

Good health and well-being

3 Ensure healthy lives and promote well-being for all at all ages

In 2015, 303,000 mothers died from complications in pregnancy or childbirth—216 per 100,000 live births. In Sub-Saharan Africa the rate was more than twice that. Both there and in South Asia only half of births are attended by skilled staff, and the number of newborn deaths in the first month is also high, at around 30 per 1,000 births. Goal 3 addresses these and other causes of premature death and seeks universal health coverage, so that people can obtain health care without great financial penalty.

Reducing maternal and child mortality

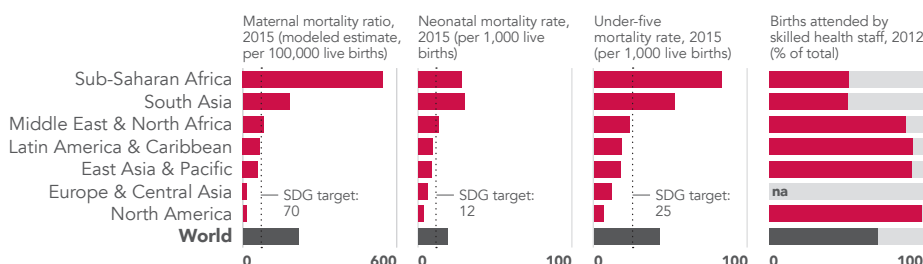
Fewer women and babies are dying during pregnancy, childbirth, and soon after than ever before recorded. But both Sub-Saharan Africa and South Asia have some way to go to reduce the deaths of mothers to fewer than 70 deaths per 100,000 live births (target 3.1) and neonatal mortality to fewer than 12 per 1,000 live births (target 3.2; figure 3a). In these two regions only half the births were attended by skilled health staff, far fewer than the nearly 90 percent or more elsewhere across the globe. Fewer pregnancies would reduce the number of maternal deaths, but more than 50 percent of married women in low-income countries report that their demand for family planning is not satisfied by modern contraceptive methods.

Ending the epidemics of AIDS, tuberculosis, and malaria

AIDS, tuberculosis, and malaria together affect hundreds of millions of people worldwide, and putting an end to these diseases is a priority under Goal 3 (target 3.3). While the incidence of HIV infection has been declining globally since 1995, the disease is still prevalent in Sub-Saharan Africa, where 3 of every 1,000 uninfected people ages 15–49 contracted it in 2015 (figure 3b). The number of people living with HIV, now at more than 36 million globally, continues to rise since access to antiretroviral therapy increases survival rates.¹

The incidence of tuberculosis, also declining since the early 2000s, remains a global health challenge, especially in Sub-Saharan Africa

3a More deaths occur during birth and early childhood in regions lacking skilled health staff

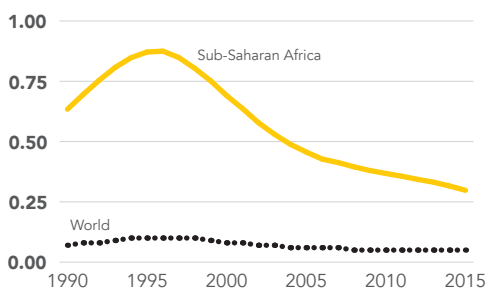


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Source: WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division; UN Inter-agency Group for Child Mortality Estimation; WDI (SH.STA.BRTC.ZS, SH.STA.MMRT, SH.DYN.NMRT, SH.DYN.MORT).

3b The rate of new HIV cases in Sub-Saharan Africa has declined dramatically since 1995

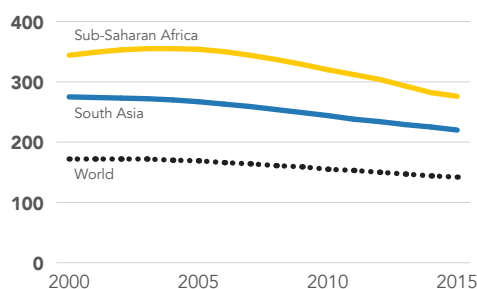
Incidence of HIV (% of uninfected population ages 15–49)



Source: UNAIDS; WDI (SH.HIV.INCD.ZS).

