

3 GOOD HEALTH AND WELL-BEING

## GOAL 3. ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

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	Goals/Targets/Indicators	Baseline	Latest	Target 2/	Data Source Agency
target 3.1	By 2030, reduce the global maternal mortality ratio to less the	nan 70 per 100,000	live births		
3.1.2	Proportion of births attended by skilled health personnel	<b>84.4</b> 2017	<b>84.4</b> 2017	<b>100.0</b> 2030	NDHS, PSA
3.1.s1	Proportion of births delivered in a health facility	<b>77.7</b> 2017	<b>77.7</b> 2017		NDHS, PSA
target 3.2	By 2030, end preventable deaths of newborns and children u as 12 per 1,000 live births and under-5 mortality to at least a			aiming to reduce	e neonatal mortality to at least as low
3.2.1	Under-five mortality rate (per 1,000 live births)	<b>27.0</b> 2017	<b>27.0</b> 2017	<b>20.7</b> 2030	NDHS, PSA
3.2.2	Neonatal mortality rate (per 1,000 live births)	<b>14.0</b> 2017	<b>14.0</b> 2017	<b>6.5</b> 2030	NDHS, PSA
3.2.s1	Infant Mortality Rate (per 1,000 live births)	<b>21.0</b> 2017	<b>21.0</b> 2017	<b>9.8</b> 2030	NDHS, PSA
target 3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria an communicable diseases	d neglected tropic	al diseases and con	nbat hepatitis, wa	ter-borne diseases and other
3.3.1.p1	Number of new HIV infections (newly diagnosed cases/year)	<b>9,238</b> 2016	<b>12,341</b> 2021	<b>≈0</b> 2030	HARP, DOH
3.3.2	Tuberculosis incidence per 100,000 population	<b>434.0</b> 2016	<b>434.0</b> 2016	<b>≈0</b> 2030	National TB Prevalence Survey , DOH
3.3.3	Malaria incidence per 1,000 population	<b>0.1</b> 2016	<b>0.1</b> 2019	<b>≈0</b> 2030	Program Data, DOH
target 3.4	By 2030, reduce by one third premature mortality from non-well-being	communicable dise	ases through preve	ention and treatm	ent and promote mental health and
3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	<b>4.6</b> 2016	<b>4.6</b> 2020		Vital Statistics Report, PSA
3.4.1.1	Mortality rate attributed to cardiovascular disease	<b>2.7</b> 2016	<b>2.8</b> 2020	<b>1.80</b> 2030	Vital Statistics Report, PSA
3.4.1.2	Mortality rate attributed to cancer	<b>1.1</b> 2016	1.0 2020	<b>0.67</b> 2030	Vital Statistics Report, PSA
3.4.1.3	Mortality rate attributed to diabetes	<b>0.6</b> 2016	<b>0.6</b> 2020	<b>0.40</b> 2030	Vital Statistics Report, PSA
3.4.1.4	Mortality rate attributed to chronic respiratory disease	<b>0.3</b> 2016	<b>0.2</b> 2020	<b>0.20</b> 2030	Vital Statistics Report, PSA
target 3.5	Strengthen the prevention and treatment of substance abuse	e, including narcoti	c drug abuse and h	armful use of alco	shol
3.5.1.p1	Percentage of drug abuse cases or drug users who completed treatment	<b>79.5</b> 2016	<b>83.0</b> 2020		Program Data, DOH
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	<b>54.5</b> 2018	<b>54.5</b> 2018		National Nutrition Survey, FNRI-DOST
target 3.6	By 2020, halve the number of global deaths and injuries from	road traffic accide	ents		
3.6.1	Death rate due to road traffic injuries per 100,000 population	<b>10.9</b> 2016	<b>8.0</b> 2020	<b>0.1</b> 2030	Vital Statistics Report, PSA
target 3.7	By 2030, ensure universal access to sexual and reproductive integration of reproductive health into national strategies an		es, including for far	nily planning, info	ormation and education, and the
3.7.1	Proportion of women (currently married) of reproductive age (aged 15-49 years) who have their need for family planning satisfied [provided] with modern methods	<b>56.9</b> 2017	<b>56.9</b> 2017	<b>≈100</b> 2030	NDHS, PSA
3.7.2	Adolescent (aged 15-19 years) birth rate per 1,000 women in that age group	<b>47.0</b> 2017	<b>47.0</b> 2017	<b>30.3</b> 2030	NDHS, PSA
3.7.s1	Contraceptive Prevalence Rate	<b>54.3</b> 2017	<b>54.3</b> 2017	<b>100.0</b> 2030	NDHS, PSA
target 3.8	Achieve universal health coverage, including financial risk pro and affordable essential medicines and vaccines for all	otection, access to	quality essential he	ealth-care service	s and access to safe, effective, quality
3.8.2	Number of people covered by health insurance or a public health system per 1,000 population 1/	<b>909.0</b> 2016	<b>980.2</b> 2018	<b>≈1000</b> 2030	Admin Data, PhilHealth
3.8.s1	Percentage of population covered by the social health insurance 1/	<b>91.0</b> 2016	<b>98.0</b> 2018	<b>≈100</b> 2030	Admin Data, PhilHealth
3.8.s2	Out-of-pocket health spending as percentage of total health expenditure	<b>45.0</b> 2016	<b>39.9</b> 2020	<b>43.5</b> 2030	Philippine National Health Accounts, PSA
target 3.9	By 2030, substantially reduce the number of deaths and illne	sses from hazardo	us chemicals and ai	r, water and soil	pollution and contamination
3.9.3	Mortality rate attributed to unintentional poisoning per 100,000 population	<b>0.1</b> 2016	<b>0.1</b> 2020	<b>0.0</b> 2030	Vital Statistics Report, PSA

