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# STUDY GUIDE

**Commission on Population and Development**

Ensuring healthy lives and promoting well-being for all at all ages



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## Commission on Population and Development

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### General debate

## Ensuring healthy lives and promoting well-being for all at all ages

### Report of the Secretary-General

#### Summary

A healthier population is a key objective of the 2030 Agenda for Sustainable Development. Specifically, Sustainable Development Goal 3 is aimed at ensuring healthy lives and promoting well-being for all at all ages. The Goal encompasses 13 targets concerning, inter alia, maternal and child health, sexual and reproductive health, infectious diseases, non-communicable diseases, mental health, injuries and universal health coverage.

Over the past decades, great progress has been made in improving people's health and well-being, including in reducing under-5 and maternal mortality and strengthening HIV prevention and treatment. However, many health-related targets of the Goals are not on track to be reached by 2030. Childhood immunization campaigns, for example, have been disrupted by the coronavirus disease (COVID-19) pandemic and other crises. In addition, a significant portion of the global population lacks access to vital healthcare services, while high out-of-pocket spending on healthcare continues to push millions of families into poverty.

Ensuring healthy lives for all at all ages will require a renewed commitment to building more equitable, sustainable and resilient health systems that ensure access to primary healthcare. To do so, it will be critical to accelerate progress on the universal health coverage target and close gaps in access to quality essential healthcare services. Ensuring the sustainability of health systems in countries confronting a variety of demographic situations and prospects, enhancing the preparedness and resilience of health systems in response to health emergencies, and addressing the social and environmental determinants of health, including poverty, gender equality and women's empowerment, water and sanitation, and pollution and

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climate change, are other areas that will need to be prioritized to put the health-related targets of the Goals back on track and ensure that no one is left behind.

\* E/CN.9/2025/1.



## I. Introduction

1. Since the founding of the United Nations, health has been recognized as a fundamental right of every human being. The right to the enjoyment of the highest attainable standard of physical and mental health was first articulated in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This right was also recognized in the Universal Declaration of Human Rights in 1948 as part of the right to an adequate standard of living.
2. The Programme of Action adopted by Governments at the International Conference on Population and Development, held in Cairo in 1994, also recognizes that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health and calls for increasing the availability and affordability of healthcare services to provide access to basic healthcare for all. By prioritizing human rights and gender equality, the Programme of Action has had a profound impact on global health policies and programmes, in particular those related to sexual and reproductive healthcare, and continues to be a guiding framework for addressing population and development issues.
3. The comprehensive health-related goals identified in the International Conference on Population and Development were integrated into and further developed in the 2030 Agenda for Sustainable Development. Sustainable Development Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, includes 13 targets covering a range of topics, including reproductive, maternal, newborn and child health, infectious and non-communicable diseases, injuries and accidents, universal health coverage and measures to strengthen the capacity of national health systems. Various determinants of health are addressed throughout the Goals, including poverty, hunger and nutrition, education, gender equality, water and sanitation, productive employment and decent work, and just, peaceful and inclusive societies.
4. Over the past decades, widespread progress towards healthier lives has been reflected in increased longevity. Globally, life expectancy at birth reached 73.5 years in 2025, an increase of 7.1 years since 2000.<sup>1</sup> Further reductions in mortality are projected to result in an average longevity of about 77.0 years globally in 2050. However, there are great disparities in opportunities for healthy lives, many of them resulting from poverty and inequities. While the gap in life expectancy between low-income and high-income countries has narrowed significantly over the past decades, life expectancy at birth in 2025 in low-income countries was 65.3 years, compared with 81.7 years in high-income countries. Although there has been considerable progress in expanding health service coverage for infectious diseases, progress in service coverage for reproductive, maternal, newborn and child health and for non-communicable diseases has advanced more slowly or even stalled. In addition, progress has been reversed on many fronts by pandemics, conflicts and other crises. The coronavirus disease (COVID-19) pandemic has disrupted the provision of care during pregnancy and childbirth, childhood immunization campaigns, and initiatives to control and eradicate communicable diseases, such as HIV/AIDS, tuberculosis and malaria.
5. The world is currently undergoing a significant demographic transformation, with population growth slowing everywhere and several countries experiencing

<sup>1</sup> In the present report, the estimates and projections related to mortality, fertility and population are taken from *World Population Prospects 2024* (United Nations publication, 2024). The related reports and data sets are available at [www.un.org/development/desa/pd/world-population-prospects-2024](http://www.un.org/development/desa/pd/world-population-prospects-2024).

## 1 Something to think about

If health is a fundamental human right, how should governments balance the obligation to provide universal health coverage with limited budgets and the growing cost of medical care?

## 2 Interesting Facts

The 1994 Cairo Programme of Action not only advanced sexual and reproductive health rights, but it also influenced following international agreements, such as the Beijing Platform for Action, shaping global gender-equality policies and driving national reforms in countries from Peru to Ethiopia.

## 4 Interesting Facts

Beyond the report's numbers, the WHO says that longer lives around the world are mostly due to fewer child deaths and better control of infectious diseases. However, economic and social inequality still plays a big role. In fact, people in high-income countries can live more than 20 years longer than those in low-income ones.

population decline, accompanied by rapid population ageing. These transformations present opportunities as well as challenges for ensuring good health for all at all ages. For many low- and lower-middle-income countries, where essential healthcare services are lacking and resources are more limited, rapid population growth may pose a significant challenge to the target of universal health coverage. In these settings, substantial investment will be needed in healthcare systems just to keep pace with growing populations.

6. The present report, prepared in response to decision 2023/101 of the Commission on Population and Development (see E/2023/25), adopts a **life-course approach** to health and well-being in recognition of the fact that countries face a variety of demographic situations and prospects. The report, which is aimed at identifying sustainable, resilient and innovative solutions for accelerating progress towards universal health coverage and closing gaps in access to quality essential healthcare services, provides recommendations for strengthening the sustainability of health systems across diverse demographic contexts. It also provides an outline of measures to enhance the preparedness and resilience of health systems in response to health emergencies.

## II. Promoting health and well-being for all across the life course

7. Ensuring healthy lives and well-being for all at all ages requires a life-course approach that addresses people's health needs from childhood to older ages in a holistic manner. This approach allows for more tailored interventions, given that health is shaped by a range of genetic, biological, behavioural, economic, social and environmental factors whose effects interact and accumulate over the course of life.

### A. Promoting newborn and child health

8. Childhood is a critical stage of a person's life, when significant physical, cognitive and emotional development and growth take place. The habits that people develop in childhood have important implications for their health and well-being later in life. Investing in children's health, which yields significant direct and indirect returns to society in terms of higher levels of educational attainment, greater productivity and lower public expenditure on healthcare, is one of the most cost-effective ways to improve the health of a population.<sup>2</sup>
9. Children tend to have distinct health needs compared with adults. Because of their less developed immune systems, children under 5 years of age are especially susceptible to infectious diseases, such as diarrhoea, malaria, pneumonia, tuberculosis and HIV, with environmental conditions, inadequate health facilities and lack of quality care heightening their susceptibility. Children also tend to be more vulnerable to the negative effects of air pollution, water contamination, heatwaves and chemical hazards. Exposure to such risks during childhood contributes to disease and ill health later in life. Public health policies should be tailored to children's specific needs with the aim of mitigating age-related vulnerabilities accentuated by physical, social and economic environments.<sup>3</sup>

<sup>2</sup> Karin Stenberg and others, "Advancing social and economic development by investing in women's and children's health: a new global investment framework", *The Lancet*, vol. 383, No. 9925 (April 2014).

