United Nations ECA/RFSD/2025/5

Economic and Social Council

Distr.: General
4 February 2025

Original: English

Economic Commission for Africa
Africa Regional Forum on Sustainable Development
Eleventh session
Kampala (hybrid), 9–11 April 2025

Item 8 (a) of the provisional agenda*
Parallel meetings for an in-depth review of progress made, peer-to-peer learning and acceleration measures regarding the sub-themes of the Forum: good health and well-being

Background report on the sub-theme of good health and well-being

I. Introduction

1. Sustainable Development Goal 3 is to ensure healthy lives and promote well-being for all at all ages. Among its targets are achieving universal health coverage, including access to healthcare services for all, and ending epidemics and the preventable deaths of newborns and children under 5 years of age.

2. In the Constitution of the World Health Organization (WHO), health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[1] It is widely accepted that good population health is beneficial for labour and human capital, which are conducive to economic growth.

3. Goal 3 has 13 targets and 28 indicators to measure progress. Targets 3.1 to 3.9 concern: reducing maternal mortality; ending all preventable deaths of newborns and children under 5 years of age; combating communicable diseases; reducing mortality from noncommunicable diseases and promoting mental health; preventing and treating substance abuse; reducing road injuries and deaths; ensuring universal access to sexual and reproductive healthcare, including family planning and education; achieving universal health coverage; and reducing illnesses and deaths from hazardous chemicals and environmental pollution.

4. The successful implementation of the 2030 Agenda for Sustainable Development and Agenda 2063: The Africa We Want, of the African Union, is contingent upon good health. Central themes of Goal 3 are the ongoing burden of HIV and other infectious diseases, noncommunicable diseases, urbanization, road safety, the climate crisis and broader socioeconomic inequality.

5. In Agenda 2063, aspiration 1 is a prosperous Africa based on inclusive growth and sustainable development, and goal 3 is healthy and well-nourished citizens. Among the other objectives of Agenda 2063 is the creation of world-class infrastructure across the continent to support integration, growth, technology, trade and development. Since road transport will play a central role

* ECA/RFSD/2025/1.

[1] United Nations, *Treaty Series*, vol. 14, No. 221.

A.25-00109 (E)

in that, target 3.6 of the 2030 Agenda, which is to halve the number of deaths and injuries from road traffic accidents by 2030, is crucial.

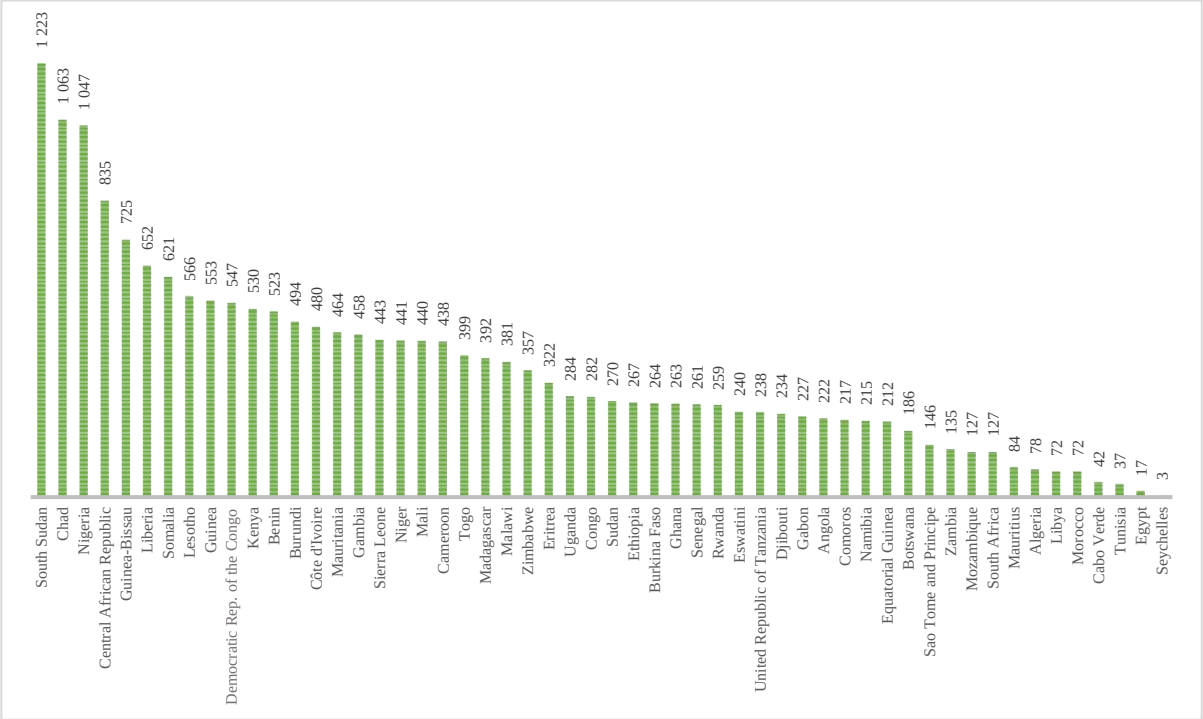
6. To implement Agenda 2063 in full, it is essential to recognize opportunities for collaboration between the healthcare and climate change sectors. In view of the adverse impacts, direct and indirect, of climate change on public health, such as the spread of diseases, air pollution and extreme weather events, professionals in both fields should work together to develop products and services that address these health challenges. In addition, strengthening the ability of organizations in both sectors to use integrated climate and health data will enhance their capacity to respond effectively to climate-related health risks.

II. Progress in implementation

A. Target 3.1: maternal mortality

7. Target 3.1 of Sustainable Development Goal 3 is to, by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Despite improvements, Africa has the highest maternal mortality ratio worldwide. In 2020, sub-Saharan Africa accounted for 70 per cent of global maternal deaths, with Chad, Nigeria and South Sudan having ratios of over 1,000 per 100,000 live births, as shown in figure I. An estimated 202,000 women died from pregnancy-related causes in this region in 2020, equating to about 553 maternal deaths daily. The main causes of all maternal deaths are severe haemorrhage, infection, high blood pressure during pregnancy, complications during childbirth and unsafe abortion.

Figure I
Maternal mortality ratios in Africa, 2020
(Deaths per 100,000 live births)



Source: WHO and others, *Trends in Maternal Mortality, 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, WHO, 2023).

8. Many African States report maternal mortality ratios far exceeding 500 per 100,000 live births, as shown in figure I. Conversely, some States have achieved significantly lower maternal mortality ratios, including Seychelles, Egypt, Tunisia and Cabo Verde at 3, 17, 37 and 42 deaths per 100,000 live births, respectively, demonstrating the potential benefits of robust health systems and effective maternal health policies. The mean maternal mortality ratio for sub-Saharan Africa, however, remains alarmingly high; the urgent need for interventions is therefore clear. Without substantial efforts, it is unlikely that the continent will meet target 3.1.

B. Target 3.2: neonatal and child mortality

9. Although progress has been made in reducing neonatal and child mortality, a significant number of countries still require high or medium levels of effort in order to meet the targets of 12 neonatal deaths and 25 under-5 deaths per 1,000 live births, as shown in table 1. Targeted strategies are needed for prenatal and postnatal care, in addition to improvements in health systems to increase access and enhance care.

Table 1
Effort needed to reach the 2030 targets for under-5 and neonatal mortality in Africa
(Number of countries)

Effort level needed	*Under-5 mortality*	*Neonatal mortality*
High	12[a]	20[b]
Medium	19[c]	22[d]
Minimum	14[e]	3[f]
Target met	9[g]	9[h]
Total	**54**	**54**

Source: ECA calculations, based on Inter-Agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2023* (New York, United Nations Children's Fund, 2024).

