



HIGH-LEVEL POLITICAL FORUM
ON SUSTAINABLE DEVELOPMENT

2025



Sustainable Development Goal 3

An Expert Group Meeting in preparation for the High-Level Political Forum (HLPF) 2025: Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda and its SDGs for leaving no one behind

Geneva, Switzerland, 12 February 2025

Concept Note

1. Introduction

The theme of the High-level Political Forum on sustainable development (HLPF) to be held in July 2025 is “Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda and its SDGs for leaving no one behind”. The 2025 HLPF will have an in-depth review of Sustainable Development Goals 3 – Ensure healthy lives and promote well-being for all at all ages, 5 – Achieve gender equality and empower all women and girls, 8 – Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, 14 – Conserve and sustainably use the oceans, seas and marine resources for sustainable development, and 17 – Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

The 2025 HLPF will provide an opportunity to assess progress on these goals at the 10th anniversary of the adoption of the 2030 Agenda, and to identify what can be done to radically accelerate progress on SDG implementation in the remaining five years. The HLPF will connect and leverage other intergovernmental processes such as the 30th anniversary of the Beijing Platform for Action (Beijing+30), the 3rd UN Ocean Conference, the 58th Commission on Population and Development: Ensuring Healthy lives and promote well-being, the 4th International Conference on Financing for Development (FfD4), and the Second World Summit for Social Development.

In preparation for the review of SDG 3 – and its role in advancing sustainable development across the 2030 Agenda, the UN Department of Economic and Social Affairs, Division for Sustainable Development Goals (UN-DESA/DSDG) and the World Health Organization (WHO) and United Nations Population Fund (UNFPA), with inputs from the wider UN system, are organizing an Expert Group Meeting (EGM) on 12 February 2025. The purpose of the EGM

is to convene diverse expertise across the SDG 3 agenda to (i) examine trends and the impacts of COVID-19 and other emerging challenges since SDG 3 progress was last reviewed in 2021; and (ii) to inform the HLPF by recommending evidence-based actions, solutions, collaborations and opportunities to boost SDG 3 progress.

Objectives:

The objectives of the meeting will be to:

1. **Assess progress:** take stock of achievements and gaps towards SDG 3 targets;
2. **Review opportunities to leverage innovations:** explore cutting-edge science, innovations and technologies for accelerating progress;
3. **Make recommendations to boost SDG 3 progress:** review lessons learned and highlight evidence-based recommendations to boost SDG3 progress, translate political commitment into intensified implementation, and secure robust financing for SDG 3, while generating synergies across the 2030 Agenda.

2. SDG 3 progress

While some health-related indicators have moved in the right direction globally, current trends are insufficient to meet targets set for 2030. For example, the COVID-19 pandemic had a major impact on health. Prior to the pandemic, global life expectancy rose consistently, from 66.8 years in 2000 to 73.1 years in 2019, reflecting years of improvements in health and related areas. COVID-19 swiftly reversed this positive trend, with global life expectancy plummeting to 71.4 years by 2021, back to the level of 2012¹. Life expectancy at birth began to improve again since the end of the COVID-19 pandemic, reaching 73.3 years in 2024².

There were also significant setbacks in vaccination rates during and following the COVID-19 pandemic. Between 2000 and 2019, the proportion of children receiving three doses of the diphtheria, tetanus and pertussis (DTP3) vaccine rose from 72 to 86 per cent, then dipped to 81 per cent in 2021 before rebounding to 84 per cent in 2022³. In 2023, 14.5 million infants did not receive an initial dose of DTP vaccine, pointing to a lack of access to immunization and other essential health services, and an additional 6.5 million infants were only partially vaccinated⁴. There were 2.7 million additional unvaccinated or under-vaccinated children in 2023 compared to 2019. The inequitable distribution of the COVID-19 vaccine exposed large gaps in the capacity of developing countries to access or produce vaccines and therapeutics in the event of a pandemic. The harmful use of intellectual property rights which limit access to affordable quality assured medicines, combined with limited technology and knowledge transfer, continues to be a major impediment in the fight against future large scale health crises⁵.

