



# **Sustainable Development Goals**

The period of the Sustainable Development Goals (SDGs) has started from 2015 and is going to last up to 2013. The issues related to health is well placed in the SDGs. The health goals are mentioned in SDG 3 and it is broad with the heading 'Ensure healthy lives and promote well-being for all at all ages'. The SDG declaration emphasizes that to achieve the overall health goal, 'we must achieve universal health coverage (UHC) and access to quality health care. Achieving SDG 3 will depend on progress in other SDGs – such as poverty reduction; education; nutrition; gender equality; clean water and sanitation, sustainable energy and safer cities.<sup>1</sup>

## PROGRESS OF GOAL 3 IN OUR COUNTRY

To meet the Sustainable Development Goals health targets by the year 2030, progresses must be accelerated with special attention to the highest burden of disease.

### 1. Reproductive, maternal, newborn and child health

- In 2015, the global maternal mortality ratio stood at 216 maternal deaths per 100,000 live births. Achieving the target of less than 70 maternal deaths by 2030 requires an annual rate of reduction of at least 7.5%, more than double the annual rate of progress achieved from 2000 to 2015. Most maternal deaths can be prevented. In 2016, 78% of live births worldwide benefited from skilled care during delivery, compared to 61% in 2000. In sub-Saharan Africa, however, the rate in 2016 was only 53% of live births.
- The mortality rate for children under 5 years of age globally was 43 deaths per 1,000 live births in 2015. That rate represents a 44% reduction since 2000.
   Mortality among children under 5 years of age remains high in sub-Saharan Africa, with a rate of 84 deaths per 1,000 live births in 2015.
- Children are most vulnerable in the neonatal period (the first 28 days of life). In 2015, the global neonatal mortality rate was 19 deaths per 1,000 live births, a decrease from 31 deaths per 1,000 live births in 2000. Neonatal mortality is highest in Central and Southern Asia and in sub-Saharan Africa, at 29 deaths per 1,000 live births in each of those regions in 2015.
- Preventing unintended pregnancies and reducing adolescent childbearing through universal access to sexual and reproductive health care is crucial to the health and well-being of women, children and adolescents. In 2017, 78% of women of reproductive age (15 to 49 years of age) worldwide who were married or in union had their need for family planning satisfied with modern methods, up from 75% in 2000. Progress has been substantial in the least developed countries, with a rise of 18 percentage points from 2000 to 2017.
- Globally, the adolescent birth rate among females aged 15 to 19 declined by 21% from 2000 to 2015; in Northern America and Southern Asia, it dropped by more than 50 per cent. However, the adolescent birth rate remains high in two thirds of all countries, with more than 20 births per 1,000 adolescent girls in 2015.<sup>2</sup>

#### 2. Infectious diseases

- Major advances have been made in combating infectious diseases. Globally in 2015, there were 0.3 new HIV (human immunodeficiency virus) infections per 1,000 uninfected people; among children under 15 years of age, there were 0.08 new HIV infections. That data represents a decline of 45% and 71% respectively, since 2000. The incidence of HIV infection remained highest in sub-Saharan Africa, with 1.5 new infections per 1,000 uninfected people in 2015.
- In 2015, 10.4 million new cases of tuberculosis were reported worldwide, which represents 142 new cases per 100,000 people, or a decline of 17% since the year 2000. The global malaria incidence rate in 2015 was 94 per 1,000 people at risk, a 41% decrease since 2000. In 2015, 1.6 billion people required mass or individual treatment and care for neglected tropical diseases, a 21% decline from 2010.
- Around 1.34 million deaths were attributed to hepatitis in 2015, including 0.9 million deaths owing to hepatitis B. Hepatitis B can be prevented through vaccinations; global coverage of vaccinations for that disease among children 1 year of age increased from 29% in the year 2000 to 84% in 2015.
- A major risk factor for infectious diseases and mortality is the lack of safe water, sanitation and hygiene (WASH) services, which disproportionately affects sub-Saharan Africa, Central Asia and Southern Asia. Death rates owing to the lack of WASH services in those two regions were 46 and 23 per 100,000 people, respectively, compared to 12 per 100,000 people globally in 2012.<sup>3</sup>

