

3 GOOD HEALTH AND WELL-BEING



SDG 3: Good health and well-being

Building on the Millennium Development Goals (MDGs) of 2000, the Sustainability Development Goals (SDGs) recognized the importance of health improvement to the achievement of all goals. Prior MDGs such as reducing child mortality and improving maternal health are now integrated into SDG 3 (1). While a lot of progress has been made, more than half of the world's population is still not covered by essential health care services. In particular, people in poor countries do usually not have access to sufficient supplies and facilities, and there is a shortage in educated health care workers. Moreover, infectious and non-communicable disease rates are not declining enough to reach the 2030 targets (2).

SDG3 is directly connected to several other SDGs. The most important and evident relations have been highlighted (1&2).



Wickedness scale

With a total score of 50 on the wickedness scale, **SDG 3 can be considered wicked**. The structural, generative, dynamic and societal complexities regarding SDG 3 all score relatively high on the wickedness scale. The many dimensions of the global health problem indicate that it is systemic in nature, relating to the access to healthcare. **Action across all levels (micro, meso and macro) needs to be taken.** In addition, global health and well-being is connected to several other SDGs, indicating that the problem has multiple causes and therefore is complex to solve. Especially the societal complexity seems to be very high, with a large number of stakeholders involved and uncertainty regarding the responsibility of health-related issues (7).

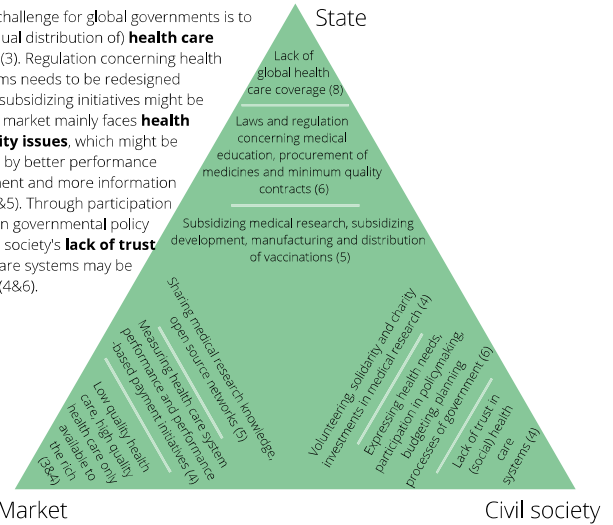
Only the communicative complexity appears to be relatively low. There is a small number of well-known institutional sources and apart from the communication around Covid-19, there are only a few different frames, implying that the problem is rather straightforward (7).



Societal triangulation

Applying scoreboard two (7), the three societal spheres were analyzed on the basis of their responsibilities. The societal triangulation technique is used to map out which responsibilities they have and take. Taking an outside-in perspective, firms have responsibilities they are ought to address, and **preferably take and share collectively**.

The main challenge for global governments is to ensure (equal distribution of) **health care coverage** (3). Regulation concerning health care systems needs to be redesigned and more subsidizing initiatives might be taken. The market mainly faces **health care quality issues**, which might be addressed by better performance measurement and more information sharing (4&5). Through participation of society in governmental policy processes, society's **lack of trust** in health care systems may be dealt with (4&6).

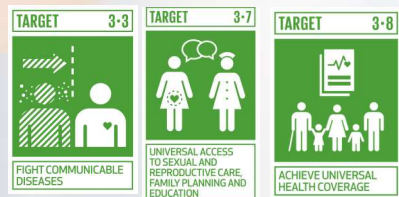


Trends

Last ten years: In most areas there was systematic progress. However, even before the pandemic the rate of improvement slowed down and did not seem sufficient to meet most of the targets. A big overarching factor in this is that only less than half of the global population is covered by essential health services (3). Especially in Sub-Saharan Africa the situation regarding health and well-being is still bad (3). Many of the targets are not on track due to the situation there.

