

SDG 3 TARGETS

3 GOOD HEALTH AND WELL-BEING



Ensure healthy lives and promote well-being for all at all ages

- 3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 End preventable deaths of newborns and children under 5 years of age
- 3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse
- 3.6 Halve the number of global deaths and injuries from road traffic accidents
- 3.7 Ensure universal access to sexual and reproductive health-care services
- 3.8 Achieve universal health coverage
- 3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control
- 3.b Support the research and development of vaccines and medicines for communicable and noncommunicable diseases that primarily affect developing countries and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries
- 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

VOLUNTARY NATIONAL REVIEWS

COUNTRY REPORTING ON UNIVERSAL HEALTH COVERAGE

POLITICAL DECLARATION ON UNIVERSAL HEALTH COVERAGE (2019)

24. Accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course, and in this regard re-emphasize our resolve:

*(a) To **progressively cover 1 billion additional people by 2023** with quality essential health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030;*

*(b) To **stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure** by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations;*

SDG 3.8 INDICATORS

SDG TARGET 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.

- **Indicator 3.8.1:** Coverage of essential health services
- **Indicator 3.8.2:** Proportion of population with large household expenditures on health as a share of total household expenditure or income

INDICATOR 3.8.1

SERVICE COVERAGE

UHC service coverage index (SCI) combines **14 tracer indicators** of service coverage into a single summary measure.

Reproductive, maternal, newborn and child health

1. Family planning (*FP*)
2. Antenatal care, 4+ visits (*ANC*)
3. Child immunization (*DTP3*)
4. Careseeking for suspected pneumonia (*Pneumonia*)

$$RMNCH = (FP \cdot ANC \cdot DTP3 \cdot Pneumonia)^{1/4}$$

Infectious disease control

1. TB effective treatment (*TB*)
2. HIV treatment (*ART*)
3. Insecticide-treated nets (*ITN*)
4. At least basic sanitation (*WASH*)

