G2O
BRASIL 2024
BUILDING A JUST WORLD AND A SUSTAINABLE PLANET

Creating Synergies between the 2030 Agenda for Sustainable Development and the G20

Health Module

SUSTAINABLE DEVELOPMENT GOALS

IBGE

Ministry of Planning and Budget
Brazilian Institute of Geography and Statistics - IBGE

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IBGE

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Foreword

The publication **Creating Synergies between the 2030 Agenda for Sustainable Development and the G20**, published by the Brazilian Institute of Geography and Statistics - IBGE, introduced a collection of thematic modules in 2024[1], year in which Brazil assumed, for the first time, the Presidency of the Group of Twenty, the G20[2].

This volume, dedicated to **Health**, follows the themes included in the previous modules - **Inequalities**, **Environment** and **Maps** - and aims at presenting selected information for countries that comprise the G20, since these statistics are available in the Global Sustainable Development Indicators Database (Global SDG Indicators Database), of the United Nations, as well as others, produced by internal sources that contemplate such theme in Brazil.

The results of the indicators now selected highlight the position of Brazil in relation to the other G20 countries and also reveal the regional differences within the National Territory. Altogether, they support discussions and actions for the eradication of poverty, the protection of the environment and climate, and the guarantee that every person, in every place, can enjoy peace and prosperity.

The United Nations are contributing to the SDGs aiming at meeting the 2030 Agenda, whose ambitious vision professes a world free of misery, hunger, violence, inequalities, unemployment and environmental degradation, among other challenges faced by humanity. The core principles of this initiative are the complete and permanent sovereignty of each State, as well as universality and integrated development. The commitments, in turn, are declared in the goals and targets selected, which should be shared among the countries, and are also expressed in the reassurance of human rights, including the right to development and international law.

This module shows the results available for some SDG 3 indicators. As a result, the IBGE, in partnership with the Ministry of Health, continues to fulfill its institutional role of providing the information required to the knowledge of the Brazilian reality and to the exercise of citizenship.

Marcio Pochmann
President of the IBGE

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[1] The thematic modules that comprise the collection are also available on the IBGE portal on the Internet.

[2] The term of the Brazilian Presidency of the G20, which lasts one year, began on December 1st, 2023, ending on November 30, 2024.

Introduction

Created in 1999, the G20 comprises 19 countries[3] and two regional organizations - the European Union and the African Union. Constituted as a Forum for global economic cooperation, it has expanded its scope of action beyond the economic domain, which includes dealing with issues related to sustainable development, such as climate change, agriculture, health and energy, among others.

The 2030 Agenda for Sustainable Development was signed by UN Member States in September 2015. It is a Plan of Action focused on **people**, **planet** and **prosperity**, and that depends on **partnerships** and **peace** for its completion (the five Ps of the Agenda). A total of 17 Goals, 169 targets and 231 global indicators are assessed to monitor the advance of the Agenda.

In 2016, the G20 members endorsed the 2030 Agenda, creating the Development Working Group, which is its coordinating body. The construction of resilient health systems, aiming at the Sustainable Development Goals - SDGs, was the theme of the Health Working Group in the G20 during the Brazilian Presidency[4].

In Brazil, the IBGE has worked to produce global indicators and monitor the 2030 Agenda in the country, in cooperation with other producers of official data, like the Ministry of Health, as well as seating in several international groups on this theme. One example is the Inter-Agency and Expert Group on Sustainable Development Goal Indicators IAEG-SDGS), coordinated by the United Nations Statistics Division - UNSD, in which the IBGE represents Brazil, Mercosur countries and Chile, becoming co-chair in 2023.

The product resulting from this cooperative effort is the SDG Brazilian Platform[5], which currently produces a full set of 132 indicators to follow up on the 2030 Agenda in Brazil. The indicators adopt internationally established methodologies and patterns and are calculated with regularly produced official national data. In this context, the IBGE launched the collection **Creating Synergies between the 2030 Agenda for Sustainable Development and the G20** in 2024, releasing three initial modules: **Inequalities**, **Environment** and **Maps**.

This document, dedicated to Health, continues the collection and aims at presenting the results of some indicators related to mortality and vaccination coverage of SDG 3. As an initial step, data of the G20 countries are compared for every indicator selected, highlighting the position of Brazil in relation to the other countries, followed by specific information for Brazil, according to the Major Regions and Federation Units, depending on the indicator.

As a result, evidence for discussions on the health agenda under the scope of the G20 Working Group should be provided, since this theme is yet to be discussed in the G20 Presidency in South Africa[6], thus expanding its visibility in the full set of the SDGs.

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[3] South Africa, Germany, Saudi Arabia, Argentina, Australia, Brazil, Canada, China, South Korea, United States, France, India, Indonesia, Italy, Japan, Mexico, United Kingdom, Russia and Turkey.

[4] The term of the Brazilian Presidency of the G20, which lasts one year, began on December 1st, 2023, ending on November 30, 2024.

[5] Available from: https://odsbrasil.gov.br.

[6] For more detailed information about this theme, please visit: https://g20.org/track/health/.

A portrait of the population's health conditions by means of SDG indicators

3 GOOD HEALTH AND WELL-BEING

SDG 3 Ensure healthy lives and promote well-being for all at all ages

Put in efforts to develop harmonized methodologies for health indicators to support decisions as to the implementation and monitoring of public policies aimed at preventing and reducing morbidity and mortality, and at maintaining universal public health systems in order to guarantee the right to a dignified life and promote well-being for all at all ages.
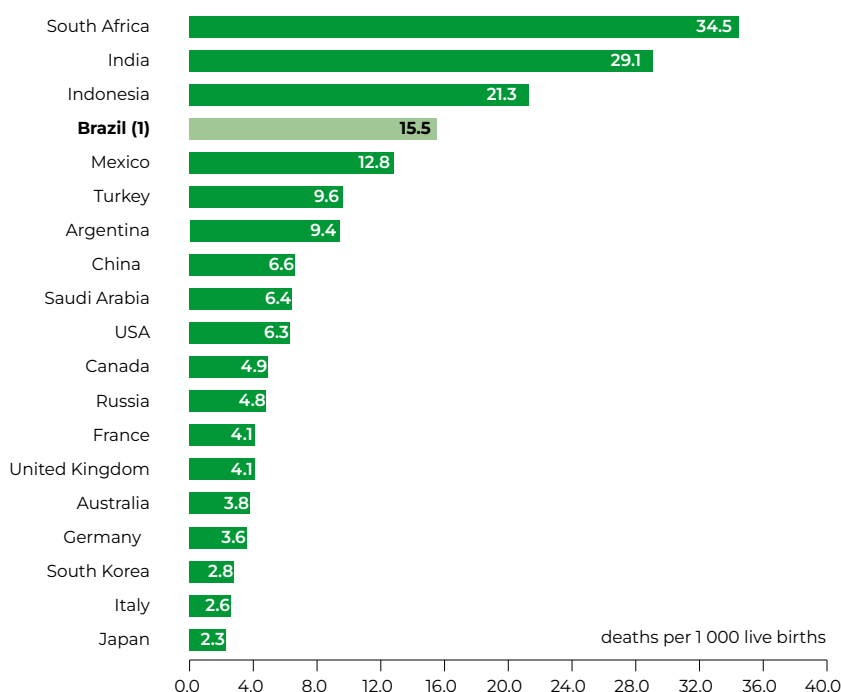
Target 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births

Indicator 3.2.1 Under-5 mortality rate

The mortality rate for those under 5 years of age (or child mortality rate) refers to the number of deaths of those under 5 years of age, per 1 000 live births, in the population living in a certain geographical area, in the year considered. In other words, death risk of live births is estimated during the first five years of life. In general, this indicator expresses the socioeconomic development, the environmental infrastructure and the quality of the resources available to mother-to-child health care. Once high, the rates point out a high incidence of factors that lead to child malnutrition, associated infections and/or the poor means of subsistence of the family and situations of inequality. Nevertheless, reduced rates might hide bad life conditions in specific social segments.

Indicator 3.2.1
Under-5 mortality rate in the G20 member countries 2022

Country	deaths per 1 000 live births
South Africa	34.5
India	29.1
Indonesia	21.3
Brazil (1)	15.5
Mexico	12.8
Turkey	9.6
Argentina	9.4
China	6.6
Saudi Arabia	6.4
USA	6.3
Canada	4.9
Russia	4.8
France	4.1
United Kingdom	4.1
Australia	3.8
Germany	3.6
South Korea	2.8
Italy	2.6
Japan	2.3

Sources: 1. UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.2.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Aug. 2024. 2. BRASIL. Ministério da Saúde. Taxa de mortalidade em menores de 5 anos. *In*: IBGE. *ndicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.2.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador321. Cited: Aug. 2024.

(1) Data from the Information System on Mortality - SIM and from the Information System on Live Births - SINASC, of the Ministry of Health.

The data available on the SDG Brazilian Platform[7] reveal that, in 2022, last year available for the time series, the mortality rate of those under 5 years of age in Brazil (15.5 per 1 000 live births) was below the target established (25 per 1 000 live births). However, among the G20 countries listed in the Global SDG Indicators Database of the United Nations[8], it was the fourth highest rate, losing only to South Africa (34.5‰), India (29.1‰) and Indonesia (21.3‰). The other countries from Latin America, Mexico and Argentina, registered lower rates, 12.8‰ and 9.4‰, respectively. For the purpose of comparison, the global rate was 37‰ in 2022, according to the last report of the United Nations on the SDGs (United Nations, 2024b).

For a regional view of the statistics in Brazil, the following graph shows the mortality rate estimates for those under 5 years of age per Federation Unit in 2022. The data point out that Roraima showed the highest child mortality rate, registering 25.1 deaths per 1 000 live births, followed by Amapá (23.5‰) and Acre (21.5‰). The States with child mortality rates higher than the national average include, in addition to the first three, Amazonas, Sergipe, Piauí, Maranhão and Paraíba, all of them with rates above 19.0‰. On the other hand, the Federation Units with the lowest rates are Santa Catarina (11.5‰), Federal District, Rio Grande do Sul (12.2‰) and Paraná (12.5‰). It is worth noting that the States of the North Region showed indicators higher than the national average. In addition, Roraima recorded an infant mortality rate higher than 25‰, the target of this SDG.

