2021 United Nations High Level Political Forum on Sustainable Development Preparatory Expert Group Meetings May 18-20, 2021

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Regarding: SDG 3

Globally, since 2015, progress has been made toward achieving many of the Sustainable Development Goals (SDGs), such as SDG 3 and related targets including declines in maternal and child mortality and premature deaths. However, a number of trends, including those related to the COVID-19 pandemic, threaten further progress in these and other areas. Many vulnerable populations already had poor access to quality health services, including primary prevention services, various therapeutic interventions, and a robust clinical and public health workforce. The COVID-19 pandemic has revealed serious flaws in international healthcare systems, including intrinsic weaknesses in emergency preparedness and response.

The COVID-19 pandemic has also created a number of new or worsened structural obstacles, including delays in the provision of important preventive services. Specifically, the pandemic has interrupted childhood immunization programs and sexual, reproductive, and other health services in dozens of countries. These programs will require reinitiation and acceleration, including via international investment.

The global nutrition transition and corresponding rising rates of noncommunicable diseases pose a particular threat in wealthy nations and developing countries, both of which have limited resources to deliver essential health services. Developing nations are inequitably affected by resource limitations in the fight against noncommunicable diseases. Simultaneously, as the COVID-19 pandemic has revealed, emerging and re-emerging communicable diseases pose an ongoing threat, as does the rising problem of antibiotic resistance.

Increased awareness of and attention to these challenges could offer opportunities to identify and deploy holistic, evidence-based strategies to address these interlinked problems.

Almost all of the other SDGs, and a number of related processes, are integral to achieving SDG 3, and a commitment to ensuring healthy lives and promoting physical and mental wellbeing for all at all ages requires an integrated approach. This interlinked approach to SDG 3 is essential, since improvements in communicable and noncommunicable disease outcomes and maternal and infant health outcomes, for example, cannot be addressed without adequate attention to all SDGs and international processes and convenings. In 2021, opportunities for integrated and accelerated action must be implemented across and within multiple intergovernmental processes and meetings, including the UN Framework Convention on Climate Change; the Conferences of the Parties to the Convention on Biological Diversity; the UN Food Systems Summit; the High-Level Meeting on the Implementation of the Water-Related Goals and

Targets of the 2030 Agenda; the 2nd UN Ocean Conference; the UNESCO World Conference on Education for Sustainable Development; and the Commission on the Status of Women.

In order to achieve SDG 3 and to address related targets—including those focused on maternal and child mortality, communicable and noncommunicable diseases, hazardous exposures, mental health, and the effects of violence and injuries—governments must prioritize: 1) holistic primary prevention and public health strategies; 2) universal access to healthcare, including primary care; and 3) scalable workforce solutions.

Although the COVID-19 pandemic has presented challenges, it has also opened the door to new opportunities, including the promotion of complementary, just, and evidence-based strategies that focus on prevention, as well as access to treatment. An equitable, gendered, and interspecies lens must be applied. For example, the combined problems of child malnutrition, food insecurity, the global nutrition transition, the dual epidemics of communicable and noncommunicable diseases, global and local conflict and instability, and ecological degradation all represent serious and urgent challenges to SDG 3 and related targets. Efforts to address these interconnected issues need to focus on comprehensive interventions that are based on objective, evidence-driven recommendations. These include:

1) A *just* One Health approach, which places justice, prevention, and connections between people, animals, plants, and the environment at the heart of global and local policy, research, and practice.

Along these lines, the establishment of the One Health High-Level Expert Panel is an opportunity to address what the World Health Organization global study of the origins of SARS-CoV-2 identified as the primary cause of infectious disease spillover events: deforestation and habitat encroachment, agricultural expansion and intensification, and the animal trade. Nearly three-quarters of new infectious diseases in humans stem from the poor treatment of animals, and there is substantial evidence of further pandemic potential related to zoonotic transfer. Unhealthy, intensive forms of agriculture must be disincentivized, since they contribute to antimicrobial resistance and communicable and noncommunicable risk, and they increase the risk for air, water, and soil pollution and adverse health outcomes and inequities. Industries that are abusive to, exploitative of, and unhealthy for people, animals, and the environment can and should be transformed into food and fiber systems that optimize nutrition, health, and environmental sustainability.

