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Item 7(c) of the provisional agenda*

**Parallel meetings for an in-depth review
of progress made and peer learning on the
sub-themes of the Regional Forum:
Parallel meeting on the sub-theme
of good health and well-being**

Background paper on Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages

I. Introduction

1. Sustainable Development Goal 3 aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, through a focus on a package of quality care, financing and financial risk protection, as well as provide access to safe and effective medicines and vaccines for all. The central role of the health and well-being of the population to the people pillar and towards achieving all the Sustainable Development Goals cannot be overemphasized.

2. To achieve Sustainable Development Goal 3, a life cycle approach is required for policy, governance, service delivery, financing, monitoring and accountability of sexual reproductive, maternal, newborn, child, adolescent, youth and old-age health care; and communicable, non-communicable and environmental health. In addition, accelerating universal health coverage through strengthened and resilient health systems to ensure safe, effective, quality and affordable medicines and vaccines is available as required (time and place).

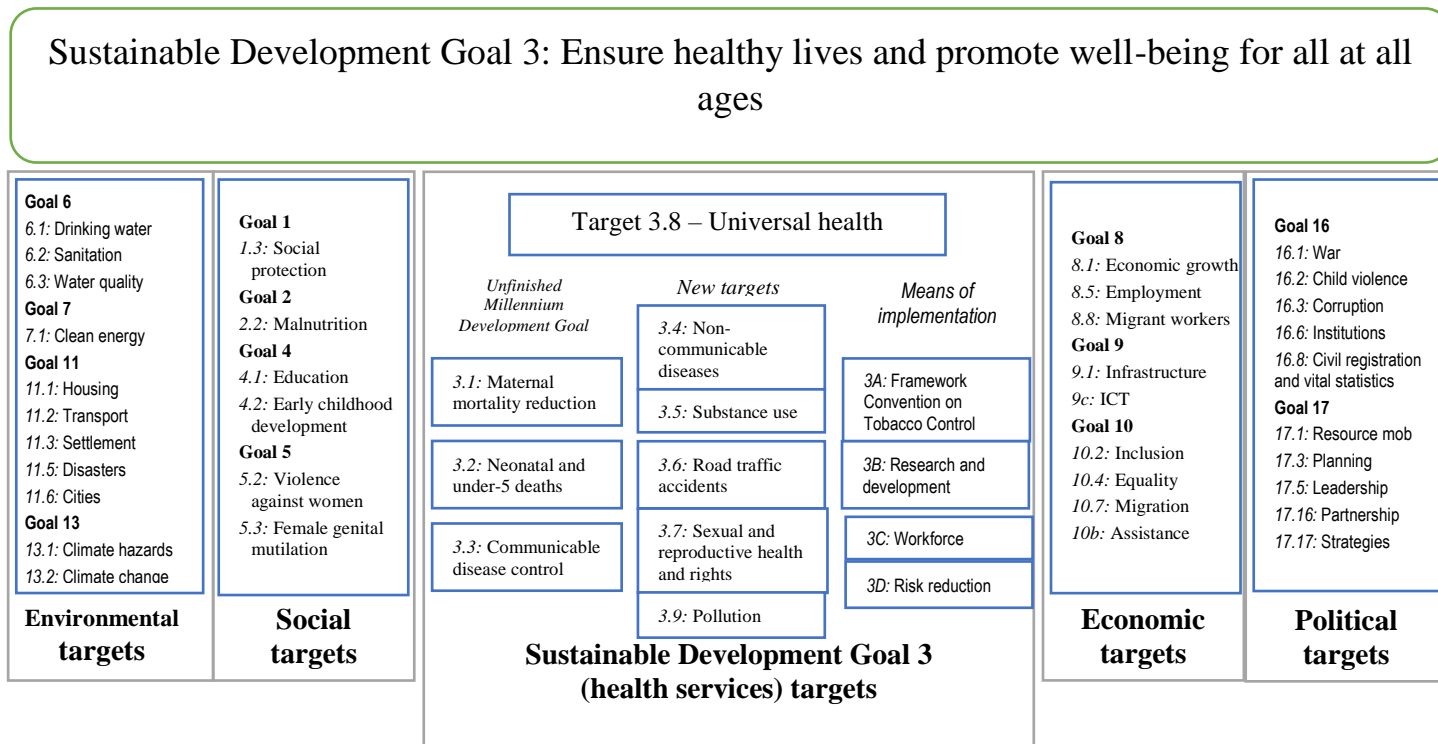
3. In line with the indivisible nature of the Sustainable Development Goals, Goal 3 is supported by multiple targets – within Sustainable Development Goal 3, as well as across social, economic, environmental and political targets spread across the other Sustainable Development Goals, as shown in figure I.

* ECA/RFSD/2021/1/Rev.1.