<sup>3</sup> See World Health Organization (WHO), "Antimicrobial resistance", fact sheet, 21 November 2023.

### 3 Definition

According to the World Health Organization, a life-course approach means supporting health at every stage of life - from before birth to old age. It focuses on giving people a healthy start, helping children and youth grow well, keeping adults healthy, promoting active aging, and ensuring a dignified death. It also recognizes that health is shaped over time by genetics, biology, environment, and life experiences.

10. Over the past decades, there have been important gains in reducing child mortality. Between 2000 and 2025, **mortality under 5 years of age** was more than halved at the global level, and some low- and lower-middle-income countries have achieved even larger reductions. Notwithstanding these gains, a child born in a low-income country is on average 13 times less likely to celebrate a fifth birthday than a child born in a high-income country. Fifty-nine countries, mostly in sub-Saharan Africa, are likely to fall short of the target of reducing under-5 mortality to no more than 25 deaths per 1,000 live births by 2030 (target 3.2 of the Goals).
11. In low-income countries, infectious diseases of childhood, including acute respiratory infections, malaria and diarrhoea, are the leading cause of death among children under 5 years of age.<sup>4</sup> Dedicated more resources to treatments and interventions, such as vaccines and insecticide-treated bednets, would reduce the incidence of malaria significantly.<sup>5</sup> **Improving access to clean water, sanitation and hygiene** would not only reduce the occurrence of deaths from early childhood diarrheal diseases but also alleviate the burden of malnutrition, stunting, anaemia and parasitic diseases among children. Notwithstanding clear evidence of the effectiveness of such measures, progress in reducing malaria and in ensuring access to water, sanitation and hygiene has stalled,<sup>6</sup> with the COVID-19 pandemic and inadequate funding disrupting progress for those most in need.<sup>7</sup> Sustained commitment and investment on the part of governments and local communities, as well as from the global development community, will be needed to accelerate progress and strengthen the surveillance and vital registration systems needed to monitor change (see sect. III).
12. Children are the most vulnerable in the first days and weeks of their life. **Three quarters of the deaths before 5 years of age occur in the first year of life**, with nearly half occurring in the first month.<sup>8</sup> Many of these deaths are preventable and could be avoided by ensuring access to life-saving interventions before, during and after birth. Even in resource-limited settings, maternal and newborn health outcomes can be improved significantly by using and focusing on primary healthcare (see sect. III.A).
13. Nutrition during childhood has important impacts on health and well-being throughout life. Breastfeeding and proper nutrition, in particular during the first 1,000 days of life, are critical for a child's physical and cognitive development and lifelong health.<sup>9</sup> Globally, stunting<sup>10</sup> has declined steadily since 2000, while wasting<sup>11</sup> persists and will require faster progress to reach the 2030 targets.<sup>12</sup> During the same period, the prevalence of overweight (including obesity)<sup>13</sup> among children increased dramatically, and many low- and lower-middle-income countries now face the burden of malnutrition,

<sup>4</sup> WHO, Global Health Estimates database, available at [www.who.int/data/global-health-estimates](http://www.who.int/data/global-health-estimates) (accessed in October 2024).

<sup>5</sup> Joseph Pryce, Marty Richardson and Christian Lengeler, "Insecticide-treated nets for preventing malaria", *Cochrane Database of Systematic Reviews*, vol. 11, No. CD000363 (2018).

<sup>6</sup> See UN-Water, "Summary brief: mid-term status of SDG 6 global indicators and acceleration needs", August 2024.

<sup>7</sup> Abdulsalam M. Noor and Pedro L. Alonso, "The message on malaria is clear: progress has stalled", *The Lancet*, vol. 399, No. 10337 (2022). See also, *The Sustainable Development Goals Report 2024* (United Nations publication, 2024).

<sup>8</sup> Inter-Agency Group for Child Mortality Estimation, *Levels and Trends in Child Mortality: Report 2023 – Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation* (New York, United Nations Children's Fund (UNICEF), 2024).

<sup>9</sup> See [www.unicef.org/nutrition/early-childhood-nutrition#:~:text=The%20most%20critical%20time%20for,a%20and%20nutrition%20of%20a%20source](http://www.unicef.org/nutrition/early-childhood-nutrition#:~:text=The%20most%20critical%20time%20for,a%20and%20nutrition%20of%20a%20source).

<sup>10</sup> Stunting refers to a condition in which a child is too short for his or her age.

<sup>11</sup> Wasting refers to a condition in which a child is too thin for his or her height.

<sup>12</sup> See UNICEF, WHO and World Bank, "Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates – key findings of the 2023 edition", 2023.

<sup>13</sup> Overweight refers to a condition in which a child is too heavy for his or her height.

## 5 Did you know that...

UNICEF reports that deaths of children under five dropped by 57% between 1990 and 2022, but 4.9 million children still died before reaching their fifth birthday in 2022.

## 11 Something to think about

The UN Sustainable Development Goals report that in 2024, 2.2 billion people still didn't have safe drinking water, 3.4 billion lacked proper sanitation, and 1.7 billion didn't have basic hygiene services.

## 12 Interesting Facts

UNICEF data show that about three-quarters of child deaths under five happen in the first year of life, and almost half occur in the first month. Many of deaths could be prevented with simple measures like skilled care during birth and breastfeeding.

## 14 Interesting Facts

The United Nations defines "safely managed drinking water" as clean water from a reliable source that's available at home, when needed, and free from contamination. "Safely managed sanitation" means using private, improved toilets where waste is either treated safely on-site or properly handled elsewhere.

## 14 Did you know that...

From 2015 to 2024, the share of people worldwide with access to safe drinking water rose from 68% to 74%, showing slow but steady progress.

with undernutrition coexisting with obesity. Addressing both undernutrition and obesity requires balanced diets that include diverse, nutrient-rich foods, regular physical activity and appropriate education. Public health policies that limit the marketing of nutrient-poor, ultraprocessed foods, promote healthy eating in schools and support nutrition education are vital for mitigating the dual challenge and preventing or delaying the onset of non-communicable diseases later in life.

