of Chinese Scholars*, S. Rajaratnam School of International Studies, Singapore 2017, pp. 139–143; S. Djwandono, *Europe and Southeast Asia*, [in:] H. Maull, G. Segal, J. Wanandi (eds), *Europe and the Asia Pacific*, Routledge, London 1998, p. 203; J. Servaes, *Conclusion. Are the SDGs “Sustainable?”*, [in:] J. Servaes (ed.), *Sustainable Development Goals in the Asian Context*, Springer, Singapore 2017, pp. 163–171.

them only partially.³² Now, they have been replaced by SDG 3 which obliges the UN member states to ensure healthy lives and promote the well-being for all and at all ages. It follows directly from the ASD text that the organizations are supposed to achieve this goal by way of gradually fulfilling nine more specific tasks: reducing the global maternal mortality ratio; ending preventable deaths of newborns and children; ending the epidemics of AIDS and other communicable diseases; reducing non-communicable diseases; strengthening the prevention and treatment of substance abuse; halving the number of global deaths and injuries from road traffic accidents; ensuring universal access to sexual and reproductive healthcare services, achieving universal health coverage; reducing the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.³³

When we take into account the genetic criterion, it is clear that SDG 3 was derived from the human right to health pursuant to Article 25.1 of the UDHR. According to this article: everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Subsequent UN documents, including 12 of the ICESCR, established basic criteria which the EU and ASEAN member states can use to determine the extent to which healthy lives and well-being have been implemented. These standards were also determined in regional acts,³⁴ including 35 of the Charter of Fundamental Rights. However, at the regional level, it can be problematic to implement SDG 3 fully, especially when it comes to improving healthcare for women.³⁵

The problem with implementing SDG 3 in the EU and ASEAN systems lies not only in the complexity of this goal, but most importantly in the significant differences in the understanding of health as an important quality: it can be perceived either as an individual human right (in the EU system) or as the health of the whole population (in the ASEAN system).³⁶ In the latter case, an individual's health can be subjected to additional restrictions because of the necessity to protect the health of the whole society. Additionally, also the idea of human right to health is understood slightly differently on the European land than in specific ASEAN countries.³⁷

³² A. Cassels, *Health, Development and the Millennium Development Goals*, Pathogens and Global Health No. 5–6, 2006, pp. 379–87; M. Lomazzi et al., *MDGs – A Public Health Professional's Perspective from 71 Countries*, Journal of Public Health Policy No. 34, 2013, pp. 1–22.

³³ UN Factsheets "Why it Matters" and World Bank Group, *Atlas of Sustainable Development Goals*, World Development Indicators, UN, New York 2017.

³⁴ R. Tabaszewski, *Human Rights and Freedoms in Systems of Human Rights Protection*, [in:] K. Koziół (ed.), *Wolność człowieka i jej granice*, Wydawnictwo Regis, Lublin 2017, pp. 10–31.

³⁵ EU (2000) Charter of Fundamental Rights of the European Union (2000/C 364/01).

³⁶ See D. Camroux, *The European Union and ASEAN: Two to Tango?*, Dépôt légal, Notre Europe 2008.

³⁷ N. Maier-Knapp, *The EU and Non-traditional Security in Southeast Asia*, [in:] D. Novotny, C. Portela (eds), *EU-ASEAN Relations in the 21st Century: Strategic Partnership in the Making*, Macmillan, Houndmills-Basingstoke 2012, pp. 26–42; AFET, *ASEAN: Integration, Internal Dynamics and External Relations*, European Parliament, Brussels 2012, pp. 6–8.

In the light of Article 17 of the Bangkok Declaration, 34 Asian countries stated that they “reaffirm the right to development, as established in the Declaration on the Right to Development, as a universal and inalienable right and an integral part of fundamental human rights, which must be realized through international cooperation, respect for fundamental human rights, the establishment of a monitoring mechanism and the creation of essential international conditions for the realization of such right”.³⁸ The document confirms the superiority of development over human rights.³⁹

This conception of sustainable development in the ASEAN countries was later included in the ASEAN Community Blueprints. MDGs used to be implemented by various ASEAN bodies. The full implementation of goals concerning the protection of human health (particularly goals 4, 5, and 6) was tackled at the Ministers’ Meeting on Health Development, as well as at the Meeting on Social Welfare and Development. Jakarta Statement on the ASEAN Sustainable Development Goals in the context of the Post-2015 Development Agenda contained a summary of how advanced the implementation of MDGs was and voiced support for new SDGs.⁴⁰ The Post-2015 Development Agenda also acknowledged the importance of access to healthcare and health services for all.

