Module 1
Sustainable Development
Goal No 3

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Agenda

1.1: Introduction to SDGs

On September 25th, 2015 world leaders unanimously agreed on adopting an ambitious and more focused plan of action that takes over after the end of mandate of the Millennium Development Goals (MDGs). This new agenda, "Transforming our world: the 2030 Agenda for Sustainable Development" (Sustainable Development Knowledge Platform, 2017) incorporated 17 Sustainable Development Goals (SDGs) defined as well as sub-operationalized with 169 targets to be achieved by 2030. The SDGs attempt to make sustainable development a lived reality for everyone. This long-term strategic approach to addressing global challenges is an important factor of the SDGs.

They seek to realize the human rights of all peoples, to achieve gender equality, reduce poverty, and ensure a better quality of life for all. For sustainable development to be achieved, it is crucial to harmonize three core elements: economic growth, social inclusion and environmental protection. These elements are interconnected and all are crucial for the well-being of individuals and societies. Thus, current challenges are not typical only for some countries, but reflect common issues and thus require joint focused interdisciplinary actions that should mobilize all communities. Most governmental programmes and action plans have a rather short life span, and the sustainability of these programmes or action plans is often questionable by changes in the government and political agenda on all levels. In that regard the SDGs set targets for the long-term, aiming at the next 12 years. This has the potential to minimize the risk of failure during implementation.

When the MDGs were launched, its experience showed that without proper and specific improvement on health, the entire premise of MDGs becomes limited (Seidman, 2017). With the announcement of the SDGs, health got its dedicated goal that for the first time also brings together the term health and well-being in the same tagline of the SDG.

1.2: Defining SDG3

SDGs are a set of tools to support a long-term strategic approach to addressing global challenges.
Goal: Ensure healthy lives and promote well-being for all at all ages.
Targets: SDG3 has 13 targets with only one intended to be achieved by 2020, seven by 2030 and the remaining with no defined timeline, but contextually assumed also by the end of the lifespan of the SDGs, which is 2030.

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Indicators: The Inter-Agency Expert Group on SDGs have agreed on 26 indicators corresponding to the 13 targets for health (IAEG-SDGs, UNStats, 2015).[1]

1.2.1: Significance of SDG3

Thematic Areas: While not as formalized as the goal and its targets and indicators on the UN-SDG online platform(s), the World Health Organization (WHO) recognizes SDG3 as to revolve around four thematic areas. These are 1) **health throughout life**, 2) **communicable diseases**, 3) **NCDs and risk factors,** 4) **health systems and resilient environments** (WHO, 2017).

Tabulation of SDG3:

Thematic Area	Target	Indicators
Health throughout life	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	**3.1.1** Maternal mortality ratio **3.1.2** Proportion of births attended by skilled health personnel
Health throughout life	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	**3.2.1** Under-five mortality rate **3.2.2** Neonatal mortality rate
Communicable diseases	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	**3.3.1** Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations **3.3.2** Tuberculosis incidence per 1,000 population **3.3.3** Malaria incidence per 1,000 population **3.3.4** Hepatitis B incidence per 100,000 population

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[1] You can further consult the indicators on the Sustainable Development Platform: https://sustainabledevelopment.un.org/sdg3
(The United Nations grants permission to Users to visit the Site and to download and copy the information, documents and materials (collectively, "Materials") from the Site for the User's personal, non-commercial use, without any right to resell or redistribute them or to compile or create derivative works therefrom: http://www.un.org/en/sections/about-website/copyright/index.html)

