

2022

# SDG REPORT



Magazine for Sustainable Development

“The planet and future generations need everyone at the table.”

**Ban Ki-moon**

8<sup>th</sup> Secretary-General of the United Nations (2007–2016),  
co-founder of the Ban Ki-moon Centre for Global Citizens, Vienna



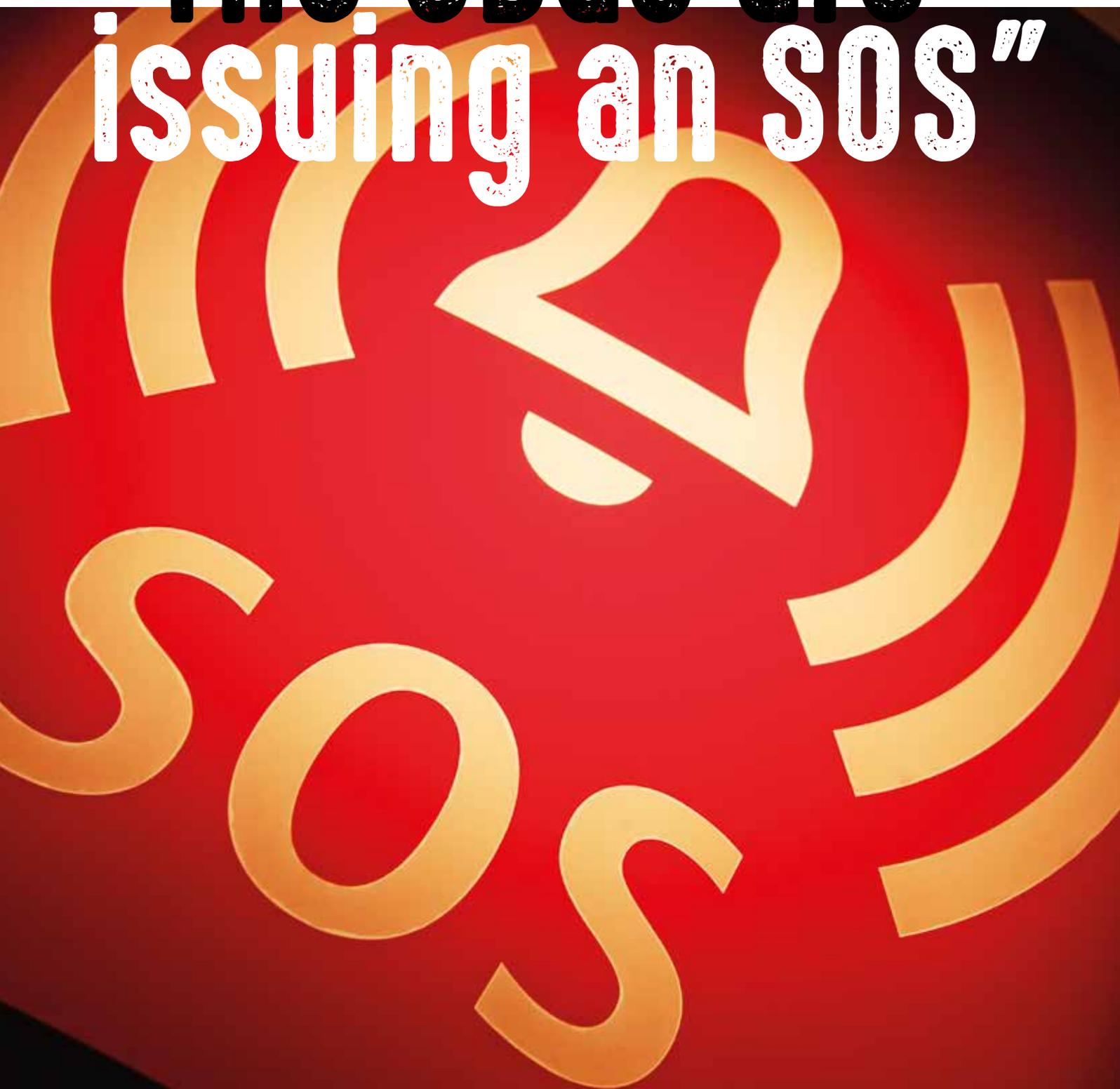
**care**<sup>®</sup>



**António Guterres**

Secretary General, United Nations (2016–2026)

**"The SDGs are  
issuing an SOS"**





**Andrea Barschdorf-Hager**  
CEO CARE Österreich

**Dear reader,**

**We are living in challenging times.** Reflecting about the impact of the global COVID pandemic on the implementation of the Sustainable Development Goals (SDGs) might seem not so urgent at a time when war is back in Europe.

But especially in times of insecurity and amid a widening disparity between the rich and the poor, they do offer a compass to navigate difficult times. Despite the relevance of the SDGs, many states and opinion leaders have widely neglected them, especially in the wealthier hemisphere. For CARE the SDGs are our guiding principles, and all our activities are aligned either with one or more of them. We are fully aware that the SDGs apply to all states of our planet. This is quite revolutionary because the global society obviously recognizes that global challenges cannot be solved by single states but must be tackled on a regional basis and with global approaches, to create real change and impact. That applies not only to the consequences of the climate crisis but also of the global pandemic, which made us aware of the limits of health systems even in highly industrialized countries. The impact of the pandemic caused an enormous backlash on many development indicators described in the SDGs.

Many of these aspects are compiled in this report initiated by CARE Austria. It reflects on various aspects of the SDGs and it points out the big disruptions we are still seeing. Among them is the increase of global hunger and poverty, the breakdown of global supply chains, the weakness of health systems to effectively deal with the impact of COVID-19 as well as a more general view on the performance of the SDGs amid a multiple global crisis. We put a special focus on the impact of COVID on SDG 3 (Good Health and Well-Being) in South Asia, which was contributed by the Bangladesh thinktank IPAG. The report highlights CARE projects in Asia and how they contribute to the SDGs. One of the backbones of this report is a global and comprehensive analysis of global online media. It sheds light on the fact that the SDGs dealing with Gender Equality (SDG 5) and Good Health and Well-Being (SDG 3) were the most reported SDGs globally. This points to the key role of women and girls which has become even more relevant in times of crises. The pandemic increased the amount of care work. As a result of lockdowns, millions of women were cut off from the official labor market. Millions of children were deprived of their school education. We will present tangible examples of CARE's work that demonstrate, how important global cooperation is.

**Finally, it should help and encourage us to never stop striving for global cooperation where we join forces to solve the burning issues of our time.**



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## SUSTAINABLE DEVELOPMENT GOALS





**Syed Munir Khasru**  
Chairman, IPAG (Institute for Policy,  
Advocacy, and Governance)

*“In the midst of chaos,  
there is also opportunity.”*

Sun Tzu

**As the world moves in a post-pandemic world, it is important that leaders, thinkers, and doers reflect on our deep-rooted shortcomings that the COVID-19 pandemic has brought to the surface.** Besides the socio-economic disruption and resulting stress, COVID-19 has tested both the economies and healthcare systems across the globe. Being resource constrained, developing countries experienced the chaos on a different note.

