



HIGH-LEVEL POLITICAL FORUM
ON SUSTAINABLE DEVELOPMENT

2025



2025 HLPF Thematic Review Expert Group Meeting Hybrid format, 12 February 2025

WHO Headquarters, Geneva, Switzerland

Meeting Summary for SDG 3¹

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.

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), the World Health Organization (WHO) and United Nations Population Fund (UNFPA), with inputs from the wider UN system, organized an Expert Group Meeting (EGM) on 12 February 2025. The EGM convened diverse expertise across the SDG 3 agenda, bringing together 45 experts from academia, think tanks, research institutes, civil society, philanthropic groups, multilateral partners, international financing institutions, global health initiatives, international and regional partnerships, student and youth organizations, health worker organizations, labour organizations, and the UN system.

This summary points to key messages emerging from the EGM where experts: (i) examined trends and the impacts of COVID-19 and other emerging challenges since SDG 3 progress was last reviewed in 2021; and (ii) recommended evidence-based actions, solutions, collaborations and opportunities to boost SDG 3 progress.

2. Stocktaking and challenges²

Experts emphasized that while some health-related indicators have moved in the right direction globally, current trends are insufficient to meet the SDG 3 targets set for 2030. SDG 3 was last reviewed at the HLPF in 2021 in the midst of the COVID-19 pandemic. At that time, the discussions at the HLPF were focused on regaining SDG progress after scaled down and disrupted health services during the pandemic. Closed or scaled down health services were accompanied by loss of employment and livelihoods, increased school

¹ The recommendations expressed in this report are a summary of the contributions made by experts in the meeting and do not necessarily reflect the views of the United Nations.

² Unless otherwise indicated, data in this section are from the United Nations Sustainable Development Goals Report 2024. <https://unstats.un.org/sdgs/report/2024/The-Sustainable-Development-Goals-Report-2024.pdf>

dropout rates, and increased gender-based violence, among many other pandemic impacts. In many places around the world, gaps caused by the pandemic in health services and especially in preventive care have still not been filled, and many governments have become debt ridden, further hindering the critical financing of their health systems. At the same time, already in 2021 it was clear that the progress we made before the pandemic was extremely uneven and not fast enough for the world to achieve SDG 3 by 2030.

Since the last review in 2021, progress has been mixed, with some areas showing gains while others have stagnated or declined:

- **Life Expectancy Decline:** The COVID-19 pandemic erased nearly a decade of progress, reducing global life expectancy at birth between 2019 and 2021 by 1.8 years (to 71.4 years) and healthy life expectancy by 1.5 years (to 61.9 years), bringing them back to 2012 levels. Recovery in life expectancy at birth has been observed in more recent period. Life expectancy at birth began to improve again since the end of the COVID-19 pandemic, reaching 73.3 years in 2024³.
- **Universal Health Coverage (UHC) Stagnation:** The UHC service coverage index rose from 45 (2000) to 68 (2021), but progress after 2015 has been minimal and has stagnated since 2019⁴.
- **Financial Hardship:** The proportion of the global population facing catastrophic out-of-pocket (OOP) health spending increased from 9.6% (2000) to 13.5% (2019), disproportionately affecting low-income populations⁵.
- **Progress on under-5 mortality:** 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 2015. 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 mortality⁶.
- **Uneven progress on communicable diseases:** Efforts to combat some communicable diseases including HIV, TB, malaria, and neglected tropical 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 2010⁷.
- **Slow progress on Noncommunicable Diseases (NCDs):** Despite global progress in reducing premature mortality due to NCDs, the annual rate of reduction slowed significantly between 2015 and 2019, and the world is not on track to reach the 2030 SDG target. In 2019, a 30-year-old person had a 18.2% risk of dying from any of the 4 main NCDs (cardiovascular diseases, cancer, chronic respiratory diseases, diabetes) before reaching the age of 70⁸.
- **Uneven progress on maternal mortality:** Declines in maternal mortality have stalled, with wide disparities by region and income, with Sub-Saharan Africa and Southern Asia accounting for 87 per cent of maternal deaths⁹. 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 2023¹⁰, in many countries, laws, policies, social norms and practices still deny sexual and reproductive health and rights (SRHR) to many people.

