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SDG 3: Progress, gaps and recommendations for the UK

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FRONTLINE AIDS

Half the world's population lacks access to essential healthcare, while 100 million people are pushed into poverty each year, paying out of pocket for health. In some countries, for instance India, paying for healthcare is the leading cause for people falling into poverty. Income and wealth remain amongst the most important determinants of life expectancy, as well as access to good healthcare and medicines.

Achieving Universal Health Coverage (UHC) is the ultimate aim of **Goal 3**. UHC means ensuring that everyone can get the essential health services they need without discrimination or financial hardship, the latter of which can be avoided through equitable financing.

World Health Organisation (WHO) research shows that, even in the most optimistic scenarios for economic growth, there is still a massive gap between available funding for health services and that required to achieve UHC.[1] In this context, it is concerning that the share of UK aid to health (as a proportion of all UK aid) dropped significantly in the years 2015 and 2016. While available data shows that UK bilateral health aid at least rebounded in 2017, there are ongoing concerns about the quality of UK aid for health, including an increase in health aid channelled outside of DFID and a corresponding decline in health systems-focussed approaches. With the withdrawal of direct budget support, the UK should demonstrate more publicly how it is compensating for the loss of investments for core health systems strengthening, including health worker salaries.

The UK has channelled increasing health ODA via its development investment arm, the CDC Group - projected to receive up to 8% of the UK ODA budget over the coming four years - which requires returns to be generated on the aid invested.[2] CDC's Strategic Framework for 2017-21 states that private for-profit healthcare providers can provide choice and raise standards.[3] However, for-profit approaches in healthcare often rely on fees or expensive private insurance models to generate returns, meaning many such investments are in hospitals or clinics that are unaffordable for most,.

This results in the poor being excluded and increases inequality.[4] Even "affordable" models may not be genuinely affordable for the poorest, when any small fee can deter people from accessing healthcare.

Alternatively, brokering public-private partnership arrangements (PPPs) between for-profit actors and governments risks significant cost escalation, as well as equity concerns.[5] Evidence shows that publicly funded healthcare is more effective, efficient and more equitable than privately funded systems.[6]

Those marginalised according to their disability, indigeneity, ethnicity, HIV status or proximity to those affected by HIV, sexual orientation and gender identity, nationality or citizenship are at higher risk of ill-health, less likely to get the healthcare they need, and tend to have significantly worse health outcomes than majority populations. To support better understanding of the health needs of marginalised people and the barriers they face, the UK could do more to fund research and support communities and governments to collect relevant disaggregated data in a sensitive and respectful way (see chapter on "Leave No One Behind" for more on this).

Without neglecting other benefits of migration or the human right to freedom of movement, it is important to consider the impact of health worker migration on UHC in the Global

1. http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30263-2/fulltext
2. The UK has recently approved a significant increase in financing for CDC of up to £703m per year.
3. https://assets.cdcgroup.com/wp-content/uploads/2017/06/25150902/Strategic-Framework-2017-2021.pdf
4. For example: https://policy-practice.oxfam.org.uk/publications/investing-for-the-few-the-ifcs-health-in-africa-initiative-325654
5. https://www.oxfam.org/en/research/equity-and-quality-education-public-private-partnership-0
https://policy-practice.oxfam.org.uk/publications/a-dangerous-diversion-will-the-ifcs-flagship-health-ppp-bankrupt-lesothos-minis-315183
6. For example: https://www.unison.org.uk/content/uploads/2016/07/23809.pdf

South. The UK's policy of proactively recruiting health workers from lower- and middle-income countries can have a negative impact on the health systems of those countries, particularly in parts of Africa and Asia, fuelled by global health inequalities. For example, the UK is home to over 4,700 doctors who trained in Nigeria, providing a substantial subsidy from Nigeria to the UK.[7]

The UK is one of the largest donors globally towards SRHR and the largest bilateral donor to the UN Population Fund, issues that cut across many of Goal 3's Targets. DFID has made welcome commitments to an integrated and comprehensive approach to SRHR since 2015, including in ministerial statements at the 2017 London Family Planning Summit and the recent Strategic Vision for Gender Equality: Her Potential, Our Future.[8] In the Vision, DFID also commits to going further to integrate HIV and AIDS within its work to achieve universal SRHR for all.[9] This is significant progress in DFID's thinking from the previous Strategic Vision where HIV was not mentioned. The UK government's leadership, through the Family Planning 2020 (FP2020) global partnership and the 2017 Family Planning Summit, has ensured that family planning is high on the global agenda.