Following the pandemic, there have been at least 7–13 million excess deaths worldwide of which possibly 86% occurred in developing countries. It comes as no surprise that flattening the curve has been challenging for developing countries, considering the unplanned urbanization, dense population and resulting congestion. It does not help to know that at least 1 billion people live in slums.

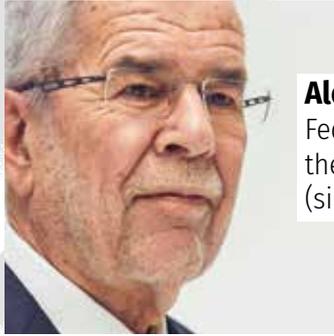
Consequently, SGD 3, Good Health and Well-Being, has been severely hit because of its interconnected nature with other goals like SDG 1 (Poverty), SDG 2 (Zero Hunger), SDG 4 (Quality Education), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 13 (Climate Action), SDG 14 (Life under Water), SDG 15 (Life on Land) and SDG 17 (Partnerships for the Goals). Like a vicious circle, the pandemic has aggravated the systematic inequality plaguing the developing countries and hampering all the components which ensure people’s good health and well-being. Since 119–124 million people, especially from developing countries were pushed back into poverty, years of hard work revolving around the 2030 Agenda for Sustainable Development has been reverted.

For instance, in 2021, as 9.3 million jobs were lost, COVID pushed 4.7 million people in Southeast Asia back into extreme poverty.

Additionally, disruptions in health services have amplified due to the pandemic, in turn, worsening the situation in developing countries. Initially, around 70 countries had paused childhood vaccination drives. Health services such as cancer screening and family planning were forced to take a backseat as the world focussed on curbing the pandemic. In the first wave of the pandemic, South Asian countries were grappling with their faltering healthcare systems, because of which 11,000 mothers and 228,000 children in the region died.

These disruptions risk undoing years of development in the global healthcare system. For enhanced response to the future crisis, putting SDGs at the centre of recovery plans is extremely essential. Henceforth, involving resilient health systems, green recovery, working towards gender parity and a healthier environment should be the priority. Leaders and governments must feel obliged to make the most out of this situation and work on restricting and improving the way in which we address sustainable development and resiliency.

Against the above global background, this report highlights how the pandemic has further derailed the period of SDG implementation from the “Decade of Action”, especially delving into the impact on SDG 3. It also provides valuable insights into the overall SDG ecosystem in light of the worst pandemic in recent living memory.



**Alexander Van der Bellen**  
Federal President of  
the Republic of Austria  
(since 2017)

***“In order to manage these multiple crises, we need cooperation at all levels.”***

**The events that are currently occurring are literally earth shattering.** When we read the newspapers, when we scroll down our timelines, when we watch the news – our worries seem to be growing steadily. We also continue to face the consequences of a pandemic – each and every one of us and collectively as a society. Now the unimaginable has occurred, we have another war in Europe.

As a direct result of this war, prices are rising massively. We have all received the utility bills from our energy suppliers. The costs have almost doubled compared to last year. More and more people in Europe are having difficulties affording rent, food, gasoline, and electricity charges. Above all these challenges, we must by no means lose sight of the fight against a climate catastrophe. With droughts, storms and floods, we have felt its direct effects this summer more clearly than we have in a very long time.

All these worrying developments show us very clearly the urgent need to put the UN’s 17 Sustainable Development Goals into practice. And I believe we can achieve this! In order to manage these multiple crises well, we need cooperation at all levels - national and international. Countless projects and more and more people are working on achieving the SDGs. This makes me optimistic that our home will remain liveable for a long time to come – and for all its inhabitants. I am deeply convinced that we can achieve this together if we stand together as a society and show solidarity. Because solidarity is strength.

***“The challenges we face now require a strong commitment.”***

**Three years ago – in December 2019 – the term COVID-19 was, at best, only familiar to a small group of scientists.** Today, it resonates around the world, becoming a daily topic in our politics, economy, culture, sport, and most importantly, the lives of individuals. The COVID-19 pandemic has had a profound impact on the global community.

It increased global crises, such as climate change, gender and educational inequalities, immigration issues, increasing rates of poverty and advancing authoritarian regimes. The challenges we face now require a strong commitment to the Paris Climate Agreement, the 2030 Agenda and the Sustainable Development Goals, whereby goals number 1 (No Poverty), number 2 (Zero Hunger), number 3 (Good Health and Well-Being), number 6 (Clean Water and Sanitation), number 13 (Climate Action) and number 17 (Partnerships for the Goals) must be tackled and pursued much more vigorously. The planet and future generations need everyone at the table – governments, the private sector and civil society, academia – working to accomplish what no one can do alone. We must continue to be guided by the principles of cooperation, unity, responsibility, and empathy. Building on what we have already learnt, we must have the necessary courage, wisdom, and solidarity to reverse the impact of COVID-19 which will be felt in every corner of the world for several years.

**Ban Ki-moon**

8<sup>th</sup> Secretary-General of the  
United Nations (2007–2016),  
co-founder of the Ban Ki-moon  
Centre for Global Citizens, Vienna



# EUROPEAN VISIONS STATEMENTS



**Janez Lenarčič**  
European Commissioner  
for Crisis Management

***“Humanitarian needs are at their highest in decades.”***

**Through its support to humanitarian organisations such as CARE Austria, EU humanitarian aid reaches millions of the most vulnerable people across the globe.** Humanitarian needs

are at their highest in decades, making our joint work even more important. The COVID-19 pandemic has exacerbated existing needs and left its mark on livelihoods, access to healthcare and education in areas where people are already facing conflicts and the effects of the climate change.

We have a particularly important partnership in Syria, delivering water and sanitation, as well as protection and cash assistance to Syrians in need. Furthermore, CARE Austria implements EU-funded projects in Türkiye, Mozambique and East Timor. With humanitarian needs on the rise globally, the EU and its humanitarian partners are delivering to those in need.

***“We need stronger, mutually beneficial partnerships.”***

**The COVID-19 pandemic was a major disruption.** Like an x-ray, it revealed how structural weaknesses, such as inadequate healthcare systems, lack of social protection, and inequalities, hamper societies' ability to respond to external threats. The pandemic set back years of progress in human development. Our partner countries in the Global South were especially hard-hit. And to make matters worse, it is not the only crisis they continue to face – impacts of climate change, environmental degradation, regional conflicts and instability, deepening indebtedness, unhealthy dependencies, and finally Russia's war of aggression against Ukraine with its global ramifications, are all piling up.

Inequalities within and between countries are deepening. Without prompt action and change of course, the UN's Agenda 2030 is severely jeopardised. At the European Commission and DG International Partnerships, we have rethought our policies and approach. Reducing inequities and promoting human dignity are our core objective, and the SDGs our compass. But we have recognised that we can only tackle the global challenges by building stronger, mutually beneficial partnerships – at all levels, with governments, civil society, and private sector. We have made a conscious effort to increase the coherence of our external action, starting with our unique Neighbourhood, Development and International Cooperation Instrument.