$$Infectious = (ART \cdot TB \cdot WASH \cdot ITN)^{1/4}$$

if high malaria risk

$$Infectious = (ART \cdot TB \cdot WASH)^{1/3}$$

if low malaria risk

Noncommunicable diseases

1. Normal blood pressure (*BP*)
2. Mean fasting plasma glucose (*FPG*)
3. Tobacco nonsmoking (*Tobacco*)

$$NCD = (BP \cdot FPG \cdot Tobacco)^{1/3}$$

Service capacity and access

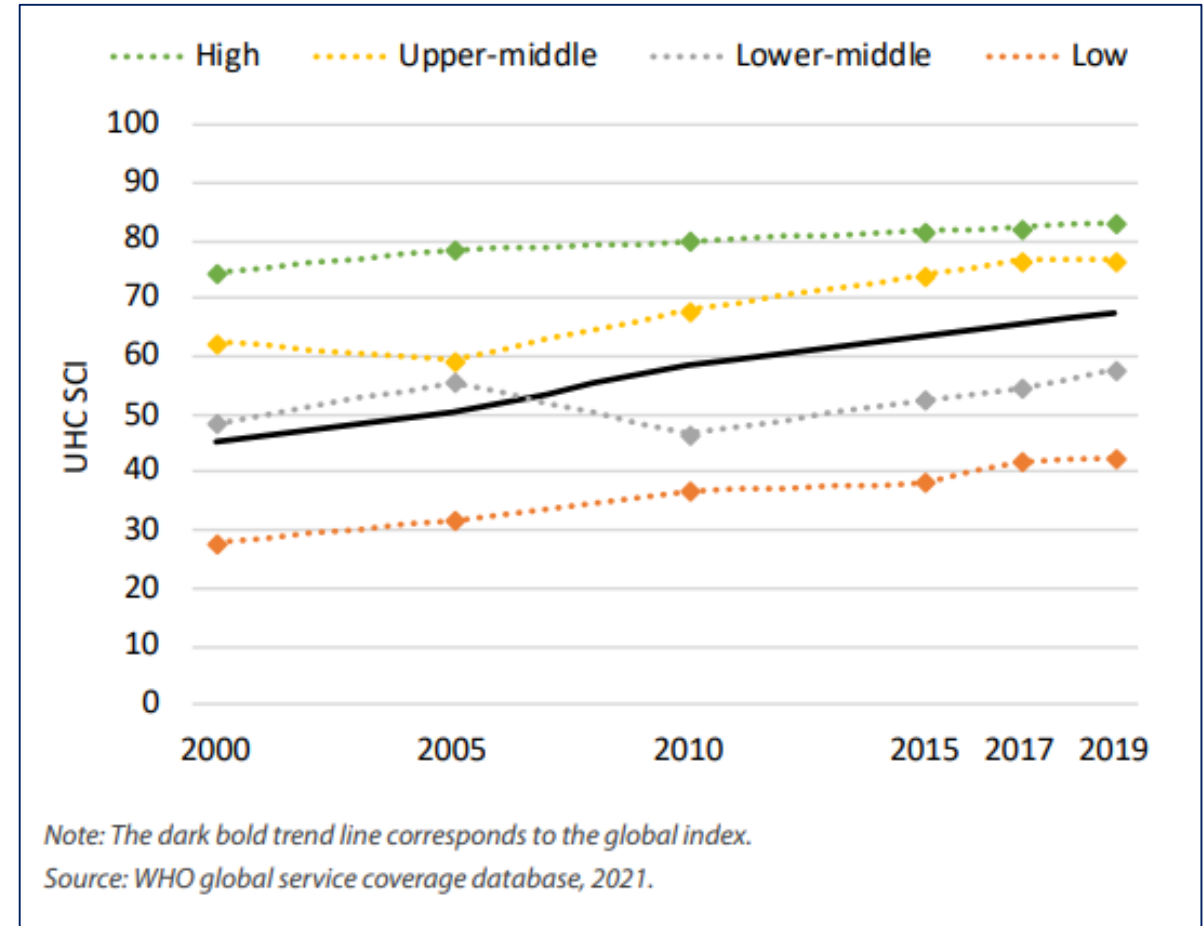
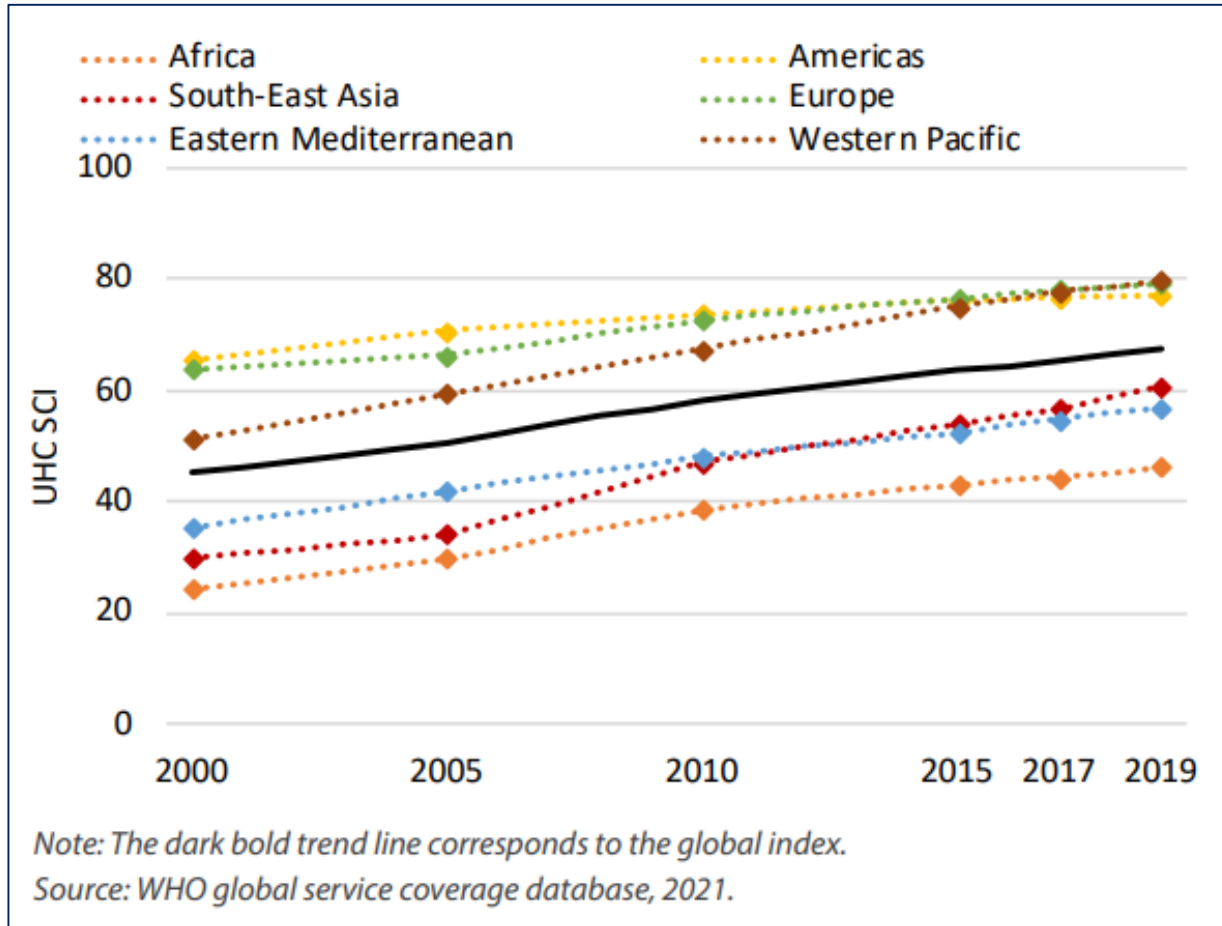
1. Hospital bed density (*Hospital*)
2. Health worker density (*HWD*)
3. IHR core capacity index (*IHR*)

