

**“HEALTHY CITIZENS
ARE THE GREATEST ASSET
ANY COUNTRY
CAN HAVE”**

Winston Churchill



**“OF ALL FORMS OF
INEQUALITY, INJUSTICE IN
HEALTH CARE IS THE MOST
SHOCKING AND INHUMAN.”**

Rev. Martin Luther King Jr.

Reflection

The **third Sustainable Development Goal (SDG)** clearly states that by 2030 we want to live on a planet where everyone has access to what promotes good mental and physical health all throughout their lives, no matter where they were born. Thirteen Goal 3 targets build on the progress made during the Millennium Development Goals (MDGs) with a new focus on non-communicable diseases and the achievement of universal health coverage. Included in the targets are - maternal, newborn, child and adolescent health; infectious diseases and neglected tropical diseases, mental health and substance abuse.

<http://www.un.org/sustainabledevelopment/health/>

Tackling non-communicable diseases such as heart disease, cancer and diabetes, as well as cutting deaths from violence or road traffic accidents will pose far more challenges than those encountered with child or maternal survival. It will mean addressing commercial and other interests which stand to gain from the marketing of sugary drinks, unhealthy foods, cigarettes and alcohol, as well as those industries which profit from ‘dirty development’. Of course, our life-styles have a huge impact on our general health and there is a big difference between the issues of ill-health which are self-inflicted and those caused by poverty and deprivation.



Global life expectancy for children born in 2015 was 71.4 years (73.8 years for females & 69.1 years for males), but **an individual child’s outlook depends on where he or she is born**. The 2016 World Health Statistics report shows that new-borns in 29 countries – all of them high-income -- have **an average life expectancy of 80 years or more**, while new-borns in 22 others – all of them in sub-Saharan Africa -- have **life expectancy of less than 60 years**.



Health is a fundamental human right and a key indicator of a country’s commitment to sustainable development. Poor health threatens children’s rights to education, limits economic opportunities and increases poverty within communities around the world. In addition to being a cause of poverty, health is impacted by poverty and is strongly connected to other aspects of sustainable development, including water and sanitation, gender equality, climate change and peace and stability.

“The world has made great strides in reducing needless suffering and premature deaths arising from preventable and treatable diseases. But the gains have been uneven. Supporting countries to move to universal health coverage based on strong primary care is the best thing we can do to make sure no-one is left behind.”



Dr Margaret Chan, Director-General of WHO

<http://www.who.int/mediacentre/news/releases/2016/health-inequalities-persist/en/>



Pope Francis, highlights this global inequality and the “*impact of present imbalances seen in the premature death of many of the poor . . . in any number of problems which are insufficiently represented on global agendas.*” (LS 48)

Some health-care issues in Pakistan can be easily remedied while others are more complicated.

Polio: All children need to receive polio drops. In the civil hospitals, this is a free service but some do not avail of it because of rumors which have been spread about its consequences. Parents need to be made aware of the reasons for giving the drops to their children and of precisely what is involved. The national media could be used to do this.



Environmental awareness: Public areas need to be kept clean. People keep their homes neat and clean but in other places litter and waste materials are thrown carelessly. In Cantonment areas, there is a system for collection of refuse but in most other areas there is no such system. Unmanaged piles of rubbish are a breeding ground for vermin and harmful insects which can cause disease.

Affordable Medicines: Many people die of health complaints due to lack of money. Some hospitals are free but still people have to buy medicines which can be expensive. Great improvement was made in the fight against T.B. by supplying free medicine to people who could not afford it. Could a similar scheme be introduced for other life-threatening conditions?

WHAT CAN WE DO?

- We can advise parents to allow their children avail of polio drops.
- We can train our students to re-use, reduce, re-cycle.
- We can raise awareness of the need for hygiene - personal and environmental.
- We can encourage people to approach their public representatives, highlighting these issues and offering possible plans towards finding a solution.
- We can approach people of power and influence in our own countries and support their efforts in the drive towards achieving the SDGs.



The **South Presentation Annalist** tells us, “*thus did she (Nano) devote her person and her wealth to the gratuitous instruction of the poor and destitute little ones of the Lord.*” As well as her schools, Nano brought her compassionate presence to homeless and sick women in their homes, garrets and mud as she trod the unlit alleyways of Cork at night.

Nano Nagle’s dream, like that of Jesus was that all would be able to participate fully in the banquet of life and like Jesus she engaged in a ministry of radical social change so that this could happen.

Social change involves changing our own attitude and hearts. What attitudes must I change so that I can have a heart like the heart of God for the poor?

Questions for reflection and sharing:

1. What does SDG 3 tell you about the mission of God in the world today?
2. Meditating on the SDG 3 targets, what would Jesus say ought to be your country’s health focus?
3. Nano Nagle’s Presentation charism is global. Where would she want her sisters to serve “*the destitute and little ones*” today?

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