

# Linking LCA and SDG 3

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



Date: 21 April 2023

Version: 2

Commissioned by: UNEP Life Cycle initiative and contributing companies

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## 3 Goal 3. Ensure healthy lives and promote well-being for all at all ages

### 3.1 Introduction

Ensuring healthy lives and the promotion of well-being at all ages is essential to sustainable development (UN, 2020a). Healthy people are the foundation of a healthy society, and health emergencies can push people into poverty in both rich and poor countries. Challenges related to healthy lives include maternal and child mortality, infectious diseases, and access to essential healthcare services. In 2017, only around one third to half of the global population was covered by essential health services (UN, 2020b).

Some facts related to this topic (UN, 2020a):

- In 2018 an estimated 6.2 million children and adolescents under the age of 15 years died, mostly from preventable causes. Of these deaths, 5.3 million occurred in the first 5 years, with almost half of these in the first month of life.
- Malnourished children, particularly those with severe acute malnutrition, have a higher risk of death from common childhood illness such as diarrhoea, pneumonia, and malaria. Nutrition-related factors contribute to about 45 percent of deaths in children under-5 years of age.
- Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.
- Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37 per cent and the mortality rates by 58 per cent.
- AIDS is now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally.

### 3.2 Targets and indicators of SDG 3

This SDG broadly describes the following angles to addressing health:

1. **Health care services:** the availability of high quality healthcare is essential for dropping the maternal mortality ratio, according to the WHO (2019). It's also one of the key elements for lowering child mortality (target 3.2) (WHO, 2020). This is what is captured in target 3.1. Next to that, target 3.7 and 3.8 focus on health care services, where 3.7 specifically focusses on reproducible healthcare issues related to sexuality related issues and family planning.
2. Health impact related to **poor nutrition**, which means this target is strongly related and in several ways dependent on SDG 2, as having sufficient and good quality food is essential to have a healthy life. This is especially the case in target 3.2, as the availability of adequate nutrition, safe water and food are important for reducing child mortality (WHO, 2020).
3. **Specific diseases:** target 3.3 deals with ending or reducing a number of specific communicable diseases, while target 3.4 focusses on non-communicable diseases, such

as cancer and cardiovascular diseases. Cardiovascular diseases also link with the obesity target in SDG 2 (indicator 2.2.2). This shows that the SDGs are interconnected.

4. **Drugs, tobacco and alcohol.** Target 3.5 refers to strengthening the prevention and treatment of people under influence of drugs and alcohol. The target related to tobacco use is addressed target 3a, which means that is an implementation target.
5. Target 3.6 deals with reducing **road accidents**.
6. **Environment** related health issues: target 3.9 focusses on health problems due to hazardous substances in air water and soil. This includes indoor emissions, for instance from using wood fire in houses.

It is somewhat surprising that occupational health and safety, and health and safety of local communities are not explicitly addressed in SDG 3; apparently this is not a dominant problem in the Global Burden of Disease.

Table 1. The targets and indicators defined for SDG 3

Target	Indicator
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio
	3.1.2 Proportion of births attended by skilled health personnel
3.2 By 2030, end preventable deaths of new-borns 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	3.2.1 Under-5 mortality rate
	3.2.2 Neonatal mortality rate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.3.2 Tuberculosis incidence per 100,000 population
	3.3.3 Malaria incidence per 1,000 population
	3.3.4 Hepatitis B incidence per 100,000 population
	3.3.5 Number of people requiring interventions against neglected tropical diseases

<p>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</p>	<p>3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease</p> <p>3.4.2 Suicide mortality rate</p>
<p>3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p>	<p>3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders</p> <p>3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol</p>
<p>3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents</p>	<p>3.6.1 Death rate due to road traffic injuries</p>
<p>3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</p>	<p>3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods</p> <p>3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group</p>
<p>3.8 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</p>	<p>3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)</p> <p>3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income</p>

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
	3.9.3 Mortality rate attributed to unintentional poisoning
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older

## 3.3 Classifying the links between SDG targets and LCA impact categories

### 3.3.1 Access to healthcare services (target 3.1, 3.2, 3.7 and 3.8)

*Target 3.1: “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births”*

*Target 3.2: “By 2030, end preventable deaths of new-borns 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”*