In the light of the ASEAN Human Rights Declaration of 18 November 2012, human rights were considered a prerequisite for enabling the ASEAN member states to modify sustainable development concept for health reasons.⁴¹ According to the Declaration, every person has the right to the enjoyment of the highest attainable standard of physical, mental and reproductive health, to basic and affordable healthcare services, and to have access to medical facilities. The ASEAN member states will create a positive environment in overcoming stigma, silence, denial and discrimination in the prevention, treatment, care and support of people suffering from communicable diseases, including HIV / AIDS.⁴² Hence, in view of the above factors, the health of single man can be restricted due to the necessity to ensure the well-being of the whole population.⁴³

³⁸ Final Declaration of the Regional Meeting for Asia of the World Conference on Human Rights adopted on 2 April 1993, Bangkok, Singapore; Y. Ghai, *Human Rights and Governance: The Asia Debate*, Asia-Pacific Journal on Human Rights and the Law No. 1, 2000, pp. 9–52; G. Wiessala, *Catalysts and Inhibitors – The Role and Meaning of Human Rights in EU-Asia Relations*, CERC Working Papers Series No. 1, 2007, University of Melbourne, Melbourne; E. Fitriani, *The Impact of the EU Crisis on EU-ASEAN Relations*, Geopolitics, History, and International Relations No. 6(11), 2014, p. 82.

³⁹ A. Follesdal, *Human Rights and Relativism*, [in:] A. Follesdal, T. Pogge (eds), *Real World Justice: Grounds, Principles, Human Rights, and Social Institution*, Springer, Dordrecht 2005, pp. 265–283.

⁴⁰ S.H. Olsen, S. Teoh, I. Miyazawa, *ASEAN Community and the Sustainable Development Goals: Positioning Sustainability at the Heart of Regional Integration*, [in:] *Greening Integration in Asia: How Regional Integration Can Benefit People and the Environment*, Institute for Global Environmental Strategies No. 7, 2015, pp. 55–77.

⁴¹ G.J. Naldi, K.D. Magliveras, *The ASEAN Human Rights Declaration*, International Human Rights Law Review No. 3, 2014, pp. 183–208.

⁴² J. Ling-Chien Neo, *Religious Freedom and the ASEAN Human Rights Declaration: Prospects and Challenges*, Review of Faith and International Affairs No. 14(4), 2016, pp. 4–15.

⁴³ See R. Canaway, *Integration of Traditional and Complementary Medicine in South-East Asia: Public Health, Safety and Management. A Report for WHO-SEARO*, World Health Organization – South-East Asia Regional Office, New Delhi 2015.

4. ASEAN-EU ENHANCED PARTNERSHIP AND SDG 3.5

According to the ASD, full implementation of SDG 3 is possible only if all entities participating in international relations cooperate effectively. In this context, the cooperation between the EU and the ASEAN seems to be crucial, especially in order to implement SDG 3.5. (strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol).⁴⁴ In the beginning, institutional cooperation on health protection against the effects of abusive substances was developing slowly and was affected by common cross-border threats. Presently, institutional grounds for cooperation on the joint implementation of SDGs are very strong.⁴⁵ The normative documents were: the ASEAN-EEC Cooperation Agreement, signed in March 1980,⁴⁶ the New Partnership with Southeast Asia of July 2003, and the Nuremberg Declaration on an EU-ASEAN Enhanced Partnership of March 2007 and its Plan of Action of November 2007.⁴⁷ In the light of the Nuremberg Declaration, the EU was committed to support the ASEAN in attaining the Drug Free ASEAN 2015 goals in identified areas through law enforcement cooperation and information dissemination.⁴⁸

A breakthrough for the joint implementation of SDG 3, and SDG 3.5 in particular, was the inaugural High-Level ASEAN-EU Dialogue on Sustainable Development: Towards Achieving the Sustainable Development Goals (SDGs) held on 17 November in Bangkok.⁴⁹ During the meeting of Neven Mimica, European Commissioner for International Cooperation and Development, and Le Luong Minh, Secretary-General of the ASEAN, claimed that the ASEAN looked forward to enhancing cooperation with the EU in sustainable development, including through

⁴⁴ A. Diemer, M.E. Morales, G. Gladkykh, J. Torres, *European Union and Sustainable Development. Challenges and Prospects*, Editions Oeconomia, Clermont-Ferrand 2017, p. 8.

