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CAPÍTULO 3 - ENSURE HEALTHY LIVES AND PROMOTE WELL:
BEING FOR ALL AT ALL AGES

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2030 AGENDA

Sustainable Development Goals

Brazilian Target Proposal

3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES



TABLE 1
Summary of the Target Adaptation Proposal for SDG 3

Total number of targets	Number of targets that apply to Brazil	Number of targets adapted to the national context	Number of end-oriented targets	Number of implementation targets	Number of proposed new targets
13	13	12	7	6	0

TABLE 2
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TARGET 3.1

I. ADAPTATION PROPOSAL

1. Target 3.1 (United Nations)

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

2. Global indicators (United Nations)

3.1.1 Maternal mortality ratio (Tier II).

3.1.2 Proportion of births attended by skilled health personnel (Tier I).

3. Target 3.1 (Brazil)

By 2030, reduce the maternal mortality ratio to less than 30 per 100,000 live births.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target adaptation took into account that Brazil already registers values below the global target. In 2015, the Maternal Mortality Ratio (MMR) was estimated in 62 deaths per 100,000 live births. On May 28th, 2018, at a meeting of the National Commission Against Maternal Mortality and in the launch of the National Mobilization Week for Women's Health, the Ministry of Health assumed the commitment of reducing MMR by 51.7 per cent by 2030, which equates to 30 maternal deaths per 100,000 live births.

6. Important concepts mentioned in the target

- Maternal Mortality Ratio: number of maternal deaths in a given time period per 100,000 live births during the same period.
- Maternity Mortality Rate: number of maternal deaths in a given time period per 100,000 women of reproductive age during the same period.

7. Government agencies in charge of actions that contribute to target achievement

- Ministry of Health (MS)
- National Secretariat of Policies for Women (SPM)

8. Other SDGs and Global Targets that correlate to Target 3.1.

SDG 5 (target 5.6)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.1

1. Maternal Mortality Ratio.
2. Proportion of births occurred in health facilities.

Source: Ministry of Health (MS). Mortality Information System (SIM) and Live Birth Information System – Sinasc (available annually).

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.2

I. ADAPTATION PROPOSAL

1. Target 3.2 (United Nations)

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.

2. Global indicators (United Nations)

3.2.1 Under-five mortality rate (Tier I).

3.2.2 Neonatal mortality rate (Tier I).

3. Target 3.2 (Brazil)

By 2030, end preventable deaths of newborns and children under 5 years of age, aiming to reduce neonatal mortality to at least as low as 5 per 1,000 live births and under-5 mortality to at least as low as 8 per 1,000 live births.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target was expanded because Brazil has already reached the values set by the UN.

Target proposal was elaborated by the Ministry of Health. Estimates were based on a historical series from 2000 to 2015, with reduction (%) projected to 2030. Estimates were set according to data from the areas of Women's and Children's Health, which assess scenarios according to the policies and resources available, and with the addition of new resources deemed as viable.

For the Neonatal Mortality Rate (deaths occurred during the first 28 days of life), a reduction of 43.7 per cent was estimated, which indicates a mortality rate of 5.3 per 1,000 live births (annual reduction of 3.8 per cent); in the case of Infant Mortality Rate (under 5 years of age), a reduction of 47.4 per cent was estimated, which indicates a mortality rate of 8.3 per 1,000 live births (annual reduction of 4.2 per cent).

6. Important concepts mentioned in the target

Avoidable deaths: Those that can be totally or partially prevented by accessible and effective health services.

Neonatal mortality: mortality of children who are less than 28 days of age.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

National Secretariat of Policies for Women (SPM)

Ministry of the Environment (MMA)

Ministry of Social Development (MDS)

8. Other SDGs and Global Targets that correlate to Target 3.2

SDG 2 (target 2.1 and 2.2)

SDG 6 (targets 6.1 and 6.2)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.2

1. General neonatal mortality rate, of indigenous and quilombola children.
2. General precocious neonatal mortality rate, of indigenous and quilombola children.
3. General late neonatal mortality rate, of indigenous and quilombola children.
4. General infant mortality rate (below 5 years of age), of indigenous and quilombola children.
5. Proportion of exclusive breastfeeding up until 6 months of age.
 - Source: Ministry of Health (MS). Mortality Information System (SIM), except for indicator 5, which was taken from the National Demographic and Health Survey (PNDS).
 - Note: In addition to general mortality rates, the Working Group suggests that the specific mortality rates of indigenous and quilombola children are surveyed during target monitoring.

*Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.3

I. ADAPTATION PROPOSAL

1. Target 3.3 (United Nations)

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

2. Global indicators (United Nations)

3.3.1 Number of new HIV infections per 100,000 uninfected inhabitants, by sex, age and key populations (Tier I).

3.3.2 Tuberculosis incidence per 100,000 inhabitants (Tier I).

3.3.3 Malaria incidence per 1,000 inhabitants (Tier I).

3.3.4 Hepatitis B incidence per 100,000 inhabitants (Tier II).

3.3.5 Number of people requiring interventions against neglected tropical diseases (Tier I).

3. Target 3.3 (Brazil)

By 2030, end public health problems such as the epidemics of AIDS, tuberculosis, malaria, viral hepatitis, neglected diseases, water-borne diseases, arboviral diseases transmitted by the *Aedes aegypti* mosquito and other communicable diseases.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target's wording was adjusted to place emphasis on the diseases that are most pertinent to the Brazilian reality. Thus, the Working Group decided to focus on viral hepatitis and to include arboviral diseases transmitted by the *Aedes aegypti* mosquito, which are recurrent in the country. In addition, it was argued that the word "end" cannot be associated with such diseases. For example, "ending" dengue would require the eradication of the *Aedes aegypti* mosquito, which is an infeasible task. It is possible, though, to control the spreading of the virus with routine work and the collaboration of all society and public powers. Therefore, the Working Group suggests the inclusion of the term "public health problems", to clearly demonstrate that the main goal is to reduce and control the occurrence of those diseases.

6. Important concepts mentioned in the target

Public health problem: The term “public health” refers to initiatives aimed at reducing the occurrence of diseases among the population, disabilities caused by said diseases, premature deaths and discomfort. When assessing whether a particular disease is a public health problem, one should consider the toll of mortality, morbidity and suffering caused by it.

According to experts, this toll is evident in two areas: *i)* the impact on the individual in terms of possible lost years of life, the extent of disability, pain and discomfort, the cost of treatment and the impact on the individual’s family; and *ii)* the impact on society - mortality, morbidity and treatment costs for society. Another criterion that should be adopted to define a public health problem is its epidemic potential. For instance, avian influenza has been treated as a public health problem due to its huge expansion potential, although it has reached only a small number of individuals.

Arboviral disease: viral disease that is essentially transmitted by arthropods, such as mosquitoes.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of the Environment (MMA)

Ministry of Social Development (MDS)

Ministry of Cities (MCidades)

8. Other SDGs and Global Targets that correlate to Target 3.3

SDG 6 (targets 6.1 and 6.2)

II. IPEA’S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.3

1. AIDS incidence rate per 100,000 inhabitants. (Available at: <<https://goo.gl/HcoK7Q>>).
2. Congenital syphilis incidence rate per 100,000 inhabitants (Available at: <<https://goo.gl/drU1NV>>).
3. Total tuberculosis incidence rate per 100,000 inhabitants (Available at: <<https://goo.gl/pCWGRb>>).
4. Incidence rate of bacilliferous tuberculosis per 100,000 inhabitants (Available at: <<https://goo.gl/TLU5cz>>).
5. Annual Parasite Index (IPA) – number of positive malaria tests per 1,000 inhabitants (Available at: <<https://goo.gl/LpxG8S>>).
6. Hepatitis B incidence rate per 100,000 inhabitants (Available at: <<https://goo.gl/i7PTBL>>).
7. Number of people with congenital Zika syndrome that require specialized care.

Source: Ministry of Health (MS). Health Surveillance Secretariat.

*Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and other information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea’s inputs to the process of building national indicators.

TARGET 3.4

I. ADAPTATION PROPOSAL

1. Target 3.4 (United Nations)

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

2. Global indicators (United Nations)

3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (Tier II).

3.4.2 Suicide mortality rate (Tier II).

3. Target 3.4 (Brazil)

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, promote mental health and well-being, promote workers' health and prevent suicide to significantly alter its rising tendency.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target's wording was altered to clearly demonstrate the need to face health problems that are caused by labor activities, which include mental health problems and the rising suicide rates in Brazil.

