

Virtual Inter-agency Expert Group Meeting on
Implementation of the Third United Nations Decade
for the Eradication of Poverty (2018-2027)—
Accelerating Global Actions for a World without
Poverty: Gaps, Challenges and Progress

**Session 4: UN system support
to the implementation of the
Third United Nations Decade
for the Eradication of Poverty
(2018-2027)**

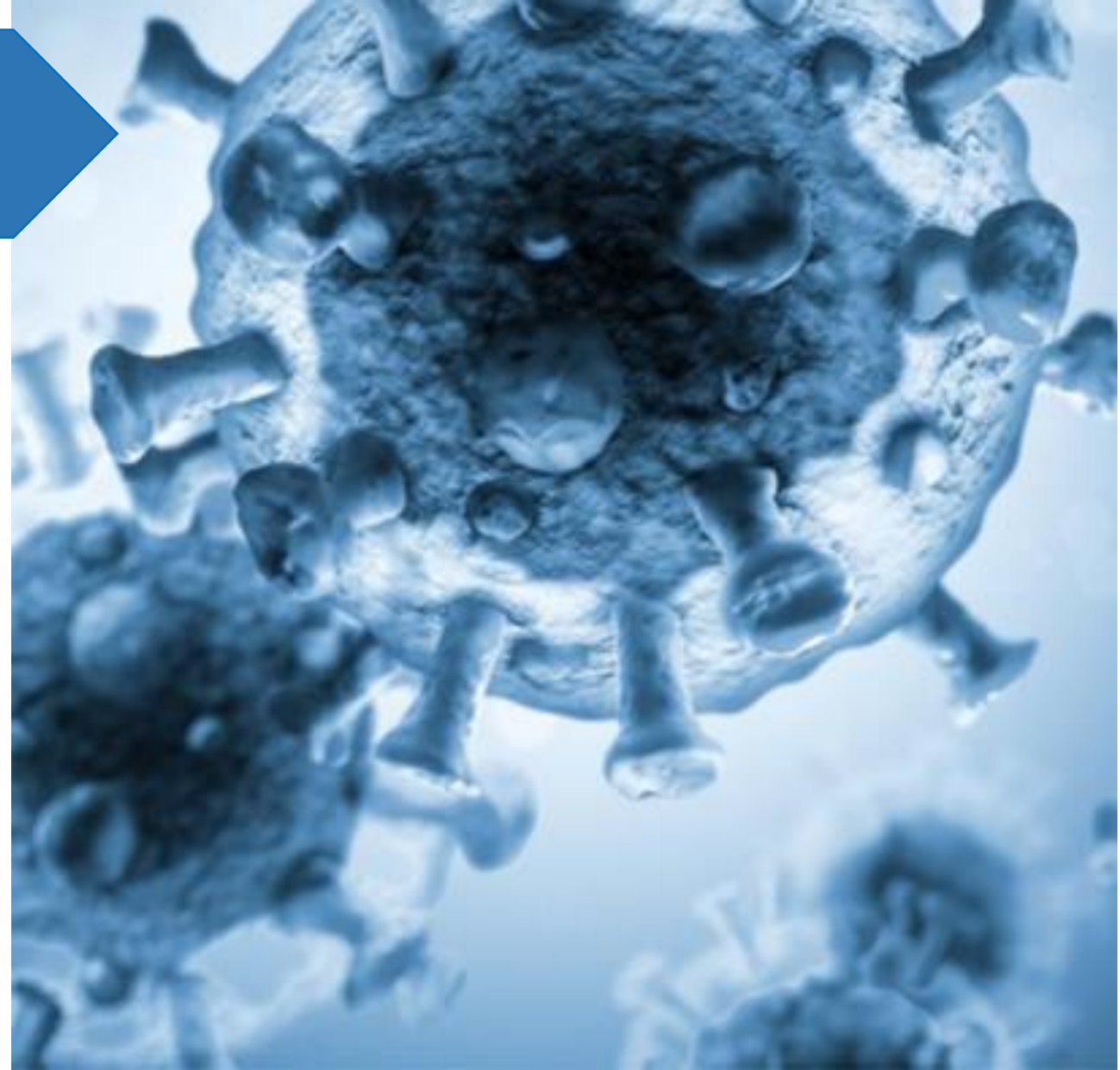
***Gaps, challenges and progress towards universal
health coverage, global health security and the 2030
Agenda for Sustainable Development***