Figure I

Targets across the Sustainable Development Goals influencing Sustainable Development Goal 3



4. Health and well-being (Sustainable Development Goal 3) are embodied in Goal 3 of Agenda 2063: The Africa We Want, of the African Union, with corresponding targets in Agenda 2063 Goals 1, 2, 3, 4, 5, 6, 9 and 10. These cover diseases such as HIV/AIDS, tuberculosis and malaria; key indicators such as maternal and child mortality; as well as access to health services. Similarly, there are corresponding Goals and targets for the social determinants of health from the Sustainable Development Goals. It is also important to note the key and complementary aspirations and health-related commitments and recommendations agreed upon by the Assembly of Heads of State and Government of the African Union, such as the Addis Ababa Declaration on Population and Development in Africa beyond 2014.

II. Key trends and progress

A. Progress with Sustainable Development Goal 3

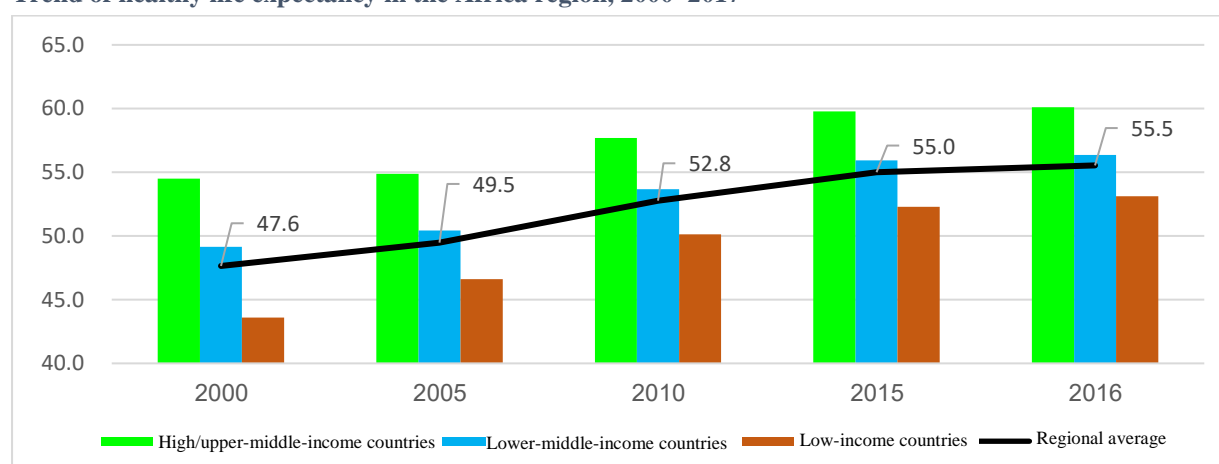
5. Healthy life expectancy is the overarching indicator of progress on Sustainable Development Goal 3. It reflects the level of healthy life and well-being in a country or territory, as well as the amount of time in years a person has, free from physical, mental or other disease or disability. The latest data from the World Health Organization (WHO) Global Health Observatory¹ shows an improving trend leading to the era of the Sustainable Development Goals, with the highest improvement seen in the low-income countries of the Africa region. These saw an improvement in healthy life of 9.6 years, as compared

¹ Available at www.who.int/gho/en.

with the high-upper-middle-income countries (5.6 years). This is shown in figure II.

Figure II

Trend of healthy life expectancy in the Africa region, 2000–2017



6. According to the World Health Statistics 2020,² this trend has continued in the Sustainable Development Goals, with the latest value estimated at 56.04 years in 2019.³ The largest drivers so far have been gains made in reducing child mortality and infectious diseases, and a considerable decrease in maternal mortality and morbidity. Gains in other age cohorts, and for non-communicable conditions, have not been as marked.

7. This improving trend in the region will be affected by the COVID-19 pandemic in three ways:

(a) First, the additional ill health and death due to COVID-19 will directly impact on the healthy life expectancy values (years), as it reduces the amount of healthy life. Countries conducting seroprevalance studies are showing the wide extent of infection in 2020 alone, with up to one third of the population in South Africa estimated to have been infected. The impact on ill health alone, even if only 5 per cent of these are symptomatic, is profound on the overall level of healthy life;

(b) Second, the COVID-19 pandemic has negatively impacted the provision of other health services. Current evidence suggests the most impacted services are the outpatient specialized services – such as antenatal care, family health and immunization services – which were responsible for major gains.⁴ The contribution of these services to the overall healthy life expectancy is thus diminished;

(c) Finally, the pandemic effects on the socioeconomic context in countries have negatively impacted the contribution of these indicators, outlined in figure I, to the overall healthy life expectancy. Reductions in economic progress, schooling time, social protection services and other contextual indicators are detrimental to the overall attainment of Sustainable Development Goal 3.

