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SDG 3: Progress, gaps and recommendations for the UK

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ACTION FOR GLOBAL HEALTH

SDG 3 aims to 'ensure healthy lives and promote well-being for all at all ages', which is underpinned by achieving universal health coverage (UHC) (Target 3.8).[57] Progress towards this goal will need to focus on tackling the gaping health inequities that exist between and within people and groups due to geography, socio-economic status, specific characteristics (including age, gender, ethnicity, disability, sexual orientation, gender identity, gender expression and sex characteristics) and/or groups that have been socially excluded. These health inequities often exist because people are deprived of healthcare services, as health services are not fully provided or accessible to them, leading to increased deaths and ill health.

Since Bond's 2019 report, global progress towards SDG 3 has been dramatically impacted by Covid-19, climate change and conflict. Whilst there is increasing UK recognition of these intersections – for example, the 2021 UK-hosted Climate Change Conference (COP26) included a health strand – this is yet to translate into concrete commitments and action.

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57. UN, 'Goal 3: Ensure healthy lives and promote well-being for all at all ages' [web page, accessed June 2022

Personal testimony: Victimising the victim

My name is Kamala. Due to mental health issues and also no money, no job situation, I was loitering on the streets in a dazed state of mind, which was later diagnosed at KOSHISH[58] as psychosis and mood disorders. One night, somebody offered me food which was drugged, but I failed to realize that until it was too late. In my unconscious state of mind I was gang raped and left wounded on the street. Somehow, the next morning after reviving a little, I collected myself and reached a nearby police station for medical help and also for lodging a complaint. Instead of offering psychosocial support, medical examination and treatment, the police shunned me, branding me as a 'boula' [mad person].

Since I was as scared as well as wounded, I dragged myself to a nearby government hospital for help and medical aid. But they denied me services on the count that I do not have a citizenship card. For seeking emergency aid, I needed to have an identity card. For making a police complaint, I needed to have a sanity certificate. I kept running from pillar to post but to no avail.

Isn't legal equity, as in equitable legal provisions, as important as equity in the health sector? For equity in health services, we need to look beyond the health, in the realm of legal norms, socio-economic and political empowerment, education and awareness.

58. KOSHISH is an organization of persons with psychosocial disabilities established to promote the rights of persons with mental health conditions and psychosocial disabilities in Nepal. More information can be found here

have worsened. The UK's official development assistance (ODA) cuts to essential health services (explored under Target 3.8) provide concrete examples of this shift.

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Progress towards UHC is eroded by the impacts of climate change. Recent floods in KwaZulu-Natal, South Africa have resulted in reduced accessibility to health services as well as distrust in them. Eroded roads and washed away bridges and homes have displaced people, reduced people's access to healthcare, and damaged health infrastructure.

Similarly, wars and conflicts are putting progress towards SDG 3 at risk. It is in fragile and conflict-affected settings where 60% of the world's child and maternal deaths occur.[59] Analysis from WHO shows how the war in Ukraine is increasing health risks.- For example, limited oxygen supplies are reducing the capacity of the Ukrainian health system to treat severely ill patients.[60]

The UK's contribution to progress on SDG 3 has also been impacted by the merger to create the Foreign, Commonwealth and Development Office (FCDO), the reduction in ODA, and changing international development priorities.

Assessing the UK's commitments and actions towards SDG 3

Bond's 2019 SDG report called on the UK government to focus on supporting health systems strengthening (HSS) to achieve UHC as well as prioritising a number of policy areas, such as mental health and equitable access to quality medicines, vaccines and diagnostics.[61] The report also highlighted the importance of maintaining ODA spending on health, including funding for HSS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In this section, we assess the UK's commitments and action towards SDG 3 and UHC between 2019-2022, including progress towards the above recommendations.

