

Women's, children's and adolescents' health in the context of the United Nations 2030 Agenda for Sustainable Development

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Introduction

The Heads of State and Government of the United Nations Member States have met at the United Nations Sustainable Development Summit, from 25th to 27th September 2015, at the United Nations Headquarters in New York. On the occasion, they decided on the terms of the 2030 Sustainable Development Agenda and on the Sustainable Development Goals (SDG).

Table 1. Sustainable Development Goals (SDG)

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

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As had occurred at the Millennium Summit and on the Millennium Development Goals (MDGs) in 2000, women, children and adolescents were also contemplated in this Conference, considered the most important meeting on global policy and development; and health continues to receive special attention from the most important world political leaders.

This article intends to present women's, children's and adolescents' health worldwide situation that justify maintaining the issue as a priority in the new global pact; to analyze the achievements of the Millennium Development Goals regarding health (MDGs 4, 5, 6); and approach the insertion of this group in the new world pact that has been established for the next 15 years. Firstly, though, it intends to discuss conceptual issues on sustainable development and the group comprising women, children and adolescents as part of that development.

Sustainable development

The most publicized sustainable development concept is that of the United Nations World Commission on Environment and Development (BRUNDTLAND COMMISSION, 1987, P. 16), of 1987, defining it as "the development that meets present needs, not compromising the ability to meet the needs of future generations".

Nevertheless, a sustainable development that meets future needs requires the balance and convergence of three pillars: economic development, social equity and environmental protection. This concept has its basis on the Earth Summit, the Rio 92; it was reaffirmed at the Johannesburg Summit (2002); and was consolidated at the United Nations Conference on Sustainable Development, Rio+20, that took place in 2012. The final document of the Conference, 'The Future we Want', refers to sustainable development recognizing that:

Poverty eradication, changing unsustainable and promoting sustainable patterns of consumption and production and protecting and managing the natural resource base of economic and social development are the overarching objectives of and essential requirements for sustainable development. [...] reaffirms the need to achieve sustainable development by promoting sustained, inclusive and equitable growth, creating greater opportunities for all, reducing inequalities, raising basic standards of living, fostering equitable social development and inclusion, and promoting the integrated and sustainable management of natural resources and ecosystems that supports economic, social and human development while facilitating ecosystem conservation, regeneration and restoration and resilience in the face of new and emerging challenges (UNITED NATIONS, 2012, P. 2).

Women's, children's and adolescents' health and sustainability

In 2010, the United Nations Secretary-General launched a global strategy to stimulate actions that would accelerate women's and children's health development. He highlighted the need to contribute to improving the performance of 75 countries in which 98% of maternal and child deaths were most prevalent.

With programs that emphasize 'every woman and every child' and the international community's commitment, there was an immediate response and the new worldwide engagement contributed to enhancing the MDGs 4 and 5.

The 2030 global agenda broadened the strategy and included the adolescents, aiming at ensuring their rights to health, well-being and education and, above all,

creating opportunities to enable them to develop their full potential and to reach participation in society when becoming adults.

The investment in human capital and, especially, in the life cycle, beginning with the children, will be the way to attain high levels of health and physical, mental and social well-being at all ages. Jeffrey Sachs (2015) highlights in his book 'The age of sustainable development' that early infancy is extremely important, not only because it is the moment when we learn many of the needed social and human abilities, but also because it is the moment for brain formation. Moreover, an individual's health at each stage of life affects health at other stages and has cumulative effects for the next generation (EVERY WOMAN EVERY CHILD, 2015).

Two recent longitudinal studies using neuroimages to follow children's brain development suggest that poverty has a corrosive influence on language, memory and learning development (HAIR ET AL., 2015; NOBLE ET AL., 2015). Similar data from the United Kingdom demonstrate that adversities in early childhood are associated with high levels of child depression and anxiety, as well as with brain alterations in adolescents (JENSEN ET AL., 2015).