14. The number of births worldwide is projected to remain relatively stable over the next few decades and to begin to decline in the second half of the century. The stability and regularity of these trends at the global level conceal critical differences across income groups. In low-income countries, the number of births is projected to increase over the coming decades, requiring the mobilization of additional resources to keep pace with the growing demand for public health interventions, including childhood immunizations, nutritional supplements, antenatal care and the services of a skilled attendant at delivery. Substantial investments will be needed to address adverse social, economic and environmental factors, **including inadequate water, sanitation and hygiene, poor housing conditions, poverty and barriers to quality education.**

## B. Meeting the health needs of adolescents and youth

15. In 2025, there were 1.28 billion adolescents and youth aged 15 to 24 years, comprising 15.6 per cent of the global population. Their numbers are projected to continue to increase, reaching a peak of 1.36 billion in the early 2030s, then beginning to decline and returning in 2050 to the same size as today. In contrast with the global trends, the number of those aged 15 to 24 years in low-income countries is expected to increase by 60 per cent between now and 2050, necessitating the rapid expansion of healthcare services for this age group.
16. Adolescents and youth today are healthier than a few decades ago, and deaths among those aged 15 to 29 years are rare compared with other age groups. However, there are specific causes of death that affect this age group disproportionately. For persons aged 15 to 29 years, **four of the top five causes of death are injury-related, namely road traffic injuries, self-harm, interpersonal violence and collective violence.** The impact of preventing injuries and violence goes beyond avoiding physical injury and contributes to substantial health, social and economic gains later in life. Sex differences in mortality rates and causes of death also become more pronounced in adolescence, with young men typically facing higher odds of dying compared with young women, especially from injuries.
17. Adolescence is a crucial period for developing social and emotional skills and acquiring healthy habits related to sleep, exercise and nutrition, which are important for mental and physical well-being throughout life. **Mental health conditions, such as depression, anxiety and behavioural disorders, remain largely unrecognized and untreated, yet it is estimated that one in seven persons between 10 and 19 years of age worldwide experiences such conditions, accounting for 15 per cent of the burden of disease in this age group.** Many risk-taking behaviours, including use or abuse of alcohol, narcotic drugs and tobacco, tend to begin in adolescence. Early onset of use of those substances is associated with a higher risk of developing dependence and other problems in adulthood.
18. During adolescence, the body undergoes critical biological changes that mark the transition from childhood to adulthood, and people start to make important decisions concerning their sexual and reproductive health. All individuals have a right to make decisions governing their bodies and should have access over their lifetime to the necessary information, resources, services and support. In technical guidance from the United Nations, **it is recommended that sexuality education programmes,**

### 16 Did you know that...

WHO data show that road injuries, homicide, suicide, and violence are leading causes of death for people aged 15–29, with men making up more than 70% of these deaths.

For people aged 15 to 29, four of the five main causes of death are due to injuries: road crashes, suicide, interpersonal violence, and conflict-related violence.

### 17 Definition

WHO defines depression as a mood disorder marked by ongoing sadness and loss of interest or pleasure. It can affect sleep, appetite, and focus, and may lead to self-harm if not treated.

### 17 Definition

WHO explains that mental health conditions include anxiety disorders, where strong and lasting fear or worry disrupts daily life, and behavioural disorders such as ADHD, conduct disorder, and oppositional defiant disorder. These involve ongoing patterns of inattention, impulsivity, or defiant behaviour that interfere with school, work, or relationships.

### 17 Did you know that...

WHO's World Mental Health Report 2022 states that pandemic disruptions caused a 26% increase in anxiety disorders and a 28% increase in major depression worldwide in 2020, highlighting how vulnerable adolescents are to mental health challenges.

### 17 Did you know that...

WHO reports that in 2019, 301 million people were living with an anxiety disorder, including 58 million children and adolescents.

while implemented differently in each context, should be based on an established curriculum throughout childhood and adolescence. The information provided should be scientifically accurate, tailored to different ages and comprehensive in its coverage of topics, including families and relationships; respect, consent and bodily autonomy; violence, including gender-based violence; the relationship between sexuality, gender and power; anatomy, puberty and menstruation; contraception and pregnancy; and sexually transmitted infections, including HIV.<sup>14</sup>

19. Early childbearing has harmful effects on young mothers, with increased health risks during pregnancy and birth, and negative impacts on their education and future employment and income prospects. Girls in sub-Saharan Africa are the most affected, accounting for more than half the global births to adolescent mothers at 15 to 19 years of age and more than two thirds at 10 to 14 years. It is critical to step up strategies and interventions to end child marriage, provide family planning information and services, and improve the access of pregnant and parenting adolescents to healthcare services.
20. Family planning is essential for fulfilling the reproductive rights of individuals and couples, including the basic right to decide the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health across the life course. The number of women of reproductive age using a modern method of contraception increased by more than a quarter, from 577 million in 2000 to 724 million in 2025. Globally, among sexually active women of reproductive age who do not wish to become pregnant, 77 per cent use a modern method of contraception; however, among those aged 15 to 19 years, the number is just 61 per cent.<sup>15</sup> Member States must ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education. The primary healthcare approach has the potential to promote equity and deliver expanded access to comprehensive, quality sexual and reproductive health services. Prevention and treatment of sexually transmitted infections, including HIV, through a combination of measures that include counselling, voluntary testing, increased availability of condoms, information campaigns and access to effective antiretroviral therapy should be prioritized. Notwithstanding marked progress in recent decades in reducing new HIV infections and preventing deaths from AIDS and its complications, HIV/AIDS remains a common cause of death in many low-income countries.
21. Although available technology and clinical knowledge are sufficient to prevent the vast majority of maternal deaths, an estimated 287,000 women of reproductive age died during or following pregnancy and childbirth in 2020. Although the maternal mortality ratio (the number of maternal deaths per 100,000 live births) fell by about 34 per cent worldwide between 2000 and 2020, global progress has stagnated since 2015, and large differences remain among countries.<sup>16</sup> In 2020, the maternal mortality ratio in low-income countries was 430 deaths per 100,000 live births versus 13 per 100,000 in high-income countries, reflecting inequalities in access to quality healthcare services and mirroring the gap between rich and poor that is also observed within countries. Preventable maternal mortality and morbidity is often a consequence of human rights violations, including discrimination and lack of access to quality health services. Most maternal deaths can be prevented through care by skilled health professionals before, during and after childbirth. Only 68 per cent of

<sup>14</sup> See United Nations Educational, Scientific and Cultural Organization and others, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach* (2018).

<sup>15</sup> *World Family Planning 2022: Meeting the Changing Needs for Family Planning – Contraception Use by Age and Method* (United Nations publication, 2022).

<sup>16</sup> 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).

## 18 Something to think about

How can comprehensive sexuality education programmes navigate cultural resistance while ensuring that adolescents receive scientifically accurate and rights-based information?

## 18 Interesting Facts

The United Nations defines "safely managed drinking water" as clean water from a reliable source that's available at home, when needed, and free from contamination. "Safely managed sanitation" means using private, improved toilets where waste is either treated safely on-site or properly handled elsewhere.

## 19 Did you know that...

UNFPA data show that about half of all births to mothers aged 15–19 and over two-thirds of births to girls aged 10–14 happen in sub-Saharan Africa, showing that early motherhood is most common in this region.

## 20 Definition

According to UNFPA, family planning helps people decide how many children they want and when to have them. It involves using contraception and treating infertility.

## 20 Did you know that...

UNFPA estimates that 257 million women of reproductive age in developing countries have an unmet need for modern contraception, meaning they want to avoid pregnancy but are not using a modern method.