*Target 3.7: “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”*

*Target 3.8: “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”*

The availability of high-quality healthcare services is essential for ensuring the goal of healthy lives. The topic is especially relevant for target 3.1 and 3.2, as the availability of healthcare systems is essential for reducing maternal and child mortality (WHO 2019, WHO 2020). Furthermore, targets 3.7 and 3.8 both focus specifically on healthcare services. Healthcare systems are made possible if societies have sufficient levels of disposable income. Furthermore, the services should be available for everyone, meaning also for vulnerable groups. Therefore, the targets are linked to the following social topics:

- **Workers remuneration.** Healthcare systems are made possible if societies have sufficient levels of disposable income.
- **Small-scale entrepreneurs, meeting basic needs.** Healthcare systems are made possible if societies have sufficient levels of disposable income.

- **Small-scale entrepreneurs, women empowerment.** Women should be empowered and be given the opportunities for accessing healthcare systems.
- **Employment and skill development.** Healthcare systems are made possible if societies have sufficient levels of disposable income.

### 3.3.2 Health impacts related to poor nutrition (target 3.2)

*Target 3.2: “By 2030, end preventable deaths of new-borns 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”*

While target 3.2 is also included in the previous section, there are additional targets that link specifically to the aspect of poor nutrition. Target 3.2 covers the death of new-borns and children under 5 years old. This is strongly related with the availability of safe and nutritious food (WHO, 2020), which is almost exactly the same issues as targets 2.1 and 2.2 (SDG 2) that deal with ensuring safe, nutritious and sufficient food all year round and ending malnutrition. Important topics to drive these targets are remuneration, meeting basic needs, discrimination, work-life balance, inclusiveness, user health, and woman empowerment. In terms of environmental impacts they link with climate change and water deprivation, since these are strongly related to food production.

The links are therefore explained as follows:

#### **Environmental LCA:**

- **Climate change** is already affecting the reliability of food production in many areas through changing precipitation, and increased frequency of natural disasters.
- **Water deprivation;** competition for water resources can also have a very significant effect on the ability to irrigate and thus ensure regular supply of food and safe drinking water.

**Social LCA:** The ability to purchase sufficient amount of nutritious food is reflected in social LCA. It can be described by the following PSM topics:

- **Workers remuneration** this topic relates to having a living wage plus some form of social security<sup>1</sup>. In order to be able to fight for a fair remuneration, freedom of association, absence of forced labor and child labor are important, but these are more conditions that influence remuneration, and thus they are not seen as a condition.
- **Workers discrimination:** discrimination can result in under nourishment and stunting in vulnerable minority populations.
- **Workers work-life balance.** Without a reasonable balance and the right of woman to have sufficient time for breastfeeding, the risk of undernourishment and stunting increases with young children (Heymann et al., 2013).

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<sup>1</sup> The link between income and nutrition is also described by Blakely et al (2004).



- **Users, health:** While health is defined under SDG 3, some products contain micronutrients and vitamins that counteract stunting and nutrient needs of adolescent girls, pregnant and lactating woman and old persons
- **Users, inclusiveness:** Products containing ingredients that can prevent stunting (Micro Nutrients) in a way it reaches the most vulnerable groups can be seen as a contributor<sup>2</sup>
- **Small-scale entrepreneurs, meeting basic needs** being able to meet basic needs gives the opportunity to buy enough and nutritious food
- **Small-scale entrepreneurs, woman empowerment.** If the position of woman in small scale entrepreneurs group is very weak, this could lead to undernourishment.

### 3.3.3 Fighting specific diseases (target 3.3 and 3.4)

*Target 3.3: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”*

*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.”*

The question to which extend a product contributes to fighting a specific disease has different aspects. There are environmental aspects that add to the occurrence of some specific diseases. Furthermore, social topics are related to fighting diseases as well.

1. **Climate change** affects the occurrence of infectious diseases (target 3.3) (WHO, 2003)
2. **Particulate matter** entails air pollution, which is a main driver of chronic respiratory diseases (WHO, 2007) (target 3.4)
3. **Remuneration** also relates to the provision of social security and access to health insurance
4. The indicator **effectiveness and comfort** of a product to the user, can play a role if a product is especially designed to fight such a disease; this could be in the form of medicines, mosquito nets, safe sex and specific hospital equipment.
5. The indicator on **healthy products** can also play a role if a product increases the risk to get certain diseases, for instance if they seem to strongly correlate with getting obesities, or are suspected to contribute to for instance cancer.
6. **Users, inclusiveness:** products containing that are designed to fight these specific diseases, in a way it reaches the most vulnerable groups can be seen as a contributor.