¹ United Nations: The Sustainable Development Goals Report 2024: <https://unstats.un.org/sdgs/report/2024/The-Sustainable-Development-Goals-Report-2024.pdf>

² World Population Prospects 2024. https://population.un.org/wpp/assets/Files/WPP2024_Summary-of-Results.pdf

³ ³ United Nations: The Sustainable Development Goals Report 2024

⁴ WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024

⁵ <https://publichealth.jhu.edu/2024/is-a-pandemic-treaty-still-possible>

However, progress is being made. Globally, under-5 deaths reached a historic low of 4.9 million childhood deaths in 2022, down from 9.9 million in 2000 and 6.0 million in 2015⁶. The under-5 mortality rate was 37 deaths per 1,000 live births in 2022, a 51 per cent reduction since 2000 and a 14 per cent reduction from 2015. As of 2022, 134 countries had already met the target for under-5 mortality. Seven more are expected to reach the SDG target by 2030, but 59 countries, nearly three quarters of which are in sub-Saharan Africa, will need faster progress to meet the target.

Maternal mortality has not been a success story during the SDG period, although since 2000, on average, pregnancy and childbirth are becoming safer. Globally, the number of maternal deaths per 100,000 live births (the maternal mortality ratio) fell by 34 per cent between 2000 and 2020, largely due to better access to skilled and emergency obstetric care⁷. However, declines in maternal mortality have stalled, with wide disparities by region and income, with Sub-Saharan Africa and Southern Asia accounting⁸ for 87 per cent of maternal deaths. Although there has been a slight increase in the proportion of women of reproductive age who have their need for family planning satisfied with modern methods between 2000 and 2023⁹, in many countries, laws, policies, social norms and practices still deny sexual and reproductive health and rights (SRHR) to many people, including adolescents and the most marginalized populations. This situation is particularly dire in humanitarian crises, with half of all maternal deaths in fragile settings¹⁰.

Efforts to combat communicable diseases have prevented millions of deaths in the SDG era, but are threatened by inequalities and uneven progress. For example, the world has made significant strides in combating HIV. In 2023, an estimated 1.3 million new infections represented a 28 per cent decrease since 2015 and a 39 per cent reduction since 2010. The number of new infections in 2023 in Sub-Saharan Africa, the region most affected by HIV, has more than halved since 2010¹¹. However, not everyone is benefiting equally from these advancements, as in 2023, 43 per cent of the 1.4 million children living with HIV were not receiving treatment.¹²

The progress is even more uneven for other communicable diseases. While there were significant reductions in the global incidence of malaria and tuberculosis over the last few decades^{13,14}, and 54 countries have eliminated at least one neglected tropical disease¹⁵, progress has stalled over the SDG era.

⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2023, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2024

⁷ : Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366225>).

⁸ United Nations: The Sustainable Development Goals Report 2024

⁹ United Nations: The Sustainable Development Goals Report 2024

¹⁰ United Nations Population Fund (2024). Navigating Megatrends: The ICPD Programme of Action for a Sustainable Future ICPD30 Think Piece: The Future of Sexual and Reproductive Health and Rights

¹¹ ¹¹ United Nations: The Sustainable Development Goals Report 2024

¹² 2024 Global AIDS update, UNAIDS, 2024

¹³ Global tuberculosis report 2024. WHO, 2024

¹⁴ World Malaria Report 2024; Global TB Report 2024

¹⁵ Global report on neglected tropical diseases 2024. Geneva: World Health Organization; 2024

Noncommunicable diseases – including cardiovascular disease, cancer, diabetes, and chronic respiratory disease – remain the world’s leading causes of death¹⁶. Mental health conditions are increasing and often untreated, affecting nearly one billion people worldwide in 2019, with the rates of anxiety and depression increasing by 25% during the COVID-19 pandemic¹⁷¹⁸.