		3.3.5 Number of people requiring interventions against neglected tropical diseases
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	**3.4.1** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease **3.4.2** Suicide mortality rate
NCDs and risk factors	3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	**3.5.1** Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders **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
NCDs and risk factors	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	**3.6.1** Death rate due to road traffic injuries
Communicable diseases	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	**3.7.1** Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods **3.7.2** Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
Health systems and resilient environments	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	**3.8.1** 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) **3.8.2** Number of people covered by health insurance or a public health system per 1,000

		population
NCDs and risk factors	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	**3.9.1** Mortality rate attributed to household and ambient air pollution **3.9.2** Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) **3.9.3** Mortality rate attributed to unintentional poisoning
Health systems	3.A Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	**3.A.1** Age-standardized prevalence of current tobacco use among persons aged 15 years and older
Health systems and resilient environments	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.B.1** Proportion of the population with access to affordable medicines and vaccines on a sustainable basis **3.B.2** Total net official development assistance to medical research and basic health sectors
Health systems and resilient environments	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.C.1** Health worker density and distribution
Health systems and resilient environments	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	**3.D.1** International Health Regulations (IHR) capacity and health emergency preparedness

Tabulation of Some Rationale behind Goal 3 and its targets from the WHO perspective:

Rationale Rationale behind Goal 3 and its targets	
Life Expectancy	According to the WHO, life expectancy in developing countries shot from 40 to 70.1 years in the time between 1970-2010, while child mortality per 1000 fell from 89 to 51 between 1990 and 2011. However, still many fall victims to preventable diseases targeted now by SDG3 such as HIV and Malaria.[2]
Maternal Health	There has been remarkable strides on the front of reducing maternal mortality. For instance, it has fallen by two thirds in Northern Africa & Asia by 50% since 1990.[3] However, the gap between developed and developing countries is highly evident in which mortality is 14 times higher in developing than in developed countries.
Non-communicable diseases and mental health	With over 800,000 suicides across the world in 2015, men are twice likely to commit it as women.
Health systems	Data indicate that over 40% of all countries have less than one physician per 1000 people

1.2.2: Advantages

Development cannot be achieved away from health (UNESCO, 2010). In fact, health is entwined with environment and all other SDGs (Government of South Australia & WHO, 2017). This reflects the complex relationship among the various ecological, political, social and economic factors that drives our living quality and living standards to our aspired level, which is manifested in the UN SDGs. Traditionally; health has been defined as the 'absence of illness"[4]. Over the last two decades, and with the advent of the SDGs, health took on a more evolved conceptualization; that is, Health is a state of complete physical, mental and social well-being – and not merely the absence of disease or infirmity (WHO, 2017). The

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[2] http://www.mdgmonitor.org/sdg3-ensure-healthy-lives-and-promote-well-being-for-all-at-all-ages/
[3] ibid
[4] You can draw an analogy from peace studies in which peace was defined for past decades as 'the absence of violence' (Galtung, 1969).

WHO and the UN system here adopted a socio-ecological view of health rather than a biomedical one (DIE, 2015) that reflects the complex relationship among the various ecological, political, social and economic factors. It also provides a global understanding of importance and interconnection between health, health protection, education, living conditions, climate change, poverty, pollution, equality, and inclusion. This is considered revolutionary in some ways as it widens the notion of health beyond the traditional pathogenesis approach to a progressive salutogenesis one. This more progressive definition of health is what the SDG3 embraces.

Salutogenesis: The term, coined by Aaron Antonovsky (Vinje, Langeland & Bull, 2016) describes how focusing on social factors such as social support is a better way to elevate overall health than the traditional pathogenesis approach, which is the pathologic, physiologic, or biochemical mechanism resulting in the development of a disease or morbid process (Farlex Partner Medical Dictionary, 2012).

One way to make sustainable achievements will be changes in educational curricula on all levels of education globally. Inclusion and focused education, in parallel with practical good examples and innovation, will raise generations of strong educated and interlinked people responsible and skilled to ensure sustainable development. Thus, SDGs should be a part of all curricula in all sectors and fields of human activities. Interdisciplinary and comprehensive actions will link and gather all for a common goal for better quality of life for all. SDG3 is thus considered a very strategic goal in the overall architecture of the SDG Agenda (Government of South Australia & WHO, 2017).

