



3 GOOD HEALTH AND WELL-BEING



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## KEY ASKS FOR 2020 SDG VOLUNTARY NATIONAL REVIEWS

### 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.

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. Investing in maternal health also helps ensure mothers and their newborns have a healthy start together. Therefore, prioritizing investments in health across the maternal, newborn, child and adolescent life-cycle addresses both the unfinished mortality, disease and under-nutrition focus of the MDG era as well as focusing towards good health and well-being. 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 life-cycle.

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; and (4) Health in emergencies and humanitarian settings. The following SDG targets are closely related to UNICEF's priorities for the health of women, newborns, children and adolescents:

- 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births;
- 3.2 - By 2030, end preventable deaths of newborns 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;
- 3.8 - 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;
- 3.b - Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines;
- 3.c - Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States;
- 3.d - Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.



#### KEY ASKS

##### Strengthen healthcare systems.

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, all these elements of health systems must all be functioning well, with no weak links.

Most health services can be provided, and most influences on health occur at community 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.

##### 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.

### **Prioritize child and adolescent health and well-being.**

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, 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.

### **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, pandemics 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. This will make it possible to identify baselines, implement strategic actions

where the need is greatest, and monitor progress towards relevant SDG targets. The quality, breadth and depth of data relevant to health needs to be improved. Data should be disaggregated by age, sex, income, disability, geographic location, education and other relevant characteristics in specific contexts, including among those affected by emergencies. Disaggregation will help not only to focus interventions where they are most needed, but also to accurately track the progress made. Digital technologies and engagement of affected communities can help ensure that information is accurate and up-to-date when tracking performance and the overall effectiveness of programmes. Direct inputs should be sought from children and adolescents as possible.



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

**The return of 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 life-cycle. 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. Increased donor funding, technical assistance and aligned investments for health, particularly for PHC, are needed from high-income countries. The determinants of health need to be addressed in all sectors of government, preferably with domestic resources. 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 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 2020 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 take action 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 behaviors 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 behaviors and social norms.