Note: High effort is required in countries with neonatal or under-5 mortality rates exceeding 40 deaths per 1,000 live births; medium effort is required in countries with neonatal or under-5 mortality rates between 26 and 40 deaths per 1,000 live births; and minimum effort is required in countries with neonatal or under-5 mortality rates of 25 or fewer deaths per 1,000 live births.

[a] Benin, Central African Republic, Chad, Guinea, Lesotho, Liberia, Madagascar, Mali, Niger, Nigeria, Somalia and South Sudan.

[b] Algeria, Benin, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Equatorial Guinea, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Niger, Nigeria, Sierra Leone, Somalia, South Sudan and Zambia.

[c] Angola, Burkina Faso, Burundi, Cameroon, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eswatini, Guinea-Bissau, Kenya, Mozambique, Sierra Leone, South Africa, Sudan, Togo, Zambia and Zimbabwe.

[d] Angola, Botswana, Burkina Faso, Burundi, Comoros, Congo, Djibouti, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Malawi, Mauritania, Mozambique, Namibia, Senegal, Sudan, Togo, United Republic of Tanzania and Zimbabwe.

[e] Botswana, Congo, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Malawi, Mauritania, Namibia, Rwanda, Senegal, Uganda and United Republic of Tanzania.

[f] Eritrea, Rwanda and Uganda.

[g] Algeria, Cabo Verde, Egypt, Libya, Mauritius, Morocco, Sao Tome and Principe, Seychelles and Tunisia.

[h] Cabo Verde, Egypt, Libya, Mauritius, Morocco, Sao Tome and Principe, Seychelles, South Africa and Tunisia.

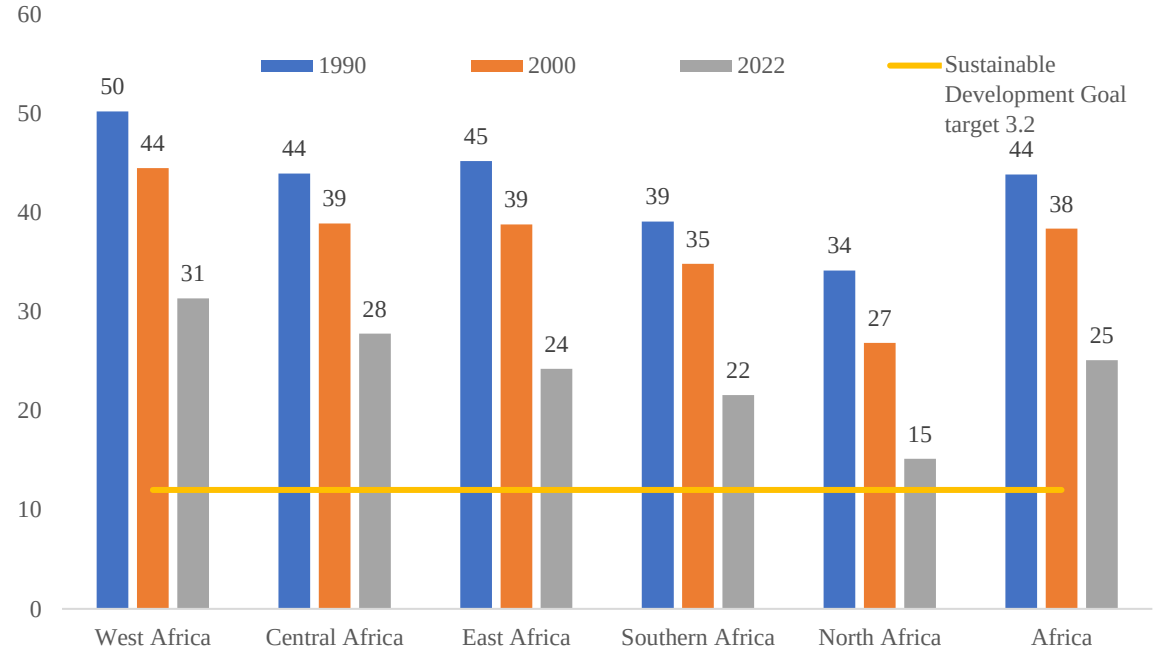
10. Significant acceleration is needed in sub-Saharan Africa to meet target 3.2, on newborn and under-5 mortality, as may be seen in figures II and III. Progress has stagnated as a result of humanitarian crises and the worsening effects of climate change. In 2022, about 2.85 million children under 5 years of age died in sub-Saharan Africa, which, despite being about 27 per cent less than the 1990 level of some 3.93 million, represents nearly 60 per cent of the global total for child deaths.[2] In 2022, sub-Saharan Africa had the highest neonatal mortality rate globally, with 27 deaths per 1,000 live births, and accounted for 57 per cent of total under-5 deaths, despite having only 30 per cent of global live births.[3] Although there has been progress in reducing child mortality, neonatal death rates in sub-Saharan Africa remain high, declining at a slower pace compared to other age groups since the 1990s.

11. As shown in figures II and III, between 1990 and 2022 there was a significant reduction in neonatal and under-5 mortalities in Africa, from 44 to 25 and from 164 to 65 deaths per 1,000 live births. The Sustainable Development Goal targets are 12 and 25 deaths per 1,000 live births, respectively. Despite this progress, Central, East, Southern and West Africa are off track to reach the Sustainable Development Goal targets by 2030.

[2] Inter-Agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2023* (New York, United Nations Children's Fund, 2024).

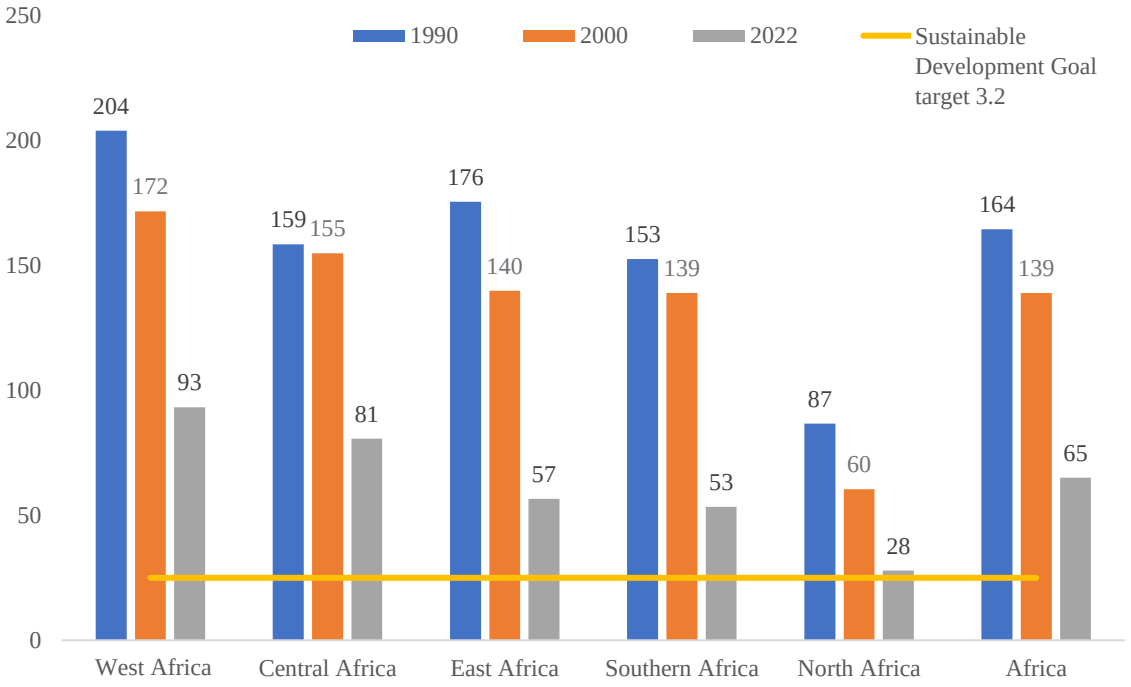
[3] WHO, "Newborn mortality", 14 March 2024.