Despite the positive results and progress achieved with the MDGs, a large number of women, children and adolescents worldwide have yet very little or no access to health services, adequate nutrition, or access to education, drinking-water and basic sanitation.

The world population from 0 to 24 years of age (42.3%) (WORLDMETERS, 2015) is exposed to several risk factors that, either isolated or interlinked, affect their health. Complications of pregnancy and childbirth, unwanted pregnancy, communicable and non-communicable diseases, mental illness, traumatism, violence, malnutrition; and the lack of access to quality health-care services and life-saving commodities, associated with poverty, gender inequality (manifested

in discrimination in laws, policies and practice) and marginalization (based on age, ethnicity, race, national origin, immigration status, disability, sexual orientation and other grounds) that are all human rights violations.

As a result, the world counts 289 thousand maternal deaths, 2.6 million stillbirths; 2.7 million neonatal deaths, included in the 5.9 million under-five child deaths; and 1.3 million adolescents deaths. Not including diseases or incapacitating disabilities, and the impossibility of full potential achievement, resulting in great losses for future generations (EVERY WOMAN EVERY CHILD, 2015).

The social and economic benefits of investing in women's, children's and adolescents' health are clear, unquestionable and evidence-based (STENBERG ET AL., 2014) THE STATE OF WORLD POPULATION 2014, 2015), with emphasis on poverty reduction, economic development and productivity increase.

Child health challenges

The high mortality rates of newborns, the uneven access to life-saving interventions, and health problems of children under the age of five reflect inadequate social and economic development. Poverty, poor nutrition and insufficient access to clean water and basic sanitation are all factors that contribute for this inadequacy, as is the lack of access to quality health services that offer essential care for newborns. Child development care, vaccines and treatment of common childhood illnesses are essential for children's healthy growth and survival.

According to the World Health Organization (WHO), 2.6 million babies die in the last 3 months of pregnancy or during childbirth (stillbirths) and 2.7 million newborns die every year, and 60% to 80% are premature or small for the gestational age. In addition, less than 40% of infants are exclusively breastfed up to 6 months; and 5.9

million children under the age of five died in 2014 from mostly preventable causes, of which 43% due to infectious diseases such as pneumonia, diarrhoea, sepsis and malaria (EVERY WOMAN EVERY CHILD, 2015).

One in every three children globally (about 200 million) fails to reach their full potential due to poverty, insufficient stimulation, inadequate care and poor nutrition. Nearly half of under-five child deaths are directly or indirectly related to malnutrition. Globally, 25% of children are hindered from attaining full development and 6.5% are overweight (EVERY WOMAN EVERY CHILD, 2015).

Adequate development during early childhood, particularly during the first three years, enables children to develop their physical, cognitive and language characteristics, as well as their socio-emotional potential. This reflects on their entire lives, especially on health, sociability, economic outcomes and criminality reduction (HECKMAN, 2015).

Adolescent health challenges

Globally, millions of adolescents become sick or die from preventable causes. Few have access to information or to integrated youth-friendly services, and especially to sexual and reproductive health counseling without facing discrimination. In many settings, adolescents of both genders face social or legal barriers that harm their mental, emotional and physical health. Among adolescents living with disabilities and/or in crisis situations, the barriers are even greater (EVERY WOMAN EVERY CHILD, 2015).

In 2012, 1.3 million adolescents died worldwide from preventable or treatable causes. Most deaths were caused by road traffic accidents, HIV, suicides, respiratory infections and interpersonal violence. Among adolescent girls aged from 15 to 19, most death causes are suicide and complications during pregnancy and childbirth

(EVERY WOMAN EVERY CHILD, 2015). Moreover, 80% of adolescents are insufficiently physically active and 70% of preventable adult deaths are related to non-communicable diseases linked to risk factors that start in adolescence.

The WHO estimates that 2.5 million adolescent girls give birth under the age of 16 and that 15 million are married under the age of 18. Approximately one among every ten girls under the age of 20 (about 120 million globally) has been a victim of sexual violence and 30 million are at risk of female genital mutilation in the next decade.