8. A multipronged approach that mitigates against the direct, indirect and contextual effects of the COVID-19 pandemic is thus urgently needed to halt

² The majority of the data for this paper comes from the World Health Statistics 2020, unless other specified. Available at www.who.int/data/gho/publications/world-health-statistics.

³ Ibid.

⁴ Available at <http://bit.ly/2KkAxCP>, <http://bit.ly/34ATgAE> and <https://bit.ly/37JJG0q>.

and reverse the detrimental effect the pandemic has on progress of Sustainable Development Goal 3.

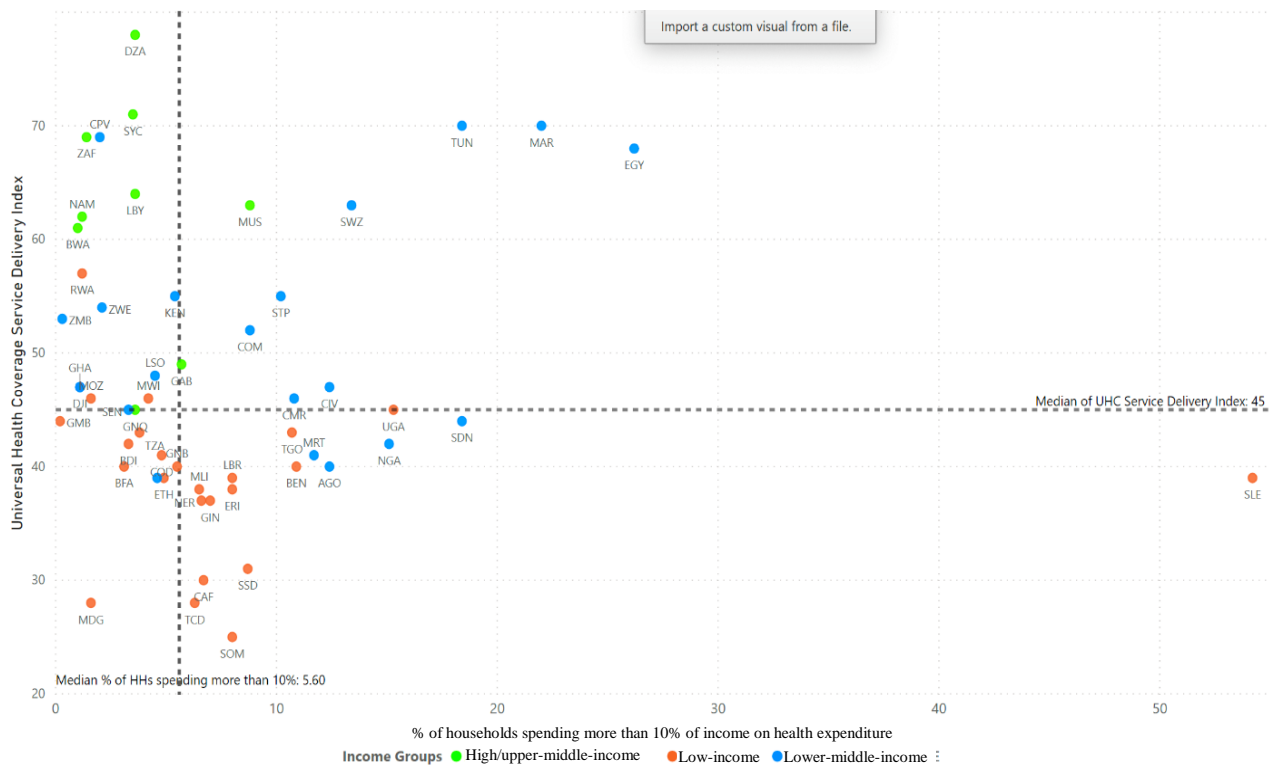
B. Progress with Sustainable Development Goal 3 targets contributing to the Goal

1. Universal health coverage

9. Target 3.8 – progress towards universal health coverage – is the universal target for the health services. Universal health coverage (UHC) – whereby all people have access to the health services they need, when and where they need them, without financial hardship – includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

10. The member States in the region are at different points in their respective paths towards achieving the overarching target 3.8 on UHC. A comparison of the two indicators for the target (UHC service coverage index – 3.8.1; and households facing catastrophic health spending – 3.8.2) shows that most countries closest to achieving UHC (high service coverage index, low percentage of households facing catastrophic spending) are high/upper-income (figure III).

Figure III
Comparison of country status with UHC indicators



11. However, several lower-middle-income countries (Cabo Verde, Ghana, Kenya, Lesotho, Mozambique, Senegal, Zambia and Zimbabwe) and one low-income country (Rwanda) also have a service coverage index and household catastrophic spending on health below the regional median value. One country in the Africa region (Sierra Leone) is an outlier, with very high catastrophic spending on health.