Figure II
Neonatal mortality rate in Africa, 1990, 2000 and 2022
(Deaths per 1,000 live births)



Source: ECA calculations, based on Inter-Agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2023* (New York, United Nations Children's Fund, 2024).

Figure III
Under-5 mortality rate in Africa, 1990, 2000 and 2022
(Deaths per 1,000 live births)



Source: ECA calculations, based on Inter-Agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2023* (New York, United Nations Children's Fund, 2024).

12. A major driver of high neonatal and under-5 mortality rates is limited provision of primary healthcare services, including immunization. Globally, child immunization coverage has not returned to the levels seen prior to the coronavirus disease (COVID-19) pandemic.[4] Furthermore, there are increasing numbers of zero-dose children who also suffer from other deprivations, such as a lack of access to basic social services. In 2023, 5 of the top 10 countries worldwide in terms of the number of zero-dose children were in Africa: Angola, Democratic Republic of the Congo, Ethiopia, Nigeria and Sudan.[5]

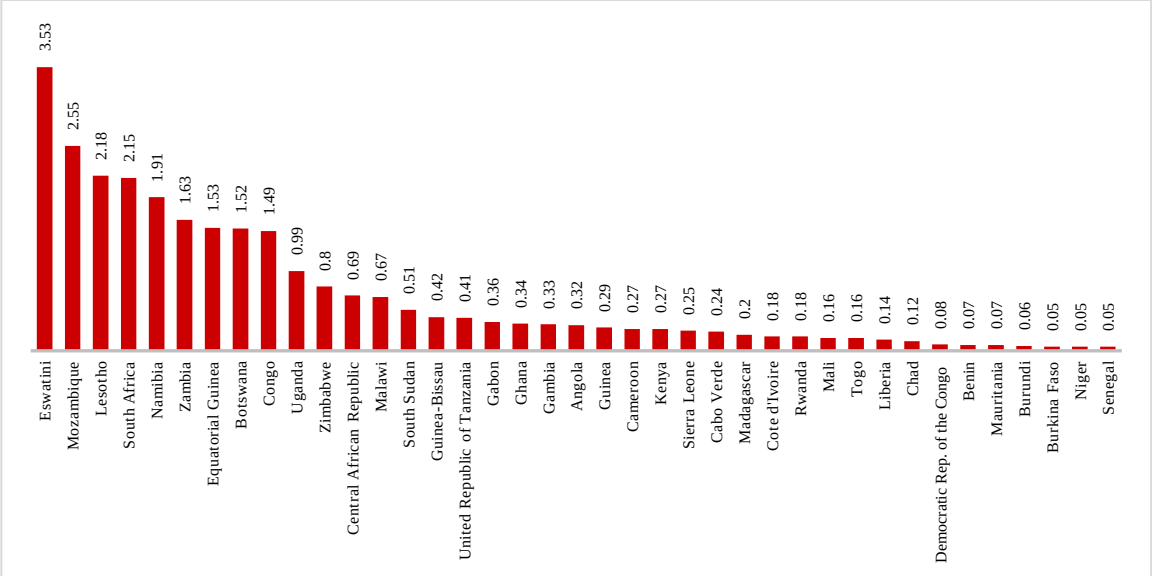
13. Climate change-related hazards and the risk of outbreaks of measles, polio and other vaccine-preventable diseases has continued in large parts of Africa. Preventive and response strategies must be of a high quality and reach vulnerable children.

C. Target 3.3: communicable diseases

1. HIV-AIDS

14. Forty years into the global AIDS epidemic, steep reductions in new HIV infections and AIDS-related deaths have been achieved in Africa. An estimated 20.8 million people were living with HIV in East and Southern Africa in 2023, compared with 5.1 million in West and Central Africa and about 160,000 in North Africa.[6] In 2022, eight countries in Africa had a number of new HIV infections exceeding 1 per 1,000 population, as shown in figure IV.

Figure IV
HIV infection rates in African countries, 2022
(Number of new HIV infections per 1,000 population)



Source: WHO, "New HIV infections (per 1,000 uninfected population)". Available at https://data.who.int/indicators/i/49AC786/77D059C (accessed on 19 March 2025).

15. Globally, 22 States have reduced their annual number of new HIV infections by more than 60 per cent since 2010 and may achieve the target of a 90 per cent reduction by 2030.[7] Across the continent, an estimated 640,000

[4] Camille E. Jones and others, "Routine vaccination coverage – worldwide, 2023", *Morbidity and Mortality Weekly Report*, vol. 73, No. 43 (October 2024).
[5] Ibid.
[6] Joint United Nations Programme on HIV-AIDS (UNAIDS), *UNAIDS Data 2024* (Geneva, 2024).
[7] UNAIDS, *The Urgency of Now: AIDS at a Crossroads – 2020 Global AIDS Update* (Geneva, 2024).

people contracted HIV in 2023, which is almost as many as in the rest of the world combined.[8]

16. In 2022, approximately 130,000 children 0–14 years of age around the world contracted HIV,[9] and, in 2023, about 84 per cent of pregnant women living with HIV had access to antiretroviral therapy to prevent mother-to-child transmission.[10]

17. In 2022, approximately 25.6 million individuals in sub-Saharan Africa were living with HIV, accounting for almost two thirds of the global total.[11] Notably, several African countries have achieved the Joint United Nations Programme on HIV-AIDS (UNAIDS) 95–95–95 targets[12] for testing, treatment and viral load suppression among the general population, ahead of the 2025 goal.[13] Challenges persist, however, with children and adolescents continuing to lag in the treatment cascade, which, therefore, requires targeted interventions.

18. Despite significant progress, the continent is not on course to end the AIDS epidemic by 2030. Health systems face challenges and social and legal obstacles, and stigma and discrimination continue to affect many people. Adolescent girls, women and marginalized populations remain at a high risk of acquiring HIV. Key populations constituted one quarter of all new HIV infections in sub-Saharan Africa in 2022.[14]

2. Tuberculosis

19. An estimated 2.5 million people contracted tuberculosis in 2021 in Africa, and approximately 500,000 people died of the disease.[15] The main factors associated with a heightened risk of acquiring tuberculosis include cramped and poorly ventilated living conditions, undernourishment, HIV infection, alcohol use disorders, smoking and diabetes. Incidences of tuberculosis remain high in many African countries, as shown in figure V.

[8] WHO, “HIV statistics, globally and by WHO region, 2024”, (Geneva, 2024).

[9] UNAIDS, “Fact sheet 2023: global HIV statistics” (Geneva, 2023).

[10] UNAIDS, Fact sheet 2024: global HIV statistics” (Geneva, 2024).

[11] UNAIDS, “Fact sheet 2023: global HIV statistics”.

