

3 GOOD HEALTH
AND WELL-BEING

KEY ASKS

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SDG 3: GOOD HEALTH AND WELL-BEING FOR ALL

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development, and while gains were being made in women's, children's and adolescents' health and well-being between 2015 and 2019, the COVID-19 pandemic and its aftermath stalled and began to roll back years of progress. It is estimated that there have been over 656 million confirmed cases and at least 14.9 million people have died over the course of 2020 and 2021 due to COVID-19 and its impact on health systems and society.

While global child mortality declined by 14% between 2015 and 2020, similar gains have not been seen in maternal mortality. Assessed from the start of 2016 to the end of 2020, the global maternal mortality rate has stagnated: it was estimated at 223 per 100 000 live births in 2016 and remained the same at 223 in 2020 – meaning in 2020, an estimated 287,000 died from maternal causes globally. The lowered child mortality when translated into lives means more than 5 million died in 2020 before their fifth birthday plus the 2 million who were stillborn. Nearly all these deaths were preventable. Thus, even before COVID-19, the fragility of progress was already evident.

The coronavirus itself and responses aimed at controlling it – especially in the early months, when full-scale lockdowns were imposed – resulted in disruptions in health, education, social protection, and economic systems, all of which have had especially negative impacts on women's, children's, and adolescents' lives. Recovery from the pandemic has been slow, intermittent, and uneven and further hindered by the growing number of humanitarian crises, and additional economic and social challenges such as conflict, public health emergencies, climate change, civil unrest, harmful commercial practices, antimicrobial resistance, poverty, surging inflation and food insecurity – among many others. Still at the end of 2021, 92% of 129 countries surveyed were reporting at least one interruption in essential health services.

The combined polycrisis have severely threatened the lives of millions of people, most of whom were already in precarious situations. As of 2021, the numbers are staggering: **25 million** children unvaccinated or undervaccinated (2m more than 2020, and 6m more than 2019); there were **475,000 deaths** in children under-5 due to malaria; there were **220,000 deaths** due to road traffic injuries, and over **95,000 deaths** due to drowning; there were **110,000 deaths** due to HIV/AIDS and **1.2 million deaths** due to treatable non-communicable diseases. **Over 50 million** children have a developmental disability. In 2021, there were **over 10 million** unintended adolescent pregnancies. Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally. Suicide is the third leading cause of death in 15-19-year-olds and **10% – 20% adolescents** have mental health conditions. Unhealthy environments contribute to **1 in 4 deaths** (<5 yrs); **1 in 3 children** globally are poisoned by lead (*see also SDG 12*).

A child's life trajectory and rights to health, education, opportunities, and safety are still largely determined by where that child is born. Most maternal, child and adolescent deaths and stillbirths are concentrated in low- and middle-income countries (LMICs) and sub-Saharan Africa, and South Asia. However, the world's children are under severe threat as emergencies (public health, humanitarian, nutritional, climate, etc) increase with a concomitant persistence of state fragility and inequity expected. It is estimated that 7% of children live in fragile contexts, 23% in low capacity, 59% in medium capacity, and 11% in high-capacity contexts. However, income growth is moving children into wealthier but not necessarily higher capacity contexts meaning bigger gaps in equity and access to the services they need. It is projected that if current trends continue, 54 countries will not meet the SDG under-five mortality target by 2030, while more than 60 countries will not meet the SDG neonatal mortality target.

Moving beyond such shortcomings and accelerating progress at the pace and scale required to make SDG 3 a reality will take much more than just tinkering with existing health systems and approaches. Health systems everywhere will need to be made more resilient so they can flexibly tackle public health emergencies and multiple threats to health and countries must be supported to lead on efforts to achieve universal health coverage.



