



Partnership for Capacity Development in Household  
Surveys for Welfare Analysis

*Measuring Income and Wealth through Household  
Surveys for Welfare Monitoring*

## Measuring Progress in SDGs

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# 2030 Agenda for Sustainable Development

The 17 Sustainable Development Goals (SDGs), with their 169 targets, form the **core of the 2030 Agenda**.

They balance the **economic, social and ecological dimensions** of sustainable development, and place the **fight against poverty and sustainable development** on the same agenda for the first time.



# SDGs reinforce health as a political priority and set an ambitious agenda

- The 2030 Agenda for Sustainable Development has **reinforced global health as a political priority**.
- Healthy populations are **critical to sustainable development**.
- Health is also an **outcome and indicator of progress** that reflects the success of **many goals and the 2030 Agenda as a whole**.

## SDG 3

# “Ensure health and wellbeing for all, at every stage of life”

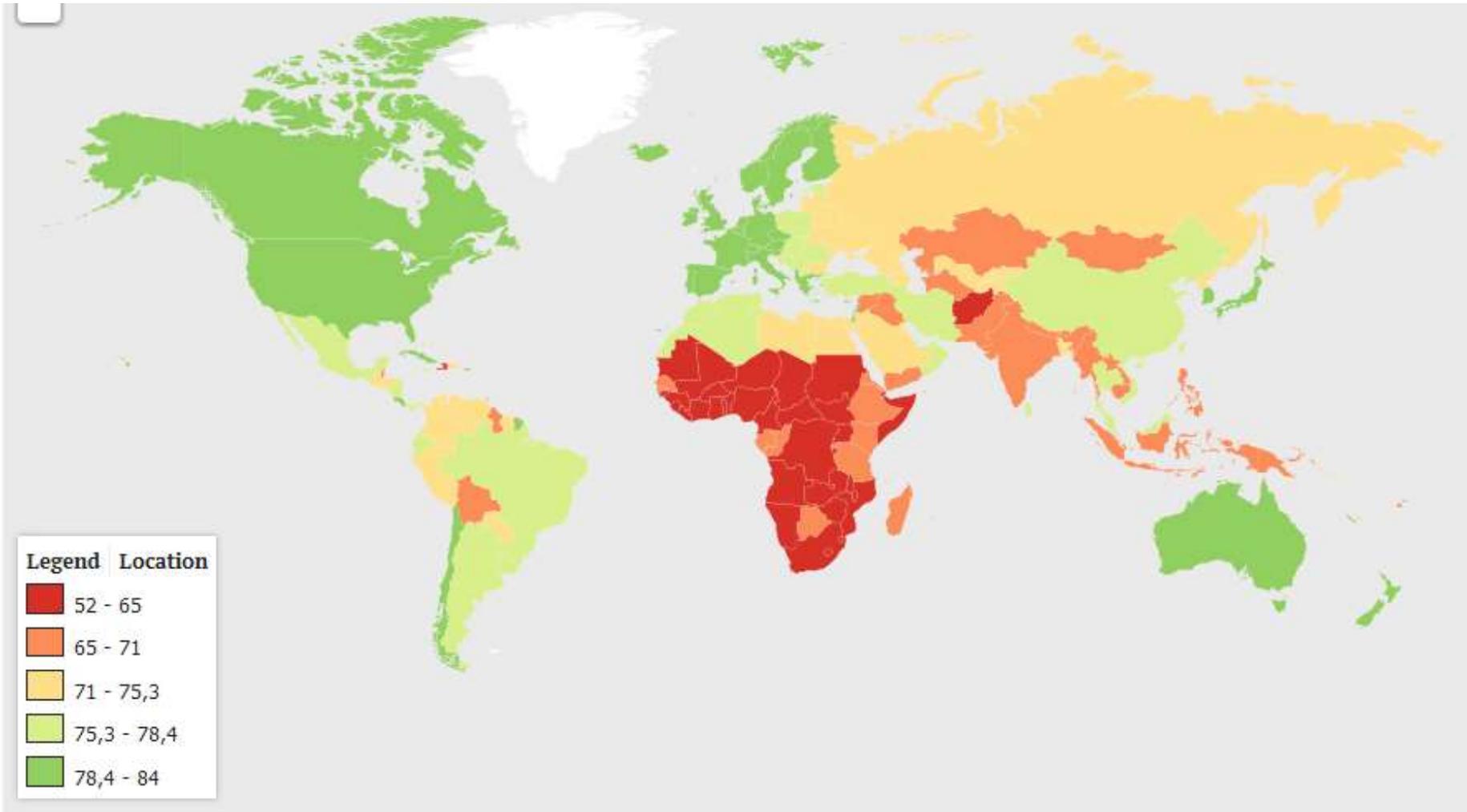
- The Goal addresses **all major health priorities**, including sexual, reproductive, maternal, newborn, child and adolescent health, communicable, non-communicable and environmentally driven diseases, universal health coverage and access to safe, effective, quality and affordable medicines and vaccines.
- It also calls for more research and development, increased and diversified health financing, enhanced health workforce and strengthened capacity of all countries in health risk reduction and management. **Universal health coverage (UHC) acts as key driver for achieving all targets.**

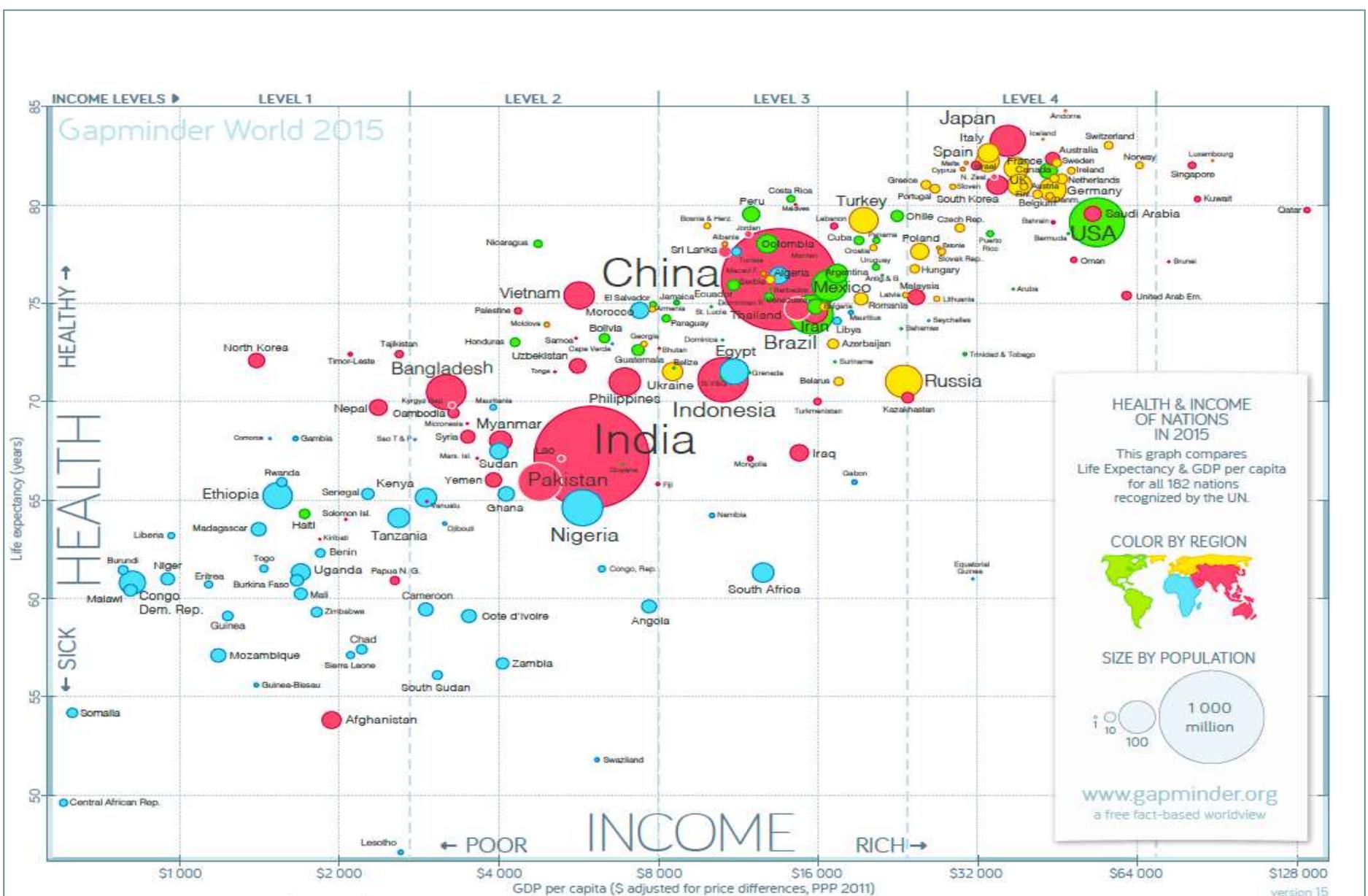
## Rationale of SDG 3

# “Ensure health and wellbeing for all, at every stage of life”

- Since the year 2000, the world has made great progress against several of the leading causes of death and disease.
- Life expectancy has increased dramatically and infant and maternal mortality have declined.
- However, progress has been uneven, both between and within countries. There remains a 31-year discrepancy between the countries with the shortest and longest life expectancies.

# Life expectancy at birth (2017)





© DATA SOURCES—INCOME: World Bank's GDP per capita, PPP (2011 International \$). Income of Syria & Cuba are Gapminder estimates. X-axis uses log-scale to make a doubling income show same distance on all levels. POPULATION: Data from UN Population Division. LIFE EXPECTANCY: IHME GBD-2015 as of Oct 2016. ANIMATING GRAPH: Go to [www.gapminder.org/food](http://www.gapminder.org/food) to see how this graph changed historically and compare 500 other indicators. LICENSE: Our charts are freely available under Creative Commons Attribution License. Please copy, share, modify, integrate and even sell them, as long as you mention "Based on a free chart from www.gapminder.org".

# SDG 3: measurable targets

## TARGET 3.1



### **REDUCE MATERNAL MORTALITY**

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

## TARGET 3.3



### **FIGHT COMMUNICABLE DISEASES**

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

## TARGET 3.5



### **PREVENT AND TREAT SUBSTANCE ABUSE**

Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.

# SDG 3: measurable targets

## TARGET 3.2



### **END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE**

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.

## TARGET 3.4



### **REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH**

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

## TARGET 3.6



### **REDUCE ROAD INJURIES AND DEATHS**

By 2020, halve the number of global deaths and injuries from road traffic accidents.

# SDG 3: global targets

## TARGET 3.7



### **UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE CARE, FAMILY PLANNING AND EDUCATION**

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.

## TARGET 3.9



### **REDUCE ILLNESSES AND DEATH FROM HAZARDOUS CHEMICALS AND POLLUTION**

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

## TARGET 3.8



### **ACHIEVE UNIVERSAL HEALTH COVERAGE**

Achieve universal health coverage, 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.

# SDG 3: global targets

## TARGET 3.A

### IMPLEMENT THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.



## TARGET 3.C

### INCREASE HEALTH FINANCING AND SUPPORT HEALTH WORKFORCE IN DEVELOPING COUNTRIES

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.



## TARGET 3.B

### SUPPORT RESEARCH, DEVELOPMENT AND UNIVERSAL ACCESS TO AFFORDABLE VACCINES AND MEDICINES

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.



## TARGET 3.D

### IMPROVE EARLY WARNING SYSTEMS FOR GLOBAL HEALTH RISKS

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.



# How much will it cost to achieve these targets?

- Ensuring healthy lives for all requires a strong commitment, but the benefits outweigh the cost.
- Healthy people are the foundation for healthy economies.
- For example, an expense of \$1 billion for expanding immunization coverage against influenza, pneumonia and other preventable diseases, would allow to save 1 million children's lives each year.
- **The cost of inaction is greater.** Millions of children will continue to die from preventable diseases, women will die in pregnancy and childbirth, and health care costs will continue to plunge millions of people into poverty.
- Noncommunicable diseases alone will cost low- and middle-income countries more than \$7 trillion in the next 15 years

# Measuring progress in SDGs

# importance of data

- **Quality and timely data are vital** for enabling governments, international organisations, civil society, private sector and the general public to make **informed decisions and to ensure the accountability of representative bodies.**
- Effective planning, follow-up and review of the implementation of the 2030 Agenda for Sustainable Development requires **the collection, processing, analysis and dissemination of an unprecedented amount of data and statistics** at local, national, regional and global levels and by multiple stakeholders.

# Importance of data

- The 2030 Agenda explicitly calls for **enhancing capacity building** to support national plans to implement the sustainable development goals.
- **National statistical systems (NSS)** face the urgent need to adapt and develop in order to **meet the widening, increasing and evolving needs of data users**, including for the full implementation of the 2030 Agenda for Sustainable Development.

# Approaches to track goal progression: challenges

- There is a wide range of statistical capacity among countries, with individual countries setting their own national priorities.
- Some countries are facing steeper challenges than others.
- Capacity building is important for all countries, even more so for developing countries, particularly African countries, least developed countries, landlocked developing countries, small island developing States and middle-income countries and other countries in vulnerable situations.

# Approaches to track goal progression

- In a view to address challenge to many national and international statistical systems, the first United Nations Data Forum was held in Cape Town, South Africa in January 2017.
- The aim was to put in place a **global action plan for sustainable development** and it outlined several objectives that were developed together with the private sector, academia and civil society.

# Approaches to track goal progression

The main strategic objectives of the Cape Town Global Action Plan are:

- Coordination and strategic leadership on data for sustainable development
- Innovation and modernization of national statistical systems
- Strengthening of basic statistical activities and programmes
- Data dissemination and use
- Multi-stakeholder partnerships
- Resource mobilization and coordination

It was adopted by the UN Statistical Commission and progress from countries is being monitored at regular intervals.

# The Cape Town Global Action Plan (2017)

## *Strategic Area 1: Coordination and strategic leadership on data for sustainable development*

**Objective 1.1:** Strengthen national statistical systems and the coordination role of national statistical offices

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**Objective 1.2:** Strengthen coordination among national statistical systems and regional and international organizations active in the production of data and statistics for sustainable development

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## *Strategic Area 2: Innovation and modernization of national statistical systems*

**Objective 2.1:** Modernize governance and institutional frameworks to allow national statistical systems to meet the demands and opportunities of constantly evolving data ecosystems

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**Objective 2.2:** Modernize statistical standards, particularly those aimed to facilitate data integration and automation of data exchange across different stages of the statistical production process

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**Objective 2.3:** Facilitate the application of new technologies and new data sources into mainstream statistical activities

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# The Cape Town Global Action Plan (2017)

***Strategic Area 3: Strengthening of basic statistical activities and programmes, with particular focus on addressing the monitoring needs of the 2030 Agenda***

**Objective 3.1:** Strengthen and expand household survey programmes, integrated survey systems, business and other economic survey programmes, population and housing census programmes, civil and vital statistics programmes and the International Comparison Programme taking into account the needs posed by the 2030 Agenda

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**Objective 3.2:** Improve the quality of national statistical registers and expand the use of administrative records integrating them with data from surveys and other new data sources, for the compilation of integrated social, economic and environmental statistics and in relation to follow up on the 2030 Agenda

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**Objective 3.3:** Strengthen and expand System of National Accounts and the System of Environmental Economic Accounts

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**Objective 3.4:** Integrate geospatial data into statistical production programmes at all levels.

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**Objective 3.5:** Strengthen and expand data on all groups of population to ensure that no is left behind

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**Objective 3.6:** Strengthen and expand data on domains that are currently not well developed within the scope of official statistics

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# The Cape Town Global Action Plan (2017)

## *Strategic Area 4: Dissemination and use of sustainable development data*

**Objective 4.1:** Develop and promote innovative strategies to ensure proper dissemination and use of data for sustainable development

## *Strategic Area 5: Multi-stakeholder partnerships for sustainable development data*

**Objective 5.1:** Develop and strengthen partnerships of national and international statistical systems with governments, academia, civil society, private sector and other stakeholders involved in the production and use of data for sustainable development

## *Strategic Area 6: Mobilize resources and coordinate efforts for statistical capacity building*

**Objective 6.1:** Ensure that resources are available to implement the necessary programmes and actions as outlined in this global action plan (both domestic and from international cooperation)

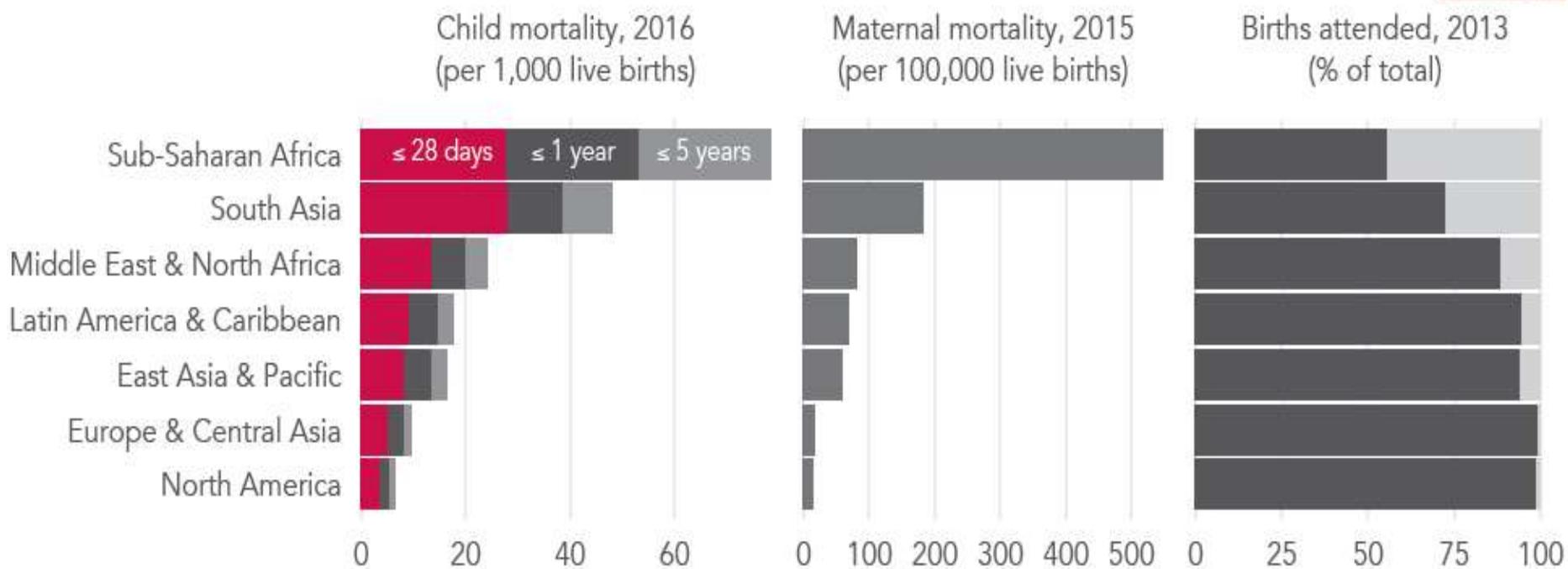
# Approaches to track goal progression: World Bank

- The World Bank has taken an active role in monitoring and data visualisation for the SDGs.
- It launched its **2017 Atlas of Sustainable Development Goals**.
- The atlas includes **150 maps and data visualisations** showing trends and country-level comparisons on the progress being made towards the 17 SDGs.

# World Bank: 2017 Atlas of Sustainable Development Goals

Children are at greatest risk in the first 28 days of life. Birth attendance by skilled health staff helps reduce maternal and neonatal mortality.

**SDG 3.1**



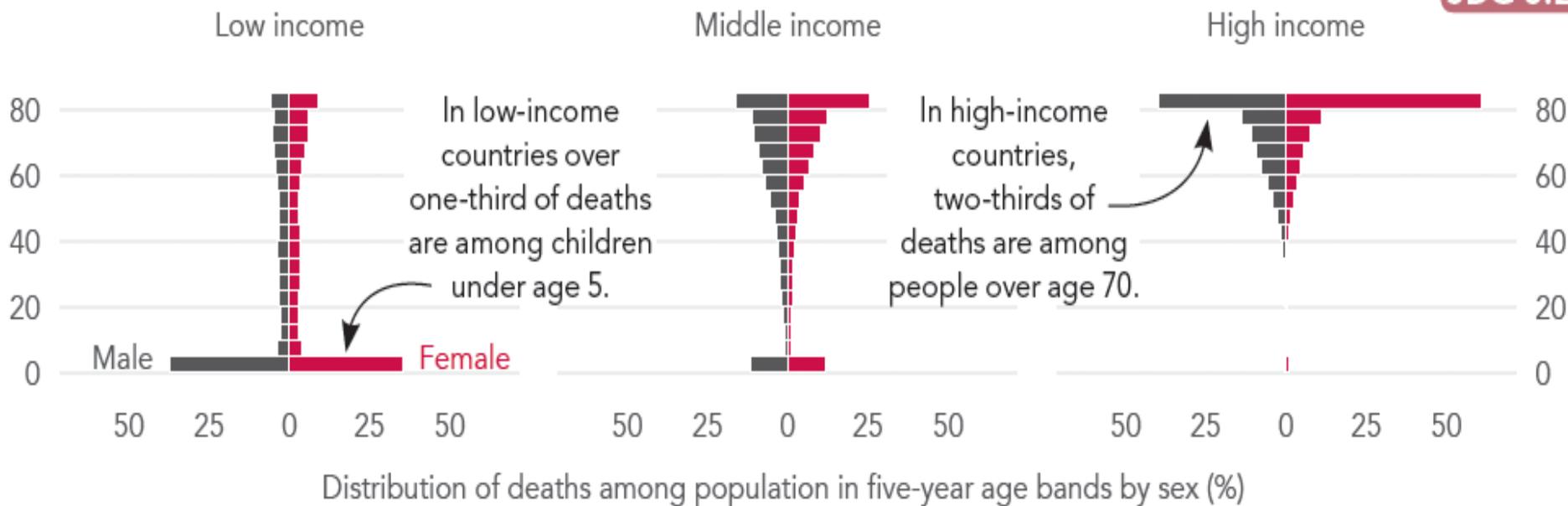
Source: UN Inter-agency Group for Child Mortality Estimation, WHO, UNICEF, UNFPA, World Bank, and UN Population Division. World Development Indicators (SH.DYN.NMRT; SP.DYN.IMRT.IN; SH.DYN.MORT; SH.STA.MMRT; SH.STA.BRTC.ZS).