⁴⁵ The European Parliament resolution of 15 January 2014 on the future of the EU-ASEAN relations, 2013/2148(INI); 2016/C 482/11; See: R. Wong, S. Brown, *Changing Waters: Towards a New EU Asia Strategy. Stepping up EU-ASEAN Cooperation in Non-traditional Security*, The London School of Economics & Political Science (LSE), London 2016, pp. 79–85; V. Rollet, *The EU as a Health Actor in Asia: EU-Asian Interregional Response to Highly Pathogenic and (Re)-emerging Diseases*, [in:] H. Su (ed.), *Asia's EU Policies*, National Taiwan University Press, Taipei 2015, pp. 323–346.

⁴⁶ ASEAN-EEC Cooperation Agreement, signed in March 1980; P. de Lombaerde, G. Pietrangeli, M. Schulz, *The "Makability" of Regions. Towards an Evaluation of EU Support to Regional Integration Worldwide*, Conference on the European Union in International Affairs, Brussels, 24–26 April 2008.

⁴⁷ 2013/2148(INI); A.C. Robles, *An EU-ASEAN FTA: The EU's Failures as an International Actor*, European Foreign Affairs Review No. 13(4), 2008, p. 541.

⁴⁸ Plan of Action to Implement the Nuremberg Declaration on an EU-ASEAN Enhanced Partnership endorsed on 15 March 2007; *Drug-Free ASEAN 2015: Status and Recommendation*, United Nations Office on Drugs and Crime Regional Centre for East Asia and the Pacific, ASEAN, 2008; *Joint Declaration for a Drug-Free ASEAN*, ASEAN, 12 October 2012; Opinion of the European Economic and Social Committee on EU-ASEAN Relations, OJC, 21 January 2011, pp. 21–25.

⁴⁹ L. Sing Cheong, *ASEAN STI Direction for Achieving Sustainable Development Goals*, Regional Consultation on Achieving Sustainable Development Goals Through Science, Technology and Innovation, 20 March 2018.

promoting complementarities between the ASEAN Vision 2025 and SDGs.⁵⁰ As a result, ASEAN-EU Plan of Action was adopted. This document replaced the Bandar Seri Begawan Plan of Action to strengthen the ASEAN-EU Enhanced Partnership (2013–2017).⁵¹ It is crucial for the two organizations and their cooperation on health security and cross-border threats to public health. The ASEAN and the EU have committed to enhance cooperation to address health matters, including pandemics. Both parties underlined it was important to strengthen coordination and cooperation in addressing the challenges of communicable diseases and emerging infectious diseases, including pandemics, and potential health threats or outbreak due to disasters, and to develop a network of existing agencies to enhance the effectiveness of regional surveillance and response towards Emerging Infectious Diseases (EID) for better preparedness for major disease outbreaks.⁵² Eliminating these threats is crucial for the implementation of SDG 3.5.

5. SDG 3.5 AND THE PREVENTION AND TREATMENT OF NARCOTIC DRUG ABUSE

Illegal drug production and trade are visible symptoms of inequality which threaten SDG 3. This is why, both regional organizations agreed to fight these practices by any means necessary.⁵³ The ASEAN countries have always been committed to combating the drug menace in the region.⁵⁴ The strict drug policy of the President of the Philippines Rodrigo Duterte, followed since 2016, is one of the most well-known.⁵⁵ In spite of two resolutions of the European Parliament, he did not cease to call to fight against drug addicts and dealers of the Philippines.⁵⁶ An IHRA report divides

⁵⁰ *Complementarities between the ASEAN Community Vision 2025 and the United Nations 2030 Agenda for Sustainable Development: A Framework for Action*, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), Bangkok 2017, pp. 18–22.