KEY ASKS

- 1. Strengthen primary healthcare systems to reach every child.** When primary health care (PHC) is fully resourced, it can be the most effective point of delivery for essential health services, including immunization, nutrition, and sexual and reproductive health (SRH) programmes, from preconception through the first two decades of life. For relatively low cost, accessible PHC can prevent and rapidly diagnose and treat many debilitating or possibly fatal illnesses – such as pneumonia, diarrhea and malaria - and other health conditions among children, thereby saving lives and money in the longer term. Increased and strengthened investment in primary health care is also necessary to realize the expectations of UHC. Given the strength of the COVID-19 response, there are many opportunities to leverage these investments to in strengthen PHC, including vital immunization programmes. Achieving all the SDGs, not just SDG 3, will be much more difficult and uncertain without fully focusing on children’s health from pre-conception through adolescence and into mother- and father- hood. Societies are more equitable and stronger in general when primary health systems are robust, prioritized and capable of delivering the needed services.
- 2. Prioritize community programmes.** Leaving no one behind will require reaching the millions of children and mothers across the world who lack access to essential health services in hard-to-reach communities. Barriers due to cost, long-distance, conflict or insecurity must be brought down to ensure that critical services reach those most in need. Trained, well-supplied, community health workers can help families make informed decisions about their health and well-being and educate them on available services. Good health also depends on availability of clean water and sanitation services as well as access to a diverse, nutritious diet. As a last-mile delivery strategy community services can cross-cut across sectors – including [health](#); nutrition; early childhood development; social protection; [education](#); and water, sanitation and hygiene to ensure communities receive the services they need. It is estimated that in sub-Saharan Africa alone, a \$2 billion investment in community health systems could generate over \$21 billion in economic benefits, mostly from improvements in productivity and reductions in disease. (*See also SDG 1,2 and 6*)
- 3. Fully incorporate mental health into structures and systems that promote well-being and ensure it is adequately resourced.** Poor mental health in childhood and adolescence prevents children from fulfilling their rights and reaching their true potential. Diagnosable mental health conditions affect about 14% per cent of children and adolescents aged 6–18. Depression alone is on track to be the leading disease burden in the next 10 years. Suicide is claiming the lives of up to 800,000 people every year and it is the third leading cause of death among young people aged 15– 19. Half of all mental health conditions start by 14 years of age but most cases, while treatable, go undetected and untreated. All children and adolescents, and their parents and caregivers, are at risk of poor mental health outcomes. However, risks are particularly acute for the most vulnerable, e.g. those who live in humanitarian emergencies and low resource settings
- 4. Invest in and support data and information systems and the effective use of enhanced data.** Although there have been advances in data collection and reporting over the past decade in key areas related to women’s, children’s and adolescents’ health, there are still many data gaps. For example, age- and sex-disaggregated data are often not gathered or available, which makes it difficult if not impossible to develop and implement interventions targeted at children and women. Furthermore nearly 4 in 10 of the world’s deaths remain unregistered (and therefore unclassified) leaving a large gap in understanding of where and what is causing child deaths. The pandemic highlighted the importance and value of robust, functioning routine health data systems to ensure continued and real-time monitoring before, during and after humanitarian and public health emergencies. The investment that were made in digital systems during the pandemic have laid a critical foundation to improve information systems and lead to better care, support and ensure no one is overlooked.
- 5. ADVOCATE for funding: Financing health in a crowded and uncertain environment**
The multi-dimensional return on investing in the health of children and adolescents is lifelong across all parts of society. How countries allocate resources to achieve health goals makes a difference for children. To ensure children and adolescents have equitable access to health care and services, Governments must analyze local needs, raise sustainable funds and budget efficiently. Health financing comes from a mix of domestic, bilateral and multilateral sources. Adequately matching health funding with national priorities requires identifying cost-effective interventions and developing plans for maternal, newborn, child and adolescent health programmes which must have strong government oversight in budgeting and be fully transparent. Health systems financing and the technical assistance to ensure beneficial outcomes for children across the maternal, neo-natal, child, and adolescent health (MNCAH) space comes from a variety of international financial institutions and multilateral financing mechanisms – including the [World Bank](#), [Gavi](#), the [Global Financing Facility](#) and the [Global Fund](#) and [UNICEF](#) – and leverages in-depth situational analyses from tools such as [DHIS2](#), the [Equitable Impact Sensitive Tool \(EQUIST\)](#) and [other ways to optimize health data](#) to ensure that development priorities, efficiency and equity of health spending is improved, and overall ensure that primary health care and critical public goods are adequately funded. Adequate health financing for strong health systems/primary health care also lays the foundation of pandemic prevention, preparedness, response.



For more information, visit: <https://www.unicef.org/sdgs>

ACTIVATE -- WOMEN'S EMPOWERMENT AS A CORNERSTONE FOR STRONGER, MORE SUSTAINABLE RESULTS

The SDGs framework recognizes the essential role of gender equality and women's empowerment in enhancing women's lives, strengthening families and communities as well as advancing overall social and economic development. Empowerment relies on a woman being able to make informed decisions about her own body, health care and well-being and to act on these decisions, including to get the services and support she or her children need conveniently, affordably, and safely whenever she wants. Far too often, as has been seen during the COVID-19 pandemic, women are directly or indirectly barred from making and acting on such decisions due to a combination of economic, social, cultural, and political barriers.

Identifying and removing these obstacles should be seen as a practical step in addition to a human rights imperative. Improving women's empowerment can result in benefits to individual women, families and to societies. Securing women's and adolescents' sexual and reproductive rights, including reducing their exposure to violence, is also essential to their health and well-being.

In addition it is estimated that women account for 67% of the global health and social care workforce and provide essential health services for around 5 billion people worldwide. The financial value of women's input into health systems is estimated to be over US\$3 trillion annually. Yet women's contributions to health and the health labour market remain markedly undervalued. Women in health tend to be clustered into lower status, low pay, and/or often unpaid roles - typically as community health workers – about 6 million according to Women in Global Health. In many parts of the world, women community workers are best placed to reach out to other women and children – a population out-of-reach for men because of social, gender and cultural norms. Key health services such as vaccination services particularly rely on female community health workers. Knowing the value of being the bridge between families and communities and health systems, female community health workers are often the only ones willing to work in remote and underserved areas often for little or no pay and dealing with gender-based violence, verbal abuse, discrimination, and the pressures of childcare and household responsibilities. Sustainable development will require a better valuation of women's contributions to the world's physical, social and mental wellbeing.

Additional resources available on: <https://www.unicef.org/health>