

**2021 HLPF Thematic Review  
Expert Group Meetings  
Virtual, 18-20 May 2021**

***Meeting Summary for SDG 3 EGM session co-convened by UNFPA and WHO with UNDESA***

**Introduction**

During a session held on 19 May 2021, a multi-stakeholder group of approximately 50 experts met virtually to share their perspectives and discuss progress, gaps and challenges towards achieving SDG 3 (Ensuring healthy lives and promoting well-being for all at all ages), as well as promising strategies to accelerate action by the UN and partners, and ways to monitor implementation actions. The last time SDG 3 was reviewed under the auspices of the HLPF was in 2017, and since then, while progress has indeed been made across a range of SDG 3 targets, the ongoing COVID-19 pandemic has had considerable direct and indirect impacts on the health and wellbeing of societies and individuals across the globe. These expert discussions, in line with the 2021 HLPF theme took place within the broader context of COVID-19 impacts, response and recovery efforts, and ways in which to build forward better, with a view towards reorienting development efforts along the path of accelerated implementation to deliver on SDG 3 targets, and advance the 2030 Agenda, in the Decade of Action.

The SDG 3 EGM session convened jointly by the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), in collaboration with UNDESA, as one of the parallel SDG EGM sessions ahead of the 2021 HLPF, was an important opportunity to convene a diverse array of experts, across research, academia, civil society, private sector, and youth leaders, working around the globe in various contexts, and to learn from their experiences and efforts on the ground to deliver good health and wellbeing for all, and how best we may leverage this knowledge to accelerate SDG progress, in the context of COVID-19 response and recovery.

The session was structured with three short presentations that took stock, addressing all SDG 3 targets under three broad clusters of- i. Health System Strengthening, Universal Health Coverage and Health Financing; ii. Reproductive, Maternal, Newborn, Child and Adolescent Health; and iii. Communicable and Non-Communicable Diseases. These were followed by four discussants who reacted to the presentations from an advocacy and accountability perspective. In the following segment, all experts moved into four smaller breakout sessions for more in-depth discussions, that afforded participants the space to contribute substantially in response to some guiding questions, and to generate strategies, highlight methods for monitoring and accountability, as well as specific recommendations for consideration by the HLPF. Following the breakouts, the experts returned to plenary to summarize the respective discussions, the details of which are elaborated below. Two days after the SDG 3 EGM, experts from this group presented their contributions - key messages, and integrated approaches- at the cross cutting plenary EGM session that considered interlinkages across SDGs 1,3,10,16 and 17.

**Stocktaking and challenges**

One theme that stood out in the discussion was that insufficient progress had been made prior to the Covid-19 pandemic, and the global community was not on track to meet the Sustainable Development Goals by 2030. The experts further stressed that the pandemic had either halted or reversed progress, and where progress was seen, it occurred regionally with developing countries being left behind for different reasons. Some examples of these indicators are as follows:

For indicator 3.8.1, which measures universal healthcare coverage (UHC), progress had improved from only 45% coverage in 2000 to 66% in 2017, but this growth occurred regionally and while there was progress, countries in Asia and Africa continue to lag behind many of the developed nations on this indicator

Additionally, indicator 3.8.2 which is the cost of health coverage showed mixed results. Impoverishing health expenditure was increasingly driven by higher out of pocket costs, even though there was more health care available and ODA had grown by 59%, catastrophic expenditure continued to increase.

The pandemic has only accelerated and exposed the challenges in achieving target 3.8 on Universal Health Coverage, as well as 3b and 3c and the other cross cutting targets. Experts stressed the urgent need to accelerate efforts to meet these targets, as far too many are being pushed deeper into poverty as a result of catastrophic spending on healthcare. This is occurring against a backdrop where a third of people across the globe remain underserved with respect to accessing quality healthcare.

In the area of Sexual and Reproductive Health and Rights (SRHR) which cuts across SDGs 3.1, 3.3, 3.7, 3.8, 5.2, 5.3, 5.6 Among others), experts noted progress on certain aspects including maternal health, reductions in preventable maternal death and improvements in child health. While MMR experienced slow progress, skilled birth attendance increased, under 5 mortality decreased, neonatal mortality decreased, adolescent birth rate decreased but remained unacceptably high in many parts, and family planning stagnated at around 77%. Again, it was highlighted that these results all vary across the world and even before the impact of COVID-19, the world was not on track to deliver universal access to SRHR for all. Against this backdrop, the massive disruptions to essential SRHR services have no doubt further derailed progress on achieving universal access to SRHR and related targets.