⁵¹ EEAS, SEAE, 90 Joint Actions in the Period 2013–2017 in the Areas of Political-Security, Economic-Trade and Socio-Cultural, adopted at the ASEAN-EU Ministerial Meeting in Bandar Seri Begawan (Brunei) on 27 April 2012.

⁵² L. Alison, *The EU, ASEAN and Interregionalism: Regionalism Support and Norm Diffusion Between the EU and ASEAN*, Palgrave Macmillan, Robles, UK 2008, p. 190.

⁵³ European Union Statement on the occasion of the Intersessional Meeting on 16–17 November 2017, Commission on Narcotic Drugs 60th session, Vienna, 17 November 2017.

⁵⁴ L. Gjommoni, *How do Illicit Drugs Move Across Countries? A Network Analysis of the Heroin Supply to Europe*, Journal of Drug Issues No. 47(2), 2016, p. 2; A. Talpur, T.P. George, *A Review of Drug Policy in the Golden Crescent: Towards the Development of More Effective Solutions*, Asian Journal of Psychiatry No. 12, 2014, pp. 31–35.

⁵⁵ See: P.N. Newton et al., *The Primacy of Public Health Considerations in Defining Poor Quality Medicines*, PLoS Medicine No. 8(12), 2012, p. 4; K. Holdak, *Wpływ gospodarki opiatowej w Afganistanie na bezpieczeństwo tego państwa i rynek narkotykowy w Europie*, Bezpieczeństwo Narodowe No. 3–4, 2007, p. 256; D.R. Mares, *Institutions, the Illegal Drug Trade, and Participant Strategies: What Corrupt or Pariah States Have in Common with Liberal Democracy and the Rule of Law*, International Interactions No. 35, 2009, pp. 207–239; M.R. Thompson, *Bloodied Democracy: Duterte and the Death of Liberal Reformism in the Philippines*, Journal of Current Southeast Asian Affairs No. 35, 2017, pp. 39–68.

⁵⁶ European Parliament resolution of 15 September 2016 on the Philippines (2016/2880(RSP); European Parliament resolution of 16 March 2017 on the Philippines – the case of Senator Leila M. De Lima (2017/2597(RSP)).

Asian countries to three categories: countries which are only symbolically engaged in the “war against drugs”, countries which are moderately engaged, and countries which are seriously engaged in fighting drug crime. The diversity discussed above impedes the joint implementation of SDG 3.5. That is why, the ASEAN countries decided to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse. This goal was set in the ASEAN Political-Security Community Blueprint, in which the “Drug-free ASEAN” slogan was proclaimed. This idea was repeated in the ASEAN Socio-Cultural Community Blueprint 2025.⁵⁷

In order to implement SDG 3.5, it is necessary to enhance cooperation on border control. Those who smuggle drugs and abusive substances are still prospering on the black marketing China.⁵⁸ This is because the biggest number of death penalties for the offences connected with narcotic business are imposed and executed in China, although the exact number of those judgments is secret. According to unofficial sources, in 2006 approximately 7,500 people were executed,⁵⁹ in 2007, according to various estimates – from 2,000 to 15,000, while in 2008 – 1,718. However, these data are considered understated. The Xinhua press agency has revealed that between January and May of 2009, courts heard 14,282 cases of drug-related offences, and in 6,679 cases penalties ranging from imprisonment to death punishment were imposed.⁶⁰ Despite the lack of official information, China is considered to be the world’s top executioner, executing more people than all other countries combined in 2017. Only in June of 2018, a crowd of 300 people watched two alleged drug traffickers sentenced to death.⁶¹

Not only domestic legal regulations, including the EU decisions directed to its member states, but also legislative measures adopted by national authorities are to serve counteracting drug smuggling from Asian countries to Europe. Indonesia has one of the strictest anti-drug laws in the world. Possession and smuggling of drugs carry death penalty there. In Malaysia, between 2011 and 2016, over 15,000 people were arrested altogether for drug possession or dealing. Only in 2011, 83 death sentences were executed, including 22 on nationals of other countries, predominantly the EU citizens. Whereas in Vietnam, in 2011, at least 27 people were sentenced to death penalty in relation to drug policy.⁶² Only in January 2015, the number of five nationals of the EU member states were executed in Indonesian prisons. In that light, the priority for the

⁵⁷ The ASEAN Socio-Cultural Community Blueprint 2025 Jakarta: ASEAN Secretariat, March 2016.