Indicator 3.2.1
Under-5 mortality rate, by Federation Unit
Brazil
2022
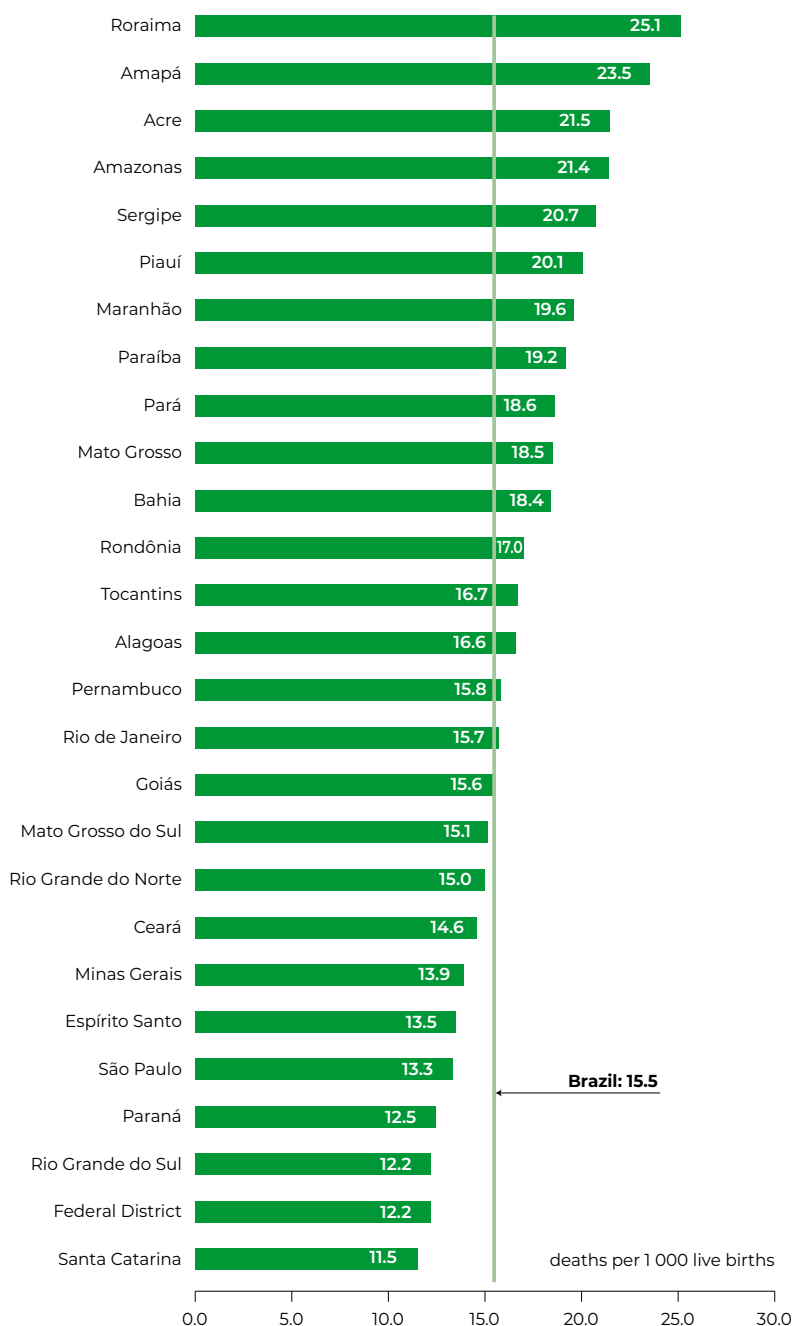
Source: BRASIL. Ministério da Saúde. Taxa de mortalidade em menores de 5 anos. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.2.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador321. Cited: Sept. 2024.
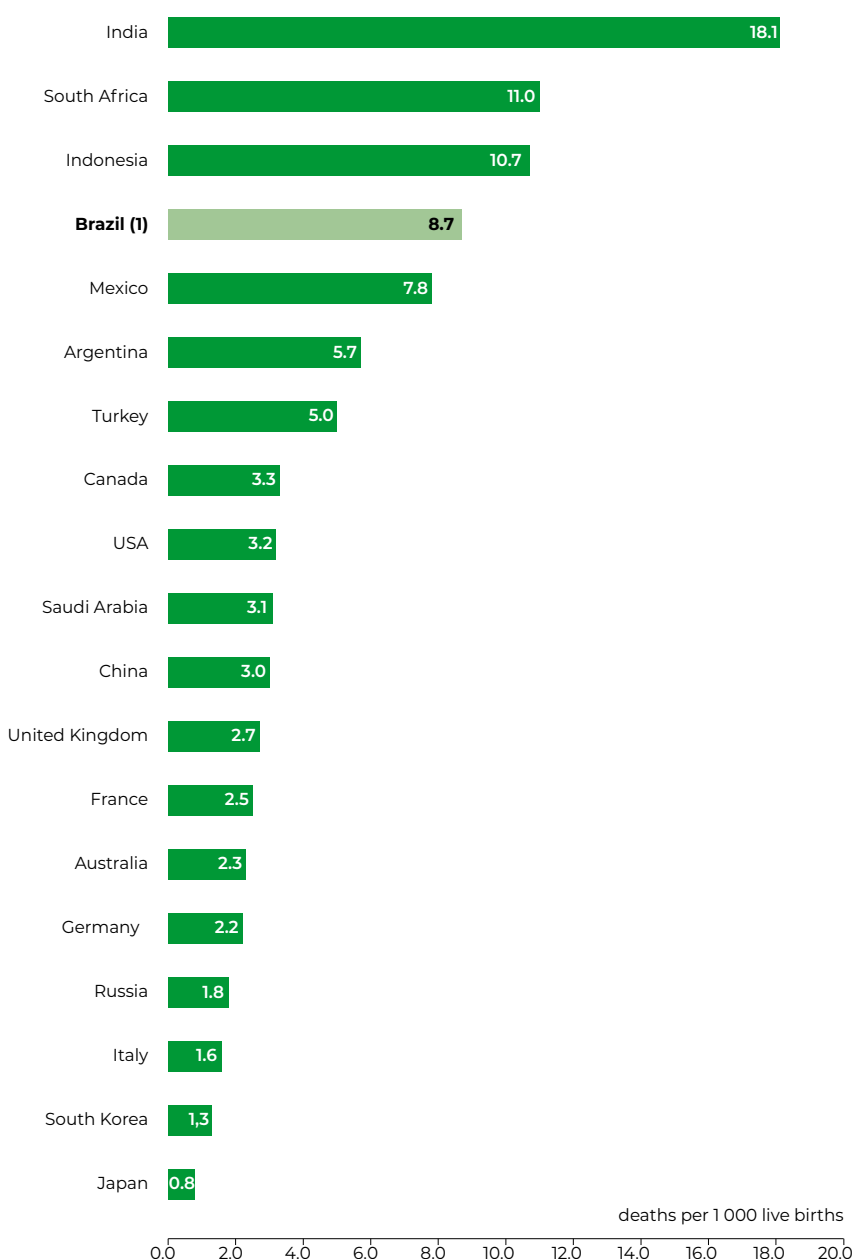
Note: Data from the Information System on Mortality - SIM and from the Information System on Live Births - SINASC, of the Ministry of Health.

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7   Available from: https://odsbrasil.gov.br/objetivo3/indicador321.

8   Available from: https://unstats.un.org/sdgs/dataportal/database.

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Indicator 3.2.2 Neonatal mortality rate

The neonatal mortality rate refers
to the ratio between the number of
deaths of residents up to 27 days of
life completed and the number of live
births from resident mothers[9] in every
1 000 live births. This age group stands
out for becoming a priority in public
policies and actions in situations of
decrease in the relative importance
of the reasons of post-neonatal infant
mortality (28 to 364 days of life) and/
or with the reduction of the mortality
in the group between 1 and 4 years
of age. The target established by the
United Nations for this SDG was 12‰.
In 2022, the estimate of the Brazilian
neonatal mortality rate stayed at
8.7‰. Like in infant mortality, Brazil
is already below the target, though
still among the highest rates of the
G20 countries, standing only behind
India (18.1‰), South Africa (11.0‰) and
Indonesia (10.7‰). We also had the
worst indicator among the other Latin
American member countries of the
G20: in Mexico the neonatal mortality
rate stayed at 7.8‰ and, in Argentina,
at 5.7‰. The global rate reached 17‰
in 2022, according to the last report
of the United Nations on the SDGs
(United Nations, 2024b).

Indicator 3.2.2
Neonatal mortality rate in the G20 member countries
2022

Country	Rate
India	18.1
South Africa	11.0
Indonesia	10.7
Brazil (1)	8.7
Mexico	7.8
Argentina	5.7
Turkey	5.0
Canada	3.3
USA	3.2
Saudi Arabia	3.1
China	3.0
United Kingdom	2.7
France	2.5
Australia	2.3
Germany	2.2
Russia	1.8
Italy	1.6
South Korea	1,3
Japan	0.8

deaths per 1 000 live births

Sources: 1. UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator
3.2.2. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Aug. 2024. 2. BRASIL.
Ministério da Saúde. Taxa de mortalidade neonatal. *In*: IBGE. *Indicadores Brasileiros para os Objetivos
de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.2.2. Available from:
https://odsbrasil.gov.br/objetivo3/indicador322. Cited: Sept. 2024.

(1) Data from the Information System on Mortality - SIM and from the Information System on Live
Births - SINASC, of the Ministry of Health.

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[9]   Both variables amended by the Active Search, of the Secretariat of Surveillance in Health and Environment, of the Ministry of Health.
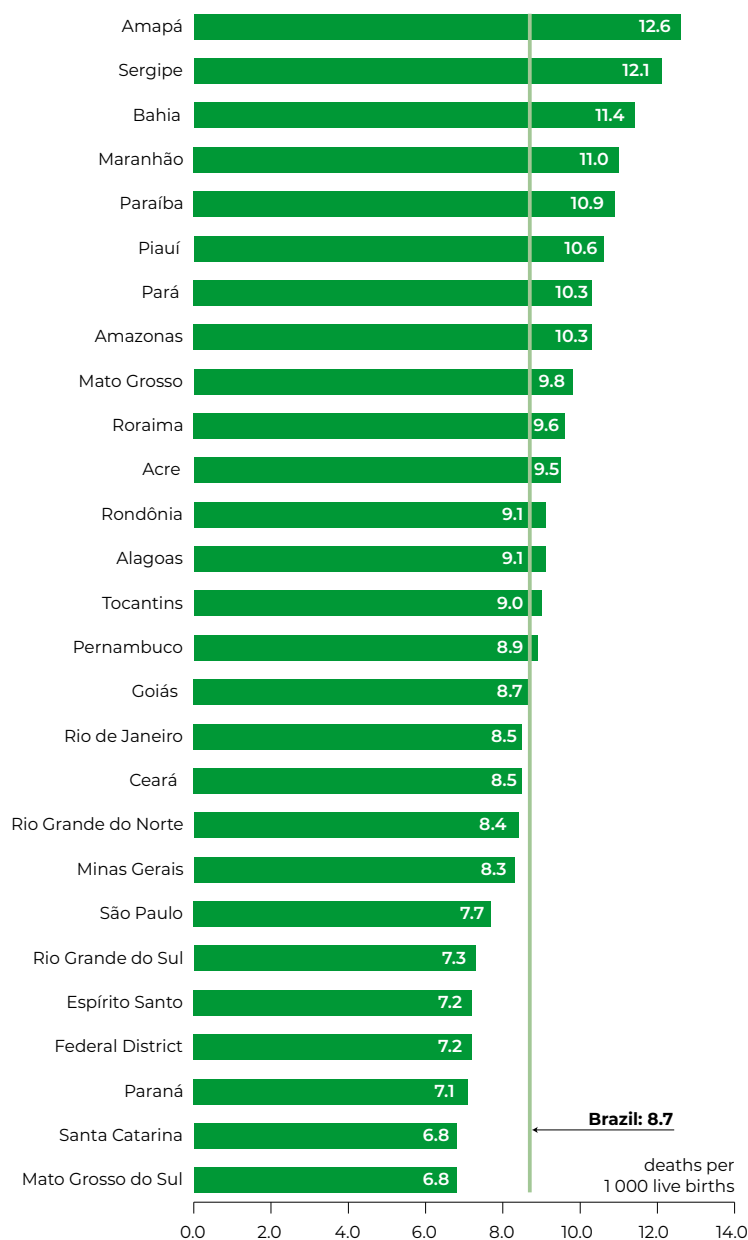
In order to explore the regional performance of the indicator in Brazil, the following graph shows estimates of the neonatal mortality rate per Federation Unit in 2022. Once again, all the States of the North Region showed indicators above the national average (8.7‰). Two States had neonatal mortality rate above the target of this SDG: Amapá (12.6‰) and Sergipe (12.1‰).

Indicator 3.2.2
Neonatal mortality rate, by Federation Unit
Brazil
2022

Federation Unit	Rate
Amapá	12.6
Sergipe	12.1
Bahia	11.4
Maranhão	11.0
Paraíba	10.9
Piauí	10.6
Pará	10.3
Amazonas	10.3
Mato Grosso	9.8
Roraima	9.6
Acre	9.5
Rondônia	9.1
Alagoas	9.1
Tocantins	9.0
Pernambuco	8.9
Goiás	8.7
Rio de Janeiro	8.5
Ceará	8.5
Rio Grande do Norte	8.4
Minas Gerais	8.3
São Paulo	7.7
Rio Grande do Sul	7.3
Espírito Santo	7.2
Federal District	7.2
Paraná	7.1
Santa Catarina	6.8
Mato Grosso do Sul	6.8

Brazil: 8.7

deaths per 1 000 live births

Source: BRASIL. Ministério da Saúde. Taxa de mortalidade neonatal. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.2.2. Available from: https://odsbrasil.gov.br/objetivo3/indicador322. Cited: Sept. 2024.