The third cluster of targets encompassed communicable and noncommunicable diseases, (NCDs), which experts noted have not gained much prominence from their addition to the SDGs till date, with persistent challenges, including due to inadequate financing. Many related targets, such as premature mortality, would require multiple interventions and cross-cutting policies including around disease prevention to accelerate progress in these areas.

### **COVID-19 crisis impacts and recovery**

Experts reiterated that the Covid 19 pandemic has made a very clear impact on health and well-being in direct and indirect ways, with a regionally differentiated picture not dissimilar to regional disparities in SDG progress globally. They also stressed the uneven impacts for different groups such as women, youths and other vulnerable groups including indigenous, disabled, and those with pre-existing conditions.

Some of the indirect impacts come from scaled down and disrupted health services and lockdowns, specifically services being closed, fewer visits available or no home visits, fewer contraceptive services which come with additional political challenges, as well as staff losses due to economic reasons or even loss of life.

Experts highlighted that the impact of COVID-19 has been gendered, and while more men have died, women are suffering a greater impact, a fact that many countries need to better recognise and report on. For example, issues like gender-based violence- the shadow pandemic-, with the attendant additional anxiety, fear, isolation, and possible loss of income that widen the disadvantage are experienced by women in greater numbers. Experts also noted higher rates of maternal and child deaths per month, and reductions in institutional births. Additionally, disruptions in access to family planning, and lower access to services have led to an estimated 1.4 million unplanned pregnancies during the pandemic, with the consequences of rising abortions, many of which are unsafe and contribute to preventable maternal death, higher numbers of maternal deaths, increased rates of intimate partner violence, with victims being locked in their homes with their abusers. All these in addition to disruptions in education with school closures, and the lack of sex education, paint a grave picture wherein health and development gains have been rolled back, and getting back on track may prove more challenging without accelerated efforts and innovative approaches to health, financing, vaccine equity, preventive care, and integrated policies and programs that cut across sectors.

Experts stressed that NCDs carry a huge price to pay if neglected, as one of the largest contributions to disease burden and excess mortality during the pandemic was the rising prevalence of NCDs, alongside ageing which often overlap. Influenza pandemics and other coronaviruses are more severe in people with pre-existing conditions, many of whom have chronic NCDs such as diabetes, hypertension, heart disease for example, and certain COVID-19 indicated interventions such as steroids can have complications when used on a patient with diabetes. Furthermore, the necessary attention to COVID-19 has shifted focus further away from NCDs resulting in fewer doctor's visits available, fewer investigations made, and fewer people able to access the services they need. These no doubt contributed to worsening disease progression and increased mortality. COVID-19 impacts also include supply chain disruptions, further limiting access to healthy nutrition and contributing to growing food insecurity, which further exacerbated the situation vis a vis NCDs and healthy populations more generally.

### **Policies and actions to maximize synergies, mitigate trade-offs and drive transformation**

In summary, the rich deliberations landed on a number of key messages including: the centrality of health to global development; the urgency around strengthening health systems, making them much more resilient and adaptive to shocks including due to climate change; the direct and indirect impact of COVID-19 on women and mothers (due to the underlying gender imbalance); inequalities and increasing poverty; the need for a more integrated approach towards health for all; the need for integrating sexual and reproductive health services as a core pillar of universal health coverage (UHC) to ensure that no one is left behind; and ensuring that the COVID-19 induced global "new poor" are not pushed even further behind. Further calls were made for robust inbuilt coordination and monitoring mechanisms, and for real time, reliable disaggregated health data - including data gathered through community monitoring efforts - coupled with effective accountability mechanisms to mitigate and learn for the future; the involvement of young people especially girls who often suffer gender discrimination and stigma, in decision making about their own health was also stressed, highlighting the importance of upholding rights and choices, and promoting bodily autonomy as critical for delivering empowered populations to drive sustainable development; the importance of public health financing to offset rising out of pocket costs; The gendered and differential nature of the pandemic's impacts on women, young people and other vulnerable groups, and the need for commensurate and targeted responses that prioritise

continuity of essential services including for sexual and reproductive health and rights (SRHR), was also emphasized; Finally the linkages between health, inequalities, peaceful and inclusive societies, adaptation to climate change, and the need for integrated and cross sectoral policies and programming to drive sustainable development, were also stressed by the experts.