1.2.3: Interdependencies of SDG3

SDG3 on health shares a strong relation, even if indirect, with other SDGs. For example SDG 2 "Zero Hunger" has direct influence on SDG 3. "Health and nutrition are inextricably linked" (International Council for Science (ICSU), 2017, p. 92). So increasing agricultural productivity and the access to food could improve the health of mothers, newborn and children. The relationship between health and economic growth, which is related to SDG 8, is highly context-dependent: So could increased health support people to enter the workforce and contributes to economic growth and employment, but also have a negative impact on the environmental pollution which can increase communicable diseases, illness and death (ibid.). For instance, peace and stability - SDG16 has an impact on mental and physical aspects of health, access to energy under SDG7 determines the availability and quality of services health establishments as hospitals can provide, climate change (SDG13) may inflict changes

in the ecosystems hence introducing or increasing vector-borne diseases. Given that health has a say in other goals, the successful implementation of SDG3 requires the participation of several constituencies of the international as well as the local community. These include those on top of the global financial system (the World Bank) and those tasked with the measurement and accountability for health (led by USAID, WHO & the World Bank).[5] Aside of these players, local communities, including universities are encouraged to actively play part in the attainment of SDG3.

1.2.4: Challenges in the Implementation

A first challenge this SDG faces is that it addresses two broad types of health issues. The first type is the definitional concepts of health that include physical, mental, social and psychological well-being. The second has to do with operational concepts of health. These refer to items that may not be directly pertinent to health, but are quintessential to the actualization of health goals and targets. These include equity, rights, caring economy and alturism.[6] Secondly, the operationalization of SDG3 seems difficult in terms of applicability. For instance, targets 3.3 and 3.4 do not merely reflect the goal of ensuring health and well-being for all at all ages. This is because they focus on specific communicable and non-communicable diseases without particularly pointing out a salient numerical target to strive towards or beyond, the result of which makes the targets blurry. The German Development Institute (DIE, 2015) suggests replacing these two targets in their current format with "increase Healthy Life Expectancy (HALE), which should calculate "the average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health due to disease and/or injury". Another challenge is that means of implementation tied to the targets appear to be directed towards developing countries, which again makes it far from easy in terms of mainstreaming health for all at all ages. That makes it challenging for an instructor in a developed country to raise the interest of and engage students in a goal that risks looking unrealistic for them. Moreover, a challenge - that is also considered an advantage - has to do with the early stage of development SDGs are in. The time of ratification of the SDGs (2015) and their official start (2016) is not so long ago. This leaves a wide space for innovation in terms of writing and acting upon SDG3.

Regarding SDG 3 in particular, the SDG Report (2017) gives an extensive overview, which challenges remain for the targets of each SDG. The challenges of SDG 3:

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[5] https://www.chemonics.com/know-your-sdgs-where-is-health-in-the-sustainable-development-goals/
[6] You can continue hovering and clicking further online for more information on these concepts: https://www.weforum.org/agenda/2015/09/5-ways-to-improve-the-well-being-of-the-world/ (© 2018 World Economic Forum)

- Premature death from cancer, heart disease, diabetes or chronic respiratory disease are declining, but not rapidly enough to meet the target until 2030.
- Averting a shortfall of 18 million health workers by 2030 is critical to universal health coverage.
- To reach the 2030 target, the pace of progress in reducing maternal mortality needs to double.
- Despite progress, half of married women in sub-Saharan Africa an Oceania (refers to Oceania excluding Australia and New Zealand) satisfy their need for family planning with modern methods.[7]

On a more general level, the following exemplary challenges also apply for SDG 3:

1. Weak Governance /Leadership
- Bad statistical data availability
- Weak political commitment in some settings (countries)
- Inadequate budgets to meet health service needs at country levels
- Low prioritization on meeting essential health care services for citizens
- Slow adoption of novel approaches
- Poor citizen participation in decision- making
- Unclear healthcare system responsibilities
- Unreliable infrastructure
- Lack of evidence on cost-effective ways to address health disparities

2. Natural events/disasters with adverse effects
- Flooding/famine occurrences
- Food insecurity dilemmas
- Water and food scarcity

3. Global Health security threats
- Bioterrorism/nuclear weapons
- Antimicrobial resistance
- Poor border controls/safety
- Medical negligence
- Poor pollution/poor sanitary conditions
- Poor coordination and surveillance mapping during global health emergencies
- Late response by actors during emergencies (e.g. recent Ebola crisis in West Africa)