³ Global health estimates 2021. Geneva: World Health Organization, 2024 (<https://www.who.int/data/global-health-estimates>).

⁴ World Health Organization, International Bank for Reconstruction and Development and the World Bank. (2023). Tracking universal health coverage: 2023 global monitoring report. World Health Organization. <https://iris.who.int/handle/10665/374059>

⁵ Ibid.

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 The path that ends AIDS: UNAIDS Global AIDS update 2023. Geneva: Joint United Nations Programme on HIV/AIDS; 2023 (http://unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf)

⁸ Global health estimates 2021. Geneva: World Health Organization, 2024 (<https://www.who.int/data/global-health-estimates>).

⁹ 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>).

¹⁰ United Nations, Department of Economic and Social Affairs, Population Division (2024). Model-based Estimates and Projections of Family Planning Indicators 2024

- **No progress in 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 2022¹¹.
- **Road traffic deaths and injuries:** As of 2021, road traffic injuries are a leading cause of death globally of children and youth aged 5 to 29 years. A significant share of the burden is among people of working age (18–59 years), causing health, social and economic harm throughout societies. While more than half of all Member States reduced road traffic deaths 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.

Experts particularly stressed that fragile, conflict-affected and vulnerable settings (FCVs) require a fit-for-purpose approach to SDG 3 implementation including universal health coverage. Currently, 55 per cent of unvaccinated children live in 31 countries in fragile, conflict-affected and vulnerable settings¹², and 60 per cent of the world's poor will live in FCVs by 2030¹³. In these situations, barriers for social health insurance (SHI) or social insurance (SI) policies may be high, and very basic healthcare packages may be offered, such as the Minimum Initial Service Package (MISP)¹⁴ for Sexual and Reproductive Health (SRH) in crisis situations with needs for complementary financing models.

Progress is not nearly fast enough also when addressing SDG targets that have vast impacts on health. 99 per cent of the world's population is exposed to unhealthy levels of fine particulate matter, and in 2022, 2.1 billion people still relied on polluting fuels and technologies for cooking, causing unacceptable levels of household indoor pollution. Since 2015, 687 million people gained access to safely managed drinking water and over 1 billion gained access to basic hygiene services. However, progress needs to accelerate to meet universal access targets by 2030.

Experts reflected on some of the areas of SDG 3 that have seen good progress compared to other targets, such as under-5 mortality. It was suggested that progress has been enabled by analysis of underlying causes, such as lack of maternal and neonatal care, inadequate nutrition and hygiene, which have been tackled in a prioritized way. There is a need to further strengthen this type of data analysis for all SDG 3 targets to fully assess the drivers and barriers of progress.

3. Key considerations for the future

Implementation of SDG 3 is being impacted by rapidly evolving changes in the operating landscape at all levels, including the COVID-19 pandemic recovery, climate change, conflicts, geopolitical tensions, lack of financing and reductions in official development assistance (ODA), epidemiological and demographic shifts in societies and the digital gap that in many countries does not show signs of narrowing though the Pact of the Future may help build momentum to tackle divides.

Experts noted that for SDG 3, the impacts of COVID-19 have been particularly complex. The pandemic caused significant disruptions and delays in healthcare, particularly in preventive care and sexual and reproductive health care, as health services were shut or scaled down. The pandemic further exacerbated financial constraints in many countries, with 3.3 billion people now living in countries where governments are spending more on debt-interest payments than health or education¹⁵.

A critical challenge raised by several experts is the current geopolitical situation, including funding cuts from significant donor countries and an inability to finalise agreement on the pandemic treaty. This creates the challenge of accelerating already slow progress within a more fiscally constrained environment. However, some experts noted that this also creates an opportunity to reimagine global health financing and take advantage of synergies, to improve alignment and coordination of external financing in support national

¹¹ UNODC, The World Drug Report 2024: https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf

¹² 2023 WHO UNICEF Estimates of National Immunization Coverage (WUENIC): <https://cdn.who.int/media/docs/default-source/immunization/wuenic-progress-and-challenges.pdf>

¹³ Projections provided by the World Data Lab: <https://worldpoverty.io/>

¹⁴ <https://www.unfpa.org/sites/default/files/resource-pdf/MISP-Reference-English.pdf>

¹⁵ <https://unctad.org/publication/world-of-debt/dashboard>

health systems and priorities, as outlined in the Lusaka Agenda¹⁶. At the same time, several experts noted that the current pace of change in the political and financing landscape is alarmingly fast and unpredictable, causing severe gaps in vital support in many countries.