12. The UHC status is primarily driven by low service capacity and access. Health systems are not capacitated enough to provide the needed services to drive the UHC status across the region. The WHO Regional Committee for Africa deliberated on the state of health systems at its seventieth session.⁵ Health systems in the region were noted to be functioning at only 51.9 per cent of what is feasible, ranging from 34.4 per cent to 75.8 per cent across the countries. This low level of functionality was most profoundly due to low levels of physical access to essential services, followed by poor resilience of health systems to external shocks – a deadly combination of capacity risks, as seen in the impact of the COVID-19 pandemic.

2. Unfinished Millennium Development Goal business (targets 3.1, 3.2 and 3.3)

13. While improvements have continued across the unfinished Millennium Development Goal business, the Africa region still lags far behind the rest of the world, and the progress is not at a rate likely to lead to desired targets.

14. Maternal mortality is still very high in the region, with the maternal mortality ratio (per 100,000 live births) still very high, at 525 deaths per 100,000 live births (2017), as compared with the global average of 211. In fact, the Africa region is the only area of the world where the maternal mortality is above the global average – highlighting the gulf between the region and the rest of the world. Some countries in the region, such as Sierra Leone and Chad, have maternal mortality ratios above 1,000. Even the wealthier countries of the region – for instance, South Africa (119), Namibia (195) and Botswana (144) – have high rates compared with other regions. The wealthiest country in the region, Nigeria, has a maternal mortality ratio of 919.

15. The under-5 mortality rate (76 per 1,000 live births) remains the highest globally (global average 39 per 1,000 live births). Neonatal deaths, though high (27 per 1,000 live births), contribute only 35.5 per cent to the total under-5 mortality, as compared with other regions of the world. For instance, neonatal mortality contributes 50 per cent to under-5 mortality in the Americas, 58.8 per cent in the South-East Asia region, and 55.6 per cent in the Europe region. Childhood diseases are therefore still a major challenge, despite the progress made.

16. The region also has the highest rate of new HIV infections, at 1.07 per 1,000 uninfected population, compared with the global average of 0.24. This is over five times the rate in the next highest region, the Europe region, at 0.19 per 1,000.

17. The Africa region, together with the South-East Asia region, have the highest incidences of tuberculosis in the world (231 and 220 per 100,000 population, respectively).

18. The Africa region is responsible for most of the malaria cases in the world, having a malaria incidence of 229.3 per 1,000 population, as compared with the second highest region at 10.0 (Mediterranean countries). The malaria burden is thus disproportionately still an African problem.

19. The burden of Hepatitis B is also highest in the Africa region, which has a Hepatitis B Surface Antigen (HBsAg) prevalence among children under 5 years of 2.34 per cent, compared with the global average of 0.8 per cent.

20. Finally, the region has 592,459,240 persons at risk from neglected tropical conditions, compared with the global population at risk of 1,755,331,611 – representing 34 per cent of the total burden.

⁵ World Health Organization, “Report on the Performance of Health Systems in the WHO African Region”. Available at <https://bit.ly/3enA64Y>.

3. New Sustainable Development Goal targets (targets 3.4–3.7 and 3.9)

21. Adding to addressing the unfinished Millennium Development Goal business is the low state of the new Sustainable Development Goal targets. The region is particularly low with targets 3.6 (road traffic accidents), 3.7 (sexual and reproductive health and rights) and 3.9 (pollution). Looking at target 3.4, the probability of dying from one of the four major non-communicable diseases – cardiovascular disease, cancer, depression (this is directly linked with suicide and homicide), diabetes or chronic respiratory diseases – between the ages of 30 and 70 years is close to the global average, but rising fast (20.6 versus 18.3). This represents a growing problem for countries, as the cost for their management is too high, and they contribute to burdens of other diseases, as seen with COVID-19. The suicide mortality rate (per 100,000 persons) is below the global average (7.4 versus 10.6).

22. With target 3.5 (substance abuse), the region is facing a growing problem of opioid use, particularly among the more affluent countries, and especially the small island developing States. Alcohol consumption per capita, on the other hand, is lower than the global average (5.9 litres versus 6.2 litres). There is conflicting evidence on how the COVID-19 pandemic has affected this, with some evidence of increased home consumption at the same time as evidence of lower purchases of especially illicit substances.

23. Target 3.6 on road traffic accidents presents a rising problem in the region, with poor road conditions, poor vehicle use and increasing vehicle density working together to lead to the highest road traffic accident rate in the world. Enforcement of regulations remains limited in most countries of the region, blunting the effect of the laws put in place to reduce road traffic events.