4. Destructive institutions
- Corruption/nepotism
- Monopoly and aristocrats control resources
- Forced labour and migration imbalances
- Exploitation of human work force
- Destructive social norms, values and cultural practices

5. Underrepresentation of minorities
- Limited decision-making and representation power by some population groups
- Lack of access to information and participation opportunities

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[7] Quotes from the SDG Report 2017 (pp. 20-22)

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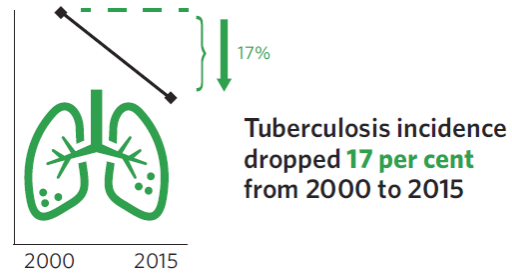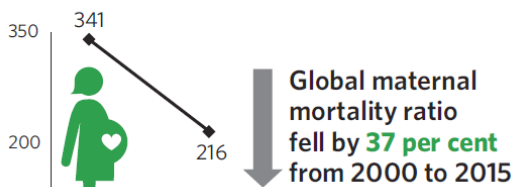
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6. Climate instability/biogeochemical cycle disruption
- Impacts to food security
- Water availability and quality
- Changes in arboviral disease ranges, reservoirs, vectors favouring epi- and pandemic pressures
- Hydrologic cycle changes worsening the spread of chemical contaminants and increase human exposures, e.g. to the immune system and biotransformation system
- Poor air quality that negatively affects cardiac and respiratory health
- Chronic disease and nitrate cycle disruption (excess nitrate in the ecosystem)
- Climate refugees, mass movement of people away from climate issues (flooding, King tides)
- Poor indoor air quality

7. Economic inequality
- Vaccine unavailability
- Tertiary treatment[8] unavailability
- Food insecurity

8. Women's education
- Status at home, number of children, economic prospects for family
- Violence at home
- Trafficking and exploitation of women and children

9. Governmental/policy corruption
- Lack of consistent investment in institutions and infrastructure
- Inconsistently or poorly enforced regulations and policies lead to lack of improvement from environmental polices

10. Lack of international political consistency and will
- Wealthy countries assistance not tied to the development of civil society institutions that function well for the majority

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[8] Collins Dictionary of Biology, 3rd ed. © W. G. Hale, V. A. Saunders, J. P. Margham (2005): "Tertiary treatment in which chemical and physical methods are generally used to remove all the biochemical oxygen demand (BOD), nitrogen and phosphorus. After this treatment the water is disinfected and can be pumped direct into reservoirs. However, tertiary treatment is an expensive process, so water is often returned to the environment after secondary treatment."

1.3: Good Practices

There are many good practices on the various different levels; be it local, regional or national.
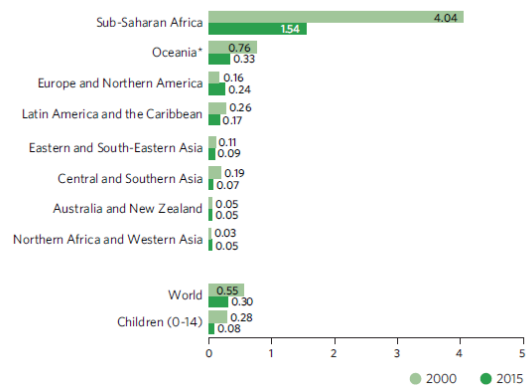

Maternal deaths per 100,000 live births

350 — 341
200 — 216

Global maternal mortality ratio fell by **37 per cent** from 2000 to 2015

17%

Tuberculosis incidence dropped **17 per cent** from 2000 to 2015

2000   2015

Risk of dying between ages of 30 and 70 from one of these four NCDs fell from 2000 to 2015

