SDG 4: GOOD HEALTH AND WELL-BEING

Good Health and Well Being for All is a foundation for the sustainable development agenda. Despite progress made during the MDG era, major challenges remain with regards to health, including a large residual burden of preventable mortality, ensuring universal access to quality health care, improving nutrition (both under- and over-nutrition, and vitamin and mineral deficiency), preventing infectious diseases such as pneumonia, diarrhoea, HIV, tuberculosis and malaria, and addressing increases in non-communicable diseases (NCDs). As of 2019, there are 5.3 million under-five and 295,000 maternal deaths per year, most of them easily preventable. Many countries are off track on 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.

The onset and ongoing crisis of the global COVID-19 pandemic has only exacerbated the situation, especially for the most vulnerable children. Although children are less at risk of becoming seriously ill from or dying of COVID-19, school closures, lockdowns, economic shocks and overwhelmed health systems can put the lives of millions of children at increased risk. For example, researchers in The Lancet, noted that an additional 6.7 million children under five could suffer from nutritional wasting this year due to COVID-19. Additionally, routine child health services like immunization have been interrupted due to the pandemic, increasing children’s vulnerabilities to vaccine-preventable diseases. An increased risk to children’s physical and mental health is also at play due to sheltering in place in a physically or emotionally abusive home and with less access to teachers, social workers or other support systems.

Another concern is that the hard-won gains could easily be reversed. Until recently, this might have been considered an unlikely possibility, given the remarkable trends of the past decade. But the COVID-19 pandemic has utterly changed the global health and development landscape as it continues to precipitate and expose social and economic inequities that leave many women, children and adolescents disproportionately disadvantaged. Some of the progress in the health and well-being of women, children and adolescents appears to be unravelling, as seen in certain key indicators. Previous assessments of these indicators have shown mixed progress and persistent equity gaps between and within countries. For example:

- Although dramatic success has been achieved in reducing maternal and child mortality and in improving child nutrition and education, many countries are still plagued by uneven access to some essential maternal, newborn, child and adolescent health (MNCAH) services such as treatment for childhood illnesses like pneumonia and diarrhoea and a poor track record in removing barriers to coverage such as fees and other out-of-pocket expenses.¹

- In numerous countries, mass migrations, rapid urbanization, and humanitarian situations including armed conflict are among many development challenges that have weakened their ability to reach every woman, child and adolescent with the services they need and to create an enabling environment. Even before the onset of the COVID-19 global pandemic, children and adolescents in much of the world were facing the direct effects of – or were increasingly likely to soon be confronted with – the potentially catastrophic consequences of climate change and ecological degradation.²

- Since what happens during childhood and adolescence can determine health throughout the 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

“Economic hardship experienced by families as a result of the global economic downturn could result in hundreds of thousands of additional child deaths in 2020, reversing the last 2 to 3 years of progress in reducing infant mortality within a single year.”

-- Policy Brief by the UN Secretary-General: The Impact of COVID-19 on Children
focus of both immediate and longer-term COVID-19 response and recovery.\(^3\)

Investing in maternal health also helps ensure mothers and their newborns have a healthy start together. A priority strategy for this is comprehensively strengthening health systems, so that all children and women of reproductive age have access to reliable, affordable, quality health services that not only provide clinical care, but also promote good health and prevent illness across the lifecycle.

In support of SDG 3, UNICEF focuses on interventions in the following strategic areas: (1) Strengthening healthcare systems; (2) Maternal, newborn 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 following SDG targets are closely related to UNICEF’s priorities for the health of women, newborns, children and adolescents:

- 3.1 - global maternal mortality
- 3.2 - preventable deaths of newborns and children under 5 years of age
- 3.4 - premature mortality from non-communicable diseases
- 3.8 - universal health coverage
- 3.9 - research and development of vaccines and medicines for the communicable and non-communicable diseases
- 3.c - health financing and the recruitment, development, training and retention of the health workforce in developing countries,
- 3.d - capacity of all for early warning, risk reduction and management of national and global health risks

### KEY ASKS

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, newborn 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 newborn 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](https://innocenti.unicef.org/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 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.

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

Dedicated resources should be allocated to establish information systems that include routine mechanisms for monitoring, evaluation and statistical analysis. Comprehensive assessments need to be carried out to understand the situation of women, newborns, 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 28th April to 15th June 2020, showed that outreach and outpatient services had been the most hit, with wellness checks, immunization, antenatal and postnatal care, and family planning services being most affected by COVID-19. There are clear signs of early recovery for immunization and other outreach services that were...
hit early and hard, with a V shaped recovery trend evident in most countries. However, services like institutional delivery, C-sections and inpatient care for sick newborn that are delivered at health facilities largely show prolonged and continued interruption with a much slower recovery. The drivers of the interruption include the intensity of COVID transmission and case load, government policies on lockdown hampering access, systems response and mitigation measures put in place, repurposing of healthcare facilities for COVID-19 patient management, shut down of peripheral health facilities, supply side interruption, and reduced demand due to fear of infection and apprehensions in the community.

INVEST -- SOCIAL SPENDING AND PROGRESS ON RESULTS FOR CHILDREN, ADOLESCENTS & YOUTH

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 or origins 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 & MEANINGFUL PARTICIPATION OF CHILDREN, ADOLESCENTS & 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. UNICEF encourages governments to:

The process for preparing the 2021 voluntary national review 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.

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 due to 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 from children to express their ideas on the SDGs through a variety of medium. 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

1 Requejo et al., assessing coverage of interventions for reproductive, maternal, newborn, child and adolescent health and nutrition. BMJ.
2 IAP Lancet article. Caught in the COVID-19 storm: women’s, children’s and adolescents’ health in the context of UHC and the SDGs.
3 Lancet commission on child health and well-being. Feb. report.