

19 May

8:00-9:30

In-focus SDGs  
(Parallel sessions)

Progress, challenges and opportunities for  
SDG 3 on ensuring healthy lives and promoting wellbeing

*Guiding questions:*

**1. What is the current status of the Goal or target, in terms of actual measured progress and trends?**

- UHC2030 is a multi-stakeholder platform that brings together diverse voices and perspectives for the common goals of achieving UHC by 2030, sustaining momentum around UHC commitments, and promoting collective action. **In addition to targets 3.8 on UHC and 3.b and 3.c on Health Systems, we also cover broader SDG3 and cross-cutting targets.**
- The results of the 2019 Global UHC Monitoring Report show that **we are in urgent need of a measurable acceleration to reach the health-related SDG targets by 2030.** At least half of the world's population lacks access to essential health services. In terms of financial protection, more than 800 million people bear the burden of catastrophic spending of at least 10 per cent of their household income on health care, and out-of-pocket expenses drive almost 100 million people into poverty each year – as a human right, access to health should not be a matter of financial resources. Although the universal health coverage index has increased since 2000,<sup>1</sup> progress has slowed in the past ten years. **At the current pace, up to one-third of the world's population will remain underserved by 2030.**
- The UHC Political Declaration in 2019 agreed to accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all. We have the resolve to push for two clear goals:
  - **To progressively cover 1 billion additional people by 2023, with a view to covering all people by 2030;**
  - **To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030;**
- Reporting in the formal accountability mechanism of SDGs is lacking. Among all the VNR reports that included SDG3 or a UHC-related policy review,<sup>2</sup> **only 37% included some form of numerical assessment, and only 13% used the SDG indicators (service coverage and/or financial protection) to review their UHC progress.** Most countries failed to provide disaggregated data on health coverage and were therefore unable to track progress in improving equity or determining whether certain population groups were being left behind.
- The situation of the disadvantage, starting with women and girls, remains a major issue of concern. Although access to sexual and reproductive and child health care services is improving, **many women and children are still not being reached, especially in Africa, and among women living in poverty in rural areas.**

**2. What has changed since the last time this Goal was reviewed at the HLPF?**

***Any deviations in progress from what was expected (including due to COVID-19)?***

***Additional obstacles or opportunities in implementation including through interlinkages with other Goals, and connections to related processes?***

***New/promising openings for tracking progress, including from additional data sources?***

---

<sup>1</sup> From a total of 45 out of 100 in 2000 to 66 out of 100 in 2017.

<sup>2</sup> Among VNR reports submitted in 2016–2020, 92% reviewed SDG3 and 71% did some sort of UHC-related policy review.

- UHC2030 has initiated the State of UHC Commitment to curate diverse views of a range of stakeholders on the current situation and commitments to progress towards UHC by 2030. The first review was published in December 2020.
- **Our findings show that the current state of UHC presents huge challenges.** We have all seen how COVID-19 has impaired and reversed progress towards UHC and the Sustainable Development Goals in general. In many countries, poor and vulnerable groups are once again being left behind, and inequities are widening due to the pandemic. COVID-19 is also exposing and exacerbating weaknesses in health systems, showing that many governments neglected to adequately invest in health, social safety nets and emergency preparedness.
- UN High-level Meeting in 2019 agreed to set measurable national targets and strengthen national monitoring and evaluation platforms, to support regular tracking of the progress made for the achievement of UHC by 2030.
- However, according to our review, awareness of specific UHC targets was only marginally better: **only 30% of our civil society respondents reported that they were aware that their governments had set measurable, specific UHC targets. Many countries have not adopted it.** We also find out that **it is very difficult to identify measurable national UHC targets** in many countries' government documents.

### **3. *What are promising strategies to accelerate action (by UN and partners) and to mobilize other stakeholders to advance implementation?***

- To accelerate action, we must address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritizing equity every step of the way. We must increase public knowledge about barriers to accessing health services and promote a truly intersectional, gender-responsive health systems approach, which is inclusive not only of gender but also of age, race, sexual identity, socioeconomic status and geography.
- **Countries must adopt measurable national targets, and their commitments and actions must be communicated clearly at national, regional and global levels.** A review of the statements made at the UN high-level meeting on UHC and the Seventy-first World Health Assembly indicates that approximately half the political statements lacked a clear commitment to move UHC forward at a national level. This will only allow government accountability to falter and implementation will never become a reality, neglecting the wellbeing of several communities across the world.
- **Governments, parliamentarians, civil society and the private sector must also work together to transform social and political accountability for UHC.** This includes raising access to and awareness among CSOs of existing local and national accountability mechanisms within and beyond the health sector and strengthening opportunities for institutionalized multi-stakeholder engagement.
- **Civil society participation should be institutionalized as an acknowledged, formal relation for monitoring, reviewing and making recommendations and for monitoring the solutions and actions that follow.** The process should also be democratized so that all levels of political leadership, government and other stakeholders listen to and act upon the expressed needs and priorities of the people.
- Similarly, the process of voluntary national reviews should be transformed. While more countries and civil societies have recently reported progress in UHC, more is required to ensure objective, accurate reporting of progress in meeting measurable UHC commitments. **The weakness of global and especially country health information systems leaves data gaps for most countries – on service coverage, on financial protection and on gender and equity markers.** Indeed, the average coverage indicators mask substantial within-country

variation across different socioeconomic groups. **Stronger country data systems are needed** to determine not only the percentage of people using a service but also the need and quality of those services.

**4. How would one monitor action for implementing these?**

- **From 2021 and on, we continue tracking progress on the baseline UHC commitments presented in 2020.** Each year, the primary focus will be UN HLPF Voluntary National Review reporting countries (40-50 every year). This approach allows the review to systematically feed into the country-led multi-stakeholder dialogues on a comprehensive review of Sustainable Development, instead of creating another parallel accountability mechanism for UHC. UHC2030 will publish the next synthesis of the State of UHC commitment and updated country profiles of 2021 VNR countries this December around the international UHC day, together with the UHC Global Monitoring Report.
- By working with our partner agencies and non-state actors, we can be able to provide more disaggregated progress on UHC by sex, age, income, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts. It would be important to collect this supplementary information through a participatory process to assess what progress towards UHC means for people, especially the most vulnerable, in accessing health services at affordable costs.