To face or change this picture it is necessary that countries invest in and adopt policies to expand the opportunities for the youth; and that governments are capable of leading a national development strategy to enhance the entire health system so that it becomes inclusive and universal, and has leadership, innovation and governance with skilled health professionals.

Womens' health challenges

Even though in recent years there are progresses in maternal health indicators, women continue to be discriminated, especially in less developed countries. This disadvantage contributes to economic, social and health inequalities of their families throughout the life course.

The results on women's, children's and adolescents' health are worsened when these groups are marginalized and excluded from society, when they are discriminated, or living in deprived communities, especially among the poorest, less educated and living in remote areas (UNICEF; WHO, 2014). An estimated 289 thousand women died globally in 2013 in pregnancy and childbirth, meaning one life lost every two minutes. A woman's death resulting from pregnancy or birth — a natural event that

should celebrate life — is transformed into a family tragedy of abnormal proportions.

According to the WHO, maternal mortality varies from 1,100 in Sierra Leone, to 1 per 100 thousand live births in Byelorussia. The difference between low- and high-income countries is still large, varying from 450 and 17 per 100 thousand live births. The global average is 210/100 thousand live births (WHO, 2015A). About 52% of maternal deaths are attributable to three leading causes: hemorrhage, sepsis and hypertensive disorders; and 8% of maternal deaths are attributable to unsafe abortion. Nevertheless, 28% of maternal mortality results from non-obstetric causes such as malaria, HIV, diabetes, cardiovascular diseases and obesity (EVERY WOMAN EVERY CHILD, 2015).

The difficulty in accessing health services contributes to the fact that 270 thousand women die of cervical cancer each year, and that 225 million women have no access to family planning. Furthermore, one in every three women aged from 15 to 49 experiences physical and/or sexual violence either within or outside their home (EVERY WOMAN EVERY CHILD, 2015).

Only with modern contraception and care for pregnant women and newborns, besides adequate immunization, breastfeeding and nutrition offered by skilled professionals and high-quality services is it possible to enhance results and improve processes. Nevertheless, in order to achieve this, policies and interventions are needed to insure social protection, education, justice, infrastructure and information (WHO, 2007), and clear definition of public and private accountability and of the public sector responsibilities regarding performance monitoring and follow up.

Women's, children's and adolescents' health in the

Millennium Development Goals (MDGs)

The global mobilization to reach the MDGs has been the largest poverty combat coordinated movement ever carried out; it is estimated that about 1 billion people have been lifted out of extreme poverty since 1990 (UNITED NATIONS, 2015A).

Between 2000 and 2014, official financial contributions from developed countries increased 66%, reaching US\$ 135 billion per year. Nevertheless, in 2014 only Denmark, Luxembourg, Norway, Sweden and the United Kingdom exceeded the target agreed at the United Nations Millennium Summit, that the developed countries would contribute with 0,7% of their gross national income (GNI).

Official data from the United Nations show that the proportion of undernourished people in the developing countries has fallen by half since 1990, that hunger has substantially diminished, and that the proportion of children enrolled at primary school has reached 91% in 2015, with the best records of improvement being reached in sub-Saharan African countries. In addition, the literacy rate among youth aged 15 to 24 has increased globally, the developing regions have reached their targets to eliminate the gender disparity in education, and women have gained ground in parliamentary representation in 90% of the 174 countries, while in the last 20 years the proportion of women in politics has doubled.

At the end of 2011, the world population reached 7 billion people and, despite the huge population growth, the number of deaths of children under five has declined by half: from 12.7 million in 1990 to about 6 million in 2015. In the sub-Saharan Africa the reduction was five times faster from 2005 to 2013 than it was from 1990 to 1995. Since 1990, maternal mortality has declined by 45% worldwide, and more than 71% of births in 2014 were assisted by skilled

health personnel (UNITED NATIONS, 2015A).

