

WHO input to the thematic review of the High-level Political Forum on Sustainable Development on the theme “Building back better from the coronavirus disease (COVID-19) while advancing the full implementation of the 2030 Agenda for Sustainable Development”

(a) Progress, experience, lessons learned, challenges and impacts of the COVID-19 pandemic on the implementation of SDGs 4, 5, 14, 15 and 17 from the vantage point of your intergovernmental body, bearing in mind the three dimensions of sustainable development and the interlinkages across the SDGs and targets, including policy implications of their synergies and trade-offs;

COVID-19, and before that, the Ebola outbreaks in West Africa and North Kivu, demonstrated in stark terms that WHO’s value proposition goes well beyond our normative function and development work to include health emergency prevention, preparedness and response. At the Special Session of the World Health Assembly in December 2021, WHO’s 194 Member States agreed to negotiate a new legally-binding instrument, to set the rules of the game for pandemic prevention, preparedness and response. Further to that, in January 2022, the WHO Secretariat was asked by the Executive Board to develop proposals to improve the global health architecture. This would include stronger governance; stronger systems and tools to prevent, detect and respond rapidly to epidemics and pandemics; and stronger financing. These processes illustrate the commitment of Member States to improve the public health architecture, with WHO at the center. Work in this area will not be done in silos. It is clear that multi-sectoral partnerships are the key, which will help us achieve Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). The best way to achieve UHC, health security and sustainable development is to strengthen health systems.

Gender

WHO has responded to the challenge of COVID-19 in several ways, notably by tailoring gender-specific guidance for countries; providing online training to front-line providers; integrating violence against women into the recommendations on maintaining essential health services in the context of COVID-19, including in humanitarian settings, and into the training courses for other technical areas such as mental health; and supporting research to assess the impact of the COVID-19 pandemic on violence against women and girls and on access to services.

Several resolutions from the 74th World Health Assembly address areas related to gender and health, including WHA 74.14 on Protecting, safeguarding and investing in the health and care workforce and WHA74.16 on Social determinants of health. In addition, the Thirteenth General Programme of Work, 2019–2023, includes a target to reduce the prevalence of recent intimate partner violence from 20% to 15% by 2023. For the 2020–2021 biennium, 65 countries have included violence against women in their joint workplans with WHO.¹

Life on land

Human activities are impacting both the structure and functions of ecosystems and altering biodiversity. Major processes affecting infectious disease reservoirs and transmission include deforestation; land-use change; water management; resistance to pesticide chemicals; climate variability and change; migration and international travel and trade; and the accidental or intentional human introduction of pathogens.

¹ A74/21. 26 April 2021. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_21-en.pdf

Increasing numbers of infectious diseases, including HIV/AIDS, SARS and Ebola, have made the jump from wildlife to humans. Available evidence suggests that COVID-19 has followed the same route. Once human-to-human transmission of COVID-19 began, national and international surveillance and response systems were not strong or fast enough to contain, let alone halt it. As infection spread, a lack of UHC left billions of people, including in developed countries, without reliable and affordable access to health services. Massive inequities meant that deaths and loss of livelihoods have been strongly driven by socioeconomic status, often compounded by gender and minority status.

At the 74th World Health Assembly, WHO reported on the implementation of the “WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments”², which highlights some of the activities in response to COVID-19, including a Manifesto for a healthy and green recovery from COVID-19³; evidence-based guidance for the protection of health workers, other workers, and environmental transmission in the framework of the COVID-19 pandemic; and the Hand Hygiene for All Global Initiative⁴.

(b) Assessment of the situation regarding the principle of “leaving no one behind” against the background of the COVID-19 pandemic and for the implementation of the 2030 Agenda, within the respective areas addressed by your intergovernmental body;

COVID-19 has demonstrated deficiencies in health systems to protect the most vulnerable in all countries. It has disproportionate impact on the old, poor, those with chronic diseases, or poor living conditions, including those living in conflict and humanitarian settings.