# World Bank: 2017 Atlas of Sustainable Development Goals

In high-income countries the majority of people who die are old. But in low-income countries children under age 5 account for one in three deaths.

Deaths by sex and age group, 2010–15

SDG 3.2



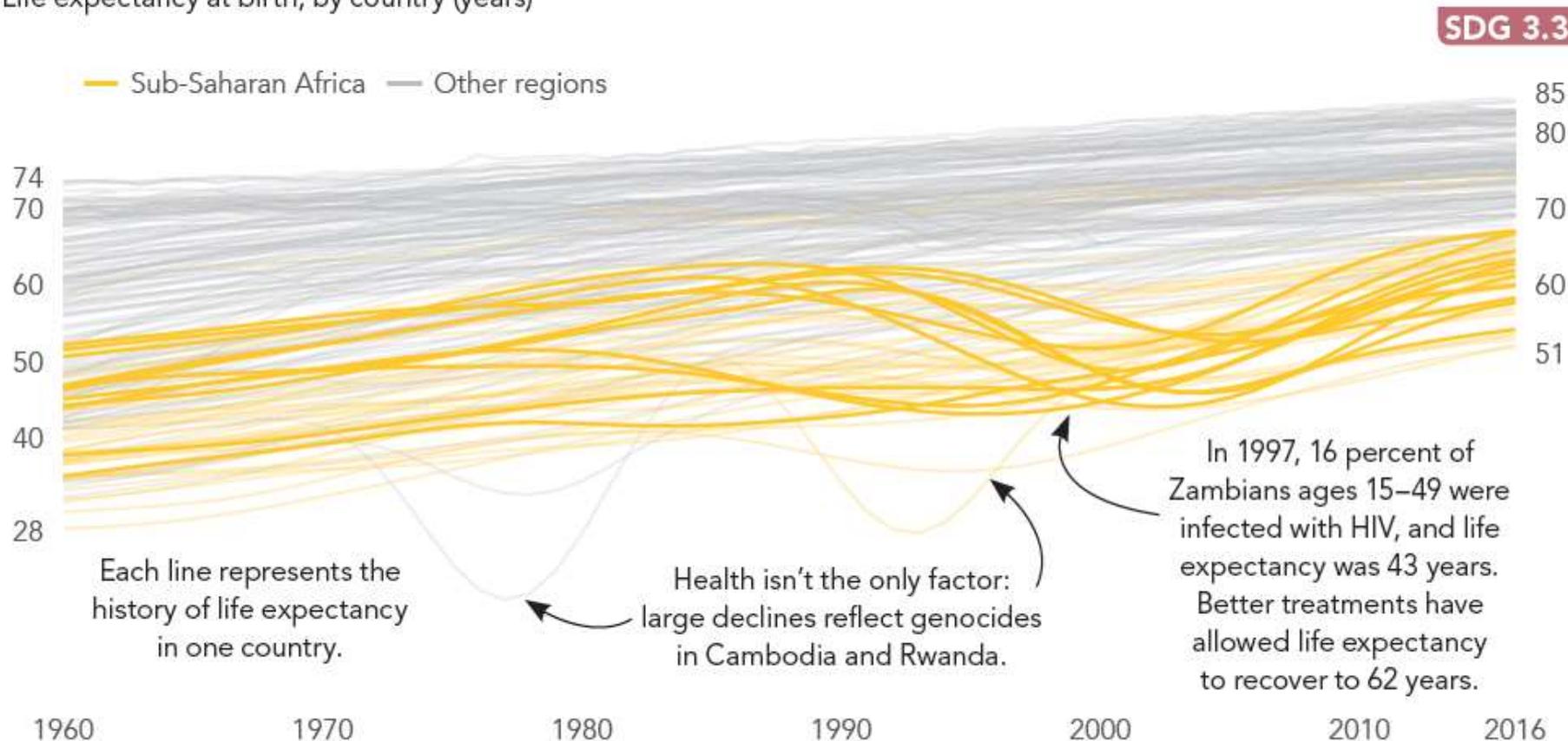
Note: Ages 80 and older are combined into a single group.

Source: UN Population Division, World Population Prospects 2017.

# World Bank: 2017 Atlas of Sustainable Development Goals

Demography is closely related to health outcomes: while life expectancy has generally risen, HIV/AIDS caused sharp declines in many countries in the 1990s.

Life expectancy at birth, by country (years)



Note: The countries highlighted with heavier lines are those where all-time peak HIV prevalence exceeded 10 percent.

Source: UN Population Division and other sources, World Development Indicators (SP.DYN.LE00.IN).

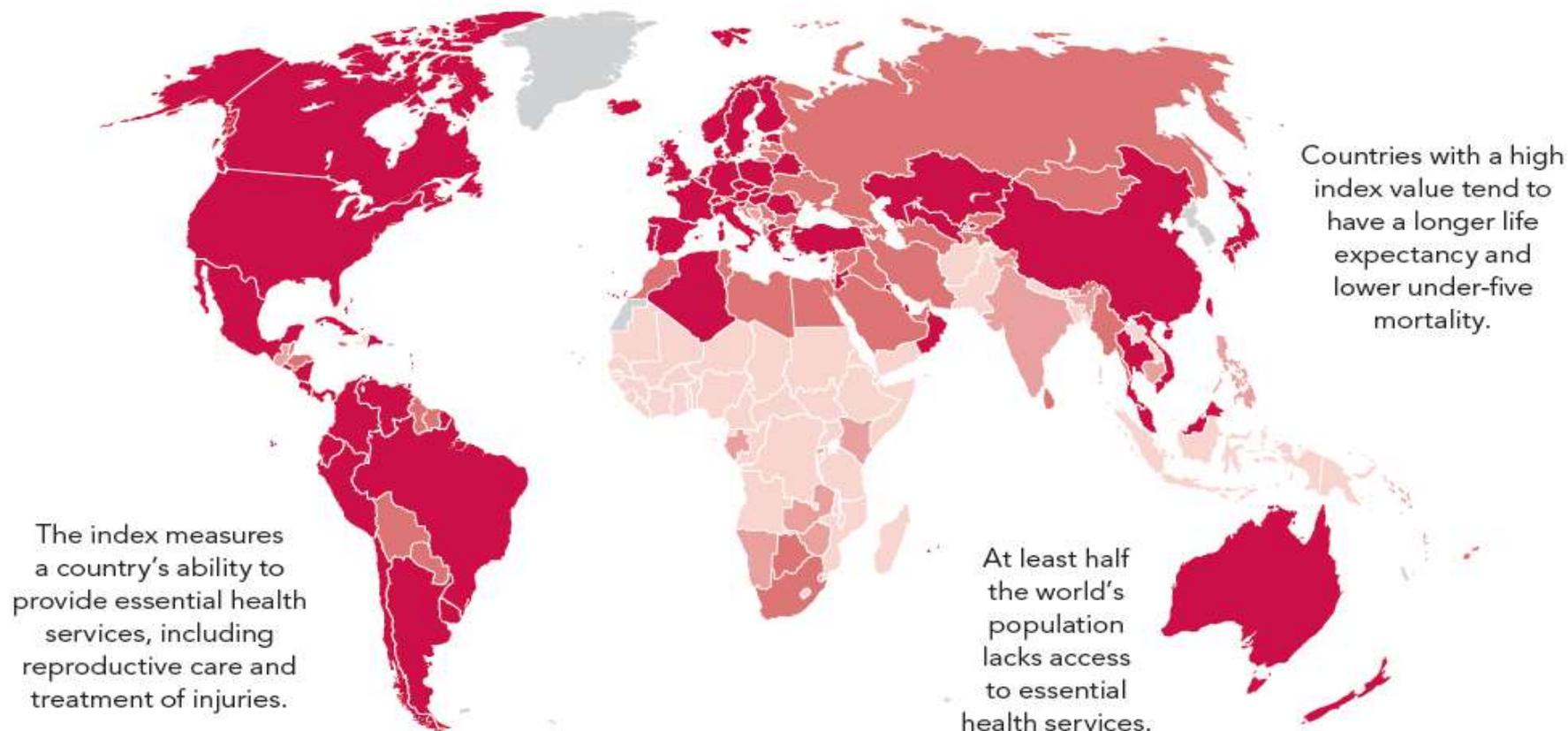
# World Bank: 2017 Atlas of Sustainable Development Goals

**Universal health coverage is about all people having access to the care they need without financial hardship. Service coverage varies widely across countries.**

Universal Health Coverage service index, 2015

**SDG 3.8**

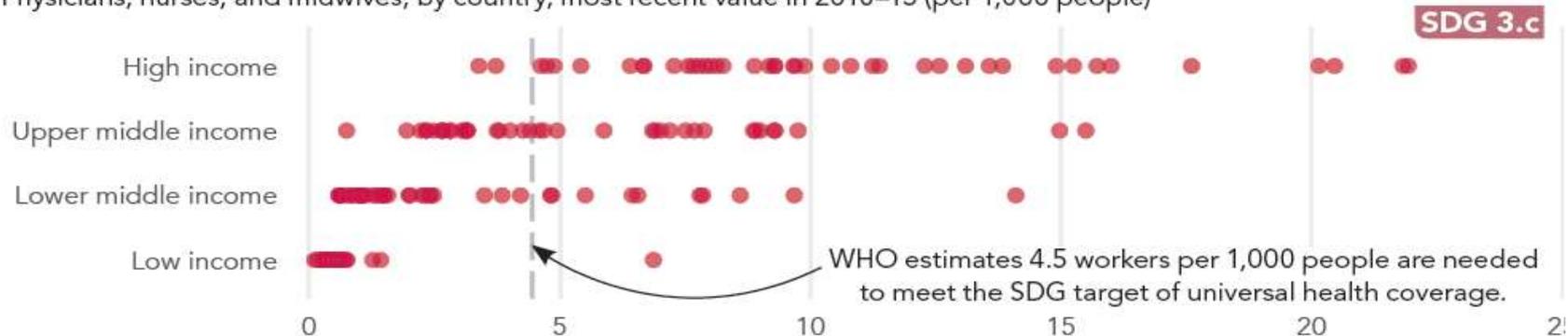
Under 50   50–60   60–70   70 and over   No data



# World Bank: 2017 Atlas of Sustainable Development Goals

**Not every country has enough health workers to meet the needs of its population. High-income countries have 15 times as many physicians as low-income countries do.**

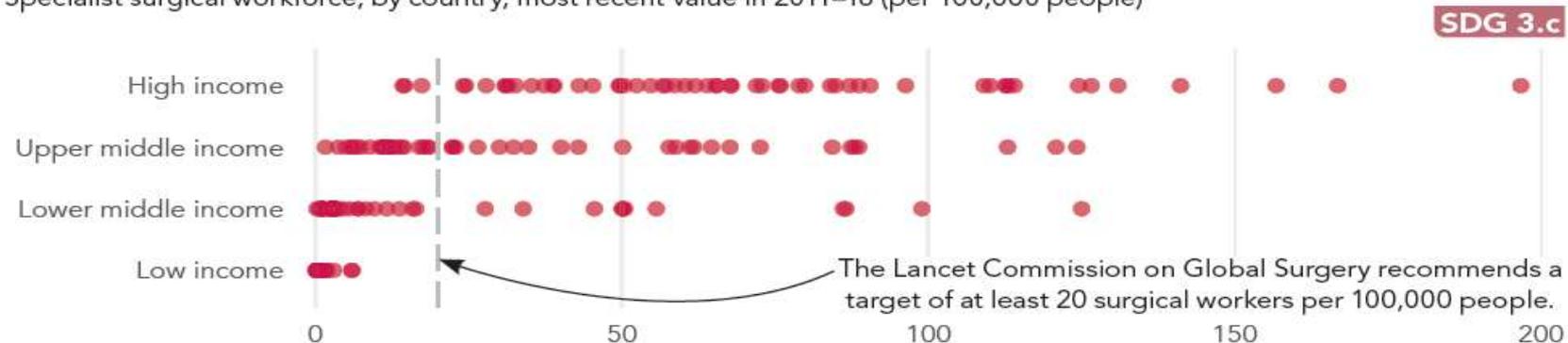
Physicians, nurses, and midwives, by country, most recent value in 2010–15 (per 1,000 people)



Source: WHO, OECD, and other sources. World Development Indicators (SH.MED.PHYS.ZS; SH.MED.NUMW.P3).

**Low-income countries have a severe shortage of specialist surgical workers. All low- and most lower-middle-income countries have fewer than the target number.**

Specialist surgical workforce, by country, most recent value in 2011–16 (per 100,000 people)



Source: The Lancet Commission on Global Surgery. World Development Indicators (SH.MED.SAOP.P5).

# Approaches to track goal progression: IHME

- The complexities of measuring the success of the SDGs has also prompted **many researchers beyond the UN and its affiliated global organisations** to develop tools to help.
- One such group are researchers at the **Institute for Health Metrics and Evaluation (IHME)**, a global health research centre housed at the University of Washington in Seattle, US.
- Here a **unique tool** has been developed through global research collaboration. Users can employ it to measure **advancements from 1990–2017, made by 188 countries towards 33 health-related targets for SDG3**. The IHME also developed the related Global Burden of Disease research tool used for the Millennium Goals,

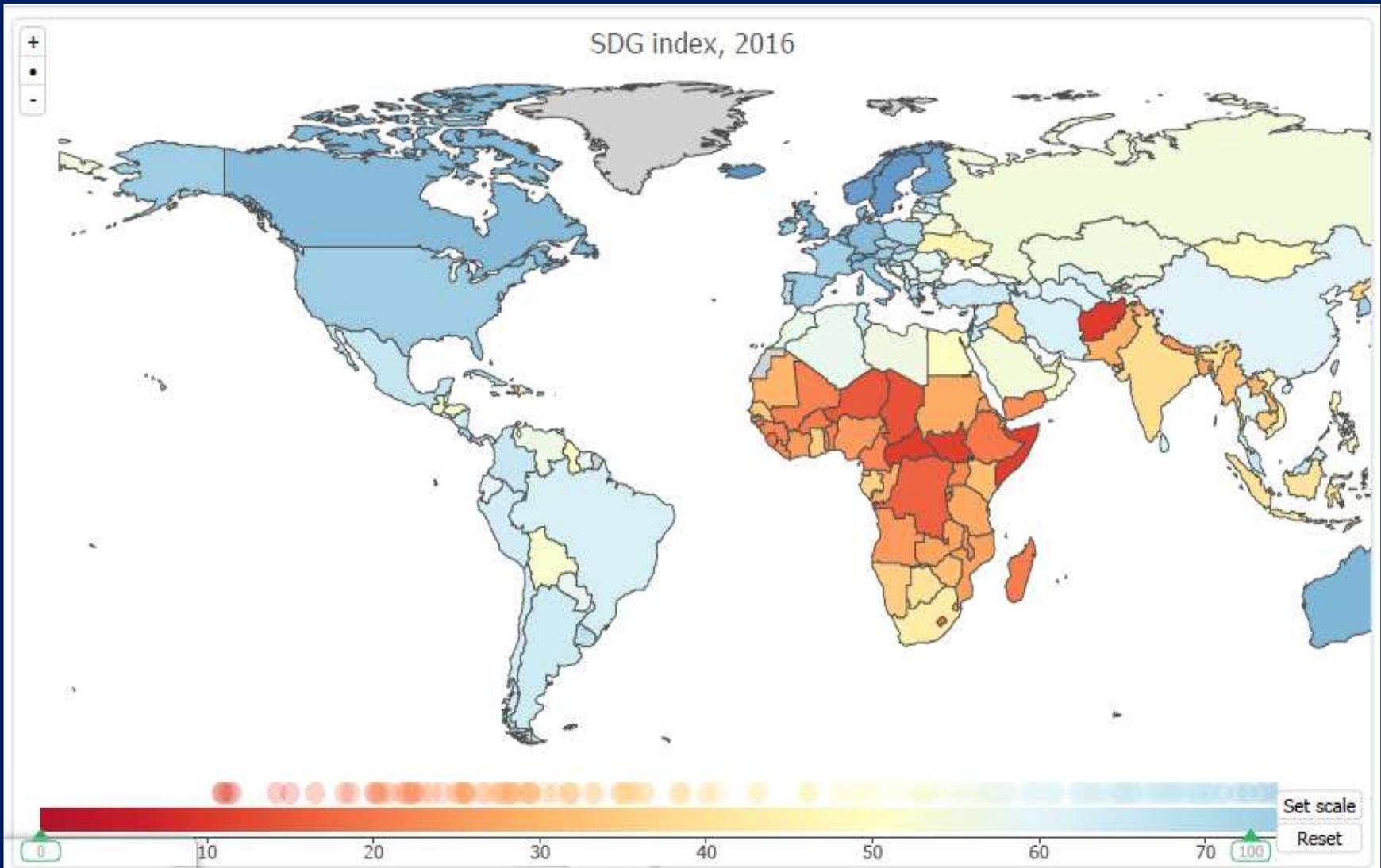


# IHME (cont.)

- 1 Singapore
- 2 Norway
- 3 Sweden
- 4 Israel
- 5 UK
- 6 Netherlands
- 7 Canada
- 8 Switzerland
- 9 Malta
- 10 Finland
- 11 Japan
- 12 Iceland
- 13 Slovenia
- 14 Denmark
- 15 Belgium
- 16 Ireland
- 17 Cyprus
- 18 New Zealand
- 19 Germany
- 20 Brunei
- 21 USA
- 22 Spain
- 23 Slovakia
- 24 Jordan
- 25 Maldives
- 26 South Korea
- 27 Australia
- 28 Barbados
- 29 Austria
- 30 Mauritius
- 31 Portugal
- 32 Kuwait
- 33 The Bahamas
- 34 Italy
- 35 Panama
- 36 Bermuda
- 37 France
- 38 Taiwan (province of China)
- 39 Bahrain
- 40 Poland
- 41 Luxembourg
- 42 Czech Republic