### 3.3.4 Reducing impacts form drugs, alcohol and tobacco (target 3.5)

*Target 3.5: “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”*

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<sup>2</sup> Note that in the Handbook inclusiveness is not meant to mean the opposite of discrimination, but rather the ability to get access of essential products and services to vulnerable and poor people

This target overlaps with the previous target, as many drugs, alcohol and tobacco increase the change to get non-communicable diseases. The most important indicator is the indicator on healthy products.

1. The social topic **healthy products** strongly relates to products such as alcohol and drugs.

### 3.3.5 Reducing road accidents (target 3.6)

*Target 3.6: “By 2020, halve the number of global deaths and injuries from road traffic accidents”*

The most important link between LCIA results and reducing road accidents is linked via the social topic **product safety**, especially for vehicles. On the other side, car designs that stimulate driving at high speeds may in fact not contribute to reducing road accidents, in spite of often impressive safety features.

However, this target also seems to be aiming at creating a better and safer infrastructure, safer roads, better control of speed limits, creating the infrastructure for effective driving lessons etc. Companies that are supplying some of this infrastructure may want to claim a contribution to this. However, it is quite hard to generalise if road components supplied will indeed increase safety.

As a consequence we should only count product/service solutions that are aiming to significantly reduce accidents on a system level; this could refer to new transport systems, IT solutions or very specific components that have a very clear benefit regarding safety on the system level. Furthermore, specific products that can show trustworthy documentation of reducing the number of deaths from road traffic accidents can contribute as well.

### 3.3.6 Hazardous chemicals and air, water and soil pollution and contamination (target 3.9)

*Target 3.9: “By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination”*

The target explicitly refers to hazardous chemicals without being clear what is included. We can distinguish at least two types of exposure pathways: pollution of indoor air, and exposure via outdoor air and ingestion.

- Pollution of indoor air, related to the use of wood fire for cooking in many developing countries, but also radon in concrete buildings and exposure at working places. There are few LCA methodologies that are able to directly assess indoor air impacts. Based on the fact that primitive wood-stoves are a very important source of pollution, we could address this under **effectiveness and comfort** for products or services that offer an alternative system for cooking without this indoor pollution. The exposure in working places is linked to **health and safety for workers**.
- Exposure via outdoor air and via ingestion. The latter takes place especially via eating and drinking, which can be linked to soil contamination, but also additives in food. There are several categories that can be linked to the outdoor exposure: ecotoxicity and human

toxicity impacts, particulate matter formation, photochemical oxidant formation, ionizing radiation, climate change.

In both indoor and outdoor exposure, the provision of clean water is an important aspect; this relates this target to the environmental impact category **water deprivation** (Pfister, S., Koehler, A., & Hellweg, S. (2009)).

### 3.3.7 Overview of links

In Figure 1 the overview of the links between LCA impact categories and SDG 3 is shown.