Experts also highlighted that climate change and ecosystem degradation pose major threats to SDG 3 implementation by exacerbating health risks, disrupting health systems, and worsening social inequalities. Rising global temperatures, extreme weather events, and shifting disease patterns are changing or increasing the burden of vector-borne diseases like malaria and dengue, as well as respiratory illnesses due to worsening air pollution and wildfires. Impacts of unprecedented heat waves on human health are expected to be exacerbated. It was also noted that climate-related displacement may place millions of people in precarious living conditions, straining already fragile health systems and increasing vulnerability to infectious disease outbreaks.

Changing demographics will pose significant challenges to SDG 3 progress worldwide, particularly as aging populations increase the burden on healthcare systems. By 2050, the proportion of people aged 60 and older is expected to almost double since 2015, with the most rapid growth occurring in low- and middle-income countries¹⁷. This demographic shift will lead to a higher prevalence of noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, diabetes, and neurodegenerative disorders, straining already overburdened health services. Additionally, ageing populations will require long-term care, palliative services, and specialized healthcare infrastructure, which many countries are unprepared for. At the same time, shrinking working-age populations in some regions could limit economic growth and tax revenues, reducing the financial resources available for health investments. The demand for health and care workers is expected to also rise sharply, exacerbating existing shortages projected to be 11.1 million by 2030¹⁸, particularly in rural and fragile settings.

Fragile, Conflict-Affected, and Vulnerable (FCV) settings present some of the greatest challenges to achieving SDG 3, as conflicts, political instability, and humanitarian crises severely disrupt health systems and essential services. By 2030, an estimated 60% of the world's poor will live in FCV settings, where access to healthcare is often extremely limited. In these regions, maternal and child mortality rates remain high, vaccination coverage is low, and outbreaks of infectious diseases—such as cholera, measles, and malaria—are more frequent due to weak health infrastructure and displacement. To advance SDG 3 in FCV settings, further efforts will be needed to strengthen emergency response capacity, integrate health services into humanitarian aid, and build resilient, community-based healthcare systems that can function amid crises. Investing in sustainable health financing, digital health innovations, and partnerships between humanitarian and development actors will be essential to ensuring no one is left behind.

4. Policies and actions to maximize synergies, mitigate trade-offs and drive transformation

Strengthen and protect the health and care workforce

The COVID-19 pandemic highlighted across the world the critical challenges related to workforce shortages, historical underinvestment, and fair working conditions in the health sector. In too many countries around the world this attention has not translated into the required comprehensive investments in education, retention, and improvements in the working conditions of the health and care workforce. Massive gender disparities exist, as women, who make up the majority of the health and care workforce, in particular nurses and midwives, often face poor working conditions, low pay, and limited career opportunities.

Digital tools and innovations can enhance the capacity of the health and care workforce, particularly in rural areas. While digital technologies can complement existing healthcare systems by improving education and information sharing, they should complement, not replace, health services. Long-term investments, both in human resources and technology, will be crucial for strengthening health systems. Additionally, there is a need for greater public and private sector investment, better governance, and adherence to international frameworks like the WHO Code of Practice to create a more equitable and sustainable health workforce.

¹⁶ <https://futureofghis.org/final-outputs/lusaka-agenda/>

¹⁷ UN World Population Prospects 2024

¹⁸ https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_15-en.pdf

Experts noted that strengthening links between SDG 3 (health), SDG 8 (growth and decent work) and SDG 5 (gender equality) can ensure a rights-based approach, promoting full and productive employment and decent work for all women and men and equal pay for work of equal value.