SDG 3 within the UK's broader approach to development

Following the merger to form the FCDO, the Global Health Directorate was established, and the then-Foreign Secretary Dominic Raab identified global health as one of seven development priorities.[62] In March 2021, the UK's Integrated Review of Security, Defence, Development and Foreign Policy built on this priority, committing to 'prioritise supporting health systems'. But due to the Covid-19 pandemic, the framing of this priority shifted to focus on improving global health security and pandemic preparedness, whilst SDG 3, UHC and the principle to 'leave no-one behind' were deprioritised.

This trend continued following changes to ministerial responsibilities in 2021, as Foreign Secretary Liz Truss shifted focus to other development priorities. The Foreign Secretary has committed to refreshing the Strategic Vision for Gender Equality, although the framing has shifted to 'women and girls' and become more exclusionary of other people who have been marginalised due to sexuality, gender identity and expression, who often experience increased barriers to healthcare. Additionally, the Foreign Secretary has not emphasised access to essential healthcare as one of the priority strands for her focus on women and girls (particularly for progress towards Target 3.1 to reduce maternal mortality and 3.7 to enable universal access to sexual and reproductive care, family planning and education). However, it was positive to see that the UK's recent Disability Inclusion and Rights Strategy included a strand on 'achieving inclusive health for all', although the details of implementation are yet to be made clear.

The UK's global health policies and strategy

Following Bond's 2019 recommendations, in August 2020 the FCDO published Approach and Theory of Change to Mental Health and Psychosocial Support. In December 2021, following civil society consultation, the FCDO published Ending preventable deaths of mothers, newborns and children by 2030, which particularly links to Target 3.1 and 3.2, and Health systems strengthening for global health security and universal health coverage. Both policy papers seek to emphasise human rights, country leadership, strong and resilient health systems, gender equality, action on

59. Wagner, Z. et al. (2018) 'Armed conflict and child mortality in Africa: a geospatial analysis', The Lancet, Vol 392, 10150, p.857-865; OECD (2018), States of Fragility 2018.
60. WHO Health Cluster (2022), Ukraine Public Health Situation Analysis (PHSA) - Short form
61. Bond (2019), The UK's global contribution to the Sustainable Development Goals [Chapter 3]
62. GOV.UK (26 November, 2020) 'Official Development Assistance: Foreign Secretary's statement, November 2020' [online, accessed June 2022]

climate change, and transforming water supply, sanitation and nutrition services as the cornerstones to end preventable deaths and ensure the universal right to health. Whilst the papers recognise that groups that have been marginalised must be at the helm for progress towards SDG 3 to be equitable, the implementation of this approach is still unclear.

The UK's work towards SDG 3 has lacked overall coherence and coordination due to the lack of a dedicated, public strategy to guide its work on global health (the last strategy expired in 2015). A cross-government, public global health strategy is essential. This would create a roadmap and track progress on the UK's role in delivering all commitments under SDG 3, strengthen coordination and policy coherence across UK ODA to health, and bolster the UK's role as a vocal champion of global health issues.

Personal testimony: Health disparities due to gender identity

My name is Sebastian. Healthcare in the UK is not universal, equitable, accessible or acceptable for people who are transgender. I waited three years for a first appointment with a gender identity clinic. Many of my peers have been waiting four to five years. Some gender-affirming surgeries mean waiting a further five to eight-plus years, on top of long processing times. These extended timelines have created a parallel system for those who can pay out of pocket to access private healthcare within months, and for the majority who are reliant on NHS services. There is, in essence, minimal to no gender-affirming healthcare available.

I was privileged to be able to self-finance access to hormones and chest reconstruction surgery, costing over £8000. I've experienced issues common to many transgender people; delays to my NHS care were exacerbated by lack of training amongst primary caregivers where GPs were unwilling to refer me or prescribe hormones despite clear NHS guidance, and routinely refused to provide me with care that I'm entitled to (e.g. HPV vaccine). This forced me to use trans-affirming separate clinics. Barriers of misgendering and stigmatising questions have discouraged me from seeking healthcare services for my other health needs. These barriers echo those faced by transgender people across the world and are a contributing factor to the disproportionately high rates of HIV and poor health outcomes my community experiences. This is why the work that bodies like UNAIDS supports to counter this is vital to finance and protect.

