



IFHE Statement on UN Sustainable Development Goal 3 With input from the Associated Country Women of the World (ACWW)



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

The International Federation for Home Economics (IFHE) supports the United Nations Sustainable Development Goal (SDG) 3: **“Ensure Healthy Lives and Promote Well-Being for All at all Ages”**.

IFHE is in a position to contribute to the SDGs and to help transform the lives of others by empowering individuals, families, and communities with the skills necessary to build a just society.

The following position statement intends to serve as the IFHE Contribution to the discussion on the SDG and to the Home Economics context related to SDG 3. SDG 3 is set to achieve universal health coverage, including access to safe, effective and affordable care, medicine, and service to ensure healthy lives and promote well-being for all ages.

Health has a central position as a major contributor to and beneficiary of sustainable development policies. There are many linkages between the health goal and other goals and target, reflecting the integrated approach that is underpinning the SDGs. Universal Health Coverage (UHC), one of the 13 health goal targets, provides an overall framework for the implementation of a broad and ambitious health agenda in all countries. The graph shows the framework from the SDG health and its targets and demonstrates the complexity of the context (UN/WHO 2015).



Background

Ensuring healthy lives and promoting well-being for all at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.

ACWW and IFHE are concerned that rural women are in danger of being left behind, as progress is made towards this important goal because the most advanced health-care facilities are almost always based in towns and cities. In developing countries, it is rare for ambulances to venture into rural areas.

As a result, rural women are most seriously disadvantaged when it comes to childbirth considering that they must choose either to give birth alone at home or travel long distances to the nearest health centre. Babies and young children are also more exposed to diarrhoea, malaria and other parasitic infections as well as “neglected tropical diseases” in rural areas where there is limited access to clean water. Rural women are more vulnerable to HIV and other Sexually Transmitted Diseases (STD) infections due to lack of awareness and increased exposure to sexual abuse in places where the legal system is heavily weighted in favour of men. They are also likely to be suffering from anaemia, leading to serious complications during pregnancy, including foetal and/or maternal death. Rural women are often contaminated by toxic pesticides because they are normally obliged to spray these chemicals without protective clothing. Lack of safe disposal of harmful residues and empty pesticide containers frequently lead to cases of poisoning, especially in young children. Women who cook over open fires risk lung disease.

Equally important is addressing other significant, ongoing public health challenges that were left out of the Millennium Development Goals (MDGs), altogether notable among them the challenges of acute epidemic diseases, disasters and conflict situations, the burgeoning epidemic of non-communicable diseases and mental health disorders and large inequalities in all parts of the world.

Fundamental to achieving the SDGs is the recognition that eradication of poverty and inequality, creating inclusive economic growth, preserving the planet and improving population health are not just linked but interdependent. This has profound implications for development strategies, many of which only will be revealed as we move forward.

But some seem fairly clear at the outset, including the fact that silo-based, vertical approaches to development will have to give way to broader, cross-cutting approaches coordinated around and aligned with countries' needs and priorities.

Major population trends impact health. Fertility rates have fallen substantially almost everywhere but remain high in the African region. Close to 40% of the population growth in 2015 - 2030 will come from Africa, and more than one quarter of the world's children will live there by 2030. The population aged 60 and over will increase by 50% in the SDG era. This presents many opportunities but also challenges existing social norms, requires a re-aligning of health systems and challenges countries to provide sustainable social security and long-term care. By 2030, 60% of the world's population will live in urban areas.

Gender inequalities in education, employment and civil liberties not only deprive women of basic freedoms and violate their human rights, but also negatively affect health and development outcomes for societies as a whole. The right to health has been re-emphasised in terms of the achievement of UHC but is also closely linked to the realisation of other human rights, particularly for women and vulnerable groups such as migrants and people with disabilities.

Education is also strongly linked to climate change. Climate change will have increasing consequences for health, especially long-term impacts of droughts and desertification on food production and malnutrition, and the increased spread of infectious disease vectors for malaria and dengue. The poorest and most vulnerable populations are likely to be affected most (Health in 2015-From MDGs to SDGs, WHO, page 17).