	Goals/Targets/Indicators	Baseline	Latest	Target 2/	Data Source Agency
target 3.a	Strengthen the implementation of the World Health Organiza	tion Framework Co	nvention on Tob	acco Control in all c	ountries, as appropriate.
3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	<b>23.8</b> 2015	<b>23.8</b> 2015	<b>15.3</b> 2030	Global Adult Tobacco Survey
3.a.s1	Prevalence of current tobacco use				
	Prevalence of current tobacco use of 10-19.9 years old	<b>5.5</b> 2015	3.4 2019		Updating of Nutritional Status of Filipin Children and Other Population Groups NNS, FNRI-DOST
	Prevalence of current tobacco use of 20 years old and over	23.3 2015	<b>19.9</b> 2019		Updating of Nutritional Status of Filipin Children and Other Population Groups NNS, FNRI-DOST
					MIS, 1 MIL 2031
arget 3.b	Support the research and development of vaccines and media countries, provide access to affordable essential medicines at Health, which affirms the right of developing countries to use Rights regarding flexibilities to protect public health, and, in	nd vaccines, in acco	rdance with the visions in the Agr	Doha Declaration o eement on Trade-R	eases that primarily affect developing
arget 3.b 3.b.1.p1	countries, provide access to affordable essential medicines at Health, which affirms the right of developing countries to use	nd vaccines, in acco	rdance with the visions in the Agr	Doha Declaration o eement on Trade-R	eases that primarily affect developing

## NOTES:

1/2/ Data includes the number of indigents from the DSWD Listahanan Database.

Based on the preliminary 2030 nationally determined numerical targets for the SDGs through the conducted consultation and validation workshops with both government and non-government stakeholders of NEDA, in partnership with PIDS.

## ACRONYMS:

Department of Health DOH

Food and Nutrition Research Institute, Department of Science and Technology HIV/AIDS and Anti-Retroviral Therapy Registry (ART) of the Philippines National Demographic and Health Survey National Nutrition Survey FNRI-DOST HARP

NDHS

NNS PSA Philippine Statistics Authority



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