Furthermore, through our Team Europe approach we combine resources from the EU, Member States, and European development finance institutions. By working together, we create more impact. Our Team Europe response package to the pandemic, which today stands at €53.7 billion, is a testament of that. We have presented the Global Gateway strategy to help our partners around the world to recover economically and boost major investments in sustainable, soft, and hard infrastructure, while promoting strong values and standards. Global Gateway will also bring us closer to achieving the objectives of the 2030 Agenda. We can put the SDGs back on track, but joint global efforts are needed to ensure that no one is left behind.



**Jutta Urpilainen**  
European Commissioner for  
International Partnerships

***“The more gender inequality there is in a country, the hungrier and more malnourished people are.”***

**Musimbi Kanyoro**  
Chair, CARE International



**The impact of the last two years of compounded crises – COVID, climate change, and conflicts and their effects – have had stark repercussions on our trajectory toward achieving the SDGs.**

As always, it is women and girls who have been hardest hit due to deeply engrained gender norms. Let me cite one daunting statistic of CARE’s recent research: 150 million more women than men were hungry in 2021. The more gender inequality there is in a country, the hungrier and more malnourished people are. I could provide many more figures; they are truly endless.

We need to turn the stakes – not only despite of the deep crisis in which we find ourselves, but because of the crisis. It has exposed the terrible impact that gender injustice has on women’s opportunities and rights. The SDGs represent a collective, global commitment to a transformed world. This is the time to work in solidarity with women, girls and other historically marginalized groups, and their movements, to double-down with more tenacity in pursuit of our global goals.



**Ambassador Friedrich Stift**  
Managing Director  
Austrian Development Agency (ADA)

***“No matter where – it is the poorest of the poor who suffer the most.”***

**No poverty, no hunger, gender equality or quality education for all – this is just a selection of the 17 ambitious goals we have set ourselves with the Global Goals for Sustainable Development.** However, with the impact of COVID-19, the achievement of the SDGs is moving further and further away.

People in developing countries are suffering massively from the economic and social consequences of the pandemic. After 25 years of steady decline, extreme poverty is on the rise again. The number of people going hungry is also rising again worldwide. No matter where – it is the poorest of the poor who suffer the most. Despite our efforts, "A good life for all" seems more out of reach than ever before. In addition to COVID-19, we must not forget the other challenges of our time. Climate crisis, natural disasters and armed conflicts – we need to confront these new, globally increasing fragilities decisively and vigorously if we want to give the SDGs a real chance. The Austrian Development Agency responds to these crises with long-term development cooperation, immediate emergency measures and adaptable funding instruments. Rapid and flexible assistance is the order of the day. In the new age of multiple crises, the mandate to us could not be clearer. Together with our partners, we are committed to improving living conditions for people in developing countries. Only together, through focused international cooperation and solidarity, can we make the 2030 Agenda a reality and ensure that no one is left behind.

With CARE, we have a valued and reliable partner at our side. My sincere thanks go to all CARE employees who, under the most difficult conditions and with the greatest personal commitment, are helping to make the SDGs a reality for all people.



# MEDIA ANALYSIS

## Survey indicates minimal media coverage of SDGs during COVID-19 period

**A Survey of media monitoring company Meltwater for CARE shows the SDGs were featured in less than 1% of published online articles globally during 2021. The SDGs on gender equality, health and well-being, and ending poverty attracted the most attention.**

**Ever since COVID-19 broke out, the virus and its devastating effect on lives and livelihoods has dominated news coverage around the world.** But even as global headlines have shifted to recovery from the pandemic, Agenda 2030 and the United Nations Sustainable Development Goals (SDGs) continue to be overlooked by the media. CARE's analysis of news outlets from around the world indicates that in 2021, as gains in poverty and hunger reduction, gender equality, healthcare and education were being reversed by the pandemic, only 884,084 (0.017%) of more than 512.2 million articles published online explicitly mentioned the SDGs or Agenda 2030. About a quarter of these articles discussed the SDGs in relation to COVID-19.

The media analysis, conducted in collaboration with Meltwater, an international media monitoring service that has access to about 345,000 online media outlets, examined news coverage of the SDGs between January and December 2021 in eleven languages – Arabic, Bengali, Chinese (simplified), English, French, German, Hindi, Japanese, Portuguese, Russian, and Spanish. We analyzed the number of

articles published on the SDGs in general and in relation to COVID-19, as well as whether the articles mentioned individual Sustainable Development Goals by name. SDG-related content was highest in Spanish, appearing in 0.14% of available articles. Japanese and Chinese language media followed at 0.11%. Outlets targeting Russian, Hindi and German-speaking audiences, however, gave the goals a wide berth, with the SDGs featuring in just 0.01% to 0.02% of the total articles analyzed.

Perhaps in light of some of the pandemic's most talked about impacts, SDG 5 on gender equality, SDG 3 on good health and well-being, and SDG 1 on ending poverty received the most media attention. English, Japanese and Spanish media, in that order, produced the highest volume of articles on SDG 5. The global goal on gender equality also dominated online SDG content produced in Hindi and Arabic. Even so, coverage was shallow, with SDG 5 mentioned in just 15,404 articles (0.007%) of the 218.4 million English language articles analyzed. Quality education (SDG 4) was the fourth most-discussed goal, appearing as a priority for Bengali and

Arabic language outlets. Russian media, meanwhile, focused on climate action (SDG 13) and sustainable cities and communities (SDG 11). The latter was also prioritized by the Francophone media. In contrast, German and Japanese media gave more attention to responsible consumption and production (SDG 12). Peace, justice, and strong institutions (SDG 16) was the most neglected goal, trailing at a mere 7,283 articles, or 0.0014% of the total articles surveyed. Coverage of SDG 17 (partnerships) and SDG 10 (reduced inequalities) was almost as poor.

only  
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SDGs or Agenda 2030

## Most present SDGs

ranked by highest number of articles published in 2021



Insights provided by Meltwater

With multiple supply chains disrupted and developed countries hoarding vaccines, the stark inequality in our world exacerbated.



In 2020, approximately 119–124 million people fell into poverty while the number of people

suffering from hunger

surged to

**132 million**



# OVERVIEW IPAG\* STUDY

by Syed Munir Khasru, Chairman, IPAG

***"The pandemic has exposed the cracks in even the world's strongest healthcare systems."***



Since COVID-19 emerged as a global health emergency in early 2020, it has had a domino effect on the progress made in terms of the Sustainable Development Goals, especially SDG 3: Ensure healthy lives and promote well-being for all at all ages, further stalling the progress of Universal Health Coverage. By mid-2022, 500 million people were infected with the SARS-CoV-2 virus worldwide, leading to at least 15 million deaths between 2020–2021. Immunization rates fell in 2020, 22.7 million children missed out on basic vaccines (3.7 million more children in comparison to 2019). COVID-19 had tested the healthcare systems of 92% of countries across the world by 2021, claiming the lives of at least 115,500 front-line workers involved in healthcare.