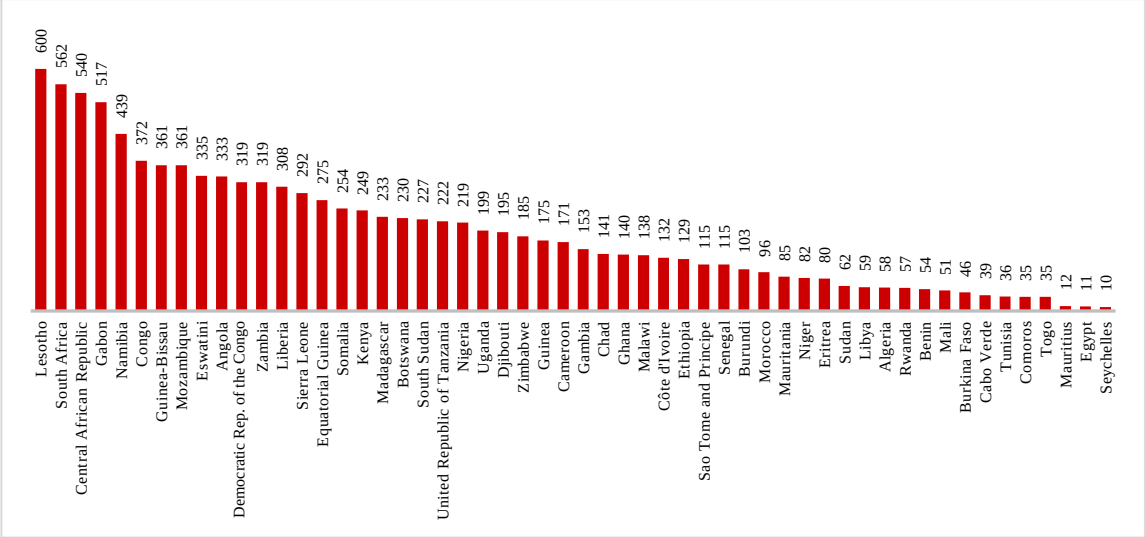
[12] At least 95 per cent of people living with HIV know their HIV status; at least 95 per cent of people who know their HIV status are undergoing treatment; and at least 95 per cent of people undergoing treatment have a suppressed viral load.

[13] UNAIDS, *UNAIDS Data 2024*.

[14] Key populations include gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs. See UNAIDS, “New HIV infections data among key populations: proportions in 2010 and 2022”, UNAIDS Explainer (Geneva, 2024).

[15] WHO Regional Office for Africa, “Tuberculosis in the WHO African region: 2023 progress update” (Brazzaville, 2023).

Figure V
Tuberculosis in Africa, 2020
(Incidence per 100,000 population)



Source: WHO, "TB country, regional and global profiles". Available at https://worldhealthorg.shinyapps.io/tb_profiles/ (accessed on 24 January 2025).

20. Africa is home to approximately 15 per cent of the global population, but it bore a disproportionate tuberculosis burden in 2022. It accounted for about 23 per cent of new tuberculosis cases that year; case notifications in the region rose from about 1.4 million in 2010 to about 1.8 million in 2022.[16] Notably, among the 19 countries worldwide with at least 100,000 new tuberculosis cases in 2022, 8 were in Africa.[17]

21. In 2018, the Assembly of Heads of State and Government of the African Union endorsed a continental accountability framework for action and scorecard for ending tuberculosis.[18] Many members of the African Union support the WHO strategy to end tuberculosis[19] and the WHO framework for an integrated response to tuberculosis, HIV, sexually transmitted infections and hepatitis in Africa,[20] the goals of which include reductions of 90 per cent in tuberculosis deaths and 80 per cent in the tuberculosis incidence rate by 2030 compared with 2015.

22. Between 2015 and 2022, the global incidence rate of tuberculosis decreased by 8.7 per cent, and the number of deaths related to the disease declined by 19 per cent.[21] Several African States have achieved milestones outlined in the WHO strategy to end tuberculosis, with a steady decline in the number of patients infected with both tuberculosis and HIV and an increasing number of HIV-positive individuals enrolled in tuberculosis preventive treatment programmes. Africa is estimated to have surpassed the 2020 milestones of reductions of 20 per cent and 35 per cent of new tuberculosis

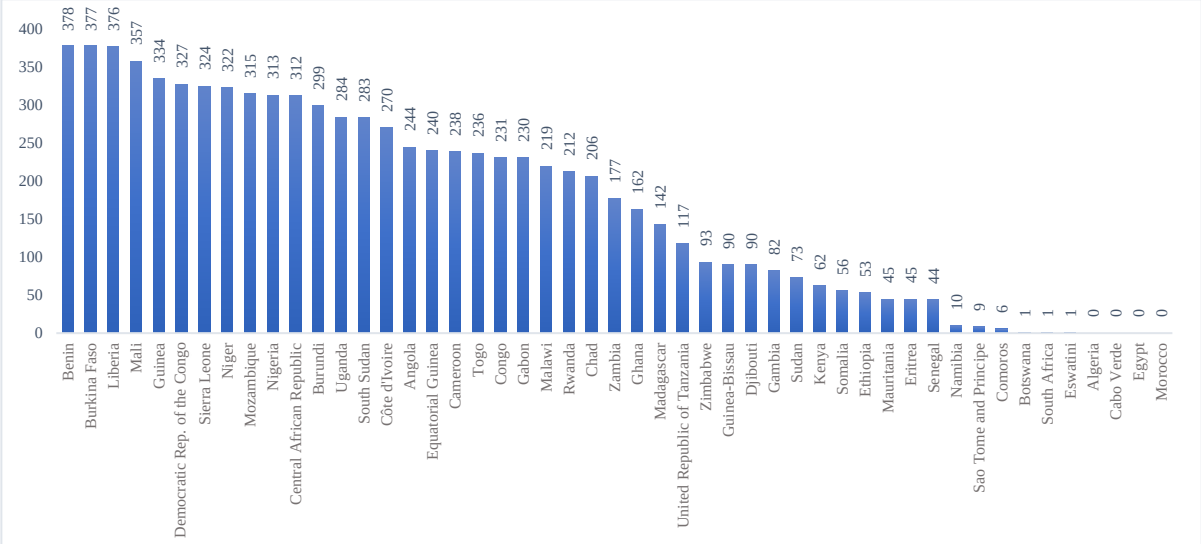
[16] WHO, *Global Tuberculosis Report 2023* (Geneva, 2023).
[17] Ibid.
[18] Assembly of Heads of State and Government of the African Union, Decision on the report of the AIDS Watch Africa (AWA), Assembly/AU/Dec.709/XXXI.
[19] WHO, "The End TB Strategy" (Geneva, 2015).
[20] WHO Regional Office for Africa, "Framework for an integrated multisectoral response to TB, HIV, STIS and hepatitis in the WHO African Region, 2021–2030" (Brazzaville, 2021).
[21] WHO, *Global Tuberculosis Report 2023*.

notifications and tuberculosis deaths, respectively, compared with 2015, with reductions of 23 per cent and 38 per cent, respectively.[22]

3. Malaria

23. In 2022, there were an estimated 249 million malaria cases globally.[23] The global malaria incidence rate was 58.4 per 1,000 population at risk, which is higher than the milestone rate of 26.2. In 2022, Africa accounted for 94 per cent of global malaria cases and 95 per cent of global malaria deaths. In 2023, children under 5 years of age represented 76 per cent of all malaria deaths in Africa.[24] In 2020, 11 countries in Africa had more than 300 cases of malaria per 1,000 population at risk, as shown in figure VI.

Figure VI
Malaria in Africa, 2020
(Incidence per 1,000 population at risk)



Source: ECA calculations, based on data contained in annexes to WHO, *World Malaria Report 2021* (Geneva, 2021).