## 20 Interesting Facts

Research from UNFPA and the UN Population Division shows that access to voluntary family planning can boost economic growth. Countries like Thailand and South Korea grew quickly when lower birth rates led to more people of working age.

all births in low-income countries, however, benefit from the presence of a trained midwife, doctor or nurse.<sup>17</sup> Taking into account the projected population growth in these countries, substantially more resources will be required to increase intervention coverage levels.

### C. Adult health and the increasing burden of non-communicable diseases and injuries

22. The years between ages 25 and 59, sometimes referred to as the prime working age, are typically the most economically productive period of a person's life. During this stage of the life course, individuals begin to experience gradual physical and cognitive changes associated with ageing while maintaining a relatively high level of health and functional ability. In 2025, 3.7 billion people, close to half the world's population, are in this age group. Globally, the size of the population aged 25 to 59 years is expected to grow more rapidly than the other age groups combined and to reach 4.3 billion by around 2050.
23. Compared with persons in younger and older age groups, those between 25 and 59 years tend to have a relatively low risk of mortality. Nevertheless, the odds in this age group of dying are typically higher in low-income countries than in high-income countries, with much of the disparity in excess mortality attributable to infectious and parasitic diseases, maternal conditions, some non-communicable diseases and injuries.
24. Non-communicable diseases, especially cardiovascular diseases and cancers, are the main cause of death among persons in this age group globally. Non-communicable diseases, which include diabetes and chronic respiratory diseases, take a heavy toll of morbidity among persons aged 25 to 59 years, often leading to reduced work productivity and decreased well-being. The total burden of non-communicable diseases is projected to increase over the next few decades due to a combination of population ageing and the epidemiological transition. Accelerating progress towards target 3.4 of the Goals, on reducing premature mortality from non-communicable diseases, will require increased efforts with regard to prevention, diagnosis and treatment (see sect. II.D). A comprehensive primary healthcare approach can be used to integrate non-communicable disease prevention and care into the universal health coverage agenda and to address common risk factors, such as tobacco consumption, harmful use of alcohol, exposure to environmental pollution, insufficient physical activity and unhealthy diets. In low- and lower-middle-income countries, persons aged 25 to 59 years bear a disproportionate burden of the morbidity and mortality associated with non-communicable diseases. The projected growth of the population in this age range is likely to further strain the health system resources and capacities of low- and lower-middle-income countries, requiring additional investments and renewed political commitment (see sect. III.B).
25. Injuries, including those related to work, are a significant cause of death, disease and disability for people aged 25 to 59 years. Every year, nearly 400 million workers sustain a non-fatal occupational injury, and some 330,000 die due to work-related accidents.<sup>18</sup> In addition, an estimated 2.6 million deaths globally occur, mostly from non-communicable diseases, due to work-related conditions. Workplace exposures often amplify broader health disparities, with labourers in agriculture, forestry and fishing, mining, construction and manufacturing typically bearing an elevated burden of fatal occupational injuries. National occupational safety and health frameworks

#### 20 Did you know that...

According to WHO, over 700 women died every day from preventable causes related to pregnancy and childbirth in 2023, and a maternal death occurred almost every two minutes.

#### 22 Did you know that...

UN-DESA projects that the population aged 25–59 (prime working age) will rise from 3.7 billion in 2025 to around 4.3 billion by 2050, with most growth occurring in lower-income regions.

#### 23 Definition

WHO describes non-communicable diseases as chronic conditions resulting from a combination of genetic, physiological, environmental and behavioural factors and identifies cardiovascular diseases, cancers, chronic respiratory diseases and diabetes as the main groups.

#### 24 Did you know that...

WHO reports that in 2021, 18 million people died from non-communicable diseases before reaching 70 years of age, and 82 % of these premature deaths occurred in low- and middle-income countries.

#### 24 Did you know that...

The total burden of non-communicable diseases is projected to increase over the next few decades due to a combination of population ageing and the epidemiological transition.

<sup>17</sup> Global Sustainable Development Goal Indicators Database, indicator 3.1.2, proportion of births attended by skilled health personnel. Available at [unstats.un.org/sdgs/indicators/database/](https://unstats.un.org/sdgs/indicators/database/).

<sup>18</sup> See International Labour Organization, "A call for safer and healthier working environments", 2023.



should be developed, strengthened and enforced to ensure the progressive realization of the fundamental right of workers to a safe and healthy work environment.

26. In many countries, as people live longer and retirement is postponed, the workforce is becoming progressively older and the share of older workers in the labour force continues to grow.<sup>19</sup> The cumulative effects of occupational exposures during the working age, coupled with the decline of biological functioning, make older workers more vulnerable to occupational diseases, including non-communicable diseases, and fatalities compared with younger workers. Occupational health policies should be focused on reducing the main risk factors for work-related deaths, including injuries, **long working hours** (55 hours per week or more) and various occupational hazards, targeting populations in low-wage occupations and in precarious or informal employment. Interventions should also be aimed at mitigating the negative effects of climate change on workers at risk of heat-related illness and death.
27. The need for sexual and reproductive healthcare varies by age. While some issues are specific to women of reproductive age (between ages 15 and 49 years; see sect. II.B), others, such as the promotion of sexual health, including prevention of sexually transmitted infections, are not age-specific or relate mainly to older reproductive years. To support women experiencing menopause or perimenopause, it is critical to address the stigma and lack of awareness and training among healthcare providers while increasing the availability of treatment options through public health initiatives. Increased access to information on female or male infertility and subfertility, as well as access to quality and affordable assisted reproductive technologies, could be beneficial in many contexts.
28. Developing and implementing policies to promote health and well-being among people aged 25 to 59 years requires a multisectoral approach addressing the distinct adverse impact of non-communicable diseases, as highlighted in target 3.4 of the Goals. Recognizing and valuing **unpaid care work**, as called for in target 5.4, is critical. Persons in this age group, in particular women, play a critical role in caring for members of their family or community, including children, older persons and persons with disabilities.

## D. Promoting healthy ageing and well-being for all at older ages

29. The world is undergoing a significant demographic shift, with the population aged 60 years or older expected to increase by 72 per cent, from 1.22 billion in 2025 to 2.11 billion by 2050, which requires changes in health and social protection systems and increases fiscal pressures with regard to the sustainability of pension systems. While in high-income countries the number of persons aged 60 years and older will increase by 25 per cent by 2050, in lower-middle-income countries their numbers will increase by 90 per cent. The number of persons aged 80 years or older is also projected to increase significantly; it is expected to double in high-income countries between 2025 and 2050 and to triple in lower-middle-income countries during the same period.
30. International agreements, including the Madrid International Plan of Action on Ageing, 2002, the 2030 Agenda, and the United Nations **Decade of Healthy Ageing (2021–2030)**, guide global action in promoting the health and **well-being of people of older ages**. These frameworks prioritize a comprehensive approach to ageing, encompassing healthcare, labour market and social protection systems and ensuring that older persons have access to adequate care, pensions and social support services.

### 26 Definition

WHO and the ILO estimate that working 55 hours or more a week raises the risk of stroke by 35% and heart disease by 17% compared to working 35–40 hours.

### 26 Interesting Facts

UN Women says that recognizing and supporting unpaid care work through public services and social protection can speed up gender equality. Mexico's "National Care System" is an example of how to share care responsibilities more fairly.