Cardiovascular disease   Cancer   Diabetes   Chronic respiratory disease

23%
19%

HIV incidence rates, 2000 and 2015 (new cases per 1,000 uninfected population)

	2000	2015
Sub-Saharan Africa	4.04	1.54
Oceania*	0.76	0.33
Europe and Northern America	0.16	0.24
Latin America and the Caribbean	0.26	0.17
Eastern and South-Eastern Asia	0.11	0.09
Central and Southern Asia	0.19	0.07
Australia and New Zealand	0.05	0.05
Northern Africa and Western Asia	0.03	0.05
World	0.55	0.30
Children (0-14)	0.28	0.08

● 2000 ● 2015

(SDG Report, 2017, S. 4, 21 ©United Nations)

Generally, improvements on various aspects of health – such as a decrease in the global maternal mortality ratio by 37 percent or an extensive reduction in HIV incidents – are documented (see SDG Report 2017 for more detailed information). Moreover, there are numerous good examples of case studies that prove how targets of SDG 3 can be successfully implemented. Case studies from Africa show, e.g., how Rwanda's investment in health and education, together with their energetic implementation of, among others, the provision of relatively local health centres, and setting up an affordable health insurance scheme led to Rwanda achieving the Millenium Development Goals (MDGs). As an example for or Latin America, Bolivia showcases how it worked to strengthen the response capacity of 22 municipalities to better cope with the high vulnerability to food insecurity.

These case studies (see other document "Supplementary Reading and Case Studies to SDG 3") can be used to familiarise the students with specific, hands-on examples of how implementation can work. Moreover, by letting them present the study, they can dive deeper into the topic. In addition, this exercise may act as a means to pass the course, or as one part of the student's course grade.

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1.4.: Exercises

In this section, the module rolls out a proposed set of exercises that teachers can conduct among their students to eventually produce knowledge manifested in written articles, videos and the like of presentations that help disseminate ideas and solutions regarding SDG3. Each exercise is presented with an example (in bold) accompanied by some material from which the lecturer can commence the exercise.

1.4.1: Exercises

HealthMakingSense: This exercise tackles teachers' and students' perceptions. For example: **as SDGs are finalized and in process of execution, how do you see yourself, as teacher, and your students making sense of SDG3, especially after consolidating all health-related MDGs into one SDG for health?** Sub-questions that you can pose include: To what extent is SDG3 feasible?; Is there anything you would do differently in the future if you were given a seat on a global committee for health?; How much more realistic and advantageous is SDG3 on health in comparison to the MDGs addressing the same goal?; How did the transition from MDGs to SDGs work out from your point of view?.[9] This exercise is in the PPT (1.4 Exercises on SDG 3 - MDGs vs. SDGs, slide 13)

Policy Briefs: In this activity, the teacher will **encourage writing policy briefs on any topic pertinent to health as identified by SDG3**. Students will follow a similar structure as stipulated in policy briefs by international organizations and national agencies (See example by UNDP & WHO, 2016). This will serve elevating the students' policy-related writing skills in addition to directing them towards formulating their own manuscript of briefs on health issues of their primary concern. They also develop grounded realization of the challenges of implementing SDG3 at all levels, from the international all the way to the local level (Nunes, Lee & Riordan, 2016).

Data4Health: Gather and analyze global, regional, national and local data on SDG3. Begin for example with data from the UN Sustainable Development Knowledge Platform[10], then go to other analytical platforms such as IISD SDG Knowledge Hub[11]. You can also inspect qualitative data such as statements and quotes found in health-related public policy realms and gather chronological trends. An example could be: **"The essence of global**

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[9] This article raises the question of how realistic is health goal under SDGs: https://www.weforum.org/agenda/2015/09/are-the-new-health-development-goals-realistic/

[10] Data on SDG3 from the UN Knowledge Platform: https://sustainabledevelopment.un.org/sdg3

[11] Data on SDG3 from the IISD SDG Knowledge Hub: http://sdg.iisd.org/sdgs/goal-3-good-health-well-being/

health equity is the idea that something so precious as health might be viewed as a right." Dr. Paul Farmer (Global Partnership for Sustainable Development Data, 2016). How can you and your students scrutinize this statement and craft from it publicly available tools for health betterment? In parallel, collect data on health in your community (classroom/university/school/neighborhood/house) and analyze the trends in both a qualitative and quantitative manner to find out major narratives, frequencies, correlations and causalities, and see how well your data is situated in comparison to the local (if available) or otherwise national data from the other platforms. Another purpose of this exercise is to see the extent to which the data collected can converge with the timeframe and expectations set by SDG3.