There is a need, however, to ensure family planning is included within a comprehensive approach to SRHR. For women to be truly able to choose for themselves, neglected areas of safe abortion, adolescent SRHR, gender based violence and infertility must be included (see also **Target 3.7**).

Targets 3.1 and 3.2:

By 2030, (Target 3.1) reduce the global maternal mortality ratio to less than 70 per 100,000 live births; and By 2030, (Target 3.2) end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

Complications during pregnancy and childbirth are the leading cause of death for 15 to 19 years old girls globally.[10] DFID has played a significant role in ensuring the needs of adolescents and young people's SRHR are recognised and addressed. However, adolescents' access to comprehensive SRHR education and services remains a sensitive area in many contexts and must be addressed through holistic programmes that engage parents and the wider community.

While the UK's commitment of new funding to maternal, child, newborn and adolescent health via the Global Financing Facility for Every Woman and Every Child (GFF) is very welcome, the GFF has in its initial years faced some challenges and its model presents some inherent risks.[11] The UK should use its role within the GFF to increase its focus on comprehensive SRHR, on marginalised girls and women, and embed meaningful civil society engagement.

Currently, one in three healthcare facilities in countries in the Global South do not have clean water, meaning women must give birth in dangerously dirty environments. For example, one in five babies that do not survive their first month die from sepsis – a disease linked to dirty water and unhygienic environments.[12] This points to a need to integrate DFID health strategies better with its work on WASH (see **Goal 6**).

The (limited) data available on indigenous women and adolescent girls worldwide shows they are significantly less likely to benefit from health services, and have worse maternal health outcomes and higher maternal mortality rates than majority populations in both lower- to middle-income countries and industrialised countries.[13] Factors include: language barriers, lack of income, poor access and disrespect for indigenous beliefs and practices, amongst others.[14] Disaggregated data and inclusive and sensitive programming are key to begin to address these issues in development work. Failure to track systemic factors leading to poorer health outcomes and access will render the achievement of **Targets 3.1** and **3.2** unachievable.

Target 3.3:

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

DFID's bilateral funding for HIV has fallen substantially from a high of £221m in 2009 to just £13m in 2017, a decrease of 94%.[15] As standalone bilateral HIV programmes have been closed, DFID has shifted towards integrating HIV into wider health and development programmes. However, spending on these programmes has been inconsistent and has not made up the shortfall. Instead, DFID has shifted towards supporting the global HIV response through multilateral funding mechanisms. For example, the UK's 2016 pledge of £1.1bn over three years to the Global Fund to Fight AIDS, TB and Malaria was warmly welcomed by civil society, as was continued funding for Unitaid, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Robert Carr Fund.[16]

7. https://data.gmc-uk.org/gmcdata/home/#/reports/The%2520Register/World%2520maps/report
8. https://www.gov.uk/government/speeches/family-planning-summit
9. https://www.gov.uk/government/publications/dfid-strategic-vision-for-gender-equality-her-potential-our-future
10. https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy
11. https://www.wemos.nl/wp-content/uploads/2018/11/Joint-Open-Letter-to-the-GFF-by-Wemos-and-CSOs-05112018.pdf
12. https://washwatch.org/en/
13. http://www.unwomen.org/en/digital-library/publications/2018/4/indigenous-womens-maternal-health-and-maternal-mortality https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00345-7.pdf
14. https://translatorswithoutborders.org/the-language-lesson-what-weve-learned-about-communicating-with-rohingya-refugees/
15. https://www.gov.uk/government/organisations/department-for-international-development/about/statistics

DFID's approach to transitioning investment and changing aid relationships in middle-income countries, such as South Africa and India, has led to some of the populations most affected by HIV and AIDS being deprioritised, risking the resurgence of the epidemic. DFID's last position paper on HIV expired in 2015 and there are no plans to renew it. However, DFID has made good progress in integrating HIV into wider DFID strategies.[17] This increased strategic integration should be better reflected at the programmatic level.