The Sustainable Development Goals Report 2021 indicated how progress made toward achieving SDGs has either slowed down or regressed due to COVID-19. In 2020, approximately 119–124 million people fell into poverty while the number of people suffering from hunger surged to 132 million. Further, around 255 million

people lost their full-time jobs. In addition, the reading proficiency of at least 101 million youth and children worldwide had dropped below the minimum level, challenging the achievements made in the last 20 years.

With multiple supply chains disrupted and developed countries hoarding vaccines, the stark inequality in our world exacerbated. At present, there are 2.6 billion people awaiting their first dose of vaccination against COVID-19. Ensuring equitable distribution of basic access to services such as sanitation, clean drinking water, and electricity goes hand in hand with maintaining SDG 3. Hence, the pandemic not only threatens good health and well-being but also its predetermining counterparts, placing the progress of all 17 SDGs at imminent risk.

The pandemic has exposed the cracks in even the world's strongest healthcare systems and their economies, implying how there is always room for improvement. Thus, this post-pandemic backdrop is a golden opportunity for placing sustainability at the forefront whilst dealing with matters of global urgency. To undo the damage of COVID-19, we need to ensure that no one is left behind and the 2030 Agenda for Sustainable Development is enshrined into government strategies of developed, developing, and underdeveloped countries.



\*IPAG: The Institute for Policy, Advocacy and Governance is an independent, international think tank currently having presence in four continents – South Asia (Bangladesh & India), Asia-Pacific (Australia), Europe (Austria), Middle East & North Africa (MENA, UAE).



## Good Health and Well-Being Across Europe, South Asia, and Southeast Asia



### Introduction

Prior to the onset of the pandemic, SDG 3 (Good Health and Well-Being) targets seemed promising and quite feasible as the world was progressing remarkably toward improving the health and overall wellness of the population. Millions of people from across the world including those living in developing countries across Asia had benefited from the ongoing improvements. Some notable pre-pandemic global progresses include increase in life expectancy, declining trends of child mortality and maternal mortality, and decrease in non-communicable diseases (NCDs).

On a global scale, there was a decline in under-5 mortality rate, falling to 39 deaths in 2017, immunization against pertussis, tetanus, and diphtheria rose to 85% in 2017 from 72% in 2000. Similarly, between 2015 to 2017, administering of the second dose of vaccines for measles climbed from 59% to 67% in 2017.

Since early 2020, the pandemic has exposed the weakness in the healthcare system of several countries within Europe, the Indian Subcontinent, and Southeast Asia. As the SARS-CoV-2 virus has mutated into stronger and severely contagious variants, the existing challenges regarding SDG 3 and Universal Health Coverage (UHC) have aggravated to an extent where countries are unable to deal with the virus alone. COVID-19 places the progress of the SDGs at risk of not meeting targets, especially SDG 3.

This report concisely presents the overall impact the COVID-19 pandemic has had over SDG 3 and how, in turn,



it has impacted health coverage, rate of diseases, and treatment of communicable diseases and NCDs within South Asia, Southeast Asia, and Europe.

### Conceptual Framework

The World Health Organization (WHO) meticulously designed the Universal Health Coverage (UHC) framework, with 16 indicators placed under four categories, i.e., reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases, service capacity and access. The UHC is already positioned by WHO as a strategic and research-based goal, aspiring to reach at least 1 billion people by the end of 2023. Additionally, targets from SDG 3: Good Health and Well-Being have been used as an indicator for determining progress or regres-

sion. Thus, findings for the report were obtained and analyzed whilst applying UHC and SDG 3 as a conceptual framework for chalking out the process of the research.

## Methodology

The primary method of research adopted for this report was content analysis which was conducted by drawing references from a plethora of literature. The approach was combined with inductive reasoning to further comprehend, validate, and make sense of empirical data which were obtained from reliable secondary sources. Indicators under the UHC framework were considered as dependent variables whereas the COVID-19 pandemic was considered as the independent variable.

Between November 1, 2021 and April 1, 2022, we identified trends in healthcare through statistical reports, newspaper articles, research articles, and journal publications from well-reputed sources. Data was gathered and sectioned according to indicators and region for better understanding.

Empirical data on the impact of COVID-19 were obtained and juxtaposed with SDG 3 targets to analyze whether there was a correlation between the pandemic and the rate of progress of SDG 3. Therefore, data was sifted and processed as per the SDG 3 indicators. The area of study chosen for this report were South Asia, Southeast Asia, and Europe. Sampling was purposive as study population considered for the research were strictly confined to the two regions.

## Findings

The COVID-19 pandemic has disproportionately contributed to excessive mortality rates. End of March 2022 almost 6.2 million people have died worldwide after getting infected with the virus. Over 90% of the deaths that have occurred across the EU were of people aged 60 and above. In South Asia every minute three people died due to COVID. For instance, in India, 521,000 deaths have occurred among 43,000,000 cases. In Southeast Asia, the

**6,607,065**  
**people have died**  
worldwide after getting infected  
with the virus

Source: November 7, 2022; <https://de.statista.com>

Philippines and Indonesia reported some of the highest COVID-19 deaths per million standing at 24.47 and 22.69 respectively. The Johns Hopkins University reported that as of August 2021, Southeast Asia reported one of the world's highest death tolls in effect of the delta variant with an excess of 38,522 deaths. To delve deeper into the impact COVID-19 has had on the progress of SDG 3, we have selected a few targets as indicators of progress.

### Target 3.3: Ending Epidemics

The pandemic had stalled the efforts to spread immunization through the polio vaccine campaigns worldwide in 2020. Lockdown measures, social distancing, and disruption in transportation and logistics ultimately led to the suspension of campaigns, impacting the developing south disproportionately.

In 2020, despite global coverage of measles vaccine standing at 87%, much below the 95% target, 25 countries including countries in Europe, Southeast Asia, and Asia had suspended measles vaccine campaigns, placing 80 million children at risk of dying from measles. France, Italy, UK, Germany, and Spain are among the top 10 high income countries with the highest levels of children who have not been administered the first dose of measles vaccine. Similarly, in the same year, Southeast Asia experienced a drastic decline in diphtheria, tetanus toxoid and pertussis (DTP3) immunization, at least 57% where eight of the eleven countries reported disruptions in routine immunization.



With a 25% increase of anxiety and depression across the globe, the mental health impact of COVID-19 has been enormous in 2022



**Over 90%**

of the deaths that have occurred across the EU were of

**people aged 60 and above**

Cases for tuberculosis (TB) have been underreported since the onset of the pandemic as social distancing measures and reshuffling of resources toward COVID-19 posed as a limitation for case finding TB diagnosis. TB cases notifications have plummeted by 18% between 2019 and 2020, standing at 5.8 million. People seeking treatment for MDR/RR-TB fell by 15% and TB preventive treatment fell from 3.6 million to 2.8 million. India, Bangladesh, Indonesia, Philippines, and Ukraine have been among the largest contributors to underreporting TB cases in 2020.