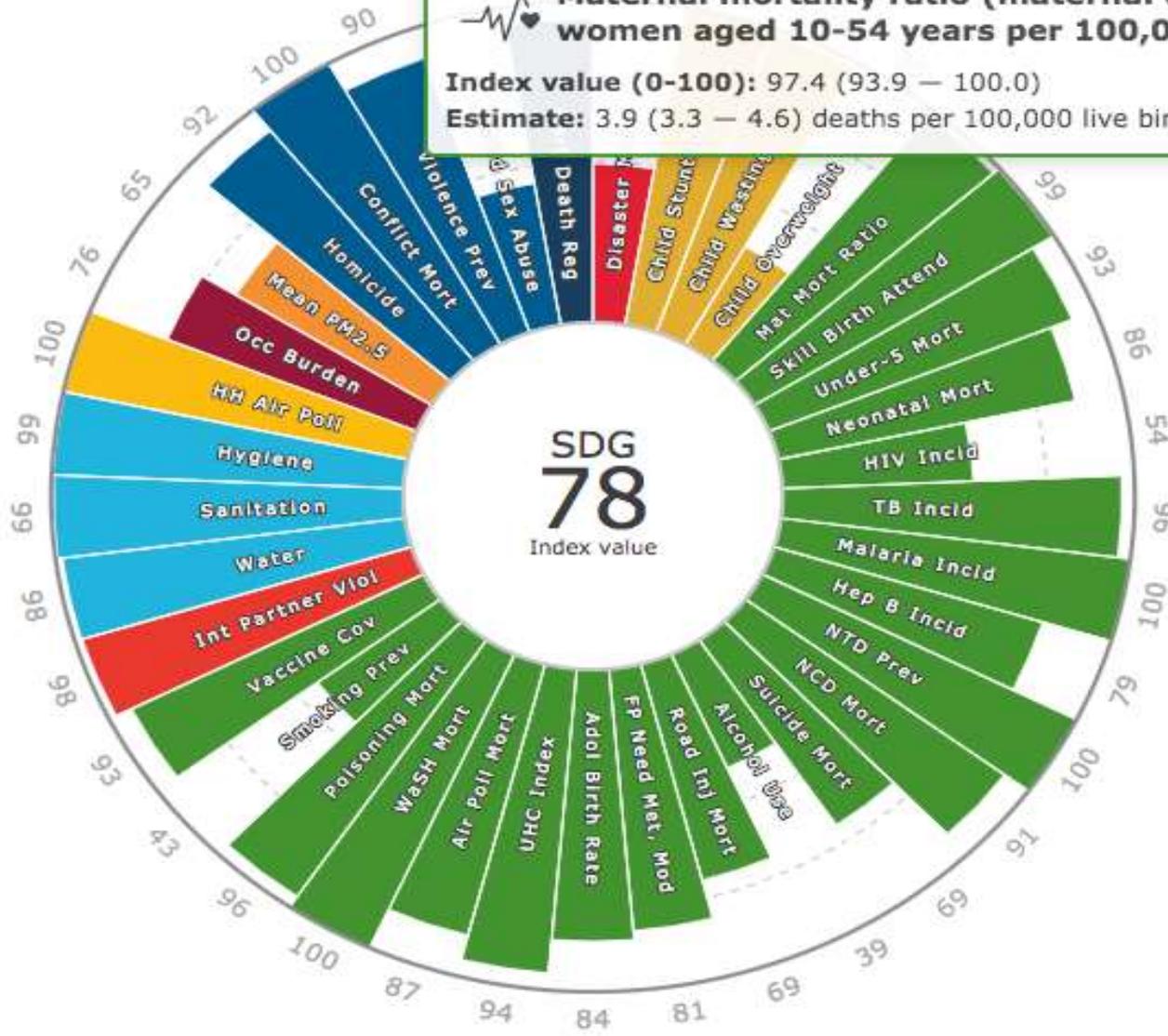
	SDG index	Disaster mortality	Child stunting	Child wasting	Child overweight	Maternal mortality ratio	Skilled birth attendance	Under-5 mortality	Neonatal mortality	HIV incidence	Tuberculosis incidence	Malaria incidence	Hepatitis B incidence	NTD prevalence	NCD mortality	Suicide mortality	Alcohol use	Road injury mortality	FP need met, mod	Adolescent birth rate	UHC service coverage index	Air pollution mortality	WaSH mortality	Poisoning mortality	Smoking prevalence	Vaccine coverage	Health worker density	Intimate partner violence	Non-intimate partner sexual violence	Water	Sanitation	Hygiene	Household air pollution	Occupational risk burden	Mean PM <sub>2.5</sub>	Homicide	Conflict mortality	Physical violence	Sexual violence	Child sex abuse	Well-certified death registration
1 Singapore	85	100	97	85	55	95	100	100	100	73	62	100	45	100	100	61	64	100	80	99	97	77	79	100	73	81	95	96	58	98	99	97	100	70	58	100	100	99	100	58	100
2 Norway	84	100	99	99	38	100	100	100	98	62	94	100	98	100	97	51	40	100	94	93	100	100	88	44	64	84	100	95	55	100	100	100	100	64	95	95	100	88	96	62	91
3 Sweden	83	100	99	99	46	100	100	98	96	60	91	100	98	100	99	43	31	100	99	95	100	99	89	73	81	85	90	88	43	100	100	100	100	70	98	84	100	84	84	62	92
4 Israel	82	100	98	98	49	96	99	92	89	58	100	100	96	100	99	72	77	80	91	74	93	76	85	99	50	97	95	91	61	100	99	100	100	74	55	69	40	88	100	39	86
5 UK	80	100	98	99	41	87	100	87	80	54	80	100	93	100	85	61	30	100	99	66	95	84	92	86	46	94	99	91	68	100	100	100	100	60	80	100	100	79	86	52	98
6 Netherlands	80	100	99	99	51	92	100	90	82	70	97	100	99	100	87	51	36	99	90	100	100	83	95	100	53	82	97	90	29	100	100	100	100	55	75	91	100	88	95	52	91
7 Canada	79	84	98	99	40	88	99	82	76	55	100	100	89	100	90	44	32	77	95	70	98	98	88	71	64	82	98	92	62	100	99	100	100	56	96	76	100	97	88	58	96
8 Switzerland	79	100	99	99	39	93	100	91	81	60	93	100	88	100	100	51	29	100	94	100	100	98	98	100	38	74	100	95	66	100	100	100	100	48	81	99	100	88	93	58	93
9 Malta	79	100	98	98	36	80	100	80	68	44	90	100	95	100	88	82	48	100	81	71	93	74	96	100	43	67	96	95	60	100	99	100	100	59	70	84	100	88	95	60	92
10 Finland	79	100	99	99	51	100	100	100	100	73	98	100	86	100	92	37	18	95	99	87	97	100	100	81	53	79	100	91	34	100	100	100	100	70	99	77	100	88	92	64	100
11 Japan	79	68	88	86	74	96	99	100	100	82	90	100	54	100	100	28	46	98	66	100	99	97	82	80	47	84	91	94	58	98	99	97	100	56	76	100	78	89	98	57	84
12 Iceland	79	36	99	99	23	100	100	100	100	61	97	100	99	100	98	49	43	99	97	78	100	98	96	76	67	64	100	95	56	100	100	100	100	53	96	95	100	88	95	60	96
13 Slovenia	78	100	90	91	21	92	100	100	98	89	94	100	48	100	95	32	67	82	74	96	94	79	100	85	31	79	95	100	84	98	98	100	96	52	64	92	100	90	93	70	94
14 Denmark	77	100	99	99	33	100	100	91	86	59	95	100	92	100	84	53	21	96	87	98	96	83	87	89	53	68	100	93	65	100	100	100	100	49	82	92	100	88	93	63	92
15 Belgium	77	100	99	99	42	91	100	92	89	56	89	100	89	100	88	32	22	76	94	85	98	82	86	76	49	98	100	89	62	100	100	100	100	63	72	82	100	88	93	59	88
16 Ireland	76	100	99	99	34	100	100	93	87	53	94	100	98	100	93	55	11	100	86	76	100	91	95	86	52	83	98	96	73	100	99	100	100	68	89	96	100	88	90	39	97
17 Cyprus	76	100	98	99	45	87	100	97	92	58	84	100	90	100	88	81	36	62	94	100	99	71	94	87	21	82	95	99	79	100	100	100	100	58	62	79	100	88	86	60	72
18 New Zealand	76	100	94	98	25	81	100	87	83	66	85	100	60	100	87	42	26	73	91	57	97	98	86	86	60	94	100	81	43	98	98	96	100	47	98	79	100	58	85	20	100
19 Germany	75	100	100	100	42	87	100	92	88	59	93	100	96	100	81	48	17	92	91	83	94	81	92	100	31	88	100	96	68	100	100	100	100	56	75	94	100	88	96	51	91
20 Brunei	75	100	82	85	53	50	99	70	66	60	42	100	41	100	48	68	92	44	77	71	73	80	75	61	63	72	92	94	72	98	99	97	100	48	98	78	100	88	100	60	81
21 USA	74	71	99	100	49	60	99	77	70	49	100	100	98	100	71	37	32	56	91	56	90	87	86	59	55	92	97	100	27	100	97	100	100	69	93	42	79	100	83	51	94
22 Spain	74	100	100	96	39	96	100	95	92	51	89	100	87	99	94	73	7	95	87	82	99	94	98	88	26	83	99	100	66	100	100	100	99	75	83	98	100	100	88	62	91
23 Slovakia	73	100	90	91	32	88	100	80	77	92	88	100	53	100	59	50	23	76	82	54	83	60	91	59	37	86	100	86	65	97	99	100	98	72	61	70	100	90	89	70	96
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25 Maldives	72	100	70	52	74	41	99	74	64	96	59	100	48	88	86	95	88	70	54	62	75	80	64	100	51	72	75	78	81	35	83	77	90	64	91	91	100	77	88	75	69
26 South Korea	72	100	98	97	41	83	100	94	96	75	55	63	24	95	100	16	38	66	82	100	97	75	80	72	48	85	88	94	58	98	99	97	100	37	48	85	100	89	88	61	90
27 Australia	72	64	95	99	46	98	99	90	85	62	100	100	75	100	95	44	22	81	98	69	100	96	92	86	71	98	99	100	0	98	99	97	100	57	89	80	100	89	92	64	97
28 Barbados	72	100	90	93	56	40	99	62	46	43	94	100	89	96	66	87	51	67	69	38	70	57	57	86	82	73	96	88	36	75	88	76	100	98	52	30	100	98	70	60	89
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30 Mauritius	71	100	78	40	54	48	99	60	46	45	75	100	35	65	50	56	64	58	79	54	65	48	73	75	48	84	71	79	79	98	96	99	97	90	70	66	100	74	84	79	86
31 Portugal	71	100	97	98	47	87	100	93	91	28	77	100	81	98	87	59	6	78	88	76	94	89	86	84	37	84	97	90	77	99	95	99	99	58	90	84	100	88	90	59	92
32 Kuwait	71	100	97	92	1	81	99	74	64	94	73	100	56	100	96	100	100	51	78	82	85	58	73	65	61	87	98	69	86	90	97	90	100	73	15	92	100	38	89	68	87
33 The Bahamas	70	100	91	94	47	35	99	62	55	26	74	100	84	96	47	97	58	48	94	44	62	62	59	72	84	81	99	87	35	62	92	80	97	100	64	8	100	97	64	60	93
34 Italy	70	60	98	99	29	100	100	95	88	52	95	100	68	100	99	80	31	81	75	93	100	86	100	98	42	85	97	87	0	100	99	99	100	63	64	96	100	88	73	60	93
35 Panama	70	74	74	98	61	42	93	55	50	35	60	43	82	90	88	78	51	54	80	20	69	75	50	68	93	85	78	85	62	80	76	81	89	94	78	20	100	72	79	66	92
36 Bermuda	70	100	92	94	21	71	99	84	80	56	72	100	91	97	86	94	19	71	96	80	86	82	73	87	76	26	100	93	31	63	95	82	97	83	77	61	100	97	38	59	94
37 France	70	97	98	99	47	90	100	90	87	58	93	100	78	100	90	38	16	85	100	85	99	96	97	79	13	80	98	90	51	100	100	100	100	43	76	92	100	88	87	96	87
38 Taiwan (province of China)	70	77	90	95	23	74																																			

# Monitoring SDGs targets



# Italy, 2016


**Maternal mortality ratio (maternal deaths among women aged 10-54 years per 100,000 live births).**  
**Index value (0-100): 97.4 (93.9 – 100.0)**  
**Estimate: 3.9 (3.3 – 4.6) deaths per 100,000 live births**



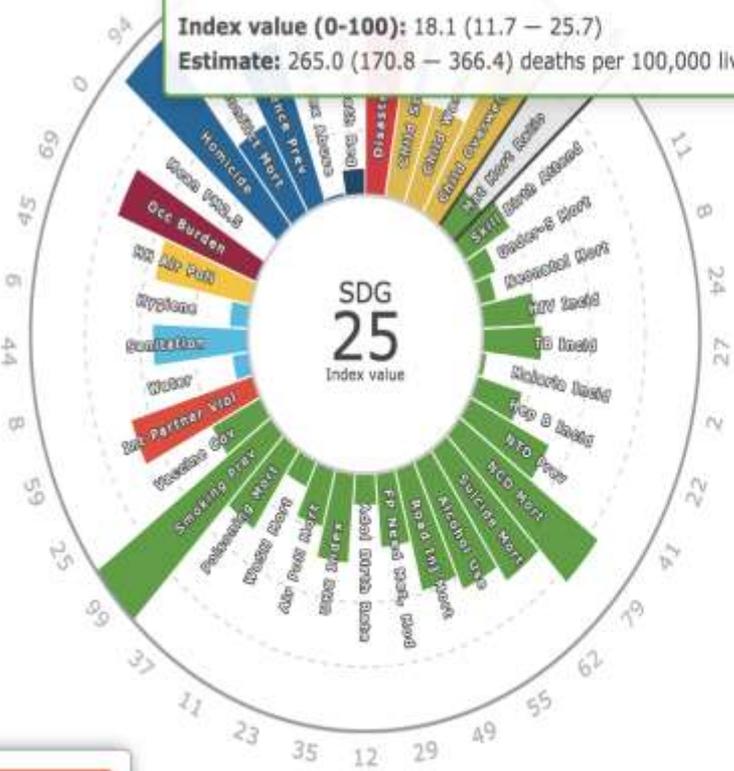
View **Country** Map Scatter Line **Health-related index** **SDG** MDG Non-MDG **Uncertainty**  Off **Lock scale**  Off

Location **Nigeria** Indicator **3.1.1: Maternal mortality ratio** Year **2016**

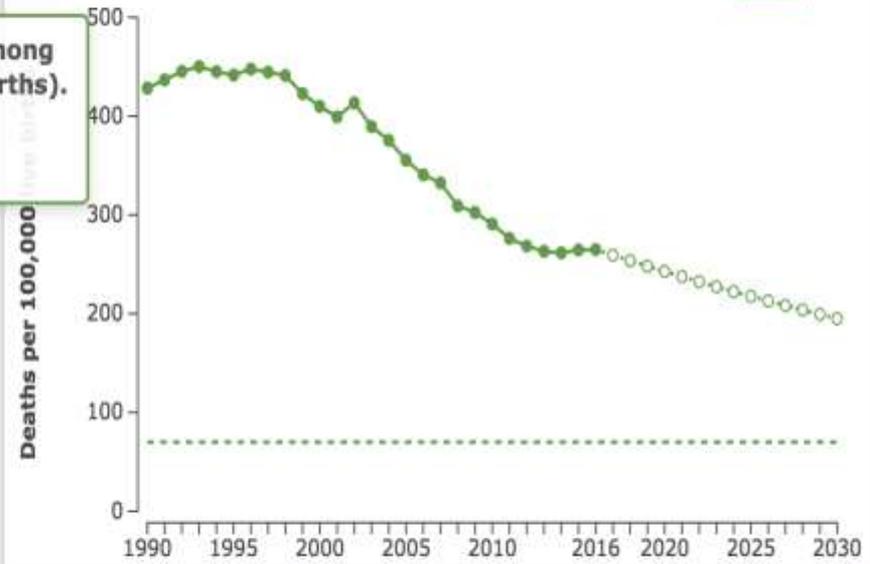
Labels  On

Nigeria, 2016

**Maternal mortality ratio (maternal deaths among women aged 10-54 years per 100,000 live births).**  
 Index value (0-100): 18.1 (11.7 – 25.7)  
 Estimate: 265.0 (170.8 – 366.4) deaths per 100,000 live births



Maternal mortality ratio, Nigeria



**Indicator 3.1.1: Maternal mortality ratio (maternal deaths among women aged 10-54 years per 100,000 live births).**

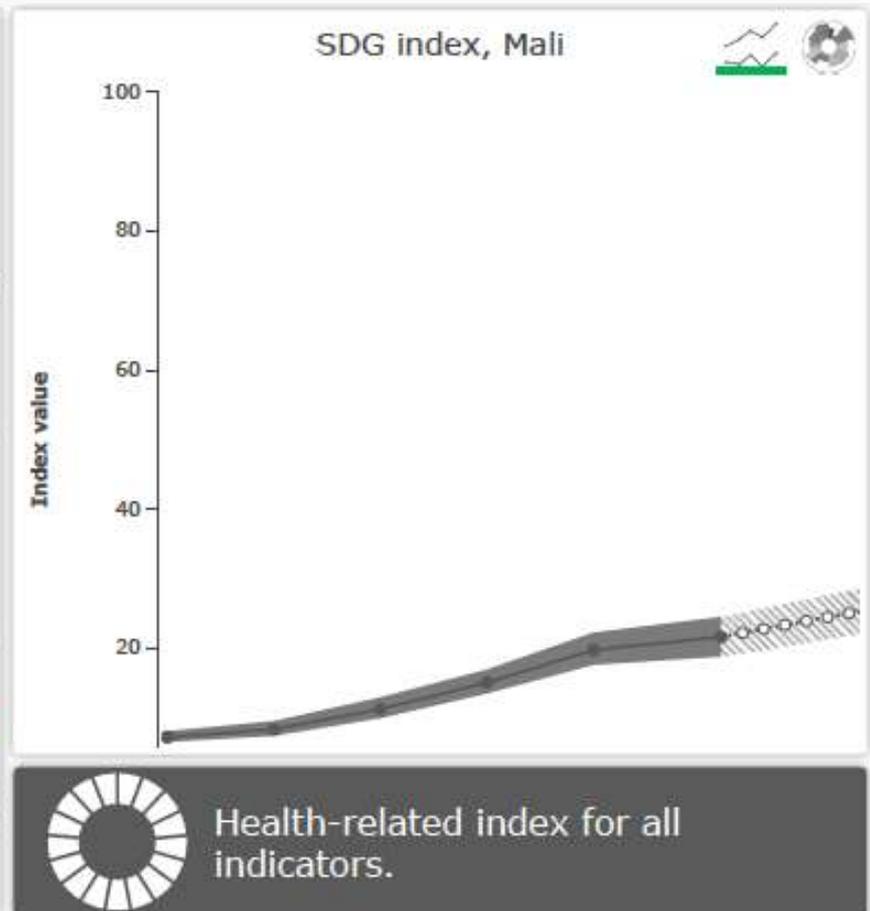
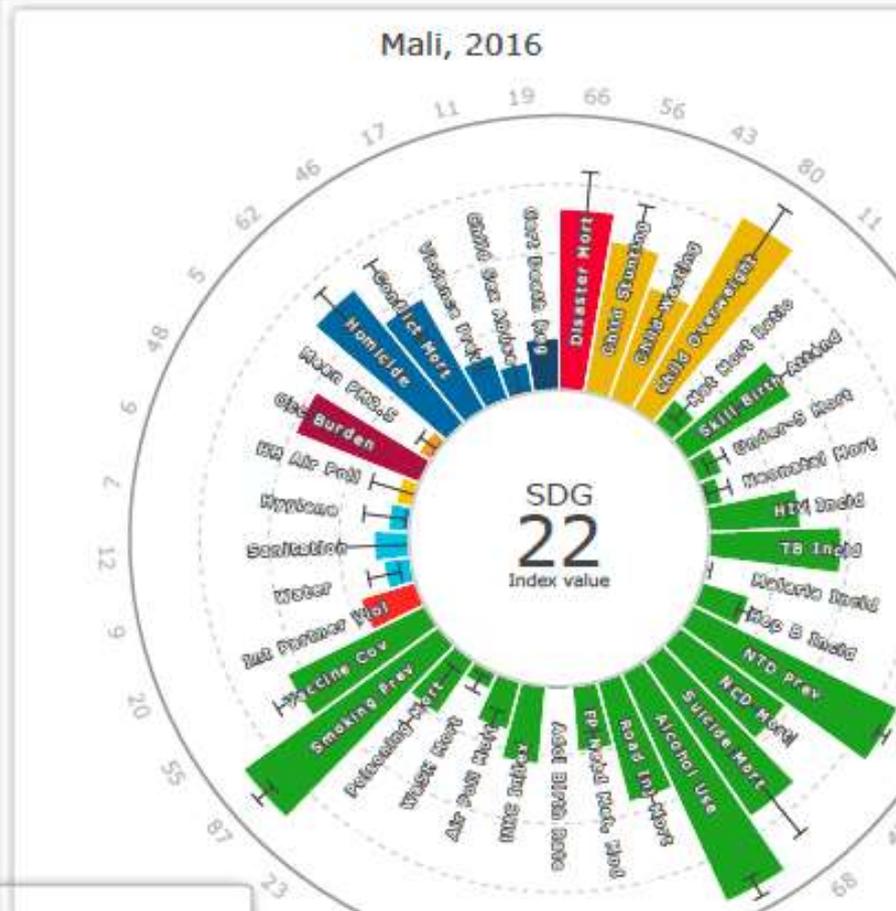
**Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

**Goal 3:** Ensure healthy lives and promote well-being for all at all ages.

View **Country** Map Scatter Line Health-related index **SDG** MDG Non-MDG Uncertainty  Lock scale

Location Mali Indicator SDG index ▶

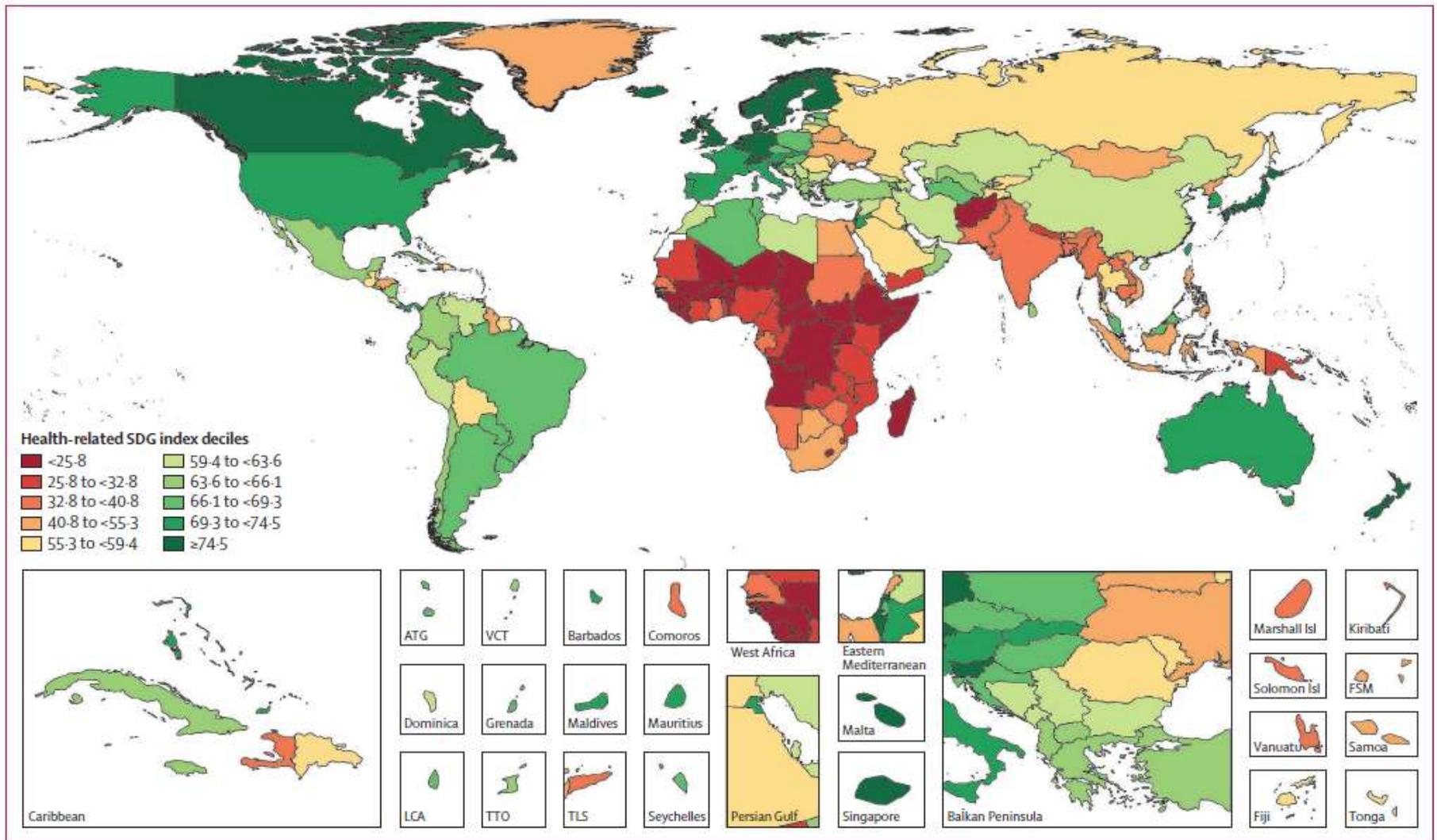
Year 2016 Labels



 Health-related index for all indicators.