For substance abuse prevention and treatment, globally only about 1 in 11 people with substance use disorders received related treatment in 2022, with coverage decreasing from 11 per cent to under 9 per cent between 2015 and 2022¹⁹. In 2019, global per capita alcohol consumption was 5.5 litres, only a slight decline from 5.7 litres in 2010²⁰.

Road traffic deaths and injuries remain a major global health and development challenge. As of 2021, road traffic injuries are a leading cause of the deaths globally of children and youth aged 5 to 29 years, and a significant share of the burden is among people of working age (18– 59 years), causing huge health, social and economic harm throughout society²¹. While more than half of all Member States reduced road traffic deaths slightly between 2010 and 2021, at the same time the global motor vehicle fleet more than doubled and the road networks were significantly expanded, resulting in a need for true transformation of our transport systems both for safety and overall sustainability.

Health inequalities between and within countries remain a major concern. In 2021, 11% of the world’s population lived in countries that spent less than US\$ 50 per person per year on health, while the average per capita spending was US\$ 4000 in high-income countries²². Those living in more rural settings and the poorest households experienced less coverage of essential health services, with catastrophic health spending concentrated among people living in multi-generational and older households²³. Around 1.3 billion people (16% of the population) in 2021 had a disability and faced health inequities due to avoidable, unfair and unjust factors²⁴. Substance abuse treatment coverage for women consistently lags behind that for men across all regions, with over 13 per cent of men receiving treatment compared to less than 6 per cent of women in 2022²⁵. Persistent inequalities also exist with household air pollution and associated health risks that are particularly high among women and children, who tend to spend more time in and around cooking stoves.

Overall, Universal Health Coverage (UHC) has hit a roadblock, with 4.5 billion people still without essential health services and 2 billion facing financial hardship from out-of-pocket health costs. Improvements to health services coverage have stagnated since 2015, and the proportion of the population that faced catastrophic levels of out-of-pocket (OOP) health

¹⁶ . World health statistics 2024: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2024.

¹⁷ World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022

¹⁸ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

¹⁹ United Nations: The Sustainable Development Goals Report 2024

²⁰ World Health Statistics 2024: monitoring health for the SDGs. Geneva: World Health Organization; 2024

²¹ Global status report on road safety 2023. Geneva: World Health Organization; 2023

²² Global spending on health: emerging from the pandemic. 2023 <https://p4h.world/app/uploads/2023/12/Global-spending-on-health-2023.x23411.pdf>

²³ Tracking universal health coverage. 2023 global monitoring report. WHO and World Bank <https://www.who.int/publications/i/item/9789240080379>

²⁴ World health statistics 2024: monitoring health for the SDGs, sustainable development goals <https://www.who.int/publications/i/item/9789240094703>

²⁵ United Nations: The Sustainable Development Goals Report 2024

spending has worsened over the past 20 years²⁶. Moreover, most countries (108/194) experienced worsening or no significant change in service coverage since the launch of the SDGs in 2015. Despite the overall pattern of stagnation on UHC, 30% of countries (42 out of 138) have improved both service coverage and reduced catastrophic OOP health spending since 2000 demonstrating that progress towards UHC is attainable.

3. Framing the issues

Health is a human right and a core aspiration of every human being. However, despite remarkable scientific and technological advances, none of the SDG 3 targets have been achieved, none are on track under current trends, and over half of the world's population cannot obtain essential health services²⁷. However, most health-related indicators are showing at least some movement in the right direction globally²⁸.

SDG 3 is recognized as a prerequisite, contributor and indicator for all other SDGs. Health is not created in the health sector, but through how people live, eat, work and learn. At the same time, good health is an enabler including for access to work and children's participation in education. The social, economic, environmental, commercial and other determinants of health only too clearly underscore the significance and necessity of integrated and whole-of-society approaches to policy-making to create and sustain health and well-being.