$$Capacity = (Hospital \cdot HWD \cdot IHR)^{1/3}$$

$$UHC \text{ service coverage index} = (RMNCH \cdot Infectious \cdot NCD \cdot Capacity)^{1/4}$$

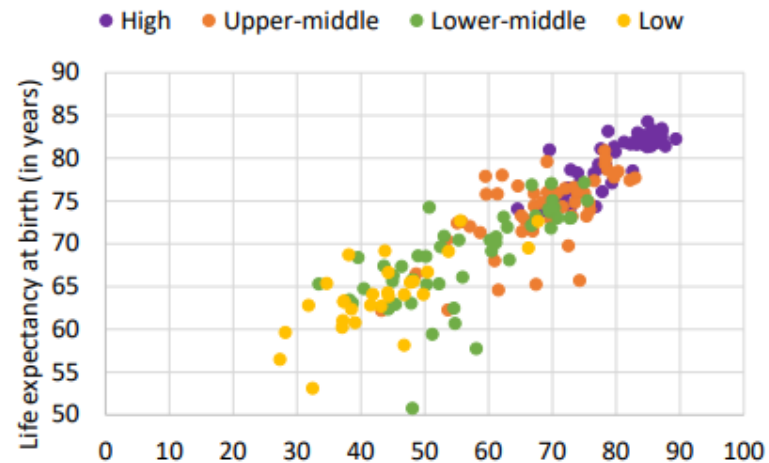
SERVICE COVERAGE INDEX

The UHC SCI improved from 2000 to 2019 in all WHO regions and World Bank income groups



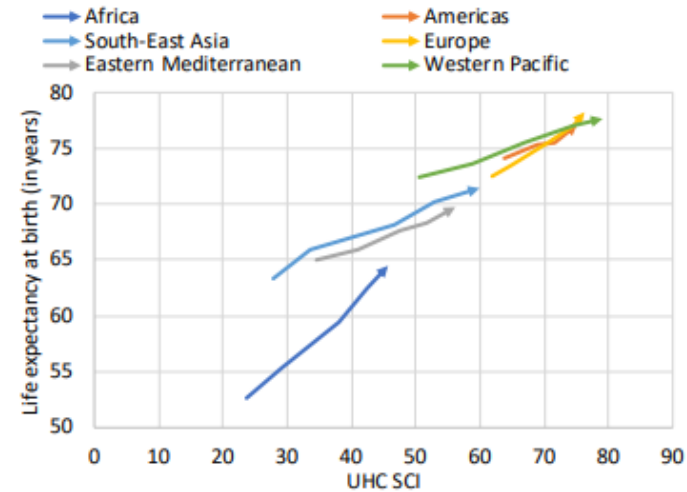
SERVICE COVERAGE & HEALTH GAINS

Figure 1.11 Relationship between UHC SCI and life expectancy at birth, by World Bank income group, 2019



Source: WHO global service coverage database, 2021, and WHO global health estimates, 2020.

Figure 1.12 Trends in UHC SCI and life expectancy at birth, by World Bank income group, 2000–2019



Source: WHO global service coverage database, 2021, and WHO global health estimates, 2020.