3c Sub-Saharan Africa still has over twice the global rate of new tuberculosis cases

Incidence of tuberculosis (per 100,000 people)



Source: WHO; WDI (SH.TBS.INCD).

(276 new cases per 100,000 people in 2015) and South Asia (220; figure 3c). Worldwide there were 10.4 million new tuberculosis cases and 1.4 million deaths due to tuberculosis in 2015.²

In 2015 the global incidence of malaria was about 94 per 1,000 persons at risk (figure 3d). Sub-Saharan Africa bears the highest burden, with an incidence of 234 per 1,000 persons at risk. Countries with the highest incidence include Mali (449 per 1,000 persons at risk) and Burkina Faso (389 per 1,000 persons at risk).

Tackling premature mortality from noncommunicable diseases and suicide

As the incidence of, and deaths from, communicable diseases such as malaria and tuberculosis fall, the share of deaths from noncommunicable diseases increases. Globally, premature death (before age 70) caused by the four major noncommunicable diseases—cardiovascular disease, cancer, diabetes, and chronic respiratory disease—declined 16 percent between 2000 and 2015. To reduce it by one-third by 2030 requires accelerating the current trend (target 3.4). Nine of the 12 highest national rates in 2015 were in East Asia and Pacific or Europe and Central Asia, with Papua New Guinea the highest, where the probability of 30-year-old people dying from these noncommunicable diseases before their 70th birthday is 36 percent (figure 3e).

Mental health is also a focus of target 3.4. Suicide accounts for 8.2 percent of deaths among young adults ages 15–29 globally and is the second leading cause of death after road traffic injuries for that age group.³ Suicide rates for all ages tend to be higher in Europe and Central Asia and in high-income countries (figure 3f).

Preventing substance abuse

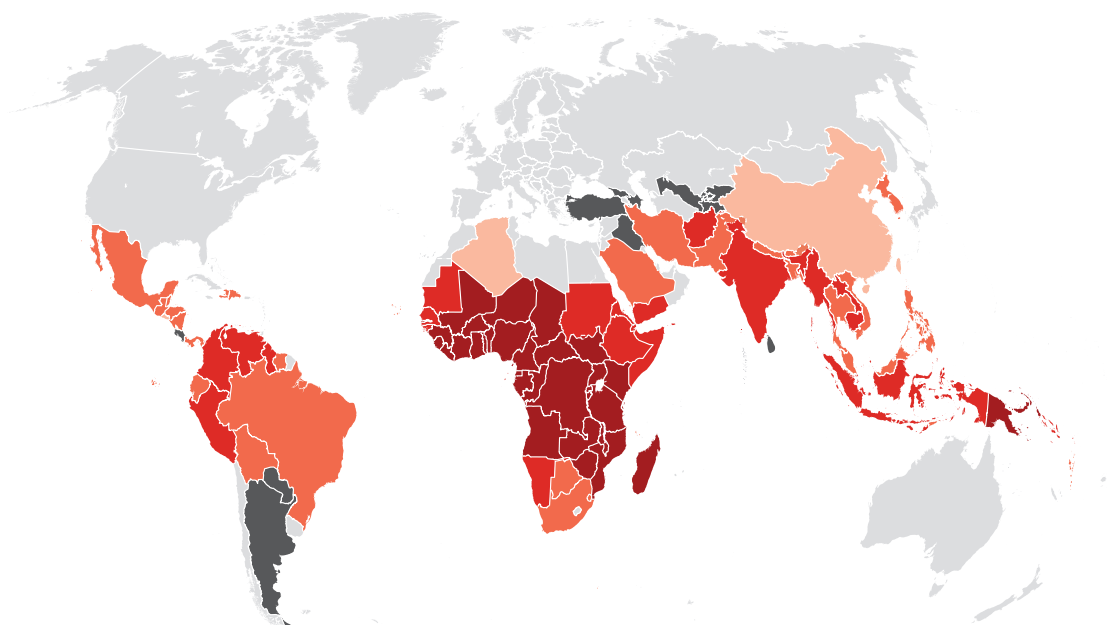
In 2012, 3.3 million deaths—6 percent of deaths worldwide—were attributed to alcohol consumption, predominantly through injuries or noncommunicable diseases.⁴ Global consumption was 6.3 liters of pure alcohol per person ages 15 and older in 2015, equivalent to 3 liters of beer (4 percent alcohol) a week. Consumption was highest in Europe and Central Asia (10.2 liters of pure alcohol per person a year) and lowest in the Middle East and North Africa (0.8 liters; figure 3g). Goal 3 includes in its agenda preventing and treating harmful use of alcohol (target 3.5).