# IHME (cont.)

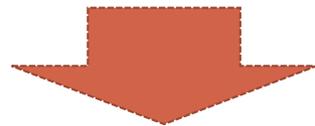


**Figure 2: Health-related SDG index by decile, 2017**

Deciles are based on the distribution of health-related SDG indices for countries and territories in 2017. ATG=Antigua and Barbuda. FSM=Federated States of Micronesia. Isl=Islands. LCA=Saint Lucia. SDG=Sustainable Development Goal. TLS=Timor-Leste. TTO=Trinidad and Tobago. VCT=Saint Vincent and the Grenadines.

## State of SDG3: United nations snapshot

- For some targets, where significant progress has been achieved, gains must be protected and accelerated to go the “last mile”.
- In other areas, the pace of progress is not sufficient.
- In a third set of targets, little or no progress has been made—only with real innovation, new approaches and new sources of leadership will we be able to achieve those targets by 2030.



**Progress will need to be accelerated—in some cases, quite significantly—to reach the health-related targets of the SDGs by 2030.**

## SDG 3: are we on track?

- In its “Global Action Plan for healthy lives and well-being for all” (2018) the World Health Organization presents **projections of current pace of global progress towards 2030**.
- The **reference scenario** is not what will happen but simply **what is most likely to happen if trends in past drivers of change continue** and the relationships between these drivers and the SDG indicators remain the same in the next 12 years as in the past quarter century.



TOWARDS A  
**GLOBAL ACTION PLAN**  
FOR HEALTHY LIVES AND  
WELL-BEING FOR ALL

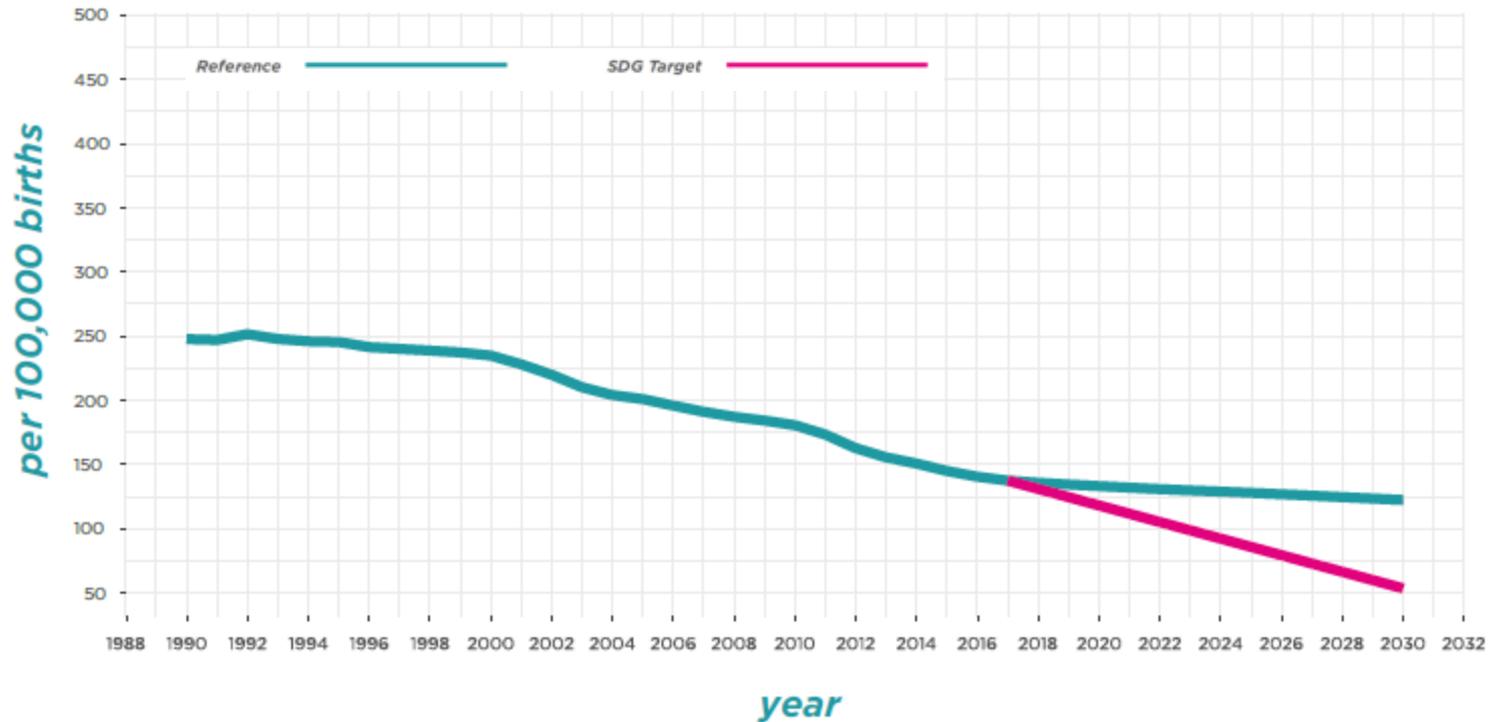
Uniting to accelerate progress towards  
the health-related SDGs

A joint initiative of:



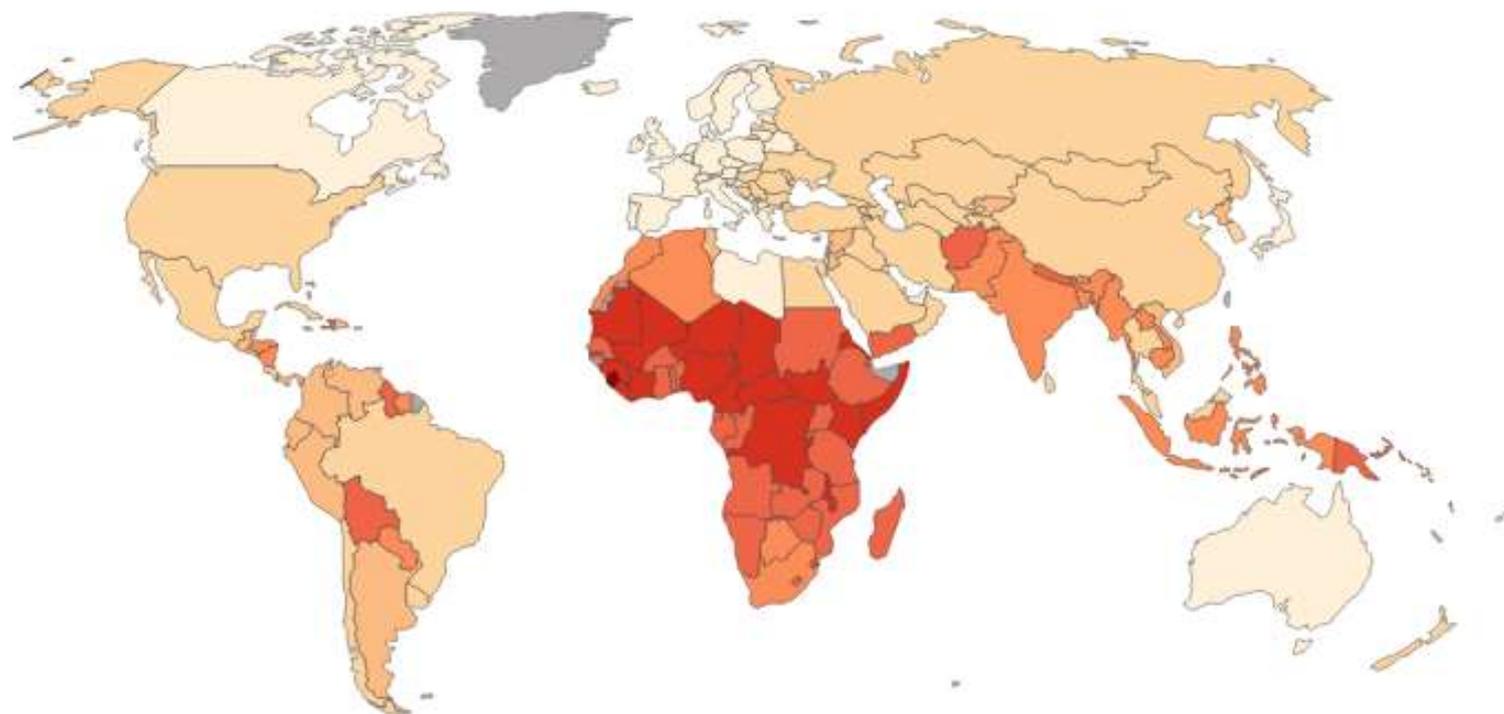
# Target 3.1: reduce maternal mortality

*Maternal Mortality Rate, Global*



# Maternal Mortality, 2015

Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.

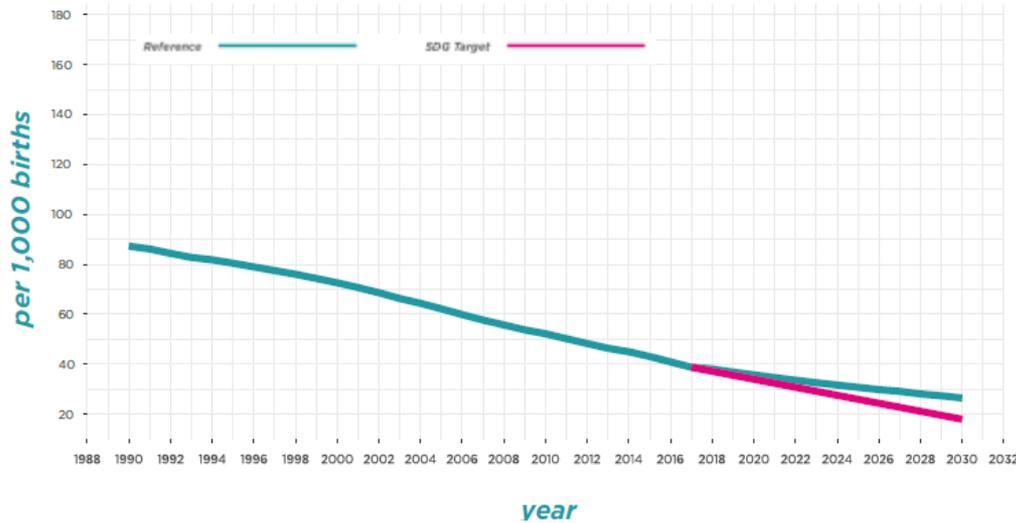


Source: Gapminder (2010) and World Bank (2015)

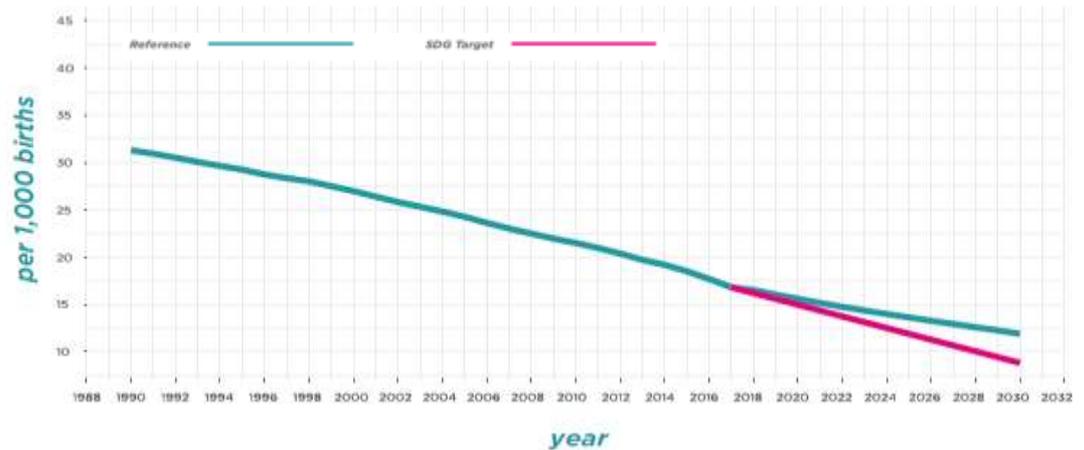
[OurWorldInData.org/health-meta/](http://OurWorldInData.org/health-meta/) • CC BY-SA

# Target 3.2: end all preventable deaths under 5 years of age

Child mortality Rate, Global

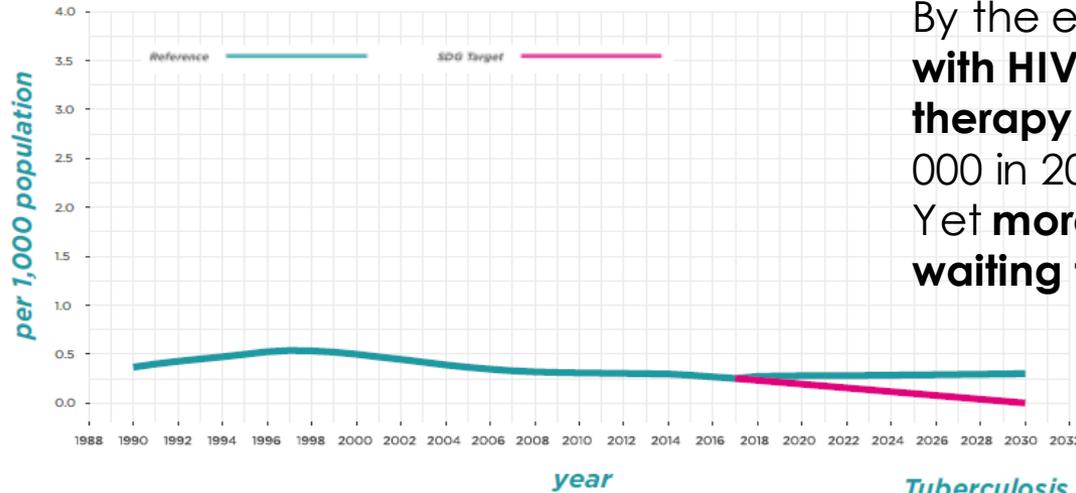


Neonatal Mortality Rate, Global



# Target 3.3: fight communicable diseases

HIV Incidence Rate, Global

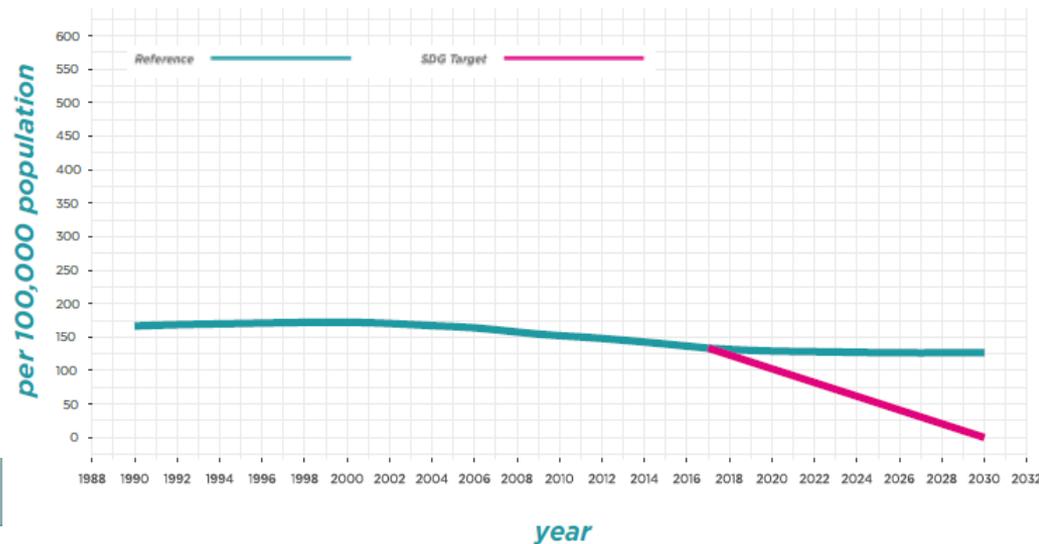


By the end of 2017, **21.7 million people living with HIV were receiving antiretroviral therapy**, an immense increase from just 800 000 in 2003. Yet **more than 15 million people are still waiting for treatment**.

Annual **TB deaths** have fallen substantially since 2000, from 2.3 to 1.6 million.

But there are still 10 million new TB cases each year, and despite the availability of effective curative treatments, **TB is the leading killer from a single infectious agent worldwide**.

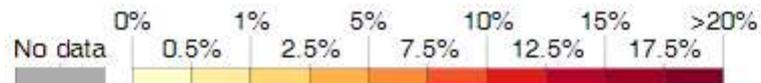
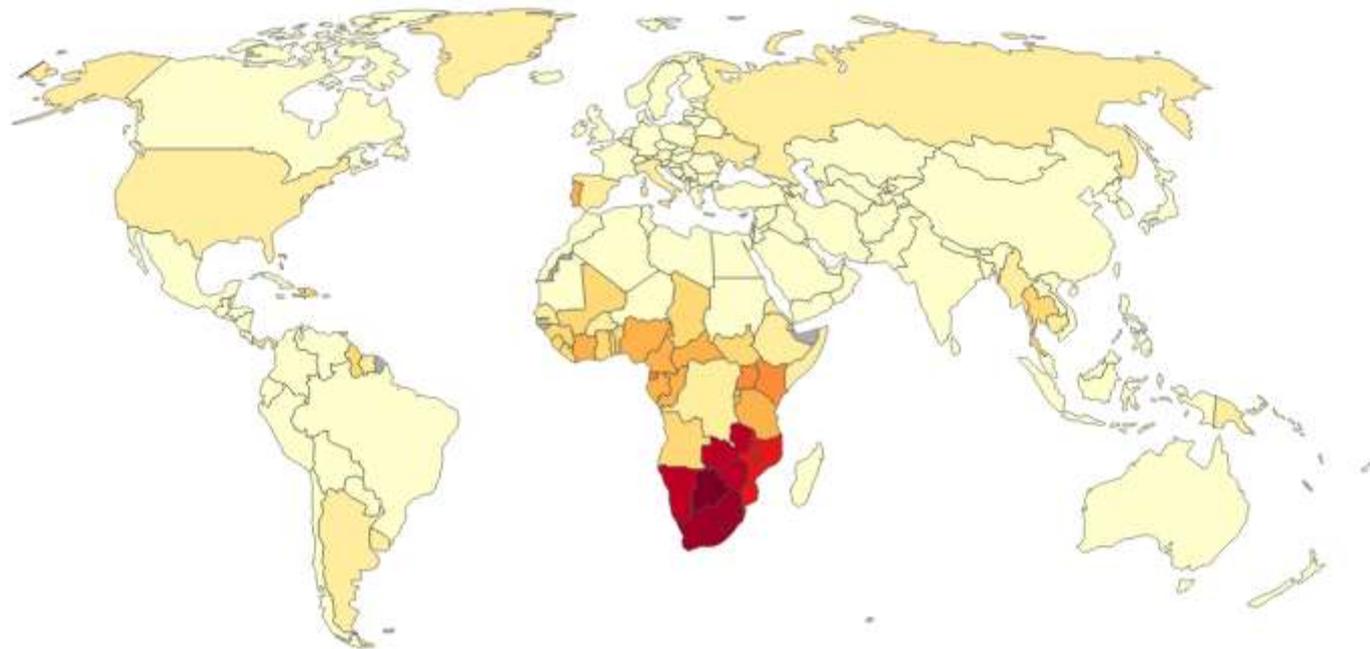
Tuberculosis Incidence Rate, Global



# Share of the population infected with HIV, 2016



Share of the population aged between 15 and 49 years old infected with HIV/AIDS. This is based on estimates from the IHME, Global Burden of Disease Study.