6. Important concepts mentioned in the target

Precocious mortality: deaths that occur before an expected age. Many of these deaths can be prevented.

Non-communicable diseases: also known as chronic diseases, they are long-term and usually slow-onset diseases.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Agriculture, Livestock and Supply (Mapa)

Ministry of Education (MEC)

Ministry of Justice (MJ)

Secretariat for Human Rights (SDH)

8. Other SDGs and Global Targets that correlate to Target 3.4

SDG 3 (target 3.5)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.4

1. Mortality rate from neoplasms among adults from 30 to 69 years of age.
2. Mortality rate from diabetes mellitus among adults from 30 to 69 years of age.
3. Mortality rate from cardiovascular diseases among adults from 30 to 69 years of age.
4. Mortality rate from chronic respiratory diseases among adults from 30 to 69 years of age.
5. Mortality rate from other NCDs among adults from 30 to 69 years of age.
6. Mortality rate from self-inflicted injuries.

Source: Ministry of Health (MS). Mortality Information System (SIM).

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.5

I. ADAPTATION PROPOSAL

1. Target 3.5 (United Nations)

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

2. Global indicators (United Nations)

3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders (Tier III).

3.5.2 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 (Tier II).

3. Target 3.5 (Brazil)

Strengthen the prevention and treatment of problems deriving from substance use, including drug abuse and harmful use of alcohol.

4. Target type (Brazil)

() End-oriented Target (X) Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target's scope was expanded because it is not only substance abuse that brings consequences to the user. There are circumstances where the first experience with a particular substance, for example, entails serious health problems that might include more tragic outcomes such as death.

6. Important concepts mentioned in the target

Substance: A chemical that mostly affects the central nervous system, where it alters brain function and temporarily changes perception, mood, behavior and consciousness.

Use: any type of substance consumption, frequent or not.

Abuse: Continued substance use, regardless of consequences.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Education (MEC)

Ministry of Justice

Ministry of Labor (MT)

Ministry of Culture (MinC)

Ministry of Sports

Ministry of Social Development (MDS)

National Youth Secretariat (SNJ)

8. Other SDGs and Global Targets that correlate to Target 3.5

SDG 3 (Target 3.4)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.5

1. Proportion of women (over 18 years old) who had consumed four or more doses of alcoholic beverages on one single occasion, by Brazilian capitals and FD (Source: Vigitel).
2. Proportion of men (over 18 years old) who had consumed five or more doses of alcoholic beverages on one single occasion, by Brazilian capitals and FD (Source: Vigitel).
3. Proportion of women (over 18 years old) who had consumed four or more doses of alcoholic beverages on one single occasion, by Brazilian capitals and FD, by regions, Brazil and inland regions (Source: PNS).
4. Proportion of men (over 18 years old) who had consumed five or more doses of alcoholic beverages on one single occasion, by Brazilian capitals and FD, by regions, Brazil and inland regions (Source: PNS).
5. Proportion of 9th graders who had declared alcoholic beverages consumption in the previous 30 days, by sex, regions, capitals and FD (Source: PeNSE).
6. Proportion of 9th graders who had declared marijuana use in the previous 30 days, by sex, regions, capitals and FD (Source: PeNSE).

Source: Surveillance System for Risk and Protective Factors for Chronic Diseases by Telephone Survey - Vigitel of the Ministry of Health; National Health Survey (PNS) of the Ministry of Health (MS) in collaboration with IBGE; National Survey of School Health (PeNSE) of the Ministry of Health (MS) in collaboration with IBGE and with the support of the Ministry of Education (MEC).

* Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.6

I. ADAPTATION PROPOSAL

1. Target 3.6 (United Nations)

By 2020, halve the number of global deaths and injuries from road traffic accidents.

2. Global indicators (United Nations)

3.6.1 Death rate due to road traffic injuries (Tier I).

3. Target 3.6 (Brazil)

By 2020, halve the number of deaths and injuries from traffic accidents.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

The global target was considered infeasible, especially since it sets a deadline of only 5 years for target achievement (2015 is the base year to verify SDG compliance). The year 2020 was set as deadline due to another previous agreement (Decade of Action for Traffic Safety 2011-2020).

