



## SDG 3: Good Health & Wellbeing

Ensure healthy lives and promote well-being for all ages

### An Overview

Ensuring healthy lives and promoting wellbeing at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. 17,000 fewer children die each day than in 1990, but more than 5 million children still die before their fifth birthday each year. Despite determined global progress, an increasing proportion of child deaths are in Sub-Saharan Africa and Southern Asia - four out of every five deaths of children under age five occur in these regions. Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families. Children of educated mothers—even mothers with only primary schooling—are more likely to survive than children of mothers with no education. Education (SDG 4) and nutrition (SDG 2) are therefore vital elements to be addressed.

Maternal mortality has fallen by 37% since 2000. In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds, however the proportion of mothers that do not survive childbirth compared to those who do, is 14 times higher in developing regions compared to developed regions. Fewer teens are having children in most developing regions, but progress has slowed and, although the need for family planning is slowly being met for more women, demand is increasing at a rapid pace.

Progress has been made in tackling measles, HIV/AIDs, malaria and other such diseases. Since 2000, measles vaccines have averted nearly 15.6 million deaths, and the global malaria incidence rate has fallen by an estimated 37% and the mortality rates by 58%. However, millions are still affected by these diseases and others such as HIV/AIDs. This is the leading cause of death for women of reproductive age worldwide as well as being the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.

Measures are needed to address other common causes of disease and illness – from using clean and efficient fuels for cooking (SDG 7), to education on the risks of tobacco. By focusing on providing more efficient funding of health systems, improved sanitation and hygiene (SDG 6), increased access to physicians and improved air quality (SDG 11), significant progress can be made in helping to save the lives of millions.

### SDG 3 Keywords

This list is comprised of the Scopus queries generated by Elsevier in order to identify research that supports SDG 3, as part of the assessment undertaken by the global THE Impact League.

human and health / disease / illness / medicine / mortality	battered child syndrome	cardiovascular disease	chagas
child abuse	child neglect	child well-being index	youth well-being index
water borne diseases	tropical disease	chronic respiratory disease	Infectious disease
sexually-transmitted disease	communicable disease	aids	hiv
tuberculosis	malaria	hepatitis	polio
vaccine	cancer	diabetes	maternal mortality
child mortality	childbirth complications	neonatal mortality	premature mortality
infant mortality	quality adjusted life year	maternal health	preventable death
tobacco control/ use / addiction	substance abuse/ addiction	drug abuse / addiction	alcohol use/ alcoholism
suicide	post-natal depression	Zika virus	dengue
schistosomiasis	sleeping sickness	ebola	mental health

mental disorder / illness	measles	neglected disease	diarrhoea
cholera	dysentery	typhoid fever	traffic accidents
healthy lifestyle	life expectancy	health policy	health system and access
health risk	inclusive health	social determinants of health	psychological harm
psychological wellbeing	obesity	public health	

### SDG 3 Targets & Indicators

Consider if your research could support a specific target in order to maximise impact.

TARGETS		INDICATORS	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1	Maternal mortality ratio
		3.1.2	Proportion of births attended by skilled health personnel
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1	Under-five mortality rate
		3.2.2	Neonatal mortality rate
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		3.3.2	Tuberculosis incidence per 1,000 population
		3.3.3	Malaria incidence per 1,000 population
		3.3.4	Hepatitis B incidence per 100,000 population
		3.3.5	Number of people requiring interventions against neglected tropical diseases
3.4	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
		3.4.2	Suicide mortality rate
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
		3.5.2	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accident	3.6.1	Death rate due to road traffic injuries
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
		3.7.2	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective,	3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include

<p>quality and affordable essential medicines and vaccines for all</p>	<p>reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population</p>
<p><b>3.9</b> By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p>	<p><b>3.8.2</b> Proportion of population with large household expenditures on health as a share of total household expenditure or income</p> <p><b>3.9.1</b> Mortality rate attributed to household and ambient air pollution</p> <p><b>3.9.2</b> Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)</p> <p><b>3.9.3</b> Mortality rate attributed to unintentional poisoning</p>
<p><b>3.A</b> Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p>	<p><b>3.A.1</b> Age-standardized prevalence of current tobacco use among persons aged 15 years and older</p>
<p><b>3.B</b> Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all</p>	<p><b>3.B.1</b> Proportion of the population with access to affordable medicines and vaccines on a sustainable basis</p> <p><b>3.B.2</b> Total net official development assistance to medical research and basic health sectors</p>
<p><b>3.C</b> Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</p>	<p><b>3.C.1</b> Health worker density and distribution</p>
<p><b>3.D</b> Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>	<p><b>3.D.1</b> International Health Regulations (IHR) capacity and health emergency preparedness</p>

## Useful Links

- [World Health Organization](#)
- [WHO – Reducing Child Mortality](#)
- [UN Children’s Fund](#)
- [UN Development Programme](#)
- [UNAIDS](#)
- [Roll Back Malaria](#)
- [UN Population Fund](#)
- [UN Women](#)
- [UN Water](#)
- [Stop Tuberculosis Partnership](#)
- [UNFPA HIV & AIDS](#)
- [UNFPA Sexual & reproductive health](#)
- [UNFPA Obstetric fistula](#)
- [UNFPA Midwifery](#)
- [UNFPA Maternal health](#)