24. In 2020, 4 countries in the region had a malaria incidence above 350 per 1,000 people, 7 countries had rates between 349 and 300, 13 countries had rates between 299 and 200, 4 countries had rates between 199 and 100, and 8 countries had rates between 99 and 50. Through collaborative efforts with the Governments of Benin, Burkina Faso, Cameroon, Ghana, Kenya, Liberia, Malawi and Sierra Leone from 2019 to 2024, the malaria vaccine was integrated into routine child immunization services as part of each country's national malaria control programme. Partners are building capacity for a successful vaccine roll-out in about 20 other African countries.

D. Target 3.4: noncommunicable diseases

25. There were some 42 million deaths globally from noncommunicable diseases in 2019.[25] The diseases, which include cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental health conditions, are a significant burden in Africa and are increasingly contributing to mortality in

[22] WHO Regional Office for Africa, "Rate of TB diagnosis, treatment in Africa increasing", 23 March 2024.
[23] WHO, *World Malaria Report 2023* (Geneva, 2023).
[24] WHO, *World Malaria Report 2024: Addressing Inequity in the Global Malaria Response* (Geneva, 2024).
[25] WHO, "Global health estimates: leading causes of death – global summary estimates", Global Health Observatory. Available at www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death (accessed in February 2025).

the region. They were responsible for 37 per cent of all deaths on the continent in 2019, up from 24 per cent in 2000.[26] Globally, cardiovascular diseases, cancers, respiratory diseases and diabetes account for over 80 per cent of deaths among people between 30 and 69 years of age.[27]

26. In Africa, more than one third of annual deaths are due to noncommunicable diseases, and premature deaths from those diseases in people under 70 years of age are rising.[28] Such diseases pose a challenge to achieving target 3.4, which is to, by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

E. Target 3.5: substance abuse

27. In 2022, global tobacco use among individuals 15 years of age and older was estimated at 20.9 per cent, down from 26.4 per cent in 2010, representing a decline of approximately 21 per cent.[29] If current trends persist, a reduction of 25 per cent is anticipated by 2025, which falls short of the WHO target of 30 per cent.[30] By 2025, a reduction of nearly 32 per cent is expected in Africa, which will remain the region with the lowest prevalence.[31] Globally, tobacco use remains significantly higher among men than women.

F. Target 3.6: road traffic accidents

28. With support from ECA and other institutions, the African Union developed an action plan for road safety for the period 2011–2020, in line with the Decade of Action for Road Safety 2011–2020 of the United Nations. The African Road Safety Charter, which is aimed at enhancing road safety measures across the continent, had been ratified by 12 African States by June 2023, requiring three more ratifications to become legally binding.

29. WHO has estimated that there were 225,482 road deaths in Africa in 2021 and that, as shown in table 2, there has been a rise of 17 per cent in road deaths on the continent since 2010. Even though fatalities have dropped by 2 to 49 per cent in 17 African countries, Africa still has the highest fatality rate among all regions, at 19.4 deaths per 100,000 population.[32]

[26] WHO Regional Office for Africa, “Noncommunicable diseases”. Available at www.afro.who.int/health-topics/noncommunicable-diseases (accessed in February 2025).

[27] Ibid.

[28] Juliet Addo and others, “The Africa non-communicable diseases (NCD) Open Lab: impact of a portfolio of clinical studies to deepen the understanding of NCDs in sub-Saharan Africa”, *Journal of Global Health*, vol. 14 (May 2024).

[29] WHO, *WHO Global Report on Trends in Prevalence of Tobacco Use 2000–2030* (Geneva, 2024).

[30] For more information, see www.emro.who.int/noncommunicable-diseases/highlights/countries-commit-to-achieving-30-reduction-in-tobacco-use-by-2025.html.

[31] WHO, *WHO Global Report on Trends in Prevalence of Tobacco Use 2000–2030.*

[32] WHO Regional Office for Africa, *Status Report on Road Safety in the WHO African Region, 2023* (Brazzaville, 2024).

Table 2
Change in estimated road fatalities by WHO region, 2010–2021
(Percentage)

	Change 2010–2021
African region	17
Region of the Americas	-0.1
Eastern Mediterranean region	<1
European region	-36
South-East Asia region	-2
Western Pacific region	-16
Global	-5

Source: WHO Regional Office for Africa, *Status Report on Road Safety in the WHO African Region, 2023* (Brazzaville, 2024).

30. In September 2020, the General Assembly adopted resolution 74/299, on improving global road safety, proclaiming the period 2021–2030 as the Second Decade of Action for Road Safety, and an associated global plan was launched in October 2021.[33] The Second Decade started with intensive activities in Africa with the support of partners, focusing on used cars, post-crash care and road safety management, including legislation, regulation, national strategies and action plans.

G. Target 3.7: sexual and reproductive health

31. Sexual and reproductive health and rights entail a set of freedoms and entitlements. They encompass the right to have control over decisions concerning reproduction without discrimination, coercion and violence, and the right to access a range of reproductive health facilities, services, goods and information. Since the 1994 International Conference on Population and Development, national Governments and subregional and continental institutions have supported efforts to provide a range of information and services to individuals of all ages in Africa.

32. In 2006, the Executive Council of the African Union endorsed the Continental Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa, calling for the mainstreaming of sexual and reproductive health and rights into primary healthcare.[34] The Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2016–2030 is aimed at moving the continent towards the goal of universal access to sexual and reproductive health services. Since 2015, Africa has made progress in that regard and, thus, there has been a decline in unmet needs for family planning and an increase in knowledge and awareness. Furthermore, there has been an increase in contraceptive prevalence and in the proportion of women having their demand for modern family planning satisfied. For women 15–49 years of age, modern contraceptive prevalence increased from 23.4 per cent to 26.5 per cent, demand for family planning increased from 55.3 per cent to 59.7 per cent, and the unmet need for family planning decreased from 18.9 per cent to 17.9 per cent.[35]

[33] WHO, “Global plan: Decade of Action for Road Safety 2021–2030” (Geneva, 2021).

[34] Executive Council of the African Union, Decision on the Continental Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa, EX.CL/Dec.249 (VIII).

[35] United Nations, “Estimates and projections of family planning indicators 2024”, family planning indicators. Available at www.un.org/development/desa/pd/data/family-planning-indicators (accessed on 21 January 2025).

33. Since 2015, the prevalence of child marriage in Africa has generally declined, yet many countries continue to face significant challenges. Early pregnancies often disrupt the education and employment prospects of numerous adolescent girls. Despite progress, levels of adolescent childbearing remain high, with the adolescent fertility rate in sub-Saharan Africa estimated to be more than double the global average.[36] To combat early pregnancies, most African States have adopted policies that promote access to youth-friendly sexual and reproductive health services and comprehensive sex education.

34. Comprehensive knowledge of HIV-AIDS and other sexual and reproductive health conditions and risk factors remains low among young people in sub-Saharan Africa. It has been estimated that less than 50 per cent of young people demonstrate accurate knowledge about HIV prevention and transmission.[37] Comprehensive sex education should be delivered through an age-appropriate curriculum that provides children and young people with knowledge and skills, and fosters attitudes and values, to improve their health, well-being and dignity, develop respectful relationships, make informed choices and protect their rights. Education is crucial for reducing HIV transmission and preventing unintended early pregnancies, in particular when linked to services that provide information on sexual and reproductive health and rights and to services intended to prevent and respond to sexual and gender-based violence.