The target was altered due to the public hearing that took place in the Chamber of Deputies on May 23rd, 2018, to discuss the National Plan for Reduction of Traffic Deaths and Injuries in Road Accidents (PNATRANS), with the presence of the Ministry of Health, Federal Highway Police, Association of State Transit Departments - DETRAN - and the President of the National Forum of State Traffic Councils (FOCOTRAN). On the occasion, a target was set of reducing mortality and traffic injuries by 50 per cent (by half) by 2030.

6. Important concepts mentioned in the target

Decade of Action for Traffic Safety 2011-2020: officially launched by the United Nations General Assembly in March 2010, its goal is to save millions of lives by developing traffic safety management capacity and improving road infrastructure safety; vehicle safety; road users behavior; and response to accidents.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Departamento Nacional de Infraestrutura de Transportes

Ministry of Justice (MJ)

Ministry of Cities (MCidades)
National Youth Secretariat (SNJ)
Federal Highway Police

8. Other SDGs and Global Targets that correlate to Target 3.6

SDG 11 (target 11.2)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.6

1. Mortality rate from traffic accidents.
2. Number of deaths from traffic accidents.

Source: Mortality Information System (SIM) of the Ministry of Health.

Note: The indicators recommended above must be harmonized with the global indicators of the Decade of Action for Traffic Safety 2011-2020 and the national indicators of Project Life in Traffic.

* Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.7

I. ADAPTATION PROPOSAL

1. Target 3.7 (United Nations)

By 2030, 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.

2. Global indicators (United Nations)

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (Tier I).

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (Tier II).

3. Target 3.7 (Brazil)

By 2030, ensure universal access to sexual and reproductive healthcare services and inputs, including for reproductive planning, information and education, and the integration of reproductive health into national strategies and programmes.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

In the adapted target, “family planning” was replaced with “reproductive planning”, considering that, in the current context, families take up different formations, not only that of a specific nuclear group composed of father, mother and children.

6. Important concepts mentioned in the target

Reproductive planning: set of actions that help people who intend to have children to define the best moment to have them and interpregnancy intervals.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

National Secretariat of Policies for Women (SPM)

8. Other SDGs and Global Targets that correlate to Target 3.7

SDG 5 (target 5.6)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.7

1. Adolescent fertility rate (10 to 14 years old, 15 to 19 years old).
2. Proportion of women using contraceptive methods – among the population from 18 to 49 years old – who had had sexual intercourse in the previous 12 months and still menstruate (Source: PNS).
3. Knowledge about contraceptive methods.

Extracted from the National Demographic and Health Survey (PNDS) 2018.

Source: National Health Survey (PNS) of the Ministry of Health in collaboration with IBGE; National Demographic and Health Survey (PNDS) of the Ministry of Health.

* Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.8

I. ADAPTATION PROPOSAL

1. Target 3.8 (United Nations)

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.

2. Global indicators (United Nations)

3.8.1 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 (Tier III).

3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income (Tier III)

3. Target 3.8 (Brazil)

Ensure, through the Unified Health System (SUS), universal health coverage, access to quality essential health services at all levels of care, and access to safe, effective and quality essential medicines and vaccines included in the list of products offered by SUS.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

The global target's wording was adapted to the text of the Brazilian Constitution according to article 194: "Social security comprises an integrated set of initiatives from Public Powers and society, designed to ensure rights related to healthcare, welfare and social assistance." Thus, considering the universality of the Unified Health System (SUS), it is more appropriate to assume the commitment of "ensuring universal health coverage".

6. Important concepts mentioned in the target

SUS: The Unified Health System (SUS) is a public health system of universal access and funded by general taxes. More than 70 per cent of the Brazilian population depend exclusively on SUS to have access to healthcare.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

8. Other SDGs and Global Targets that correlate to Target 3.8

SDG 10 (target 10.4)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.8

1. Waiting time for elective surgeries (indicator not yet available, but relevant to verify target compliance).
2. Proportion of people who have been able to obtain at least one of their prescribed medicines from the public health service.
3. Household catastrophic health expenditure.

Source: National Health Survey (PNS) of the Ministry of Health in collaboration with IBGE; Consumer Expenditure Survey (POF) by IBGE.