There are pressing opportunities to bring public-private partnerships in line with sound science, and to achieve co-benefits that extend beyond the prevention of existing, emerging, and reemerging communicable diseases, including improvements in climate-related morbidity and mortality; noncommunicable disease risk; air, water, and soil pollution and hazardous chemical risks; and the effectiveness of antimicrobial therapeutics. Governments must enable the conditions to scale up sustainable, healthful solutions that are founded on evidence-based guidance. Global food imperialism, problematic policies of wealthy nations, short-sighted private-public partnerships, subsidies for harmful industries, and industry exemptions for exploitative practices need to be reversed. Instead, health, nutrition, and agricultural policy can be integrated, and industry's influence on food policy must be eliminated.

The UN, partners, and stakeholders can implement existing guidance from the World Health Organization and Food and Agriculture Organization regarding macronutrient and micronutrient malnutrition prevention, including plant-based dietary diversification; fortification of food staples with essential vitamins and minerals; low-cost supplementation for

vulnerable groups, such as women and children; public nutrition education; and efforts to control infectious diseases that threaten the nutritional status of children and adults.

2) Ensuring healthy lives and promoting wellbeing for all at all ages requires acting upon the connections between health and human rights, as well as systematically addressing the various forms of discrimination that are linked to healthcare access and outcomes. Obstacles hindering the implementation of SDG 3 could be removed through a more equitable distribution of funding, healthcare resources, and adequate social protection. A coordinated international system of support should prioritize low-resource health systems and vulnerable and marginalized populations.

Efforts should also attend to increasingly germane social and environmental determinants of health, including healthy natural and built environments. Adequate attention to social and environmental determinants of health would inevitably help address multiple targets, including 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.9, 3.a, 3.c, and 3.d. Along these lines, civil society can play a pivotal role in the achievement of SDG 3, including through public education and outreach; the promotion and dissemination of scalable, sustainable, and evidence-based solutions; cross-sectoral action; government accountability projects; and other forms of direct and indirect advocacy. Nevertheless, it is incumbent upon international and local public institutions to provide the leadership and resources necessary to achieve SDG 3.

3) Workforce solutions are diverse, and they should be specific to the needs of various communities and populations. Nonetheless, efforts should center on the de-monopolization of knowledge and skills, such as through community-based recruitment initiatives; accessible training, continuing education, and mentorship; the engagement of primary care providers and civil society organizations; and platforms that promote the democratic sharing of grassroots solutions and model policies and practices. Examples of such efforts include Project ECHO, a guided-practice model that reduces health disparities in underserved and remote areas of the world.

To monitor progress, existing data-tracking mechanisms, such as the International Health Regulations framework, could be strengthened and expanded. Efforts need to extend beyond data collection, and ongoing funding should be made available for training on the analysis, interpretation, and response to incoming data—including attention to the continuing importance of rights in determining health outcomes. Numbers of well-trained public health professionals, syndromic and other forms of surveillance, laboratory diagnostic capacity, and adequate response capacity need to be tracked through a system that allows for ongoing quality assessment and improvement.

Efforts should expand beyond the collection of individual and population-based data to include the tracking of policies, processes, practices, and risk factors that could improve or deter progress in meeting the targets related to SDG 3. The UN could establish leadership through an integrated systems approach that recognizes the connections between food production systems, the risk for communicable and noncommunicable diseases and related public health outcomes, access to clean water and sanitation, land use strategies, conflict resolution, access to humanitarian relief, and other social, environmental, and political determinants of health.