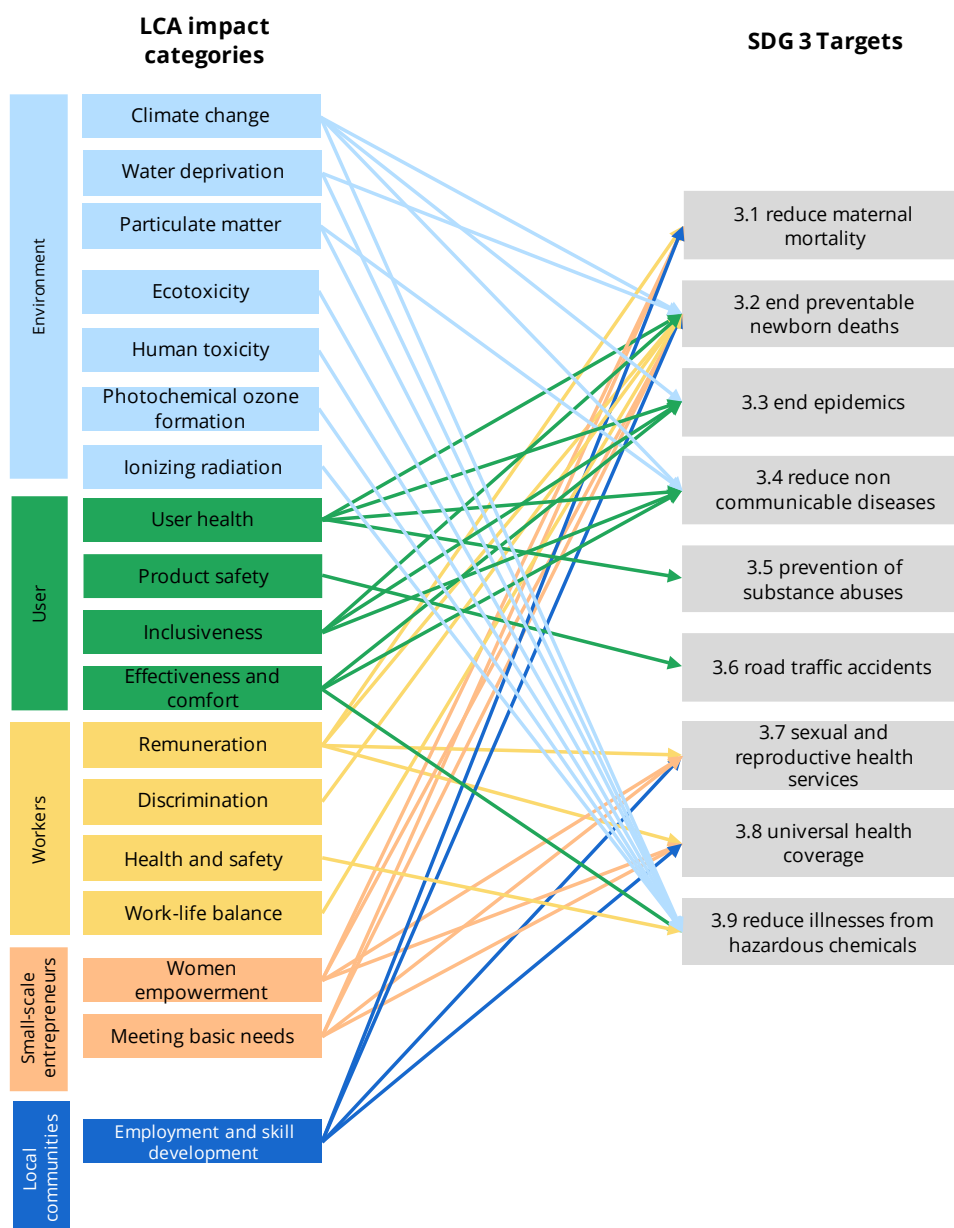


Figure 1 Overview of links between LCA impact categories and SDG targets for SDG 3

## 3.4 Characterizing the relation between LCA and SDG 3

In this paragraph, the nature of the relation between the impact categories and the targets of SDG 3 are defined. This step determines the score needed to qualify as a contribution to a target, per target and impact category. The first section describes how environmental impact category indicator results can be linked; the second section does the same for social metrics.

### 3.4.1 Environmental LCA

Table 3.2 environmental topic linking to SDG 3

LCA impact category	Rationale	Requirements to be counted as a contribution to SDG 3	
<b>Climate change</b>	Climate change plays a role when it comes to creating fighting undernutrition (target 3.2), ending epidemics (target 3.3) and reducing illnesses from hazardous chemicals (target 3.9)	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Water deprivation</b>	Water deprivation impacts food availability and therefore health related to nutrition (target 3.2) and is linked to target 3.9, because it relates to the availability of clean water.	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Particulate matter</b>	Particulate matter is related to chronic respiratory diseases (target 3.4) and illnesses from pollution (target 3.9)	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Ecotoxicity</b>	Ecotoxicity is related to illnesses from hazardous chemicals (target 3.9)	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Human toxicity</b>		+2	The environmental impact is a lot lower than the reference product (>10%)

	Human toxicity is related to illnesses from hazardous chemicals (target 3.9)	-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Photochemical ozone formation</b>	Photochemical ozone formation is related to illnesses from pollution (target 3.9)	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)
<b>Ionizing radiation</b>	Ionizing radiation is related to illnesses from pollution (target 3.9)	+2	The environmental impact is a lot lower than the reference product (>10%)
		-2	The environmental impact is a lot higher than the reference product (> 10%)

### 3.4.2 Social LCA

Table 3.3: Social topic linking to SDG 3

Stakeholder	Social topics	Rationale	Requirements to be counted as a contribution to SDG 6
<b>Workers</b>	<b>Remuneration</b>	SDG target 3.1 and 3.2 both have a strong correlation with disposable income.	+2 All workers are paid a living wage and receive additional social benefits.
		Target 3.3, 3.7 ad 3.8 all relate to the availability of healthcare services; this is strongly related to worker remuneration, especially as this refers to social benefits in the +2 level	-2 Not all workers are paid the legal or industry minimum wage.