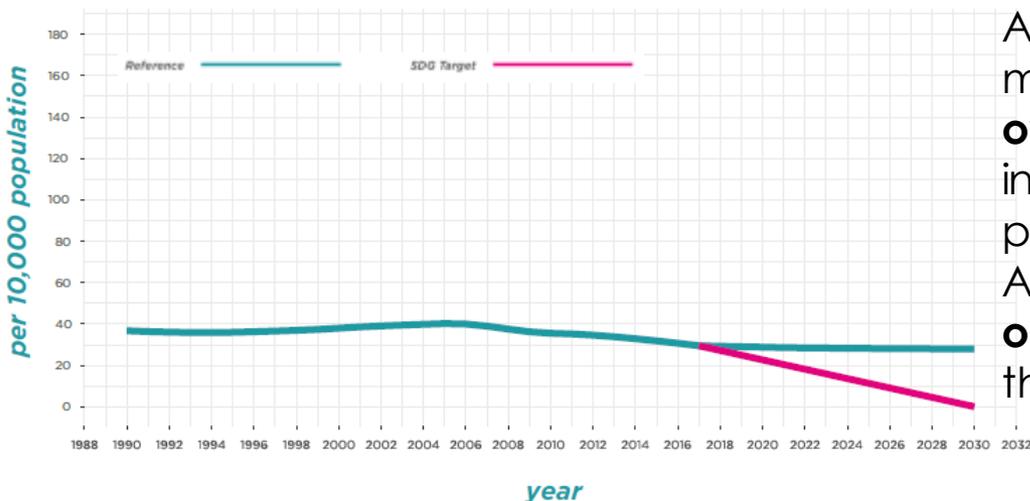


Source: IHME, Global Burden of Disease

OurWorldInData.org • CC BY-SA

# Target 3.3: fight communicable diseases (cont.)

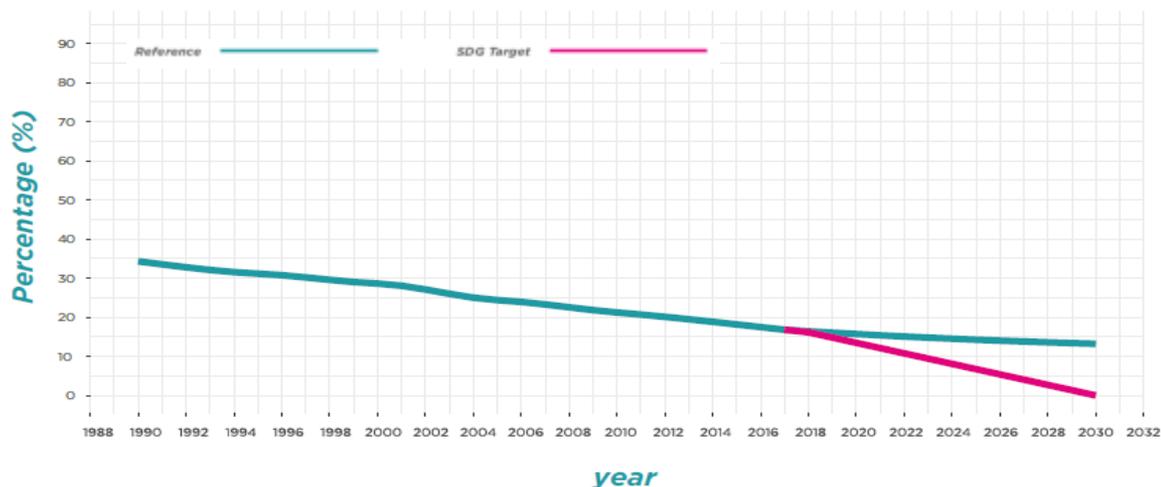
Malaria Incidence Rate, Global



After unprecedented global gains in malaria control, **progress has stalled owing to a range of challenges**, including a lack of sustainable and predictable funding.

An estimated **216 million cases of malaria occurred in 2016**, six million more cases than in 2013.

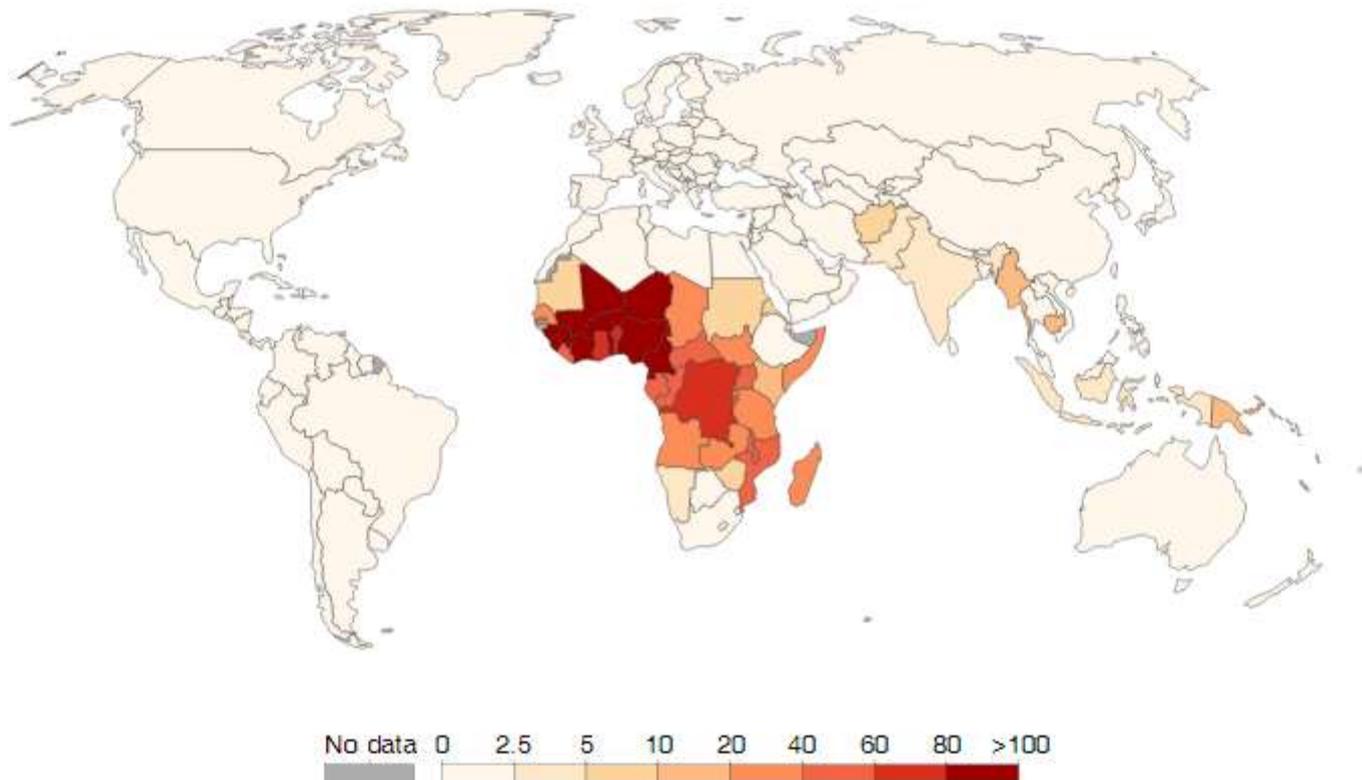
Neglected Tropical Diseases Prevalence, Global



## Malaria death rates (per 100,000), 2016

Our World  
in Data

Age-standardized death rates from malaria, measured as the number of deaths per 100,000 individuals. Age-standardization assumes a constant population age & structure to allow for comparisons between countries and with time without the effects of a changing age distribution within a population (e.g. aging).



Source: IHME, Global Burden of Disease (GBD)

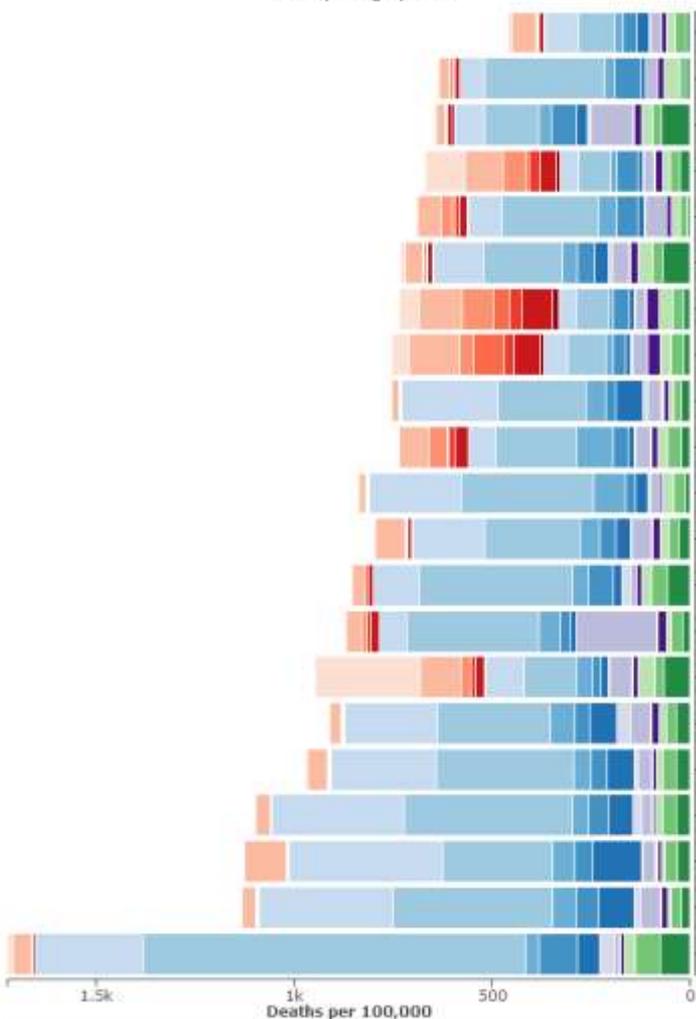
OurWorldInData.org/malaria/ • CC BY-SA

# Target 3.4: reduce mortality from NCDs and promote mental health

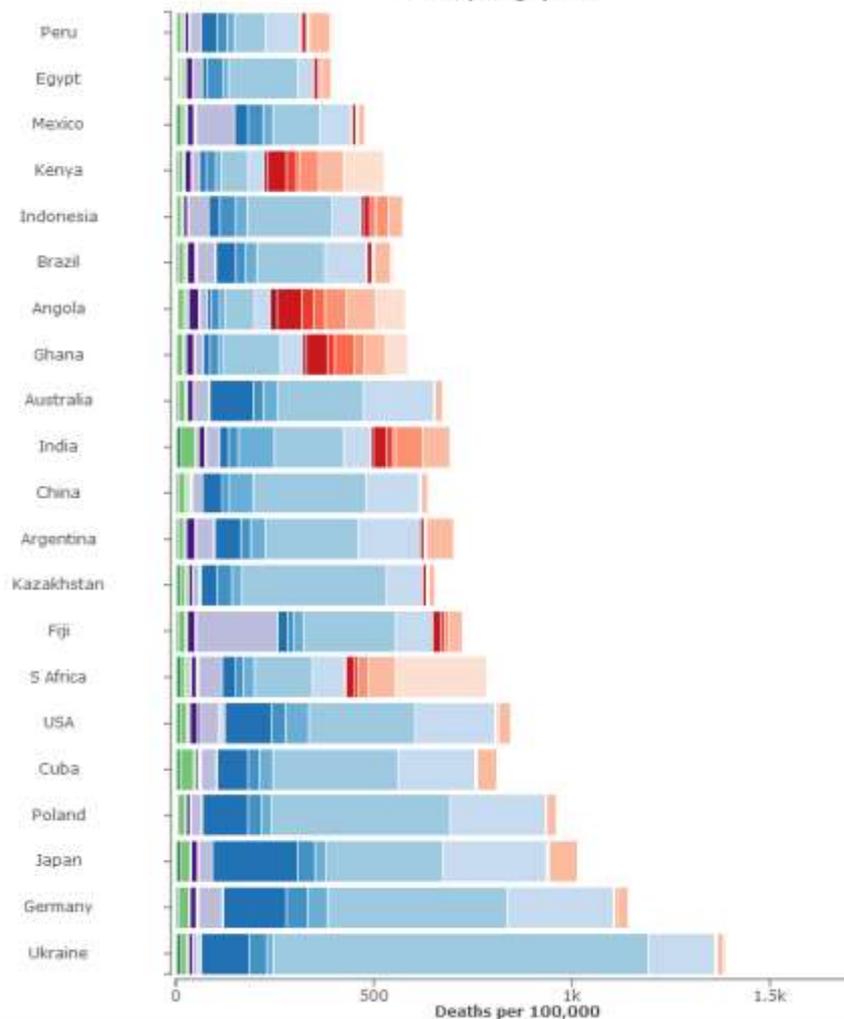
- While the risk of dying prematurely from cardiovascular disease, chronic respiratory disease, diabetes or cancer has decreased since 2000, an estimated **13 million people under the age of 70 still died from these diseases in 2016.** **Some 71% of all deaths in 2016 were attributable to NCDs.**
- **Nearly 800 000 deaths by suicide occurred in 2016.** Men are 75% more likely than women to die from suicide, which is also the **second leading cause of death among young adults** after road traffic injuries.

# Mortality from NCDs (2017)

Males, All ages, 2017



Females, All ages, 2017



Switch cause group

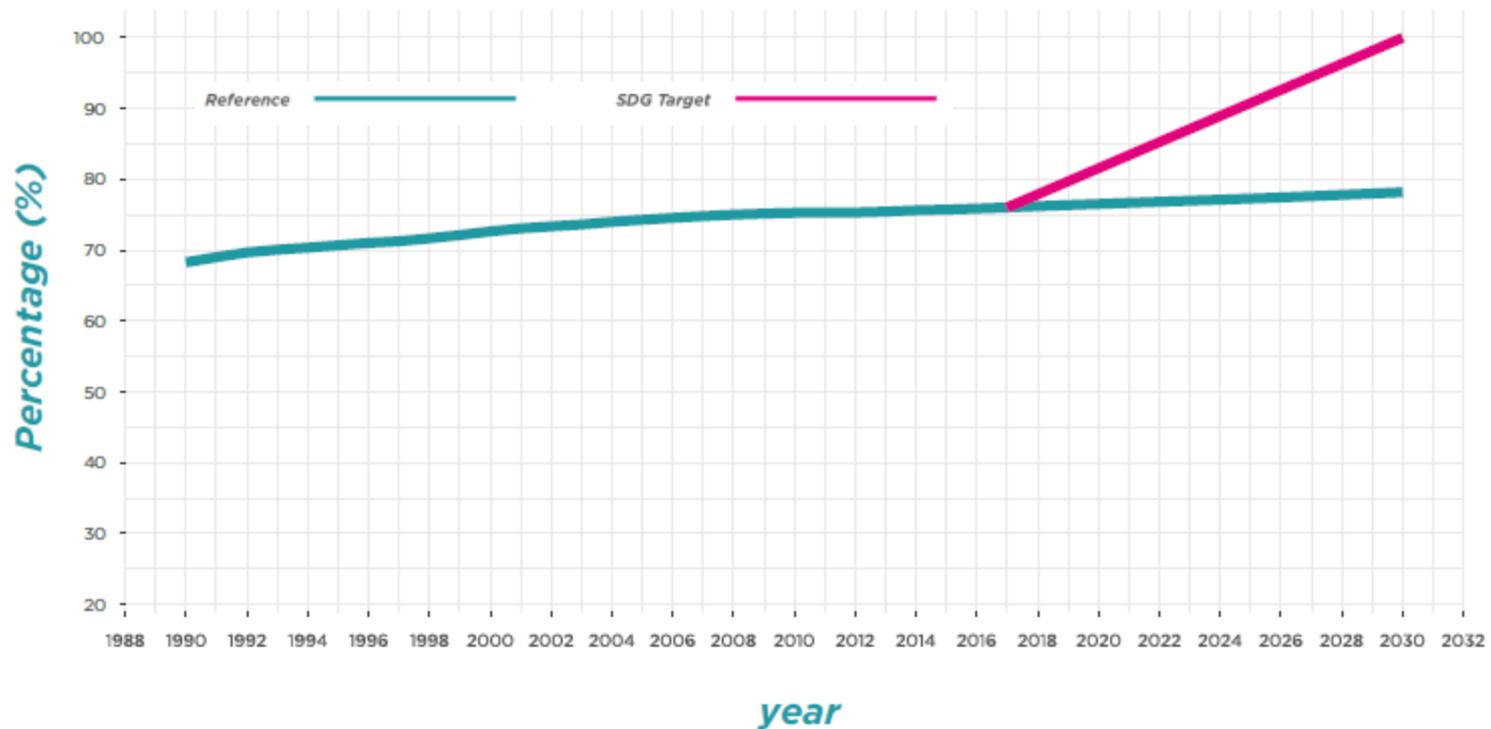
Add cause

- HIV/AIDS & STIs
- Respiratory infections & TB
- Enteric infections
- NTDs & malaria
- Other infectious
- Maternal & neonatal
- Nutritional deficiencies
- Neoplasms
- Cardiovascular diseases
- Chronic respiratory
- Digestive diseases
- Neurological disorders
- Mental disorders
- Substance use
- Diabetes & CKD
- Skin diseases
- Sense organ diseases
- Musculoskeletal disorders
- Other non-communicable
- Transport injuries
- Unintentional inj
- Self-harm & violence