### **Main points**

The experts noted that the COVID-19 pandemic, a global health crisis of epic proportions, has underscored the interlinked and indivisible nature of the SDGs, and our aspirations towards sustainable development more broadly. The impacts of this pandemic have not only derailed targets under the health goal, but have had far reaching implications for the global economy, for peace and security, education, climate change and gender equality to name a few. It has also brought into stark focus persistent and widening inequalities within and between countries. The expert discussions focused on promising strategies to advance SDG 3 implementation, key priorities for multi stakeholder collaboration and monitoring, and framed a series of recommendations to convey to member States during HLPF.

There were three main key areas aligned with a clustering of targets under the health goal, these included -

### **Health System Strengthening (including Universal Health Coverage/ Health Financing)**

Here the experts noted that while health related official development assistance (ODA) has increased over the last few years, catastrophic spending and out of pocket expenditures have also increased, such that individuals and households continue to bear the brunt of rising health care costs.

While increased public funding for health is needed, the need to better leverage innovative strategies, to make resources work more efficiently, without increasing out of pocket costs for individuals and households was reiterated. Experts also stressed the necessity of a new social contract, and social protection floor that would better address the needs of the poor, including the urban poor and the COVID-19 induced “new poor”, enable the deployment of better targeted outreach programs, and the scaling up of community health worker strategies to practically ensure no one is left behind. In order to reverse this trend of people being pushed into poverty and left behind, experts noted that integration was critical, and stressed that universal health coverage (UHC) could not be seen as merely a social policy, but rather as a critical market shaping policy that would be crucial for ending poverty (SDG 1). They noted that we need to look beyond the health sector for equitable provision of healthcare needs that include commodities and health security, as building a gender-equitable global health architecture is critical for inclusive economic growth, and sustainable development ultimately.

Strengthening the links between health and education systems was stressed, with a focus on adolescent girls, and at-risk and out of school youth. Developing and adapting new education models for children and adolescents, including ensuring access to comprehensive sexuality education (CSE) to empower young people with positive gender norms that uphold their rights and choices, and bridging the digital divide which has widened due to the impacts of the global pandemic were also stressed. Ensuring social protection of the most vulnerable (with cross linkages to SDG 1 and 8) and promoting social and environmental interventions centered on rights and justice at the heart of public health policy, practice, and research initiatives was deemed

essential, and the experts indicated that all stakeholders must recognise the need for an all-hazards approach to strengthening health systems to make them more resilient, including to the growing impacts of climate change.

The experts stressed the need for enhanced generation and utilization of disaggregated data - including leveraging this data more effectively in support of gender transformative approaches that reveal and tackle inequalities in access to health services

### **Sexual and Reproductive Health and Rights**

The experts also noted that the RMNCAH (Reproductive, Maternal, Newborn, Child and Adolescent Health) integrated package should be an integral part of the essential health service package within universal health coverage (UHC), and this was underscored as non-negotiable in order to meet the ambitions of SDG 3, and to deliver a healthier and more gender equitable world. They cited the need for robust inbuilt coordination, monitoring and reliable data measurement in real time - including through community monitoring efforts - coupled with effective accountability mechanisms to mitigate risks and continuously learn for the future

Experts stressed that disease-specific programmes like HIV/AIDS programmes should be re-emphasized with an integrated approach, and lessons learned from the pandemic be applied to the delivery of reproductive and sexual health services, ensuring continuity of these essential services and making them accessible to all even in times of crises.