<b>Health and safety</b>	Target 3.9 refers exposure to hazardous chemicals and this can be a significant issue if workers are not well protected	+2	The company has a PDCA process in place to pro-actively protect workers' health and safety (beyond compliance with local laws). Company commitments and progress on occupational health and safety are disclosed publicly. The top management of the company has publicly declared/recognised health and safety of workers as key priority and the company aims to be the best in class.
		-1	Evidence indicates that the company does not comply with health and safety standards, and a corrective action plan with a clear timeline for completion has been developed.
		-2	Evidence indicate that the company or facility does not comply with health and safety standards or local laws but a corrective action plan with a clear timeline for completion has not been developed, OR no data is available.
<b>Discrimination</b>	SDG target 3.2 is linked with discrimination, especially woman rights in the workplace.	+2	The company or facility has a PDCA process in place to pro-actively promote non-discrimination. The commitments, performance, progress and effectiveness of programmes are reported publicly. The top management of the company or facility have publicly recognised non-discrimination as a key priority.
		+1	The company or facility has a PDCA process in place to pro-actively promote non-discrimination.
<b>Work-life balance</b>	SDG target 3.2 is linked with work-life balance if it comes to having enough time for breast-feeding	+2	The company or facility has a PDCA process in place to promote work-life balance. The commitments, performance, progress and effectiveness of programmes are reported publicly.

		+1	The company or facility has a PDCA process in place to promote work-life balance.
<b>User</b>	<b>User health</b>	+2	There is solid science-based evidence that normal use of the product enables and contributes to an improved health condition for users in comparison to alternative solutions, AND the company or facility has a continuous user-facing programme in place to raise awareness and educate users on health-related issues associated with the product.
		-1	The normal use of the product has negative health impacts.
		-2	Any use of the product has direct negative health impacts on short and long term.
	<b>Product safety</b>	+2	There is solid science-based evidence that normal use of the product is safer for users or passive users than alternative solutions and that the product or service eliminates a risk in common products and services used for the same purpose AND the company has user-facing programmes in place to raise awareness and educate users on safety risks associated with the product.
		+1	The company has a dossier or other evidence that shows how the product or service has been designed to create maximum safety for active and passive users.

	<b>Inclusiveness</b>	SDG target 3.2 relates to stunting – products or ingredients that can prevent stunting (micronutrients) in such a way that it reaches the most vulnerable groups can be seen as a contributor. The same goes for products that are developed to fight specific diseases (target 3.3 and 3.4)	+2	The solution offered by the company is designed and marketed with the clear objective to give the most vulnerable groups in a society access to essential products and services at considerably lower costs than traditional solutions.
			+1	The solution offered by the company is designed and marketed to give all users access to essential products and services, including some of the vulnerable groups in a society.
	<b>Effectiveness and comfort</b>	SDG target 3.3 and 3.4 relate to fighting specific diseases. Products that contribute that are effective and designed to specifically fight these diseases can have a positive contribution.	+2	There is science-based evidence or 3rd-party market research that the offered product or service solution improves effectiveness or comfort compared to standard solutions. The people using it report improved satisfaction.
		Products that provide a solution against polluting indoor cooking stoves can link to target 3.9.	+1	The product is best in class in terms of effectiveness, efficiency or comfort, AND the company has a dossier or other evidence that shows how the product or service has been designed to maximise effectiveness, efficiency or comfort.
<b>Local communities</b>	<b>Employment and skill development</b>	Healthcare systems (target 3.1, 3.2, 3.7 and 3.8) are made possible if societies have sufficient levels of disposable income.	+2	The policies and commitments are published, and a grievance mechanism is in place to handle complaints about how staff is selected and how the commitments are handled.
			+1	The company or facility has committed to a long-term program to grow local employment or at least keep the workforce stable. The company actively contributes to skill development in connection to its future need for staffing and the staffing of its subcontractors and smallholders.