In 2018, the UK hosted the Malaria Summit and announced £160m in new financing commitments, as part of its overall commitment to invest £500m per year to fight malaria until 2020/21.[18] While significant commitments have been made in high-burden countries, such as Uganda and Nigeria, plans to end bilateral funding after five years pose a challenge to malaria elimination efforts.

DFID stepped up its funding for neglected tropical diseases (NTDs) in 2018 with the launch of the ASCEND programme, funding up to £200m for five NTDs. Beyond this, DFID should ensure that the focus on preventive chemotherapy and transmission control better accounts for morbidity management and disability prevention needs, which is critical in reflecting the range of interventions needed for people with NTDs. NTD surveillance is another vital component of an effective health system and the UK should support their integration into national health systems as a priority.

Target 3.4:

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

In the 2018 UN Political Declaration on Non-Communicable Diseases (NCDs), the UK committed to "mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control NCDs and to promote mental health and wellbeing, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance..."[19]

The UK has already allocated over £70m of ODA to the Prosperity Fund's Better Health Programme, which will run from 2019-2023 in eight countries and help, among other things, to develop national strategies to prevent and treat NCDs, develop quality indicators and provide targeted care education and training. However, civil society is concerned that the Fund's secondary objective of creating opportunities for international and UK businesses could mean markets are opened up to for-profit healthcare companies in the Global South, and lead to the exclusion of the majority of people.

There is a significant gap in upholding human rights, equality and equity for people with mental health conditions when compared to others. This translates as a far bigger treatment gap. DFID recognise the need for parity between mental health and physical healthcare investment, but this needs urgent attention in its bilateral programmes. When it comes to mental health, all countries have a long way to go, and vast inequities exist in the distribution of and access to mental health resources, not only between but also within countries.[20]

Target 3.5:

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

The UK was an early implementer, funder and champion of harm reduction for people who use drugs. An evaluation of one programme in Vietnam found that this approach had prevented 31,000 HIV infections.[21] This work had an enormous impact, not only on the HIV epidemic in these countries, but also on social development in general, in places where people who use drugs were treated as criminals and left behind from social services.

The UK's 2017 Drug Strategy includes an international section, which pledges to "address HIV infections in people who inject drugs in low and middle income countries" by "advocating a public health approach that respects human rights and addresses stigma and discrimination."[22] In practice however, DFID's bilateral funding for harm reduction has ceased and it is unclear whether these programmes have been picked-up by national governments. The UK has also successfully lobbied for changes to the funding model of the Global Fund, with the result that less money is now going to these programmes. At the international level, such as at the UN Commission on Narcotic Drugs, the UK maintains progressive positions in support of evidence-based harm reduction and drug treatment.

16. https://stopaids.org.uk/wp/wp-content/uploads/2017/09/Stocktake-Review.pdf
17. For example: https://www.gov.uk/government/publications/dfid-strategic-vision-for-gender-equality-her-potential-our-future; https://www.gov.uk/government/publications/dfid-education-policy-2018-get-children-learning; and https://www.gov.uk/government/publications/uk-governments-humanitarian-reform-policy
18. https://dfidnews.blog.gov.uk/2018/04/19/commonwealth-heads-of-government-meeting/
19. http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2 (specifically Paragaph 46).
20. https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31612-X.pdf
21. http://www.oecd.org/derec/unitedkingdom/DFID-WB-Supported-HIV-AIDS-Programmes-Vietnam-2003-2012.pdf
22. https://www.gov.uk/government/publications/drug-strategy-2017

Target 3.6:

Halve the number of global deaths and injuries from road traffic accidents.

1.35 million people die each year as a result of road traffic injuries, particularly in the Global South.[23] Road traffic injuries are also the leading global killer of children and young people aged five to 29, and unsafe routes to school are a barrier to education.[24] Despite the growing health burden, global road safety is seriously underfunded and the UK's contribution to tackling road safety in low-income countries is tiny relative to other comparable health issues.