Prioritize investments in primary healthcare and preventive services

Preventive services and integrated financing models through a primary healthcare approach are recognized as being essential to overcoming barriers in access to essential health services. Access to quality integrated primary care services with financial protection is fundamental to maximizing health gains and meeting health needs, making more efficient use of curative services and minimizing the risk of financial hardship due to out-of-pocket health costs. In many countries, the low quality of primary care and preventive services may push people to seek services in the private sector and to higher-level curative services, where they may incur higher out-of-pocket health costs, at the risk of plunging people into poverty. Further attention on preventive services also links with the need to advance the primary healthcare approach of multisectoral action and community engagement with focus on social, economic, environmental, commercial and other determinants of health.

Accelerate progress towards universal health coverage with targeted policies and mixed financing

Experts stressed that the goal of universal health coverage for everyone, everywhere is being undermined by unequal progress. Access to essential health service varies significantly across and within countries in every region. Better analysis is needed to ensure targeted efforts to reach those that are not receiving adequate quality essential health services with financial protection, including people in Fragile, Conflict-Affected, and Vulnerable (FCV) settings, persons with disabilities, indigenous peoples, ethnic minorities, LGBTIQ+, older persons, migrants, refugees and displaced persons and other marginalized groups. A key issue raised by numerous experts is financial hardship due out-of-pocket (OOP) expenditures, which disproportionately affects the poor across countries of all income levels. Based on the evidence¹⁹ from several waves of the COVID-19 high-frequency phone survey conducted during 2020 and 2022 by the World Bank mostly in low and middle-income countries, over 40 per cent of people cite costs as a reason for foregone care. UHC monitoring reports have demonstrated that OOP expenses lead to catastrophic and impoverishing health spending, particularly in low-income countries, often predominated by the costs of medicines and health products which is of concern given the rising burden of non-communicable diseases (NCDs). There is a need to encourage mixed financing models with contributions from both income-based and payroll schemes, while also ensuring public domestically financed support for those who are unable to contribute, to improve access to essential health services and medicines with greater financial protection, especially in low- and middle-income countries.

Prioritize maternal health and safeguard comprehensive sexual and reproductive health (SRH) services

Maternal health and SRH services must be prioritized to address persistent gaps in access, funding, and quality care, particularly for marginalized and displaced populations. Integrating maternal health and SRH into universal health coverage (UHC) and primary healthcare (PHC) is crucial, alongside investments in high impact practices such as investing in midwifery models of care, ensuring quality and coverage of reproductive health services, financial protection, standardized maternal and perinatal death surveillance and response, and robust measurement for both coverage and quality of services. To safeguard SRH services, health systems must expand access, reduce out-of-pocket health costs, and integrate essential services such as family planning - including post-partum family planning, NCD prevention, and mental health support. Experts stressed that there is a need to increase research and programmatic focus on the intersection of gender-based violence and SRH, including maternal health, comprising the impact of violence on pregnancy outcomes, access to care, and mental health.

Strengthening links between SDG 3 (health) and SDG 5 (gender equality) can ensure a rights-based approach, addressing vulnerabilities related to gender inequality, violence, and systemic discrimination. Experts stressed that in the challenging political context in many countries, stakeholders must push for the

¹⁹ World Health Organization, International Bank for Reconstruction and Development & World Bank. (2023). Tracking universal health coverage: 2023 global monitoring report. World Health Organization. <https://iris.who.int/handle/10665/374059>

recognition of family planning as a core component of the global health agenda and increase investments in related services. The critical role of family planning in preventing unintended pregnancies and reducing unsafe abortions should be stressed. In line with SDG target 5.6.2, experts noted the importance of a legal and policy environment that enables access to comprehensive sexual and reproductive health and reproductive rights. It is also essential to address the broader social determinants that impact maternal health and SRH, including poverty, nutrition and climate change which increase vulnerabilities for women and girls especially in humanitarian settings.

Tackle the data gaps, including with technology and community-led initiatives

Severe data gaps still exist in SDG monitoring, especially in low-income countries, further hindering evidence-based policy making. Several SDG 3 indicators, including maternal mortality, still too often rely on estimated or modelled data, with insufficient national coverage. Strengthening routine data systems is critical including health information management systems and civil registration and vital statistics systems. Moreover, the lack of data disaggregation even by age, sex, and socioeconomic status impedes targeted policy responses. It was also noted that broadening the focus of monitoring from just health outcomes to understanding the drivers of health challenges would provide valuable insights for policymakers.

