SDG

3

Good Health and Well-being

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Why we measure

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. There is an urgent need to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.

We are exploring how universities deal with specific conditions and diseases, and support their community.

https://www.un.org/sustainabledevelopment/health/

Links to other SDGs

SDG 3 relates widely to other SDGs since ensuring healthy lives and promoting well-being for all at all ages is important to building prosperous societies.
Without good health it is hard to address poverty – similarly poverty and hunger challenge good health (SDG1 and SDG2).

Metrics and indicators

3.1   **Research on health and well-being**

3.1.1   **Good Health and Well-being: paper views**
This indicator measures the proportion of a university's research papers that are viewed or downloaded.

This indicator is normalised and is worth 10% of the score in this SDG (equivalent to 2.6% of the overall score).

3.1.2   **Clinical citations**
This indicator measures the proportion of a university's research papers that are cited in clinical guidance.

The indicator is normalised and is worth 10% of the score in this SDG (equivalent to 2.6% of the overall score)

3.1.3   **Good Health and Well-being: publications**
The number of publications looks at the scale of research output from a university around good health and well-being. It is not scaled by the size of the institution – rather it looks at the overall impact.

This indicator is normalised and is worth 7% of the score in this SDG (equivalent to 1.82% of the overall score)

3.2   **Number graduating in health professions**
In order to understand how a university is supporting health professions we measure the proportion of graduates who receive a degree associated with a health-related profession out of the institution's total number of graduates.

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This metric tries to show how universities are contributing to the education of health professionals.

The metric relates to the UN Targets 3.C

This indicator is normalised and is worth 34.60% of the score in this SDG (equivalent to 9% of the overall score).

3.2.1 | **Indicator: Proportion of graduates in health professions**
Year: 2023

Data Collected	Definition
Number of graduates	**This is the total headcount number of graduates at all levels from your institution in the year 2023.**
Number of graduates in health professions	**This is the headcount number of graduates at all levels in health professions in the year 2023.** **This is a subset of the total number of graduates.**

Data submission guidance

Definition: Graduates
see 2.4

Guidance: Number of graduates in health professions
This does not require the graduates to be fully qualified in the profession, since further practical experience may be necessary.

Guidance: relevant health professions
Possible degrees include (but are not limited to): General Medicine, Midwifery, Radiography, Nursing, Pharmacy, Physiotherapy, Optometry, Public Health, Mental health (including psychology).

Relevant CIP codes in the USA include 34, 42 and 51.

This may also include qualifications which do not, on face value, look like they fall under 'Health professions', but have been assigned a subject code in subjects allied to medicine.

This metric is about graduates who receive a degree associated with a health-related profession, including direct care practitioners as well as allied health professionals. A health professional may also be a public health or community health practitioner.

Another guideline is also our subject mapping (appendix 3 in the methodology document). So, all subjects that feed into medicine are acceptable.

Additional guidance can be found here too:
https://www.who.int/hrh/statistics/Health_workers_classification.pdf

3.3 **Collaborations and health services**

Universities need to demonstrate actions to improve local and global health and well-being.

There are a total of 19 points that could be gained from meeting the criteria in this metric, and is worth 38.40% of the score in this SDG (equivalent to 9.98% of the overall score).

This metric and indicators relate to the UN Targets 3.4., 3.7, 3.A., 3.B., 3.C., 3.D

#	Indicator	Maximum score
3.3.1	**Current collaborations with health institutions** **Year: 2023** Have current collaborations with local, national, or global health institutions to improve health and well-being outcomes. Up to three points based on: • Existence of collaborations – maximum one point for all three collaborations, 0.66 points for two collaborations and only 0.33 points for one collaboration • Evidence provided – up to one point • Is the evidence provided public – one point	**7% in SDG** (1.82% Overall)
3.3.2	**Health outreach programmes** **Year: 2023** Deliver outreach programmes and projects in the local community (which can include student volunteering programmes) to improve or promote health and well-being including hygiene, nutrition, family planning, sports, exercise, aging well, and other health and well-being related topics. This can also include outreach programmes to displaced or refugee communities local to the institution. Up to three points based on: • Existence of programmes and projects – 0.5 points for local communities, 0.25 points for disadvantaged people, 0.25 points for refugee/immigrant communities • Evidence provided – up to one point • Is the evidence provided public – one point	**7% in SDG** (1.82% Overall)

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	Indicator	Maximum score
3.3.3	**Shared sports facilities** **Year: 2023** Share sports facilities with the local community, for instance with local schools or with the general public. Up to three points based on: • Existence of sharing – maximum one point for free access to all facilities, 0.66 points for free access to some facilities, 0.33 points for charged access only. • Evidence provided – up to one point • Is the evidence provided public – one point	**2.40% in SDG** (0.62% Overall)
3.3.4	**Sexual and reproductive health care services for students** **Year: 2023** Provide students access to sexual and reproductive health-care services including information and education services. Up to three points based on: • Existence of provision – maximum one point for free access, only 0.25 points for charged access • Evidence provided – up to one point • Is the evidence provided public – one point	**7% in SDG** (1.82% Overall)
3.3.5	**Mental health support for students** **Year: 2023** This year we have split this indicator into two: 3.3.5 *Mental health support for students, and* 3.3.7 *Mental health support for staff.* Provide students with access to mental health support. Up to three points based on: • Existence of provision – maximum one point for active promotion of good mental health, 0.66 points for access to (or signposting to) free mental health support, 0.33 points for access to (or signposting to) charged mental health support • Evidence provided – up to one point • Is the evidence provided public – one point	**3,50% in SDG** (0.91% Overall)
3.3.6	**Smoke-free policy.** **In place by 2023** Have a 'smoke-free' policy. Up to four points based on: • Existence of policy – maximum one point for smoking-free campus, 0.5 points only for partial smoke-free campus	**8% in SDG** (2.08% Overall)

	• Evidence provided – up to one point • Is the evidence provided public – one point • Is policy created or reviewed in period 2020-2024 – one point	
3.3.7	**Mental health support for staff** **Year: 2023** Provide staff with access to mental health support. Up to three points based on: Existence of provision – maximum one point for active promotion of good mental health, 0.66 points for access to (or signposting to) free mental health support, 0.33 points for access to (or signposting to) charged mental health support Evidence provided – up to one point Is the evidence provided public – one point	**3,50% in SDG** (0.91% Overall)

Data submission guidance

Guidance: collaborations
A collaboration is an on-going formal/informal activity/interaction over a period of time together.
• local: within the same town/city as (one of) your campus(es)
• national: working with a nation-wide institutions/organizations
• global: working with institutions/organizations with global influence/operations

Collaborations must be with organisations not owned or managed by the university.

Definition: smoke-free
A smoke-free campus refers to universities that have implemented policies prohibiting the use of tobacco products at ALL indoor and outdoor campus locations.

Partial smoke-free campus refers to universities that have implemented policies prohibiting the use of tobacco products in enclosed buildings and facilities or during indoor and outdoor events on the campus BUT have 'smoking- designated' areas for people to use.

Guidance: health services
Where health services are not provided directly by the university then evidence of signposting (directing students or staff to appropriate services) can be used as examples.

Guidance: shared sports facilities
The facilities should be shared or use allowed on a regular, not a one off basis. A single event would not count, although multiple regular events might.