⁵⁸ The ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016–2025, Jakarta: ASEAN Secretariat, June 2017.

⁵⁹ D.J. Michalski, *The Death Penalty in the Criminal Law of China – an Outline of the Institution*, Gdansk Journal of East Asian Studies No. 2, 2012, pp. 150–157.

⁶⁰ H. Lu, L. Zhang, *Death Penalty in China: The Law and the Practice*, Journal of Criminal Justice No. 33(4), 2005, pp. 367–376; H. Lu, T. Miethe, B. Liang, *China’s Drug Practices and Policies Regulating Controlled Substances in a Global Context*, [in:] H. Lu, T. Miethe, B. Liang (eds), *China’s Drug Practices and Policies*, Ashgate, Routledge 2009.

⁶¹ *Death Sentences and Executions 2017*, London, Amnesty International, 2018, p. 20.

⁶² See: H. Thanh Luong, *Transnational Drugs Trafficking from West Africa to Southeast Asia: A Case Study of Vietnam*, Journal of Law and Criminal Justice No. 3(2), 2015, pp. 37–54; R. Emmers, *ASEAN and the Securitization of Transnational Crime in Southeast Asia*, The Pacific Review No. 16(3), 2003, pp. 419–438.

ASEAN and the EU is to work together with a view of facilitating the implementation of the ASEAN Work Plan on Securing Communities Against Illicit Drugs (2016–2025).⁶³ An internal review of this Work Plan will be undertaken in 2018 and 2022 by the ASEAN Senior Officials on Drug Matters, which is now the main ASEAN body responsible for handling drug-related matters.⁶⁴ It follows from the above that the efforts to achieve the Sustainable Development Goals and to effectively address and counteract the world drug problem are complementary and mutually reinforcing.

6. FINAL REMARKS

Despite closer cooperation between the EU and ASEAN member states, due to which these countries make regulations that prevent smuggling and their public authorities implement plans and strategies directed against drugs, the supply of abusive substances responds to the Europeans' growing demand for drugs. Hence, a goal which was expressed in the EU documents and in the ASEAN Political-Security Community Blueprint. The only way to completely eradicate drug trafficking is to enhance cooperation between law officials from the EU and ASEAN member states. On the global level, they ought not to fight only poverty which aids drug production. Only then will the implementation of SDG 3 be fully possible.

For the fight against drug trade and smuggling to be effective, it is necessary to cooperate with other countries from the region which are not the ASEAN member states. The chances of achieving SDG 3.5 are getting slimmer as well. Far too many people still risk their health and cannot resist the urge to use drugs. Because of that, it is not realistic to expect that drug trade and the smuggling of drugs to Europe will be completely eradicated or that the ASEAN Drug-Free zone will be established by 2030. Technical measures available to smugglers are becoming more and more advanced and the demand for abusive substances in Europe does not fall.

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⁶³ ASEAN Work Plan on Securing Communities Against Illicit Drugs (2016–2025), adopted by the 5th ASEAN Ministerial Meeting on Drug Matters (AMMD) held in Singapore on 19–20 October 2016; N. Nazar, *ASEAN's Role in Conflict Management: Active and Effective?*, IAPS Dialogue, 14 November 2017.

⁶⁴ Z. Othman, *Human Security in Southeast Asia: A Case Study of Illicit Drug Trafficking as a Transnational Threat in Myanmar (Burma)*, 4th Community East Asian Scholars Workshop at Thammasat University, Thailand 8–10 January 2014.