Equitable access to testing, treatment and vaccines has both individual and population health benefits. The pandemic made it clear: we are not safe until everyone is safe. Essential health services must be restored and expanded in order to prioritize health promotion and disease prevention, as well as reducing out of pocket spending. This approach emphasizes a focus on the least served, most vulnerable populations, particularly women, children and adolescents, migrants and refugees.

To address these inequities, WHO has established the *Council on the Economics of Health for All*, staffed by leading economists and health experts, to rethink how value in health and wellbeing is measured, produced, and distributed across the economy. The Council has proposed the following to be at the center of a new value and measurement system:

- Valuing planetary health
- Valuing the diverse social foundations and activities that promote equity
- Valuing human health and wellbeing

Gender

As health system capacities are stretched, decision-makers tend to make choices that prioritize the provision of some health services and scale back on others. WHO continues to track and assess disruptions to essential health services in the context of the COVID-19 pandemic and has conducted three rounds of pulse surveys through 2020 and 2021. Despite early evidence of service recovery, nearly

²A74/41. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_41-en.pdf

³ Further information is available on the WHO Newsroom webpage: <https://www.who.int/news-room/featurestories/detail/who-manifesto-for-a-healthy-recovery-from-covid-19>

⁴ Hand Hygiene for All. World Health Organization and UNICEF; 2020 (https://www.who.int/water_sanitation_health/sanitation-waste/sanitation/hand-hygiene-for-all/en/)

all countries reported disruptions to health services due to the COVID-19 pandemic during Q3 and Q4 of 2021, with little improvement across most health areas, including sexual, reproductive, maternal, child and adolescent health. In line with experience and evidence from previous outbreaks and from humanitarian emergencies, sexual and reproductive health services⁵ suffered from disruptions due to the pandemic. This can result in an increased risk of maternal mortality, unintended pregnancies and other adverse sexual and reproductive health outcomes. It is essential to ensure that activities and programs targeting the health of women and girls are built into national health and humanitarian plans.

Life on Land

Land degradation, biodiversity loss, global warming, pollution, disasters, and zoonotic pandemics such as COVID-19 have accelerated and intensified into environmental crises that have affected all of humanity and nature, but with disproportionate impacts on women and girls – and especially rural, indigenous, and migrant women and girls⁶. A review of census information on the effects of natural disasters across 141 countries showed that although disasters such as droughts, floods and storms create hardships for everyone, on average they kill more women than men, or kill women at a younger age than men. There are also gender-related differences in vulnerability to the indirect and longer-term effects of climate-related hazards. For example, droughts bring health hazards through unavailability of water, and food insecurity. Women and girls disproportionately suffer health consequences of nutritional deficiencies and the burdens associated with travelling further to collect water. There is evidence in both developed and developing countries, that drought can disproportionately increase suicide rates among male farmers.

(c) Actions and policy recommendations in areas requiring urgent attention in relation to the implementation of the SDGs under review;

Gender

The Beijing Platform for Action and the 2030 Agenda for Sustainable Development make integral links between sustainable development, gender equality, environmental and climate challenges and healthy lives and well-being, throughout the life course.

Addressing the global shortfall of health workers, of which 70% are women, will provide far reaching benefits across the SDGs, including on gender equality and women's empowerment, health and well-being, education, and decent jobs and economic growth. Currently, although women are highly represented on the front lines and provide the majority of unpaid care work in the home, they hold only 25% of senior roles. Policymakers must support women in health care and decision-making by promoting equal pay to reduce the gender pay gap, recognizing unpaid work, improving work conditions and increasing the proportion of women in health and care leadership.