### **Target 3.4: Non-communicable Diseases, and Mental Health and Well-Being**

Though pre-mature death from non-communicable diseases accounts for approximately 41,000,000 of the deaths, measures taken for treatment have drastically fallen in Europe, South Asia, and Southeast Asia. In Europe, screening rates of cervical cancer and breast cancer fell to -55% and -54% respectively in the first quarter of 2020 in Italy and remained persistently low for the rest of the year. In Czech Republic, colorectal cancer screenings declined by 58% in 2020 whereas in Austria, it dropped by 34%.

In 2020, only 20% of countries from the Southeast Asian Region reported that they have allocated additional fundings for NCDs. A majority of the countries have refocused their strategic plan of action toward COVID-19. However, 66% of countries including Southeast Asian countries ensured that the NCD services were recognized as an essential health service in their national COVID-19 response plan. While an approximate of 70% European countries reported using triaging to treat NCDs, only 10% of South Asian and Southeast Asian countries resorted to triaging. There are also discrepancies in percentages of countries collecting data on NCD comorbidities in patients with COVID-19 with 88% of European countries collecting data and only 40% of South Asian and Southeast Asian countries combined.

With a 25% increase of anxiety and depression across the globe, the mental health impact of COVID-19 has been enormous in 2022 due to several factors such as illness, deaths, loss of education, financial insecurity, panic, and unemployment among others. Moreover, an absence

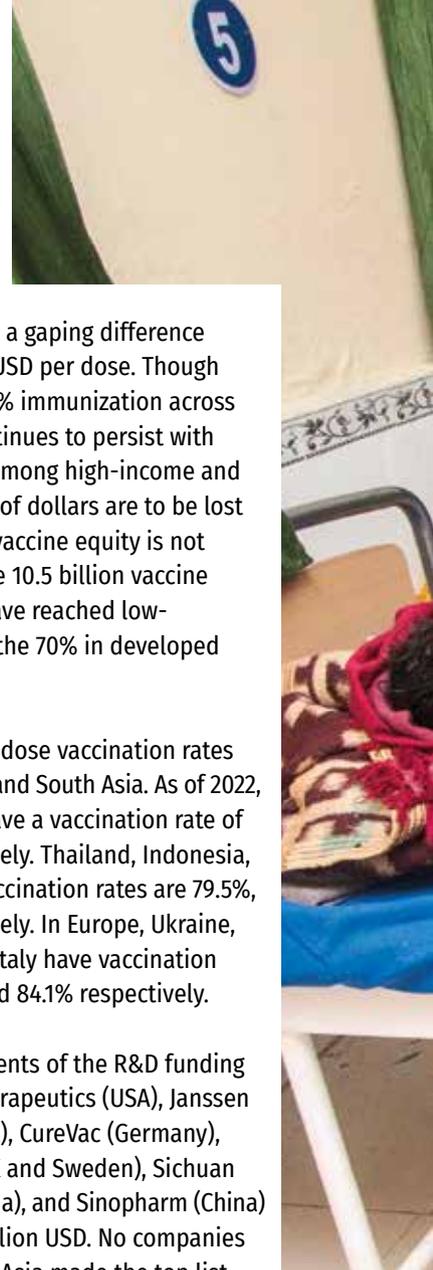
of social connections due to lockdown measures also contributed to poor mental health. As of 2021, COVID-19 has led to the disruption of essential mental health services across 93% countries worldwide. Governments around the world accommodated a meagre 2% of their health budget for mental health. In fact, several developing countries have reported that less than 1 healthcare worker focusing on mental health per 100,000 people.

During the peak of COVID-19 infections in Europe, cases of anxiety and depression doubled in UK, France, and Belgium. The Netherlands was one of the European countries to report the poorest mental health during the initial stages of the pandemic with one third of its population reporting feelings of anxiety, loneliness, and stress, and 20% facing difficulty in their sleep patterns. Likewise, in Belgium, depression and anxiety jumped from 11% in 2018 to an average of 23%. In Southeast Asia, approximately every 1 in 3 young people in Indonesia experienced depression or loss of interest in activities. As of September 2021, in Thailand, 32% of adolescents were at risk of depression, 28% experienced elevated levels of stress, and 22% experienced suicidal ideation. Higher prevalence of anxiety and depression linked to COVID-19 was found in India, Bangladesh, and the Maldives. Even in 2022, around 36% of the urban population in Bangladesh continued to experience anxiety due to COVID. However, there is a gap in notification of mental health cases, especially in South Asia.

### **Target 3.1 and 3.7: Universal Access to Reproductive Healthcare and Global Maternal Mortality Ratio**

COVID placed pregnant people at serious risk of developing severe symptoms in comparison to people who were not pregnant. COVID also led to an increase in severe maternal mental health issues such as clinical depression and anxiety. As resources were concentrated towards controlling the pandemic, incidence of prenatal care visits decreased. Due to educational facilities being shut down for a prolonged period of time, the COVID-19 pandemic has placed an additional 10 million girls in danger of child marriage. Early marriages are indicative of complications during childbirth which may tamper the progress made in terms of maternal mortality ratio. In several low-income countries, there has been a significant decrease

# STUDY IPAG, MARCH 2022



in antenatal care. For instance, in Bangladesh, antenatal care visits fell by 31% and skilled assisted deliveries fell by 2/3. In South Asia, COVID-19 may have caused an approximate of 11,000 additional maternal deaths.

Moreover, an estimate of 4.5 million girls in South Asia are unlikely to return to school and are in imminent danger of losing access to sexual and reproductive health services and information. Supply of contraception has been disrupted in India with a 21% decrease in IUD insertion, a reduction by 36% in injectable contraception, 28% decrease in abortions, and a reduction in condoms and oral contraceptive pills by 23% and 15% respectively. Southeast Asia faced similar difficulties. In 2020, maternal mortality was projected to rise by 44%–65% by a year in Vietnam following COVID-19. Additionally, clinical and non-clinical family planning methods decreased by 20% and 10% respectively. In Malaysia, limitations of reproductive health services during the pandemic have contributed to the average teenage pregnancy rate of 50 per day. Besides, at least 6 newborns have been abandoned since the inception of the pandemic and the imposition of the Movement Control Order in March 2020.

## An estimate of 4.5 million girls in South Asia are unlikely to return to school.

COVID has also tested some of the strongest health-care across Europe. For instance, due to the pandemic, the UK had to withdraw 85% of its funding to UNFPA's work for reproductive health. In Italy, several women faced challenges while seeking an abortion as lockdown restrictions exacerbated accessibility as some women missed the 90-day window time for an abortion and also had to face a mandatory waiting period of 7 days. Additionally, 5 out of 20 regions in Italy allow outpatient services for medical abortion.