### 30 Did you know that...

WHO's Decade of Healthy Ageing (2021–2030) encourages governments to combat ageing and create age-friendly communities; examples include Japan's community-based integrated care systems that support older adults to live independently.

### 30 Did you know that...

United Nations Department of Economic and Social Affairs projects that the global population of persons aged 60 or older will rise from 1.22 billion in 2025 to 2.11 billion by 2050; in lower-middle-income countries the increase will be about 90%.

<sup>19</sup> Laura D. Quisby and Gal Wettstein, "Are older workers capable of working longer?", *Journal of Pension Economics and Finance*, vol. 23, No. 2 (April 2024).

31. Globally, life expectancy at age 60 has increased from 18.9 years in 2000 to 21.6 years in 2025. The continued lengthening of the average human lifespan, thanks to improvements in public health, nutrition, personal hygiene and medicine, represents one of the greatest successes of social and economic development. However, disparities between countries persist and, in some cases, are increasing. For example, for persons reaching age 60 in 2025, those living in a high-income country could expect to live longer by more than 7 years compared with those living in a low-income country (24.9 and 17.6 years, respectively), a gap that is nearly 1 year larger than in 2000.
32. At 60 years of age, women are expected to live an additional 23.2 years, while men are expected to live an additional 19.8 years. However, older women compared with older men tend to live more years in poor health. Health disparities between men and women begin early, shaped by puberty and gender socialization (see sect. II.B), and often widen with age. Addressing them will require gender-sensitive research and gender-responsive policies that tackle the root causes of inequities across all ages. Continuing efforts are needed to address intersecting determinants of gender inequality and poor health, taking into account the multiple impacts of discriminatory gender norms, which tend to limit women's access to resources for addressing health challenges and to increase men's exposure to violence and environmental harms.
33. The burden of chronic diseases and disabilities increases significantly with age. Globally, 9 of the 10 leading causes of death among persons aged 60 years or older are non-communicable diseases. Among non-communicable diseases, the leading cause is cardiovascular disease, followed by cancer, chronic respiratory disease and neurological conditions. Communicable and nutritional conditions are also responsible for large numbers of deaths in this age group, followed by injuries. COVID-19 has had a disproportionate impact on older persons. More than three quarters of all COVID-related deaths between 2020 and 2023 were among people aged 60 years or older. Excess mortality attributable to COVID-19 has led to a temporary increase in the global share of deaths from communicable diseases.
34. Neurological conditions, including Alzheimer's disease, Parkinson's disease and other types of disease and **dementia** are among the primary causes of disability and dependence at older ages.<sup>20</sup> Dementia is notably more common among women than men, with global rates at ages 65 and older of 8.1 per cent for women compared with 5.4 per cent for men. Age-related musculoskeletal conditions, such as arthritis and osteoporosis, are also leading causes of disability, significantly affecting the mobility and quality of life of older adults. Healthcare and rehabilitation services are vital for older individuals facing challenges in daily activities due to neurological conditions or physical disabilities, yet access is often limited, especially in lower-middle-income countries.
35. Mental health challenges are common among older persons, with an estimated one in six adults aged 60 years or older experiencing some kind of mental disorder.<sup>21</sup> Social isolation and loneliness are key contributors, often exacerbated by the loss of a partner, reduced mobility or changes in living circumstances. **At the global level, older women are more than twice as likely as their male counterparts to live alone, further increasing their vulnerability to loneliness and social isolation.** Addressing these issues is essential for reducing the risk of associated health concerns such as dementia, stroke and coronary heart disease.
36. By 2050, the number of older persons needing long-term care globally is projected to more than double, with the most significant increases expected in lower-

<sup>20</sup> See WHO, *Global Status Report on the Public Health Response to Dementia* (Geneva, 2021).

<sup>21</sup> See WHO, "Mental health of older adults", fact sheet, 20 October 2023.

### 31 Did you know that...

UN data show that life expectancy at age 60 varies widely: in 2025 it is projected to be 24.9 years in high-income countries versus 17.6 years in low-income countries; the global average is 21.6 years

### 34 Definition

WHO defines dementia as a syndrome resulting from diseases and injuries that affect the brain; Alzheimer's disease is the most common form, accounting for 60–70 % of cases.

### 35 Something to think about

At the global level, older women are more than twice as likely as their male counterparts to live alone, further increasing their vulnerability to loneliness and social isolation.

middle-income countries.<sup>22</sup> In these countries, the population of older persons is growing faster than the capacity of long-term care systems, necessitating an increased reliance on unpaid care work, which is often performed by women who are themselves ageing. Expanding long-term care systems and promoting norms of gender equality in caregiving are critical steps towards achieving healthy ageing. A shift towards healthier lifestyles at all ages could reduce the length and intensity of the care needed at older ages.

37. A comprehensive, life-course approach is essential to improve the well-being of older persons. The adverse impacts of social disadvantage and unhealthy practices, including poor diets, tobacco use, lack of exercise and overconsumption of alcohol, accumulate over the life course and need to be addressed at all ages. Healthy ageing also requires investing in age-friendly environments and public infrastructure, such as accessible transportation and housing, and ensuring that older persons have access to community-based social services that reduce the risk of loneliness and social isolation. Combating ageism<sup>23</sup> and fostering social inclusion will help older persons to remain integrated into society and will promote a healthier and more equitable future for all.

### III. Building equitable, sustainable and resilient health systems

38. The overall strength and effectiveness of a health system hinges on a host of factors, including access to a well-trained health workforce, adequate health infrastructure and medical equipment, predictable and equitable healthcare funding streams, and health regulations and policies that are people-centred, transparent and data-driven. Ensuring that all people have access to a full spectrum of quality essential health services without financial hardship is essential for the achievement of various targets of the Goals that interact with health, in particular those related to poverty eradication, education, employment, gender equality and social inclusion. Equitable, sustainable and resilient health systems are also a prerequisite for making progress on target 3.8 of the Goals, on universal health coverage.
39. Over the past 20 years, millions of deaths have been associated with several types of crises, including pandemics, natural disasters and conflicts. In the future, it will be critical to strengthen capacities in public health and to enhance the resilience of health systems to minimize such deaths.

#### A. Accelerating progress towards the target of universal health coverage and closing gaps in access to quality essential healthcare services

40. The world is not on track to achieve **universal health coverage** by 2030. More than half the global population is not covered by essential health services, and the percentage of that population experiencing catastrophic levels of out-of-pocket expenditure has risen continuously since 2000. Financial barriers have been cited by nearly a fifth of the population in lower-middle-income countries as a reason to forgo health services.<sup>24</sup> The COVID-19 pandemic disrupted the slow progress towards universal health coverage and exacerbated existing inequalities within and among

<sup>22</sup> See WHO, *Long-Term Care for Older People Package for Universal Health Coverage* (Geneva, 2024).

<sup>23</sup> Ageism is defined as stereotypes, prejudice and discrimination towards others or oneself based on age.

<sup>24</sup> WHO and World Bank, *Tracking Universal Health Coverage: 2023 Global Monitoring Report* (Geneva, 2023).