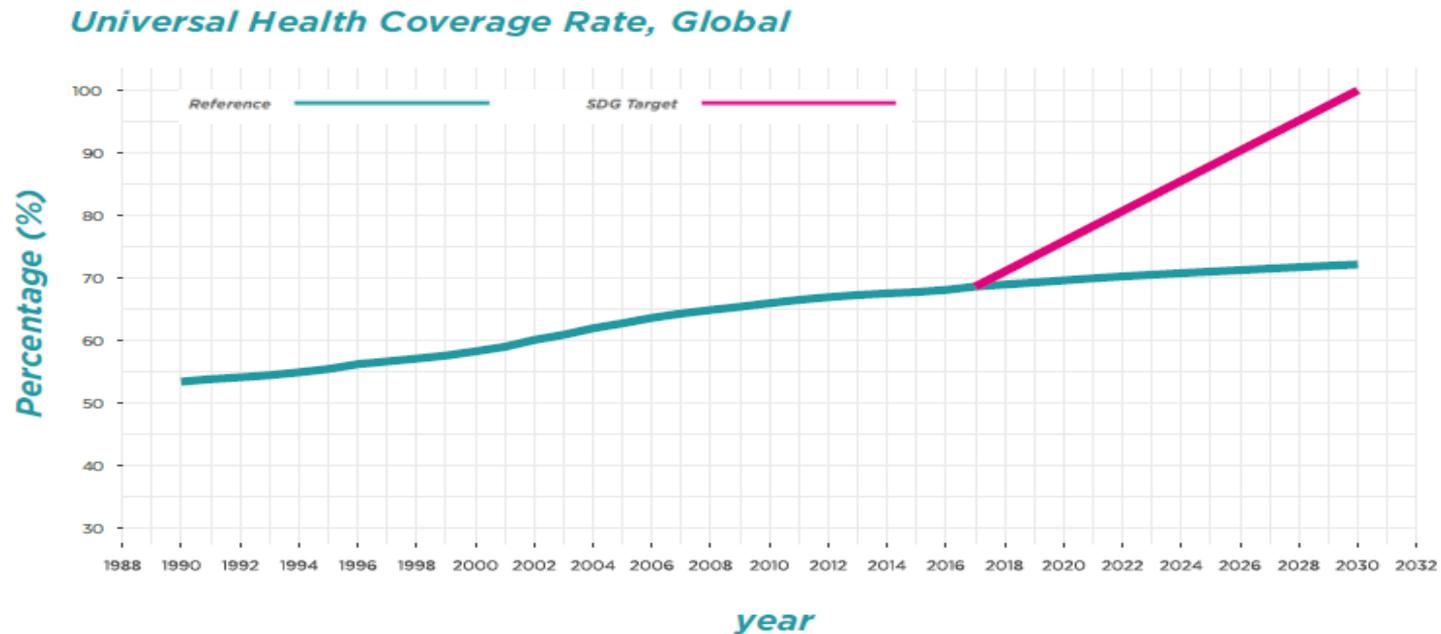
Clear selection

# Target 3.7: universal access to sexual and reproductive care, family planning and education

*Met Need for Family Planning with Modern Methods, Global*

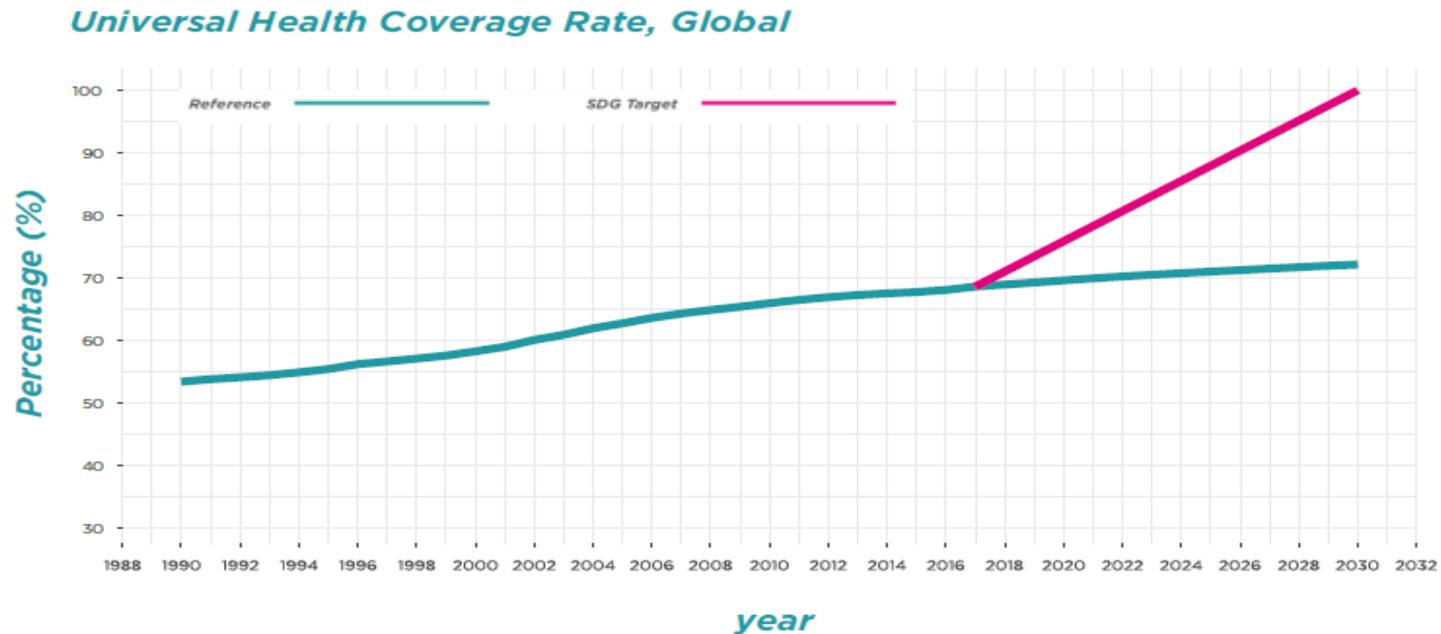


# Target 3.8: achieve universal health coverage



- At least **400 million people have no access to basic health services**, and 40% of the world's people lack social protection.
- **More than 1.6 billion people or 22% of the global population currently live in fragile settings** where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health.

# Target 3.8: achieve universal health coverage



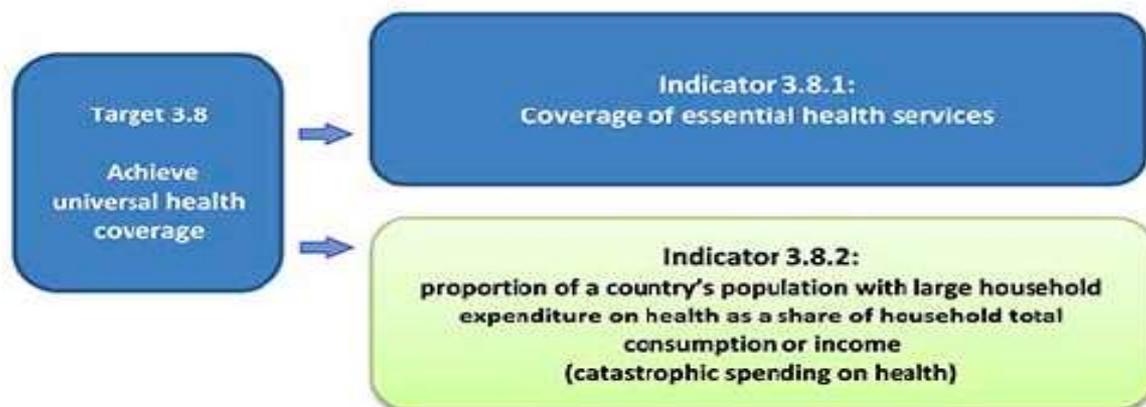
- At least **400 million people have no access to basic health services**, and 40% of the world's people lack social protection.
- **More than 1.6 billion people or 22% of the global population currently live in fragile settings** where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health.

# Target 3.8: achieve universal health coverage

## Health financing

### Monitoring Sustainable Development Goals –Indicator 3.8.2

Financial protection is a key dimension of universal health coverage (UHC) and needs to be monitored within the framework of the Sustainable Development Goals (SDGs). SDG Target 3.8 has two indicators.



Indicator 3.8.2 of the SDGs concerns the financial protection dimension of universal health coverage. It corresponds to one definition of catastrophic spending on health based on the budget share approach. This indicator captures the impact of health spending paid “out-of-pocket” on household’s budget which could imply for some families choosing between health and other essentials like food, and education.

## Indicator name and number

(SDG 3.8.2) Proportion of the population with large household expenditure on health as a share of total household expenditure or income. Two thresholds are used to define “large household expenditure on health”: greater than 10% (SDG 3.8.2\_10) and greater than 25% of total household expenditure or income (SDG 3.8.2\_25).

Population weighted average number of people with large household expenditure on health as a share of total household expenditure or income (e.g. greater than 25%).

$$\sum_i w_i 1\left(\frac{\text{household health expenditure}}{\text{total household expenditure or income}} > \tau\right)$$

# Progress on catastrophic health spending in 133 countries: a retrospective observational study



Adam Wagstaff\*, Gabriela Flores\*, Justine Hsu, Marc-François Smits, Kateryna Cherpynoga, Leander R Buisman, Kim van Wilgenburg, Patrick Eozenou\*



## Summary

**Background** The goal of universal health coverage (UHC) requires inter alia that families who get needed health care do not suffer undue financial hardship as a result. This can be measured by the percentage of people in households whose out-of-pocket health expenditures are large relative to their income or consumption. We aimed to estimate the global incidence of catastrophic health spending, trends between 2000 and 2010, and associations between catastrophic health spending and macroeconomic and health system variables at the country level.

**Methods** We did a retrospective observational study of health spending using data obtained from household surveys. Of 1566 potentially suitable household surveys, 553 passed quality checks, covering 133 countries between 1984 and 2015. We defined health spending as catastrophic when it exceeded 10% or 25% of household consumption. We estimated global incidence by aggregating up from every country, using a survey for the year in question when available, and interpolation and model-based estimates otherwise. We used multiple regression to explore the relation between a country's incidence of catastrophic spending and gross domestic product (GDP) per person, the Gini coefficient for income inequality, and the share of total health expenditure spent by social security funds, other government agencies, private insurance schemes, and non-profit institutions.

**Findings** The global incidence of catastrophic spending at the 10% threshold was estimated as 9.7% in 2000, 11.4% in 2005, and 11.7% in 2010. Globally, 808 million people in 2010 incurred catastrophic health spending. Across 94 countries with two or more survey datapoints, the population-weighted median annual rate of change of catastrophic payment incidence was positive whatever catastrophic payment incidence measure was used. Incidence of catastrophic payments was correlated positively with GDP per person and the share of GDP spent on health, and incidence correlated negatively with the share of total health spending channelled through other government agencies.

**Interpretation** The proportion of the population that is supposed to be covered by national or subnational health services is a poor indicator of financial protection. Increase in health is not sufficient to reduce catastrophic payment incidence; rather, what is needed is a larger share of total health expenditure that is prepaid, particularly through taxes and mandatory contributions.

**Funding** Rockefeller Foundation, Ministry of Health of Japan, UK Department for International Development.

*Lancet Glob Health* 2018;  
6: e169–79

Published Online  
December 13, 2017  
[http://dx.doi.org/10.1016/S2214-109X\(17\)30479-1](http://dx.doi.org/10.1016/S2214-109X(17)30479-1)  
See Comment page e124

\* Contributed equally

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**Catastrophic payments as a measure of financial hardship**  
We focused on one measure of financial hardship that has been used widely in previous studies,<sup>1,6,20–26</sup> typically referred to as catastrophic health expenditure. Catastrophic spending can be measured in different ways (appendix). The idea is, in effect, to measure the incidence of financial hardship caused by health payments—ie, the number of households with health spending that is large relative to their ability to pay.

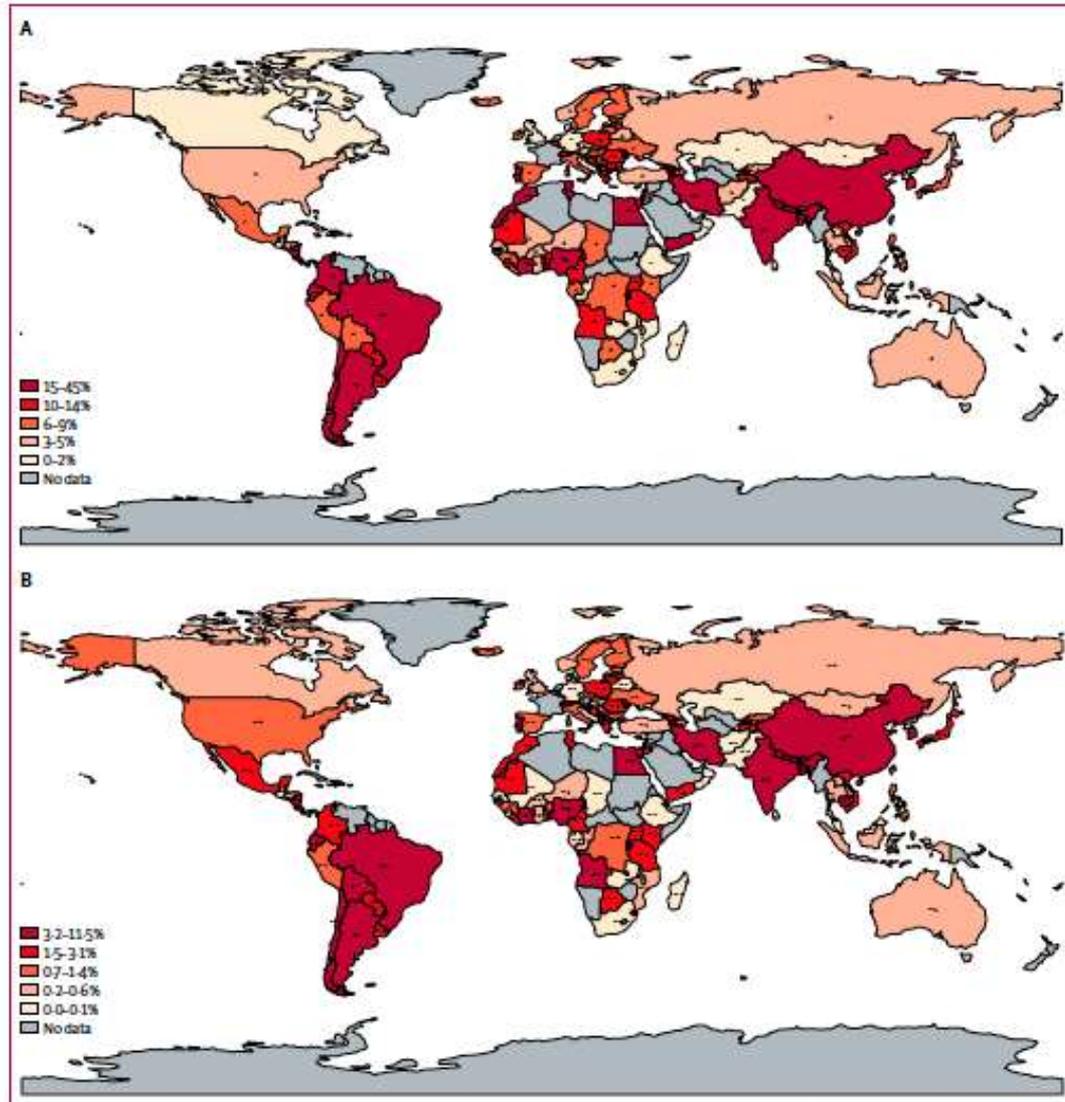
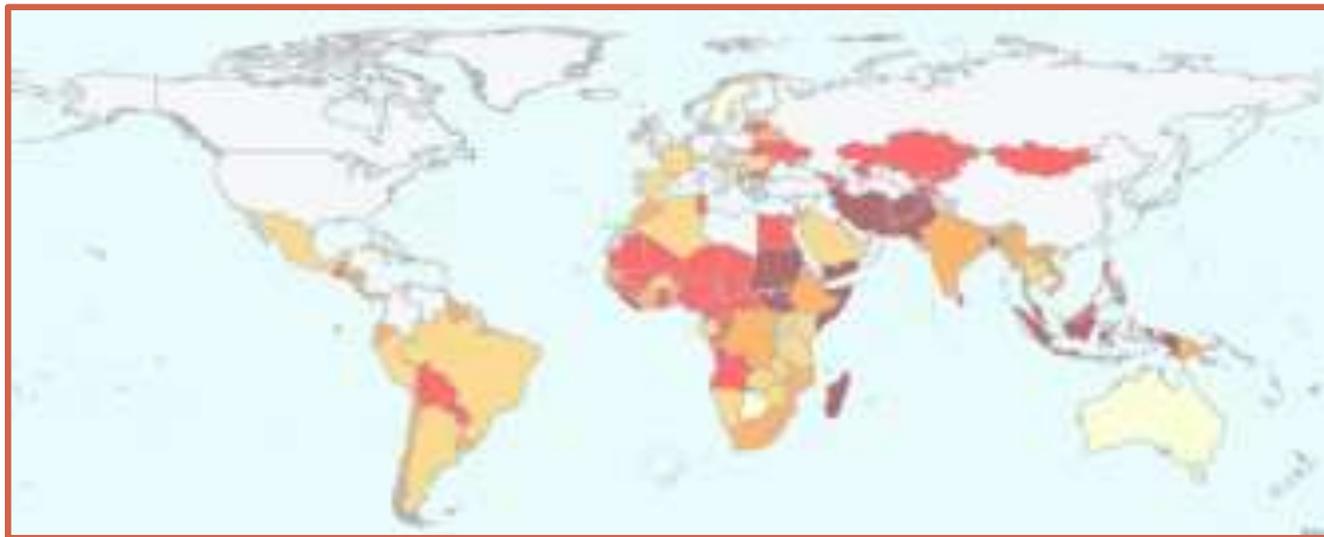


Figure 2: Incidence of catastrophic health spending at the 10% (A) and 25% (B) thresholds, latest year

## Out of pocket health expenditure



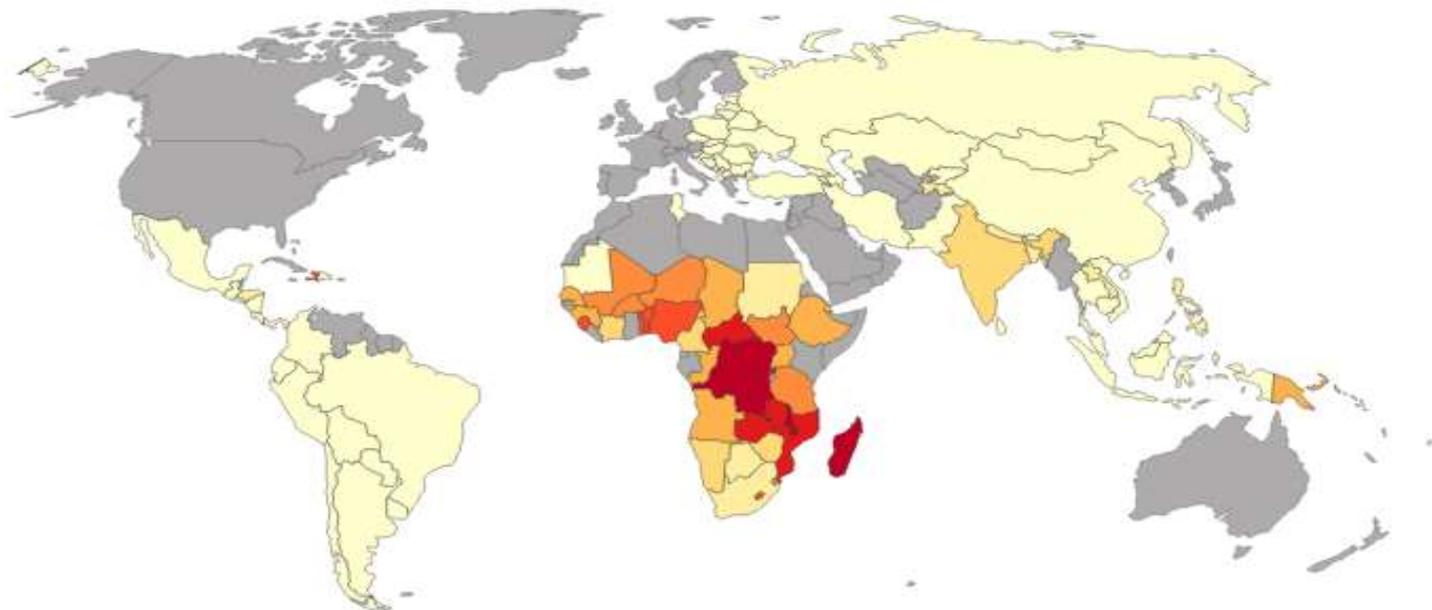
# Interlinks between SDG3 and the other SDGs



# SDG 3 (health) and SDG 1 (poverty)

## Share of the population living in extreme poverty, 2014

Extreme poverty is defined as living with per capita household consumption below 1.90 international dollars per day (in 2011 PPP prices). International dollars are adjusted for inflation and for price differences across countries.



Source: World Bank

[OurWorldInData.org/extreme-poverty/](http://OurWorldInData.org/extreme-poverty/) • CC BY-SA

# Interlinks between SDG3 and other SDGs

Goal 3 targets directly interlink to targets in other goals. Among these:

- 2.2 (end all forms of malnutrition)
- 4.1 (free, equitable and good-quality secondary education), 4.2 (good-quality early childhood development), 4.7 (knowledge and skills for sustainable development),
- 5.2 (eliminate all forms of violence against women and girls in the public and private spheres), 5.3 (eliminate all harmful practices, including female genital mutilation), 5.6 (universal access to sexual and reproductive health and reproductive rights)

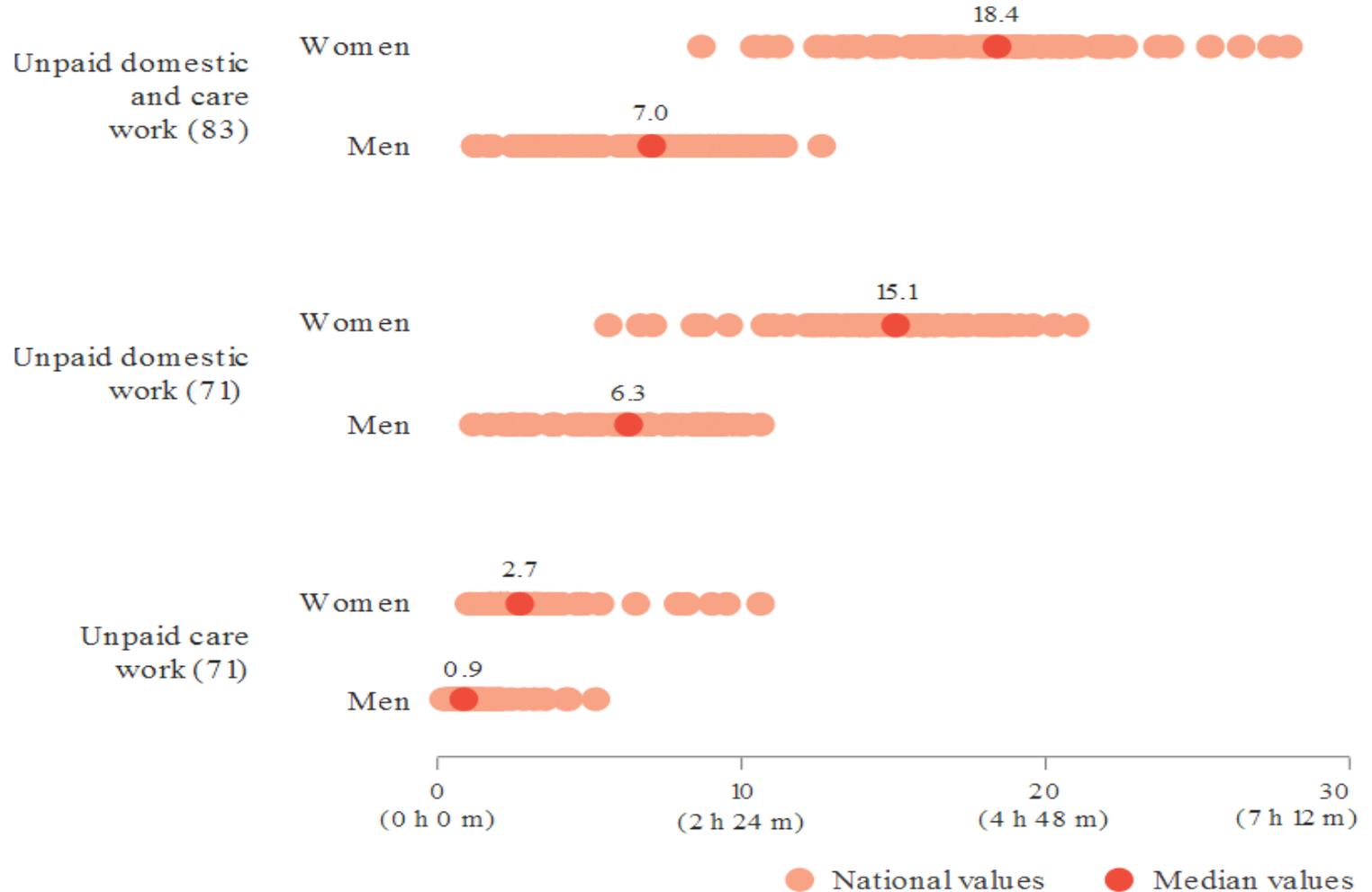
# Interlink between SDG3 and SDG5

## Women spent almost three times as many hours on unpaid domestic and care work as men

The time spent on unpaid housework and caregiving undermines women's ability to engage in other activities, such as education and paid labour. The average amount of time women spend on unpaid domestic work and caregiving at home is almost triple that of men, according to survey data from 83 countries and areas.