Notes: Data from the Information System on Mortality - SIM and from the Information System on Live Births - SINASC, of the Ministry of Health.

Target 3.4 By 2030, reduce by one third premature mortality from
non- communicable diseases through prevention and treatment,
and promote mental health and well-being

Indicator 3.4.1 Mortality rate attributed to cardiovascular disease,
cancer, diabetes or chronic respiratory disease

Among the selected countries,
Brazil showed, in 2019, a mortality
rate attributed to circulatory system
diseases, malignant tumors, diabetes
mellitus and chronic respiratory
diseases of 15.0%. The statistics of
SDG 3.4.1 was assessed considering
the geography and quinquennial
age groups from 30 to 69 and deaths
attributed to Non-Communicable
Chronic Diseases (NCDs) comprise:

- Circulatory system diseases[10];

- Malignant neoplasias [tumors][11];

- Respiratory system diseases[12]; and

- Diabetes mellitus[13].

These codes gather the main causes
of death in Brazil and they are mainly
related to eating habits and lifestyles
of persons, like high consumption
of ultra-processed food, over-
consumption of salt, sugar, saturated
fat and alcohol, sedentary and/or
stressed life, and smoking.

Having registered 24.8%, Indonesia
recorded the highest mortality
rate attributed to NCDs among the
countries under analysis, which
corresponded, in 2019, to 1.6 times
the Brazilian indicator. The country
with the lowest mortality rate
was South Korea, reaching 7.3%.
In this case, the Korean indicator
corresponded to 0.5 of the Brazilian
statistics.

Indicator 3.4.1

Mortality rate attributed to cardiovascular disease, cancer, diabetes
or chronic respiratory disease in the G20 member countries (%)
2019
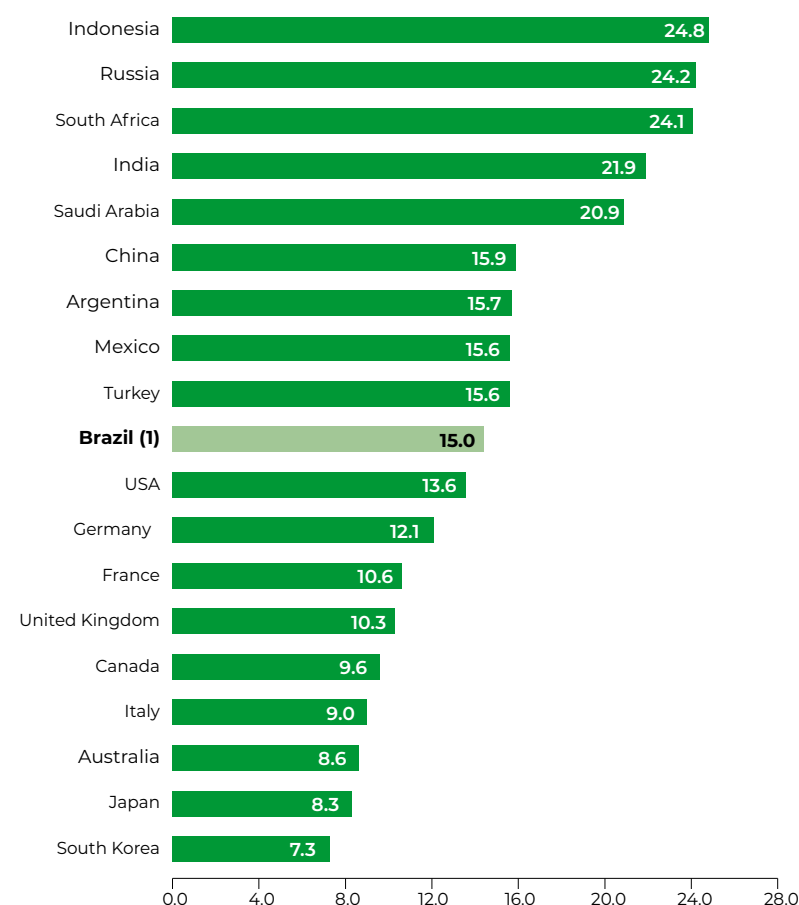
Sources: 1. UNITED NATIONS. Statistics Division. SDG *Indicators Database.* New York, 2024.
Indicator 3.4.1. Available from: https://unstats.un.org/sdgs/indicators/databaseLegacy. Cited: Aug.
2024. 2. BRASIL. Ministério da Saúde. Taxa de mortalidade por doenças do aparelho circulatório,
tumores malignos, diabetes mellitus e doenças crônicas respiratórias. *In*: IBGE. *Indicadores
Brasileiros para os Objetivos de Desenvolvimento Sustentáve*l. Rio de Janeiro, 2024. Indicador
3.4.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador341. Cited: Sept. 2024.

(1) Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the
IBGE's Population Projections for Brazil and Federation Units by Sex and Age, 2018 Revision.

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[10]   Codes of the International Classification of Diseases - ICD-10: I00-I99.

[11]   ICD-10 codes: C00-C97.

[12]   ICD-10 codes: J00-J99, except J36 (Peritonsillar abscess).
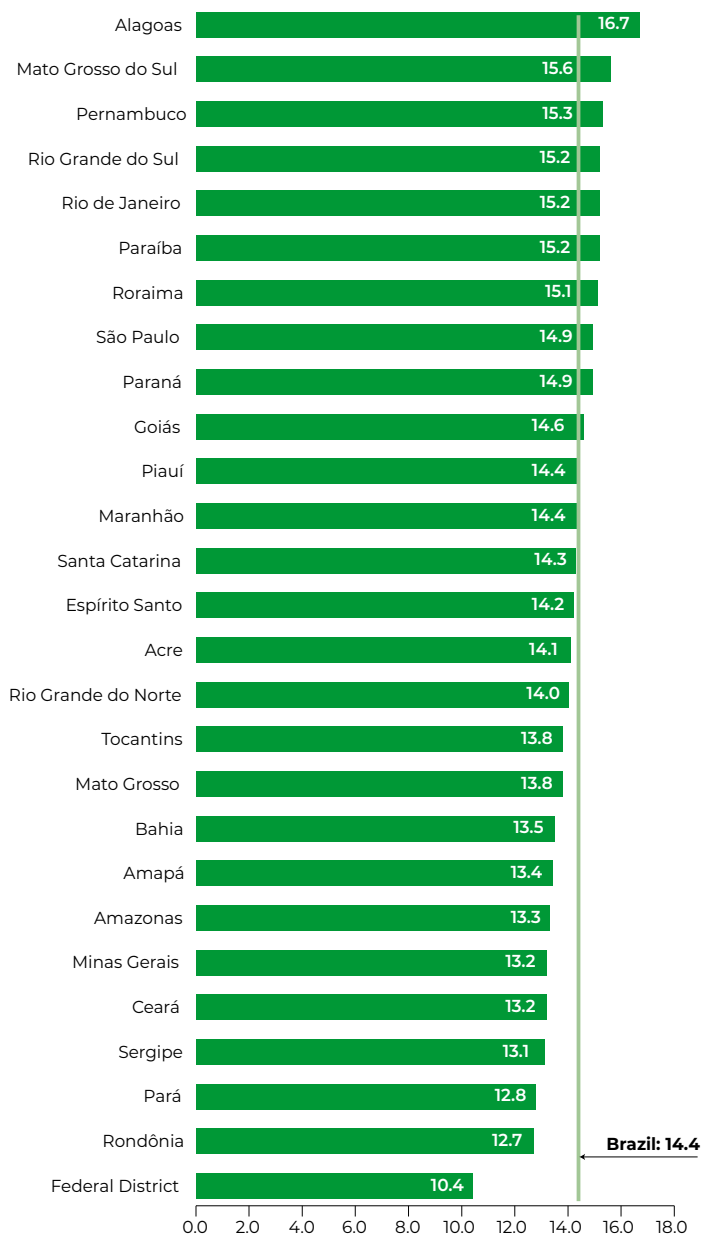
[13]   ICD-10 codes: E10-E14.

In the regional analysis, in 2022, it should be highlighted that Alagoas, with 16.7%, registered the highest mortality rate attributed to NCDs in Brazil, being this indicator 1.2 times higher than the Brazilian average (14.4%). The Federal District stood

out with a mortality rate of 10.4%, recording a difference of 4.0 percentage points below the Brazilian average, i.e.: a mortality rate nearly 30.0% lower than that of Brazil as a whole was estimated for this Federation Unit. The second State with the lowest mortality rate was Rondônia, with 12.7%, being this indicator 11.1% lower than the Brazilian average.

Indicator 3.4.1

Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease, by Federation Unit (%)
Brazil
2022

Federation Unit	Value
Alagoas	16.7
Mato Grosso do Sul	15.6
Pernambuco	15.3
Rio Grande do Sul	15.2
Rio de Janeiro	15.2
Paraíba	15.2
Roraima	15.1
São Paulo	14.9
Paraná	14.9
Goiás	14.6
Piauí	14.4
Maranhão	14.4
Santa Catarina	14.3
Espírito Santo	14.2
Acre	14.1
Rio Grande do Norte	14.0
Tocantins	13.8
Mato Grosso	13.8
Bahia	13.5
Amapá	13.4
Amazonas	13.3
Minas Gerais	13.2
Ceará	13.2
Sergipe	13.1
Pará	12.8
Rondônia	12.7
Federal District	10.4

Brazil: 14.4

Source: BRASIL. Ministério da Saúde. Taxa de mortalidade por doenças do aparelho circulatório, tumores malignos, diabetes mellitus e doenças crônicas respiratórias. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável.* Rio de Janeiro, 2024. Indicador 3.4.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador341. Cited: Sept. 2024.

Note: Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the IBGE's Population Projections of Brazil and Federation Units, by Sex and Age, Revision 2018.

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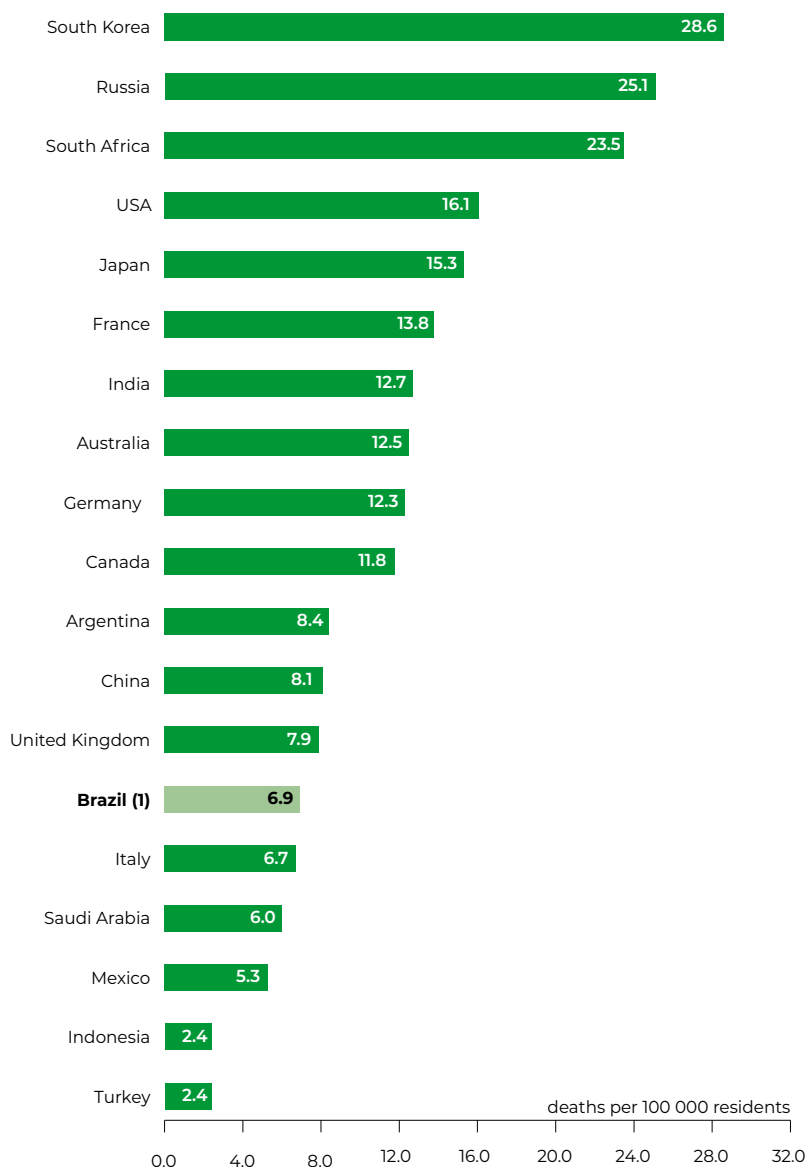
Indicator 3.4.2 Suicide mortality rate

The suicide mortality rate, indicator 3.4.2, consists of the number of deaths (5 years of age and over) from purposely self-inflicted injury[14] and sequelae of intentional self-harm[15], per 100 000 residents, in the total resident population aged 5 and over, in a given geographical area, in the year considered.

