

Cluster Statement on Goal 3

Signed by UN Major Group in Children and Youth and UN Women's Major Group

June 17, 2014

Key:

Existing text

Additions

~~Redactions~~

Comments

Thank you co-chairs. My name is Marianne Haslegrave and I speak on behalf of the Women's Major Group, the Major Group on Children and Youth, and others [1].

We, the undersigned groups and organizations, support a standalone, overarching, universally applicable health goal that goes beyond disease-specific, vertical approaches to health, and improves health for all ages across the life course. This goal 3, as it is currently written, "to attain healthy life for all at all ages" begins the process of meeting this requirement.

In proposing the following changes to the targets we have taken into account the key elements of the WHO position to *Ensure healthy lives and universal health coverage at all ages*, as well as addressing concerns that are missing from the zero draft or goal 3. We recognize the crucial health related targets for means of implementation in goal 17, which include issues that we have not duplicated here.

While we have proposed a number of critical changes to these targets, which we have provided to the co-chairs, we wish to highlight those targets that we consider of greatest importance:

Chapeau

We urge the inclusion of the **right to health** in paragraph four of the chapeau after the **right to food**.

Targets

3.1 by 2030 ~~reduce the~~ eliminate preventable maternal mortality ~~ratio to less than 40~~
~~per 100,000 live births~~ and reduce morbidity

3.2 by 2030 end preventable newborn, infant and under-five deaths

3.3 by 2030 end ~~HIV~~AIDS, tuberculosis, malaria, and neglected tropical diseases by guaranteeing equitable, universal and affordable access to prevention, treatment, care and support for all people of all ages, with a particular focus on adolescents and young people

3.3 Comment: Overall HIV/AIDS is decreasing, but increasing in specific age groups. Young people disproportionately account for nearly 40% of all new HIV infections worldwide. Young women are particularly vulnerable -- a young woman in sub-Saharan Africa is 8 times more likely than her male counterpart to become infected with HIV.

For more info re statistics please see the recent AIDS review.

<http://www.un.org/News/Press/docs/2014/ga11515.doc.htm>

3.4 By 2030, reduce by ~~x%~~ at least 40% ~~premature~~ deaths from non-communicable diseases (NCDs), ~~reduce deaths from injuries, including halving road traffic deaths, promote mental health and wellbeing, and strengthen prevention and treatment of narcotic drug and substance abuse~~ morbidity, and disability, reduce by 50% deaths from road traffic injuries, and reduce by x% stress-related and mental health and neurological disorders.

3.4 Comments: We recognize that the 40% for NCD deaths in this target is calculated based on premature mortality, which refers only to deaths between the ages of 30 and 70, thereby excluding a high percentage of the populations of many countries.

This target must be formulated to ensure prevention, treatment, and care for people of ALL ages around the world. The NCD Alliance proposes that for premature death, a 40% reduction would make an active target.

We support including mental health and wellbeing either as a stand-alone target or within this target. The huge burden of stress-related and mental health and neurological disorders globally is evident in WHO data estimating that 450 million people are suffering worldwide, with many also affected by widespread stigma and discrimination. However, we suggest including the wording "reduce by x% stress-related and mental health and neurological disorders" to equate with prevalence rates of NCDs and road traffic accidents, since prevalence rates can be better measured than language referring to "promotion".

NCDs are thought to account for up to 78.6% of all years lived with disability and injuries a further 5.85% according to the Global Burden of Disease 2010. Addressing disability as part of the NCD response is therefore crucial.

3.5 ~~by 2030~~ increase healthy life expectancy for all by x% [at birth and at age 60](#)

3.5 Comment: We support this as a target. In the informal informals last week, some member states requested that this be moved to an indicator. Where is this envisioned fitting as an indicator? This is the aspiration behind the whole health goal.

3.6 by 2030 achieve universal health coverage (UHC), including [strengthening health systems, and ensuring access to essential health services, a well-trained health workforce, and](#) financial risk protection [including zero impoverishment due to health expenses and zero catastrophic out of pocket expenses](#), with particular attention to the most marginalized and people in vulnerable situations.