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ACHIEVING SUSTAINABLE DEVELOPMENT GOALS IN EUROPE AND ASIA: THE ROLE OF REGIONAL ORGANIZATIONS IN MONITORING HUMAN RIGHT TO HEALTH AND WELL-BEING

Summary

The purpose of this paper is to investigate the role of European and Asian regional organizations in monitoring of progress towards SDG 3 and to scrutinize similarities and differences in the previous approach of European and Asian countries to sustainable development goals. In 2015, the UN Agenda for Sustainable Development was adopted. Since then, regional international organizations, including the EU and the ASEAN, have been obliged to include 17 Sustainable Development Goals in their policies. The article focuses on SDG 3, which concerns protecting health and well-being. The article was prepared on the basis of the following research methods: legal dogmatic, systematic and comparative. Attention has been drawn to different approaches towards human health adopted by the EU and the ASEAN, according to which it can be perceived as a human right or a quality important for the whole society and nation. Potential grounds for cooperation in SDG and SDG 3 are also presented. The normative and institutional efforts to achieve the Sustainable Development Goals and to effectively address them are complementary and mutually reinforcing.

Keywords: Sustainable Development Goals, United Nations Organization, Agenda for Sustainable Development, international human rights law, ASEAN, European Union

REALIZACJA CELÓW ZRÓWNOWAŻONEGO ROZWOJU W EUROPIE I AZJI: ROLA ORGANIZACJI REGIONALNYCH W MONITOROWANIU PRAWA DO OCHRONY ZDROWIA I DOBROSTANU

Streszczenie

Przedmiotem niniejszego artykułu jest rola międzynarodowych organizacji regionalnych w monitorowaniu realizacji celów zrównoważonego rozwoju oraz podejście normatywne krajów europejskich i azjatyckich do tych celów. W 2015 r. przyjęto Agendę ONZ na rzecz Zrównoważonego Rozwoju. W związku z tym instrumentem regionalne organizacje międzynarodowe, w tym Unia Europejska i ASEAN, zostały zobowiązane do uwzględnienia w swoich politykach 17 celów zrównoważonego rozwoju. W artykule skoncentrowano się na SDG 3, który dotyczy ochrony zdrowia i dobrostanu (*well-being*). Artykuł został przygotowany na podstawie następujących metod badawczych: metody dogmatycznej, metody komparatystycznej oraz analizy systemowej. Zwrócono uwagę na różne podejścia do zdrowia ludzi przyjęte przez UE i ASEAN. Przedstawiono również potencjalne podstawy normatywne wzajemnej współpracy organizacji regionalnych w zakresie realizacji SDG i SDG 3. Uznano, że wspólne wysiłki normatywne i instytucjonalne regionalnych organizacji międzynarodowych, zmierzające do osiągnięcia celów zrównoważonego rozwoju, mają charakter komplementarny w stosunku do istniejących instrumentów prawnych w systemie uniwersalnym ochrony praw człowieka, stąd też w artykule uznano, że częściowo te instrumenty prawne wzajemnie się uzupełniają.

Słowa kluczowe: cele zrównoważonego rozwoju, Organizacja Narodów Zjednoczonych, Agenda na rzecz zrównoważonego rozwoju, prawo międzynarodowe dotyczące praw człowieka, ASEAN, Unia Europejska

ЕЖЕКУЦИОН ДЕ ФИНЕС ДЕЛ ДЕСАРРОЛЛО СОСТЕНИБЛЕ ЕН ЕУРОПА Y АСИА: ПАПЕЛ ДЕ ОРГАНИЗАЦИОНЕС РЕГИОНАЛЕС ЕН ЛА СУПЕРВИСИОН ДЕ ДЕРЕЧО А ЛА ПРОТЕКЦИОН ДЕ САЛУД Y БИЕНЕСТАР

Resumen

El presente artículo trata de papel de las organizaciones internacionales regionales que consiste en supervisar la ejecución de fines del desarrollo sostenible y actitud normativa de países europeos y asiáticos hacia estos fines. En el 2015 fue adoptada la agenda de la ONU para el Desarrollo Sostenible. En relación con esta herramienta, las organizaciones internacionales regionales, incluyendo la Unión Europea y ASEAN, quedaron obligadas a incluir en su política los 17 fines del desarrollo sostenible. El artículo se centra en SDG3, relativo a la protección de salud y de bienestar (*well-being*). El artículo ha sido preparado en virtud de los siguientes métodos de investigación: dogmático, comparativo, y análisis sistemática. Destaca la diferente actitud hacia la salud de seres humanos adoptada por la UE y ASEAN. El artículo presenta también potenciales bases normativas de cooperación entre organizaciones internacionales regionales en cuanto a la ejecución de SDG y SDG3. Se considera que los esfuerzos normativos e institucionales conjuntos de las organizaciones internacionales regionales para conseguir fines del desarrollo sostenible tienen carácter complementario a las herramientas jurídicas existentes en el sistema universal de protección de derechos humanos, por lo tanto en el artículo se admite que parcialmente dichas herramientas jurídicas se complementan.

