

GOAL 3. ENSURE HEALTHY LIVES AND PROMOTE WELL BEING FOR ALL AT ALL AGES

Goal 3 Proposed Targetsⁱ:

- 3.1 by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 by 2030 end preventable deaths of newborns and under-five children
- 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
- 3.4 by 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing
- 3.5 strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 by 2020 halve global deaths and injuries from road traffic accidents



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

3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

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

MDG Progress on Global Healthⁱⁱ:

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- New HIV infections continue to decline in most regions.
- The number of new HIV infections per 100 adults (aged 15 to 49) declined by 44 per cent between 2001 and 2012.
- An estimated 2.3 million cases of people of all ages are newly infected and 1.6 million people died from AID-related causes.
- Comprehensive knowledge of HIV transmission remains low among young people, along with condom use.
- About 210,000 children died of AIDS-related causes in 2012, compared to 320,000 in 2005.

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- Antiretroviral medicines to treat HIV were delivered to 9.5 million people in developing regions in 2012.
- Over 900,000 pregnant women living with HIV globally were receiving antiretroviral prophylaxis or treatment by December 2012.

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

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- Between 2000 and 2012, the substantial expansion of malaria interventions led to a 42 per cent decline in malaria mortality rates globally.
- In the decade since 2000, 3.3 million deaths from malaria were averted, and the lives of three million young children were saved.
- Thanks to increased funding, more children are sleeping under insecticide-treated bed nets in sub-Saharan Africa.
- Treatment for tuberculosis has saved some 22 million lives between 1995 and 2012.

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- Despite population growth, the number of deaths in children under five worldwide declined from 12.7 million in 1990 to 6.3 million in 2013, which translates into about 17,000 fewer children dying each day.
- Since 2000, measles vaccines have averted over 14 million deaths.
- Despite determined global progress in reducing child deaths, 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.
- As the rate of under-five deaths overall declines, the proportion that occurs during the first month after birth is increasing.
- 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.

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- The maternal mortality ratio dropped by 45 per cent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births. All regions have made progress but accelerated interventions are required in order meet the target.
- In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two-thirds.
- The proportion of deliveries in developing regions attended by skilled health personnel rose from 56 in 1990 to 68 per cent in 2012.
- The maternal mortality ratio in developing regions is still 14 times higher than in the developed regions.
- The rural-urban gap in skilled care during childbirth has narrowed.

Target 5.B: Achieve, by 2015, universal access to reproductive health

- More women are receiving antenatal care. In developing regions, antenatal care increased from 65 percent in 1990 to 83 per cent in 2012.
- Only half of women in developing regions receive the recommended amount of health care they need.
- Fewer teens are having children in most developing regions, but progress has slowed.
- The large increase in contraceptive use in the 1990s was not matched in the 2000s.
- The need for family planning is slowly being met for more women, but demand is increasing at a rapid pace.
- Official Development Assistance for reproductive health care and family planning remains low.

¹ United Nations Open Working Group. *Outcome Document – Open Working Group on Sustainable Development Goals. July 2014.*

ⁱⁱ United Nations. MDG Momentum. <http://www.un.org/millenniumgoals/mdgmomentum.shtml>