

SUSTAINABLE DEVELOPMENT GOALS QUIZ - BACKGROUND INFORMATION



Essential medicines

Poor socioeconomic conditions, such as poverty, contribute to health inequalities. Addressing these inequalities is key to achieving the SDGs, and this includes adopting policies that ensure access to essential medicines. Pharmaceuticals are the main contributor to out-of-pocket payments for health in the WHO European Region and, in some settings, these payments can lead to catastrophic and impoverishing medical expenditure for individuals and families. Ensuring access to essential medicines without creating financial hardship will contribute to reaching the goal to end poverty.

Source: *SDG fact sheet – Access to essential medicines, vaccines and health technologies (2017)*



Breastfeeding

Malnutrition in the WHO European Region takes many forms, and the burden of disease associated with poor nutrition continues to grow. Several areas require urgent action, including on breastfeeding. Recent data on exclusive breastfeeding from 21 countries in the Region show that, on average, 13% of infants are exclusively breastfed during their first 6 months – far below the global recommendation. Rates do vary substantially across the Region, but even though the rate of early initiation of breastfeeding is very high in some countries, exclusive breastfeeding rates drop rapidly between 4 and 6 months of age and are very low at 6 months.

Source: *Better food and nutrition in Europe: a progress report monitoring policy implementation in the WHO European Region (2017)*



Life Expectancy

In the WHO European Region, average life expectancy has steadily increased over recent years and the gaps in average life expectancy between the sexes and between countries are getting narrower. However considerable differences remain that require continued focus and monitoring. For example, women still live longer than men at all ages, and in 2015, the difference between countries with the highest life expectancy and the lowest was more than a decade. Since 2010 life expectancy has increased by an average of 0.24 years annually. In 2015, the lowest value in the Region was 71.6 years, while the highest was 83.1 years.

Source: *European Health Report (2018)*



Health promoting schools

Schools are a vital setting for health education and play an important role in providing a healthy environment and encouraging healthy behaviour among children. A health promoting school is one that implements a structured and systematic plan for the health and well-being of all pupils and staff. Based on a research study by Schools for Health in Europe, 16 of 26 European countries confirmed that they have a formal national health promoting school policy included in other national policies. Additionally, 16 countries incorporate health education into other subjects, such as physical education, home economics, nutrition, citizenship, biology, life sciences and technology.

Source: *Schools for Health in Europe: Fact sheet on health promoting schools (2013)*



Violence against women

Gender inequality can result in discrimination, violence and harmful practices against women, girls and adolescents. Violence against women happens in all settings, irrespective of age, socioeconomic status or educational background, and it occurs across religious and cultural groups. In the WHO European Region, 1 in 4 women experience intimate partner violence during their lifetime. Women's education, membership in the formal workforce, property ownership rights and strong legal frameworks against violence can all be protective factors. Working with men and boys to challenge gender inequalities can also have a positive impact on the health and well-being of women and girls.

Source: *Women's health and well-being in Europe: beyond the mortality advantage (2016)*



Access to clean water

Easy access to adequate sanitation and sufficient amounts of safe water for drinking and hygiene at home, schools and health care facilities is essential to human health and well-being, and should be a prerequisite for a decent life in the 21st century. Despite the significant progress made, access to basic water and sanitation services is not a reality for everyone in the European Region. Although more than 19 million people gained access to a basic drinking water source between 2010 and 2015, 14 million people still do not enjoy such access, and almost 62 million lack piped water at home.

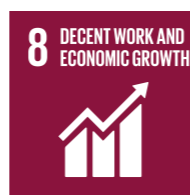
Source: *Fact sheet – Water, sanitation and hygiene (2017)*



Sustainable transport

Providing healthy, inclusive and sustainable transport options can promote clean energy and physical activity, thereby improving human health. The transport sector plays an important role in people's lives, including offering access to jobs, services, education and leisure; supporting economic growth; and through its capacity to affect the environment in which people live and their health. Many risk factors related to motorized transport are linked to respiratory diseases, high blood pressure, obesity, cardiovascular diseases, type 2 diabetes, cancer and mental health problems. Making cities safe for walking and cycling, as well as providing adequate, accessible and affordable public transport, will help improve health and tackle inequalities in mobility among populations.

Source: *Health 2020: transport and health (2015)*



Healthy economic growth

Economic growth and development depend on a healthy population. The returns on investment in health are estimated to be 9 to 1. One extra year of life expectancy has been shown to raise GDP per capita by about 4%. In countries with high fertility rates, reduced child mortality can also positively influence household decisions on family planning. This contributes to a faster demographic transition and its associated economic benefits (smaller families and longer, healthier lives), often called the demographic dividend.

Source: *Working for health and growth. A report from the High-level Commission on Health Employment and Economic Growth (2016)*



E-Health

E-health encompasses a broad group of activities that use electronic means to deliver health-related information, resources and services, such as telehealth, electronic health records, mhealth, use of ehealth in learning, social media and big data. It is the use of information and communication technologies for health. Recent advances in mobile technologies, improvements in broadband coverage and the growing acceptance of tele-health and mobile health (m-health) solutions are providing new and attractive options for health care delivery. 70% of 125 global Member States have a national e-health policy or strategy.