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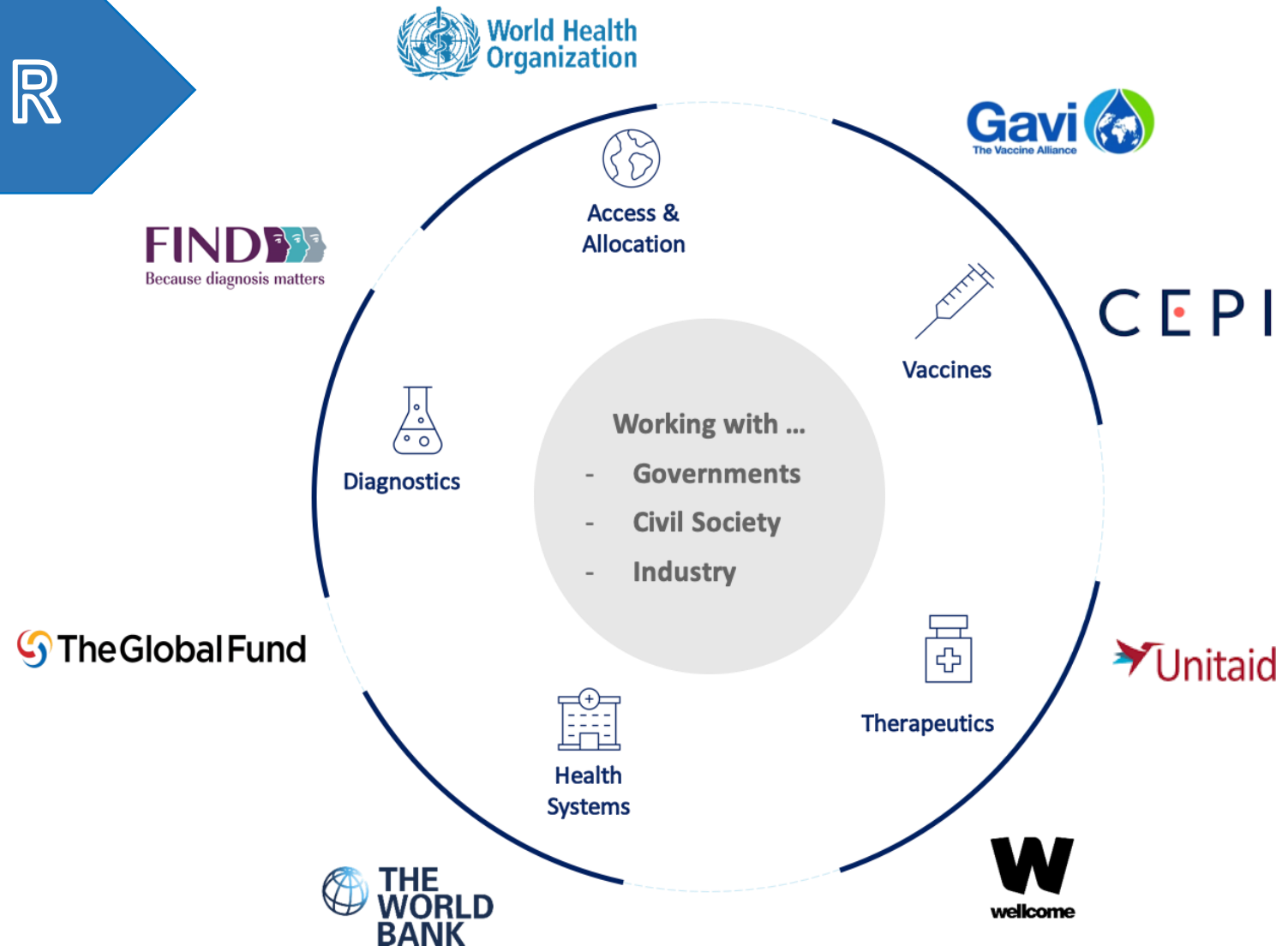
IMPACT OF COVID-19 ON SDG 3


- COVID-19 cannot be seen in isolation from the fundamental problems with our health systems: **inequality, underfunding; complacency, neglect.**
- **Investments in primary health care systems and universal health coverage** will help us recover more quickly from this pandemic and prevent the next before it takes hold.
- **Maintaining continuity of essential health systems is critical.** Efforts to recover from COVID-19 should not come at the cost of other essential healthcare, from women's reproductive services to children's vaccinations and mental health coverage.



ACT ACCELERATOR

The ACT-Accelerator is a framework for collaboration. The Access to COVID-19 Tools Accelerator brings together governments, health organizations, scientists, businesses, civil society, and philanthropists to speed up efforts to end the pandemic by supporting the development and equitable distribution of the diagnostics, vaccines and treatments the world needs.





COVAX – led by CEPI, GAVI and WHO – is speeding up the search for an **effective vaccine for all countries**, supporting the building of manufacturing capabilities, and buying supply ahead of time so that **2 billion doses** can be distributed fairly in the places of the greatest need by the end of 2021.