35. Many States have updated their policies with a view to improving sexual and reproductive health and rights. Many African States, however, have not achieved a score above 60 (out of 100) on the reproductive, maternal, newborn and child health subindex of the universal health coverage service coverage index.[38]

H. Target 3.8: universal health coverage

36. The universal health coverage service coverage index is used to assess the average coverage of essential healthcare services through a single score. Fourteen indicators are incorporated into the index across four domains: reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access. Globally, the index score increased significantly from 45 to 68 between 2000 and 2021, but progress between 2015 and 2021 slowed, rising only three index points, and stagnated between 2019 and 2021.[39]

37. In Africa, the index scores vary significantly, as shown in figure VII. North and Southern Africa and island States, such as Cabo Verde, Mauritius and Seychelles, often have high service coverage (with index scores from 60 to 79), owing to strong governance and investment. Countries in Central, East and West Africa often have low or medium coverage (scores from 20 to 39 and from 40 to 59, respectively), as a result of fragile healthcare systems, poverty and limited access to services.

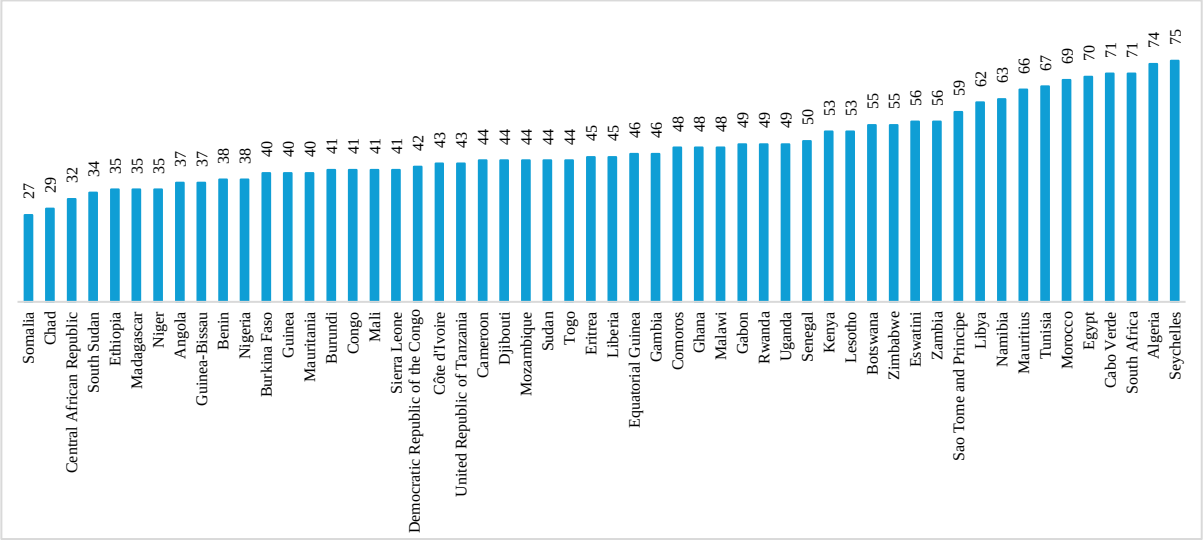
[36] World Bank, “Adolescent fertility rate (births per 1,000 women ages 15-19)”, World Bank Open Data. Available at https://data.worldbank.org/indicator/SP.ADO.TFRT?utm_source=chatgpt.com (accessed in February 2025).

[37] Patricia Machawira, Chris Castle and Joanna Herat, “Progress and challenges with comprehensive sexuality education: what does this mean for HIV prevention in the ESA region?”, in *Preventing HIV among Young People in Southern and Eastern Africa: Emerging Evidence and Intervention Strategies*, Kaymarlin Govender and Nana Poku, eds. (London, Routledge, 2020).

[38] WHO Regional Office for Africa, *Tracking Universal Health Coverage in the WHO African Region, 2022* (Brazzaville, 2022).

[39] WHO, “Universal health coverage (UHC)”, 5 October 2023.

Figure VII
Universal health coverage service coverage index scores in Africa, 2021

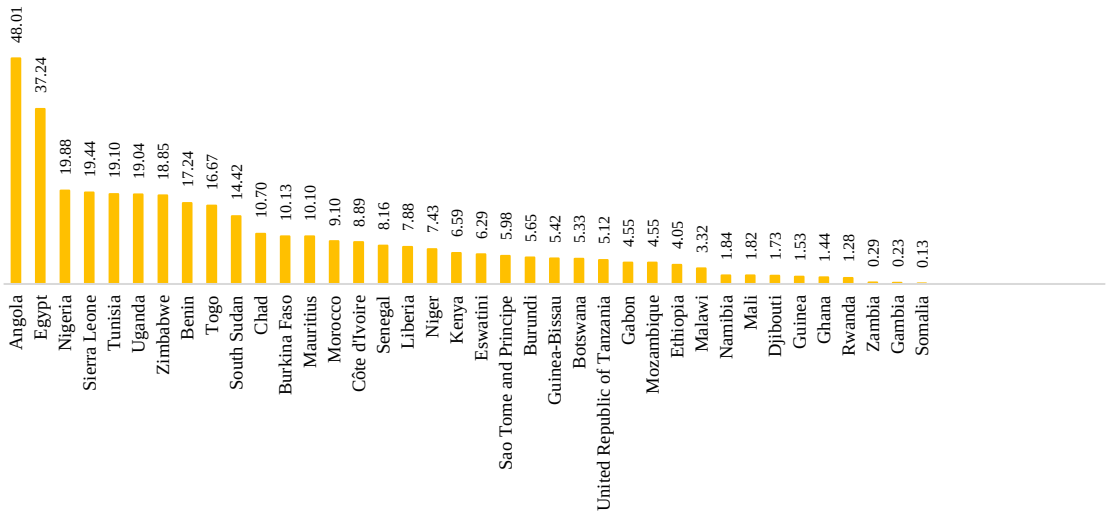


Source: ECA calculations, based on WHO and World Bank, *Tracking Universal Health Coverage: 2023 Global Monitoring Report* (Geneva, Washington, D.C., 2023).

38. The disparities in coverage are the result of several factors: inadequate infrastructure, economic constraints, conflict and instability, and weak data-collection systems. Countries with low coverage often have under-resourced public services, insufficient healthcare personnel and poor accessibility in rural areas. In addition, political unrest and climate-related crises increase vulnerability in areas already facing high maternal mortality, low educational attainment and limited access to clean water and sanitation.

39. Insufficient public health funding compels households to rely on out-of-pocket spending, and high household health expenditure often pushes families into poverty, exacerbating economic inequality. This is a common trend in sub-Saharan Africa, in particular, as shown in figure VIII, owing to weak health insurance coverage, the high cost of essential health services and insufficient government spending on healthcare. Achieving target 3.8 is contingent upon strengthened public health systems, improved health insurance schemes and fewer out-of-pocket expenses for essential services.