Source: *Third global survey on eHealth (2015)*

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Workforce inequalities

While much progress has been made to reduce inequalities in the WHO European Region – across and within countries – gender imbalance in the workplace is one of the areas where inequities persist. Despite increases in women’s labour force participation both globally and in the Region, women remain disadvantaged. They continue to be part of the workforce less frequently than men, earn less than men and are more likely to end their lives in poverty. Data from OECD countries reveal that in 2014, 73% of men aged 15–64 years were in full-time employment, compared to 51% of women in the same age group. According to the European Agency for Safety and Health at Work, 80% of part-time workers in some EU countries are women.

Source: *Women’s health and well-being in Europe: beyond the mortality advantage (2016)*



Air pollution

By 2030, two-thirds of the world’s population is expected to live in cities. Given this, urban health has become an increasingly critical issue and very important to the global health agenda. Air pollution (ambient and household) is one of the biggest environmental risks to health, responsible for the premature deaths of 6.5 million people globally and about 600 000 in the WHO European Region every year. Reducing air pollution levels reduces premature deaths and diseases from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma.

Source: *Fact sheet – Air pollution. Better air for better health (2017)*



Environmental impact of health systems

Health systems are vital to delivering health services to the people of the European Region, but it is important to ensure that they are designed in ways that set a positive example to other sectors and limit their environmental impact. Health systems put pressure on the environment by: generating hazardous and conventional waste, as well as wastewater; consuming resources, e.g., water and energy; and producing greenhouse gas emissions. In the WHO European Region, health systems have been taking important measures to reduce these environmental impacts for decades, often motivated by the need to comply with environmental regulations. In recent years, health systems in many countries have taken an active role in environmental stewardship efforts.

Source: *Environmentally Sustainable Healthy Systems: a strategic document (2017)*



Heat waves

Climate change is creating unstable and extreme weather patterns that can have a detrimental impact on health. Over the past decades, Europe has experienced many summer heat waves – the deadliest among the extreme weather and climate-related events in Europe. Every year, high temperatures affect the health of many people, particularly older people, infants, people who work outdoors and those who are chronically ill. Heat can trigger exhaustion or heat stroke, and can make existing conditions such as cardiovascular, respiratory, kidney or mental diseases worse. Yet the adverse health effects of hot weather are largely preventable through good health practices

Source: *Public health advice on preventing health effects of heat. New and updated information for different audiences (2011)*



Healthy diets

The European Food and Nutrition Action Plan 2015–2020 aims to reduce preventable diet-related NCDs and all other forms of malnutrition prevalent in the European Region through a whole-of-government, health-in-all-policies approach. Studies have established the health promoting properties of two European diets: the Mediterranean diet and the Nordic diet. While the Mediterranean diet is characterized by moderate intake of fish and poultry, the Nordic diet emphasizes the intake of both lean and fatty fish. Fish is an important source of nutrition for many people in the European Region, so it is vital to ensure a clean and healthy underwater environment and a sustainable approach to fishing.

Source: *What national and subnational interventions and policies based on Mediterranean and Nordic diets are recommended or implemented in the WHO European Region, and is there evidence of effectiveness in reducing noncommunicable diseases? (2018)*



Green urban spaces

Studies have shown that living in urban areas with more green space provides such benefits as reduced levels of stress and a lower likelihood of having type 2 diabetes. Interventions to increase green space in urban settings can help address public health issues related to obesity, cardiovascular disease, mental health and well-being. However, the evidence about the impact of green spaces on health is incomplete, which is why the WHO Regional Office for Europe makes it a priority to review research findings and local case studies to assess the impact of green spaces on the environment, health, well-being and equity.

Source: *Urban green space interventions and health. A review of impacts and effectiveness (2017)*



Human rights and communicable diseases

A world where there is justice for all must be one that respects human rights and does not accept discrimination of any sort. At the global level, international and domestic investments in the HIV response are paying off. However, progress remains uneven and inequitable. In particular, in the European Region, HIV, TB and viral hepatitis remain a major concern among key populations. Human rights violations, along with widespread stigmatization and discrimination, continue to hinder access to health services in the WHO European Region for these diseases.

Source: *SDG fact sheet – HIV (2017)*



SDG Partnerships

The SDGs are interconnected and cross-cutting in nature, designed to break down silos and capitalize on intersectoral action and collaboration with partners. Their implementation requires the collective effort of governments, civil society, the private sector, the international community and individuals. Coordination and partnership among United Nations agencies to improve health and well-being is crucial to ensure that efforts are joint, harmonized and streamlined across the entities involved. Everyone has a role to play in achieving the SDGs.

Source: *Partnerships and intersectoral action for the SDGs*



BONUS

The Constitution of the World Health Organization was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, and signed on 22 July 1946 by the representatives of 61 States. It entered into force on 7 April 1948. The Constitution states that “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being...” WHO celebrates its 70th anniversary in 2018.

Source: *Constitution of the World Health Organization (1946)*