#### 40 Definition

WHO explains that universal health coverage (UHC) means everyone can get the health services they need, when and where they need them, without financial hardship. It includes health promotion, disease prevention, treatment, recovery, and care that relieves pain and supports quality of life.

countries. It is imperative that Member States reverse this trend and advance progress towards such coverage while anticipating and mitigating the challenges arising from the demographic and epidemiological changes projected to unfold over the coming decades, in particular population ageing and the increasing prevalence of non-communicable diseases.

41. Since 2000, most lower-middle-income countries have made considerable progress in expanding health service coverage in relation to infectious diseases. However, progress in service coverage for reproductive, maternal, newborn and child health and for non-communicable diseases has advanced more slowly or even stalled. Progress since 2000 in service access and capacity, as reflected in indicators for hospital bed density and health worker density, has been insufficient to reach the universal health coverage target. Past progress in expanding service coverage for infectious diseases provides a model of success that should be replicated in other health sectors.
42. Each country has its own approach to achieving universal health coverage in accordance with national contexts and priorities. A common feature is strong political leadership to ensure the adoption of coherent policies and effective programme implementation. Strong universal health coverage performance has been positively correlated with the share of the national health budget that is channelled through government programmes and public health insurance schemes (see sect. III.B).
43. Strengthening primary healthcare, including primary care and essential public health functions, empowers people and communities. Multisectoral policies and actions are critical for achieving universal health coverage. A primary healthcare approach facilitates the delivery of essential healthcare services in an inclusive, equitable, cost-effective and efficient manner through focus on early disease detection and prevention, proximity to a person's everyday environment, and the provision of integrated and continuous services. Through these features, primary healthcare can help to address the growing burden of non-communicable diseases and mental health issues and provide health services and long-term care to ageing populations.
44. Insufficient financial risk protection from catastrophic or impoverishing out-of-pocket expenditure has undermined global efforts to eradicate poverty in many lower-middle-income countries. In 2019, nearly half the global population living in extreme poverty, about 344 million persons, faced levels of health spending that could impoverish them. People living in poorer households, in rural areas or in households with older family members face greater risks of poverty related to out-of-pocket health spending.
45. Poor health is both a cause and a consequence of poverty. To break the cycle and achieve target 3.8 of the Goals, it will be critical to implement nationally appropriate social protection systems for all, including floors (target 1.3). Many lower-middle-income countries have contributory social insurance schemes, but they frequently do not cover people in informal employment and other vulnerable groups. In addition, while health insurance can help to avoid delaying or forgoing needed healthcare for financial reasons, it is not always effective in reducing financial hardship. In addition to limiting out-of-pocket expenditure to low, fixed and capped co-payments and extending coverage for outpatient medicines, countries could exempt from co-payments those living in extreme poverty and others in vulnerable situations. Member States may progressively develop tax-financed social assistance, where applicable, to help people not covered by social insurance who are at risk of income loss due to ill health.

#### 41 Did you know that...

WHO estimates that at least 3.8 billion people worldwide still lack access to essential health services, highlighting the size of the universal health coverage gap.

#### 45 Did you know that...

ILO's World Social Protection Report notes that 53 % of the world's population, about 4.1 billion people, have no access to any form of social protection, showing the challenge of financing health care

## B. Strengthening the sustainability of health systems in countries confronting diverse demographic outlooks

46. Strengthening health financing is one of the targets of Goal 3. In recent decades, per capita health expenditure more than doubled across all income groups.<sup>25</sup> As people live longer and the burden of chronic conditions associated with non-communicable diseases continues to rise (see sect. II), per capita health expenditure is likely to continue to grow.<sup>26</sup> To prepare health systems for the financial and structural impact of these ongoing demographic and epidemiological shifts, it will be critical to invest in primary healthcare and promote healthy choices and behaviours from early in life. The present level of spending in many lower-middle-income countries is insufficient to advance a people-centred approach to primary healthcare as outlined in the Declaration of Astana.<sup>27</sup>
47. Health spending across countries remains highly unequal, with average levels in many low- and lower-middle-income countries well below the minimum threshold required to achieve Goal 3.28 Low levels of health spending per person are often associated with poor health outcomes and a higher prevalence of preventable diseases and deaths, with negative impacts on worker productivity, educational attainment and economic growth. In many low- and lower-middle-income countries, rapid population growth is making it harder to increase per capita health expenditure. In such cases, substantial increases in the resources dedicated to health will be needed just to maintain current levels and ensure that people who lack access to care do not fall further behind (see sect. II).
48. In high- and upper-middle-income countries, most health spending comes from domestic public sources.<sup>29</sup> By contrast, in low- and lower-middle-income countries, two thirds or more of current health expenditure are covered through out-of-pocket spending and external aid. Since the COVID-19 pandemic, many low- and lower-middle-income countries have become more reliant on external aid.<sup>30,31</sup> The international community should take concrete steps to ensure adequate external financial support to low- and lower-middle-income countries. At the same time, increasing the volume and share of domestic finance and containing the growth of out-of-pocket spending are critical steps for accelerating progress on the targets of the Goals that are related to health, in particular target 3.8 (see sect. III.A). For many low- and lower-middle-income countries, renewed political commitment will be required to strengthen their health systems and mobilize enough public resources to meet the health needs of growing populations. Governments should consider measures to improve the efficiency of tax

<sup>25</sup> WHO, Global Health Expenditure database, available at [apps.who.int/gha/database](https://apps.who.int/gha/database). Refers to current expenditure on health per capita in dollars.

<sup>26</sup> Taulant Muka and others, "The global impact of non-communicable diseases on healthcare spending and national income: a systematic review", *European Journal of Epidemiology*, vol. 30, No. 4 (2015).

<sup>27</sup> Karin Sternberg and others, "Guidance points for investment in primary health care and projected resource needs in 67 low-income and middle-income countries: a modelling study", *The Lancet: Global Health*, vol. 7, No. 11 (November 2019).

<sup>28</sup> Karin Sternberg and others, "Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries", *The Lancet: Global Health*, vol. 8, No. 9 (September 2017).

<sup>29</sup> WHO, Global Health Expenditure database, available at [apps.who.int/gha/database](https://apps.who.int/gha/database). Refers to domestic general government health expenditure as a percentage of current health expenditure.

<sup>30</sup> Development assistance for health includes official development assistance from States, as well as funding from non-governmental organizations and foundations.

<sup>31</sup> See WHO, *Global Spending on Health: Emerging from the Pandemic* (Geneva, 2024); and Institute for Health Metrics and Evaluation, *Financing Global Health 2023: The Future of Health Financing in the Post-Pandemic Era* (Seattle, Washington, 2024).

collection systems, broaden the tax base and expand the number and types of taxes levied to include funds specifically earmarked for health (e.g. taxes on tobacco or alcohol) and flat-rate health insurance premiums.