One central aim of the SDG 3 is 3.8 UHC. *“UHC is the only target that underpins, and is key to the achievements of, all the others which is defined as ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”*

Child Health

Despite substantial progress on maternal and child mortality, neither MDG 4 nor MDG 5 targets were met. Important facts are:

- 17,000 less children die each day than in 1990, but more than six million children still die before their fifth birthday each year.
- Children born into poverty are almost twice as likely to die before the age of five as those from wealthier families.
- Children of educated mothers - even mothers with only primary schooling - are more likely to survive than children of mothers with no education.

Maternal Health

Important facts are:

- Maternal mortality ratio – the proportion of mothers that do not survive childbirth compared to those who do – in developing regions is still 14 times higher than in the developed regions.
- 99% of all maternal deaths are in developing countries.
- HIV/AIDS infections, together with widespread iron deficiency can, lead to both, foetal and maternal deaths.
- More women are receiving antenatal care. In developing regions, antenatal care increased from 65% in 1990 to 83% in 2012.
- Only half of the women in developing regions receive the recommended amount of health care they need.
- The need for family planning is slowly being met for more women, but demand is increasing at a rapid pace (Health in 2015-From MDS to SDGs, WHO).

A comprehensive set of targets for addressing health and well-being of women, children and adolescents has been adopted under the SDGs including the targets under SDG3 and other relevant goals, such as zero hunger (SDG 2). The UN Secretary-General's new Global Strategy for Womens', Childrens' and Adolescents' Health 2016 - 2030, released September 2015, provides a broad multi-stakeholder framework for the implementation, follow-up and review of progress towards relevant health and related targets.

HIV/AIDS, Malaria and other Diseases

SDG Target 3.3 is focused on major infectious diseases. This SDG target includes ending Neglected Tropical Diseases (NTDs) and combatting waterborne diseases, viral hepatitis and other communicable diseases. Important facts are:

- By the end of 2013, 240,000 children were newly infected with HIV.
- HIV is the leading cause of death for women of reproductive age worldwide.
- AIDS is now the leading cause of death among adolescents (aged 10 - 19) in Africa and the second most common cause of death among adolescents globally. Many grandmothers are caring for AIDS orphans in rural areas where there is no social protection. Rural women are more vulnerable to HIV/AIDS and other STDs due to lack of awareness and patriarchal oppression.
- Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37% and mortality rate by 58%.
- The tuberculosis mortality rate fell by 45% and the prevalence rate by 41% between 1990 and 2013.

Multiple socioeconomic, environmental and ecological factors as well as rapidly increasing antimicrobial resistance affect the spread of infectious diseases. The SDGs provide a new platform for an integrated approach across the economic, social and environmental pillars of development, which should be used to address all infectious diseases.

Non-Communicable Diseases (NCDs)

In 2012, an estimated 52% of all deaths under the age of 70 were due to NCDs and two third of those deaths were caused by cardiovascular diseases (CVD), cancer, diabetes and chronic respiratory diseases (CDR). Malnutrition and unhealthy lifestyles are major causes for NCD. One of the five aims of the UN Zero Hunger Challenge demands: Access Adequate Food and Healthy Diets, for all People, all Year Round. Access to food that forms the basis of healthy and diverse diets is intricately linked to both rights – particularly equity and women’s rights - and resilience.

Malnutrition is both a driver and an outcome of poverty and inequality. Undernutrition leading to stunting causes irreversible damage to both individuals and society. Obesity in childhood is a growing problem in all regions. Ensuring universal access to nutritious food in the 1,000-day window of opportunity between the start of pregnancy and a child’s second birthday is essential to tackling stunting. This should be supported by a multi-sectoral approach which includes nutrition, sensitive health care, water, sanitation, education, agriculture, social protection and specific nutrition interventions, coupled with initiatives that enable empowerment of women (pathways to Zero Hunger Challenge).