It is observed that, in 2019, Brazil was in the sixth lowest position among G20 member countries, with a rate of 6.9 suicides per 100 000 residents aged 5 and over. According to the United Nations, in 2019, South Korea had the highest indicator in this group, with 2.6 deaths per 100 000 residents, whereas Turkey was in the lowest position, with 2.4 deaths per 100 000 residents. It is worth mentioning that a difference of 26.2 occurrences per 100 000 residents separates South Korea and Turkey, that is, in the former, approximately 12 times more persons committed suicide than in the latter, in the same period.

Indicator 3.4.2
Suicide mortality rate in the population aged 5 and over in the G20 member countries
2019

Country	deaths per 100 000 residents
South Korea	28.6
Russia	25.1
South Africa	23.5
USA	16.1
Japan	15.3
France	13.8
India	12.7
Australia	12.5
Germany	12.3
Canada	11.8
Argentina	8.4
China	8.1
United Kingdom	7.9
Brazil (1)	**6.9**
Italy	6.7
Saudi Arabia	6.0
Mexico	5.3
Indonesia	2.4
Turkey	2.4

Sources: 1. UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.4.2. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Aug. 2024. 2. BRASIL. Ministério da Saúde. Taxa de mortalidade por suicídio. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.4.2. Available from: https://odsbrasil.gov.br/objetivo3/indicador342. Cited: Sept. 2024.

(1) Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the IBGE's Population Projections for Brazil and Federation Units by Sex and Age, 2018 Revision.

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[14] ICD codes: X60 - X84 (Purposely self-inflicted injury).

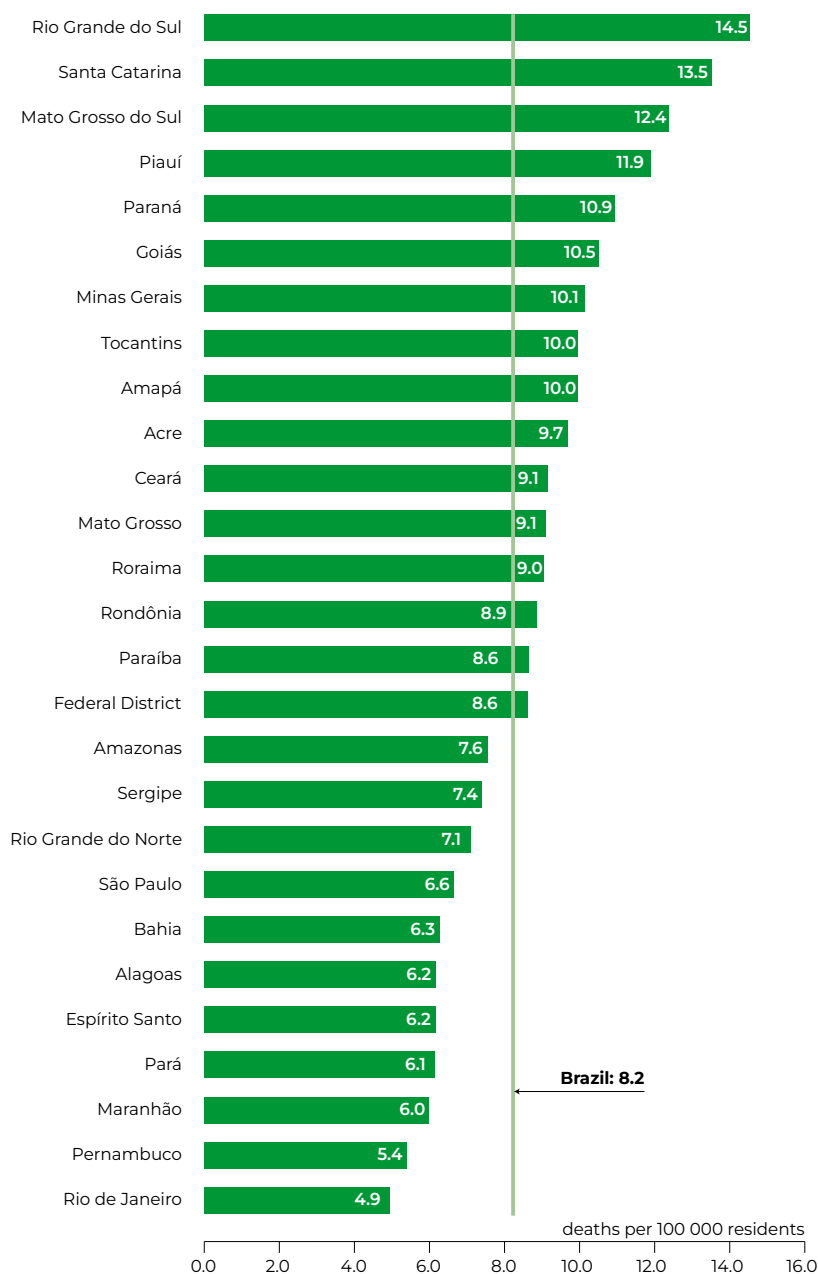[15] ICD codes: Y87.0 (Sequelae of intentional self-harm).

In Brazil, suicide mortality rate increased by 39.0% in the period 2015 - 2022, with 5.9 and 8.2 suicides per 100 000 residents, respectively. Among Major Regions, the Central-West had the biggest increase, 54.5%, with the highest rate found in the South Region, 12.9 suicides per 100 000 residents. In 2022, 16 Federation Units recorded rates above the national average, in Rio Grande do Sul, with 14.5 suicides per 100 000 residents. Rio de Janeiro had the lowest rate in the country, with 4.9 suicides per 100 000 residents.

Indicator 3.4.2
Suicide mortality rate in the population aged 5 and over, by Federation Unit
Brazil
2022

Federation Unit	deaths per 100 000 residents
Rio Grande do Sul	14.5
Santa Catarina	13.5
Mato Grosso do Sul	12.4
Piauí	11.9
Paraná	10.9
Goiás	10.5
Minas Gerais	10.1
Tocantins	10.0
Amapá	10.0
Acre	9.7
Ceará	9.1
Mato Grosso	9.1
Roraima	9.0
Rondônia	8.9
Paraíba	8.6
Federal District	8.6
Amazonas	7.6
Sergipe	7.4
Rio Grande do Norte	7.1
São Paulo	6.6
Bahia	6.3
Alagoas	6.2
Espírito Santo	6.2
Pará	6.1
Maranhão	6.0
Pernambuco	5.4
Rio de Janeiro	4.9

Brazil: 8.2

Source: BRASIL. Ministério da Saúde. Taxa de mortalidade por suicídio. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.4.2. Available from: https://odsbrasil.gov.br/objetivo3/indicador342. Cited: Sept. 2024.

Note: Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the IBGE's Population Projections for Brazil and Federation Units by Sex and Age, 2018 Revision.

Target 3.6 By 2030, halve the number of global deaths and injuries from road traffic accidents
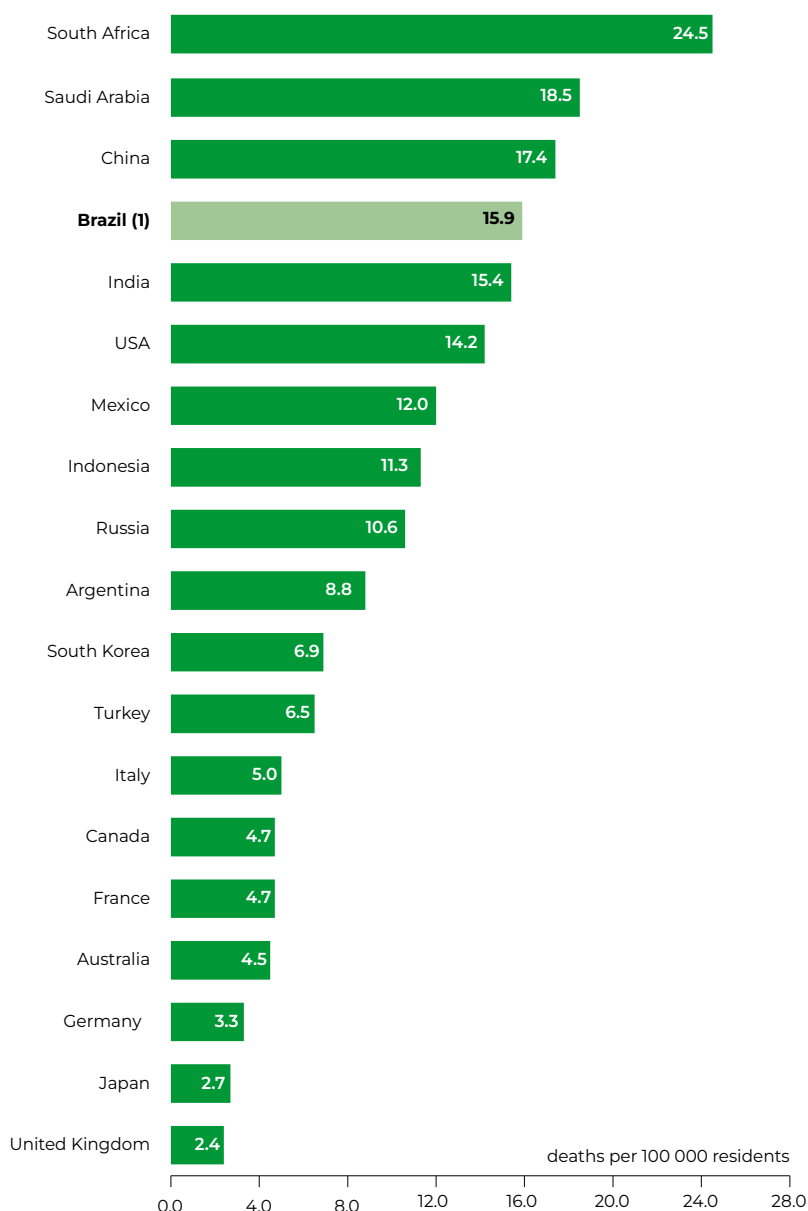
Indicator 3.6.1 Death rate due to road traffic injuries

Death rate due to road traffic injuries, linked to Target 3.6, encompasses the number of deaths in a given geographical area per 100 000 residents[16], in the year considered.

Comparative data of G20 member countries, in 2021, show that Brazil had the fourth highest rate (15.9 per 100 000 residents), ahead of India, which had an estimated rate of 15.4 per 100 000 residents. South Africa reached the highest rate, with 24.5 per 100 000 residents, being 54.1% above the Brazilian indicator, whereas the United Kingdom had a rate of 2.4 per 100 000 residents, that is, 84.9% lower than the death rate due to road traffic injuries in Brazil.

Indicator 3.6.1

Death rate due to road traffic injuries in the G20 member countries 2021

Country	deaths per 100 000 residents
South Africa	24.5
Saudi Arabia	18.5
China	17.4
Brazil (1)	**15.9**
India	15.4
USA	14.2
Mexico	12.0
Indonesia	11.3
Russia	10.6
Argentina	8.8
South Korea	6.9
Turkey	6.5
Italy	5.0
Canada	4.7
France	4.7
Australia	4.5
Germany	3.3
Japan	2.7
United Kingdom	2.4

Sources: 1. UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.6.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Aug. 2024. 2. BRASIL. Ministério da Saúde. Taxa de mortalidade por acidentes de trânsito. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.6.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador361. Cited: Oct. 2024.