### Target 3B: Equity and Research & Development of Vaccines

At present, 35 vaccines have been approved for use worldwide, 17.8 billion doses have been secured, and 1.40 billion doses have been shipped by COVAX to

145 countries. However, there is a gaping difference in pricing ranging from 2 to 40 USD per dose. Though the WHO has set a target for 70% immunization across the globe, vaccine inequity continues to persist with unequal distribution of doses among high-income and low-income countries. Trillions of dollars are to be lost through the global economy if vaccine equity is not established adequately. Despite 10.5 billion vaccine rollouts worldwide, only 13% have reached low-income countries compared to the 70% in developed countries.

There are discrepancies in first-dose vaccination rates among Europe, Southeast Asia, and South Asia. As of 2022, Bangladesh, India and Nepal have a vaccination rate of 78.2%, 72%, and 76.8% respectively. Thailand, Indonesia, Vietnam, and the Maldives vaccination rates are 79.5%, 72.5%, 82.8%, and 75% respectively. In Europe, Ukraine, Belgium, United Kingdom, and Italy have vaccination rates of 35.4%, 80.3%, 78.9%, and 84.1% respectively.

As of March 2021, the top recipients of the R&D funding for COVID-19 were Moderna Therapeutics (USA), Janssen (Belgium), Pfizer/BioNTech (USA), CureVac (Germany), Novavax (USA), AstraZeneca (UK and Sweden), Sichuan Clover Biopharmaceuticals (China), and Sinopharm (China) totaling approximately 4.891 billion USD. No companies from South Asia and Southeast Asia made the top list, implying that maximum expenditure of R&D for COVID-19 vaccines is concentrated in the West and East Asia.

### 3C and 3D: Health Financing, Recruitment, and Strengthening Capacity of Developing Countries

The EU allocated a fraction of the €37 billion from the EU budget to maintain and support the healthcare system as part of the Coronavirus Response Investment Initiative (CRII). Austria, Belgium, Denmark, France, and Germany were among the first 12 EU countries to receive the funding from the €672.5 billion recovery package for mitigating the risks and crises of the COVID-19 pandemic.

In South Asia, Bangladesh and Pakistan reported the largest healthcare coverage discrepancies due to wealth gap, recording a difference of 42.6 and 65.8 percentile respectively. In Bhutan, the health workforce is below WHO's recommended ratio for human resources allocated to health services, standing at 0.5 doctors per

**The population in the Indian state of Bihar needs to tackle multiple challenges simultaneously: Extreme poverty, gender and social inequality, poor literacy rates as well as frequent early marriages.**



1,000 people. Furthermore, in India, the private sector constitutes for 78% of the care, focusing on curative and tertiary care. Overall, South Asia only utilizes 0.89% of its GDP for financing public healthcare infrastructures, a meagre amount in comparison to the global average of 5.8%. However, while response rates are not as swift as in Europe, countries are coming forward to strengthen healthcare infrastructure, capacity building in healthcare services, and facilitate an overall preparedness for national and global health risks. For instance, India has allocated 0.1% of its GDP for improving health infrastructure, testing facilities, isolation beds, ICU beds, and insurance coverage for healthcare workers among others. Similarly, Sri Lanka has allocated 0.1% of GDP towards maintaining and improving its emergency response to health catastrophes. Bhutan has also partnered with the World Bank for a 5 million USD COVID-19 project, ensuring public health preparedness and pandemic response. In Southeast Asia, Indonesia's healthcare system faced a massive burden in terms of excessive mortality, understaffed healthcare facilities, and inadequate medical supplies as a result of COVID-19. As of May 2020, in response to the pandemic, the government had converted four apartment towers into emergency hospitals to accommodate and treat around 24,000 COVID-19 patients.

The government of Malaysia responded to rising infections by designating 400 new sites including colleges, hotels, and public universities as quarantine zones across the country. In Thailand, a budget of 6.3 billion THB was approved for COVID-19 emergency response. Hospitals in Thailand were supplied with 1,000,000 surgical masks per day by the Ministry of Public Health.

As of 2022, the WHO reported that most of the countries in Europe, South Asia, and Southeast Asia had well-developed capacity in terms of optimized health service data. Under "surveillance of public health threats", most South Asian countries except for Nepal, Pakistan, and Afghanistan reported sustainable capacities, Norway, Austria, and UK in Europe reported sustainable capacities, and in Southeast Asia, Thailand, Vietnam, and Indonesia reported well-developed capacities. However, Europe has scored better than the Southeast Asian Region (South Asia and Southeast Asia combined) in the SCORE board.

**IPAG Sources:**  
<https://www.care.at/sources-sdg-report-care-austria/>



# CARE and the SDGs

## How CARE Austria contributes to the SDGs

Why the Sustainable Development Goals matter more than ever



**How do we achieve positive change in a world in crisis?** The plan is laid out in the Sustainable Development Goals (SDGs) world leaders agreed on in 2015. They represent our collective, global commitment to transformation. Without this framework we would lose track of where we want to be heading. **As a humanitarian organization CARE is committed to contribute to the targets of the SDGs in all our projects.** “The Sustainable Development goals reflect a global vision of a brighter world of dignity, equality, sustainability and prosperity for all,” says Sofia Sprechmann Sineiro, CARE International Secretary General. “These aspirations not only unite and inspire us, but also provide a common language to hold each other to account.”

In the years since the launch of the SDGs in 2015 there has been considerable progress. **As of 2022 CARE Austria has made the largest contributions on the goals of Gender Equality (SDG 5), No Poverty (SDG 1) and Good Health and Well-Being (SDG 3) in its projects.** Gender equality is at the heart of all of CARE’s work. It is our commitment to keep it a priority in everything we do. We see women’s voice and agency as a core approach to contribute to all other SDGs. In 2022 CARE Austria worked on 30 projects with SDG 5 in its substance. We supported women and girls in 18 countries to increase their levels of empowerment and gender equality. An integral part of SDG 5 is the strengthening of women against gender-based violence



(GBV). We have helped to change attitudes around GBV and reduce levels of GBV in countries like Uganda. We also offer support and assistance to survivors of GBV.

**No poverty (SDG 1) was at the center of 25 projects. CARE Austria has provided humanitarian assistance to people in need in 17 countries.** For example, in Lebanon we delivered emergency relief after the blast in Beirut. CARE's goal is to combat malnutrition and hunger and to provide people with access to drinking water and adequate sanitation. In addition to immediate aid after disasters, we focus on long-term measures, such as the repair or construction of water supply systems in rural communities.

**Good health and Well-Being (SDG 3) was at the core of 22 projects in 15 countries.** Since the outbreak of the global health crisis in 2020 CARE Austria offered funding and relief in the response to COVID-19. Health is essential for sustainable development at any age. At CARE, we believe that everyone has a right to a healthy life as well as reproductive self-determination. Thus, we particularly promote the sexual and reproductive health of women and girls to enable them to lead self-determined lives and have family planning that meets their needs. Unfortunately, reproductive health issues are often overlooked in humanitarian assistance. Lack of adequate services is the leading cause of illness and death among women of childbearing age (UNFPA, 2021).

