

Where we stand in achieving UN's developmental goals

The Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure all people enjoy peace and prosperity by 2030.

There are 17 inter-related SDGs which recognise that development must balance social, economic and environmental sustainability.

The SDGs are no poverty; zero hunger; good health and well-being; quality education; gender equality; clean water and sanitation; affordable and clean energy; decent work and economic growth; industry, innovation and infrastructure; reduced inequalities; sustainable cities and communities; responsible consumption and production; climate action; life below water; life on land; peace, justice and strong institutions; and partnerships for the goals.

Meeting targets

Within each SDG goal, there are targets.

There are 13 targets for SDG3 which is good health and well-being.

The SDG3 targets for 2030 are to:

- reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- end preventable deaths of newborns and children under five 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 five mortality to at least as low as 25 per 1,000 live births
- end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes; and
- substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

The SDG3 target for 2020 was to halve the number of global deaths and injuries from road traffic accidents. SDG3 targets which have no time frame include:

- strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

- achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 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
- 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; and
- strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

What are indicators?

There are different indicators for each SDG.

The SDG3 indicators are input indicators which are the resources needed for the implementation of an activity or intervention; process measure whether planned activities took place; output indicators add more details in relation to the product (output) of the activity; and outcome indicators refer more specifically to the objectives of an intervention, its outcome i.e. results; and impact indicators which refer to the health status of the target population: reduction in child mortality, reduction in child morbidity, improved child nutritional status.

The indicators for SDG3 are:

- maternal mortality ratio
- proportion of births attended by skilled health personnel
- under five mortality rate
- neonatal mortality rate
- number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- tuberculosis incidence per 1,000 population
- malaria incidence per 1,000 population > hepatitis B incidence per 100,000 population
- number of people requiring interventions against neglected tropical diseases
- mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

- suicide mortality rate
- coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
- 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
- death rate due to road traffic injuries
- proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
- adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
- A key SDG3 indicator is measuring the proportion of births attended by skilled health personnel.
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- coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
- proportion of population with large household expenditures on health as a share of total household expenditure or income
- mortality rate attributed to household and ambient air pollution
- mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene
- mortality rate attributed to unintentional poisoning
- age-standardised prevalence of current tobacco use among persons aged 15 years and older
- proportion of the target population covered by all vaccines included in their national programme
- total net official development assistance to medical research and basic health sectors
- proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis; and
- health worker density and distribution, International Health Regulations (IHR) capacity and health emergency preparedness.

Malaysia's progress

The Department of Statistics (DOSM) is the lead agency that coordinates SDG data collection in Malaysia.

Some indicators at the district level have been collected – hopefully, this can lead to targeted intervention to address shortfalls.

However, the DOSM has reported only:

- proxy data for hepatitis B incidence per 100,000 population
- number of people requiring interventions against neglected tropical diseases
- alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
- mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene, and
- mortality rate attributed to unintentional poisoning.

The DOSM also reported it has partial data on the number of new HIV infections per 1,000 uninfected population, by sex, age and key populations. and the proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis.

And, it reported not having data for mortality rate attributed to household and ambient air pollution, and total net official development assistance to medical research and basic health sectors.

As we are at the halfway mark to 2030, the government should ensure all its agencies get up to speed on data collection, if targets are to be met.

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