



WHAT IS HEALTH?

As the German philosopher, Schopenhauer said: **“Health is not everything, but without health everything is nothing”.**

The World Health Organisation (WHO) defines health as **“a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity”**¹. In other words, being healthy does not just mean “not being unhealthy”; but rather “enjoying good physical, mental and social health”.

Enjoying this **“complete wellbeing”** depends on different factors (biological, socio-economic) and the fulfilment of different rights: good nutrition; access to drinking water; a healthy environment; decent housing; and, of course, the **universal access to quality healthcare services and to medication**. Furthermore, a quality education and **having enough information about health-related issues** are also essential factors in guaranteeing complete wellbeing.

¹ Preamble of the World Health Organisation (WHO) Constitution, adopted by the International Health Conference, New York, 1946



THE RIGHT TO THE “HIGHEST ATTAINABLE STANDARD OF HEALTH”

The right to health appears in **Article 25 of the Universal Declaration of Human Rights** and in **Article 12 of the International Covenant on Economic, Social and Cultural Rights**. The WHO describes this as **“the right to the highest attainable standard of health”**².

This “highest attainable standard of health” can only be guaranteed through **responsible government action**, which in turn can only be fulfilled by adopting **appropriate health and social measures**³.

For this reason, when we speak of the right to health, we refer to the **“right to the enjoyment of a variety of goods, facilities, services and conditions necessary for its realisation”**⁴. This access to healthcare services must be timely, acceptable, accessible and sufficient.

It is a priority responsibility for all governments, and **“no country has made progress without first ensuring the wellbeing of its people”**⁵. The

commitment of the international community is key to ensuring that all States, regardless of incomes, comply with this duty, paying particular attention to transparency, responsibility and the optimisation of funds and resources⁶. **“All countries at all income levels can do more with the resources they have”**⁷

In 1946, as one of its principles, the WHO established that **“unequal development in different countries in the promotion of health (...) is a common danger”**. Today, this same concern is at the forefront of the **third Sustainable Development Goal (SDG): Ensure healthy lives and promote wellbeing for all at all ages**.

The 13 goals of SDG 3 include three Millennium Development Goals (MDG) that were pursued from 2000 to 2015: MDG 4, 5 and 6.



² Preamble of the World Health Organisation (WHO) Constitution, New York, 1946

³ Principles of the World Health Organisation (WHO) Constitution, New York, 1946

⁴ *Human Rights: The Right to Health*, Fact sheet n° 31 World Health Organisation and the Office of the United Nations High Commissioner for Human Rights <http://www.ohchr.org/Documents/Publications/Factsheet31sp.pdf>

⁵ UN radio interview with Luiz GALVAO, Director of the Sustainable Development of Pan American Health Organisation <http://www.unmultimedia.org/radio/spanish/2015/08/objetivos-de-desarrollo-sostenible-hacen-enfasis-en-salud-de-calidad-para-todos/#.VxkA8zCLTIW>

⁶ *Together for a healthier world*, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, vision 2017

⁷ <http://www.who.int/dg/vision/es/>

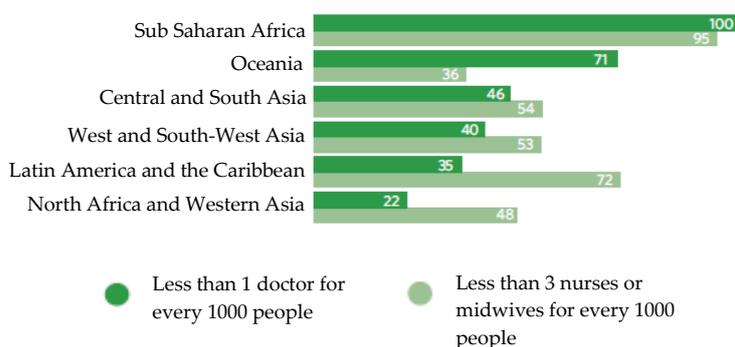
⁷ Speech by Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. New York, September 2017