Impact of Covid-19: The pandemic is devastating health systems globally and threatens to nullify already achieved progression. A lot of countries, in particular poor ones, have insufficient health facilities, medical supplies and health-care workers to meet the peak in demand (3). Countries need comprehensive health strategies and increased spending on health systems to meet growing needs and protect health workers, while an internationally coordinated effort is needed to support countries in need. Healthcare disruptions due to the pandemic could reverse decades of improvement. Childhood immunization programmes in around 70 countries have been interrupted (3).

Targets under pressure (2)



The infection rate of **Malaria** has not been decreasing since **2014** (9)

Partnerships

Failure addressing partnerships

Product development partnerships are needed where know-how and innovations are shared in order to produce better medicines, to enable sufficient scaling and ultimately to have better health care quality.

Externalities addressing partnerships

Bipartite cross sector partnerships are needed in order to improve access to and quality of healthcare systems. Philips has for instance entered a Public-Private partnership with the Ministry of Health and Population of the Republic of Congo with the objective to reduce maternal and neonatal mortality rates in remote areas of the country by 50% over the next five years (10).

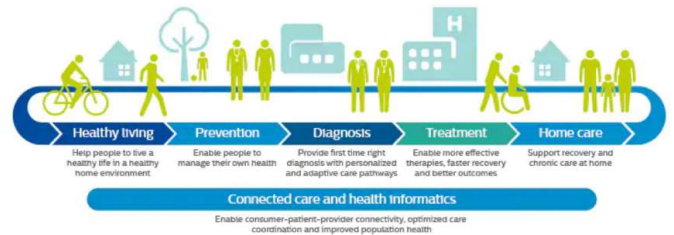
Collective action partnerships

A value creation spectrum can be created when the 3 sectors; market, state and civil society partner together. Mutual cooperation can help build more trust, awareness and better quality in health care. An example of collective action is Universal Health Coverage (UHC), which focuses on "strong financing, but also new models of governance, provider training, service delivery and community involvement" (4).

Frontrunner PHILIPS Healthcare

Philips is headquartered in the Netherlands and is a leading health technology company that is striving to **"make to world healthier and more sustainable through innovation with the goal of improving the lives of 2 billion people a year by 2025"** (11). They are pursuing this goal by focusing on integrated solutions through innovation in every part of the health continuum as illustrated below (15).

Next to their core business that is focused on health and wellbeing, a key motive for choosing Philips Healthcare are their strength: **The Philips Foundation**. Beside Philips Healthcare initiatives and integrated solutions in Western societies, they also pay attention to more remote and underserved communities through their Philips Foundation. The Philips Foundation mission reflects their commitment to SDG3 and SDG 17: **'Reduce healthcare inequality by providing access to quality healthcare for disadvantaged communities'**(14). Examples of their work are global partnerships, local projects, social entrepreneurship and employee volunteering. A noteworthy example that includes SDG3 targets 3.1 and 3.2 is the partnership with the United Nation Population Fund and the government of Republic of the Congo to reduce maternal and newborn mortality rates by fifty percent over the next five years, not excluding remote areas that have difficult access (10). Philips will provide all the necessary technical know-how for this program. However, a weakness of Philips is that changes for the positive are made slowly because of their large corporate size. This slows down good intentions.



Corporate solutions

HEINEKEN Almost every market Heineken (12) operates in has a partnership in place to address alcohol related harm; drink driving, underage drinking, excessive consumption and alcohol addiction. This in turn will have an influence on targets 3.5 (traffic accidents) and 3.6 (substance abuse).



ViiV healthcare (13) is a specialist HIV company that is contributing to global efforts of tackling HIV. Their business model is particularly interesting since they price all of their medicines based on low-middle and high income countries and the impact of the pandemic. Therefore making it accessible for all 135 countries affected by HIV (target 3b). This can in the future also help tackle with the challenge of earlier mentioned trends.