Consuming a healthy diet throughout the life-course helps preventing malnutrition in all its forms as well as a range of NCDs and conditions. But the increased production of processed food, rapid urbanisation and changing lifestyles have led to a shift in dietary patterns. People are now consuming more food high in energy, fats, free sugars or salt/sodium, and many do not eat enough fruit, vegetables and dietary fibre such as whole grains. The exact make-up of a diversified, balanced and healthy diet will vary depending on individual needs (e.g. age, gender, lifestyle, degree of physical activity), cultural context, locally available foods and dietary customs. But basic principles of what constitutes a healthy diet remain the same.

Key Facts are (WHO Factsheet):

- A healthy diet helps protecting against malnutrition in all its forms, as well as NCDs, including diabetes, heart disease, stroke and cancer.
- Unhealthy diet and lack of physical activity are leading global risks to health.
- Healthy dietary practices start early in life – breastfeeding fosters healthy growth, improves cognitive development, and may have longer-term health benefits like reducing the risk of becoming overweight or obese and developing NCDs later in life.
- Energy intake (calories) should be in balance with energy expenditure. Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats.
- Limiting intake of free sugars to less than 10% of total energy intake is part of a healthy diet. A further reduction to less than 5% of total energy intake is suggested for additional health benefits.
- Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in the adult population.
- WHO Member States have agreed to reduce the global population’s intake of salt by 30% and halt the rise in diabetes and obesity in adults and adolescents as well as in childhood overweight by 2025.

Achieving the SDGs target for NCDs will require major interventions to deal with a context characterised by ageing populations, rapid unplanned urbanisation and globalisation of markets that promote inactivity and unhealthy diets and will focus on the development and implementation of strong national plans that emphasise prevention and treatment access for all.

The WHO Global Action Plan for the Prevention and Control of NCDs 2013 - 2020 endorsed by the World Health Assembly in May 2013 sets priorities and provides strategic guidance on how countries can implement the roadmap of commitments.

SDG Target 3.9 aims to reduce deaths and illness related to hazardous chemicals, as well as air, water and soil pollution and contamination. About seven million deaths are attributed to indoor and outdoor air pollution. Women and children often apply pesticides without protective clothing. Women are also poisoned when they wash farm workers’ overalls, empty pesticide containers may be used to carry drinking water. Women who cook over open fires are likely to develop lung disease. Such risks can only be removed through education, legal oversight of pesticide companies and the provision of smokeless cooking stoves.

Global awareness of the need for multi-sectoral actions is exemplified by the inclusion of air quality in three other goals and a recent World Health Assembly resolution on addressing the health impacts of air pollution (Health in 2015 - From MDGs to SDGs, WHO).

Mental Health and Substance Use

Depression and suicide take a major toll on health of the population. Nearly one in ten people in the world suffer from mental disorders. Treatment coverage for mental disorders is very poor in many countries and significant scale-up will be required.

Evidence-based guidelines for the management of depression and suicide are available, and the WHO Mental Health Action Plan 2013 - 2020 calls for a 20% increase in service coverage for severe mental disorders.

Dementia has become a major global health issue because it affects many people and their families and imposes major financial costs on societies. A broad public health approach is needed to improve the care and quality of life of all people with dementia and family caregivers, articulated in a stand-alone dementia policy or plan, or integrated into existing health, mental health or old age policies and plans.

Almost 2% of the global burden of diseases is estimated to be associated with alcohol and other substance use disorders. Alcohol is one of the major risks for NCDs and a target of reducing harmful use by 10% over the next 15 years has been set. The WHO global strategy on reducing the harmful use of alcohol calls for national policies to strengthen the public health response to harmful use and build capacity for prevention and treatment of substance use disorders and associated health conditions.

Since 2006 the number of people using illicit drugs has increased by 38 million, reaching 246 million in 2013. Treatment coverage for drugs use disorders continues to be low (Health in 2015 - From MDGs to SDGs, WHO).