Extending financial protection

Universal health coverage strives for people having access to health care without suffering undue financial hardship. Achieving it would prevent people from falling into poverty due to illness and give people the opportunity to lead healthier and more productive lives (target 3.8).

3d Malaria is widespread in much of the tropics, but Sub-Saharan Africa is the worst affected

Confirmed cases of malaria, 2015 (per 1,000 at-risk people)^a

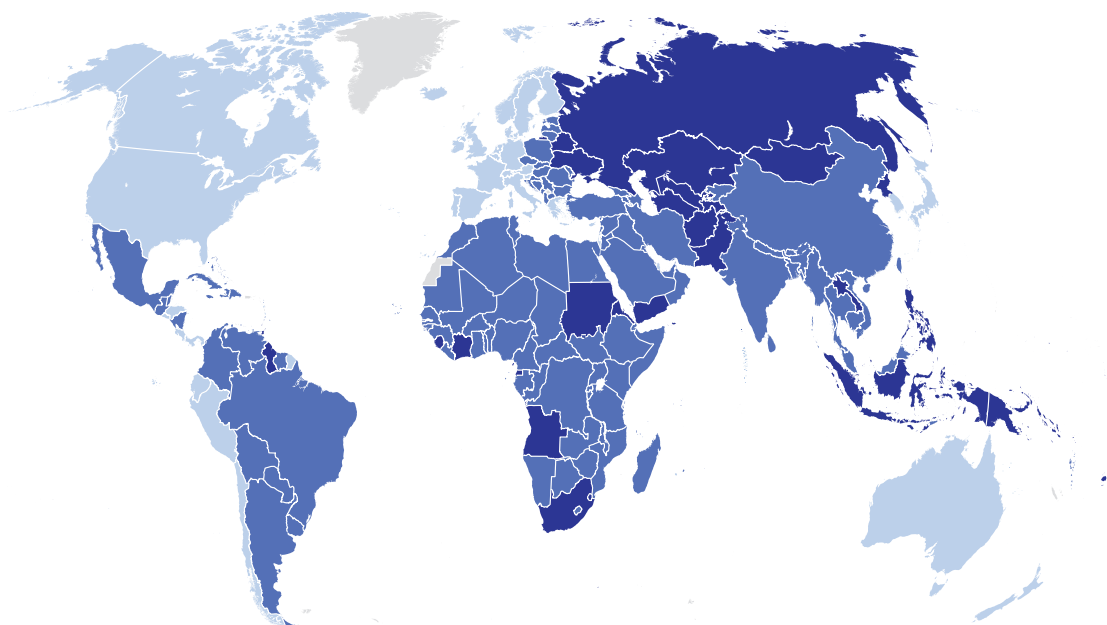


a. People living in areas of endemic malaria.

Source: WHO; WDI (SH.MLR.INCD.P3).