Experts highlighted that improved access to SRHR must not be at the expense of individual out-of-pocket expenditures. One group specifically that was highlighted as needing particular attention from a data, policy and programmatic perspective were the 10 -14-year-olds, who are often left out of national statistics on issues like child marriage, trafficking, and sexual and gender based violence (SGBV). Additionally, the experts stressed the need to encourage voluntary national reviews to integrate assessments of national and sub-national progress on SRHR in countries, in line with the related SDGs, targets and indicators in the 2030 Agenda. They further emphasized the gendered and differential nature of the pandemic's impacts, and the importance of revealing this differential impact through our data collection efforts, reporting and response was stressed. The urgency of centering and prioritising maternal and child and adolescent health was highlighted in order to reinstate services that have been disrupted by the pandemic (especially since approximately 90% of states continued to report impacted health services), at the time of the meeting. Experts noted the gap in investments and funding to protect and promote the health of vulnerable groups like women, people living with disabilities and older persons, prior to the global pandemic, and stressed that in building forward better we have a golden opportunity to advance the equity and inclusion of these groups including by eliminating out of pocket healthcare payments, building stronger, more resilient and inclusive systems of health coverage, through integrated approaches and joint action that includes their voices. To better include young people, experts noted opportunities within digital health approaches that could further serve as a means of removing stigma which impacts young people significantly. They underscored that to better serve women and girls, we need to have gendered strategies where social welfare and protection are central to the policies being developed as well as a more equitable strategy for a new education model in a post- COVID reality.

## **Communicable Diseases & Non-Communicable Diseases**

Amidst the ongoing COVID-19 pandemic, the experts noted the double burden of disease in the global south, where deaths from NCDs are highest, and are coupled with the highest prevalence of communicable disease, including neglected tropical diseases that occur within or outside a context of fragile health systems. Against this backdrop they stressed the need for detailed, active monitoring of noncommunicable disease (NCD) incidence and prevalence, as a function of key demographics as well as tracking of the financial support, as critical to understanding and addressing the global NCD burden of disease.

They underscored that NCD prevention is critically important and is often far more cost effective than NCD treatment, where interventions delivered at the primary health care level allow for early impact to address risk factors, and arrest disease progression. They highlighted that long term medications for treating NCDs are often missing from the financial protection schemes, driving up out of pocket expenses, and excluding those most vulnerable and oftentimes at the greatest risk of mortality from NCDs. This critical aspect of exclusion needs to be addressed as part of Universal Health Coverage that delivers for all people everywhere and truly leaves no one behind. Experts stressed that NCDs need to be at the foundation of universal healthcare. One easy innovation at this particular moment in time, would be to extend healthcare services (including screening and preventive care) at the point of vaccine administration.

## **Policy recommendations for the 2021 HLPF**

Recognising that we are operating in a changing global political landscape and a new reality, the experts stressed that we must:

- Leverage lessons learned from COVID-19 response and recovery efforts to develop strategies that achieve inclusive, equitable, accessible health for all as the foundation for sustainable development
- Forge political and scientific collaboration to mobilise evidence based commitments and investments to ensure that reproductive, maternal, newborn, child and adolescent health (RMNCAH) is integrated in the essential services package, and accessible to vulnerable populations without financial burden.
- Provide focused attention and re-build the resilience of health systems by strengthening frontline health systems, particularly primary health care, to achieve UHC for those left behind and more likely to be pushed further behind.
- Enhance participation and ownership by the community by assigning them a greater role in monitoring progress, including by harnessing digital technology.
- Strengthen interface between education and health; increase health financing (public funding), make resources work more efficiently, and underscore environmental considerations and climate resilience in healthcare policies.
- Taxation policies (such as those levied on tobacco, sugar) can be used to raise resources for UHC programs with revenue being allocated to reducing NCD risk factors targeting PHC and other basic health care programs.

- Finally, recommend the HLPF to seriously discuss and support sustained collaboration, coordination and to meaningfully engage civil society, young people, local actors and community systems in health governance and driving health response.

### ***Session guiding questions (indicative)***

Following are sets of questions that can guide the dialogue in each session.

#### **1. Parallel sessions on in-focus SDGs (1,2,3,8,10,12,13,16)**

- What is the current status of the Goal or target, in terms of actual measured progress and trends?
- What has changed since the last time this Goal was reviewed at the HLPF?
  - o Any deviations in progress from what was expected (including due to COVID-19)?
  - o Additional obstacles or opportunities in implementation including through interlinkages with other Goals, and connections to related processes?
  - o New/promising openings for tracking progress, including from additional data sources?
- What are promising strategies to accelerate action (by UN and partners) and to mobilize other stakeholders to advance implementation?
- How would one monitor action for implementing these?