DFID works well at a strategic policy level with the World Bank through the Global Road Safety Facility. However, while DFID makes significant investments in transport infrastructure projects (see **Goal 11**), it does not do enough to ensure the roads it funds are safe for users and the communities that live alongside them. It could do much more to ensure that that they meet minimum safety standards, such as those based on the International Road Assessment Programme star rating.[25]

To complement its welcome support for the Global Road Safety Facility, the UK should also consider making a significant contribution to the UN's new catalytic Road Safety Trust Fund. As Target 3.6 is due to expire next year, UK support for an extension to 2030 – in line with the vast majority of SDG Targets – would be welcome.

Target 3.7:

By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

A significant proportion of DFID's health budget goes towards population programmes and reproductive health (31%).[26] Family planning is a key pillar of sexual and reproductive healthcare services and DFID has been a longstanding supporter and procurer of contraceptive supplies. DFID is one of the largest procurers of donated contraceptives across 46 countries, making a £340m contribution over seven years.

As a result of their investment, an additional 17.9 million women and girls were able to access a method of contraception between 2016 and 2017, contributing to a 0.7% average increase to contraceptive prevalence across countries.[27] DFID played an instrumental role as a core convenor of the FP2020 global partnership, leading to the securing of national level commitments and increased levels of domestic resource mobilisation. As FP2020 draws to its conclusion in 2020, the UK should leverage its convening power to ensure meaningful national ownership, and also ensure that a focus on family planning is framed within an integrated approach to SRHR in post-FP2020 discussions.

Since 2015, DFID has stated its commitment to an integrated, comprehensive approach to SRHR. In 2018 it affirmed a commitment to champion and encourage implementation of a comprehensive, integrated definition of SRHR in line with the Guttmacher-Lancet Commission on SRHR, a bold new agenda that is articulated through various policies on SRHR and gender.[28] However, work remains to translate this vision into reality (see **Target 5.6** for more details).

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.

The UK has supported global efforts to increase access to medicines, vaccines and diagnostics for specific diseases relevant to the Global South, especially via support of Gavi (the Vaccine Alliance), the Global Fund to Fight AIDS, TB and Malaria and Unitaid. However, DFID's withdrawal from national budget support and their pursuit of more project-based approaches, often channelled via non-state actors, risks fragmenting health systems, reducing quality improvements in the public sector and undermining progress towards UHC.

The recent ICAI review of DFID's maternal health programme found insufficient action from DFID in addressing barriers women face in accessing health services.[29] Despite international evidence on the harm caused by direct fees, low fees were still being charged in some DFID supported maternal health programmes.[30] The UK government has significantly withdrawn from international processes aiming to increase momentum on UHC and has not used its influence to ensure institutions like the World Bank are doing the most they can to support countries to remove fees.

In addition, as discussed above, channelling increasing ODA for health via the CDC Group can undermine DFID's efforts

23. https://www.who.int/violence_injury_prevention/road_safety_status/2018/en/
24. Ibid.
25. https://www.irap.org/
26. https://devtracker.dfid.gov.uk/sector/2/categories/130
27. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_Supplies_Annual_Report_2017_FINAL.pdf
28. https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights
29. https://icai.independent.gov.uk/report/maternal-health/
30. Ibid.

to deliver UHC in pursuit of for-profit approaches. To ensure genuine progress in lower- and middle-income countries, there also needs to be a fundamental revision of the global macroeconomic policies - such as unfair tax and trade rules - that currently deprive these countries of necessary financial resources (see also **Goal 1**, **Goal 10** and **Goal 17**).

Target 3.9:

By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.

The WHO estimates that 7 million die prematurely from the impacts of air pollution each year, including 4.2 million deaths attributable to outdoor air pollution.[31] While there are multiple causes, vehicle emissions are a significant factor in many countries, particularly in urban areas, and the UK government should therefore do more to support safe and sustainable public transport in the Global South. This includes support to enable the transition to efficient and zero emission vehicles, and dedicated investment in pavements and cycle facilities to ensure that people can walk and cycle in safety.