Stress

Stress is not a special aspect of the SDG 3 but from the perspective of Home Economics, it touches health in different ways. Modern life is full of hassles, deadlines, frustrations and demands. To many people, stress is a common phenomenon that has become a way of life. In rural areas, stress is associated with extreme poverty and domestic violence in areas that are beyond the law. In small doses, stress can disturb and distort a normal body functions and activities.

When one is constantly running in emergency mode, the mind and body pay the price. Self-protection means recognising the signs and symptoms of stress and taking steps to prevent, reduce or completely avoid it because of its harmful effect.

Injuries and Violence

One in eleven deaths are based on injuries and violence such as road traffic injuries, violence, war and conflict, and natural disasters. The past decade has shown that implementing a range of interventions from legislation and driver behaviour change to vehicle design, reduces the risk of injury and death due to road traffic accidents. Further major reductions in the number of road traffic deaths will require an extraordinary effort in all countries.

There are also 1.5 Million deaths and many more nonfatal injuries due to other unintentional injuries, including falls, drowning, burns and poisonings, which should be addressed to reach the overall health SDGs. Preventing homicide and nonfatal violence require a multi-sectional approach that addresses underlying causes, such as gender, social and economic inequalities, cultural norms that support violence, easy access and misuse of alcohol, drugs and firearms.

SDG 16 promotes peaceful and inclusive societies for sustainable development, which cuts across all sectors, including health.

Summary

UHC is key to the achievement of all other target of the SDG 3. It can serve to increase coherence, reduce fragmentation in the health sector, and contribute to the development of strong health systems. One of the basic principles underpinning the SDGs is that they are “integrated and indivisible”: progress in one area is dependent on progress in many others. Many of the synergies are well known (such as those that exist between health, education, nutrition, social protection and conflict).

The idea of “Governance for Health” is that deliberate action is needed to influence governance in other policy arenas to promote and protect health. The most important target groups such as vulnerable persons, women, children and older persons in rural areas must be in the center of health policies and measures.

Relation to Home Economics, IFHE and IFHE Members

The complexity of the SDG 3 “**Ensure Healthy Lives and Promote Well-Being for All at All Ages**” with its different targets offers multiple opportunities for the different dimensions or areas of practice of Home Economics to support and promote SDG 3:

- As an academic discipline, Home Economics conducts research and creates new knowledge and ways of thinking for professionals and for society in most of the above-mentioned targets. Home Economics science focusses on families and their living conditions from different perspectives. Home Economics research covers the challenges and strategies for families to avoid health problems caused by unhealthy lifestyles, behaviour of family members or by social, economic, ecological conditions or the influence of new technologies. It examines influences of political, legal and environmental framework conditions for families and their state of health. Especially research in Home Economics literacy leads to improved and successful education and training courses for health promotion.
- As an arena for everyday living in households, Home Economics supports families and communities for developing human growth potential and human necessities or basic needs to be met. Especially individuals of all ages, who suffer from health problems, need special care and household services. Individuals and families who are affected by difficult living conditions, for example orphans, refugees or families who lost their homes due to disasters, depend on assistance with household services. In many countries households such as institutional households take care for people affected by dementia, or who are not anymore able to live alone because of their age, mental diseases based on alcohol or substance disorders. Private and institutional households are the units which take care of persons who suffer from health problems. They provide them with food, water and take care for the personal well-being based on their resources and, if available, supporting systems such as medical treatment etc. The high number of household members affected by any of the above-mentioned health problems means a huge challenge in many aspects for these households, especially households of vulnerable groups. The lack of promotive, preventive, curative, rehabilitative and palliative health services linked with lack of basic and higher education, financial resources and critical living conditions confronts these households with huge, often hopeless challenges.
- As a curriculum area, Home Economics facilitates students to discover and further develop their own resources and capabilities to be used in their personal life, by directing their professional decisions and actions or preparing them for life. Home Economics competencies and Home Economics skills empower household members in many ways.