(1) Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the IBGE's Population Projections for Brazil and Federation Units by Sex and Age, 2018 Revision.

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[16] Deaths due to traffic injuries correspond to codes ICD-10, V01-V89, relative to road traffic accidents.

In Brazil, death rate due to traffic injuries dropped by 16.9% between 2015 and 2022, having reached 15.8 deaths per 100 000 residents. Among the Major Regions, the biggest decrease was in the Northeast (-21.7%), and the Central-West Region recorded the highest rate, 22.8 deaths per 100 000 residents in 2022. In 16 Federation Units there were rates above the national one, with the highest and the lowest rates observed in Tocantins (33.6 deaths per 100 000 residents) and Amazonas (10.2 deaths per 100 000 residents).

Indicator 3.6.1
Death rate due to road traffic injuries, by Major Region
Brazil

Source: BRASIL. Ministério da Saúde. Taxa de mortalidade por acidentes de trânsito. *In*: IBGE. *Indicadores Brasileiros para os Objetivos de Desenvolvimento Sustentável*. Rio de Janeiro, 2024. Indicador 3.6.1. Available from: https://odsbrasil.gov.br/objetivo3/indicador361. Cited: Oct. 2024.

Note: Data from the Information System on Mortality - SIM, of the Ministry of Health, and from the IBGE's Population Projections for Brazil and Federation Units by Sex and Age, 2018 Revision.

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Target 3.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 the 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

Indicator 3.b.1 Proportion of the target population covered by all vaccines included in their national program

Since 1998, in an effort to strengthen cooperation and minimize the burden on countries, the World Health Organization - WHO and the United Nations Children's Fund - UNICEF collect information cooperatively, by means of a standard questionnaire, the Joint Reporting Form on Immunization, sent to all member countries[17]. The annual data collection occurs between March and May. These and other pieces of information are in the metadata record of indicator 3.b.1 (United Nations, 2023a) which is composed of the following sub-indicators:

- Proportion of the target population (*infants*[18]) who received 3 doses of diphtheria-tetanus-pertussis (DTP3) vaccine;

- Proportion of the target population (children) who received measles-containing-vaccine second dose (MCV2);

- Proportion of the target population (*infants*) who received a 3rd dose of pneumococcal conjugate (PCV3) vaccine; and

- Proportion of the target population who received the final dose of human papillomavirus (HPV) vaccine.

It is important to reinforce distinct aspects of the statistics estimated by WHO and UNICEF based on a survey developed by them and the statistics that are used to monitor National Immunization Plans elaborated and implemented to meet the specificities of countries.

The metadata record of indicator 3.b.1 informs that WHO has the duty of providing global recommendations to member countries on matters of health policies and, therefore, on vaccines and immunization against diseases with an international impact on public health. Countries, in turn, adapt these recommendations and develop National Immunization Plans, based on the local epidemiology of the disease and on national health priorities. National immunization schedules and the number of recommended vaccines vary between countries and the vaccines against DTP, polio and measles are administered in all countries. The target population for a given vaccine is defined according to the recommended age for administration.

The monitoring of all vaccines is a recognized necessity. However, National Immunization Plans have gone through changes, with the update and inclusion of new vaccines and the change of strategies to combat possible epidemics. Besides differences between countries and the updates of immunization policies of populations, other complexities make it difficult to establish a methodology encompassing all the vaccines available for peoples. One example is the difference between the registry systems of the administered doses. Thus, the proposed measurement by WHO focuses on vaccines of more widespread use or on the most important ones regarding the reduction of deaths, especially of children.

The National Immunization Plan - PIN, in Brazil, recommends and develops a national schedule for vaccination, based on the local epidemiology of the disease and national health priorities. The drop of vaccination coverage homogeneity and of vaccination coverage is a process that precedes the COVID-19 pandemic, but efforts were made in that period for the strengthening and improvement of homogeneous vaccination coverage.

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[17] Available from: https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/who-unicef-joint-reporting-process.

[18] The term infants, in English, usually refers to children under one year of age; however, definitions may vary and designate those up to two years of age.

## Diphtheria, tetanus and pertussis/whooping cough (DTP)

Diphtheria is a communicable disease caused by bacteria (*Corynebacterium diphtheriae*), affecting the tonsils, pharynx, larynx, the nose and, occasionally, other parts of the body, such as the skin and the mucosa. The infected person that develops the disease may feel shortness of breath and, in more serious, though rare, cases, they may have swollen neck glands and lymph nodes. Diphtheria was once an important cause of infant mortality and a number of epidemics have been registered throughout the centuries (Santos, 2019).

Tetanus, also a secular disease, according to the *Guia de vigilância em saúde* (*Health surveillance guide*), of the Ministry of Health (Brasil, 2024b), is a serious, non-communicable infection caused by a toxin produced by the bacterium *Clostridium tetani* which is commonly found in animal and human feces, on the earth, in plants and objects. The bacterium can contaminate persons by means of skin lesions (injuries, scratches, animal bites etc.), through which the microorganism may penetrate, and cause accidental tetanus (Brasil, 2019) or contaminate the newly born by means of the use of substances, objects or instruments contaminated during the baby's delivery through the manipulation of the umbilical cord.

Whooping cough is a highly communicable, acute infectious disease, of universal distribution, resulting from contamination by the bacillus *Bordetella pertussis*. It is an important cause of infant morbimortality. It damages mainly the respiratory system (trachea and bronchus), being characterized by crises of dry cough that may lead to convulsions.

Indicator 3.b.1

Proportion of the target population covered by diphtheria, tetanus and pertussis/whooping cough (DTP3) vaccines according to the National Immunization Plans of the G20 member countries (%) 2022
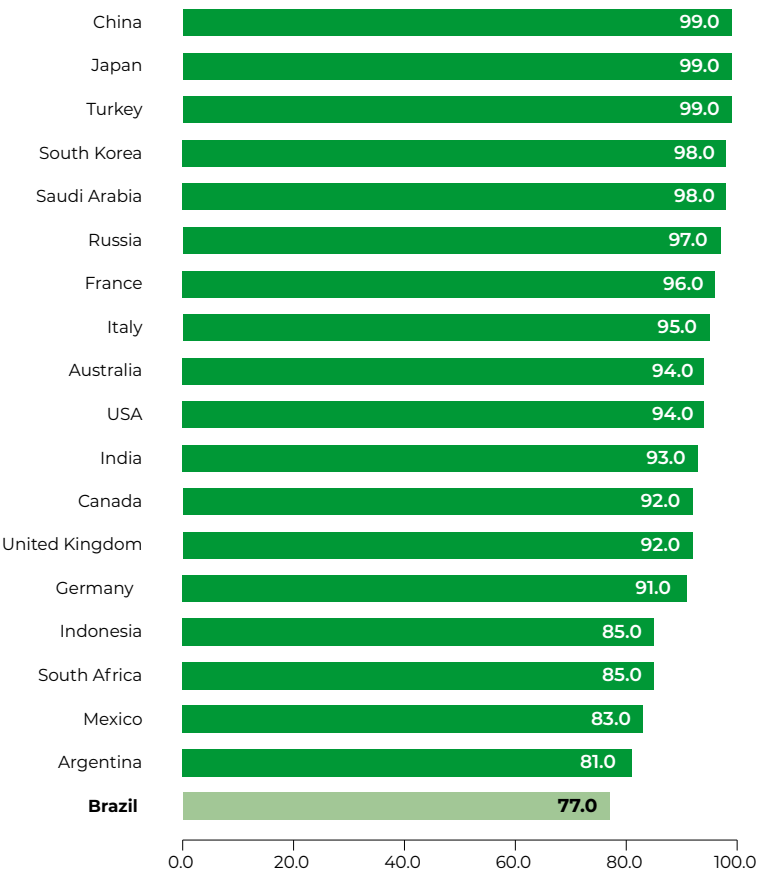
Source: UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.b.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Sept. 2024.

The main form of prevention of these three diseases is the vaccine, and the occurrence of cases is often associated with incomplete vaccination schemes. According to the indicator published by the United Nations, Brazil, among G20 countries, had, in 2022, the lowest coverage rate (77.0% of the target-populations), therefore, below the figures in South Africa (85.0%), Mexico (83.0%) and Argentina (81.0%).

Diphtheria, Tetanus and Whooping Cough (DTP) Vaccine - 1st booster dose
In Brazil, according to the Information System of the PNI, national coverage stood at 78.2%, in 2023. The South Region led the ranking, with 83.9%, while the Northeast Region had a rate of 80.0%. On the other hand, the Central-West (76.1%), Southeast (77.6%) and North, this one with the lowest coverage (70.1%), recorded

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rates below the national average. The graph shows totalsby Major Region of vaccination coverage reduction for these diseases. Brazil, in the comparison between 2015 and 2023, reduced the vaccination coverage rate by 8.9%. Among the Major Regions, the biggest drop was found in the Southeast (-14.0%), and the smallest, in the South (-0.6%); the other ones registered the following results: Central-West (-9.0%); Northeast (-7.2%); and North (-2.1%).

Among the Federation Units, 12 had coverage rates below the Brazilian average in 2023. Besides some states in the North Region (Acre, Pará, Roraima and Amapá), Rio de Janeiro stands out with a rate of 61.7%, the same level reached by Roraima, corresponding to a difference of 16.5 percentage points in relation to the Brazilian average of 78.2%. The Federation Unit recording the smallest coverage was Amapá (52.7%), opposite to Piauí (89.9%), which recorded the biggest coverage.

In summary, coverage of DPT (1st booster dose), recommended for administration at 15 months of age, in 2023, recorded the lowest index, when compared to those of other vaccines/indicators analyzed and

agreed upon for SDG 3. The North Region had the lowest coverage, being the only one with an index below 80%, in 2015, against the figures of Major Regions and the national average.

Indicator 3.b.1
Proportion of the target population covered by diphtheria, tetanus and pertussis/whooping cough vaccines (DTP - 1st booster dose),
by Major Region (%)
Brazil
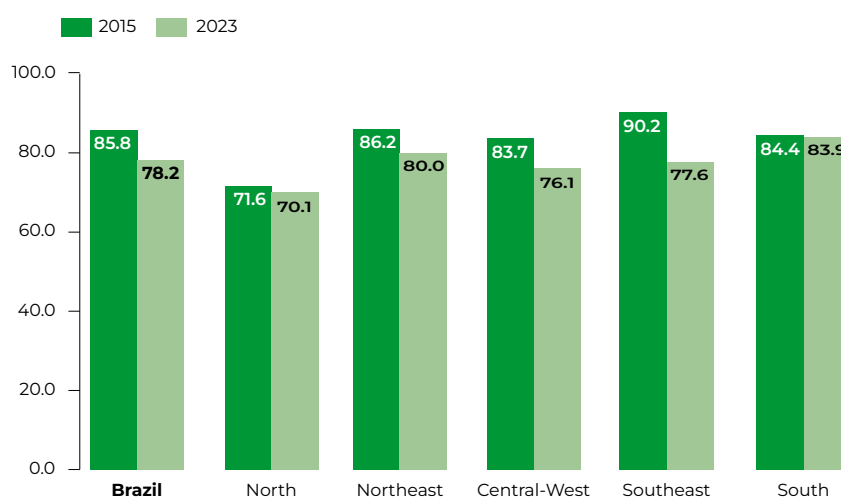
Source: Ministério da Saúde, Secretaria de Vigilância em Saúde e Ambiente, Sistema de Informação do Programa Nacional de Imunizações - SI-PNI e Rede Nacional de Dados em Saúde - RNDS

