**SDG 3: GOOD HEALTH AND WELL-BEING**

Good Health and Well-Being for All is a foundation for the sustainable development agenda. At the start of 2020, more children lived to see their first birthday than at any time in history. Child mortality has fallen by 50% since 2000. Maternal mortality and child marriages were on the decline and more girls were going to school and staying in school than ever before. This progress, however, has not reached every child. In light of the COVID-19 pandemic, these gains have proven fragile and the future is now uncertain.

The COVID-19 pandemic has exacerbated persistent inequities while also creating new ones. The actions taken to control the virus have disproportionately affected women and children causing devastating impacts such as lower rates of immunizations, reversals in learning outcomes due to school closures, surging reports of violence and abuse directed at girls and women, increased poverty and hunger and food insecurity. The World Health Organization (WHO) and UNICEF jointly estimate that as of July 2021 23 million children missed out on routine childhood vaccines in 2020, the highest number since 2009, 3.7 million more than in 2019.

Meanwhile, conflicts, migration, climate instability and ecological degradation are introducing new dangers and intensifying known impediments to the health of women, children, and adolescents, placing these hard-won gains at great risk. As of 2019, there were 5.3 million under-five and 295,000 maternal deaths per year, most of them preventable. Many countries are off track on the individual SDG 3 targets and, despite progress, at least half of the world’s population still lacks access to basic and affordable health services. This is particularly worrisome given that population health is a crucial pre-requisite for all aspects of social and economic development. Moreover, impoverishment due to the out-of-pocket cost of health care is rising. Because childhood and adolescence phases are formative and can determine health throughout a lifespan, investing in the health of children and adolescents not only also benefits their immediate health status, but is also an effective way to build and preserve the human capital that societies need to prosper. It is therefore essential that child and adolescent health is a central focus of both immediate and longer-term COVID-19 response and recovery. To this end, UNICEF has supported adaptations to service delivery systems to limit interruptions, support continuity, facilitate reopening and enable equitable access.

UNICEF and its partners have assisted 153 countries and territories with critical supplies, financial, and technical support. In 2020, 3.3 million health workers were trained on infection prevention and control; 1.8 million health workers benefited from personal protective equipment; 73.7 million people received WASH supplies; and 93 countries received 15,000 oxygen concentrators – innovative devices that help people including those with COVID-19 to breathe. UNICEF has also worked across sectors – child protection, education, social protection, gender, and health – to respond to emergency mental health and psychosocial support needs. Efforts have focused on continuing to provide essential services, responding to new needs, adapting services to reach vulnerable groups during the restrictions, protecting service providers and recipients of care, and offering technical support across sectors. UNICEF also implemented risk communication and community engagement interventions through community influencers, traditional/religious leaders, community groups, youth groups, health workers and local organizations, reaching 3 billion people.

As the largest single vaccine buyer in the world, UNICEF is leading the vaccine supply operation on behalf of the COVAX facility. In collaboration with the PAHO Revolving Fund, UNICEF is leading the procurement and delivery to 92 low- and middle-income

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1. Lancet commission on child health and well-being, Feb. report.
countries, while also supporting the procurement for more than 97 upper middle-income and high-income countries. UNICEF is also procuring and transporting immunization supplies and cold chain equipment such as vaccine refrigerators. Additionally, working together with WHO, UNICEF leads the multi-agency COVID-19 Digital Health Centre of Excellence to provide coordinated technical assistance to national governments and partners on COVID-19 vaccine delivery. Digital health interventions can amplify countries efforts to operationalize their COVID-19 pandemic response plans.

In support of SDG 3, UNICEF focuses on interventions in the following strategic areas: (1) Strengthening healthcare systems; (2) Maternal, new-born and child survival; (3) Child and adolescent health and well-being, including mental health; and (4) Health in emergencies and humanitarian settings, including as part of the global COVID-19 response. The below SDG targets are closely related to UNICEF’s priorities for the health of women, new-borns, children, and adolescents:

1. Strengthen primary healthcare systems to reach every child. Health services at all levels must be reliable, well managed, staffed with adequate numbers and appropriately qualified personnel, have reliable supplies of drugs, diagnostics and other commodities, be well-located, be interlinked across the healthcare hierarchy and have access to information and data that determines their decisions and the allocation of resources. They must be accountable to the communities they serve and have access to sustainable financial resources that ensure universal health coverage (UHC), regardless of the public’s ability to pay. All people must have access to promotive, preventive, curative, rehabilitative and palliative health services, without exposure to financial hardship. For health services to be resilient to crises, including the present COVID-19 crisis, all these elements of health systems must all be functioning well, with no weak links. Most essential health services can be provided, and most influences on health occur at community and primary health care level. Accordingly, UHC relies on well-functioning primary health care (PHC), including quality, affordable primary care services accessible near where people live and work; systematic and comprehensive attention to the multi-sectoral determinants of health, as well as individuals and communities empowered to influence and take ownership of their health.

2. Focus on maternal, new-born and child survival. Health services must identify and treat health risks during pregnancy and prevent life-threatening conditions among infants and young children. It is necessary to scale up essential maternal and new-born care services, improve and sustain immunization programmes and support preventive and curative services for pneumonia, diarrhoea, malaria, and other child health conditions.