While the task has never been easy, we see even bigger challenges in the remaining years leading to 2030. We are not halfway there but seem to have been pushed further away by multiple crises. There is no doubt that the SDGs are in grave jeopardy. COVID-19 had a devastating impact, the effects of climate change are accelerating, and conflicts add to the burden experienced by millions of people worldwide. The pandemic wiped out progress in the fight against poverty. Heatwaves, droughts, wildfires and floods are affecting more and more people every year. The war in Ukraine led to soaring prices for food and fuel on an unprecedented global scale.



Because of the severity and magnitude of the challenges before us we at CARE Austria stay committed to the SDGs as the guiding principles of our work. In times of crises, it is important to also see the success we achieved. In countries like Bangladesh, Syria and Chad we improved nutrition and health for women and children. In Uganda we strengthened women and supported them in their fight against gender-based violence. In Mozambique we delivered emergency relief after a cyclone. In India and Nepal, we helped to tackle the COVID-19 crisis. In Jordan and Türkiye we made it possible for the children of Syrian refugees to go back to school and continue their education.

**These positive examples give us strength and hope to keep going and take action in the years to come. The SDGs are our roadmap out of crises and into change that will last beyond our lifetimes.**



Find out more about CARE Austria's work:



# REGIONAL PERSPECTIVES

# INDIA

## CARE's COVID-19 emergency relief : Breaking the cycle of poverty and illness



**The population in the Indian state of Bihar needs to tackle multiple challenges simultaneously:** Extreme poverty, gender and social inequality, poor literacy rates as well as frequent early marriages. The lack of awareness about modern healthcare practices and accessibility to primary health care services in combination with those issues have compounded a health crisis. Therefore, CARE's work in the region is focused on improving access to quality health care services and sufficient nutrition. In other words, it is SDG 3 (Health and Well-Being) and its targets that are primarily being pursued.

Before the onset of the COVID-19 pandemic, the health situation has been continuously improving over the past couple of years. Sustained efforts alongside multiple innovations and targeted interventions have helped to realise significant gains towards SDG 3. Vaccination as well as literacy rates went up, whilst child mortality rates have decreased. Access to health care services has bettered with pregnant women having check-ups much more frequently. We have witnessed

some improvements in the health sector solely by focusing on socio-demographic indicators like access to electricity and education, especially for women.

### **The sudden appearance of COVID-19 had a devastating impact on human life as well as the health situation throughout the region.**

Massive credit has to be given to the local authorities, who have pushed through various administrative reforms including increased fiscal spending, more personnel in the healthcare sector and the creation of a positive climate for development partners. Throughout this progress CARE India has provided assistance in various areas of expertise. For instance, to the Kala Azar disease elimination program which through robust case tracking and information systems, entomological and epidemiological surveillance systems as well as outbreak investigations has been eliminated in many parts of the region.

# REGIONAL PERSPECTIVES

## NEPAL

### CARE'S UDAAN school project: Bringing girls back to school



**Before the start of the project about 9% of children at the primary level were out of school, with the majority being girls.** As a first step, girls who had either never been to school or who had dropped out before completing lower primary education, were identified. These girls were out of school for various socioeconomic reasons and mostly due to gender-based discrimination. Deep-rooted gender and social norms such as disparities in educational opportunities for boys and girls, less value placed on girls' education by society, restriction on mobility, child marriage, heavy workloads and household chores imposed by existing gender norms, and the need to take care of younger siblings, pets or livestock were the major reasons for being out of school. To improve the situation, the project worked with parents, community leaders and schools to alter the deeply rooted social and gender norms that existed in these communities. The UDAAN project primarily contributes to SDG 4 (Education) and SDG 5 (Gender Equality).

The sudden appearance of COVID-19 had a devastating impact on human life as well as the health situation throughout the region. There wasn't enough oxygen to treat patients, and many decided against visiting medical facilities in case of need, fearing they might contract COVID. Outreach activities were halted for a period of 4 months to avoid social gatherings until a proper system and guidelines were in place. It was down to the incredible work of health professionals that there was eventual resumption of the disrupted healthcare services in Bihar.

CARE helped in the local COVID-19 response setting up information systems and care facilities, distributing communications material, training staff as well as constantly surveilling the situation in close cooperation with the state. In the long-term pandemic preparedness and response was significantly improved. COVID-19 relief efforts undertaken by CARE India provided direct relief to more than 20 million people and have reached more than 100 million people indirectly. Partnerships like the one with CARE Austria have helped provide much needed and timely relief through the operationalization of two COVID-19 care facilities in the state of Bihar.

Well-Being (SDG3) is not at all isolated from other social indicators. There is a vicious cycle of poverty and poor health. Poverty increases the chances of getting ill due to poor nutrition. Limited access to water and health care services are also decisive factors. Illness causes loss of wages and increased expenditure on health care, thereby leading back to poverty.

The impact of climate change is intensifying. We see it in record-breaking heat waves, droughts, shifts in rainfall patterns and a rise in average temperatures. Agriculture and climate change are interrelated. With less crops and consequently lower production rates nutrition cannot be ensured. Economic well-being, nutritious food, quality education and gender equality are a must for a stronger health system and vice-versa.

As India moves towards its development goals, breaking past barriers created by COVID-19, we are confident that we'll be moving closer to the targets envisaged to be achieved by 2030. Through collective efforts we will move closer step by step.

Priyanka Harijan (16) is the chairwoman of the Buddha Girls Club and attends the Udaan School. The concept of these schools helps young girls from poor families to catch up on their primary education.



# REGIONAL PERSPECTIVES

## NEPAL

After project start, 2,907 adolescent girls accessed the accelerated learning program from which 86% transitioned to community schools to continue their formal education. Parents were found to be more supportive of girls than in previous years. To minimize the impact of harmful social norms, the project created an enabling environment for girls to pursue their education opportunities, delay marriage, and negotiate for their rights. With joint efforts, the percentage of out-of-school children dropped to 6.2%. Federal, provincial, and local governments implemented a targeted approach to create equitable opportunities for girls and enable their access to education and reproductive health rights. For example, the government has provisioned free sanitary pads for all girls in community schools and has improved water, sanitary and menstrual hygiene management facilities in schools.

All three waves of the COVID-19 pandemic in Nepal affected the project on the ground. The lockdown and closure of schools delayed our academic calendar and community-based interventions. The pandemic worsened the situation of adolescent girls by increasing

their burden of household chores and care; causing loss of learning due to school closures; and reducing their access to health services, including menstrual hygiene management. Although the government endorsed remote learning approaches, these were inaccessible to girls from marginalized communities who did not have technological devices. As more girls than boys lacked access to technology, CARE supported 566 adolescent girls with mobile phones to facilitate learning during the pandemic.