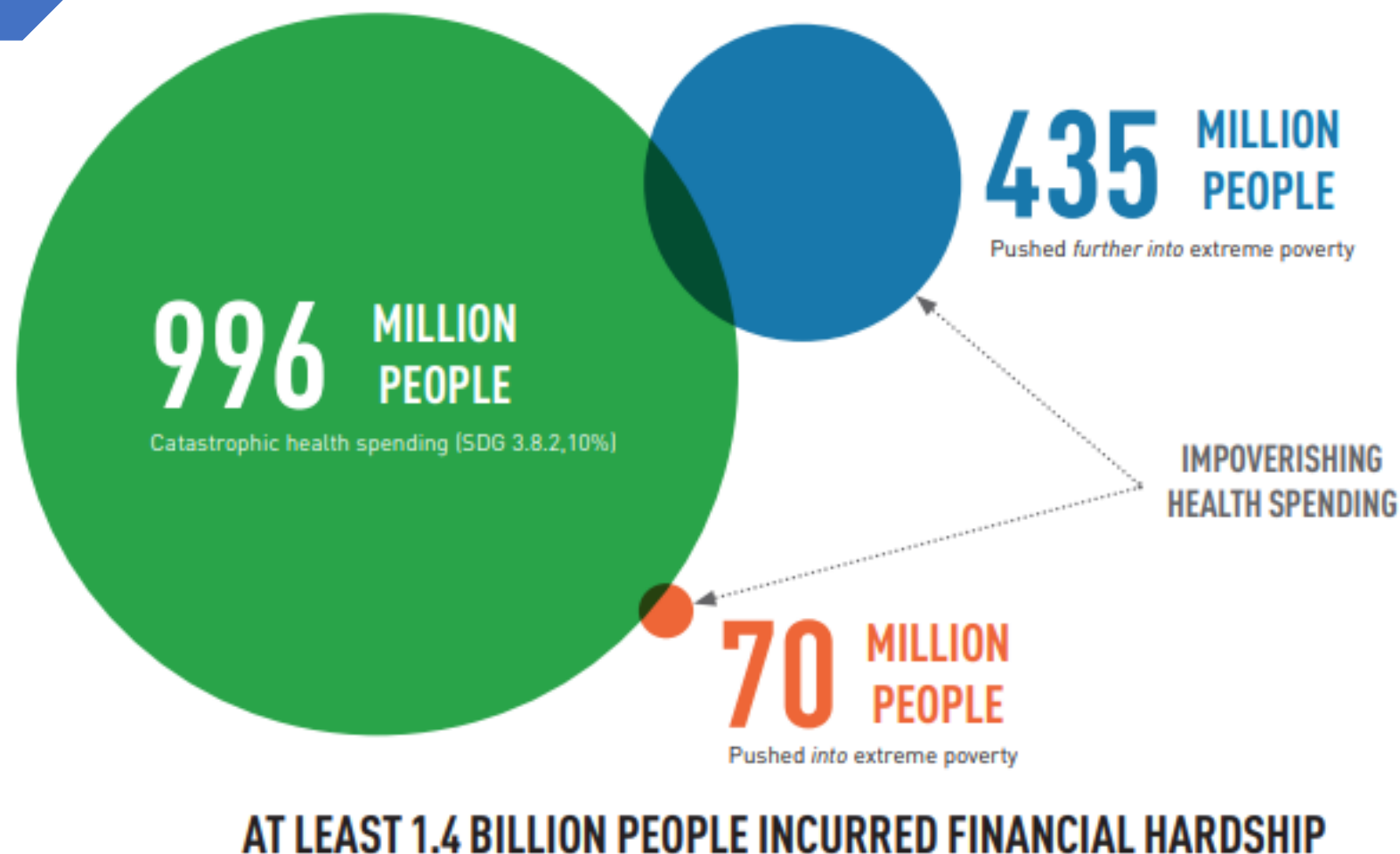
Significant health gains accompanied improvements in worldwide service coverage over the last two decades. Global average life expectancy at birth increased from 66.8 years in 2000 to 73.3 years in 2019. The UHC service coverage index (SCI) increased from 45 to 68 (out of 100) over the same period. Between 2000 and 2019, the African Region had the fastest growth in both measures with an increase of 22 index points in the UHC SCI and a gain of 11.7 years of life expectancy.