3e Noncommunicable diseases kill a greater proportion of middle-age people in low- and middle-income countries

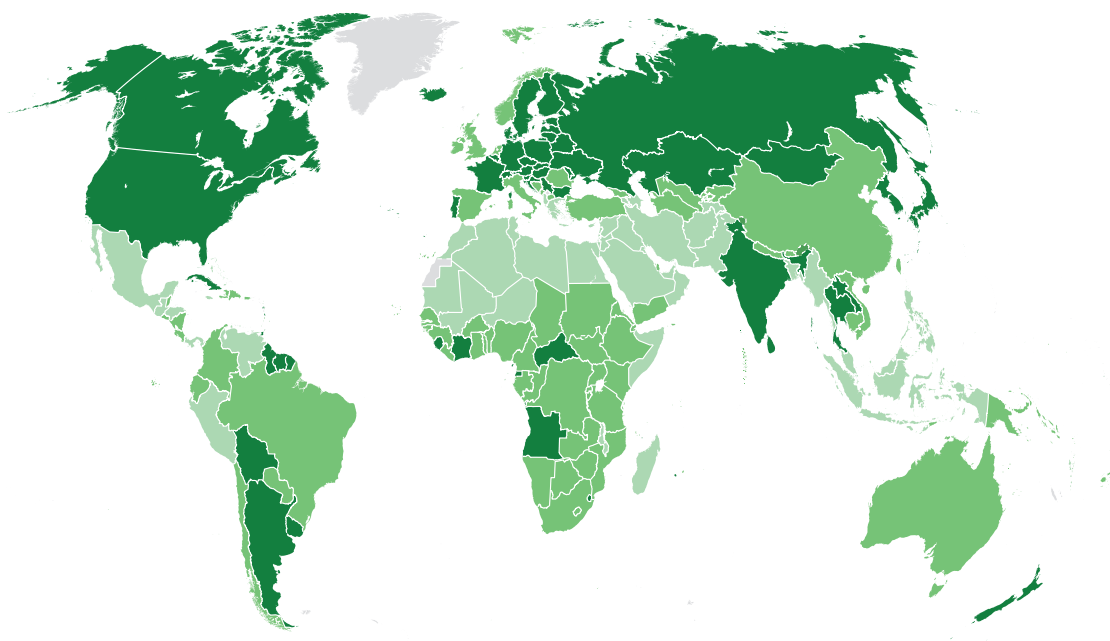
Mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory disease between ages 30 and 70, 2015 (%)



Source: WHO; WDI (SH.DYN.NCOM.ZS).

3f High suicide rates are not restricted to any one region

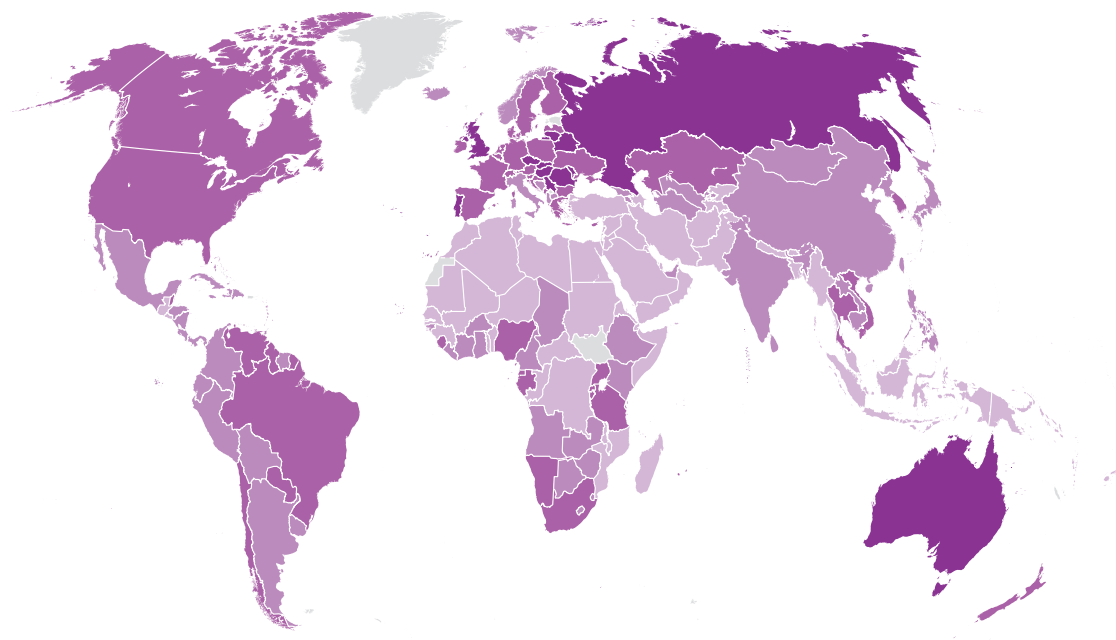
Suicide mortality rate, 2015 (per 100,000 people)



Source: WHO; WDI (SH.STA.SUIC.P5).