ACHIEVING UNIVERSAL HEALTHCARE COVERAGE (UHC): SDG 3'S MAJOR GOAL

Undoubtedly the most ambitious aspect of the SDG 3 is achieving Universal Healthcare Coverage (UHC) between now and 2030. UHC focuses its attention and efforts on eliminating the financial barriers that prevent access to healthcare, to ensure that no one forgoes treatment because of its cost⁸. On a world level, at least 400 million people do not have access to one or more basic healthcare services. In 2016, around 44% of WHO Member States reported that they had less than one doctor for every 1000 inhabitants. Africa has just 3% of the world's healthcare professionals.

Graph I: Proportion of countries with insufficient healthcare professionals, 2005-2015 (most recent available data) (percentage). Source: 2017 SDG Report



As well as UHC, SDG 3 has a particular focus on maternal-child health: Goal 3.1 aims to reduce the maternal mortality rate to less than 70 for every 100,000 live births by 2030. In 2015 there were 216 maternal deaths for every 100,000 live births (37% less since 2000). The majority of these deaths could be avoided with effective UHC that guarantees healthcare before, during and after the birth for all women. This would also avoid the majority of newborn deaths (goal 3.2): in 2015, the global mortality rate for children under 5 years was 43 deaths for every 1,000 live births (44% less since 2000)⁹.

The fight against HIV/AIDS continues to be an international priority for Agenda 2030. It is estimated that in 2015 there were 0.3 new infections for every 1000 uninfected individuals (46% less since 2000)¹⁰. To avoid vertical transmissions (from mother to child), it is essential for pregnant woman to have access to early HIV detection and artificial milk to avoid infecting the newborn. Furthermore, thanks to the worldwide expansion of access to antiretroviral drugs, the rate of new HIV infections in children under 15 years of age dropped by 72% between 2000 and 2015.

⁸ *Health systems financing: the path to universal coverage*. WHO World health report 2010 <http://www.who.int/whr/2010/es>

⁹ The Millennium Development Goals Report 2015 [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

¹⁰ The Sustainable Development Goals Report 2017 <https://unstats.un.org/sdgs/files/report/2017/TheSustainableDevelopmentGoalsReport2017.pdf>



WHO CAN DO WHAT?

ON AN INTERNATIONAL LEVEL



The WHO estimates that 18 million healthcare workers are needed around the world to achieve UHC.

Not only would this reap health benefits, but it would also be beneficial for the economy of countries (with the creation of job positions), enhancing global citizen education and closing the gender gap.

ON A NATIONAL LEVEL



According to goal 3.c, the main governmental commitment is to “substantially increase health financing and recruitment”. Campaign investment is also important, so as to prevent illnesses and to encourage healthy habits.

ON A LOCAL LEVEL



CENTRE MEDICO
SOCIAL WALÉ

Discover the work that the Walé Social Medical Centre carries out in its fight against HIV/AIDS in the village of Toumboukro and in Yamoussoukro (Ivory Coast): **Interview with GNAGNE L. Philippe**, doctor who cares for HIV patients in the Walé Social Medical Centre.

AND WHAT CAN YOU DO?



“Education is the most powerful weapon which you can use to change the world.”

Nelson Mandela

Infant and Primary Pupils

Goal 3.6 proposes, “by 2020, to halve the number of global deaths and injuries caused by road traffic accidents”. **On the DGT website you can find very useful Road Safety resources**, for work in and out of the classroom, adapted to pupils aged from 3 to 10 years.



Secondary and Baccalaureate Students

Goal 3.5 includes the global commitment to prevent substance abuse and the harmful consumption of alcohol. The class could discuss the videos from the different **Help Against Drug Addiction campaigns (FAD)**. Groups could **design and film their own publicity campaign** to prevent drug consumption.



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