As well as supporting air quality monitoring, the UK should also promote the use of real-world data, including using remote sensing technology, as The Real Urban Emissions Initiative has done in London, to ensure policies are effective.[32] There is an opportunity for the UK to help expand this approach to other cities globally to inform air quality and vehicle emissions policy, as part of its work to achieve Goal 9 (innovation and infrastructure) and **Goal 11** (sustainable cities and communities).

Target 3.a:

Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

The UK's contribution of £15m of ODA funding from 2016 to 2021 for the Framework Convention on Tobacco Control (FCTC) 2030 project is much welcomed. The project supports the implementation of tobacco control measures directly in 15 lower- and middle-income countries and indirectly
in other parties to the FCTC, to help reduce the burden of tobacco related death and diseases.[33]

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

In 2017, the UK was the single largest individual donor across governments and private donors of the Drugs for Neglected Diseases Initiative, which is one of the furthest-developed examples of de-linked research and development where equitable and affordable access to the end product is built in from the start. However, the UK government did not earmark any of this funding for the research and development of new paediatric antiretrovirals for children living with HIV. Furthermore, funding for HIV Vaccine research and development has been cut by DFID in 2018. It is imperative that the UK government invest more in both areas of research to meet the 2030 objective of ending AIDS.

The UK should seize opportunities at a global level to show its support for the TRIPs Agreement and Public Health. It should also proactively support the flexibilities within the TRIPS Agreement to be used by all World Trade Organisation (WTO) members to protect public health and promote access to medicines for all when they determine they are needed. Maintain overall level of ODA spending on health after the dip in 2015-16. Restore levels of health aid channelled via DFID. Ensure all UK ODA for health complies with aid effectiveness principles and can support health systems strengthening. Ensure UK ODA is not channelled through for-profit models that undermine health systems.

31.https://www.who.int/en/news-room/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health
32. https://www.trueinitiative.org/
33.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639372/FCTC_2030.pdf

To achieve Goal 3, the UK government should:

- Support strengthening of health systems to achieve UHC at the international level. Provide financial and technical support to build quality public health services and national UHC plans, domestic resource mobilisation, the removal of user fees, healthcare worker training, and sustainable solutions (such as compensation by countries receiving health workers trained in the Global South) for addressing human resource shortage for health. Support reform of the international tax system to ensure developing countries can invest as needed to deliver UHC (see **Goal 1** and **Goal 8**).
- Maintain overall level of ODA spending on health after the dip in 2015-16. Restore levels of health aid channelled via DFID. Ensure all UK ODA for health complies with aid effectiveness principles and can support health systems strengthening. Ensure UK ODA is not channelled through for-profit models that undermine health systems.
- Increase funding to the Global Fund to Fight AIDS, TB and Malaria. Increase funding to fully integrate HIV across bilateral programmes.
- Lead the establishment of a partnership to transform mental health globally, the goals of which would be the mobilisation and disbursement of funds, as well as enabling the utilisation and monitoring of these funds, as recommended by the Lancet Commission.[34]
- Ensure all road infrastructure built with UK aid meets minimum safety standards and increase expenditure on global road safety. Support an extension of Target 3.6 to 2030. Do more to support sustainable transport and infrastructure for safe walking and cycling, and real-world emissions monitoring.
- Increase equitable access to quality medicines, vaccines, diagnostics and research and development, including in middle-income countries where the majority of poor people live.
- Introduce a Health Systems Strengthening Policy ensuring that no one is left behind, that marginalised populations are meaningfully engaged in health policies and programmes, and that data is properly disaggregated (see chapter on "Leave No One Behind").
- Implement the recommendations of the ICAI review into maternal health programming. Develop a long-term approach to improving maternal health, which focuses on quality of care and investments in health systems.
- Leverage its convening power to ensure meaningful national ownership of Family Planning and that a focus on family planning is framed within an integrated approach to SRHR in post-FP2020 discussions. Link the realisation of SRHR with wider gender equality promotion and women's rights (see **Goal 5**).
- Implement a comprehensive HIV strategy and an NTD strategy that include preventive chemotherapy/mass drug administration and morbidity management.

34. https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)31612-X.pdf

This chapter is part of Bond's report, **The UK's global contribution to the Sustainable Development Goals**.

Access the rest of the report at bond.org.uk/UK-global-contribution-SDGs

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