Figure VIII
Proportion of population that allocates more than 10 per cent of total household expenditure to health, African countries with data, 2021
(Percentage)



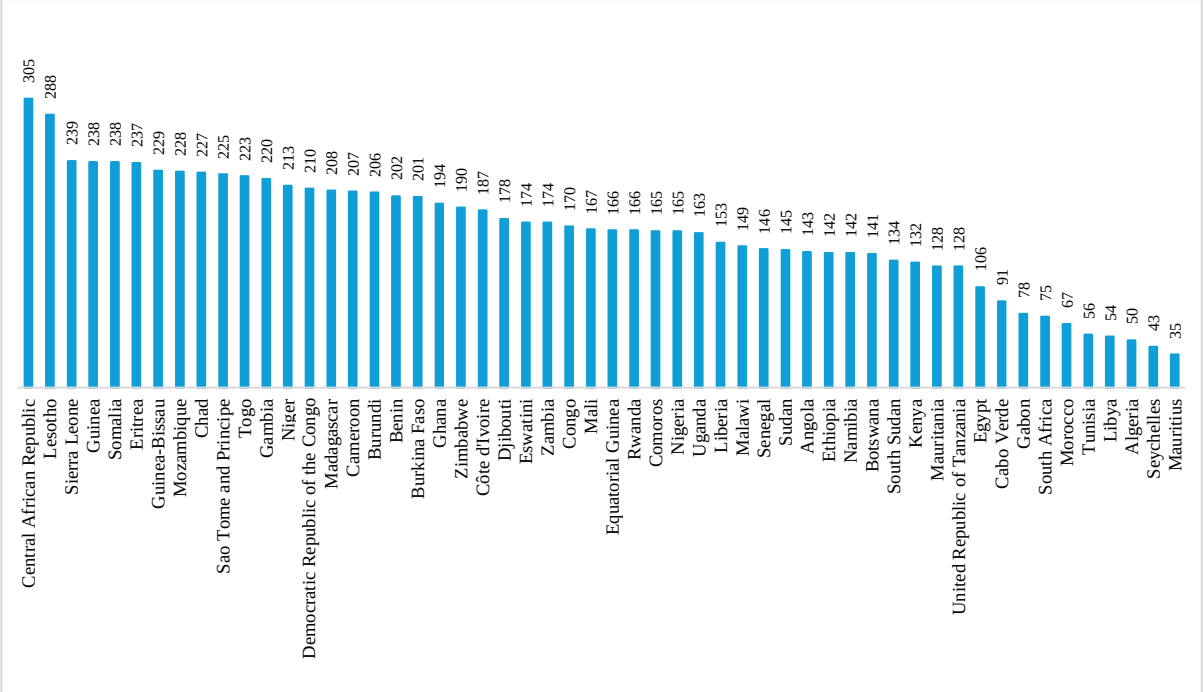
Source: WHO, Global Health Expenditure database. Available at https://apps.who.int/nha/database/Home/Index/en (accessed in February 2025).

I. Target 3.9: environmental health

40. The combined effects of ambient air pollution and household air pollution are associated with 6.7 million premature deaths annually.[40] Ambient (outdoor) air pollution is estimated to have caused 4.2 million premature deaths worldwide in 2019.[41] Household air pollution was responsible for an estimated 3.2 million deaths per year in 2020, including over 237,000 deaths of children under 5 years of age.[42] Deaths attributed to household and ambient air pollution are also occurring on the continent, as shown in figure IX.

[40] WHO, “Ambient (outdoor) air pollution”, 24 October 2024.
[41] Ibid.
[42] WHO, “Household air pollution”, 16 October 2024.

Figure IX
Deaths in Africa attributed to household and ambient air pollution, 2019
(Deaths per 100,000 population)



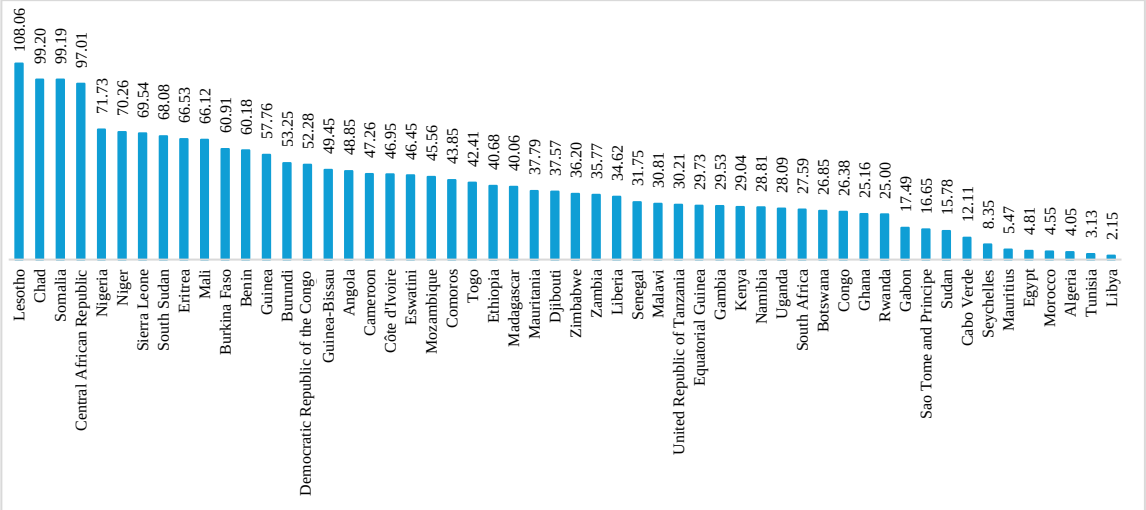
Source: WHO, "Air pollution data portal", Global Health Observatory. Available at www.who.int/data/gho/data/themes/air-pollution (accessed on 23 January 2025).

41. In 2021, unintentional poisoning resulted in approximately 59,000 deaths globally, reflecting a decrease of over 4,000 deaths since 2000 and a 25 per cent reduction in the crude death rate.[43] Africa recorded the highest crude death rate from unintentional poisoning among all regions, at 1.2 deaths per 100,000 population.[44]

42. Figure X contains data on the deaths in Africa attributed to unsafe water, unsafe sanitation and lack of hygiene from diarrhoea, intestinal nematode infections, malnutrition and acute respiratory infections in Africa at the country level. Subregional analyses indicate that countries in Central and West Africa generally experience higher mortality rates related to unsafe water, unsafe sanitation and lack of hygiene compared with those in North and Southern Africa. Elevated mortality rates in many countries also hinder progress towards Sustainable Development Goal 3, given that unsafe water, sanitation and hygiene conditions substantially contribute to preventable diseases and fatalities, in particular among children under 5 years of age.

[43] WHO, *World Health Statistics 2024: Monitoring Health for the SDGs, Sustainable Development Goals* (Geneva, 2024).
[44] Ibid.

Figure X
Deaths in Africa attributed to unsafe water, unsafe sanitation and lack of hygiene from diarrhoea, intestinal nematode infections, malnutrition and acute respiratory infections, 2019
(Deaths per 100,000 population)



Source: WHO, "Water, sanitation and hygiene: burden of disease", Global Health Observatory. Available at www.who.int/data/gho/data/themes/topics/water-sanitation-and-hygiene-burden-of-disease (accessed on 26 January 2025).

III. Challenges, emerging trends and opportunities for the acceleration of progress in the achievement of Sustainable Development Goal 3

A. Challenges

43. Financing gap: many countries have low government spending on healthcare, which limits positive health outcomes. In African countries, government health expenditure grew marginally from 2015 to 2021, from 6.4 to 7.3 per cent,[45] remaining below the level of 15 per cent that the participants in the African Summit on HIV-AIDS, Tuberculosis and Other Related Infectious Diseases, held in 2001, pledged to spend.[46] Half of the 54 African Governments spent less than 6 per cent of their budget on health in 2022. Four fifths of Governments in Africa spend less than $86 per capita on health, the minimum level recommended by WHO to deliver a set of essential health interventions. The median per capita expenditure was just $17. Thirty-six Governments invest less than half the required minimum.[47]

44. Debt burdens: high national debt and servicing costs have severely restricted government spending on health. Tight fiscal space impedes efforts to achieve universal health coverage and improve health outcomes, given that States may prioritize debt repayment over essential health services. Addressing the debt burden is crucial for enabling Governments to invest in health, thereby improving the health of their populations and making their economies more resilient.

