Good health and wellbeing

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

Prepared by
People living in the UK benefit from universal access to health care which plays an important role in the UK's good performance against many of the targets under SDG3. However, the UK is at risk of not meeting targets relating to air pollution and preventable mortality. Even where performance against a target is good, UK performance can be disappointing compared with other high-income countries. It is also important to consider the distribution of outcomes across different communities because socio-economic status is associated with health status.\(^1\)

Meeting these targets will require efforts beyond the healthcare system, which is only one of many factors contributing to health and wellbeing.\(^2\) Others include access to education, working conditions and living conditions.\(^3\) Socio-economic factors have multi-directional, dynamic relationships with health. Action on several other goals will contribute to progress against the targets within SDG3 and vice versa.

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**Performance rating**

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<th>Sustainable Development Goal Target</th>
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| 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. | \(
| 3.2 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 | \( \) |
| 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | \( \) |
| 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being | \( \) |
| 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol | \( \) |
| 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents | \( \) |
| 3.7 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 | \( \) |
| 3.8 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 | \( \) |
| 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination | \( \) |
| 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate | \( \) |
| 3.b 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 | \( \) |
| 3.c 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 | \( \) |
| 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks | \( \) |
Part 1: Sustainable Development Goal 3

Key findings

1. With access to universal health care and a welfare state, the UK does well on many SDG3 targets

2. Reducing premature mortality by one third by 2030 is a major challenge requiring multi-sector action

3. There are an estimated 40,000 premature deaths attributable to outdoor air pollution each year.

4. Life expectancy gains at birth are slowing in the UK. In England, there is a widening gap in life expectancy at birth between the most and least deprived.

5. Public services necessary to meeting these targets are under considerable financial pressure with public health budgets under particular strain.

Performance and progress

Many public services with a bearing on SDG3 targets are devolved including health care, economic development, education and housing policy. Each nation provides universal access to health care (Target 3.8) but the structure, priorities and benefits provided can differ – access to abortion and the approach to charging for adult social care provide examples of this.

The UK does well against many SDG3 targets but cannot be complacent; for example, it is at risk of not meeting Targets 3.4 and 3.9. While the UK comfortably meets some targets such as 3.1, performance can be disappointing compared with other high-income countries.

Target 3.9 aims to substantially reduce deaths and illnesses from pollution. An estimated 40,000 premature deaths a year in the UK are attributed to air pollution. The European Commission is set to take legal action against the UK Government for nitrogen dioxide concentrations being persistently above legal limits since 2010 and the High Court has ruled that the Government’s current policy on air pollution is unlawful. Progress and cross-sector coordination across SDGs 7, 9, 11 and 12 are required to meet this target.

Target 3.4 aims to reduce premature mortality from non-communicable diseases (NCDs) such as cancer or cardiovascular disease by one third by 2030, as well as promoting mental health and wellbeing. Preventable risk factors are associated with most NCDs including tobacco use, physical inactivity, unhealthy diet and alcohol abuse - factors which can lead to raised blood pressure, obesity, raised blood glucose and cholesterol. Air pollution also plays a significant role in the development of NCDs.

Progress on Target 3.4 is linked to Target 3.5 aiming to tackle narcotic drug and harmful alcohol use. Alcohol is a major risk factor for ill health in the UK, particularly in Scotland where almost a fifth more alcohol is sold per adult than in England and Wales. In England, alcohol and drug use is now the leading risk factor for premature death for those aged 15–49. From May 2018 a minimum price per unit on the sale of alcohol (MUP) came into force in Scotland. A MUP bill has also been introduced by the Welsh Government but the policy remains under review in England.
System factors need to be addressed to reduce exposure to risk factors. For example, underlying causes of obesity can include advertising of unhealthy food and drink, inactive workplaces, a lack of green space and difficulty in accessing affordable, healthy food. People living in more deprived urban areas are more likely to be exposed to poor air quality, high-levels of crime and are at greater risk of road traffic accidents. The introduction of the Soft Drinks Industry Levy is an example of multi-sector action to tackle NCDs. The Levy aims to reduce childhood obesity rates by encouraging drink manufacturers to reformulate their products with less sugar. This links to SDG17 targets on policy coherence and domestic tax mobilisation.

Target 3.4 is also linked to the number of suicides per 100,000 population. In the UK, this has decreased between 2000 and 2015 but in Wales and Northern Ireland suicide rates increased between 2000-2015. For example, people in contact with the criminal justice system are a high-risk group for suicide. Mental health and suicide prevention requires an integrated approach. Healthy relationships, secure homes, meaningful work and financial security are all affect mental health and wellbeing and vice-versa.

More broadly, emerging trends in life expectancy data and the variance between communities require attention. Across the UK in 2014 to 2016, the gap in healthy life expectancy (HLE) at birth between local areas with highest and lowest average HLE was 18.4 years for females and 15.6 years for males. Life expectancy gains are slowing and ONS analysis has demonstrated that (in England and Wales) the least deprived populations have experienced larger gains in longevity.

Evidence suggests that progress on Target 3.4 would have a role in determining the outcome of at least nine SDGs. For example, reducing the mortality and morbidity from NCDs could lead to a rise in productivity and household incomes, helping to achieve progress against SDGs 8 and 10, but progress on target 3.4 could be constrained by cuts to public health budgets. In England, local authorities are having to cut a wide range of services including smoking cessation, substance misuse and sexual health services – a false economy putting people’s health at risk.