Evidence has shown that many of the enormous improvements in health experienced over the past two centuries owe as much to enhancements in broad economic and social conditions as to medical advances. Similarly, many increasingly problematic challenges and megatrends from climate change, biodiversity loss, and air pollution to urbanization, demographic change and aging societies raise new questions and issues to be tackled if progress on SDG 3 is to be made. Rising conflict, displacement, and humanitarian emergencies as well as natural disasters increase the divide between the well-off and those suffering the direst health consequences. In many countries, social and political tensions have complicated the governance of health-care systems and political factions increasingly use divisive rhetoric for immediate gains, with sexual and reproductive health and rights issues among those commonly deployed to forge "constituencies of the discontented".

The COVID-19 pandemic brought health front and center to the global policy discussions, stimulated greater investments into health and highlighted the crucial importance of resilient health systems and international collaboration. At the same time, the pandemic resulting in setbacks to hard-won health gains, put considerable strain on health systems, health and care workers and exacerbated many underlying inequalities while intensifying mental health impacts and the burden of unpaid care work, mostly undertaken by women.

The COVID-19 pandemic also highlighted the fact that the health of people is closely connected to the health of animals and our shared environment. This holds especially true in a world where many factors have changed interactions between people, animals, plants, and our environment, including changes in land use and climate, disruptions in habitats, and movement of people,

²⁶ Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2023.

<https://iris.who.int/bitstream/handle/10665/374059/9789240080379-eng.pdf?sequence=1>

²⁷ Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2023.

²⁸ World Health Statistics 2024: monitoring health for the SDGs, sustainable development goals.

<https://www.who.int/publications/i/item/9789240094703>

animals and plants due to international travel and trade. The spread of zoonotic diseases, diseases that spread between animals and people, has highlighted the need for cooperation of human, animal, and environmental health partners, as have issues such as antimicrobial-resistant pathogens, diseases in food animals, and vector-borne diseases.

4. The role of the EGM

The EGM will also examine how the convergence of COVID, conflict, economic and other crises have shaped Goal progress since 2021, while identifying promising new commitments and opportunities. Special focus will be given to the decisions made at the SDG Summit and the Summit of the Future. The EGM will emphasize actionable steps for political leaders and other stakeholders to drive transformative changes in health, leveraging synergies with other goals to accelerate better health and well-being for all.

Financing is crucial to advancing SDG 3. Since the COVID-19 pandemic, governments have alarmingly deprioritized health spending between 2021 and 2022²⁹. In the context of a challenging macro-fiscal outlook, and with 3.3 billion people now living in countries where governments are spending more on debt-interest payments than health or education, the EGM will identify key recommendations to secure “more money for health, and more health for the money”.

The EGM will pay special attention to interlinkages, such as the impact of climate action on health across generations, as well as the many links between gender equality, agriculture, food and nutrition and health, among other important synergies. It will also address the interlinkages between health and a healthy environment and sustainable urban planning. The review will take stock of global, regional and national preparedness for future health shocks and what can be done to increase the resilience of our health systems, including by enhancing knowledge and technology transfer, open science, and collaboration and coordination among relevant actors at all levels.

The UN has identified six investment pathways for revitalizing SDG implementation, known as the Six Transitions³⁰. While health and wellbeing are not included as a distinct investment pathway, SDG 3 is interlinked with them be it through synergies such as good health outcomes being essential to the achievement of SDG 4 in education, SDG 8 on economic growth and decent work in the health sector, or through challenges caused by climate change, biodiversity loss and pollution hindering our chances of achieving SDG 3. The review of SDG 3 will also highlight the interconnections among health and wellbeing and the six transitions.

The review will draw from related events such as the Second Global Conference on Air Pollution and Health and the Fourth Global Ministerial Conference on Road Safety, the 30 Year Review Process of the International Conference on Population and Development (ICPD) Programme of Action (ICPD30), and the preparatory process for the Fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs (HLM4).