24. The challenge with target 3.7 (sexual and reproductive health and rights) was made worse with the disruption in services caused by Governments' responses to the COVID-19 pandemic, particularly during the period of April–July 2020. The Africa region already had the lowest levels of women of reproductive health having their family planning needs satisfied (56.5 per cent, compared with the global average of 76.8 per cent). Teenage birth rates in the region were also very high, at 102.1 per 1,000 teenagers, compared with a global rate of 42.5 per 1,000. There is anecdotal evidence that the shutdown of schools, coupled with the lockdowns, has led to more teenage pregnancies in many countries.

25. Finally, even with relatively low levels of industrialization as compared with other regions of the world, the Africa region has the highest problem with target 3.9 on air pollution. The age-standardized mortality rate attributed to household and ambient air pollution per 100,000 population was at 180.9, compared with the global average of 114.1, and the South-East Asia region even lower than Africa, at 165.8. Evidence suggests this may have reduced in industrialized countries due to the COVID-19 pandemic, but there is no such evidence in Africa, where the causes of pollution are different – largely associated with dirty fuel use. The region also still has the highest mortality rate attributed to exposure to unsafe WASH (water, sanitation and hygiene) services per 100,000 population, at 45.8, compared with 11.7 globally and 15.4 in the South-East Asia region.

4. Means of implementation (targets 3.a–3.d)

26. These targets cover a range of interventions important in facilitating attainment of the other targets – especially universal health coverage. The region overall appears to be doing well with target 3.a (implementation of the Framework Convention on Tobacco Control), is a mixed picture on target 3.b (research and development in introduction of new products), and is low on targets 3.c (health workforce capacity) and 3.d (management of health risks).

27. The age-standardized tobacco use among persons 15 years and above (target 3.a) is the lowest in the world, at 12.7 per cent, compared with the global average of 23.6 per cent. This achievement, however, needs to be supported, as there is evidence of increasing use among young age groups shifting from tobacco to more dangerous substances.

28. Looking at target 3.b, the coverages of Diphtheria, Tetanus toxoids and Pertussis-containing vaccines, and second-dose measles-containing vaccines, are the lowest in the Africa region. On the other hand, Pneumococcal Conjugate Vaccine 3 and Human Papillomavirus vaccine coverages, though low, are not lowest, with only the Americas and Europe regions being better than the Africa region. The very low coverage of the HPV vaccine in the Arab countries (Tunisia, Egypt, Libya, the Sudan and Somalia) is particularly worrying. Overseas development assistance remains disproportionately high in the Africa region (\$4.42 per capita, compared with a global average of \$1.20), highlighting the high reliance on this source of financing.

29. Target 3.c (health workforce) is a limiting area for all the services provided by the region. The numbers of doctors and nurses/midwives, plus other core health personnel, are too low to effectively lead to the needed service capacity and access that will propel the achievement of targets. The Africa region only has 3 doctors per 10,000 population, compared with 24 in the Europe region, and 8.1 in the vastly populated South-East Asia region. Nurses and midwives are only 10.1 per 10,000 population, compared with 83.3 in the Europe region. This capacity was further damaged with the high number of health workers getting COVID-19, worsening an already dire health workforce situation.

30. Finally, target 3.d (health risks) has the Africa region scoring lowest on the International Health Regulations (IHR) core capacity index (44 out of 100, compared with 63 globally and 75 in the Europe region). The burden due to COVID-19 has not correlated with the IHR core capacity, as member States with high IHR core capacity were expected to have a lower burden and vice versa. In the Africa region, this appears to be due to factors beyond the IHR core capacity, specifically the unique socio-ecology of the region, which provided a natural barrier to slow the outbreak, together with the biophysical characteristics of the population – specifically causing lower burden of co-morbidities associated with COVID-19 – that led to a lower burden of severe disease following the SARS-CoV-2 infection.⁶ The rapid government responses to put in place non-pharmaceutical interventions early in the pandemic accentuated these socio-ecological factors further. These effects have since been documented and used in predicting the pattern of COVID-19 infections in countries moving forward.

C. Progress with selected social targets contributing to Sustainable Development Goal 3

31. These are within Sustainable Development Goals 1 (social protection), 2 (nutrition), 4 (education), 5 (gender) and 10 (reduced inequalities).

32. Social protection initiatives have expanded across the region. The COVID-19 pandemic, however, disrupted these at both the provider (lockdowns impeding movements) and recipient (fear of COVID-19) levels. The region was already behind the rest of the world. Countries of the region are spending less than other regions on social protection programmes. As a

⁶ Joseph Waogodo Cabore and others, “The potential effects of widespread community transmission of SARS-CoV-2 infection in the World Health Organization African Region: a predictive model”, *BMJ Global Health*, vol. 5, 25 May 2020. Available at <http://bit.ly/2ZsVUWE>.

proxy, the domestic general government expenditure on health as a proportion of general government expenditure is only 7.2 per cent in the Africa region, compared with 10.2 per cent globally, and 13.2 per cent in the Americas.