### 3. Non-communicable diseases and mental health

- Premature deaths (before 70 years of age) due to cardiovascular diseases, cancer, chronic respiratory diseases and diabetes mellitus was about 13 million in 2015, accounting for 43% of all premature deaths in the globe. From 2000 to 2015, the risk of dying between 30 and 70 years of age from one of those four causes reduced from 23% to 19%, falling short of the rate required to meet the 2030 target of a one-third reduction.
- Mental disorders as depression can lead to suicide.
  Nearly 800,000 suicides occurred worldwide in 2015, with men about twice as likely to commit

- suicide as women. Measures in SDG have been taken widely.
- Tobacco and alcohol use contributes to the burden of non-communicable diseases. The World Health Organization (WHO) Framework Convention on Tobacco Control has been ratified by 180 parties, which represent 90% of the global population. Still, more than 1.1 billion people, mostly men, consumed tobacco in 2015. The prevalence of smoking among those individuals at the of15 and older dropped from 23% in 2007 to 21% in 2013. In 2016, the average consumption of pure alcohol was 6.4 liters per year per person among those individuals 15 years of age or older.
- Indoor and ambient air pollution is the greatest environmental health risk. Globally in 2012, household air pollution from cooking with unclean fuels or inefficient technologies led to an estimated 4.3 million deaths, while ambient air pollution from traffic, industrial sources, waste burning or residential fuel combustion resulted in an estimated 3 million deaths.<sup>4</sup>

### 4. Other health risks

- In 2013, about 1.25 million people died from road traffic injuries, the leading cause of death among males between 15 and 29 years of age. Road traffic deaths have increased by about 13% globally since 2000.
- Worldwide in 2015, an estimated 108,000 people died as a result of unintentional poisoning. That figure represents 1.5 deaths per 100,000 people, a 33% decrease since 2000.5

## 5. Health systems and funding

- In 2015, total official flows for medical research and basic health from all donor countries and multilateral organizations amounted to \$9.7 billion, an increase in real terms of 30 per cent since 2010.
   Of that amount, the member countries of the Development Assistance Committee of OECD contributed \$4.3 billion.
- Available data from 2005 to 2015 indicate that over 40% of all countries have less than one physician per 1,000 people, and around half have fewer than three nurses or midwives per 1,000 people. Almost all least developed countries have less than one physician and fewer than three nurses or midwives per 1,000 people.<sup>5</sup>

#### Conclusions:

Bangladesh has always paid attention to the poor and the disadvantaged both economically and financially. Indicators of extreme poverty demonstrate that poverty has been reduced from about 50% of the population in 2000, to just over 30% in 2010. Extensive improvements in social welfare have been achieved already. In the coming years growth in all aspects of health will increase at a rate of 6 to 6 ½ per cent with inexpensive labour and successful government policies. Along with global economic recovery, favorable demographics and improving investor confidence, deep commitment to social solidarity, progressive development agenda will bring about great success in SDGs related to health.<sup>6</sup>

### **List of Abbreviations**

SDGs: Sustainable Development Goals

UHC: Universal health coverage

HIV: Human immunodeficiency virus

WHO: World Health Organization

WASH: Water, sanitation and hygiene

OECD:Organisation for Economic Co-operation and Development

### Dr. Afshan Zareen

Associate Professor Department of Community Medicine Sir Salimullah Medical College

### References

- World Health Organization. Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals. Geneva: WHO; 2015. http://www.who.int/gho/publications/mdgs-sdgs/en/ (accessed on 29/09/2017).
- World Health Organization. World Health Statistics 2016: Monitoring Health for the SDGs. Geneva: WHO; 2016. http://www.who.int/gho/publications/ world\_health\_statistics/2016/ en/ (accessed on 29/09/2017).
- World Health Organization, the World Bank and USAID. Health Measurement and Accountability post 2015: Five-point call to action. http:// www.who.int/hrh/news/2015/5point-call-to-action. pdf?ua=1(accessed on 30/09/2017).
- World Health Organization, the World Bank and USAID. The Roadmap for Health Measurement and Accountability. Washington, D.C. World Bank: 2015. http://www.who.int/hrh/documents/roadmap

- 4health-measurement\_accountability.pdf?ua=1 (accessed on 30/09/2017).
- The Conference on Measurement and Accountability for Universal Health Coverage in the Asia Pacific and AeHIN 4th General Meeting. Bali, Indonesia: 2015. http://ma4healthap. aehinacademy.org/ (accessed on 30/09/2017).
- Ahmed H U. (2017). Challenges to Achieving Sustainable Development Goals. The Financial Express. (accessed on 05/10/2017).