Data for a subset of countries (mainly from Latin American and European countries) suggest this disparity widens during periods when women are most likely to have young children at home. Women dedicate more time than men caring for family members, especially children. This activity often overlaps with domestic duties, making it difficult to capture accurately in time-use surveys.

Proportion of time spent on unpaid domestic and care work, women and men, 2000-2016 (latest available) (percentage of time spent per day)



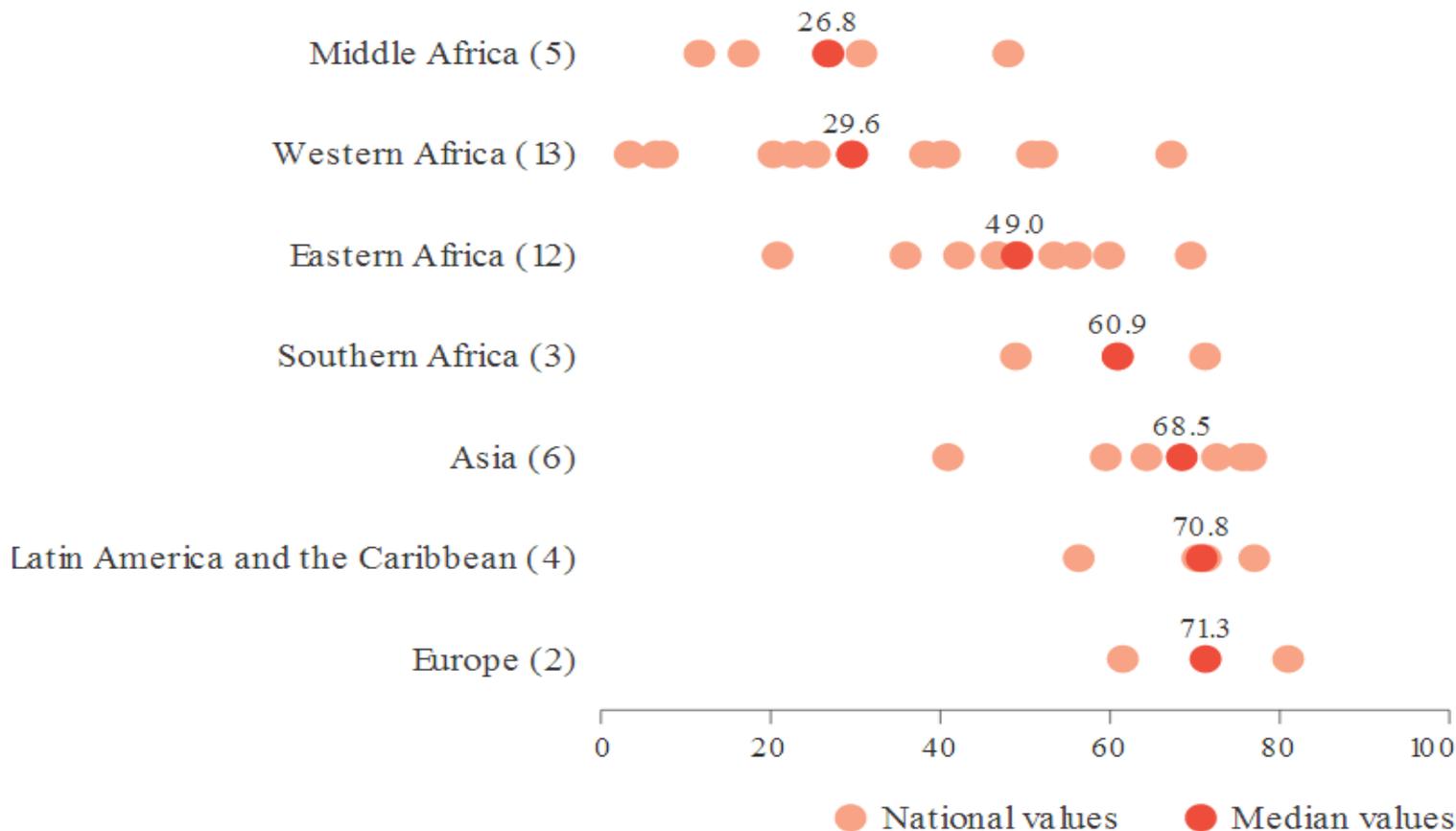
Note: The figure reflects available data for 83 countries and areas over the period 2000-2016. Data disaggregated by unpaid domestic work and unpaid care work are only available for 71 countries. The number of countries and areas represented in each type of unpaid work is indicated in parentheses.

# Interlink between SDG3 and SDG5

## Only half of women in selected countries make their own decisions regarding sexual relations, contraceptive use and health care

Women and girls' autonomy in decision-making over sexual relations, contraceptive use and access to sexual and reproductive health services is key to their empowerment and to fully exercising their reproductive rights. In 45 countries with available data, 43 of which are in developing regions, just over half (52 per cent) of women aged 15 to 49 years who are married or in union make their own informed decisions about sexual relations and the use of contraceptives and health services.

Proportion of women aged 15 to 49 years (married or in union) who make their own informed decisions regarding sexual relations, contraceptive use and health care, 2007-2015 (latest available) (percentage)



Note: The figure reflects available data from 45 countries (covering 7 per cent of the world's population) over the period 2007-2015. The number of countries represented in each region is in parentheses.

## Interlinks between SDG3 and the other SDGs (cont.)

- 6.1 (access to drinking water),
- 6.2 (access to sanitation),
- 7.1 (access to modern energy services),
- 9.5 (enhance scientific research /increase number of R&D workers),
- 11.6 (air quality and municipal waste),
- 13.1 (resilience to natural disasters),
- 16.1 (reduce violence and related death rates).

# Interlink between SDG3 and SDG6

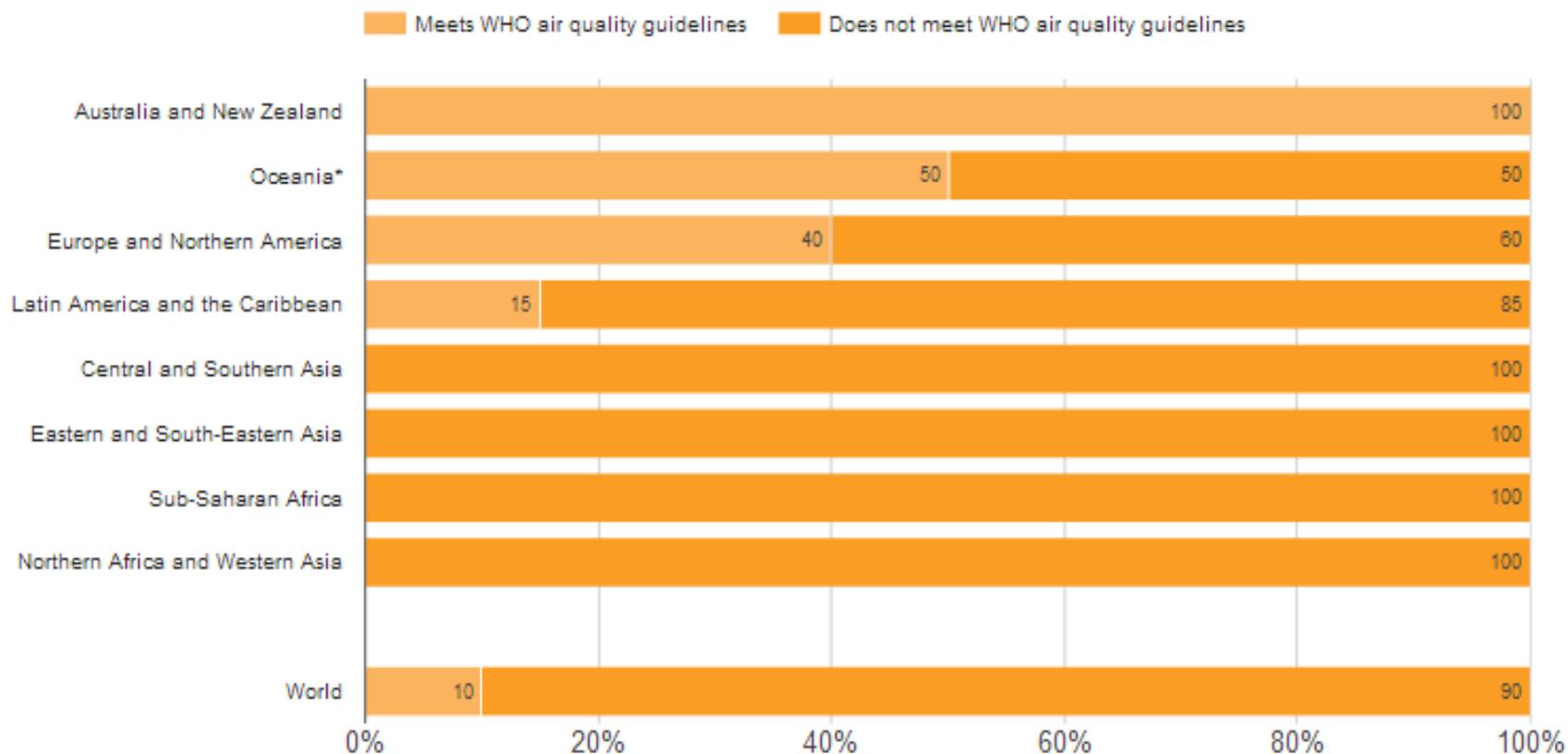
Proportion of the population with basic handwashing facilities, 2015 (percentage)



Note: Based on data for 70 countries

# Interlink between SDG3 and SDG11

Proportion of the urban population living in areas that meet the annual WHO air quality guideline value for particulate matter of a diameter less than 2.5 micrometres (PM2.5), 2014 (percentage)



Note: Oceania\* refers to Oceania excluding Australia and New Zealand.

## Interlinks between SDG3 and the other SDGs (cont.)

### **Progress in health outcomes will only be achieved with progress in other related sectors**

- fiscal policy (e.g. taxing schemes to discourage unhealthy behaviors),
- nutrition,
- water and sanitation,
- air quality,
- road safety,
- education,
- gender equality and empowerment of women and girls,
- migration,
- peace and security.

## Interlinks between SDG3 and the other SDGs (cont.)

- **Health employment** plays a critical role in eradicating poverty (SDG 1), achieving better health equity (SDG3) and promoting decent work and economic growth (SDG 8).
- The Global Strategy on Human Resources for Health and the High-Level Commission on Health Employment and Economic Growth established by the UN Secretary General in 2016 recognizes that:

***health workers are the backbone of Universal Health Coverage (UHC), strong and resilient health systems and a significant driver to the realization of all the health targets throughout the 2030 agenda.***



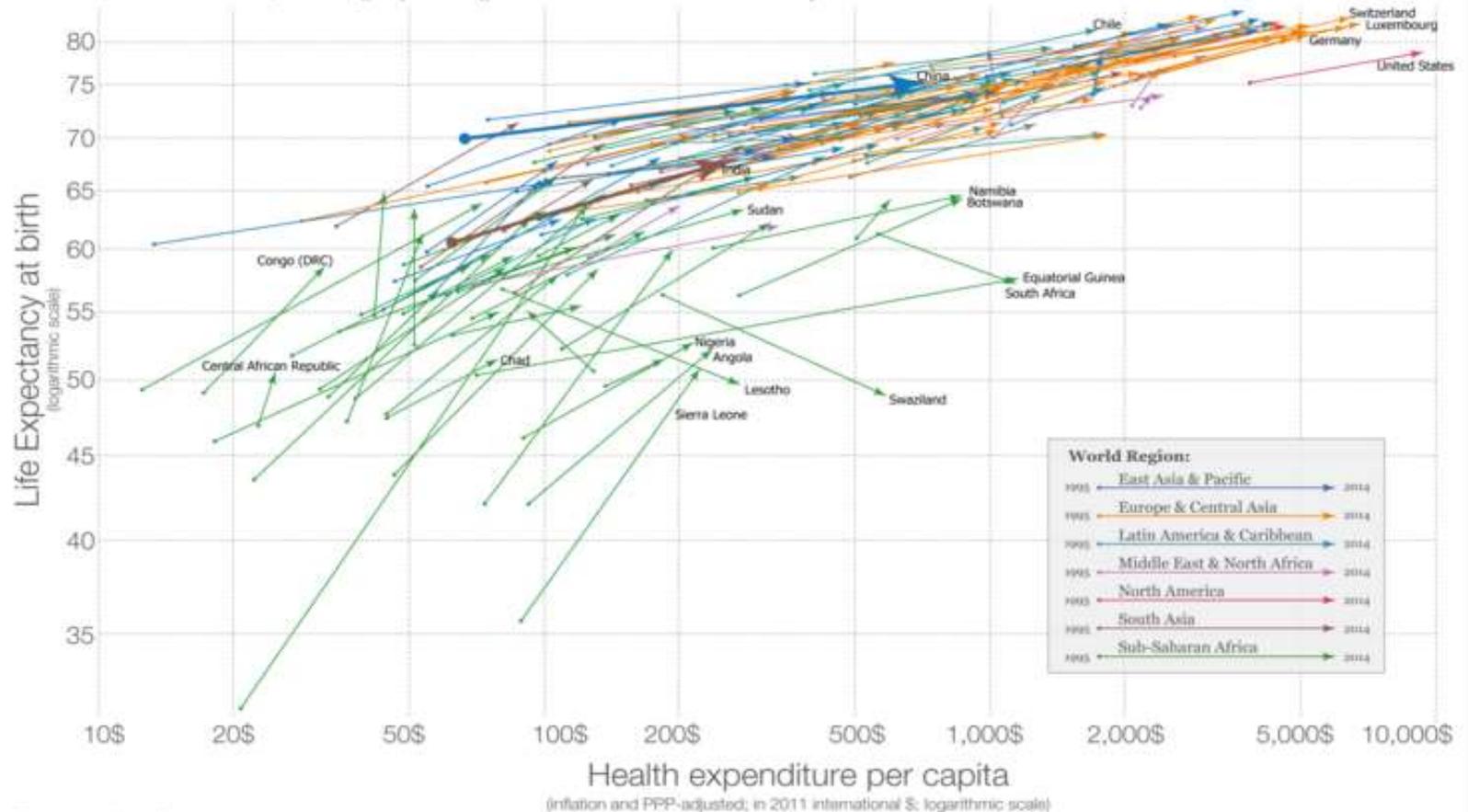
# Macroeconomics of health

# Life expectancy is increasing as more money is spent on health



The arrows show the change for all countries in the world, from 1995 (earliest available data) to 2014 (latest available data). [Not all countries are labelled]

Total health expenditure is the sum of public and private health expenditures. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.



Data source: World Bank

The interactive data visualization is available at [OurWorldInData.org](http://OurWorldInData.org). There you find the raw data and more visualizations on this topic.

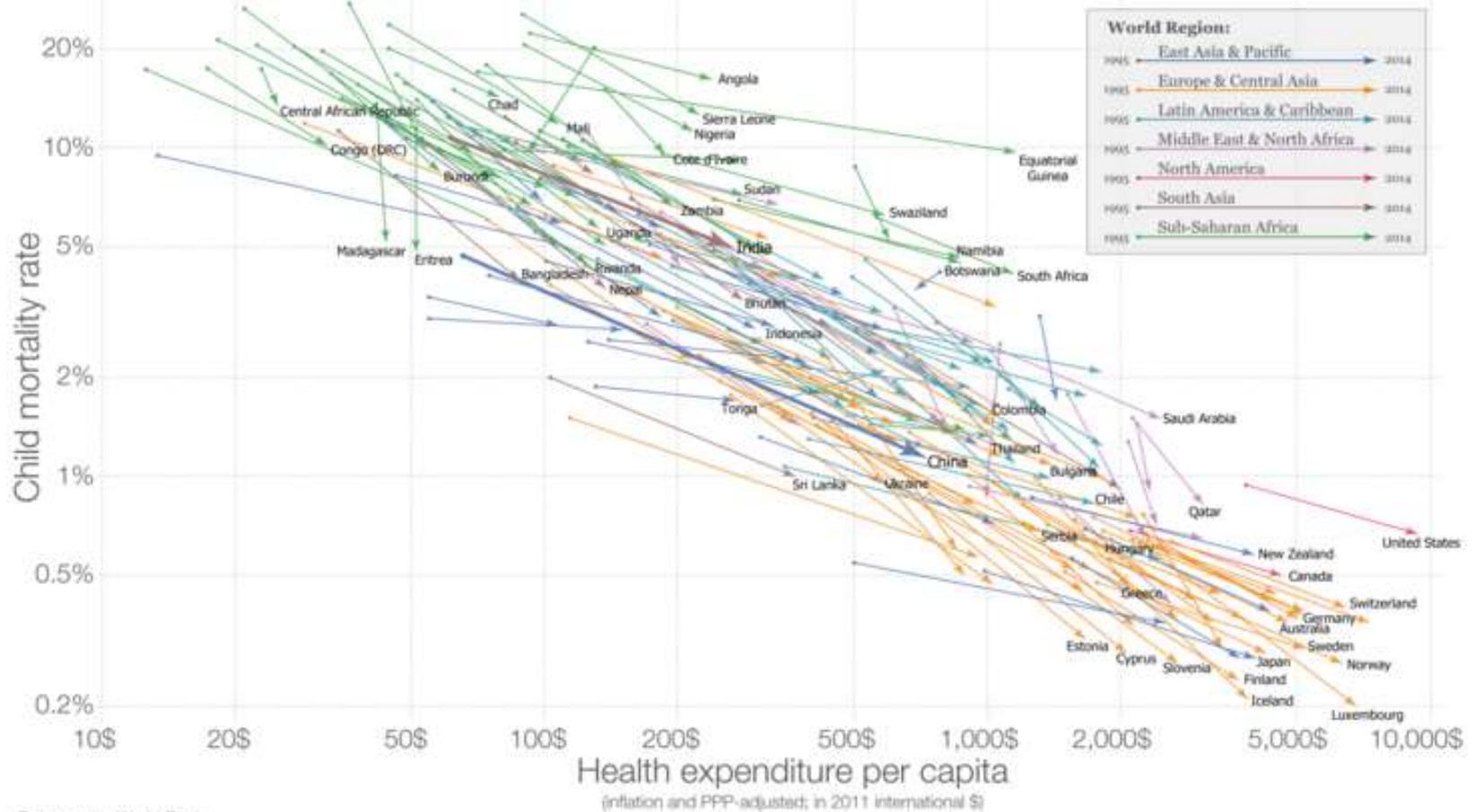
Licensed under CC-BY-SA by the author Max Roser.

# Fewer children die as more money is spent on health

The arrows show the change for all countries in the world, from 1995 (earliest available data) to 2014 (latest available data). [Not all countries are labelled]

- Child mortality is the share of children that die before their 5th birthday.

- Total health expenditure is the sum of public and private health expenditures. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.



Data source: World Bank

The interactive data visualization is available at [OurWorldinData.org](http://OurWorldinData.org). There you find the raw data and more visualizations on this topic.