Indicator 3.b.1
Proportion of the target population covered by diphtheria, tetanus and pertussis/whooping cough vaccines
(DTP - 1st booster dose), by Federation Unit (%)
Brazil
2023
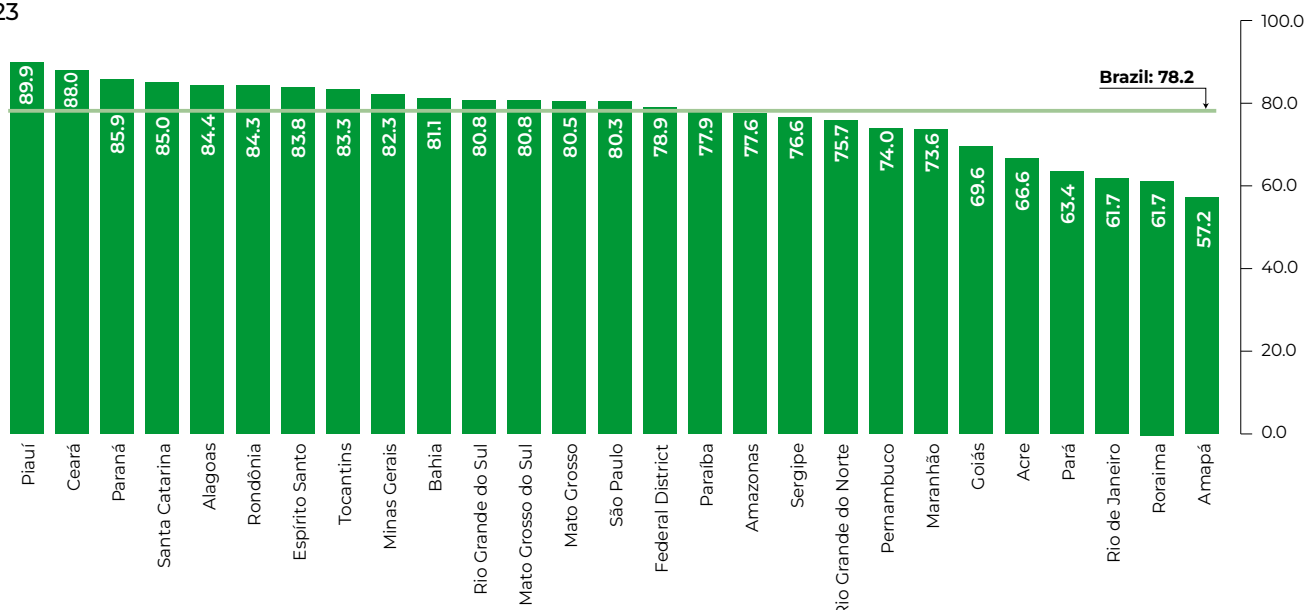
Source: Ministério da Saúde. Rede Nacional de Dados em Saúde - RNDS.

Measles 2nd dose

Measles is a severe infectious disease, caused by the *Morbillivirus*, which is extremely contagious and can lead to death.

Measles has been present for centuries in humanity and, for many years, it has been one of the major causes of morbidity and death among children, especially among those under one year of age. (Domingues *et al.*, 1997; Brasil, 2023?)

According to the calculation methodology of indicator 3.b.1 of SDG 3, the vaccination coverage rate for measles in Brazil was the lowest among the G20 countries in 2022.

In that year, the Brazilian rate was 58.0%, and the difference against the second country with the lowest rate (Indonesia, 67.0%) was 9 percentage points.

Compared to Mexico, with a coverage of 82.0%, the difference corresponded to 24 percentage points. The numbers reinforce the need for increasing vaccination campaigns as a means of public policy against measles infection.

Measles Component Vaccine - MCV (triple viral vaccine)

Measles gained the status of compulsory notification disease in Brazil in 1968. The disease used to be endemic in the country, with epidemics every two or three years. In 1986, year of the greatest epidemic of the decade, 129 942 cases of measles were recorded, which represented an incidence of 97.7 in 100 000 persons. Brazil has defined the extinction of the disease as a priority in its health policy implementing in 1992, the National Plan for Eliminating Measles and the National Vaccination Campaign, in the period from April 22 to May 25 of 1992, when 48 023 657 children and teenagers were vaccinated, reaching a coverage of 96%.

Indicator 3.b.1

Proportion of the target population covered by the measles vaccine (MCV2), according to the National Immunization Plans of the G20 member countries (%)
2022
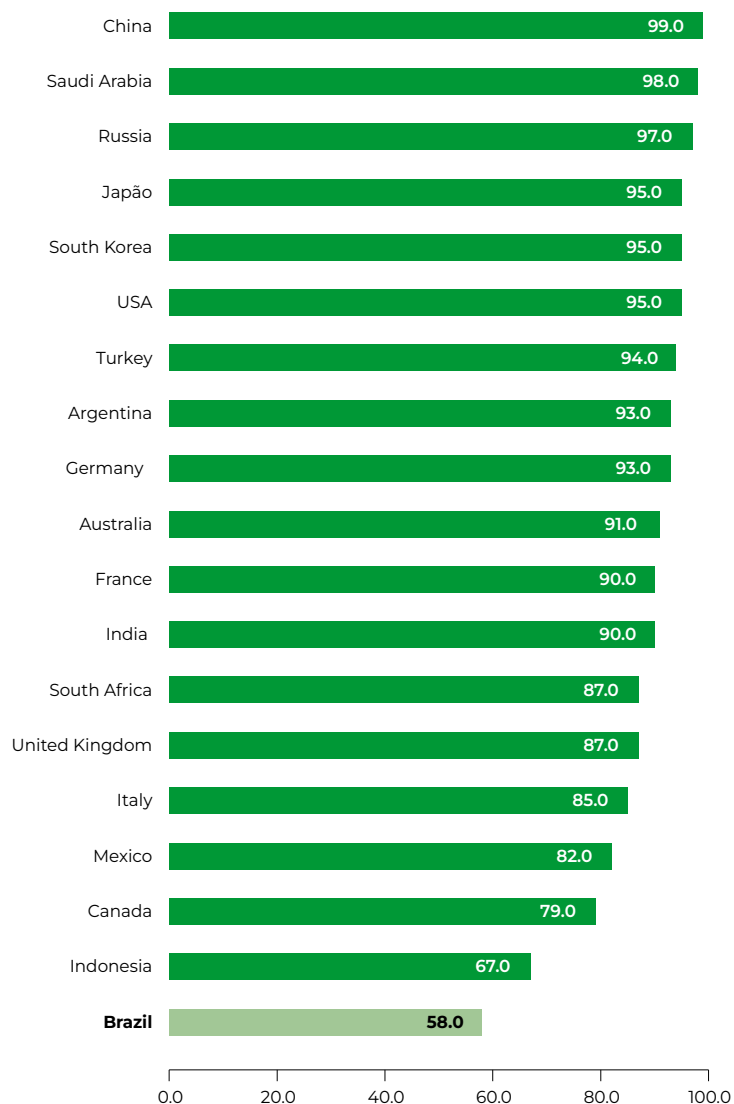
Source: UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.b.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Sept. 2024.

Vaccination against measles in the National Immunization Plan - PNI, which completed 50 years in 2023, is carried out by means of triple viral and tetra viral vaccines. With the vaccination coverage decrease, Brazil went back to recording cases, and, in 2018, the country jumped from 0 cases to more than 10 thousand, concentrated mostly in the North Region.

In 2019, the number of cases doubled to 20 thousand. That year, São Paulo became the center of the Measles outbreak. In the following years, the outbreak lost force, but the disease still circulates in the country (Empresa Brasil de Comunicação, 2023).

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The graph shows the fall in the triple viral vaccination coverage from 79.9% in 2025 to 65.8% in 2023, in the total of Brazil, which means a reduction of 17.8%. Data show a general drop in the vaccination coverage, between 2015 and 2023, in all Major Regions, with the North and Central-West presenting the sharpest falls. The decrease in the coverage in the North Region corresponded to 29.2%, going from 62.8%, in 2015, to 44.4%, in 2023. The other Major Regions present the following results, in a decreasing order of percentage change:

- The Central-West region recorded a negative change in vaccination coverage of 25.9%, going from 72.6% in 2015 to 53.8% in 2023;

- Vaccination coverage in the Northeast decreased by 17.6%, going from 80.4% in 2015 to 66.2% in 2023;

- In the Southeast, vaccination coverage decreased from 87.0% in 2015 to 72.4% in 2023, representing a reduction of 16.8%; and, finally;

- In the South, vaccination coverage decreased by 6.5%, going from 76.5% in 2015 to 71.5% in 2023.

Indicator 3.b.1

Proportion of the target population covered by the triple viral vaccine (D2), by Major Region (%)
Brazil
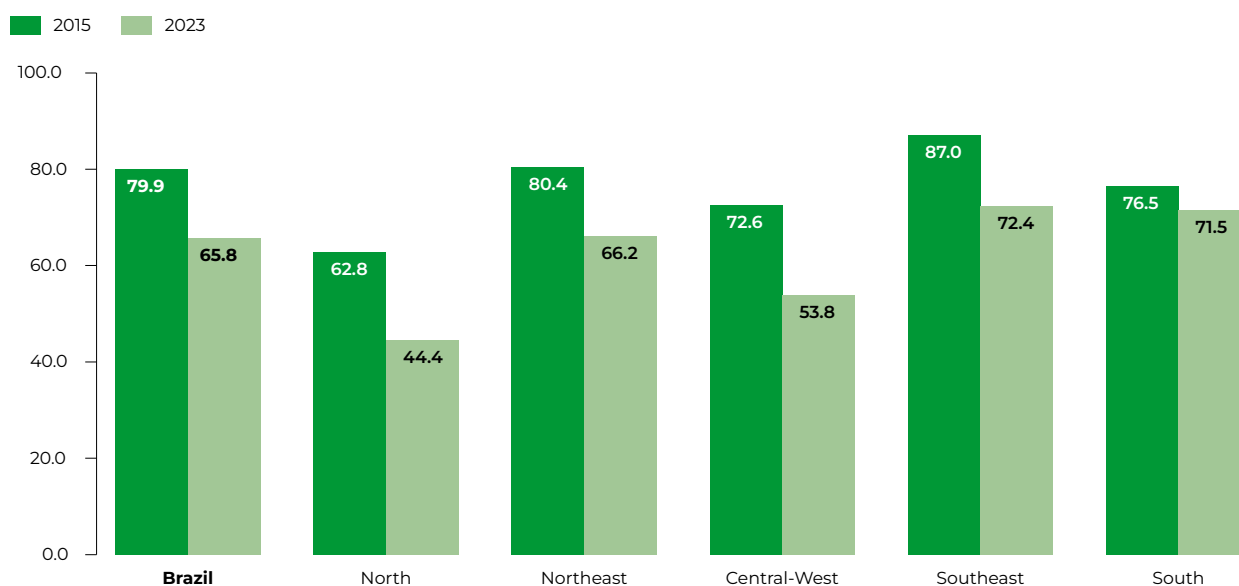
Source: Ministério da Saúde, Secretaria de Vigilância em Saúde e Ambiente, Sistema de Informação do Programa Nacional de Imunizações - SI-PNI e Rede Nacional de Dados em Saúde - RNDS.