- Literacy involves a continuum of learning in enabling individuals to achieve knowledge and potential, and to participate fully in their community and wider society (UNESCO 2003). Home Economics literacy enables people to improve their lives even in critical living surroundings and avoid health risks. Home Economics literacy covers a wide range of competencies and skills, which empower women to avoid many health risks they are facing and support the targets of the SDG 3. The content (disciplinary bases) from which studies of Home Economics draw is dependent upon the context but might include food; nutrition and health; textiles and clothing; shelter and housing; consumerism and consumer science; household management; design and technology; food science and hospitality; human development and family studies; education and community services and much more.
- To understand the causal relation between hygiene measurements and communicable diseases, to build knowledge about the causes for diseases or recognise the consequences of unhealthy lifestyles use of alcohol and drugs, Home Economics competences are important for reaching the targets of SDG 3. They enable individuals, households and communities to obtain good nutrition, to take care of their health, or provide appropriate financial knowledge and skills to have safe homes, to start up a small business, or to make best use of their income for the good of their family.
- As a societal arena, Home Economics influences and develops policies to advocate for individuals, families and communities to achieve empowerment and well-being, to utilise transformative practices, and to facilitate sustainable futures. With regards to the current diverse social, economic and environmental developments globally, which impact the health of individuals, families and communities in different ways, IFHE promotes integrated, coordinated and coherent strategies. For many years, IFHE has been an acknowledged partner of the Global Alliance for Health Promotion and supports its aims and activities around the globe. As an NGO with consultative status with the UN and UN agencies FAO and UNESCO, IFHE contributes to discussions related to the health targets. It advocates for the fundamental rights for all, especially those living in poverty. The full participation of people who are living in poverty in the decisions that affect their lives and communities must be at the centre of policies and strategies of governments and decision makers in order to enable them to build their own sustainable future.

Household members are the first to be affected by social, economic and ecological developments in their living environment and to suffer from armed conflicts, economic crises, disasters etc.

From a Home Economics perspective, poverty, unemployment and social exclusion which are widespread in many countries of the world pull economic and social resources from each household. They reduce the opportunities essential for developing human growth potential and human necessities and for everyday basic needs to be met, which often causes multifaceted health problems.

IFHE advocates for individuals, families and communities to achieve UHC, empowerment and well-being and to utilise transformative practices, in order to facilitate sustainable futures. IFHE promotes and supports Home Economics education and literacy in the local and global context.

Examples of Accomplishments and Remaining Challenges

For more than 110 years, Home Economics and Home Economics education has aimed to empower families. Home Economics and Home Economics education with their diverse subjects and areas have effects in various health dimensions.

The **Home Economics academic area** focusses in different aspects on the context of daily life and health issues, some examples demonstrate the relations:

- The most important field is food security and nutrition, its relevance for healthy lifestyles the causal relationship to health or, on the other hand, malnutrition and its consequences such as NCDs. Other aspects of food security and/or nutrition are food allergies, the influence of healthy nutrition to longevity and well-being. Research results lead to valuable recommendations and programmes for healthy nutrition and diets.
- Another important scientific Home Economics field in relation to health is Household Technology. Daily exposure to toxic smoke from traditional cooking practices is one of the world's biggest, but least well-known killers. Penetrating deep into the lungs of its victims, this acrid smoke causes a range of deadly chronic and acute health effects such as child pneumonia, lung cancer, chronic obstructive pulmonary disease and heart disease, as well as low birth-weights in children born to mothers whose pregnancies are spent breathing toxic fumes from traditional cook stoves. The evidence is robust and compelling: exposure to household air pollution (HAP) is responsible for a staggering number of preventable illnesses and deaths each year. Based on Household Technology research, clean cook stoves are developed and promoted through Home Economics Education. Household Technology also focusses on secure household devices and technical improvements for secure workspaces to avoid physical illness such as back pain or household accidents with injury death.