Life on land

Political, social and commercial decisions are driving the climate and health crisis. Over 90% of people breathe unhealthy air due to burning of fossil fuels. A heating world is seeing mosquitos spread diseases

⁵ Including access to: Family planning and contraception; Safe abortion; Post-abortion care services; Fertility care/infertility services; Identification and care for intimate partner violence; Response to sexual violence (post-rape care); Antenatal care; Facility-based births; Postnatal care for women and newborns; Neonatal intensive care unit (NICU) services; Sick child services; Well-child visits, including growth and developmental monitoring and counselling; Adolescent and youth friendly services

⁶<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/66/EGM/CSW66%20EGM%20Concept%20Note.pdf>

further and faster. Extreme weather, land degradation and water scarcity are displacing people and affecting their health. Pollution and plastics are increasingly found in oceans, mountains, and have made their way into our food chain. Ultra-processed, unhealthy foods and beverages are driving obesity, increasing cancer and heart disease, while generating a third of greenhouse gas emissions.

Climate-sensitive risk factors and illnesses will be among the largest contributors to the global burden of food-related disease and mortality. Recognizing issues raised by the increasing interface of human, animal and ecosystem health that require enhanced multi-sectoral coordination and collaboration, the Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE), the United Nations Environment Programme (UNEP) and the World Health Organization (WHO) (the “Partners”) are working together to mainstream One Health⁷ so that they are better prepared to prevent, predict, detect, and respond to global health threats and promote sustainable development. In 2021, the Partners launched the One Health High Level Expert Panel (OHHLEP)⁸, which will support improved cooperation among governments.

Recognizing the systemic connections between the health of people, animals, plants, the environment and the economy will help us meet the needs of the future.

(d) Policy recommendations, commitments and cooperation measures for promoting a sustainable, resilient and inclusive recovery from the pandemic while advancing the full implementation of the 2030 Agenda;

As agreed by the World Health Assembly and laid out in the 13th WHO General Programme of Work and Triple Billion Targets, WHO is dedicated to supporting Member States to improve health, build resilient systems, and protect populations from emergencies, especially the most vulnerable. This means ensuring full access to medicines, vaccines, diagnostic, devices and all other health products. And it means investing in a health workforce with the training, skills, tools safe working environment and fair pay to deliver safe, effective, quality care.

Health is a fundamental human right, and universal health coverage (UHC) is critical for achieving that right, as well as the Sustainable Development Goals. This has been recognized by Member States in the 2015 adoption of the Sustainable Development Agenda and the 2019 adoption of the Political Declaration on UHC.

Gender

Evidence has shown that health emergencies, humanitarian crises and displacement have gendered impacts, including exacerbating violence against women. For example, lockdowns during the COVID-19 pandemic and its social and economic impacts increased the exposure of women to abusive partners

⁷ The One Health definition developed by the OHHLEP states: One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.

⁸ [https://www.who.int/news/item/11-06-2021-26-international-experts-to-kickstart-the-joint-fao-oie-unep-who-one-health-high-level-expert-panel-\(ohhlepe\)](https://www.who.int/news/item/11-06-2021-26-international-experts-to-kickstart-the-joint-fao-oie-unep-who-one-health-high-level-expert-panel-(ohhlepe))

and known risk factors, while limiting their access to services. Prevention of sexual and gender-based violence must be a core part of policies and programmes in the context of humanitarian, climate, environmental and disaster risk responses. In the context of health facilities, WHO recommends that health managers or facility administrators have plans to address the safety of their health workers, with gender-sensitive considerations, including for psychosocial support, non-performance-based incentives, additional transport allowance, and child-care support.

Life on Land

WHO published recommendations on healthy and sustainable recovery from COVID-19, taking protecting nature into consideration. These include:

- Incorporate biodiversity values, ecosystem protection and the ‘value of nature’ into national and regional policies, strategies and programmes. Eliminate or reform incentives, including subsidies that are harmful to biodiversity, including those that promote monoculture production systems
- Develop and implement multi-sectoral sanitation policies which include sanitation safety planning, treatment of faecal sludge and wastewater, and reuse in agriculture.
- Develop and implement policies to ensure clean fuels and technologies for cooking, heating and lighting in households.
- Implement the WHO Chemicals Road Map to enhance health sector engagement in the sound management of chemicals.
- Transition to healthy, nutritious and sustainable diets, as agriculture, particularly clearing of land to rear livestock, contributes about ¼ of global greenhouse gas emissions, and land use change is the single biggest environmental driver of new disease outbreaks.