49. For many lower-middle-income countries, an excessive burden of external debt is an obstacle to increasing domestic health expenditure. In 2022, lower-middle-income countries paid \$443.5 billion to service their external public debt,<sup>32</sup> with interest payments increasing faster than public health expenditure in many countries.<sup>33</sup> Accordingly, a growing number of lower-middle-income countries have to divert resources from social spending, including on health, towards servicing increasingly unsustainable debt burdens.<sup>34</sup> Alleviating the debt burden and dramatically scaling up affordable, long-term financing, primarily through multilateral development banks, could enable lower-middle-income countries to allocate more resources to healthcare, improve the quality of the care provided and expand the coverage of primary healthcare to vulnerable communities and underserved populations. Governments may also wish to explore innovative financial instruments that allow creditor countries to waive the right to debt repayment if the debtor country uses such funds for domestic health programmes. The Fourth International Conference on Financing for Development should advance such solutions for immediate relief for debt distressed countries.

50. The overall efficiency and equity of healthcare systems can be improved through the use of data-driven decision-making to identify and prioritize critical needs. These high-impact interventions are sometimes referred to as “best buys” because they yield the greatest returns per dollar invested. Returns from investing in the prevention and control of non-communicable diseases, for example, vastly outweigh the costs of the interventions.<sup>35</sup> The Lancet Commission on Investing in Health<sup>36</sup> recently identified 15 critical interventions (8 for infectious diseases and maternal health and 7 for non-communicable diseases and injuries) that would contribute significantly to halving the probability of premature death by 2050 (“50 by 50” goal).<sup>37</sup>
51. Greater efficiency in supply chain management and procurement can also yield important gains for health systems. Several initiatives have been focused on lowering the cost of medicines and vaccines through pooled procurement. The Global Fund, by leveraging its purchasing power to negotiate lower prices with drug manufacturers, has also been critical in reducing the cost of medicines to prevent and treat HIV, tuberculosis and malaria. Strengthening local manufacturing capacity and taking advantage of flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights can increase the availability of affordable drugs and therapies in low- and lower-middle-income countries. To address the growing burden of non-communicable diseases in low- and lower-middle-income countries, it is important to develop similar market-shaping mechanisms to lower the cost of medicines and products for non-communicable diseases.
52. The expansion of access to healthcare and progress towards universal health coverage are hindered by a shortage of qualified health workers. A recent study indicates

<sup>32</sup> See World Bank, *International Debt Report 2023* (Washington, D.C., 2023).

<sup>33</sup> See United Nations Conference on Trade and Development, “A world of debt report 2024: a growing burden to global prosperity”, 2024.

<sup>34</sup> *Financing for Sustainable Development Report 2024: Financing for Development at a Crossroads* (United Nations publication, 2024).

<sup>35</sup> See WHO, *Advancing the Global Agenda on Prevention and Control of Noncommunicable Diseases 2009 to 2030: Looking Forward to 2030* (Geneva, 2023).

<sup>36</sup> See <https://globalhealth2050.org/>.

<sup>37</sup> Referring to the probability of dying before 70 years of age.

## 51 Did you know that...

UNICEF says that about 75% of all vaccines come from only five companies, which makes the market vulnerable to shortages and shows why vaccine production needs to be more diverse.

that the world may face a global shortage of 10 million health workers by 2030.<sup>38</sup> Health worker density varies widely, with much lower levels in low-income countries compared with other income groups. As the population of low-income countries continues to grow, the current health workforce is projected to fall short of the demand. In the future, it will be critical to redress imbalances in access by strengthening health systems in countries on the WHO health workforce support and safeguards list (2023) and in other lower-middle-income countries facing health system vulnerabilities. Complying with the WHO Global Code of Practice on the International Recruitment of Health Personnel, promoting adequate investment in countries' health systems, supporting the return and reintegration of healthcare workers, and facilitating the recognition and utilization of their skills are measures that lower-middle-income countries should consider. High- and upper-middle-income countries, especially those facing major health and care worker shortages and those where the number of older persons is projected to increase rapidly, are encouraged to invest in the education, employment and retention of health and care workers both in their own countries and abroad.

53. The integration of new technologies into health systems, including innovations in healthcare delivery such as e-health and telemedicine, can improve patients' access to care, diagnosis and treatment. Artificial intelligence also has the potential to accelerate the development of new diagnostic tools, treatments, vaccines and medicines, including for neglected diseases. While digital health interventions are no substitute for a functioning health system, lower-middle-income countries can leverage such technologies to accelerate progress towards universal health coverage by expanding health service coverage to include vulnerable groups and persons living in rural or remote areas and other underserved populations, strengthening disease surveillance and expanding access to vital medical information. Governments should work with relevant partners to ensure that access to new technologies is equitable and does not further accentuate inequalities within and among countries. Member States will need to address a range of issues, including connectivity, affordability and digital literacy, to bridge the digital divide, while also protecting privacy and data confidentiality and fighting misinformation and disinformation about public health.

### C. Enhancing the preparedness and resilience of healthcare systems in the face of health emergencies, pandemics, conflicts, natural disasters and climate change

54. Between 2000 and 2023, an estimated 24.7 million deaths globally were associated with various types of crises.<sup>39</sup> Among them, nearly 18.5 million – some 75 per cent of the total – occurred during the period 2020–2023 and were attributed to the COVID-19 pandemic.<sup>40</sup> Other crisis situations, including natural disasters, conflicts, and epidemics such as cholera and Ebola, also contributed to the loss of life during this period, albeit not on the same scale as the COVID-19 pandemic. Globally, some 3.7 million deaths between 2000 and 2023 were associated with armed conflicts, with those in Afghanistan, the Central African Republic and the Syrian Arab Republic contributing the largest numbers. The death toll of natural disasters was estimated at 2.4 million, with droughts, cyclones, floods and earthquakes contributing the largest numbers. Countries in special situations, in particular the least developed countries

<sup>38</sup> Mathieu Boniol and others, "The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?", *BMJ Global Health*, vol. 7, No. 6 (2022). The

<sup>39</sup> Figure excludes deaths related to the HIV/AIDS pandemic and mortality crisis in Eastern Europe and countries of the former Soviet Union. These include deaths directly attributable to the virus itself as well as those attributable to other causes, but that would not have occurred without the detrimental effects of the pandemic on healthcare systems and patient access to care.

## 52 Something to think about

With ageing populations and rising chronic disease burdens, how can countries sustainably expand and maintain their health workforce without increasing fiscal pressures?

## 53 Definition

According to the World Health Organization, digital health interventions are the ways digital and mobile technologies help meet health system needs. They aim to solve both personal and system-wide health challenges and support progress toward better health for all.

and small island developing States, bear a disproportionate burden of crisis-related mortality.