INDICATOR 3.8.2

FINANCIAL PROTECTION

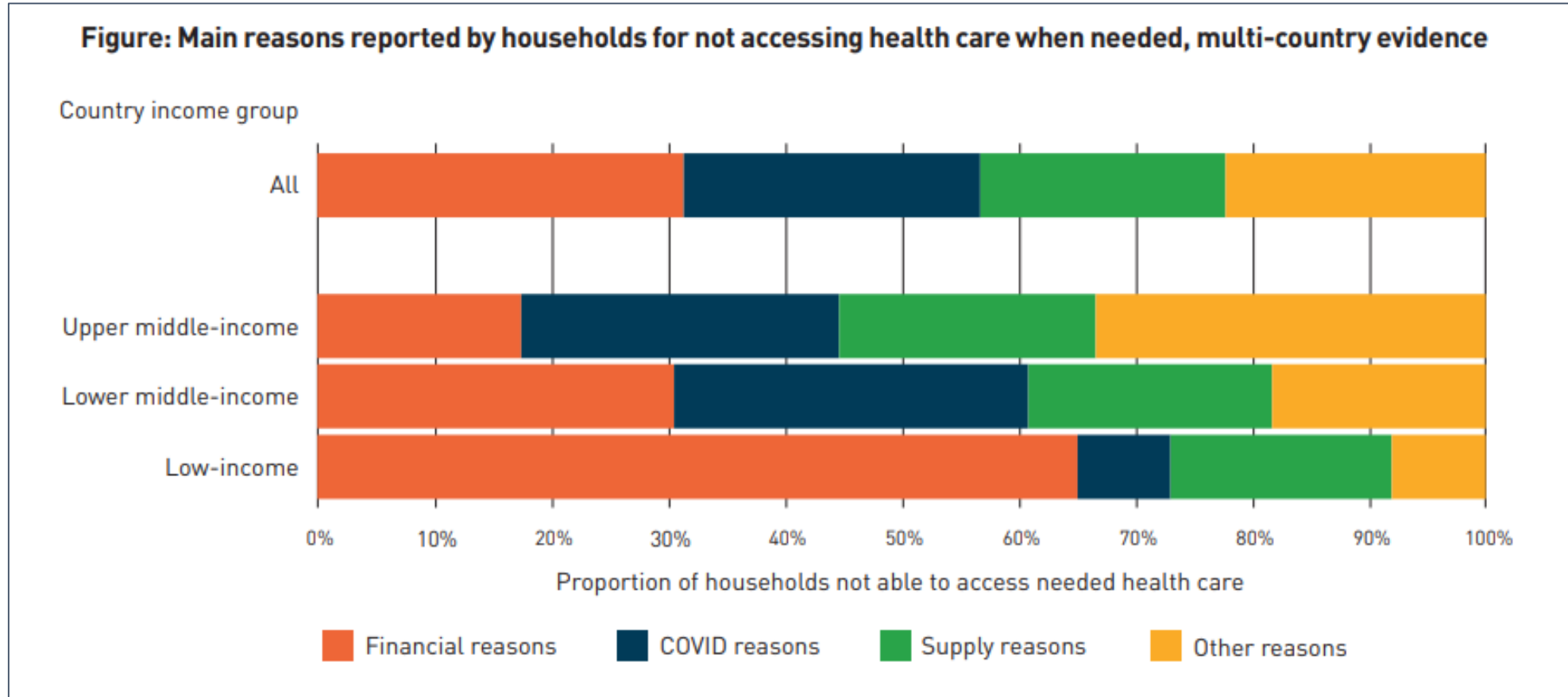
Two thresholds are used to define *large household expenditure on health*:

- Greater than **10%** of total household expenditure or income
- Greater than **25%** of total household expenditure or income



Sources: Data from Global database on financial protection assembled by WHO and the World Bank, 2021 update [27,28].

FINANCIAL PROTECTION & BARRIERS TO CARE



While service coverage has improved in the last 20 years, [the proportion of people facing financial hardship due to out-of-pocket health spending has increased](#). With rising poverty and shrinking incomes resulting from the current global economic recession and health systems struggling to provide continuity of health services, the COVID-19 pandemic is likely to halt the progress made towards universal health coverage, particularly among disadvantaged populations.



Two years into pandemic service disruptions persist across all regions and income levels