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# **The Challenge of Financing Universal Health Coverage: competing with emerging priorities**

*financial crisis,*

*conflict situations,*

*migration, security,*

*natural and human-made disasters*

# Health is a fundamental human right, but also an important «engine» for development

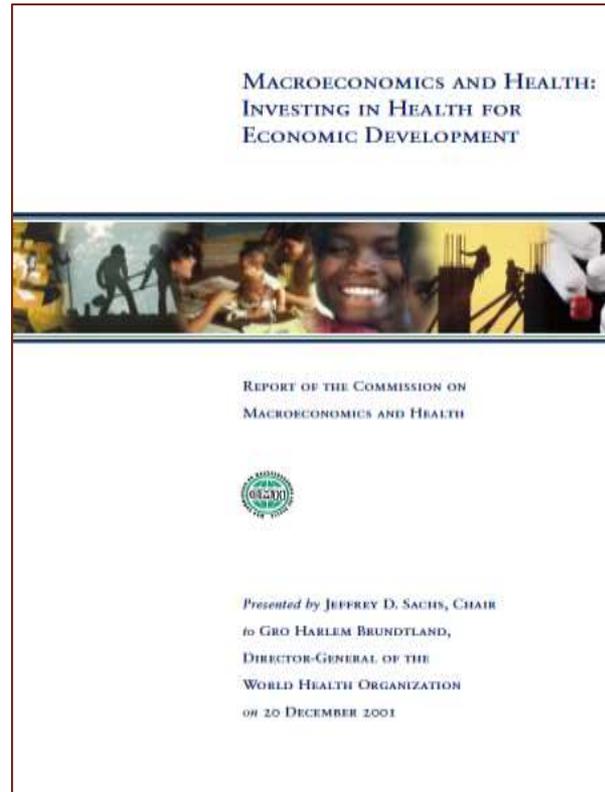


Figure 1. HEALTH AS AN INPUT INTO ECONOMIC DEVELOPMENT

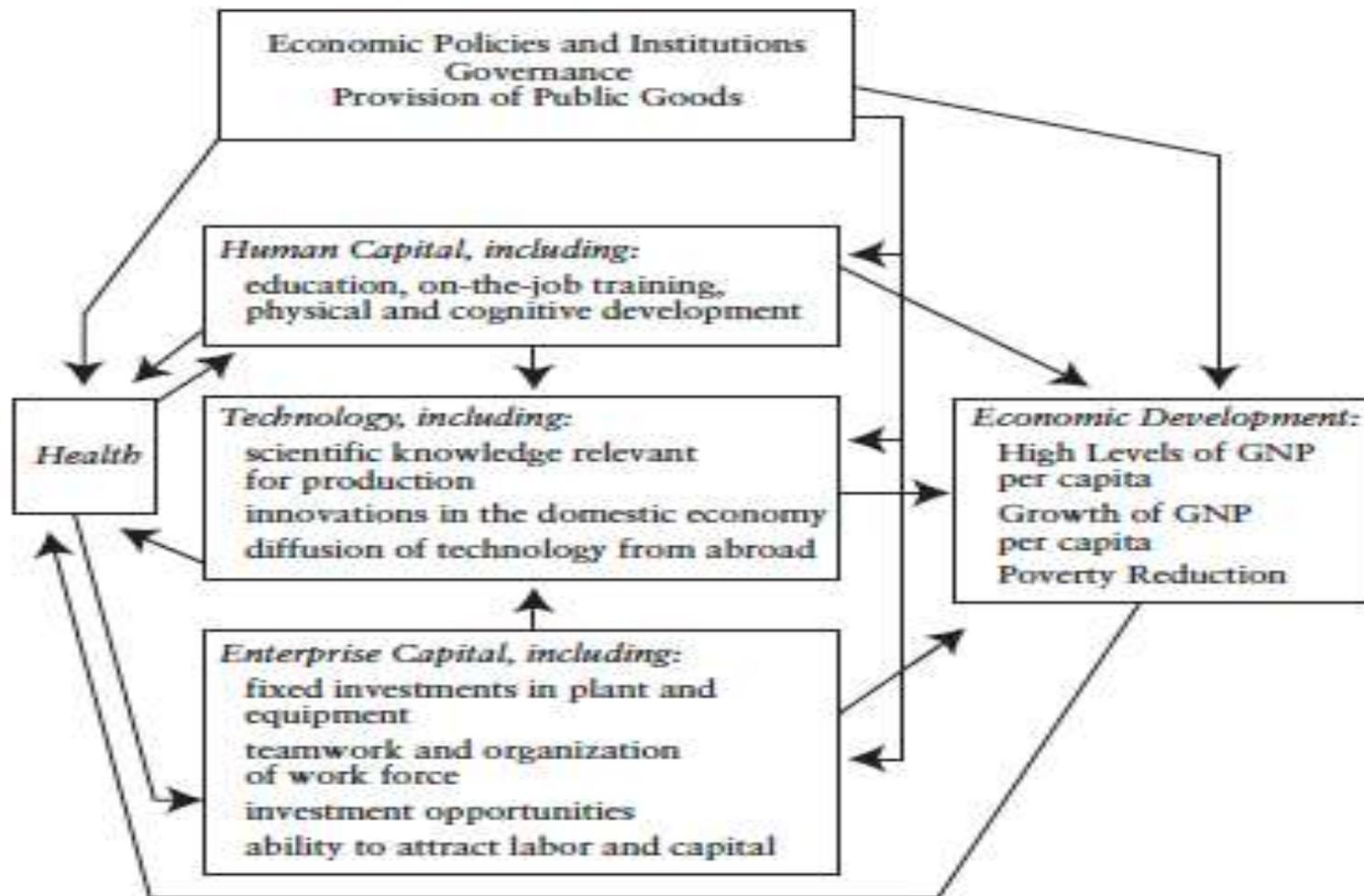
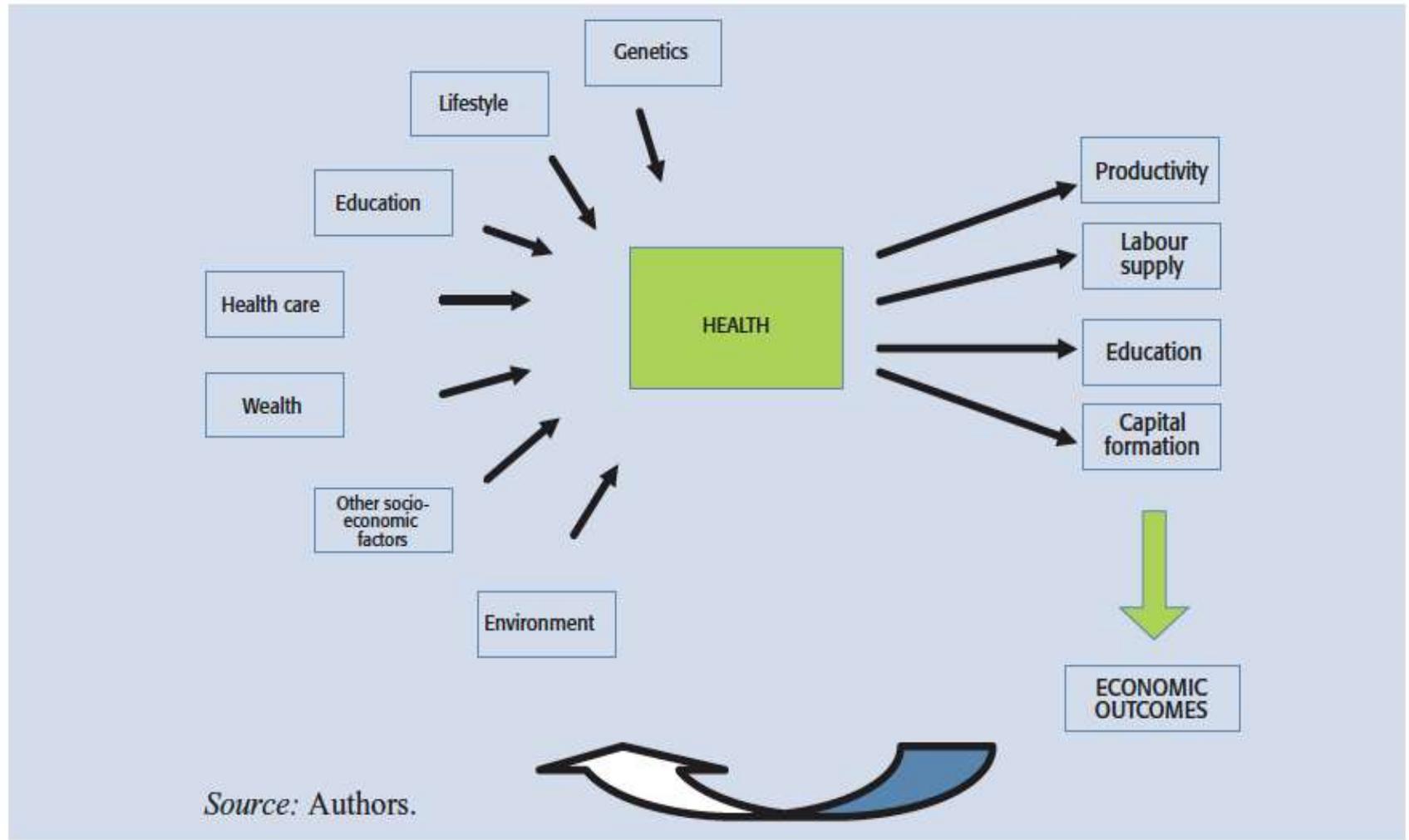


Figure 1 – Health inputs and health outputs



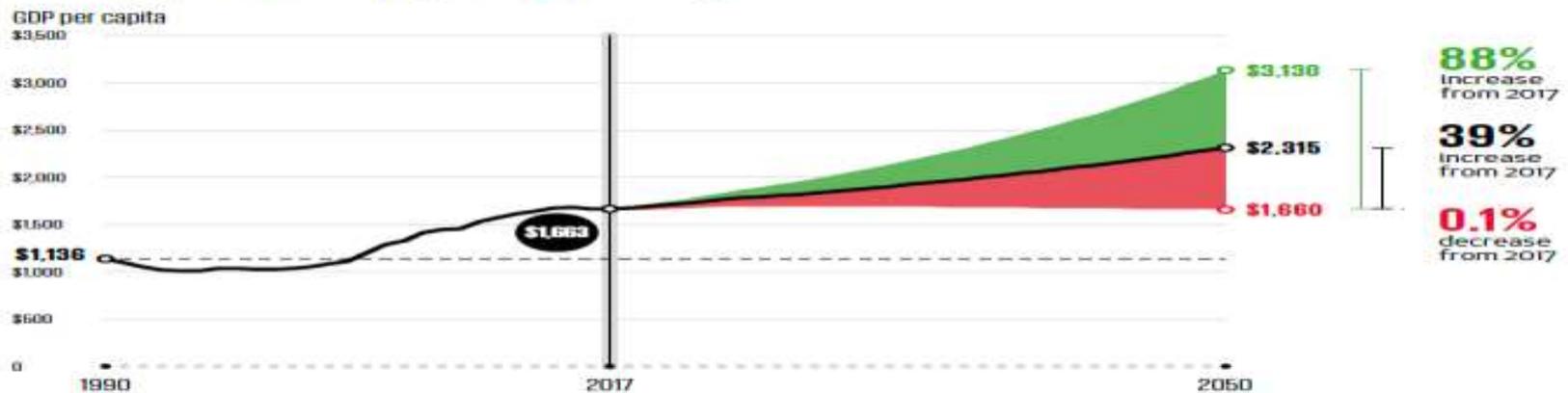
# Human Capital



- **The intangible collective** resources possessed by individuals and groups within a given population. These resources include all the knowledge, talents, skills, abilities, experience, intelligence, training, judgment, and wisdom possessed individually and collectively, the cumulative total of which represents a form of wealth available to nations and organizations to accomplish their goals.

## THE MAGNITUDE OF SUB-SAHARAN AFRICA'S ECONOMIC GROWTH DEPENDS ON HUMAN-CAPITAL INVESTMENT

● Status quo ● If we progress ● If we regress



### HUMAN CAPITAL: A BRIEF EXPLANATION

Economists generally think of three factors that contribute to economic growth:

- Physical capital: Roads, bridges, factories, etc.
- Human capital: The sum total of the health, knowledge, and skills of the population.
- Total factor productivity: A broad category that captures an economy's efficiency, innovation, and level of technology.

In general, political leaders have preferred to invest in physical capital. When they build a piece of infrastructure, the impact is immediate and tangible. On the other hand, when they vaccinate and educate children effectively, the impact from an economic point of view comes decades later, and it's harder to see.

But the evidence is crystal clear: Human capital is a prerequisite for economic development. The data shows that differences in health and education levels explain as much as 30 percent of the variance in per capita GDP between countries.

It may be easier to capture the importance of investments in human capital by analyzing the impact they have on individuals. Consider height, which is a proxy for better health. Studies suggest that every additional centimeter boosts a person's income by 3.4 percent. Similarly, every additional year of schooling boosts it by 8 percent. When these individual effects are added up across a population, they can propel rapid economic growth.

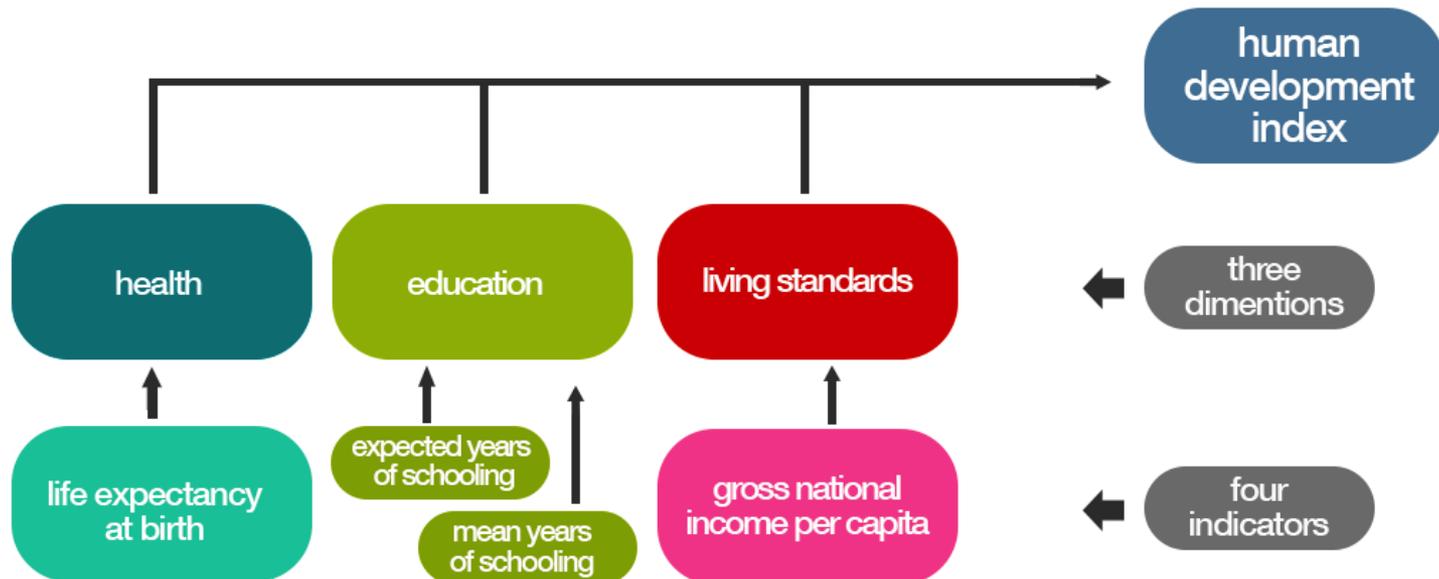
# Human Development Report 2016

## Human Development for Everyone



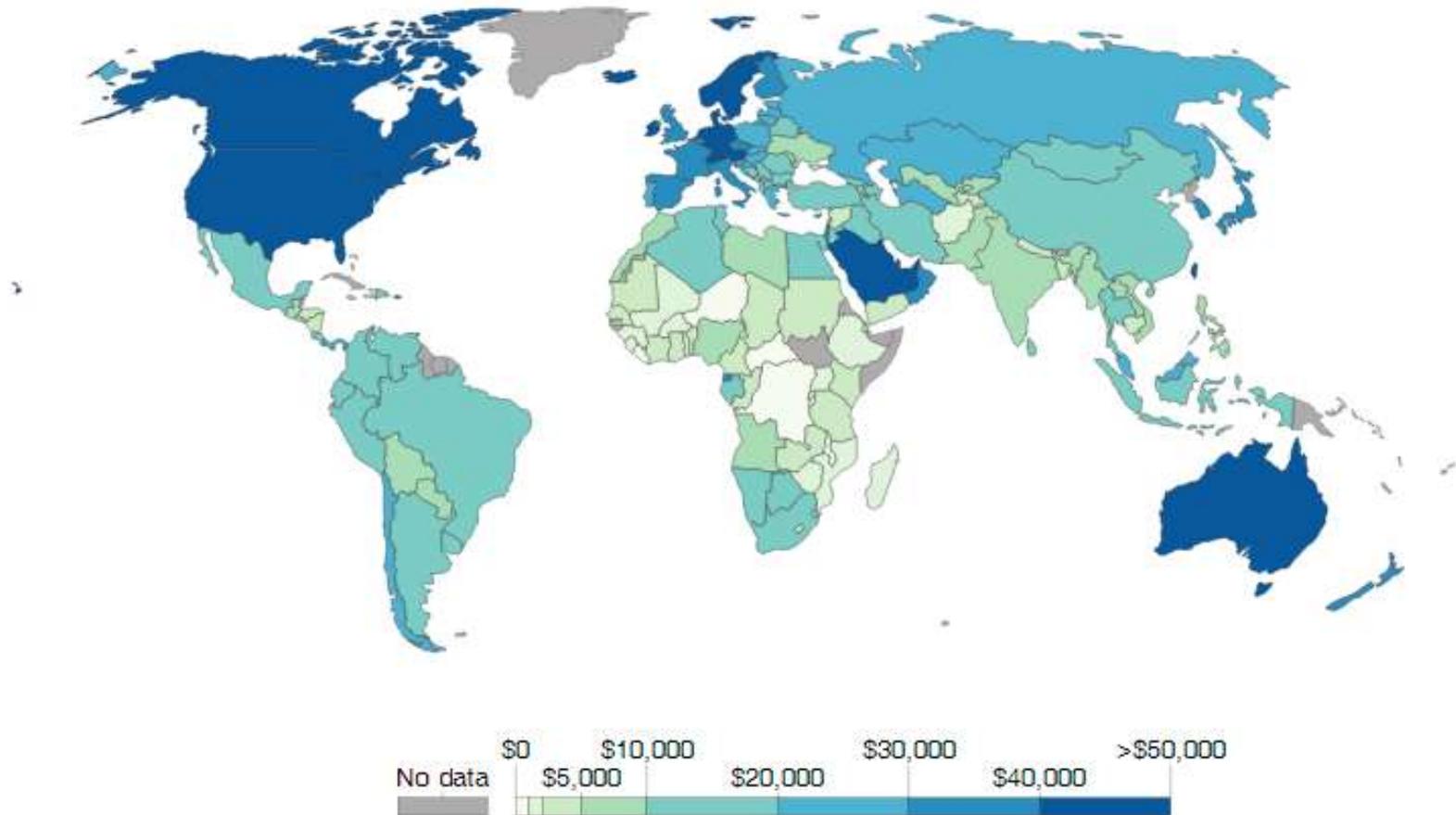
### components of the human development index

the HDI - three dimensions and four indicators



# GDP per capita, 2016

Real GDP per capita is measured using US\$, inflation adjusted at prices of 2011. Multiple benchmarks allow cross-country income comparisons.



Source: Maddison Project Database (2018)

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## Dimensions of Human Development

Directly enhancing human abilities

Long and healthy life

Knowledge

Decent standard of living

Creating conditions for human development

Participation in political and community life

Environmental sustainability

Human security and rights

Gender equality

Human development grew out of global discussions on the links between economic growth and development during the second half of the 20th Century. By the early 1960s there were increasingly loud calls to “dethrone” GDP: economic growth had emerged as both a leading objective, and indicator, of national progress in many countries i, even though GDP was never intended to be used as a measure of wellbeing ii. In the 1970s and 80s development debate considered using alternative focuses to go beyond GDP, including putting greater emphasis on employment, followed by redistribution with growth, and then whether people had their basic needs met.

These ideas helped pave the way for the human development approach, which is about expanding the richness of human life, rather than simply the richness of the economy in which human beings live. It is an approach that is focused on creating fair opportunities and choices for all people. So how do these ideas come together in the human development approach?

- **People:** the human development approach focuses on improving the lives people lead rather than assuming that economic growth will lead, automatically, to greater opportunities for all. Income growth is an important means to development, rather than an end in itself.
- **Opportunities:** human development is about giving people more freedom and opportunities to live lives they value. In effect this means developing people’s abilities and giving them a chance to use them. For example, educating a girl would build her skills, but it is of little use if she is denied access to jobs, or does not have the skills for the local labour market. The diagram below looks at aspects of human development that are foundational (that is they are a fundamental part of human development); and aspects that are more contextual (that is they help to create the conditions that allow people to flourish). Three foundations for human development are to live a healthy and creative life, to be knowledgeable, and to have access to resources needed for a decent standard of living. Many other aspects are important too, especially in helping to create the right conditions for human development, such as environmental sustainability or equality between men and women.

**thank you**

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