Note: The viral triple vaccine of the Brazilian PNI is the attenuated viral vaccine for measles, mumps and rubella (attenuated MMR), which is administered in two doses in the first year of life.
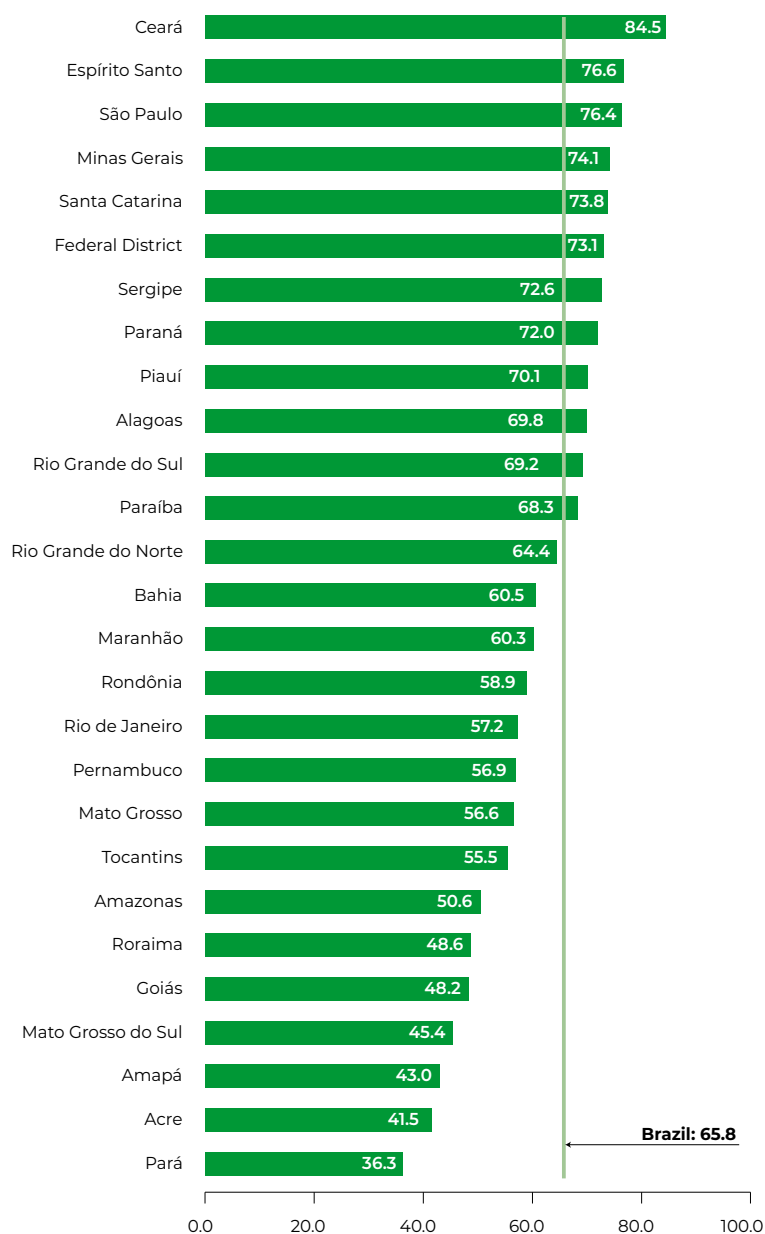
Among the results for 2023 with a disaggregation by Federation Unit, it is clear that Rio de Janeiro, state with a large share of the total population, is in the group that presented MMR vaccination coverage rate below the national average. Coverage of the complete MMR vaccine schedule (D2) is below the recommended and required target both for the protection of properly vaccinated individuals and for collective immunity.

Indicator 3.b.1

Proportion of the target population covered by the triple viral vaccine (D2), by Federation Unit (%)
Brazil
2023

Federation Unit	Value
Ceará	84.5
Espírito Santo	76.6
São Paulo	76.4
Minas Gerais	74.1
Santa Catarina	73.8
Federal District	73.1
Sergipe	72.6
Paraná	72.0
Piauí	70.1
Alagoas	69.8
Rio Grande do Sul	69.2
Paraíba	68.3
Rio Grande do Norte	64.4
Bahia	60.5
Maranhão	60.3
Rondônia	58.9
Rio de Janeiro	57.2
Pernambuco	56.9
Mato Grosso	56.6
Tocantins	55.5
Amazonas	50.6
Roraima	48.6
Goiás	48.2
Mato Grosso do Sul	45.4
Amapá	43.0
Acre	41.5
Pará	36.3

Brazil: 65.8

Source: Ministério da Saúde, Rede Nacional de Dados em Saúde - RNDS.

Note: The viral triple vaccine of the Brazilian PNI is the attenuated viral vaccine for measles, mumps and rubella (attenuated MMR), which is administered in two doses in the first year of life.

Human papillomavirus - HPV

The HPV is responsible for the most frequent sexually transmitted infection in the world. It is associated with the development of almost all kinds of cervical cancers, as well as of several other tumors in men and women (Brasil, 2024a). Differently from the Brazilian situation of low coverage for the DTP vaccine in the international comparison, the HPV rate in Brazil, in 2022, is the third highest in the world (69.0%), according to estimates of the United Nations, just behind Canada (86.0%) and Mexico (80.0%). Eastern countries do not prioritize HPV in their collective health policy, presenting low percentages of coverage: Indonesia and Japan with 7.0%, whereas China, India, Russia, Saudi Arabia and Turkey present no relevant statistics.

Indicator 3.b.1
Proportion of the target population covered by the human papillomavirus (HPV) vaccine, according to the National Immunization Plans of the G20 member countries (%) 2022
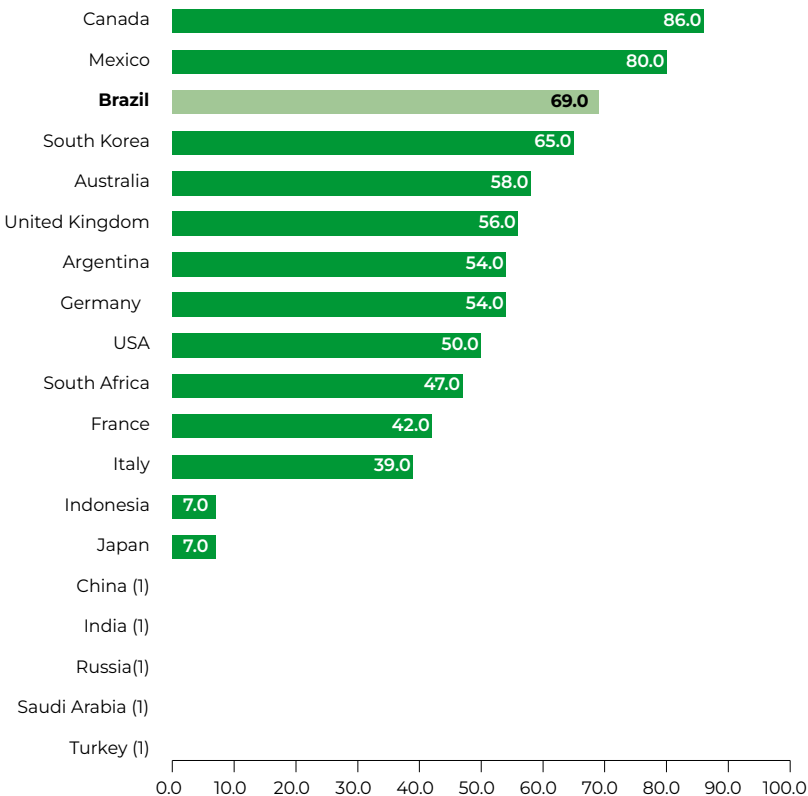
Source: UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.b.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Sept. 2024.

(1) Non-relevant data.

Human papillomavirus (HPV) vaccine in two doses, by sex

Women

HPV vaccination coverage among women in Brazil, in relation to the first dose, increased by 14.3%, going from 70.9% in 2015 to 81.1% in 2023. Adherence among adolescents to the second dose was lower in the two years in question. In 2015, vaccination coverage of the second dose was 44.9% and, in 2023, 73.1%. It is observed, however, that, in the comparison between the results of the second dose, there was an increase in coverage of 63.0%.

Regional coverage varied for the first dose. In 2015, from 76.4% in the Southeast Region to 58.7% in the North Region, which is a worrisome situation, since the latter has the highest prevalence rates of cervical cancer in the country. In 2023, the highest coverage was recorded in the South Region (91.0%), and the lowest, in the Northeast Region (76.3%).

Regarding the second dose, the drop in relation to the first dose, in 2015 – going from 70.9% to 44.9%, that is, a reduction of 36.7% –, was partly the result of episodes of psychogenic reactions (Ballalai, 2024) that occurred in Porto Alegre, Rio Grande do Sul, and in Bertioga, São Paulo. In addition, the difficulty of adolescents in adhering to vaccination, especially multidose vaccines, also impacted the second dose vaccination coverage in all Major Regions, especially in the North Region, which despite the increase in coverage in 2023, remained below expectations.

Men

It is worth noting that the HPV vaccine was introduced into the National Vaccination Schedule for boys in 2018, two years after the introduction for girls. This ended up influencing families' perception of the importance of this vaccine for boys and resulting in lower coverage of the first and second doses in both 2015 and 2023. Furthermore, unlike girls, who are often taken to healthcare units for preventive programs, boys rarely seek for it or are taken there.

As previously mentioned, in addition to individual psychological issues, there were campaigns that questioned the effectiveness of the vaccine and, furthermore, there was a change in the vaccination facility, initially carried out in the school environment and, later, in healthcare units. The change had a negative impact in the HPV vaccination coverage, because vaccinating teenagers out of the school environment is a great challenge not only for Brazil, but also for other countries.

In Brazil as a whole, the coverage rate of the first dose of the HPV vaccine in boys went from 62.5% in 2018 to 56.8% in 2023. All the Major Regions showed a decrease, except for the Central-West, which maintained the level at approximately 56.0%. The highest coverage rates for both doses were achieved in the South Region, with the following results: first dose in 2018, 71.4%; second dose in 2018, 40.8%; first dose in 2023, 71.4%; and, at last, second dose in 2023, 56.7%.

In April and May 2024, however, new strategies were adopted – such as the School Vaccination Campaign, coordinated by the Ministry of Health and the Ministry of Education, as well as the joint work of Scientific Societies, National Council of Health Secretaries - Conass and

Indicator 3.b.1

Proportion of the target population covered by the human papillomavirus (HPV) vaccine, by sex, according to Major Region (%)
Brazil
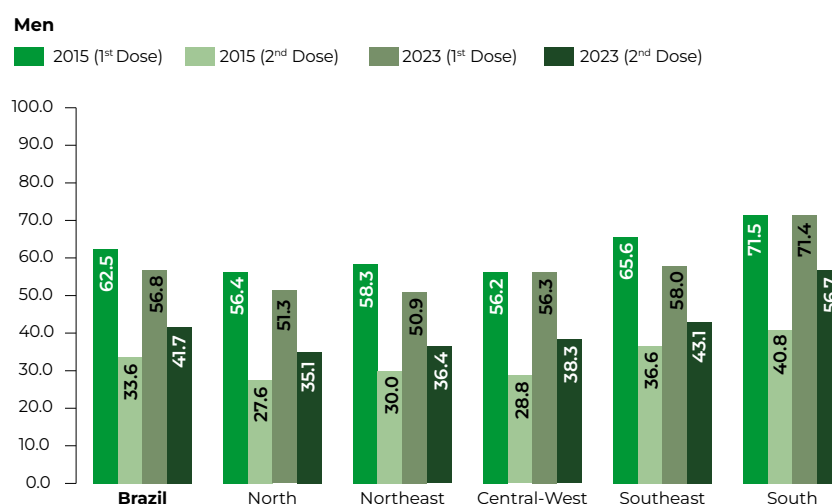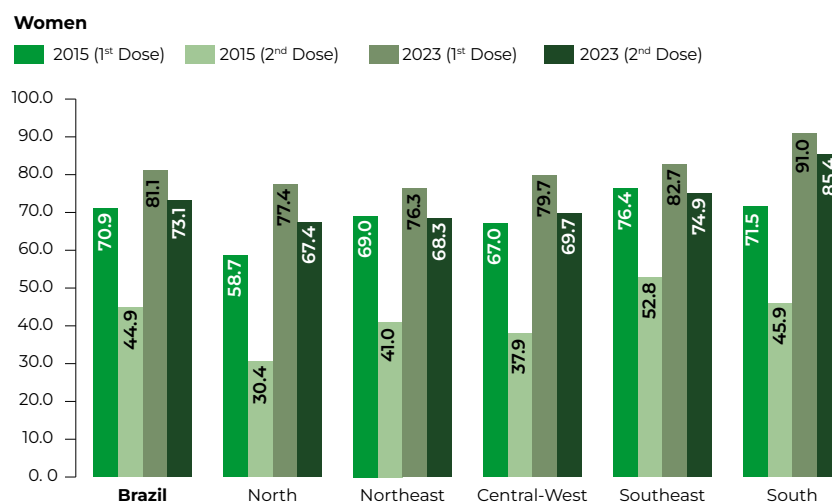
Women

Men

Source: Ministério da Saúde, Secretaria de Vigilância em Saúde e Ambiente, Sistema de Informação do Programa Nacional de Imunizações - SI-PNI e Rede Nacional de Dados em Saúde - RNDS.