180+ economies are engaged in the COVAX facility

SDG 3 TARGETS

3 GOOD HEALTH AND WELL-BEING



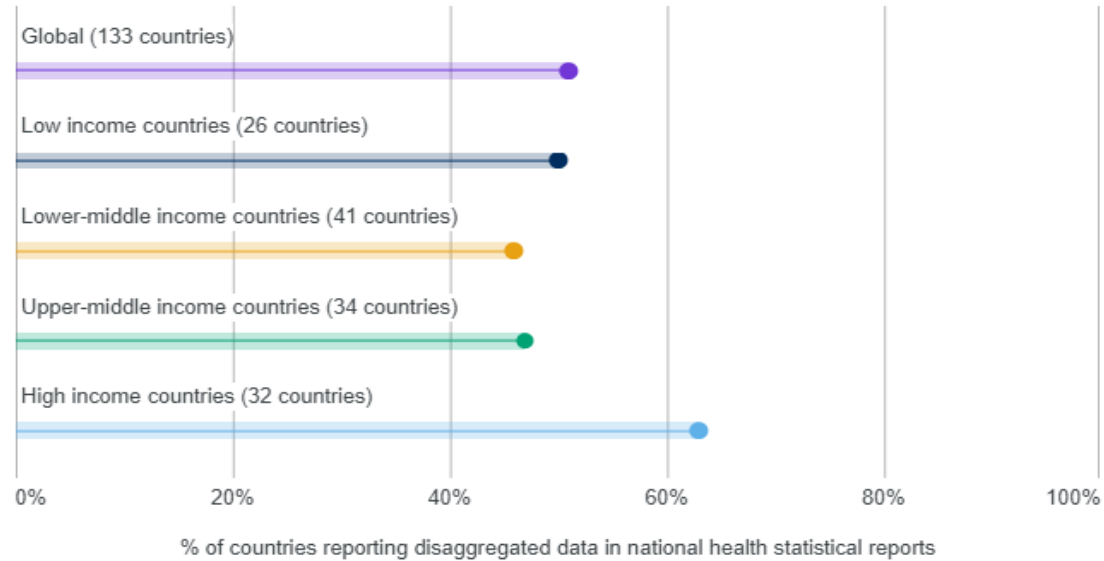
Ensure healthy lives and promote well-being for all at all ages

- 3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 End preventable deaths of newborns and children under 5 years of age
- 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse
- 3.6 Halve the number of global deaths and injuries from road traffic accidents
- 3.7 Ensure universal access to sexual and reproductive health-care services
- 3.8 Achieve universal health coverage
- 3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control
- 3.b Support the research and development of vaccines and medicines for communicable and noncommunicable diseases that primarily affect developing countries and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries
- 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

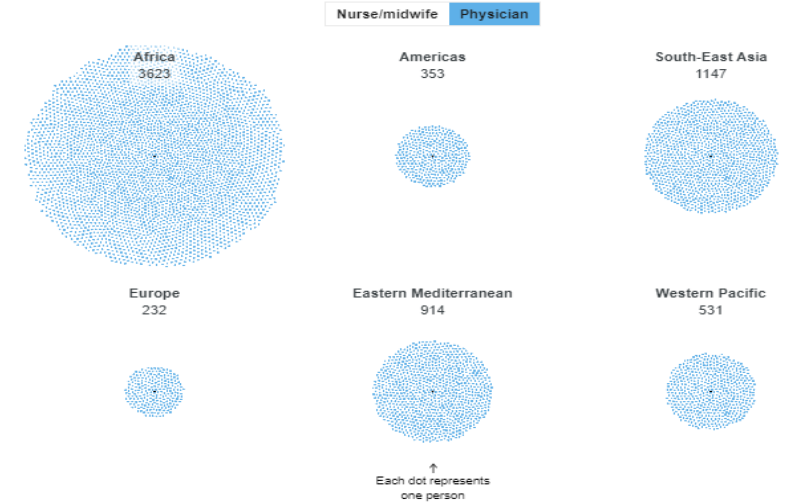
GAPS + CHALLENGES

Worldwide, only half of the countries include disaggregated data in national health statistical reports