3. Prioritize child and adolescent health and well-being, including mental health. What makes a good childhood is good mental well-being (Innocenti Report Card 16). A healthy childhood and adolescence are crucial to a healthy and productive life. Financial and technical support is needed for services that provide age-appropriate health care, including mental health services, promote child and adolescent health and well-being, reduce the acquisition of risks for non-communicable diseases (NCDs) in later life, prevent injuries and provide support to children with developmental delay or disability. Communities and schools are a key forum for health promotion in this period of life.

4. Support responses to reduce the impact on children and families of natural disasters, complex emergencies, and demographic shifts. Conflicts, natural disasters including those caused by climate change, migration, rapid urbanization, and political and social instability are increasing, and present specific and significant health challenges. Similarly, disease outbreaks like the current COVID-19 pandemic, are a major influence on health services and population wellbeing. Addressing the health impact of these challenges requires resilient health systems that can withstand crises, as well as support from the international community to ensure responses that preserve health services and the well-being of affected children and adolescents.

**KEY ASKS**

1. Strengthen primary healthcare systems to reach every child.
2. Focus on maternal, new-born and child survival.
3. Prioritize child and adolescent health and well-being, including mental health.
4. Support responses to reduce the impact on children and families of natural disasters, complex emergencies, and demographic shifts.

**MONITOR -- THE IMPORTANCE OF DISAGGREGATED DATA COLLECTION, ANALYSIS AND USE**

Dedicated resources should be allocated to make digital health solutions an integral part of the information systems to deliver more person-centred and integrated care, and to tailor the models to each country’s needs, leaving no one behind. Data
generated from such digital platforms can be used in near-real time for monitoring, evaluation, and statistical analysis. Comprehensive assessments need to be carried out to understand the situation of women, new-borns, children and adolescents and the health systems that serve them. For instance, the first round of qualitative data from 77 countries for 17 essential health services, conducted from 28 April to 15 June 2020, showed that outreach and outpatient services had been the most impacted, with wellness checks, immunization, antenatal and postnatal care, and family planning services being most affected by COVID-19. It is key to have strong data-driven information systems to facilitate real-time decision making, improve performance and referral processes by health workers managing the clients.

The return on investing in the health of children and adolescents is high. Investments must ensure quality PHC that is continuous, comprehensive, coordinated and community oriented. Both the prevention and treatment of disease and health promotion must be prioritized. Governments must ensure adequate numbers of appropriately qualified and equitably distributed public health and primary care staff, with adequate compensation and meaningful opportunities for professional development, working in teams to comprehensively address the needs of women and children across the lifecycle. The mental health of children and adolescents must be incorporated into PHC. Nearly three-quarters of adult mental health disorders have their onset during childhood and adolescence; these are much harder to treat later in life.

More sustainable financial resources need to be dedicated for public health, ensuring that they follow strategic planning and that effective policies are implemented. Public health expenditure needs to be increased in low and middle-income countries, particularly for financing PHC at the community level. Although the global communities have committed additional resources for the development of COVID-19 vaccines, diagnostics and treatment, increasing investment to primary health care systems and basic infrastructure such as WASH for effective infection prevention and control in health facilities, has yet to materialize. Increased donor funding, technical assistance and aligned investments for health, particularly for PHC, are needed from both domestic resources and high-income countries. The determinants of health need to be addressed in all sectors of government. To achieve SDG3, countries need to implement strategies that will improve equitable health financing and strengthen public financial management and payment mechanisms that ensure health services function and that protect individuals and households from impoverishment. Strategies should include measures that facilitate strong and effective health governance at the national and sub-national level, stewardship, and regulation of the private health sector.

**ACTIVATE -- AWARENESS BUILDING AND MEANINGFUL PARTICIPATION OF CHILDREN, ADOLESCENTS AND YOUTH**

Communities, including women, children and adolescents, need to be involved in the design, planning and management of their health and it is important to enable them to pursue the knowledge, skills and resources needed to take care of their own health. The process for preparing the voluntary national reviews (VNRs) should directly involve children and adolescent girls and boys, especially the most marginalized or excluded. For example, through consultations (on and/or offline), surveys or polls, focus group discussions, etc. UNICEF together with civil society, child-focused organizations and other partners could support the government in that process. The results of these efforts as well as the methods employed should be described in the VNR report, including the number of young people involved in the process.

It is imperative to provide spaces for children, adolescents, and youth to learn about, discuss and act on the SDGs, including Good Health and Well-Being. UNICEF can support this effort through our existing work in this space and creating child-friendly education and entertainment materials through our foundational partnerships on the World’s Largest Lesson and Comics Uniting Nations. UNICEF’s Youth Activate Talk Methodology is also a platform for children to express their ideas on the SDGs through a variety of mediums. Awareness-raising and participation should be seen as part of a continuum to regularly, meaningfully and consistently engage children, adolescents and young people as agents of change to influence behaviours and social norms amongst themselves, their households and their communities. This goes beyond engagement just for the purposes of reporting periods, but rather creating standing mechanisms and spaces for young people to engage and have their perspectives heard in decision and policy-making processes as well as across media and communications channels for the purpose of solidifying long term positive changes in behaviours and social norms.

For more information, visit: [https://www.unicef.org/sdgs](https://www.unicef.org/sdgs)