The threat of communicable diseases cannot be ignored (Target 3.3). England has relatively high rates of TB compared to other countries in Western Europe.

**Synergies and coherence**

Achieving SDG3 will only be possible by making progress against all the SDGs as our health is influenced by factors such as good work (SDG8), our surroundings (SDG11) and access to money and resources (SDGs 1 and 10). In turn progress against SDG3 will contribute to achieving other goals. Good health is an individual and a societal asset required to generate social and economic value. When seen as such, health takes a position as an important aspect of social infrastructure. In 2011, the UK signed up to the Rio Political Declaration on Social Determinants of Health, which confirmed a ‘determination to achieve social and health equity through action on social determinants of health and wellbeing by a comprehensive intersectoral approach.’ Such an approach should ensure that all sectors systematically consider the health implications of decisions, seek synergies and avoid harmful health impacts.
Local to international dimensions

The Well-being of Future Generations (Wales) Act 2015 requires public bodies in Wales to carry out sustainable development and help achieve the seven well-being goals, including “A healthier Wales” and “A more equal Wales”. Welsh Ministers are required to set national indicators and milestones and must publish an annual report on progress.35

The Public Health (Wales) Act 201736 introduces statutory health impact assessments and Public Health Wales has been designated a WHO Collaborating Centre on investment for health and wellbeing.37

The Alcohol (Minimum Pricing) (Scotland) Act 2012 allows Scottish Ministers to set a minimum price for alcohol in Scotland. This was eventually set at 50p per unit of alcohol and came into force on 1 May 2018. It is hoped this policy will help reduce health inequalities and alcohol related deaths by around 120 per year after 20 years.

Recommended actions

1. Develop a comprehensive cross-sector plan to tackle air pollution and its harmful impacts in the UK

2. Develop a comprehensive plan to assess, monitor and achieve progress in reducing premature mortality by one third by 2030

3. Ensure health is seen as contributing to the core infrastructure of a prosperous and sustainable society by adopting a process for systematically assessing the health impacts of major policies across all four UK countries

4. Promote cross-government and cross-sector action and policy coherence on the wider determinants of health. The Welsh Future Generations Act, praised as ‘pioneering’ by the UN, could be used as the basis of a UK-wide model. Reducing health inequalities between and within the countries of the UK is important
Case study

Soft Drinks Industry Levy

SDG TARGETS: 2.2, 3.4

The introduction of the Soft Drinks Industry Levy, also known as the ‘sugar tax’, is an example of multi-sector action to tackle the underlying causes of non-communicable diseases. The Levy aims to reduce childhood obesity rates, by taxing the production and importation of drinks with high sugar content.

The Government announced its intentions in March 2016 and over 50% of soft drink manufacturers have reformulated their products or reduced the portion size to lower the sugar content. Those that do not reformulate will pay the levy which is expected to raise £240 million a year. This money will contribute to the Primary Sports Premium (funding that primary schools receive per pupil for PE), the creation of a Healthy Pupils Capital Fund to help schools upgrade their sports facilities, and improve children’s access to PE equipment. The levy will also provide additional funding for healthy school breakfast clubs.

www.gov.uk/government/publications/soft-drinks-industry-levy/soft-drinks-industry-levy

UK Government in the international fight against Malaria

TARGET 3.3, 3.B, 3.D

The UK Government is the second largest donor in the global fight against malaria – a disease that still kills one in ten children in Africa every year.

In April 2018 International Development Secretary Penny Mordaunt announced a further £100 million fund which will be matched by the private sector. This fund will go to specific countries and provide them with mosquito nets, indoor sprays and capacity building support for their health systems. This comes on top of the UK’s work in tackling malaria through investment in treatment, prevention and research and the risk of drug resistance.

Through the Department for International Development, the UK Government has:

• Distributed 49.7 million long-lasting, insecticide-treated bed nets - saving up to 808,000 lives.
• Pledged £1.1 billion to the Global Fund to Fight AIDS, TB and Malaria between 2016 and 2019.
• Funded research to support the development of child-friendly malaria drugs which have been used for more than 350 million treatments in malaria-endemic countries.
• Pledged to spend £500 million a year tackling malaria between March 2016 and March 2021.

Endnotes


2 McGovern, L. Miller, G. and Hughes-Cromwick, P. Health Policy Brief: The relative contribution of multiple determinants to health outcomes. Health Affairs. 21 August 2014. DOI: 10.1377/hpb20140821.404487


Royal College of Physicians and Royal College of Paediatrics and Child Health. (2016). Every breath we take: The lifelong impact of air pollution.


8 Royal College of Physicians and Royal College of Paediatrics and Child Health. (2016). Every breath we take: The lifelong impact of air pollution.


13 Scottish Government. Alcohol. www.gov.scot/Topics/Health/Services/Alcohol


15 Scottish Government. Minimum unit pricing. www.gov.scot/Topics/Health/Services/Alcohol/minimum-pricing


19 Loring, B. and Robertson, A. (2014) Obesity and inequities. World Health Organization Regional Office for Europe


UKSSD — Measuring up

Part 1: Sustainable Development Goal 3


36 Public Health (Wales) Act 2017