The reinforcement of the measles vaccination campaigns helped to avoid the deaths of 15.6 million children from 2000 to 2013. In 2013, about 84% of children worldwide received at least one doses of the vaccine, an increase of 73% since 2000. Due to the Millennium Development Goals (MDGs), new HIV infections fell by approximately 40% since 2000: by June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART), contributing to a reduction of 7.6 million deaths from HIV between 1995 and 2013 (UNITED NATIONS, 2015A).

Moreover, mortality from malaria has decreased 58%, averting 6.2 million deaths, mostly among children under five years of age in sub-Saharan Africa. Furthermore, between 2004 and 2014, by means of intensifying malaria reduction more than 900 million insecticide-treated mosquito nets were delivered to endemic countries.

In addition, the tuberculosis mortality has decreased by 45% between 2000 and 2013, and prevention, diagnosis and treatment interventions have saved an estimated 37 million lives.

Focusing on the environment, ozone-depleting substances have been virtually eliminated; terrestrial and marine protected areas have increased substantially and in Latin America and the Caribbean the coverage of terrestrial protected areas rose from 8.8% to 34.4% between 1990 and 2014.

Globally, 2.6 billion people have gained access to drinking water and 1.9 billion gained access to piped drinking water; 147 countries have met their targets to provide drinking water to their populations and 95% of the countries met their sanitation target, while 77 countries have met both targets. Worldwide, 2.1 billion people have gained access to improved sanitation and the proportion of people practicing open defecation has fallen almost by half since 1990.

Having all these data officially recognized by the United Nations, the world has undoubtedly improved regarding global development. Nevertheless, it must be underlined that despite such improvements, progress has been uneven across countries and regions, with big gaps between high- and low-income countries.

The evidence of the unevenness was observed in 2011, when almost 60% of the people living in extreme poverty were concentrated in only five countries (India, Nigeria, China, Bangladesh and the Democratic Republic of Congo), proving that the poorest people continue to have no opportunities and are being left behind, mainly because of their geographic location, ethnicity, age, gender and unimportance within the globalized economy (UNITED NATIONS, 2015A).

In the same way, gender inequality persists and women continue to face discrimination in access to work, economic assets and participation in decision-making that affect their lives. In Latin America and Caribbean, despite declining poverty rates for the whole region, the proportion of women in poor households increased from 108 in 1997 to 117 in 2012 for every 100 men in the same conditions. Besides, the unemployment rate among women with advanced education is higher than among men with similar levels of education.

According to the United Nations Children's Fund (UNICEF), 47% of the people living in extreme poverty are 18 years old or younger (UNICEF, 2014). As mentioned before, to reduce poverty investments on this age group, development must necessarily be made taking into consideration the multidimensional character of poverty, such as nutrition, access to clean water, education, shelter and health. It is estimated that two in every three children in 30 sub-Saharan countries suffer from at least two of those deprivations.

It must be underlined, though, that child

poverty is no exclusivity of low-income countries. The Millennium Development Goals Report 2015 (UNITED NATIONS, 2015A) points out that one in every four children in the world's richest countries live in poverty. Currently, there are 26 million children at risk of social exclusion and poverty in the European Union; however, only one third of people living in poverty have some social coverage, determining that child poverty is a world challenge demanding a global response (UNICEF CONNECT, 2015).

Taking into consideration the Millennium Development Goal 4 (MDG 4 –Reduce child mortality), despite the enormous decline of child deaths over the past 25 years, this unprecedented achievement has not been sufficient to meet the MDG target. If the current decline rhythm continues, at least ten years will be needed to meet the target that should have been met in 2015; and the world is already living the 2030 global agenda.

Children mortality is most evident among the younger and more vulnerable and pneumonia, diarrhea and malaria continue to be the prevailing causes of death. Although the sub-Saharan Africa has the world's highest child mortality rates, paradoxically this region achieved the greatest progress in the last 20 years, when the rate of under-five mortality declined from 179 deaths per thousand live births in 1990, to 86 in 2015.

