

3 GOOD HEALTH
AND WELL-BEING

KEY ASKS

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SDG 3: GOOD HEALTH AND WELL-BEING FOR ALL

There is much to be proud of at the halfway point of the 2030 sustainable development agenda from the perspective of women's, children's and adolescents' health and well-being. Child mortality has declined by more than 50% over the past two decades, with the decrease in maternal mortality over the same period also substantial at about 40%. The lives of millions of children and women have not only been saved but also improved in many ways, as indicated in lower rates of child marriage, fewer new HIV infections among children and adolescents, and more girls getting the education they deserve and staying in school longer.

Yet as impressive and promising as they are, these and other gains are only partial successes. Many children have not been reached and protected, including the more than 5 million who died in 2020 before their fifth birthday. Nearly all these deaths were preventable, as were the deaths of 295,000 women from complications of pregnancy and childbirth in 2017 and the nearly 2 million babies stillborn every year. The fragility of progress has been further underscored in the past few years. A slowing down of improvements in many indicators began even before COVID-19, but the pandemic has made the situation much worse. 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. Among the adverse consequences with likely long-term effects are increased poverty, worsening mental health, and reduced safety and security from all forms of violence.

Recovery from the pandemic, now in its third year, has been slow, intermittent, and uneven. Regaining important momentum to improve the health and well-being of women and children has been further hindered by the growing number of humanitarian crises resulting from conflict and climate change and recent economic and social challenges related to them, such as surging inflation and food insecurity. By the end of 2021, a record 89.3 million people worldwide – 8% more than the previous year – had been driven from their homes by war, violence, persecution, and human rights abuses. Children accounted for about 41% of those forcibly displaced people and make up over half of the world's refugees.

These crises and challenges are holding back efforts to drive more accelerated progress toward individual SDG 3 targets. 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. The gaps can be seen in worrying results in areas such as childhood vaccinations, as available estimates show a continued drop in coverage of immunization services during the second year of COVID-19, with 25 million children worldwide unvaccinated or undervaccinated in 2021. In another example, the share of adolescent mothers (aged 15–19) receiving at least four antenatal care (ANC) visits decreased from 53 to 52 per cent over the 2018–2021 period, which highlights already shockingly low access to maternal and new-born health services among those with some of the highest risks for pregnancy-related complications.

Such global figures mask huge inequalities in progress and vulnerability. 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 in two regions, sub-Saharan Africa, and South Asia. Only 64% of children in sub-Saharan Africa completed primary school and 27.1% completed upper secondary education in 2021 compared with 99.8% and 89.6% of children, respectively, in Europe and North America.

The recent weaknesses and challenges have severely threatened the lives of millions of people, most of whom were already in precarious situations. But many of the dire predictions and worst fears from the beginning of the COVID-19 pandemic have not come true. This is due in part to the work of UNICEF over the past three years to prevent more extensive and devastating impacts from COVID-19 and other challenges on women, children, and adolescents. One of its key roles has been bringing together the public health, social-economic and humanitarian responses into an integrated and community-based response. UNICEF's

sustained support to governments and partners has helped to strengthen infrastructure, develop preparedness plans, and re-establish routine health services.

In an example of how the health systems strengthening focus has played out in one crucial area regarding children's health, UNICEF and partners have sought to mitigate the effects of disruptions to routine immunization services caused by COVID-19 through continued efforts to re-establish vaccine cold chains, provide vaccines and technical support, and boost the capacities of health workers to provide vaccinations in humanitarian and fragile settings. Such efforts have had broader benefits to health systems and people of all ages by boosting countries' ability to deliver COVID-19 vaccinations and to respond more effectively to other current and future public health events. By playing a leading role in the COVID-19 Vaccines Global Access (COVAX) facility, the vaccination pillar of the Access to COVID-19 Tools Accelerator (ACT-A), UNICEF has leveraged its expertise and experience in procurement and logistics for children in need while also serving as an important conduit for lessons learned in COVID responses to be applied throughout health systems.

Individual lives improved and saved are the most important result, and the numbers of people reached and supported can help to tell the positive story. During 2021, in the 52 high-burden countries prioritized by UNICEF for maternal and new-born health (MNH), 38.9 million live births were delivered in health care facilities through UNICEF-supported programmes, an increase from 30.5 million in 2020. Between 2018 and 2021, with UNICEF support, the cumulative total increased from 84 million to 180 million live births delivered in health care facilities, far exceeding the organization's Strategic Plan 2021 target of 144 million. These and other remarkable achievements resulted in large part from UNICEF-supported activities in 2021 that included the implementation of plans to strengthen the delivery of quality and dignified maternal and new-born care in 39 countries; training more than 650,000 health workers on MNH in the 52 priority countries; and enhancing quality improvement standards in some 7,725 facilities. These crucial lifesaving interventions occurred even as many countries continued to struggle with the direct and indirect effects of the pandemic.