Better data collection, evidence and analysis on health financing, especially spending for medicines and on cost-benefit analysis to ensure the balance between curative and preventive services would also help guide policy decisions and resource allocation. Experts also flagged gaps in monitoring on issues such as stillbirths, mental health, exposure to environmental risks, and the health of marginalized populations like refugees and migrants. In some cases, such as with access to essential medicines, it was noted that complexity of indicators hinders efforts to track and compare progress across countries. Simplifying indicators could in some cases improve data accuracy and global comparability.

National data systems should be strengthened and integration across sectors improved. There was strong support for using digital tools, such as AI and smartphone-based surveys, to enhance real-time data collection, particularly in fragile or conflict-affected contexts. These technological solutions could reduce fragmentation and drive accountability in decision-making. Community-sourced quantitative and qualitative data from trusted local channels and grassroots organizations can help identify unmet needs and uncover the sociopolitical drivers of exclusion, especially where stigma or discrimination leads people to avoid formal systems. Moreover, better cross-sector collaboration—among health, education, finance, and other sectors—was identified as a critical step in aligning data collection efforts with national priorities and ensuring that hard-to-reach populations are not overlooked.

Ensure access to essential medicines

Several participants expressed concern about the rising cost of medicines, which in many cases represents the largest category of out-of-pocket health spending and can also be an outcome of low-quality services. Even relatively inexpensive medicines can lead to financial strain, particularly for individuals with chronic diseases. Intellectual property (IP) barriers, especially regarding new and high-cost medicines, are putting pressure on public health budgets and limiting access to newly developed essential drugs and vaccines. A multisectoral response is needed to address intellectual property right issues, procurement and supply chains to promote access to more affordable quality assured medicines. Governments should develop and implement a national medicine policy based on the concept of essential medicines, promoting both a basic package of essential medicines for all, and cost-effective selection, prescribing, pricing and supply. Efficiency can be achieved through the careful selection of cost-effective medicines, pricing policies, careful procurement that considers both cost and quality, cost-effective prescribing, and rational use in order to prevent economic waste by unnecessary or ineffective medicines.

Protect the health of humans, animals and the environment

The health of humans, domestic and wild animals, plants, and the broader environment are closely linked and interdependent, but this understanding has not yet fully translated into integrated policies. The COVID-19 pandemic was a further reminder of the delicate relationship between people and our planet, but the opportunities for progress have not been fully utilized. This is illustrated, for example by the negotiations for

the WHO Pandemic Treaty, aimed at improving global cooperation and preparedness for future pandemics, which have not yet been finalized. Experts stressed that to drive better health and well-being, health experts should increasingly reach out across different sectors beyond health and that the health community could also more consistently engage multi-disciplinary specialists from areas such as urban planning, agriculture, land use and soil protection, ecosystem restoration and so on. This would boost efforts in tackling complex health challenges and health determinants, including the emergence of infectious diseases, antimicrobial resistance, and environmental degradation, as healthier environments could prevent almost one quarter of the global burden of disease. It was recognized that in many cases the health impacts of new and emerging pollutants in soil, air and water are not currently even known. To make the case for more integrated health approaches, experts suggested that further focus on prevention could make the connections more visible and communicate more effectively the reasons for coordinated approaches on root causes.

5. Means of implementation: Mechanisms and partnerships to accelerate progress

Experts highlighted the need for further collaboration among the SDG 3 ecosystem, especially given the challenging geopolitical context. For example, strengthening research collaborations, networks and partnerships across sectors, regions, and disciplines can accelerate and cross-pollenate science, technology, and innovation and improve health outcomes. Strengthened partnerships between communities, policymakers, and researchers should be fostered to ensure that policies are not only scientifically sound but also practical, culturally appropriate, and responsive to real-time and real-world health challenges.

It was noted that lessons can be taken from past successes, such as progress toward ending HIV as a public health threat. Some of the key factors in making progress included strong advocacy and activism from civil society that boosted political will at the United Nations High-Level Meeting on Ending AIDS in 2016, joint price negotiation to lower costs of medicine, and having regular stocktakes towards intermediate, tangible targets.