33. The region is especially disadvantaged with nutrition status, particularly with child nutrition, which has major implications for long-term development of the population. At 32.5 per cent of all under-5 stunted children, this represents a major long-term development risk, when some regions, such as the Americas and the Western Pacific, are at 6.3 per cent and 6.2 per cent, respectively. Wasting levels are also rather high, at 6.4 per cent of all under-5 children, with the rate among the Arab countries of the region at 7.5 per cent. However, the rate of prevalence of overweight children under 5 years of age is lowest, at 3.1 per cent, as compared with the global average of 6.9 per cent, and the Americas region at 7.1 per cent. Finally, the prevalence of anaemia in women of reproductive age is high at 39 per cent – marginally higher among the Arab countries at 39.5 per cent, but lower than the South-East Asia region at 45.8 per cent.

34. Only a few Sustainable Development Goal 3 indicators have sufficient sex-disaggregated data, which reflects the lack of sufficient attention to gender considerations in health in the region.

D. Progress with selected environmental targets contributing to Sustainable Development Goal 3

35. Important environmental targets influencing Sustainable Development Goal 3 are found in Goals 6 (water and sanitation), 7 (clean energy), 11 (sustainable cities) and 13 (climate action).

36. The targets under Goal 6 (water and sanitation) are very crucial determinants of health and well-being. The Africa Region, however, has not made appropriate progress against these. The proportion of the population using safely managed drinking water services is very low at 29 per cent, compared with 71 per cent for the global average. Similarly, the proportion of the population using safely managed sanitation services is only 20 per cent, compared with the global 45 per cent; and those using handwashing facilities with soap and water are 28 per cent, versus the global average of 60 per cent, which represents a dire picture. Effective water and hygiene practices are a crucial non-pharmaceutical intervention in delaying the transmission of the COVID-19 pandemic, which has left the region vulnerable. Many countries expanded the provision of safe handwashing facilities, particularly as people went to offices and markets, but this does not represent a long-term solution. There is, however, anecdotal evidence of a reduction in diarrhoeal diseases during the COVID-19 pandemic, as a result of the enhanced water and sanitation activities, coupled with reduced movement, but these do not represent sustainable actions.

37. With the effort to promote clean energy, the region still lags, with the major energy source coming from dirty fuels. Only 18 per cent of the population in the Africa region relies primarily on clean fuels, compared with 63 per cent globally.

38. Looking at Goal 11 (sustainable cities), the health effects are profound, particularly in slum areas, and are due to higher particulate matter in the air. The ambient mean concentration of particulate matter in urban areas is at 35.5 micrograms per cubic metre, close to the global average of 39.6 micrograms per cubic metre. The rate in Africa is primarily driven by a few “mega-cities” with ineffectively managed air quality programmes, such as Lagos, Nairobi and Cairo, to name a few. These rates are estimated to have reduced marginally

during the COVID-19 lockdowns as a result of less human activities, but these reductions are not sustainable, especially as economies open.

39. Finally, the actions under Goal 13 (climate actions) are particularly profound in the region. During 2020, the region faced effects of drought, locust swarms, floods and other threats to health and well-being arising from ineffective climate actions.

E. Progress with selected economic targets contributing to Sustainable Development Goal 3 (Goals 8 and 10)

40. The Africa region continued to experience the highest levels of economic growth leading to 2020, which has been severely disrupted by the COVID-19 pandemic. While the magnitude of the disruptions is not as profound as in the industrialized countries, due to largely informal economies in Africa, the effects are more personal, due to the smaller nature of economies and the limited capacity to provide economic support to the most distressed sectors. This has the implication of reducing the capacity to finance UHC and other health-related interventions needed for the attainment of Sustainable Development Goal 3 moving forward. The slowdown in employment and investments will have knock-on effects across the region in the medium term.

41. However, the countries in the region had been expanding their infrastructure and information and communications technology (ICT) capacities, in order to expand on service provision capacity. The establishment of ICT backbone infrastructure in countries such as Kenya and South Africa provide a good opportunity to expand access to services people need for innovative ICT solutions. These initiatives, however, were affected by the COVID-19 pandemic, as resources were diverted to the response and mitigation effects.

42. Finally, looking at Sustainable Development Goal 10, targets relating to inclusion, equality and migration continue to be a challenge in the region. The country lockdowns due to the COVID-19 pandemic affected movement for migrants, exacerbating their already difficult situation. Difficulties in moving of logistics meant that the response to migrants' needs and their health were affected by supply chain disruptions.

F. Progress with selected political targets contributing to the Goal

43. Finally, the set of political/security targets influencing health are largely in Sustainable Development Goals 16 (institutions) and 17 (partnerships).