In case, however, you decide doing the comparison between your locally gathered data and institutional data, decide first on a baseline from the data collected from the other institutions and platforms since 2015. Thereafter you can compare this baseline with your local data in terms of rates of change, i.e. frequency of progress in the SDG targets according to the SDG indicators. Noteworthy: present the data in a visually appealing way.[12] The baseline data from both venues (institutional and local) would be useful for a future monitoring and evaluation assignment you could do with the students to see how far there is progress or retraction.

In addition, the WHO has its yearly statistics from which students can pick health-related SDG targets and present them in an appealing way (WHO 2018). These exercises are in the PPT (1.4 Exercises on SDG 3: Gather and analyse data on SDG 3, slide 19)

Localizing4Development: How can you localize SDG3 at your community (classroom/university/school/neighborhood/house) and at individual level? Localizing SDG3 comes with challenges. Thoughts to reflect on, for example, include:

How far needed is improving the state of health in country A as opposed to country B and what issue should actually be addressed in this or that country (Mohieldin & Vasquez, 2017)?

Take for instance, Kenya with half of its people expected to live in urban areas by 2050, yet the delivery of the basic services including health is shortcoming due to insufficient revenues and capacity (ibid). Such fiscal, political and

Figure 1: Health in the SDG era. Source: WHO, 2015

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[12] You can see example of data visualization on health on this platform: http://apps.who.int/gho/data/node.sdg.tp-1?lang=en

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administrative constraints may look different in Indonesia or Colombia. Taken altogether, contextualizing the SDGs in its local context is an important assignment prior and along the road of implementing SDG3. Hence, a roadmap should be devised to localize SDG3 (GTF, UNHabitat & UNDP 2016). This exercise is in the PPT (1.4 Exercises for SDG 3 – Gather and analyse data on SDG 3, slide 19)

Health Circle: **Map SDG3 in relation to all other SDGs**. You can use Venn diagrams and Radar chart on this activity. Questions to be raised in this activity could be, for example: How strong is the link between SDG3 and SDG6 on Clean Water and Sanitation? Or: how can SDG9 on Industry, Innovation and Infrastructure support successful completion of SD3? Or: How does the Food and Agriculture Organization of the UN address health?.[13] Or: How imperative is women participation and gender equality, stipulated by SDG5, to achieving SDG3?[14] The overarching question in this activity is: **How can an integrative approach be adopted to tackle SDG3 in tandem with other SDGs?** (Nunes, Lee & O'Riordan, 2016). This exercise is in the PPT (1.4 Exercises on SDG 3: Describing links with other SDGs, slide 18)

Behaviors4Health: **Find out behavioral tweaks in your environment that - with their application - can induce positive healthy habits**. Use behavioural science database(s) to inform your interventions. Delving into behavioral science and behavioral economics literature allows finding ideas to building positive habits and ways to promote them in the community. Some questions to explore in this activity includes for example: How can we

Figure 2: 12 tips to be healthy
Source: WHO, 2016

start embracing salutogenesis over pathogenesis thinking, which has been the norm for over a century (Heim, 1994)? Positive psychology can inform the framework in this exercise. For instance, you can consider tackling food behavior by changing the arrangement of food on the shelves in your university's mensa. To design your own behavioral interventions, begin by observing the environment and taking notes of the design of everyday things around. Then see accordingly the interventions you believe more worthy to implement. Last, evaluate their success in realizing the desired behavior.