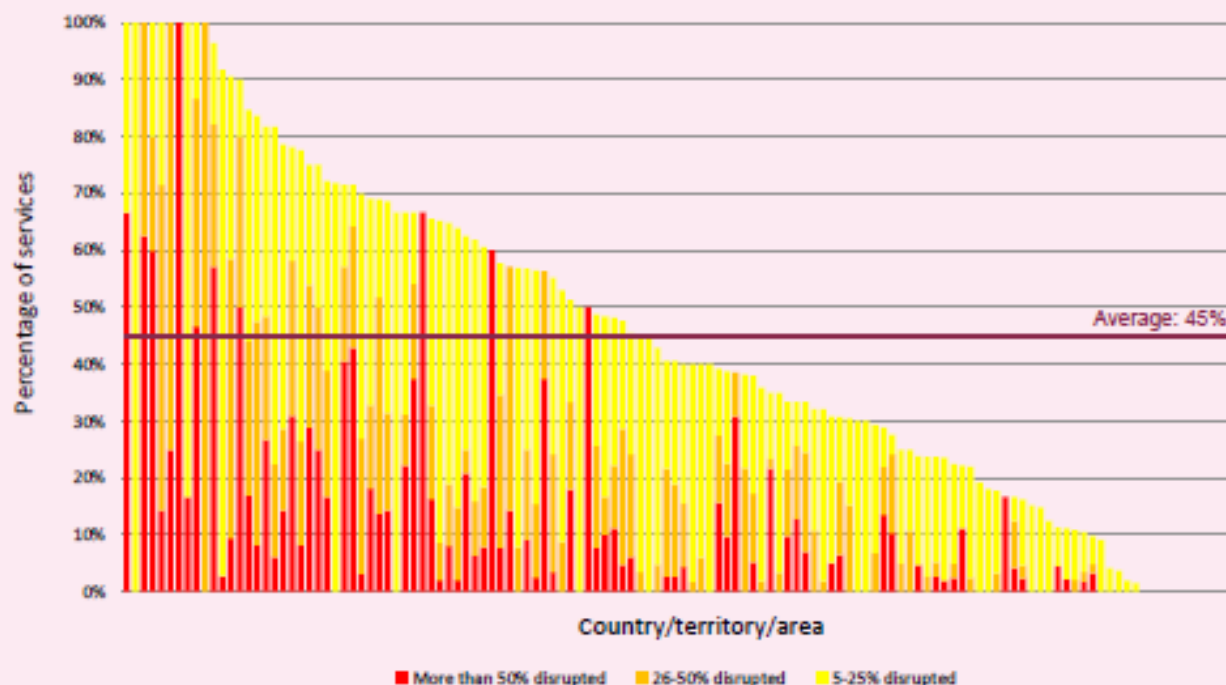
92%

(117 of 127) countries reported some extent of disruptions in at least one essential health service



Countries reported continued disruptions to 45% of tracer health services

Percentage of services disrupted per country (number of tracer services = 66)



Denominator: represents responses from countries/territories that responded to at least one survey section and consented to data sharing agreement.

Services include 66 services from the following areas: primary care, emergency, critical and operative care, rehabilitation, palliative care, cancer care, community care, and tracer services for reproductive, maternal, newborn, child and adolescent health, nutrition, immunization, communicable diseases, neglected tropical diseases, mental, neurological and substance use disorders, and care for older people

Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)



All health care settings and service delivery platforms were affected, particularly first-contact services

Percentage of countries reporting disruptions:

53%

Primary care

38%

Emergency, critical and operative care

59%

Elective surgeries

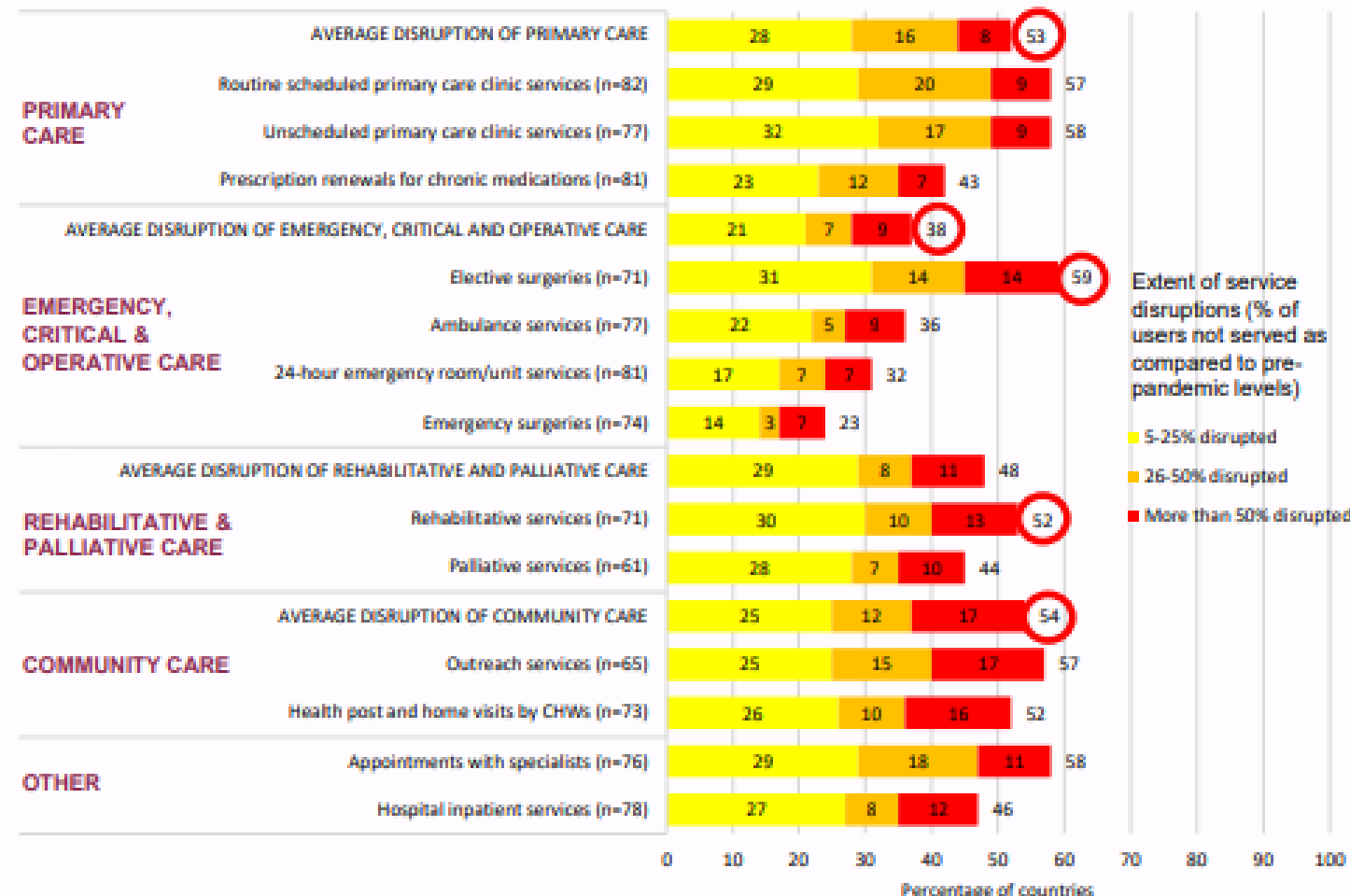
52%

Rehabilitative services

54%

Community care

Percentage of countries reporting disruptions by service delivery setting (n=93)





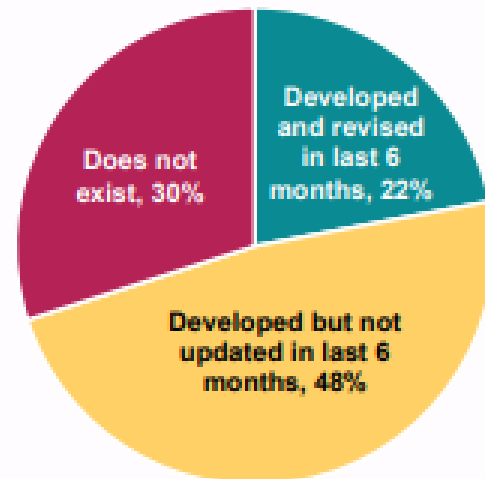
Policies and plans for continuity of essential health services and health systems recovery



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About two thirds of countries have policies and plans for continuity of essential health services during the pandemic

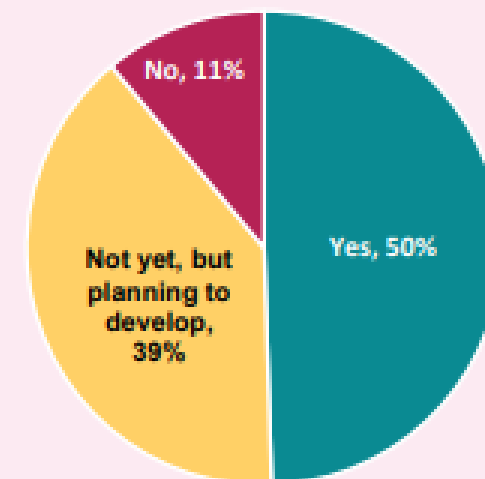
Percentage of countries with policy or plan for continuity of essential health services during the COVID-19 pandemic (n=86)

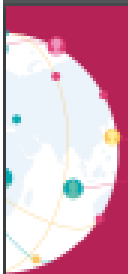


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Half of countries have plans in place for building longer-term health service resilience and preparedness

Percentage of countries with health system recovery plan to strengthen health service resilience and preparedness for future public health emergencies (n=87)



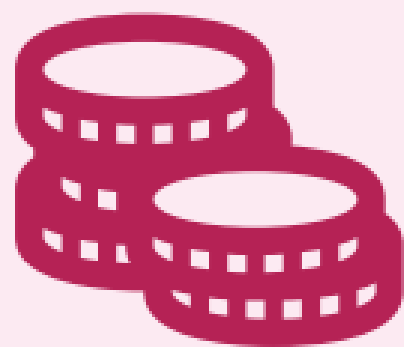


More than two-thirds of countries allocated additional funding for longer-term health system recovery

Access to medicines and supplies and workforce capacities are the most common areas of investment