Note: The results refer to the human papillomavirus quadrivalent vaccine (types 6, 11, 16 and 18 - recombinant).

the National Council of Municipal Health Secretaries - Conasems, which sought to increase vaccination coverage. Another strategy was to adopt a single dose for HPV vaccination, as recommended by WHO, which allowed the Ministry of Health to include other population groups.

Pneumococcal 3rd dose

Pneumococcal diseases, which affect the respiratory system and brain, are caused by the bacterium *Streptococcus pneumoniae*, known as pneumococcus. Among these diseases, pneumonia is the most common. Transmission from one individual to another occurs through droplets of saliva or nasal mucus that spread through the air when infected individuals cough, speak or sneeze. Children up to 2 years of age and the elderly are more vulnerable to developing these diseases. Antibiotic treatment is recommended, however, *pneumococcus* may be resistant to drugs, therefore, vaccination is more efficient in reducing the occurrence of its severe forms and their consequences, such as hospitalization and premature death (Comissão Nacional de Incorporação de Tecnologias no SUS/ National Commission for the Incorporation of Technologies into the SUS, 2018).

In international comparison, Brazil's vaccination coverage was low in 2022 for pneumococcal diseases (81.0%), ranking below, for example, South Africa (89.0%) and Mexico (84.0%).

Pneumococcal Conjugate Vaccine (PCV) 1st dose (D2)

The statistics presented below for Brazil refer to the first dose of the pneumococcal conjugate vaccine. In the graph with disaggregation by Major Region, it is shown that vaccination coverage, for the years 2015 and 2023, decreased from 94.2% to 88.5%, which means a change of -6.1%. Only the North Region recorded an increase between these years, going from 75.0% in 2015 to 84.0% in 2023, that is, a growth of 12.0%. The Southeast Region showed the greatest reduction (negative change of 12.1%), going from a vaccination coverage of 99.0% in 2015, the highest observed that year, to 87.1% in 2023, occupying

Indicator 3.b.1

Proportion of the target population covered by the pneumococcal conjugate vaccine (PCV3), according to the National Immunization Plans of the G20 member countries (%)
2022
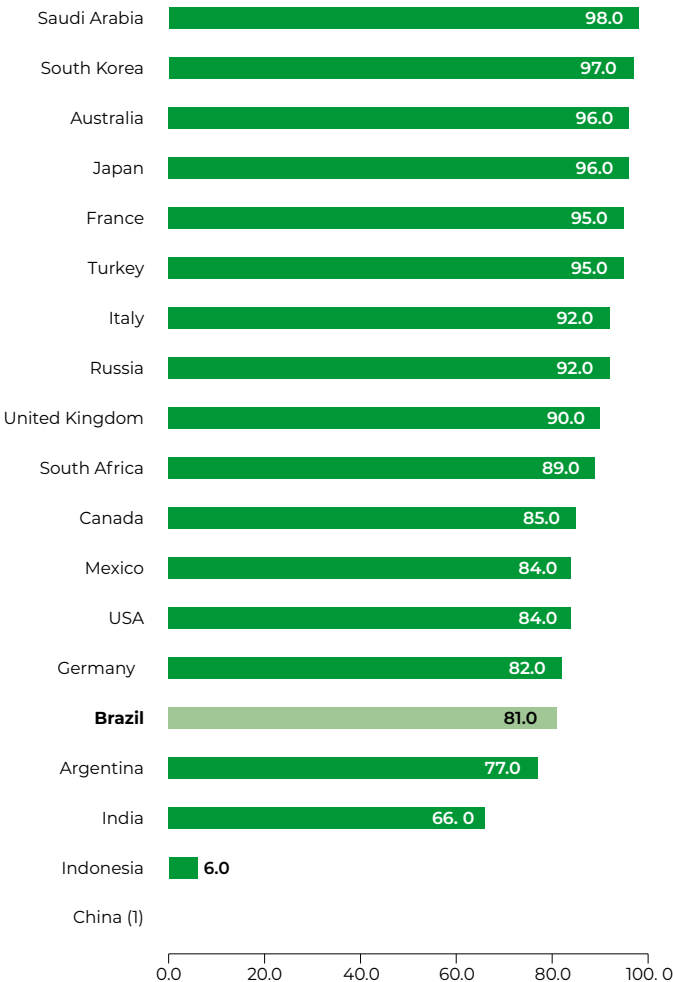
Source: UNITED NATIONS. Statistics Division. *SDG Indicators Database*. New York, 2024. Indicator 3.b.1. Available from: https://unstats.un.org/sdgs/dataportal/database. Cited: Sept. 2024.

(1) Not applicable because the vaccine has not been introduced into the country's national immunization schedule.

the second to last position among the five Major Regions. In the South Region, the vaccination coverage achieved, in 2015 and 2023, 98.4% and 93.0%, and, the Northeast, 93.3% and 89.8%, respectively. The Central-West Region, in turn, reached 92.8%, in 2015, and 89.2%, in 2023.

Once again, Rio de Janeiro stood out among the Major Regions with the lowest percentage of vaccination coverage. Considering the year 2023,
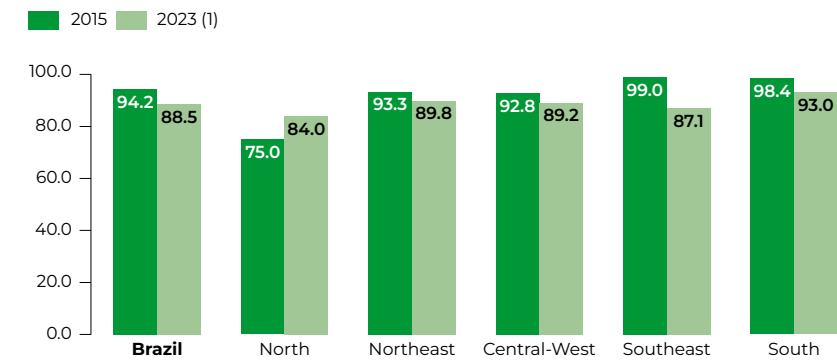
Amapá reached the first position with the lowest coverage rate of the PCV vaccine (70.5%); Rio de Janeiro ranked second (74.6%); and Pará, third (79.8%). The two states with the highest percentages were Rondônia and Alagoas (both with 95.0%).

In order to achieve improved coverage, actions aimed at updating the vaccination schedule of the population, especially children and

adolescents, are observed, such as multi-vaccination campaigns, active search, school health programs, effective communication campaigns, among others, planned according to target-population, coverage achieved and territorial particularities.
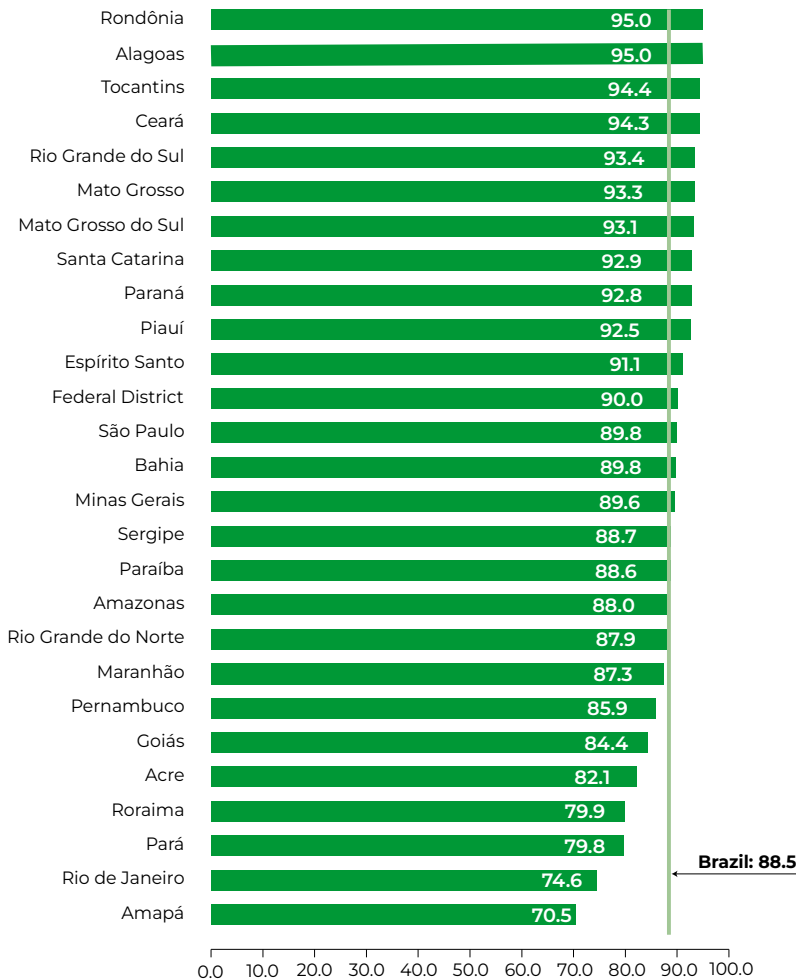
Furthermore, it is important to emphasize the importance of keeping and developing public policies that prioritize vaccination as an important public health measure, with a view to increasing, reaching and sustaining the vaccination coverage recommended by the Ministry of Health.

Indicator 3.b.1
Proportion of the target population covered by the pneumococcal conjugate vaccine (PCV) 1st dose (D2), by Major Region (%)
Brazil
2024

■ 2015   ■ 2023 (1)

Region	2015	2023 (1)
Brazil	94.2	88.5
North	75.0	84.0
Northeast	93.3	89.8
Central-West	92.8	89.2
Southeast	99.0	87.1
South	98.4	93.0

Source: Ministério da Saúde, Secretaria de Vigilância em Saúde e Ambiente, Sistema de Informação do Programa Nacional de Imunizações - SI-PNI e Rede Nacional de Dados em Saúde - RNDS.
(1) 2023 data are preliminary.

Indicator 3.b.1
Proportion of the target population covered by the pneumococcal conjugate vaccine (PCV) 1st dose (D2), by Federation Unit (%)
Brazil
2024

Federation Unit	%
Rondônia	95.0
Alagoas	95.0
Tocantins	94.4
Ceará	94.3
Rio Grande do Sul	93.4
Mato Grosso	93.3
Mato Grosso do Sul	93.1
Santa Catarina	92.9
Paraná	92.8
Piauí	92.5
Espírito Santo	91.1
Federal District	90.0
São Paulo	89.8
Bahia	89.8
Minas Gerais	89.6
Sergipe	88.7
Paraíba	88.6
Amazonas	88.0
Rio Grande do Norte	87.9
Maranhão	87.3
Pernambuco	85.9
Goiás	84.4
Acre	82.1
Roraima	79.9
Pará	79.8
Rio de Janeiro	74.6
Amapá	70.5

← Brazil: 88.5

Source: Ministério da Saúde, Rede Nacional de Dados em Saúde - RNDS.
(1) 2023 data are preliminary.

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If the subject is **Brazil**,
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Creating Synergies between the 2030 Agenda for Sustainable Development and the

Health Module

In 2017, the United Nations General Assembly approved a framework of global indicators aiming at monitoring the 2030 Agenda for Sustainable Development, encompassing 231 indicators. In Brazil, the IBGE is responsible for producing Sustainable Development Goals indicators (SDG). By collaborating with other entities producing official data in Brazil, the Institute joined international efforts to monitor the achievement of 169 targets of the 2030 Agenda, in accordance with the 17 Goals. To this end, data from external and institutional surveys have been used.

The indicators are built based on methodologies developed by their custodian agencies and validated by a Group of Experts (Inter-agency and Expert Group on Sustainable Development Goal Indicators - IAEG-SDGs), following international standards. In this group, coordinated by the United Nations Statistics Division (UNSD), the IBGE represents Mercosur countries and Chile.

Like in the previous modules, in this one, dedicated to the theme **Health**, SDG 3 (Good Health and Well-Being) indicators are viewed through world maps, having Brazil represented in the center of the projection.

For additional information on this theme, we invite readers to visit the SDG Brazilian Platform on the IBGE portal (https://odsbrasil.gov.br/), where all the indicators produced to date are available, as well as their respective technical information to follow up on the advances of the 2030 Agenda in Brazil.