Palabras claves: fines del desarrollo sostenible, Organización de Naciones Unidas, Agenda para el desarrollo sostenible, derecho internacional de derechos humanos, ASEAN, Unión Europea

РЕАЛИЗАЦИЯ ЦЕЛЕЙ УСТОЙЧИВОГО РАЗВИТИЯ В ЕВРОПЕ И АЗИИ: РОЛЬ РЕГИОНАЛЬНЫХ ОРГАНИЗАЦИЙ В НАБЛЮДЕНИИ ЗА ПРАВОМ НА ЗДРАВООХРАНЕНИЕ И БЛАГОПОЛУЧИЕ

Резюме

Предметом настоящей статьи является роль международных региональных организаций в мониторинге реализации целей устойчивого развития, а также нормативный подход европейских и азиатских государств к этим целям. В 2015 году была принята Повестка дня ООН в области устойчивого развития, в связи с которой региональные международные организации, включая Европейский Союз и АСЕАН, должны были включить в свою политику реализацию 17 целей в области устойчивого развития. В статье особое внимание обращено на ЦУР3, которая касается обеспечения здорового образа жизни и содействия благополучию (*well-being*). В статье использованы следующие методы исследования: догматический метод, сравнительный метод и метод системного анализа. Обращено внимание на различные подходы к здоровью человека, принятые в ЕС и АСЕАН. Представлены также потенциальные нормативные основы взаимного сотрудничества между региональными организациями в рамках реализации ЦУР и ЦУР3. Было признано, что совместные нормативные и институциональные усилия региональных международных организаций, направленные на достижение целей устойчивого развития, дополняют существующие правовые инструменты в универсальной системе защиты прав человека, поэтому в статье подчеркивается, что эти правовые инструменты частично дополняют друг друга.

Ключевые слова: цели устойчивого развития, Организация Объединённых Наций, Повестка дня ООН в области устойчивого развития, международное право в области прав человека, АСЕАН, Европейский союз

ABWICKLUNG VON ZIELEN AUSGEGLICHERENER ENTWICKLUNG IN EUROPA UND IN ASIEN: ROLLE DER REGIONALEN ORGANISATIONEN IN DER NACHVERFOLGUNG DES GESUNDHEITS- UND WOHLSTANDSRECHTES

Zusammenfassung

Gegenstand dieses Artikels ist die Rolle der regionalen internationalen Organisationen in der Nachverfolgung der Zielabwicklung einer ausgeglichenen Entwicklung und die normative Herangehensweise europäischer und asiatischer Länder zu diesen Zielen. Es wurde eine Vereinter Nationen-Agenda (VN) zugunsten ausgeglichener Entwicklung angenommen, in diesem Zusammenhang wurden gemäß dieses Instrumentes regionale internationale Organisationen, darunter die Europäische Union (EU) und ASEAN verpflichtet, die 17 Ziele der ausgeglichenen Entwicklung in ihrer Politik zu berücksichtigen. In diesem Artikel fokussierte sich man auf SDG3 (Sustainable Development 3), welcher den Gesundheitsschutz und Wohlstand (*well-being*) betrifft. Der Artikel wurde anhand folgender Untersuchungsmethoden vorbereitet: dogmatische Methode, komparatistische Methode und Systemanalyse. Er wurde auf verschiedene Herangehensweisen zur menschlichen Gesundheit hingewiesen, was seitens der EU und ASEAN angenommen worden ist. Potenzielle normative Grundlagen gegenseitiger, reziproken Zusammenarbeit der regionalen Organisationen in Abwicklungsbereichen von SDG und SDG3 wurden vorgeführt. Es wurde beschlossen, dass gemeinsame normative und institutionelle Bemühungen von regionalen internationalen Organisationen, die nach Erreichung der Ziele einer regionalen internationalen Organisationen streben, einen komplementären Charakter entgegen der vorhandenen Rechtsinstrumente im universellen System des Menschenrechtsschutzes haben, deswegen stellte man auch in diesem Artikel fest, dass sich diese Instrumente teilweise gegenseitig ergänzen.