3g Consumption of alcohol was highest in Europe and Central Asia

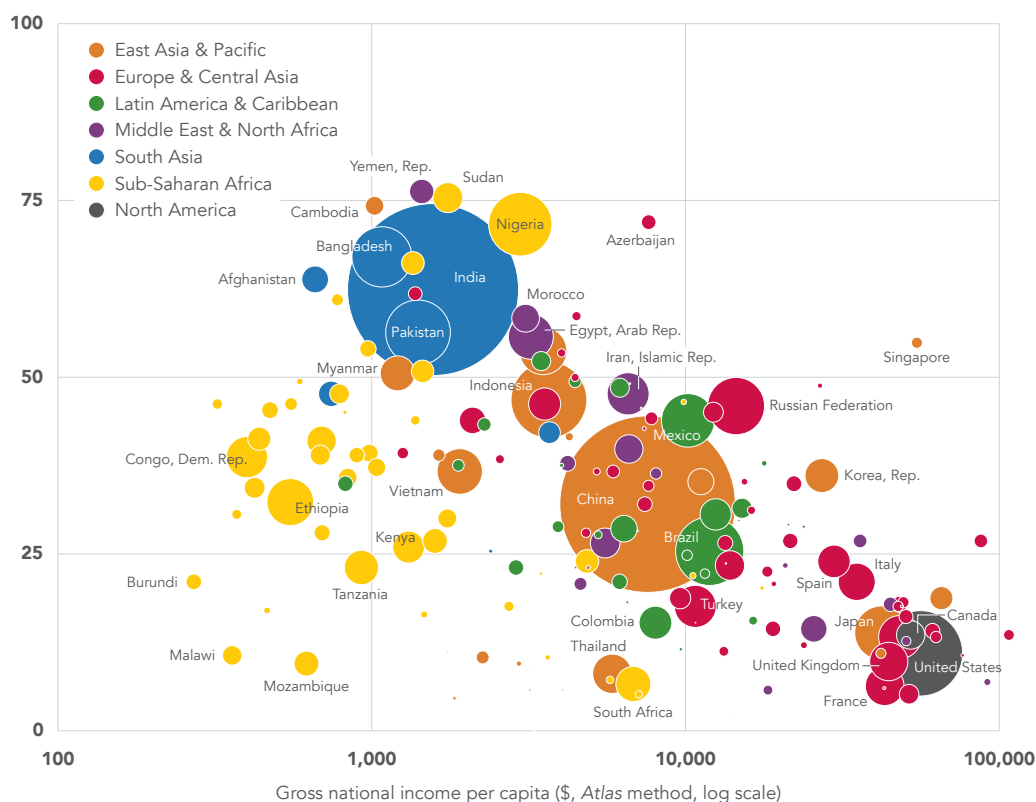
Pure alcohol consumed per person ages 15 and older, projected estimates, 2015 (liters per year)



Source: WHO; WDI (SH.ALC.PCAP.LI).

3h Health financing is dominated by out-of-pocket payments in poorer countries

Out-of-pocket payments as a share of total health expenditure, 2014 (%)



Health care financing in many low- and middle-income countries is still dominated by high out-of-pocket expenditures (figure 3h). Weaknesses in prepayment mechanisms such as taxation or health insurance—and user fees imposed at the point of service—

threshold. It should also protect people from impoverishing out-of-pocket payments.

The latest available consumption survey data for 110 countries show that in the median country about 7 percent of the population face out-

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