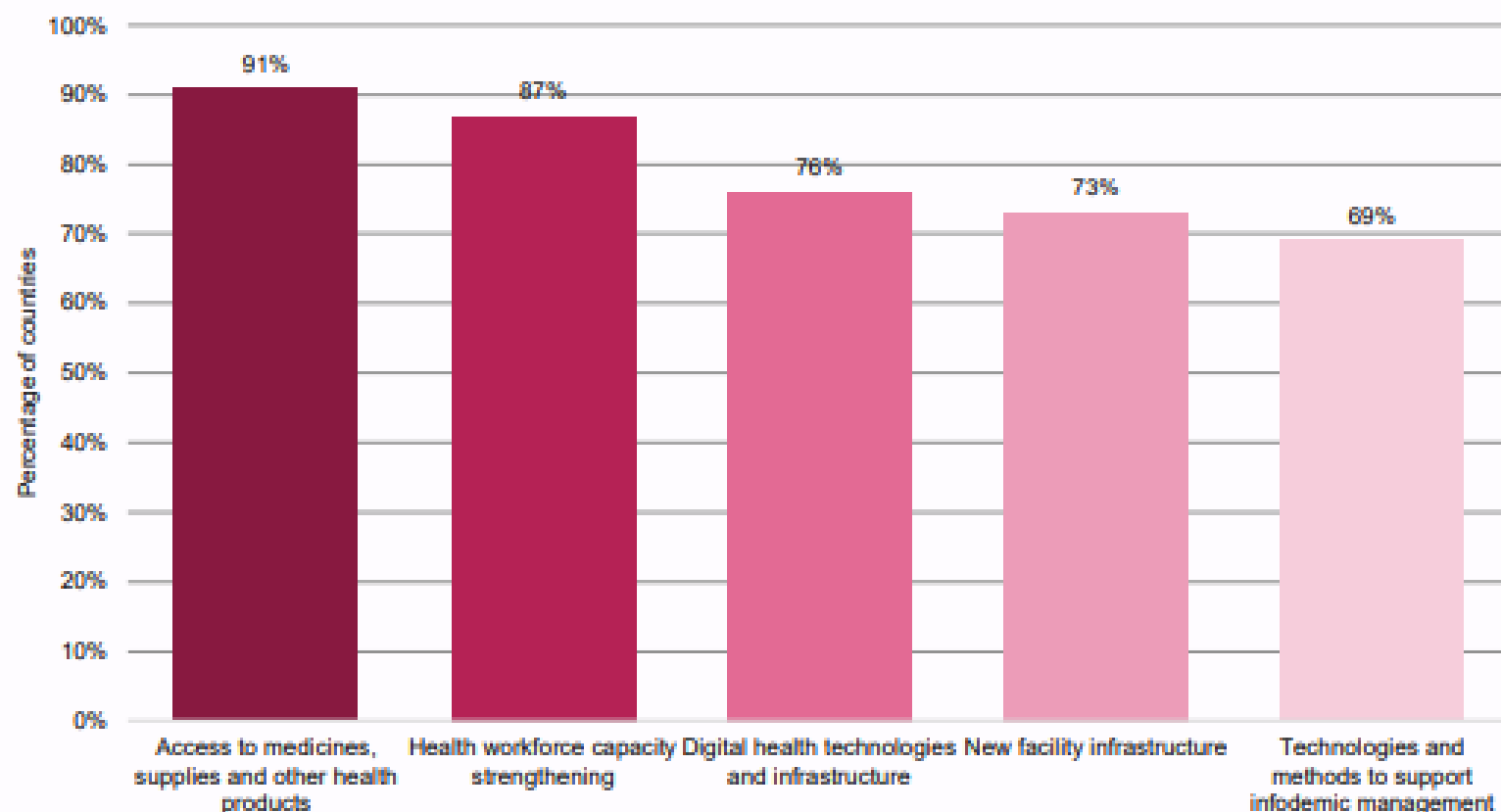
World Health Organization



70%

of countries allocated additional government funding for longer-term health system recovery and/or health service resilience and preparedness (n=79)

Percentage of countries reporting investments for longer-term health system recovery and/or health service resilience and preparedness (of the countries reporting any investments: n=55)



Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

Bottlenecks to scaling up access to COVID-19 tools include:



Lack of funding



Health workforce challenges



Supply & equipment shortages



Lack of distribution capacity



Lack of clear strategy, guidance, or protocols



Lack of needed data & information

WHO COUNTRY SUPPORT



WHO has dedicated staff working in **152 country offices**. These country teams advise ministries of health and other sectors on public health issues and provide support to plan, implement and monitor health programmes.

More information on country offices (by region): [AFRICA](#) / [AMERICAS](#) / [SE ASIA](#) / [EUROPE](#) / [E. MEDITERRANEAN](#) / [W. PACIFIC](#)

RESOURCES

GLOBAL HEALTH OBSERVATORY

Monitoring health for the SDGs

 [Click here](#)



Life expectancy and health life expectancy



Current health expenditure (CHE)



Population



SDG 3.1

Maternal mortality



SDG 3.2

Newborn and child mortality



SDG 3.3

Communicable diseases



SDG 3.4

Noncommunicable diseases and mental health



SDG 3.5

Substance abuse



SDG 3.6

Road traffic injuries



SDG 3.7

Sexual and reproductive health



SDG 3.8

Universal health coverage



SDG 3.9

Mortality from environmental pollution



SDG 3.a

Tobacco control



SDG 3.b

Development assistance and vaccine coverage



SDG 3.c

Health workforce