(e) Key messages for inclusion into the Ministerial Declaration of the 2022 HLPF.

It is essential that your intergovernmental body contribute to the HLPF thematic reviews

We suggest agreed language below from the Political Declaration of the High-level meeting on Universal Health Coverage and the Global Health and Foreign Policy resolution (recently agreed and to be adopted by the General Assembly)⁹, as well as World Health Assembly Resolution on “Strengthening WHO preparedness for and response to health emergencies” for inclusion into the Ministerial Declaration:

Building Back Better/Leaving No One Behind

1. Recalling the Political Declaration on Universal Health Coverage: ‘Moving together towards a healthier world’ 2019, and underlining the fundamental importance of Universal Health Coverage with a particular focus on access to primary health care and essential public health functions, and the urgency of having strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations and capable of effectively implementing the International Health Regulations (2005) in the context of health emergencies, ensuring pandemic preparedness and the prevention and detection of and response to any outbreaks, infectious disease including drug-resistant infections and other health threats; **(Global Health and Foreign Policy 2021 “Elevating pandemic prevention, preparedness and response to the highest level of political leadership” PP4, agreed March 2022)**
2. Promote more coherent and inclusive approaches to safeguard universal health coverage in emergencies, including through international cooperation, ensuring the continuum and

⁹ Date of adoption TBC

provision of essential health services and public health functions, in line with humanitarian principles; **(Political Declaration on Universal Health Coverage, A/RES/74/2 OP73)**

One Health

1. Recognizing also that the COVID-19 pandemic and its health, economic and social consequences, including increasing gender and other inequalities, have further underlined the need for multilateral cooperation, unity and solidarity to protect public health and to prepare for and respond to health emergencies, across all sectors, using holistic, all-hazards and One Health approaches, recognizing the interconnectedness between the health of humans, animals, plants and their shared environment, including through collaboration between WHO, FAO, OIE and UNEP; **(WHA 74.7 (2021) “Strengthening WHO preparedness for and response to health emergencies”)**
2. Calls upon the World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organization for Animal Health (OIE) and United Nations Environment Program (UNEP) to build on and strengthen their existing cooperation, and to develop options, for consideration by their respective governing bodies, to establish a common strategy, including a joint workplan on One Health, taking into account input from relevant stakeholders, including One Health High Level Expert Panel, as appropriate, to improve prevention, monitoring, detection, control and containment of zoonotic diseases, threats to health and ecosystems, the emergence and spread of antimicrobial resistance, and future health emergencies, fostering cooperation and a coordinated approach between the human health, animal health and plant health sectors, environmental and other relevant sectors; and urges member states to adopt an all-hazard, multisectoral, coordinated approach in prevention, preparedness and response for health emergencies, in the context of the One Health Approach; **(Global Health and Foreign Policy 2021 “Elevating pandemic prevention, preparedness and response to the highest level of political leadership” OP12, agreed March 2022)**

Gender & Education

1. Express concern at the global shortfall of 18 million health workers, primarily in low- and middle-income countries, and recognize the need to train, build and retain a skilled health workforce, including nurses, midwives and community health workers, who are an important element of strong and resilient health systems, and further recognize that increased investment in a more effective and socially accountable health workforce can unleash significant socioeconomic gains and contribute to the eradication of poverty in all its forms and dimensions, empowerment of all women and girls and reduction of inequality; **(Political Declaration on Universal Health Coverage, A/RES/74/2 PP23)**
2. Develop, improve and make available evidence-based training that is sensitive to different cultures and the specific needs of women, children and persons with disabilities, skills enhancement and education of health workers, including midwives and community health workers, as well as promote a continued education and lifelong learning agenda and expand community-based health education and training in order to provide quality care for people throughout the life course **(Political Declaration on Universal Health Coverage, A/RES/74/2 OP61)**

3. Ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences; **(Political Declaration on Universal Health Coverage, A/RES/74/2 OP68)**

4. Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery; **(Political Declaration on Universal Health Coverage, A/RES/74/2 OP69)**