Nevertheless, current estimates are somber, and the region urgently needs to accelerate its progress, not only because it carries half of the world's deaths in this age group (about three million in 2015) but also, and mainly, because it is estimated that this is the only region in the world where both the number of live births and the population of children under five years of age will grow substantially in the next decades. This means that there will be an increase in the number of under-five deaths; unless the progress in the reduction of under-five

mortality rate is sufficient to surpass the population growth.

The neonatal period is still the most critical for child survival: almost one million newborns will die in the first day of life, one million in the first week and 2.8 million in the first month. Considering that prematurity, asphyxia, underweight, birth trauma and sepsis are responsible for 80% of deaths (WHO, 2015B), it will be extremely important to concentrate in this life period in order to accelerate the progress of child survival in the coming years. Many deaths could be averted with simple and cost-effective interventions such as pre-natal care, vaccination, childbirth assisted by skilled health personnel, aseptic care with the umbilical cord and breastfeeding within the first hour.

Nevertheless, those measures are but focal interventions for the reduction of under-five years of age deaths and they merely mitigate the problem. Effective poverty reduction and overcoming the huge inequalities between and within countries, by courageously tackling the social determinants of health with adequate social and economic policies, is the only way to attain sustainable solution for these issues.

Women's, children's and adolescents' health in the Sustainable Development Goals (SDGs)

The definition process of the 2030 Development Agenda and the Sustainable Development Goals (SDGs) begun at the United Nations Conference on Sustainable Development, the Rio+20, that took place in Rio de Janeiro, in 2012. On that opportunity, the Heads of State and Government of the United Nations Member States signed the document "The future we want" (UNITED NATIONS, 2012). Besides setting the basis for

the definition process of the future sustainable development agenda, coming into effect on January 2016 and to be realized until 2030, it also defined the broad and participatory working lines (global consultations-dialogues, High Level Panels, and others), which took place from July 2012 to July 2015.

Following many negotiations between United Nations State-members and contributions from civil society, NGOs, professionals' groups, universities, United Nations Agencies and private sector, the intergovernmental group produced the document 'Transforming our world: the 2030 Agenda for Sustainable Development' (UNITED NATIONS, 2015B), approved at the United Nations Sustainable Development Summit (UNITED NATIONS, 2015B), that took place in the ambit of the United Nations General Assembly (UNGA) 2015, as Resolution A/70/L1 (UNITED NATIONS, 2015C), comprising 35 pages and 91 paragraphs.

The 2030 Agenda for Sustainable Development recognizes that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge until 2030 and an indispensable requirement for sustainable development. All countries are committed to achieving sustainable development in its three dimensions — economic, social and environmental — in a balanced and integrated manner, and to build upon the MDGs not yet achieved.

The document affirms that the Goals and targets will stimulate action over the next 15 years in areas of critical importance for humanity and the planet:

People – End poverty and hunger, in all their forms and dimensions, and to ensure that all human beings can fulfill their potential in dignity and equality and in a healthy environment.

Planet – Protect the planet from degradation, including through sustainable consumption and production, sustainably managing its

natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generations. Prosperity – Ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature. Peace – Foster peaceful, just and inclusive societies which are free from fear and violence Partnerships – Implement the Agenda through a revitalized Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people. (UNITED NATIONS, 2015C, P. 3-4).

In its Introduction, the Resolution affirms the decision “to protect human rights and promote gender equality and the empowerment of women and girls”, as well as “to combat inequalities within and among countries” (UNITED NATIONS, 2015C, P. 5).

Further on, it reaffirms those principles, when stating its vision of the future:

[...] a world which invests in its children and in which every child grows up free from violence and exploitation. A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the need of the most vulnerable are met. (UNITED NATIONS, 2015C, P. 5).

The document proposes 17 SDGs (*table 2*) and 169 targets; SDGs 16 and 17 refer to general 'means of implementation' for the SDGs. Among the SDGs there is the SDG Health (SDG 3), enunciated as 'ensure healthy lives and promote well-being for all at all ages', comprising nine targets and four specific means of implementation (*table 3*).