²⁹ Global spending on health: emerging from the pandemic. 2024. WHO <https://iris.who.int/handle/10665/379750>

³⁰ <https://unsdg.un.org/resources/six-transitions-investment-pathways-deliver-sdgs>

5. *Key questions*

- **Advancing SDG 3 targets** - What and where have the most significant advancements in SDG 3 been since the last review in 2021, and why? What are the lessons learned on overcoming health barriers and supporting good health since the COVID-19 pandemic? What opportunities are there to scale success and accelerate progress, particularly ways that accelerate progress on other SDG targets?
- **Data gaps, evidence-base and equity** - Where are the greatest data gaps in tracking progress towards SDG3 and how can they be tackled? How can we strengthen data and evidence generation and informed decision-making? Do we understand who is left behind, and most affected by foregone care and unmet care?
- **Science, technology, innovation and digital health** - What is the evidence on the most promising science, innovations and technologies for implementing SDG 3 activities and accelerating progress? What are the most inclusive, effective and efficient digital health interventions on SDG 3 progress, including in low-resource areas?
- **Accelerating progress on SDG 3** – How can we manage trade-offs and generate synergies across the 2030 Agenda when implementing SDG 3? How do we propel progress on strengthening the health and care workforce, financial protection, maternal mortality, sexual and reproductive health and rights and health in fragile, conflict-affected and vulnerable settings? What emerging trends and key shifts will likely shape health policy and outcomes over the next 5 years and beyond? How can these be better anticipated and addressed and ideally exploited?
- **Financing SDG 3** - How can we ensure adequate health financing and financial protection against catastrophic health costs in the face of a tightening fiscal outlook? Are there messages for FfD4 to better balance debt and fiscal space for healthcare?
- **Recommendations for the HLPF** - What key policy recommendations and solutions that should be brought to the HLPF session from the meeting? How can the review of progress on SDG 3 at the HLPF best boost implementation efforts at all levels going forward?

6. *Contribution to HLPF 2025*

The knowledge and insights of experts from all regions, sectors and stakeholders including civil society, youth, academia and the private sector will be crucial for addressing these questions. The EGM will serve to bring together a cross-section of expertise on SDG 3 to help:

- Provide substantive inputs into the thematic reviews at the 2025 HLPF and its outcomes;
- Identify cases from regions and specific countries (including those that are conducting or have conducted Voluntary National Reviews) that illustrate challenges or highlight innovative practices;

- Suggest effective resource persons for thematic sessions at the HLPF, as well as contributors to blog posts, e-discussions and other activities leading up to the HLPF;
- Inform collaborations and programmes of work going forward from 2025.

7. Participation and organization

The EGM is part of a broader review of SDG 3, including reviews of specialized reports from United Nations systems partners and research institutions. Some of these inputs will also provide background material for discussions at the EGM.

Participation at the EGM will be by invitation. A limited number of experts from think tanks, academia, NGOs, the private sector and international organizations will be invited. Experts from the UN system will also be invited to participate as observers.

UN-DESA/DSDG, WHO and UNFPA will prepare the event in consultation with other UN agencies. DESA/DSDG will also coordinate across other DESA divisions.

Individual sessions at the EGM will address specific themes. This hybrid meeting will be hosted by WHO at its Headquarters in Geneva, Switzerland, and aims to be interactive, with all participants encouraged to speak openly and informally.

The EGM will be conducted in English. Presentations/papers/remarks will be made available online.

ANNEX 1: SDG 3 Targets

SDG 3.1

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

SDG 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

SDG 3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

SDG 3.4

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

SDG 3.5

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

SDG 3.6

By 2020, halve the number of global deaths and injuries from road traffic accidents

SDG 3.7

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

SDG 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

SDG 3.9

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

SDG 3.a

Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

SDG 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, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property

Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

SDG 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

SDG 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