- Hygiene is a central topic of Home Economics research not only for family households but also for institutional households such as hospitals, elder care homes or any other households in which many people are living together. Besides the food sector of these institutional households, the area of washing and room cleaning are critical regarding infectious diseases. Children, unhealthy persons and elderly persons are very susceptible to infections. Research in hygiene leads to important rules and recommendation for cleaning processes in all kind of households, for food processing, for child care, elderly care and most of all hospitalised persons.
- Another important academic Home Economics field related to health is textiles. Textiles are used in many ways in households not only as cloths and decoration but also for underwear, bedlinen, towels and for care and medical treatments. Textiles in all kind of households fulfil different tasks and must be clean to avoid infections and diseases. Research in textiles and household technology is important to develop special textiles and washing process for textiles, so that the functions of the textiles are optimised and the washing procedures fulfil hygiene standards, which is necessary to avoid infections through contaminated textiles in kitchens, bathrooms, toilets and rooms for medical treatments.
- In relation to social conditions for families, the aspects work-live balance and stress are important aspects of Home Economics research to contribute to healthy social framework conditions.
- A very important field of Home Economics research to improve healthy lives is Home Economics Education. Home Economics science in education deals with methods, best practices and developing textbooks. The aim of Home Economics Education is to empower children, students, women to improve their knowledge and skills and develop competencies in household management, so that they are able to conduct household processes such as food processing, child care, house and sanitation, cleaning as well as textiles washing to avoid infections, eat healthy food to meet their basic needs and to improve the well-being of the household members. The results of research in Home Economics Education play a key role to reach the SDG 3. Because household members need the knowledge and skills to reach Home Economics literacy to manage their life in a healthy and sustainable manner.

For more than 110 years the International Federation for Home Economics (IFHE) has promoted Home Economics research and science through knowledge exchange at conferences, symposia and IFHE World Congresses. In addition, IFHE publishes innovative results at the IFHE Website and an electronic International Journal of Home Economics (IJHE), as well as publication to special topics.

Achievements of Home Economics Education

The significance of Home Economics Education for the well-being of individuals, families and communities to meet the daily challenges, especially the critical health related challenges mentioned above, is obvious. Children, mothers, parents and household members who learned about the risks and context as well as the rules, measures or recommendations for health protection in the different household areas are able to avoid many diseases. Home Economics Education in general education supports many of the above described targets of the SDG 3.

IFHE as an advocate for Home Economics Education has published many documents about the results and effects of Home Economics Education and training around the world. Food security and nutrition, hygiene including water and sanitation, textiles, housing and household technology are key subjects of Home Economics Education along with resource management including finance management and social security. Many projects in Home Economics Education for example the sweet potato project in Tanzania or the garden project in Guyana or Moldova demonstrate that women or pupils in schools can grow vegetables for healthy meals and for income generation.

Home Economics in Daily Life supports Health. Professionals educated and trained in Home Economics work for example in family households, institutional households, in communities, extension services and support individuals, families or communities to meet their needs and take care of children, elderly handicapped and other people who suffer from mental diseases. Home Economics professionals are key persons for the well-being of people who are not able to take care of themselves because of their age, disabilities or health situation. They are educated to promote health and healthy lifestyles.

Household leaders, mostly women, take care to ensure that the basic needs of their family or the household members are met. Based on role models of their mothers or learning by doing they manage their resources to improve the well-being of the household members. Household leaders with Home Economics competencies have more knowledge and skills to avoid health risks and to promote health. But in many countries the social, environmental or economic and legal framework conditions for households are not conducive and households have to struggle with health risks.

Home Economics as an advocacy Arena

IFHE as advocacy group and International NGO is an acknowledged member of the UN initiatives Alliance for Clean Cooking and Zero Hunger Challenge and the Alliance for Health Promotion. As a partner IFHE supports the aims of these international networks and conducts related symposiums, workshops and discussions around the world to promote their aims and goals. Most of all, IFHE implements these aims and goals as key targets in Home Economics Education.