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.9

I. ADAPTATION PROPOSAL

1. Target 3.9 (United Nations)

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

2. Global indicators (United Nations)

3.9.1 Mortality rate attributed to household and ambient air pollution (Tier I).

3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (Tier II).

3.9.3 Mortality rate attributed to unintentional poisoning (Tier II).

3. Target 3.9 (Brazil)

Target was kept unaltered.

4. Target type (Brazil)

End-oriented Target Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

The original target's wording was maintained, because there are no reference values in Brazil as of yet to stipulate which would be the recommended percentage reduction, for the period of 2015-2030, in mortality from the causes mentioned in the target.

6. Important concepts mentioned in the target

Hazardous chemicals: substances or mixtures of substances found in nature or synthesized which, because of their chemical, physical and toxicological characteristics and properties, present a risk to human health, public safety or the environment. They are found in domestic ambients, for example, in the form of cleaning materials. However, it is at workplaces, especially in agriculture, industry and civil construction, that hazardous chemicals are intensively used, with risks to the safety and health of workers, if no care is taken in their usage. Examples of hazardous chemicals are pesticides, petroleum, gasoline, alcohol, solvents, etc.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Agriculture, Livestock and Supply (Mapa)

Ministry of the Environment (MMA)

Ministry of Mines and Energy (MME)

Ministry of Cities (MCidades)

8. Other SDGs and Global Targets that correlate to Target 3.9

SDG 6 (target 6.3)

SDG 12 (target 12.4)

SDG 14 (TARGET 14.1)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.9

1. Deaths from pesticide poisoning – agricultural use.
2. Deaths from pesticide poisoning – domestic use.
3. Deaths from rodenticide poisoning.
4. Deaths from poisoning with industrial chemicals.

Source : National Poisoning Information System (Sinitox) from Fiocruz.

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.A

I. ADAPTATION PROPOSAL

1. Target 3.a (United Nations)

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

2. Global indicators (United Nations)

3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older (Tier I).

3. Target 3.a (Brazil)

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in Brazil.

4. Target type (Brazil)

() End-oriented Target (X) Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Brazil is a signatory to the WHO Framework Convention, so the Working Group deemed necessary to just endorse the target for Brazil.

6. Important concepts mentioned in the target

Framework Convention on Tobacco Control: aims to “protect present and future generations from the devastating health, social, environmental and economic consequences generated by the consumption and exposure to tobacco smoke” (Article 3). It came into force on February 27th, 2005, and Brazil had participated as a coordinator during the elaboration process. The WHO Framework Convention, considered to be a historical landmark for global public health, determines the adoption of intersectoral measures in the areas of advertising, publicity, sponsorship, health warnings, passive smoking, treatment of smokers, illegal trade and prices and taxes. Since the ratification of Brazil’s adherence to the Convention by the Federal Senate, its implementation have derived into the National Tobacco Control Policy.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Agriculture (Mapa)

8. Other SDGs and Global Targets that correlate to Target 3.a

No correlated SDG was identified.

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.a

1. Proportion of adult smokers (≥ 18 years old) by sex, by Brazilian state capitals and the FD (Source: Vigitel).
2. Proportion of adult smokers (≥ 18 years old) by sex, by Brazilian state capitals and the FD, regions, Brazil and the interior (Source: PNS).
3. Proportion of 9th graders who had tried cigarettes once, by sex, great regions, capitals and the FD (Source: PeNSE).

Source: Surveillance System for Risk and Protective Factors for Chronic Diseases by Telephone Survey - Vigitel of the Ministry of Health; National Health Survey (PNS) of the Ministry of Health in collaboration with IBGE; National Survey of School Health (PeNSE) of the Ministry of Health in collaboration with IBGE and with the support of the Ministry of Education (MEC).

* Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.B

I. ADAPTATION PROPOSAL

1. Target 3.b (United Nations)

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.

2. Global indicators (United Nations)

3.b.1 Proportion of the target population covered by all vaccines included in their national programme (Tier III).

3.b.2 Total net official development assistance to medical research and basic health sectors (Tier I).

3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis (Tier III).

3. Target 3.b (Brazil)

Support the research and development of technologies and innovations in healthcare for communicable and non-communicable diseases; provide the whole population with access to these technologies and innovations incorporated into SUS, including medicines and vaccines.