44. The region continued to face a disproportionately higher burden of conflict and terrorism attacks during 2020 in South Sudan, Chad, the Central African Republic, Mali, northern Cameroon and northern Nigeria, due to multiple reasons – Boko Haram, Al Qaeda in the Maghreb, the movement for the Unity of Jihad in West Africa, Ansar Dine, attacks and political violence, among others. The mortality rate due to homicide is estimated at 10.5 per 100,000 population, compared with the global rate of 6.3 per 100,000, a higher rate than anywhere other than the Americas region (19.6 per 100,000). That this is largely limited to a few countries allows targeted initiatives to reduce/eliminate the problem. Institutions remain rather weak in a number of countries. For instance, the registration of births and deaths is lowest in the Africa region globally – a key institutional indicator and planning guide.

45. Finally, the region continued to strengthen the partnerships focusing on Sustainable Development Goal 3. The Global Action Plan for Sustainable Development Goal 3 implementation was globally agreed upon during the

seventy-fifth session of the General Assembly, and its implementation initiated within the Africa region. This Global Action Plan brings together all the major partners supporting Sustainable Development Goal 3 implementation to harmonize their activities, and the support they are providing around seven accelerator areas.⁷ The partnership includes Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents; The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Development Programme; United Nations Population Fund; United Nations Children’s Fund (UNICEF); Unitaid; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the World Bank Group; the World Food Programme; and WHO. Although each agency has a specific mandate, the agencies as a group complement each other.

1. Gaps, constraints and emerging issues

46. These include the following:

(a) A vertical approach to making the Sustainable Development Goal 3 actions operational remains. A lot of focus is still placed on stand-alone programmes – such as HIV, tuberculosis and immunization – as compared with the integrated person-focused approach needed to advance the Sustainable Development Goal 3 agenda;

(b) Difficulties in building positive engagements across all the targets under the “People” sub-theme, and the Sustainable Development Goals in general, influence or are influenced by Sustainable Development Goal 3. The quality of stewardship of the Sustainable Development Goal 3 agenda is largely driven by the overall quality of stewardship of the Sustainable Development Goal agenda in a country. If verticalized, then the Sustainable Development Goal 3 stewardship follows the same;

(c) Challenges with country-owned data and statistics for the respective indicators contribute to the targets influencing Sustainable Development Goal 3. Limited efforts are being placed to build the country capacities crucial for generating and using disaggregated data, particularly in production of civil registration and vital statistics. Additionally, few countries are generating and using knowledge translation products such as policy briefs or sharing best practices;

(d) Reporting and analysis are still driven by stand-alone indicator trends, with less use of indices or other analytical tools. As a result, efforts are focused on improving specific indicators, and not on improving services for the person;

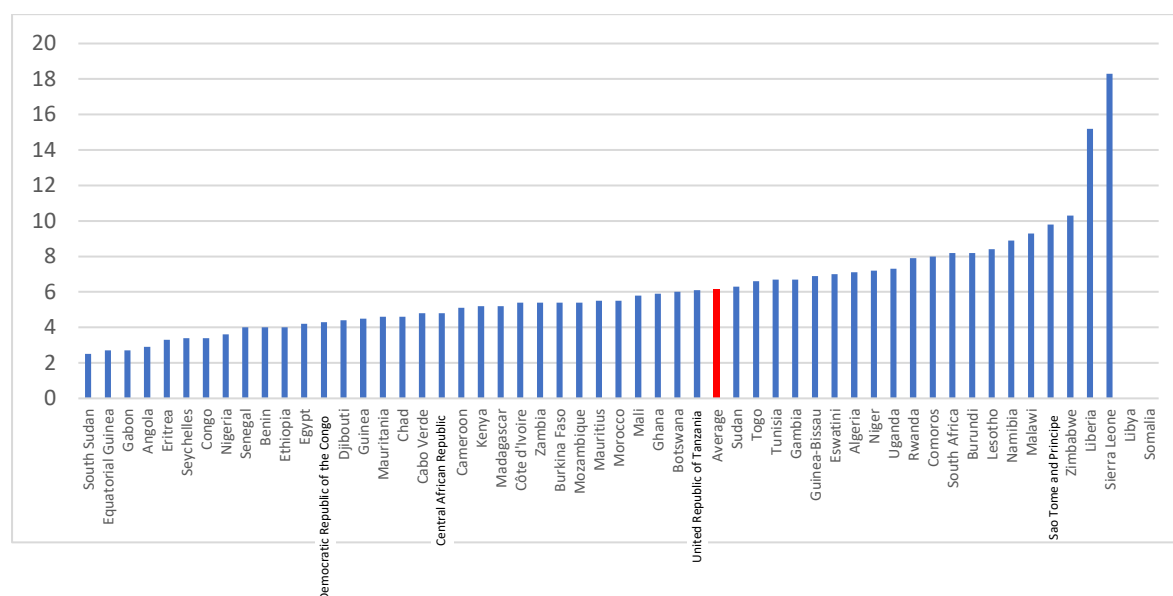
(e) The persistently low levels of investment in interventions crucial for attaining Sustainable Development Goal 3 are seen across countries. Current health expenditures as a percentage of GDP are still very low in the Africa region, compared with other areas of the world. This implies that very low levels of economic output are invested in health and well-being. Progress towards meeting health financing targets on the continent (such as the 15 per cent national budget from the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious) remains slow and at the current rate would be inadequate to realize Sustainable Development Goal 3;