Schlüsselwörter: Ziele der ausgeglichenen Entwicklung, Vereinte Nationen (VN), Agenda zugunsten der ausgeglichenen Entwicklung, internationales Recht, Menschenrechte, ASEAN, Europäische Union (EU)

MISE EN ŒUVRE DES OBJECTIFS DE DÉVELOPPEMENT DURABLE EN EUROPE ET EN ASIE: LE RÔLE DES ORGANISATIONS RÉGIONALES DANS LA SURVEILLANCE DU DROIT À LA PROTECTION DE LA SANTÉ ET AU BIEN-ÊTRE

Résumé

Le sujet de cet article est le rôle des organisations internationales régionales dans le suivi de la mise en œuvre des objectifs de développement durable et l'approche normative des pays européens et asiatiques à ces fins. En 2015, l'agenda des Nations Unies pour le développement durable a été adopté. Dans le cadre de cet instrument, les organisations internationales

régionales, notamment l'Union européenne et l'ANASE, ont été obligées d'inclure 17 objectifs de développement durable dans leurs politiques. L'article se concentre sur l'ODD 3, qui traite de la protection de la santé et du bien-être. L'article a été préparé sur la base des méthodes de recherche suivantes : la méthode dogmatique, la méthode comparative et l'analyse systémique. Une attention particulière a été accordée aux différentes approches de la santé humaine adoptées par l'UE et l'ANASE. La base normative potentielle pour la coopération mutuelle entre les organisations régionales dans la mise en œuvre des ODD et de l'ODD 3 a également été présentée. Il a été reconnu que les efforts normatifs et institutionnels conjoints des organisations internationales régionales visant à atteindre les objectifs de développement durable complètent les instruments juridiques existants dans le système universel de protection des droits de l'homme. Cet article reconnaît donc que ces instruments juridiques se complètent en partie.

Mots-clés: objectifs de développement durable, Nations Unies, Agenda pour le développement durable, Droit international des droits de l'homme, ANASE, Union européenne

ATTUAZIONE DEGLI OBIETTIVI DI SVILUPPO SOSTENIBILE IN EUROPA E IN ASIA: IL RUOLO DELLE ORGANIZZAZIONI REGIONALI NEL MONITORAGGIO DEL DIRITTO ALLA SALUTE E AL BENESSERE

Sintesi

L'oggetto di questo articolo è il ruolo delle organizzazioni internazionali a carattere regionale nel monitorare l'attuazione degli obiettivi di sviluppo sostenibile e l'approccio normativo dei paesi europei e asiatici a tali obiettivi. Nel 2015 è stata adottata l'Agenda delle Nazioni Unite per lo sviluppo sostenibile. In relazione con questo strumento, le organizzazioni internazionali a carattere regionale, comprese l'Unione europea e l'ASEAN, hanno dovuto includere nelle loro politiche 17 obiettivi dello sviluppo sostenibile. L'articolo si concentra su SDG 3, che riguarda la salute e il benessere (*well-being*). L'articolo è stato preparato sulla base dei seguenti metodi di ricerca: metodo dogmatico, metodo comparativo e analisi sistemica. È stata richiamata l'attenzione sui diversi approcci alla salute umana adottati dall'UE e dall'ASEAN. Viene inoltre presentata la potenziale base normativa per la cooperazione reciproca delle organizzazioni regionali nell'attuazione di SDG e SDG3. È stato riconosciuto che gli sforzi normativi e istituzionali congiunti delle organizzazioni internazionali a carattere regionale, volti a raggiungere gli obiettivi dello sviluppo sostenibile, sono complementari agli strumenti giuridici esistenti nel sistema universale di tutela dei diritti umani, pertanto l'articolo riconosce che tali strumenti giuridici sono in parte complementari.

Parole chiave: obiettivi di sviluppo sostenibile, Nazioni Unite, Agenda per lo sviluppo sostenibile, Diritto internazionale dei diritti umani, ASEAN, Unione europea

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