A Way forward: Expectations and Recommendations for Policymakers

Remaining challenges for stakeholders in policy and society are to focus on

- The SDG 3 and its targets to reach “**Good Health and Well-Being**” most of all for vulnerable groups such as women and children living in rural areas, people living in poverty, disabled persons.
- The main task Universal Health Coverage (UHC), ensuring that all people can use promotive, preventive, curative, rehabilitative and palliative health services they need of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
- Broader, cross-cutting approaches coordinated around and aligned with countries’ needs and priorities.
- A more sustainable approach through system-wide reform, based on the principles of efficiency and health services integration and people-centered care.
- Intersectional action, acknowledging that attainment of health goals is dependent not only on actions within the health sector, but also on economic, social, cultural and environmental factors.
- NCDs and promotion of healthy lifestyles including healthy nutrition, exercise and social inclusion.

IFHE points out that the challenges of SDG 3 can only be met in the context of the SDGs 1 (No Poverty), 2 (Zero Hunger), SDG 4 (Education for All), 5 (Gender Equality), 6 (Clean Water and Sanitation) and 8 (Decent Work and Economic Growth).

From a Home Economists’ point of view and the perspective of IFHE, WHO has defined required basic conditions and measures for all health targets of the SDG 3. Actions on these measures have to be taken on all levels by all governments and related stakeholders to reach UHC and SDG 3 (i.e.: WHO Mental Health Action Plan 2013 - 2020; Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016 - 2030; Accelerating progress on HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases, A new agenda for 2016 - 2030; Trade and Health: Towards building a National Strategy, Editors: Richard Smith, Chantal Blouin, Zafar Mirza, Peter Beyer, Nick Drage, 2015).

Recommendations for Home Economists

Home Economists around the globe and the International Federation for Home Economics will increase efforts to support SDG 3 through

- Scientific research in all relevant research areas such as nutrition, hygiene, sanitation and health promotion, especially to reduce and avoid communicable diseases and infections.
- Home Economics Education to improve healthy lifestyles and to avoid infectious diseases.
- Creation of awareness for individuals and families to observe advices and references for healthy lifestyles and consequences of use of drugs, tobacco products, alcohol and avoid infectious diseases.
- Advocacy on all levels: to take action for the targets of the SDG 3; to follow and support the programmes and recommendation of the WHO; to establish the required basic conditions and structures, to conduct measures using effective instruments to reach the related SDGs and; to support and establish Home Economics Education which meaningfully contributes to the SDG 3.

As described above, Home Economics in all its dimensions and Home Economics literacy play an important role to achieve SGD 3 and other SDGs in the context of “**Good Health and Well-Being**”. It is time to take action for SGD 3.

ACWW’s Women-to-Women projects are addressing some of these issues by: Training rural birth attendants; Encouraging mothers to breast-feed for at least six months; Raising awareness of AIDS and other STDs; Improving access to clean water; Supporting grandmothers who are caring for AIDS orphans; Promoting safe alternatives to hazardous pesticides; Improving food and nutrition security for better health; Promoting the production of smokeless briquettes and improved cooking stoves.

The outcome of this work is contributing data to SDG 3 targets 3.1 (indicators 3.1.1/3.1.2), 3.2 (3.2.1/3.2.2), 3.3 (3.3.1), 3.8 (3.8.1) and 3.9 (3.9.1/3.9.2).

Closing

The right to good health and well-being is entrenched in the Declaration of Human Rights, however millions of people are living in conditions which deny them the opportunity to exercise these fundamental rights. In this advanced age of science and medicine, millions die annually because of preventable illness, untreated drug and alcohol abuse, preventable birth defects, and avoidable traffic and industrial accidents. Where a person lives, or how much money a person has, should never keep them from receiving appropriate medical attention. Every person, child or adult needs to be assured that health resources are available to them to live a long and healthy life.

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