Table 2. SDG Health and targets

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
2. By 2030, end preventable deaths of newborns and children under 5 years of age
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. By 2020, halve the number of global deaths and injuries from road traffic accidents
7. By 2030, ensure universal access of sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs
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
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Table 3. Means of implementation

- a. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 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 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
- 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
- d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Three of the SDGs Health targets refer to the MDGs agenda (targets 1, 2, and 3). The other six targets refer to: 4) non-communicable diseases and the promotion of mental health and well-being; 5) prevention and treatment of addictive substances and alcohol abuse; 6) road traffic accidents; 7) sexual and reproductive health; 8) universal health coverage, including access to medicines and vaccines; and 9) environmental health.

It is impossible to admit that this set of fragmented targets is able to achieve the broad objective, to 'ensure healthy lives and promote well-being for all at all ages'. Also,

the four specific means of implementation (table 3) are not capable of implementing the finalistic targets (1 to 9) and, even less, the ambitious enunciation of the SDG Health. Most targets refer to individual health and to the biological expression of health; whereas for a long time already one recognizes the importance of its collective dimension and the need to tackle its social, economic and environmental determinants, through intersectoral actions that are coherent, coordinated and that promote social and sanitarian equity, to achieve such a proposed SDG Health.

The dimension 'social determinants of

health' takes us to examine the relations between other SDGs and their respective targets with health, as well as possible omissions in those SDGs and their targets in relation to health. Broader synergies may be reached between health and other sectors when objectives, targets and indicators are framed in such manner that their realization requires the coherence of policies and solutions shared between the various sectors. In this sense, one observes that many of the other 16 SDGs (*table 2*) comprise targets directly related to health (for example, hunger elimination, food security, nutrition according to necessities, malnutrition reduction, child development, access to quality water and sanitation with disease reduction, natural disasters and deaths, violence and health, pollution of the air, soil and water and its influence on health).

In this sense, the document 'Transforming our world' — and the resulting UN Resolution — incorporated, in some ways, though not explicitly, the ideas of the strategy 'health in all policies'; however, curiously enough, targets that directly mention health are absent in 'economic nature' SDGs, such as sustainable industrialization or economic growth and decent employment. Workers' health protection in potentially harmful environments or actions on environmental pollution derived from productive processes, for example, are ignored in SDGs 8 and 9, expressing the divorce between economic and environmental issues and human health. It is also clear that all SDGs are, in some way, 'social determinants of health', even though not directly mentioning health among their targets.

Besides appearing in the document's preamble, the theme 'women, children and adolescents' appear in various SDGs. In the Health SDG (*table 3*), two targets specifically refer to women's and children's health.

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 1000 live births

3.2 By 2030, end preventable deaths of newborns (reducing to as low as 12 per 1,000 live births) and children under 5 years of age (reducing to as low as 25 per 1,000 live births).

(UNITED NATIONS, 2015C, P. 18).

In other SDGs, women and children are abundantly mentioned referring to health or to social determinants, not only of health, but also of life conditions, such as:

2.1 By 2030, end hunger and ensure access by all people [...], including infants, to safe, nutritious and sufficient food [...]

2.2 By 2030, end all forms of malnutrition, including [...] stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescents girls, pregnant and lactating women [...]

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

4.5 By 2030, [...] ensure equal access [...] to all levels of education and vocational training [...] including children in vulnerable situations

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

8.6 [...] substantially reduce the proportion of youth not in employment, education or training

8.10 [...] develop and operationalize a global strategy for youth employment [...]

16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

16.9 By 2030, provide legal identity for all, including birth registration. (UNITED NATIONS, 2015C, P. 17-28).

Many other targets refer directly or indirectly to women, children and adolescents, and we stimulate the reader to explore the United Nations document (UNITED NATIONS, 2015B), searching for determination bonds between health and life conditions and well-being, present in the 17 SDGs and their 169 targets.