Leveraging science, technology and innovation with emphasis on equity

Science, technology, and innovation (STI) plays an important role to help tackle global health disparities. Experts highlighted innovations such as AI-driven diagnostics, telemedicine, and mobile health tools which present the potential for transformative solutions, especially for underserved populations in remote areas. But it was stressed that community-endorsed game changers (e.g. portable X-ray machines for tuberculosis, self-testing kits, and dried blood spot sampling) and digital tools (e.g. SMS reminders, electronic health records, and AI-assisted diagnostics) must also address digital equity concerns, including literacy, access, and privacy. While digital health technologies and diagnostics have immense potential, especially in low- and middle-income countries (LMICs), their impact is often hindered by challenges such as ill-fitting technologies, lack of infrastructure, and concerns around digital literacy and privacy. Experts stressed the need for robust governance frameworks, effective integration into health systems, trained and supported health and care workforce, and an emphasis on equity. Several experts also stressed that many high-impact essential medicines, technologies, and innovations are already available, but their impact is hindered by inadequate and unequal access and financing gaps.

Global research collaborations and partnerships have proven essential in advancing science and technology for health, as seen during the COVID-19 pandemic, where knowledge and technology were shared at an unprecedented scale. However, experts also pointed to the persistent challenge of intellectual property (IP) barriers, which may limit access to life-saving technologies. While some participants highlighted the need for IP protection to incentivize innovation, others advocated for open-source models and public funding strategies to ensure equitable access. The importance of the United Nations' role in facilitating these collaborations, breaking down unhelpful IP barriers, and establishing ethical and regulatory frameworks was emphasized as critical to overcoming these challenges and ensuring that innovations are developed and distributed in a way that benefits all.

In general, experts stressed that ethical and regulatory frameworks must be established and continuously updated to guide the responsible development and deployment of health technologies and innovations. Evidence-based policymaking should ensure that new technologies, such as AI and gene editing, are applied in ways that promote public health while safeguarding individual rights and societal well-being. Inclusive and

ethical use of science, technology, and innovation was repeatedly stressed. Safeguards must be in place to protect key populations, such as LGBTIQ+ individuals and sex workers, particularly in countries where digital tools can pose risks for the safety of individuals. Responsible media engagement is essential to ensure accurate, evidence-based reporting that combats misinformation. Collaborative efforts should extend beyond academia to incorporate civil society research and lived experiences, ensuring inclusive policymaking and building trust in science and data.

Boosting health financing, including with a “One plan, One budget” -approach

There is a stark gap in health financing, particularly in low-income countries, where per capita health spending often falls far below the threshold needed to deliver essential health services. This public sector underfunding leads to heavy reliance on out-of-pocket (OOP) payments, which contribute to catastrophic health expenditures and further entrench financial barriers to healthcare and intensify poverty. The growing burden of non-communicable diseases (NCDs) and mental health conditions, as well as the continued burden of communicable diseases and maternal and newborn health, compounded by rising drug prices, exacerbates these challenges. Several experts stressed that while increasing overall funding is crucial, it is equally important to improve the way funds are allocated and utilized. Stronger public financial management systems are essential to optimize the use of resources and improve the quality of healthcare services, particularly in primary healthcare (PHC). Efficient allocation must prioritize high-impact areas based on the current needs of the population, using evidence to guide investment decisions. Additionally, expanding health taxes, such as tobacco taxes, and leveraging concessional loans were identified as critical tools to improve health as well as viable strategies to generate revenue for health systems, especially in low- and middle-income countries (LMICs).

A key recommendation emerging from the discussion was the importance of integrating health financing with broader economic and social policies, including education, food policy and social protection, to achieve sustainable health outcomes, with experts referring to the “One Plan, One Budget, one Report” -model. A multisectoral approach can link health financing with societal goals like improving nutrition, promoting economic development, and reducing health inequities. Such integration helps address the social determinants of health and fosters a more comprehensive and preventative approach to healthcare. Improved collaboration between ministries and sectors can also reduce bureaucratic inefficiencies, thereby enhancing the impact of domestic financing and reducing reliance on costly curative treatments.