[45] Human Rights Watch, "African Governments falling short on healthcare funding", 26 April 2024.
[46] See the Abuja Declaration on HIV-AIDS, Tuberculosis and Other Related Infectious Diseases, para. 26.
[47] African Union, "Africa scorecard on domestic financing for health – 2024". Available at https://score-card.africa/info (accessed on 23 January 2025).

45. Conflict and instability: ongoing conflict and political instability in Africa disrupts health services. It is essential to advocate peace and address the health needs of populations in conflict-affected areas in order to achieve universal health coverage and save lives.

46. Pandemics and disease outbreaks: the COVID-19 pandemic exposed significant weaknesses in health systems and underscored the need for robust emergency preparedness plans. It diverted attention from critical health issues, complicating the path to achieving Sustainable Development Goal 3. Lessons from the pandemic must inform future health strategies and investments to enhance economic and health security.

47. Challenges in data and statistics: inadequacies in routine data collection and reporting impede the assessment of health progress. There is a need for standardized protocols and disaggregation of data by age and gender to improve the understanding of health challenges and inform policy decisions.

48. Gender inequality: deeply ingrained gender norms often limit women's autonomy and decision-making power regarding their health, which can hinder access to necessary health services. Addressing gender inequality is crucial for improving health outcomes.

49. Economic inequality: economic inequality continues to widen within and between countries, negatively affecting health outcomes and access to services. Disadvantaged populations often experience higher rates of morbidity and mortality, owing to limited access to healthcare, nutritious food and safe living conditions. Addressing economic disparities by investing in healthcare is essential for achieving health equity and ensuring that all individuals can access the care that they require, regardless of socioeconomic status.

B. Emerging trends

50. Climate change: climate change is increasingly recognized as a significant threat to public health. It affects the availability and quality of health services and heightens risks to health. Rising temperatures, extreme weather events and changing disease patterns exacerbate health risks. Investing in early warning systems and designing climate products in conjunction with the communities that need them will reduce health-related losses. Although most States include health in their national climate action plans, further collaboration and financing for disaggregated data collection and the joint production of climate services and early warnings are essential.

51. Urbanization: rapid urbanization presents both opportunities and challenges for health. Although better access to healthcare services can be provided in urban areas, those environments can suffer from overcrowding, pollution and inadequate infrastructure, which contribute to the spread of communicable diseases and can increase the burden of noncommunicable diseases. Urban health strategies must be designed to ensure that urban populations have access to high-quality healthcare services.

52. Demographic shifts: demographic changes, in particular the rapidly growing populations of young and older people, are reshaping health needs and service demands. Health systems are not well suited to the needs of adolescents; to ensure optimal health outcomes, adolescent services must be scaled up urgently. As the proportion of older adults increases, so does the demand for healthcare services that are adapted to their needs.

53. Digital divide: although digital health technologies have the potential to improve access to care and enhance health outcomes, disparities in Internet access and digital literacy increasingly exacerbate inequality. Efforts to promote digital health must be focused on ensuring equitable access to technology and training for all populations.

C. Opportunities

54. Strengthening of health systems: there is a significant opportunity to enhance health systems by investing in infrastructure; workforce development, including the training of community health workers; and health information systems. Together with private companies, Governments should facilitate investment frameworks in the health sector, in particular underinvested components thereof, such as the pharmaceutical industry, skills development and digital technology, leveraging the Community Health Delivery Partnership and the African Continental Free Trade Area, to build resilient regional value chains, produce medicines at competitive prices, create jobs and ensure that services are accessible to all populations.

55. Use of technology and innovation: the rapid advancement of digital health technologies provides an opportunity to improve access to healthcare services and enhance health outcomes, including through sexual and reproductive health-related self-care interventions.[48] Telemedicine, mobile health applications and electronic health records facilitate remote consultations, improve patient management and streamline health information-sharing. Those health system technologies can be used to reach underserved populations and provide timely care, in particular in rural and remote areas.

56. Promotion of multisectoral collaboration: addressing health challenges requires a multisectoral approach. Fostering partnerships among Governments, civil society, the private sector and relevant stakeholders can help to develop comprehensive strategies that address the social determinants of health, facilitate production of medicines and promote health equity and overall well-being.

57. Enhancement of community engagement: training and motivating community health workers, in particular by offering young people clear career paths in the health field, is crucial to providing health services that are tailored to local needs, and to promoting ownership, awareness, acceptance and use of health services, which ultimately lead to better health outcomes. Community health workers contribute to reducing deaths of newborns and children under 5 years of age through community-based management of the main childhood killers, and they enhance the capacity to respond to public health emergencies.

58. Investment in research and data: there is a growing opportunity to invest in health research and data collection to inform evidence-based policies and interventions. Improved data systems can enhance the understanding of health trends, disparities and the effectiveness of health programmes. By prioritizing research and data-driven decision-making, States can develop targeted strategies that address specific health challenges and monitor progress towards achieving the targets of Sustainable Development Goal 3.

59. Addressing of social determinants of health: recognizing and addressing the social determinants of health, such as education, income and housing, offers an opportunity to improve health outcomes. Implementing policies that promote social equity and access to essential services enables Governments to create environments that support healthy lifestyles and well-being. Such a holistic approach can lead to sustainable improvements in population health.

60. Harnessing of global partnerships: the global commitment to achieving the Sustainable Development Goals provides an avenue through which States can collaborate and share best practices. International partnerships facilitate knowledge-sharing, resource mobilization and technical assistance, enabling States to learn from the experiences and successes of others. Leveraging global

[48] For more information on sexual and reproductive health-related self-care interventions, see www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/self-care-interventions.

networks can enhance capacity to address health challenges and accelerate progress towards achieving Goal 3.

IV. Key messages

61. In the present report, emphasis has been placed on the critical role of health as a driver of economic growth. Good health is essential to enhancing labour productivity and economic performance, and is, therefore, a fundamental component of sustainable development. Ensuring that populations are healthy can improve economic outcomes and overall well-being.

62. To attain Sustainable Development Goal 3, it is crucial to strengthen health systems and make them resilient. Investments in that area are necessary to ensuring the delivery of high-quality care, preparedness and adequate responses to emergencies, which, in turn, support economic productivity and growth.

63. Goal 3 and the creation of resilient health systems that can meet the needs of populations cannot be achieved without increased financing and innovative financing mechanisms that can mobilize additional resources for health interventions. Governments should aim to allocate at least 15 per cent of their budgets to health.

64. Comprehensive sex education is vital for empowering young people, reducing HIV transmission and preventing unintended pregnancies, including among young people. By equipping young people with knowledge and skills, communities can foster healthier populations and contribute to achieving Goal 3.

65. Public-private partnerships and collaboration between Governments and the private sector can help to leverage resources and expertise that promote the production and pooled procurement of medicines, in addition to job creation and economic development. Such partnerships can lead to innovative solutions that address vital health issues.

66. Research and innovation play a significant role in advancing health and economic development. Academic institutions should be focused on researching effective health interventions and developing educational programmes to prepare individuals for jobs in the health sector.

67. The adoption of digital health solutions, including those that facilitate self-care, can bridge gaps in the delivery of healthcare and enhance access to health services, improving overall health outcomes.

68. Investing in primary healthcare and community health systems can significantly reduce child mortality rates and greatly accelerate progress towards universal health coverage and the attainment of various targets under Goal 3, including those associated with access to youth-friendly services, antenatal care, safe deliveries, postnatal care, immunization of children and combating communicable and noncommunicable diseases.

69. Immediate and decisive measures are required in order to address the health challenges that impede economic growth. Action taken in that regard must be inclusive to ensure that marginalized populations are not left behind. By prioritizing equity in health initiatives, domestic financing and infrastructure, States can work towards achieving sustainable development for all.