3.6 Comment: In promoting the training of a well-trained health workforce, we note para. 17.13 under means of implementation addressing the health workforce in developing countries.

3.7 by 2030 ensure universal availability and access to safe, effective, quality [and](#) affordable essential medicines, vaccines, [immunizations](#) and medical technologies, [including health and assistive technologies, treatments and services, including essential surgical care, anaesthesia, and rehabilitation](#) for all

3.7 Comment: Of particular concern in ensuring the universal availability and access to safe, effective, quality and affordable medicines is the fast rising occurrence of antibiotic resistance in humans. Without the conservation of effective antibiotics the task of ensuring effective and affordable health services for all will prove impossible to achieve. We propose that this issue be addressed either as an indicator or under Means of Implementation under both the Health and Sustainable Consumption and Production goals.

From the Centers for Disease Control and Prevention

- A [vaccine](#) is a product that produces immunity from a disease and can be administered through needle injections, by mouth, or by aerosol.
- A [vaccination](#) is the injection of a killed or weakened organism that produces immunity in the body against that organism.
- An [immunization](#) is the process by which a person or animal becomes protected from a disease. Vaccines cause immunization, and there are also some diseases that cause immunization after an individual recovers from the disease.

To promote health for all ages and all socioeconomic strata, neglected surgical diseases must be addressed. Non-communicable diseases (NCDs) do not include obstructed labour, congenital anomalies, hernias, cataracts and emergency care for injuries from road accidents, burns and falls.

Rehabilitation services, defined in the World Report on Disability as “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments”, have been specifically included as they are a crucial aspect of the continuity of care often overlooked - connecting ongoing care and support and ensuring further good health and well-being. The WHO Disability Action Plan 2014-2021 calls for strengthening habilitation and rehabilitation services.

3.8 [by 2030](#) ensure universal access to [high quality, comprehensive, equitable and integrated](#) sexual and reproductive health ~~for all~~ [services, information and education, and respect, protect and fulfill all human rights in this regard, with a particular focus on adolescents and young people](#)

3.8 Comments: This target, in addressing services, information, and education, complements 5.9 which addresses sexual and reproductive health and rights.

3.9 by 2030 decrease by x%/two-thirds the number of deaths and illnesses disability adjusted life years (DALYS) from indoor and outdoor air pollution of air (indoor and outdoor), soil and water

3.9 Comment: This text strengthens and broadens existing language to ensure that pollution is addressed in its entirety. Pollution is also included under targets 6.3, 12.4, and 14.1 but these targets do not address the health impacts of all types of pollution.

Overarching Comment: In order to achieve the goal of attaining healthy lives at all ages, we would like to emphasize the importance of strengthening data collection relevant to health targets and indicators and their disaggregation by income level, gender, place of residence and especially, age.

[1] In addition to the Major Group on Children and Youth and the Women's Major Group, this statement has also been endorsed by:

Alliance for Surgery and Anesthesia Presence (ASAP)
Asia Pacific Council of AIDS Service Organizations (APCASO)
Association of Surgeons in Training (ASiT)
Blacksmith Institute
Centre for Human Rights and Climate Change Research
FIA FOUNDATION
Fundacion para estudio e Investigacion de la Mujer
Global Alliance on Health and Pollution and its Secretariat
Global Surgery Initiative, Johns Hopkins University
Global Youth Coalition on HIV/AIDS (GYCA)
Gradian Health
Handicap International
HIV Young Leaders Fund (HYLF) endorses
Humanity First
ICASO
International AIDS Vaccine Initiative (IAVI)
International AIDS Women Caucus

International Anesthesia Education Forum (IAEF)
International Collaboration for Essential Surgery (ICES)
International College of Surgeons (ICS)
International Federation of Medical Students' Associations (IFMSA)
International Federation of Medical Students' Associations (IFMSA)
IVUMed
Lifebox
Operation Smile
Stakeholder Group on Ageing
The group of Global Surgery and Anaesthesia Partners, through the International
Federation of Surgical Colleges (IFSC)
The Lancet Commission on Global Surgery
The Right to Heal
UCSF Institute for Global Orthopaedics and Traumatology (IGOT)
University of Utah Center for Global Surgery