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[13] See how an organization mandated with food security, a task directly related to SDG2 affects SDG3: http://www.fao.org/sustainable-development-goals/goals/goal-3/en/
[14] You can view how this article opens a discussion on gender equality and health among other SDGs: http://sdg.iisd.org/commentary/policy-briefs/achieve-gender-equality-to-deliver-the-sdgs/

#InstaHealth: **Drive your social media platforms in ways that promote health awareness and healthy actions in your community** (classroom/university/school/neighborhood/house). For example: that can be through simple daily/weekly photo campaigns as well as conversations that bring the default behaviors of students that gravitate towards constantly viewing social media together with the purpose of the exercise; that is, bringing their awareness closer to where they stand from achieving a good healthy living as per SDG3. You can also do a keyword analysis of where SDG3 is mentioned. Generic platforms to analyze include: community-specific groups that can be found on Facebook[15,], Instagram, Twitter etc. You can also encourage students through this exercise to do advocacy. That can be for instance through making brochures in an appealing manner for data related to health.[16]

Challenge Embrace: In this exercise, the teacher - together with their students - will come up with **a challenge related to SDG3** and commit to an actionable plan they draft to commit to this challenge and achieve their target. Use defined timelines with these challenges to make them more stimulating. For example: 30 Days-1Tissue-a Day-Washing Hands & Face-Challenge. Alternative ideas: "5-portions-of-vegetables/fruits-a-day"; "30 days-always take the stairs instead of the elevator-Challenge".

Guide4Health: **Make standardized checklists and guidelines for health according to SDG3 and monitor their implementation**. There is an increasing good number of university and school guidelines to formalize and legitimize the presence of internal policies and courses to achieve SDGs, SDG3 included.[17]

BeyondMyHealth: This exercise involves the teacher's critical thinking as to **how one can think beyond themselves in terms of materializing SDG3**. Perhaps in your community, many of the SDG targets may not really apply. However, you may have a tool to be shared beyond your community to add value to your participation in pushing towards the global achievement of SDG3.[18]

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[15] Facebook community-specific group:
https://www.facebook.com/UNYouthEnvoy/posts/939998299388098
[16] You can check example by UN-Women:
http://beijing20.unwomen.org/en/infographic/health
[17] You can consult **example** by Sustainable Development Solution Network (SDSN) (2017) through the link: http://ap-unsdsn.org/a-new-guide-for-universities-on-the-sdgs/
[18] There are international NGOs that work on localizing their health programs to fit the local contexts e.g. GUI, which utilizes its programs in Singapore in a way distinct from their operationalization in Dubai or China yet all with the same objective of promoting well-being: https://groundupinitiative.org/#/ms-3433/1

Healthpreneurs: Finding stories and instilling a sense of belonging by bringing together those working on health quests can be motivating to those doing the work, inspiring to the community and the entire world. For example, you can **use vlogs, blogs, journals and fora** such as fairs and expos to promote this exercise on **promoting SDG 3**. It will also allow those good ambassadors of health from the business community to network and widen their perspective with each other and the broader players on health when embarking on their next health ventures (UNGP & KPMG, 2017).

AroundTheWorld4Health: **Analyse and discuss health constitutions from across the globe**. As an example, you can start from international organizations mandated on health issues e.g. WHO[19] through to regional bodies (e.g. PAHO WHO)[20] and all the way to National Health Policies and Strategies of countries[21] after which you draw your own conclusions as to whether the rhetoric in policy is aligned with and supportive to SDG3. This exercise is in the PPT (1.4 Exercises on SDG 3: Gather and analyse data on SDG 3, slide 20)

Health Thematic Weeks: Each week or a few weeks, the teacher can decide to **name a week with a particular theme from the four SDG3 themes**: health throughout life, communicable diseases, NCDs and risk factors, health systems and resilient environments (WHO, 2017). Discuss, write on and draw actions based on these themes. An example could be to interview and reach out to those in charge of the financial channels of the health system in your respective district/county/governorate/city/town to find out the extent to which their agenda is conducive to affording healthy living and well-being for all at all ages, which is the goal of SDG3.[22]