55. In the future, climate change, pandemics and conflicts are likely to continue to exert a heavy toll of lost lives. There is a high probability of another large-scale disease outbreak in the next few decades.<sup>41</sup> Millions of excess deaths are expected due to negative impacts of climate change, with a significant proportion likely to occur in Africa.<sup>42</sup> Targets under Goals 3, 11 and 16 include a call for the reduction of crisis-related deaths and improving the health and well-being of people impacted by crises. Progress will require a broad and forward-looking approach focused on building long-term resilience, strengthening healthcare and social protection systems, improving living standards, and taking comprehensive measures to tackle inequality both within and among countries and to protect and empower persons in vulnerable situations.
56. Since the COVID-19 pandemic, several initiatives have been focused on enhancing the resilience of health systems. In 2023, the Pandemic Fund awarded \$338 million in grants to strengthen the capacity of low- and lower-middle-income countries and other countries to prevent, prepare for and respond to future pandemics.<sup>43</sup> Notwithstanding these efforts, funding for disease surveillance and early warning systems and for strengthening laboratory and workforce capacity remains inadequate. Additional resources need to be mobilized for research into and development of vaccines and therapeutics. WHO and the World Bank estimate that international financing for pandemic preparedness and response needs to increase by between \$10.5 billion and \$15 billion per year.<sup>44</sup> Greater transparency, cooperation and coordination of the pandemic preparedness and response financing architecture,<sup>45</sup> as well as political commitment by Member States,<sup>46</sup> are critically important. The COVID-19 pandemic has exposed fragmentation among universal health coverage, health security and health promotion at the national and global levels. Better coordination and cooperation across these domains can help to advance progress towards the universal health coverage target between now and 2030 and contribute to improvements in global health.
57. Climate change not only affects people's health and well-being but also undermines the ability of health systems to provide care, disrupting healthcare access and delivery, straining the health workforce and infrastructure, and exacerbating inequalities. Building a climate-resilient health system requires, in addition to strong governance and strategic resource allocation, a collaborative and multisectoral approach that recognizes the interdependence of the health of humans and the health of the planet. Curbing greenhouse gas emissions and air pollution and shifting towards renewable energy sources can have positive spillover effects on public health, in part by lowering the prevalence of respiratory diseases and other chronic illnesses associated with non-communicable diseases (see sect. II.C). Measures to promote healthy diets and behaviours will contribute positively to the sustainability of food and agricultural systems.

<sup>41</sup> Marco Marani and others, "Intensity and frequency of extreme novel epidemics", *Proceedings of the National Academy of Sciences*, vol. 118, No. 35 (2021).

<sup>42</sup> See Intergovernmental Panel on Climate Change, "Fact sheet: health – climate change impacts and risks", February 2023.

<sup>43</sup> See [www.thepandemicfund.org/background](https://www.thepandemicfund.org/background).

<sup>44</sup> See World Bank and WHO, "Financing modalities for pandemic prevention, preparedness and response (PPRR)", paper prepared for the G20 Joint Finance and Health Taskforce, Bali, Indonesia, 29 March 2022.

<sup>45</sup> Garrett Wallace Brown and others, "Challenges in international health financing and implications for the new pandemic fund", *Globalization and Health*, vol. 19, No. 97 (2023).

<sup>46</sup> See WHO, "Pandemic prevention, preparedness and response accord", 10 June 2024.



58. Risk assessments, early warnings and surveillance are critical for improving the preparedness of healthcare systems to anticipate and effectively respond to emerging crises, including infectious disease outbreaks and natural disasters. Integrating the data collected through such processes into healthcare system planning and management can make those systems more resilient when faced with the increased service demands and disruptions that often accompany large-scale health emergencies. Reliable data to forecast the risk of public health emergencies and robust models to quantify and predict the impact of such crises are essential. Such information and tools give localities an opportunity to anticipate crises and allocate resources for crisis mitigation in a timely and targeted manner. Robust estimates and projections of population size, density, age structure, spatial distribution and mobility offer a means of planning for the evolving health needs of a population and designing more focused interventions to address the specific vulnerabilities of various groups, including older persons, children and migrants.

#### IV. Conclusion and recommendations

59. Given the findings in the present report, Member States may wish to consider the following recommended actions:

- (a) Prioritize basic life-saving interventions to improve maternal, newborn and child health outcomes, by expanding access to adequate nutrition, water, sanitation and hygiene, life-saving vaccines, insecticide-treated bednets, and sexual and reproductive healthcare, including care by skilled health professionals, before, during and after childbirth;
- (b) Invest in age-appropriate, evidence-based programmes to promote the health and well-being of adolescents and youth, including by addressing their sexual and reproductive health needs, lowering adolescent pregnancy rates, promoting mental health and preventing injuries and violent deaths, developed in close consultation with adolescents and youth;
- (c) Invest in cost-effective, high-impact interventions aimed at promoting healthy diets and lifestyles and behavioural changes to mitigate health risks and disparities, through financial incentives as well as public education and awareness campaigns, using revenues earmarked for health from taxes on tobacco and alcohol;
- (d) Accelerate progress on universal health coverage by promoting primary healthcare, including through community health workers, to deliver essential healthcare services, including comprehensive sexual and reproductive healthcare services, in an inclusive, equitable, cost-effective and efficient manner while protecting, respecting and fulfilling the human rights of all persons, including their reproductive rights, to address the growing burden of non-communicable diseases and mental health issues and to provide health services and long-term care to ageing populations, recognizing the additional investments and renewed political commitment needed;
- (e) Limit out-of-pocket health spending to low, fixed and capped co-payments, exempting people in extreme poverty and others in vulnerable situations, and implement nationally appropriate social protection systems, recognizing that all persons have a right to the enjoyment of the highest attainable standard of physical and mental health;
- (f) Increase the volume and share of domestic health financing by strengthening the governance of health systems, improving the efficiency of tax collection systems, broadening the tax base and expanding the number and types

#### 58 Did you know that...

WHO indicates that during humanitarian emergencies and extended crises, up to 40 % of deaths can be attributed to non-communicable diseases when health services are disrupted.

of funding sources to include taxes earmarked for health and flat-rate health insurance premiums, while taking concrete steps to increase external aid allocated to low- and lower-middle-income countries for the realization of health-related targets;

- (g) Alleviate the debt burden, in particular for low-income countries, and dramatically scale up affordable, long-term financing for countries in need, making use of innovative instruments including debt-swaps to allocate more resources to healthcare services, improve the quality of care, and expand the coverage of primary healthcare to vulnerable communities and underserved populations;
- (h) Address the shortage of qualified health workers in particular in countries in the WHO health workforce support and safeguards list (2023) and other lower-middle-income countries facing health system vulnerabilities by complying with the WHO Global Code of Practice on the International Recruitment of Health Personnel, promoting adequate investment in education, employment and retention of health and care workers, and facilitating the recognition and utilization of skills, qualifications and competences acquired abroad;
- (i) Leverage digital solutions, including e-health and telemedicine, to improve access to care, diagnosis and treatment, enable better disease surveillance and promote greater access to vital medical information, including for underserved communities, and scale up financing to develop and deploy new health technologies, while addressing barriers to connectivity and digital literacy, protecting privacy and data confidentiality, fighting misinformation and disinformation about public health, and ensuring that access to technologies is equitable and does not further exacerbate inequalities within and among countries;
- (j) Enhance the resilience of health systems faced with crises by promoting strong governance, increasing funding for surveillance and early warning systems, strengthening laboratory and workforce capacity, mobilizing additional resources for research and development of vaccines and therapeutics, and addressing fragmentation among universal health coverage, health security and health promotion within and among countries;
- (k) Strengthen health data systems, including civil registration, vital statistics and surveillance systems, and develop robust models based on up-to-date population estimates and projections to anticipate and plan for the evolving health needs of populations, implement data-driven decision-making and design more targeted interventions to address the specific vulnerabilities of various groups, including older persons, children and migrants.