Final considerations

Following the SDGs and their targets approval on a global level, at the United Nations General Assembly (UNGA), on September 2015, by the Heads of State and Government, the next step is to transfer them into the national sustainable development Agendas and plans. Some fundamental questions that arise are:

- Who (ministerial instance, commission etc.) will coordinate the implementation process of the 2030 Development Agenda and the SDGs in the country?
- Which Agency or United Nations instance will coordinate the participation of the United Nations System in the implementation of the Agenda in the country? Is it the role of the WHO or of the UNDP?
- Is the 2016-2019 Pluriannual Plan the short-term Brazilian Development Agenda? How does it articulate with a long-term 2030 Agenda?
- Which will be the participation of the Ministry of Health in the process?
- What is the forces' correlation of the Ministry of Health with other Ministries?
- Who will represent the Ministry of Health? How will this representation articulate within the various instances of the Ministry of Health, including the sector of women, children and adolescents?
- How will the civil society and the National Congress be mobilized in favor of an effective

presence of the sector of women, children and adolescents in the 2030 Agenda in the country?

A special observation, therefore, is the examination of the 2016-2019 Pluriannual Plan (BRASIL, 2015) that is under discussion at the National Congress, in order to receive amendments and final approval in 2015. The issue of women and children is mentioned in the document in several segments. In Brazil, for over a decade the government has been using the Pluriannual Plan (PPA) as a model to guide economic growth and social inclusion (BRASIL, 2015).

The 2016-2019 PPA reinforces the national commitment with the reduction of inequalities and the creation of opportunities in four strategic axes: education as a pathway for citizenship; social inclusion with improved distribution of access to public facilities and services; increase of productivity and economic competitiveness; and strengthening of the Unified Health System (*Sistema Único de Saúde* – SUS).

A fundamental question is to identify which instance of the federal government will administrate the 2016-2019 PPA on one hand, and on the other hand the 2030 Development Agenda and the SDGs in Brazil, as proposed among the questions listed above. The synergy between those two management processes may render easier the achievement of the targets stipulated in both documents and, ultimately, realize effective contribution to the improvement of life and health conditions of women, children and adolescents in the country.

On the other hand, there will be the need for a coordinated mobilization of technical capacities and possible financial contribution by the United Nations Agencies in the country, including development banks, such as the Inter-American Development Bank (IDB) and International Bank for Reconstruction and Development (IBRD), to the implementation of the process of the

2030 Agenda and its SDGs in the country. Whereas the Government needs to organize the demands as to avoid unarticulated issuing to the UN Agencies, these should abdicate plans that are defined within their global central instances and work in alignment with the priorities defined by the country. Operating as 'one sole UN' — a guidance the system has been seeking to apply for the last years — in consonance with the central guidance of the Brazilian 2030 Agenda, rather than with the 'ministries-clients' by theme affinity as many times occurs, the results will certainly be improved.

The same is expected from the development agencies of developed countries and regions, such as the United States, Canada, European Union, Nordic countries and others, that operate in Brazil. It is fundamental to create a 'single negotiating table in support of development' in which every agency would abdicate their plans, defined as global guidance in the country of origin, to work in alignment with the Brazilian 2030 Agenda. Also international NGOs should receive the call for the same kind of guidance

— namely those that operate more strongly in the country.

A clear 2030 National Development Agenda and a strategy for the achievement of the SDGs and their targets in the country, articulated with the 2016-2019 PPA, built with the contribution of all governmental organisms pertaining to the federal, state and municipal spheres and the civil society, is the first and fundamental movement for the achievement of the SDGs in Brazil, not as a mere commitment to the global community, but mainly to the Brazilian nation.

A privileged space for the debate on women's, children's and adolescents' health in the national development agenda is the 15th National Health Conference gathering, in December 2015 in Brasília, representatives of government, civil society and private sector, for a pact that shall transcend the necessary changes in the health system to attain, also, the 'causes of causes' of the population's health problems and of the health and social protection systems; in other worlds, the social determinants of health. s

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