		-2	The company does not perform any capacity building and is known to put unbearable pressure on price and other conditions when it subcontracts to local companies and smallholders, which forces the suppliers and smallholders out of business or to have very bad working and skill development conditions and insufficient pay.
<b>Small-scale entrepreneurs</b>	<b>Meeting basic needs</b>		Healthcare systems ((target 3.1, 3.2, 3.7 and 3.8) are made possible if societies have sufficient levels of disposable income.
		+2	Small-scale entrepreneurs' access to safe water sources, improved sanitation facilities and food security is regularly monitored to control whether the current conditions are not deteriorating.
		+1	Actions targeting small-scale entrepreneurs' basic needs are undertaken (awareness raising programmes, best practices). Evidence indicates that > 80% small-scale entrepreneurs find the provided interventions useful.
	-2	A majority of the small-scale entrepreneurs does not have access to safe drinking water and improved sanitation facilities. Most of the small-scale entrepreneurs feel that they do not have a sufficient food supply throughout the year. Opportunities for improvement have not been identified. OR Local conditions and risks are not assessed.	
	<b>Women empowerment</b>		SDG target 3.1, 3.2, 3.7 and 3.8 deal with universal access to sexual and reproductive health-care services, including for family planning, information and education,
		+2	Evidence indicates that the thought practices are applied. The local situation is continuously monitored.
		+1	Most women believe that the offered activities are useful (correspond to their needs and interests).

<p>If woman rights are not recognised and they do not have a voice, such targets cannot be reached</p>	-2	<p>The role of women in growing crops is not evaluated and recognised within the value chain, and no actions are undertaken to identify opportunities for gender-inclusive interventions</p> <p>OR generic data sources indicate that female small-scale entrepreneurs' role is not recognised regionally.</p>
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### 3.5 Scoring matrix for SDG 3

Based on the tables above, the following summary can be made as a checklist for determining if the LCA results can support a contribution to SDG 3.

Table 3.4: Scoring matrix for determining whether the LCA results can indeed support SDG 3

SDG 3	Blocking	Contributing	
<b>Target 3.1 Reduce mortality rate</b>			
Remuneration	-2		+2
Meeting basic needs	-2		+2
Women empowerment	-2		+2
Employment and skill development	-2		+2
<b>Target 3.2 End preventable deaths</b>			
Climate change	-2		+2
Water deprivation	-2		+2
Remuneration	-2		+2
Discrimination			+2
Work-life balance			+2
Users, health*	-2	-1	+2
Users, inclusiveness*			+2
Meeting basic needs	-2		+2

Women empowerment	-2		+1	+2
Employment and skill development	-2		+1	+2

**Target 3.3 End epidemics**

Climate change	-2			+2
Particulate matter	-2			+2
Remuneration	-2			+2
Effectiveness and comfort*			+1	+2
Users, health*	-2	-1		+2
User, inclusiveness*			+1	+2

**Target 3.4 Reduce non-communicable diseases**

Climate change	-2			+2
Particulate matter	-2			+2
Remuneration	-2			+2
Effectiveness and comfort*			+1	+2
Users, health*	-2	-1		+2
User, inclusiveness*			+1	+2

**Target 3.5 Drugs and alcohol**

Users, health*	-2	-1		+2
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**Target 3.6 Reducing road accidents**

Product safety*			+1	+2
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**Target 3.7 Access to healthcare services**

Remuneration	-2			+2
Meeting basic needs	-2		+1	+2
Women empowerment	-2		+1	+2

Employment and skill development	-2		+1	+2
<b>Target 3.8 Universal health coverage</b>				
Remuneration	-2			+2
Meeting basic needs	-2		+1	+2
Women empowerment	-2		+1	+2
Employment and skill development	-2		+1	+2
<b>Target 3.9 Hazardous chemicals</b>				
Climate change	-2			+2
Particulate matter	-2			+2
Ecotoxicity	-2			+2
Human toxicity	-2			+2
Photochemical ozone formation	-2			+2
Ionizing radiation	-2			+2
Water deprivation	-2			+2
Workers, health and safety	-2	-1		+2
Effectiveness and comfort*			+1	+2

\*link can be established under certain conditions (see section about the related target)

## 3.6 References

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