Target 3.8:

Achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

To achieve UHC globally all individuals and communities must be able to access the essential, quality health services they need throughout their life without suffering financial hardship. The health workforce is central to efforts to strengthen health systems and reach UHC.

Despite the UK's commitment to support the delivery of the 2019 UN Political Declaration on UHC, the UK's ODA cuts have reversed, disrupted and delayed progress. Early analysis indicates that the UK's global health spending has been cut by up to 40% – a devastating blow during a global pandemic. For example:

- Cuts of £150 million (around 90%) to funding for the elimination and eradication of neglected tropical diseases means that tens of millions of people could miss out on treatments.
- More than 80% cuts in funding for water, sanitation and hygiene (WASH) bilateral projects, impacting the transmission of various communicable diseases.
- Ambulances in Sierra Leone left without enough fuel resulted in patients with severe complications not being taken to hospitals for emergency care (typically 70% were mothers and children). Over 300 referrals were not made as a result, which no doubt led to fatalities.
- The Health Partnership Scheme was cut by 100%. These programmes would have seen NHS staff provide training to 78,000 healthcare professionals, benefitting more than 430,000 patients.
- The health workforce delivering GOAL, a mental health project, was reduced due to funding cuts of 50%. These cuts undermined capacity to complete crucial research on mental healthcare financing and governance.

Target 3.b:

Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in TRIPS regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

As with Target 3.8 and 3.c, UK cuts to Target 3.b were substantial –there was a £120 million gap between allocations and commitments. Cuts to this research agenda damages the capacity to provide the evidence needed to address complex health research challenges, such as new vaccines. As Covid-19 has shown, health risks and vulnerabilities are shared globally, so it is critical that the UK plays its part to address emerging health threats.

The UK, like other high-income countries, reneged on its commitment to support equitable vaccine sharing when it secured bilateral vaccine supplies outside the COVAX mechanism, draining the global supply. As a result, COVAX only managed to deliver 700 million of the 2 billion[63] doses it aimed to deliver by the end of 2021. The UK government has also actively prevented low- and middle-income countries from building domestic capacity to manufacture vaccines by blocking an agreement to temporarily waive intellectual property protections on Covid-19 tools. Its decision to prioritise intellectual property rights above human rights has been condemned as racist and rooted in colonialism, slavery and apartheid by the UN Committee on the Elimination of Racial Discrimination.[64]

To achieve SDG 3, the UK government should:

1. Urgently return to the 0.7% commitment and reinstate financial commitments to global health, including ambitious funding for the implementation of its policies on ending preventable deaths and health systems strengthening . This should be guided by the principles of listening to and being directed by people with lived experience of health inequities.
2. Ensure all health ODA contributes to strong, resilient health systems (including community health systems), in line with national priorities. It should significantly scale up support to countries to develop, finance and deliver long-term human resource strategies for health.
3. Commit to externally publish a cross-government global health strategy, following substantive consultation with civil society and people with lived experience of health inequities in low- and middle-income countries.
4. Appoint a special envoy on UHC to champion the UK's commitments towards achieving Target 3.8 and leverage priority global advocacy moments, including the UN High-Level Meeting on UHC in 2023. The FCDO's upcoming strategy on women and girls should maintain a commitment to addressing structural drivers of gender inequality through more transformative and inclusive approaches that tackle patriarchal power structures. Sexual and reproductive health and rights and inclusive health should be explicit priorities.

63. AP News (15 December, 2021),'Vaccine alliance chief: Omicron could trigger 'Inequity 2.0'', [online article, accessed June 2022]
64. OHCHR/Committee on the Elimination of Racial Discrimination (April 2022),'Statement on the lack of equitable and non-discriminatory access to COVID-19 vaccines'