(f) Persons with disabilities: Physical and cognitive health care for persons with disabilities is not sufficiently provided. Lack of information about available services – in addition to physical, cultural and financial barriers – contributes to excluding persons with disabilities from health care;

⁷ World Health Organization, “Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All”. Available at <https://www.who.int/initiatives/sdg3-global-action-plan>.

Figure IV

Current health expenditure as a percentage of GDP across African countries



Source: World Bank World Development Indicators database. Available at <https://databank.worldbank.org/home.aspx>.

(g) There are frequent and high-impact health security threats, shifting significant levels of resources to outbreaks and humanitarian responses at the expense of system-building for UHC;

(h) There are few practical models for harnessing the potential of the private sector in a manner that maintains the core Sustainable Development Goal principles, particularly of equity and leaving no one behind;

(i) In times of crisis such as an outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence, due to increased tensions in the household. As systems that protect women and girls, including community structures, may weaken or break down, specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by COVID-19;

(j) Health services for women were particularly affected by COVID-19, and the utilization of key interventions for ensuring safe care during pregnancy and childbirth declined during the pandemic in many countries. These have not yet fully recovered, and continued political commitment and advocacy are essential to reverse this trend as quickly as possible;

(k) The COVID-19 pandemic exposed significant gaps in the strength and resilience of health systems across the world and particularly in Africa. This is shown mainly in the inadequacies in contact tracing and facilities for isolation and treatment, number of intensive care unit beds available within countries, and availability of medicines;

(l) Another challenge that was exposed by the COVID-19 pandemic is the weak research and development capacity on the continent. Africa has been conspicuously left behind in the race to develop vaccines for COVID-19, and this is the case for the overall continental capacity for vaccine and drugs development.

2. **Opportunities and transformative levers for stepping up the pace and scale of implementation**

47. There is strong political commitment towards achieving Sustainable Development Goal 3, as exemplified by the Sustainable Development Goal 3 Global Action Plan. This represents an unprecedented commitment among the major international agencies and member States to work together towards a more harmonized approach to attaining Sustainable Development Goal 3. It is important to have all the partners supporting the Sustainable Development Goal 3 implementation work through this mechanism in the region.

48. The health sector stakeholders endorsed a global declaration in October 2018 to prioritize the use of a primary health care approach in facilitating movement towards UHC and Sustainable Development Goal 3 (Astana Ministerial Declaration). This provides a clear approach for moving to Sustainable Development Goal 3. The UHC agenda is being implemented through this primary health care approach, as agreed by health stakeholders and countries. An implementation plan has been deliberated on and agreed by the member States of the WHO Regional Committee for Africa at its sixty-ninth session.⁸

3. **Key messages to be included in the outcome document of the seventh session of the Africa Regional Forum on Sustainable Development**

49. Key messages include:

(a) There exists unprecedented political commitment at national and global levels to achieve Sustainable Development Goal 3. It is crucial this commitment be translated into actionable interventions for the attainment of Sustainable Development Goal 3;

(b) To actualize the commitment, country categorization for Sustainable Development Goal 3 across the targets will be critical to inform the pace and scale of acceleration actions required. This will capture priority interventions required across the continuum of care within a strengthened health system;

(c) Intersectoral structures coordinated at the highest level of government are needed to ensure that health-related targets across all Sustainable Development Goals are being monitored and reported within accountability mechanisms;

(d) Innovative financing approaches to boost domestic resource capacities are needed in countries, to finance the requirements for attaining Sustainable Development Goal 3. In this regard, regular updating and dissemination of the African Union Domestic Financing Scorecard is important, as it tracks the three main indicators of 15 per cent of national budget allocation to health, 5 per cent of GDP allocation to health, and \$86.3 per person per year expenditure on a minimum package of essential health care;

(e) Climate-resilient health systems are required across humanitarian and development contexts, underscoring urgent investments in this regard. It is important that certain critical services – including access to life-saving sexual and reproductive health services, and prevention of and protection from sexual and gender-based violence – are prioritized at all times, including during crises, pandemics and other emergency declarations.

⁸ World Health Organization, “Framework for Provision of Essential Health Services through Strengthened District/Local Health Systems to Support UHC in the Context of the SDGs”, Regional Committee for Africa, sixty-ninth session. Available at <https://bit.ly/37HgXt6>.