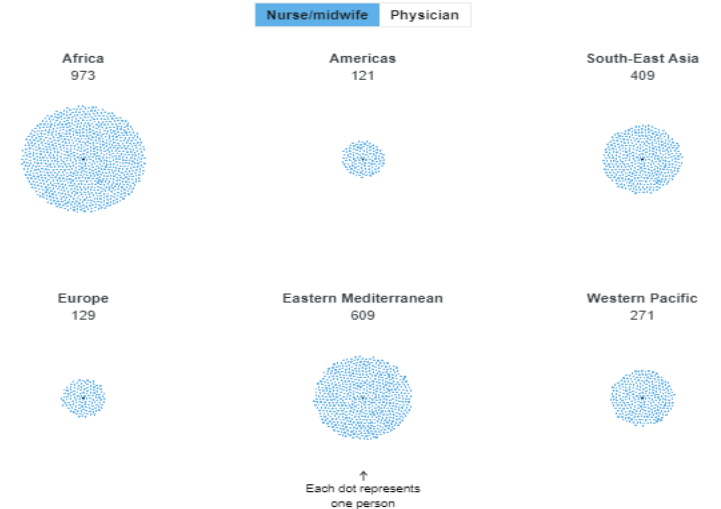


Source: [SCORE global report on health data and systems capacity, 2020](#). Geneva, World Health Organization; 2020.

Number of people for every single...



Number of people for every single...



Source: [National Health Workforce Accounts Data Portal](#) [online database]. Geneva: World Health Organization.

IMPACT OF COVID-19 ON UHC

Overall, 94% of the 135 countries and territories participating in WHO's *National pulse survey* reported some kind of disruption to services during January-March 2021.

Primary care, rehabilitative, palliative and long-term care are most heavily affected, with over 40% of countries reporting disruptions that affect the availability of and access to quality services.

Potentially life-saving emergency, critical and operative care interventions continue to be disrupted in about 20% of countries, and 66% of countries report disruptions in elective surgeries.

Substantial disruptions span across all major health areas, including: management of mental, neurological and substance use disorders; noncommunicable diseases; neglected tropical diseases; infectious diseases, including to tuberculosis (TB), human immunodeficiency virus (HIV), hepatitis and malaria; reproductive, maternal, newborn, child and adolescent health and nutrition; and immunization.

Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021

Interim report
22 April 2021

[Click to download](#)



RECOVERING BETTER

Health systems around the world are still being tested more than one year into the pandemic.

Even moderate service interruptions can affect health outcomes, and disruptions are especially concerning in settings where progress towards achieving universal health coverage (UHC) was already challenged, such as in fragile, conflict-affected and vulnerable settings. **Ensuring continued availability of and access to high-quality services is of critical concern, particularly over the long-term as the indirect consequences of the pandemic are sustained.**

The magnitude and extent of disruptions within countries has decreased since 2020, and almost all countries have intensified efforts to respond to health systems challenges, bottlenecks and barriers to care brought on by the COVID-19 pandemic.

FINANCING SUSTAINABLE HEALTH SYSTEMS

COMMON GOODS FOR HEALTH

- **Policy and Coordination** (ex. disease control policies and strategies)
- **Taxes and Subsidies** (ex. taxes on products with impact on health to create market signals leading to behavior change)
- **Regulations and Legislation** (ex. environmental regulations and guidelines)
- **Information, analysis & communication** (ex. surveillance systems)
- **Population Services** (ex. WASH; immunization; medical and solid waste management; animal and environmental health)

Projected increases in health and well-being that would result from investments in UHC and SDG 3.

535 million	Number of healthy life years gained, 2016-2030
5 years	Average life expectancy gained by 2030
400 million	Unintended pregnancies averted due to use of modern contraceptive methods for family planning, 2016-2030
41 million	Child deaths averted (0-4 years), 2016-2030
20 million	Non-communicable disease: cardiovascular disease, diabetes, depression, epilepsy and cancer (deaths averted), 2016-2030
21 million	HIV/AIDS infections averted, 2016-2030
226 million	Additional people with access to clean water in 2030 (above 2015 baseline)
94 million	Additional number of people accessing treatment for depression

ONE HEALTH APPROACH



A One Health approach, to address the human – animal – environmental interface, must also be a key component of **preparedness strategies**, to address the linkages between human health, food safety and security, the environment and climate change, and the economy (including emerging threats of antimicrobial resistance and infectious zoonotic diseases, such as COVID-19).

Stronger Collaboration, Better Health

Global Action Plan for Healthy Lives and Well-being for All



RESOURCES

GLOBAL HEALTH OBSERVATORY

Monitoring health for the SDGs

 [Click here](#)



Life expectancy and health life expectancy



Current health expenditure (CHE)



Population



SDG 3.1
Maternal mortality



SDG 3.2
Newborn and child mortality



SDG 3.3
Communicable diseases



SDG 3.4
Noncommunicable diseases and mental health



SDG 3.5
Substance abuse



SDG 3.6
Road traffic injuries



SDG 3.7
Sexual and reproductive health



SDG 3.8
Universal health coverage



SDG 3.9
Mortality from environmental pollution



SDG 3.a
Tobacco control



SDG 3.b
Development assistance and vaccine coverage



SDG 3.c
Health workforce