4. Target type (Brazil)

() End-oriented Target (X) Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

The term “vaccines and medicines” was replaced by “technologies and innovations in health-care” for greater comprehensiveness.

The expression “incorporated into SUS” was included because the Brazilian government ensures access only to technologies incorporated into SUS. It is important to note that the number of technologies incorporated into SUS is higher than the number of essential vaccines and medicines mentioned in the global target.

6. Important concepts mentioned in the target

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Foreign Affairs (MRE)

Ministry of Science, Technology, Innovation and Communication (MCTIC)

8. Other SDGs and Global Targets that correlate to Target 3.b

SDG 9 (target 9.5)

SDG 17 (target 17.16)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.b

1. Federal expenditures with vaccine research and development.
2. Federal expenditures with medicine research and development.

Source: Integrated Financial Management System of the Federal Government (SIAFI) of the National Treasury Secretariat (STN); Covenants Management System (SICONV) of the Ministry of Planning, Development and Management (MPDG).

* Note:

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.C

I. ADAPTATION PROPOSAL

1. Target 3.c (United Nations)

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.

2. Global indicators (United Nations)

3.c.1 Health worker density and distribution (Tier I).

3. Target 3.c (Brazil)

Substantially increase health financing and the recruitment, development, training and retention of the health workforce, particularly in more vulnerable territories.

4. Target type (Brazil)

() End-oriented Target (X) Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target's original wording was just adapted to the national context, with no change to its essence.

6. Important concepts mentioned in the target

Financing: modality of monetary resources allocation to execute a specific expenditure, be it for realizing an investment or for obtaining a certain asset.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Education (MEC)

8. Other SDGs and Global Targets that correlate to Target 3.c

SDG 10 (target 10.4)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.c

1. Number of doctors per 1,000 inhabitants – by region.

2. Number of nurses per 1,000 inhabitants – by region.
3. Number of dentists per 1,000 inhabitants – by region.
4. Number of pharmacists per 1,000 inhabitants – by region.
5. Government expenditures with final consumption of health goods and services in GDP-proportion.

Source: National Registry of Health Facilities (CNES) of the Ministry of Health. In the case of indicator 5, source is IBGE's Health Satellite Account.

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

TARGET 3.D

I. ADAPTATION PROPOSAL

1. Target 3.d (United Nations)

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

2. Global indicators (United Nations)

3.D.1 International Health Regulations (IHR) capacity and health emergency preparedness (Tier II).

3. Target 3.d (Brazil)

Strengthen the local capacity for early warning, risk reduction and management of national and global health emergencies and risks.

4. Target type (Brazil)

() End-oriented Target (X) Implementation Target

- End-oriented Targets: those whose object is directly (immediately) involved with the achievement of the specific SDG.
- Implementation Targets: in the *2030 Agenda* document, implementation targets refer to human, financial, technological and governance resources (institutional setups and tools: legislation, planning, public policies, programs, etc.) that are required to achieve the SDGs.

5. Rationale for the adaptation

Target's wording was adapted to the national context, with no change to its essence.

6. Important concepts mentioned in the target

Health risk management: application of a set of knowledge to prevent or minimize the risk of harm to the population's health from an adverse effect caused by a certain agent (chemical, physical, biological and others), industrial processes, technology or a natural process.

7. Government agencies in charge of actions that contribute to target achievement

Ministry of Health (MS)

Ministry of Foreign Affairs (MRE)

Ministry of the Environment (MMA)

Ministry of Sports

8. Other SDGs and Global Targets that correlate to Target 3.d

SDG 9 (target 9.1)

II. IPEA'S INPUTS FOR BUILDING NATIONAL INDICATORS*

SDG 3 target 3.d

1. Federal Units with Centers for Strategic Information in Health Surveillance.
2. Health Information System Coverage.
3. Health Surveillance Financing Package.

Source: Ministry of Health (MS).

*** Note:**

The indicators presented here will be submitted to a process of analysis, discussion and validation that will be jointly carried out by IBGE, Ipea and others information-producing agencies and implementers of government policies. Therefore, these indicators must be interpreted strictly as Ipea's inputs to the process of building national indicators.