BreakingSilos: Taking its name from the silo-effect, this activity promotes **actively thinking and writing on SDG3 from the wide variety of sciences and arts** out there. As a lecturer, you could be interested or expert in law, hence approaching SDG3 from a rights-based perspective; another could be interested in addressing health issues in SDG3 from a managerial perspective. For example: a question you could pose is: Is there a proper Theory of Change to help attain SDG3 (Seidman, 2017)?[23] Another example could be: if you are from a nurse college, then you can tackle SDG3 from the perspective of a nurse

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[19] For a start, you can consult WHO Constitution here: http://www.who.int/about/mission/en/

[20] Consult regional application of SDG3 through respective regional bodies such as PAHO:http://www.paho.org/hq/index.php?option=com_content&view=article&id=13128&Itemid=42303&lang=en

[21] An **example** of a national health literacy assessment: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369219/

[22] An assessment of the financial transformation behind attaining SDG3 in low and middle income countries: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5554796/

(International Council of Nurses, 2017). This exercise intends to break through silos of each discipline and stimulate cross-disciplinary discussions on health.

1.4.2: Assessments

Below is an outline of several different questions related to the SDGs in general, and to SDG 3 in particular, that help assess your understanding of the topic and the interlinkages and challenges. These questions are also designed to act as questions for your students to discuss the topic further and/or prepare presentations on them.

Questions :
1. Define the SDGs and environment they derived from, i.e. what are the main advancements (positive or negative) compared to the Millennium Development Goals (MDGs)?
2. Discuss four main difficulties you see in implementing the SDGs.
3. With regard to reporting and measuring impact, assess if the targets are well defined and what institutions have indicators available.
4. Identify the risks from climate change for children. How does poverty intensify this?
5. Identify the risks from climate change for pregnant women. How does poverty impact this?
6. Identify four ways that decreasing reliance on fossil fuels would be beneficial to human health.
7. Climate change can create extreme weather events; how does that impact people's health?
8. How can climate instability impact food security? Why does that undermine people's' immunity and adversely affect their health and well-being?
9. Who is referred to as a climate refugee?
10. Why is the consistent enforcement of environmental and public health regulations important to peoples' health?
11. How does SDG 3 interlink with other SDGs? What are positive, what negative interrelations and how do they impact human health?
12. Discuss the pros and cons of the term "sustainability". Do you believe that sustainability is a new philosophy? Or is it actually a very old one well known to our ancestors?

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[23] You can reach this example through:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5441444/

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13. List some examples of positive successes over the last two decades in promoting maternal and child health outcomes in Low and Middle Income Countries.
14. How does poor governance and leadership impact health outcomes?
15. What is global health security and how relevant is this in addressing future health emergencies/threats?
16. How do differences in decision-making influence inequalities in access to health?
17. How can self-sufficiency in food and energy demands be met at country level? How will this translate into positive global health outcomes in the future?
18. What is gender-transformative policy decision making? How will this help address minority health needs and advance health equality needs?
19. What are reasons of poverty and how to address them in Low Income Countries?
20. Define the unmet need for family planning and how does addressing this impact on sexual and reproductive health regionally and globally?
21. Why are robust health surveillance systems advocated? How will this help control disease outbreaks or emerging diseases in poor resource settings?
22. List some destructive institutions that may exist and have negative effects on addressing SDGs?

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Good Health and Well-Being Goals:
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This video offers a simple overview of SDG3

How We Can Make the World a Better Place by 2030 - Michael Green - TED Talks: Available at: https://www.youtube.com/watch?v=o08ykAqLOxk (Standard-YouTube- License) This video has a more innovative holistic framing of how to measure all UN global goals including SDG3.

SDG 3- Good Health and Well-being- Ted talks:
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This video shows snippets of different speakers on SDG3 offering their insights on challenges and aspirations in the quest for health attainment.

Sustainable Development Goals Explained: Good Health and Well-being:
Available at: https://www.youtube.com/watch?v=Fzz3Rr8fd2Q (Standard-YouTube- License) In this video, UN Population Fund Executive Director talks about the provision of health and the role of government and civil society to help people achieve good health and well-being. He gives local examples of challenges from countries such as Senegal.

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