As beneficial and vital as these and other efforts by UNICEF, governments and other partners have been, they are not sufficient on their own to achieve the pervasive, deep-seated, and sustained changes needed for countries to meet the SDG 3 targets and put them on a solid path toward ensuring good health and well-being for all women, children, and adolescents. One lingering challenge is the COVID-19 pandemic, which is not over despite much of the world trying even harder in 2022 to put the crisis behind. Yet various impacts persist and point to serious, unresolved problems. UNICEF's COVID-19 socioeconomic impact surveys, which examine the changes in health services using routine health information, found that while service disruptions lessened across all sectors in the second year of the pandemic, the number of countries reporting severe disruptions in at least one service across nutrition, health and water, sanitation, and hygiene (WASH) increased between the first and third quarters of 2021.

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. The pandemic and other crises in the past few years have exposed and exacerbated gaps in overall well-being among women, children and adolescents that underline the need to think and act more broadly. Universal health coverage (UHC) should remain an essential underlying goal, but it must be conceptualized and implemented to include equitable access to services and support across a wide spectrum of areas that influence health, well-being, and ability to engage in society and be as productive as possible.



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 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, as it is the bedrock of any functioning and responsive health system. Achieving all the SDGs, not just SDG 3, will be much more difficult and uncertain without fully resourced primary health care, given how important children's health is to their progress in all other development areas. The benefits are wide-ranging: Societies are more equitable and stronger in general when primary health systems are robust and prioritized.
- 2. Understand and prioritize social determinants of health.** Improving women's, children's and adolescents' health and well-being cannot be achieved solely by strengthening health care services. Addressing social determinants of health is equally important. This means that all women, children, and adolescents need access to social protection services and education and training opportunities. Good health also depends on availability of clean water and sanitation services as well as access to a diverse, nutritious diet.
- 3. Fully incorporate mental health into structures and systems that promote well-being and ensure it is adequately resourced.** COVID-19 has had a major toll on the mental health of women, children, and adolescents. For example, estimates for 2020

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

show a global increase among the general population in major depressive disorders of 27.6% and of anxiety disorders of 25.6% after the pandemic began, compared with rates prior to its start. Although data are mixed, younger age and female gender were often reported as risk factors for these disorders. Most of these individuals have likely been unable to get vital support and services given the lack of capacity and resources to provide mental health care in much of the world. The gaps have been widening even as needs are increasing. According to results from a World Health Organization (WHO) survey, 33% of responding countries reported ongoing disruptions to mental, neurological and substance use services between November and December 2021. To address these worrying trends, the mental health of children and adolescents must be incorporated into PHC. This is prudent and necessary from every perspective as failure to improve the situation means health systems and societies overall are less effective and efficient. 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.

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 the kind of targeted interventions needed to benefit them. Another example of a major gap is that nearly 4 in 10 of the world's deaths remain unregistered. More than ever, routine health data systems are seen as extremely important to ensure continued and real-time monitoring during emergencies such as the COVID-19 pandemic. Their necessity and value to comprehensive UHC are undeniable. Investment in digital systems should be a key component of efforts to improve information systems that lead to better care and support and leave no one behind.

5. *ADVOCATE for funding: Financing health in a crowded and uncertain environment*

The case for more money and resources aimed at achieving SDG 3 is easy to make. The return on investing in the health of children and adolescents is especially high across all parts of society. More sustainable financial resources therefore should be dedicated for public health, ensuring that they follow strategic planning and that effective policies are implemented. In particular, public health expenditure needs to be increased in LMICs, with financing PHC at the community level a priority.

The path to make this happen has become more difficult to find in recent years, however. The COVID-19 pandemic and conflict situations such as the Ukraine crisis have negatively impacted national economies. Both official development assistance (ODA) from donor countries and domestic funding have been directed to response and recovery efforts, leaving less funding available for other priorities. The need to address the climate crisis may further limit prospects for increasing funds allocated to women's, children's, and adolescents' health.

It is important to keep in mind that investing in health and well-being is not a zero-sum game. Relatively quickly, many countries found billions of dollars to allocate to responses to COVID-19; this shows that health funding is often about prioritization and political will and not about lack of fiscal space. With this in mind, and as a reflection on the importance of global solidarity in the wake of a pandemic that showed that health problems rarely stop at borders, the World Bank and other multilateral partners have called for urgent international support for countries facing weak government spending growth in the years ahead. In addition to increased investment, it is more important than ever to improve the efficiency and impact of domestic health financing and development assistance for health.



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.