The focus now is on recovering socially and financially. Therefore, it may be difficult to reach all the set targets as COVID-19 affected education, health, livelihoods, and most social aspects. Indicators have decreased after this outbreak as efforts by the state government, development partners and other aid agencies were pushed back.

All 17 SDGs are equally important and cross-cutting to each other. SDG 5 (Gender Equality) contributes to the achievement of other SDGs. So, to improve the result for each of the goals, we should have equitable approaches, ending all forms of discriminations by gender.



## BANGLADESH

### Joint Action for Nutrition Outcome (JANO): CARE's JANO project is centered around SDG 2

It also contributes to other SDGs related to poverty reduction, health care, education, water, sanitation and hygiene, access to food and resources, women's empowerment and gender equality. JANO is implemented in poor regions of the country with a high rate of underweight children and stunting. One aim is to improve the nutritional status of children under the age of five.

The project also addresses the nutritional needs of pregnant and lactating women and adolescent girls. Expected results: Women and adolescent girls in the selected communities are empowered to demand and utilize all available nutrition-sensitive and nutrition-specific services. Community support groups worked to increase

knowledge and awareness of appropriate feeding and care of infants and young children – including appropriate hygiene. The adoption of nutrition-sensitive and climate-smart agriculture techniques was also an important part.

JANO works in 330 schools through Theater for Development shows. This way the project is creating awareness on gender equality, hygiene, prevention of early marriage, and dietary diversity among the community.

JANO also encourages schools to create their own vegetable gardens. The purpose of the school-based community gardens is to disseminate nutrition-sensitive and climate-smart vegetable farming methods at the

# In conclusion, behaviors, social agency, and access to information and services have increased in JANO project areas.

household and community levels. The school gardens promote organic farming techniques that discourage the use of fertilizers containing toxic chemicals. The project, through its interventions, has strengthened community and government systems to identify, plan, and implement nutrition interventions in the target communities. Ties with the private sector were strengthened with JANO motivating and encouraging corporations to invest in local markets and consider local populations as a part of their “core business”. JANO promoted climate-smart nutrition-sensitive value chains through greater involvement of public sector and private sector investments. For instance, the project established demonstration community food gardens with seeds provided by the private sector and with technical assistance from the government’s Department of Agricultural Extension (DAE).

## Achievements so far

- **Economic and financial sustainability** has been promoted through household gardens and climate-resistant crop production. The capacities for farming and income-generation built by the project have created opportunities for entrepreneurship with farmers now able to access local and regional markets.
- **Increased capacities of 9,000 farmers** to grow climate-resistant, organic, and nutrient-rich crops.
- **Production of and access to high-value, nutritious commodities and services** are increased. The proportion of households involved in the production of higher-value nutritional products has increased.
- **JANO has supported the training of 16,565 farmers** (and around 70% have been women) on vegetable production and livestock rearing in close collaboration with public and private sector actors.
- **As of January 2022, a total of 753 (349 women) government frontline staff from different departments had received nutrition training** and are imparting this information to last-mile members of the community.



JANO developed a web-based M&E system to operationalize Nutrition Coordination Committees and connect relevant government departments for improved information sharing and implementation of nutrition-sensitive and -specific interventions.

## Overall impact of the project:

- The overall proportion of children under five years of age suffering from stunting or wasting has decreased.
- A substantial increase in the proportion of households growing produce employing climate-smart technologies has been noted.
- An increase in women accessing antenatal and postnatal care has been reported.
- An increase in potable water use has been seen. Handwashing practices have improved exponentially, from nearly one-third to near universal application.
- There has been an increase in households who seek nutrition information online.

In conclusion, behaviors, social agency, and access to information and services have increased in JANO project areas. The current crisis in Ukraine, global inflation, rising food and energy prices, and disrupted supply chains are further impacting Bangladesh and will slow down progress towards achievement of the SDGs.

## COVID-19 THREATENS TO REVERSE THE PROGRESS ON SDG 3 (HEALTH)



**Firdausi Quadri**

Director, Centre for Vaccine Sciences of International Centre for Diarrhoeal Disease and Research, Bangladesh



### How has the COVID-19 pandemic affected your work, the health system & Sustainable Development Goal 3?

COVID-19 has overshadowed development activities across the world. It has left a devastating mark on every sector of our country, but our health sector has suffered the most. As such, COVID-19 has threatened to reverse the progress of SDG 3, which aims to ensure healthy lives and well-being for all. We focused on fighting COVID-19 to the near exclusion of other deadly and infectious diseases. We had to stop working on cholera, pneumonia, malaria, and enteric fever as we dedicated our efforts to combatting the pandemic. Our Expanded Programme on Immunization (EPI) was waylaid and scheduled vaccinations were disrupted, increasing the overall disease burden of the country. During the crisis, many countries across the world halted childhood vaccination programs, and in many places, health services for cancer screening, family planning, or non-COVID-19 infectious diseases were interrupted or neglected.

### What challenges did you encounter?

The COVID-19 pandemic has shifted the priorities of the health system, which is finding itself overwhelmed and with restricted capacity to provide the services

it previously offered. Logistics and supplies have been disrupted – especially of imported materials and equipment, such as active pharmaceutical ingredients (API) of essential drugs, and personal protective equipment (PPE), etc. – adversely affecting services. The biggest challenge was to pull back the focus of government and policymakers to other infectious and vaccine-preventable diseases. The recent cholera outbreak in Bangladesh has taught us a valuable lesson: that we should not lose sight of any emerging or re-emerging infectious disease. Now we are trying to ensure that resources are used uniformly in the areas where they are most needed, and that people are educated about the need to get vaccinated for other diseases in addition to COVID-19.

### What are the steps we need to take to revive our health sector?

We need to start by identifying the knowledge gaps within the health sector and to put resources into research to develop a more effective strategy to rebuild our healthcare facilities. Our targets to meet the SDGs, and our public health priority list should be reevaluated. We need to focus on personal hygiene and ensure clean water and

proper sanitation for communities. We should identify unvaccinated children and those who missed their vaccination schedules due to the pandemic and ensure that they are immunized. Additionally, there is a need for greater financial investment by countries to: reinvent and reinvigorate health systems, use COVID-19 as an opportunity to improve access, quality and safety of healthcare, and promote factors that contribute to healthy lifestyles.

### What are areas the government needs to focus on to reduce the burden of other infectious diseases?

Our government has already begun running the EPI program extensively though our people need more information about vaccine-preventable diseases. Improving health infrastructure and training healthcare workers could be another effective measure that the government can take. Additionally, pneumonia, tuberculosis, diarrhea, malaria, and other endemic diseases need due attention. Moreover, coordination among various departments of the government should be strengthened and properly directed. National authorities must plan for challenges affecting the general health of the population even as they fight the COVID-19 pandemic. Priority should be given to children, women, the elderly, and others with special needs. Those who are already vulnerable should not be allowed to become more vulnerable. Otherwise, the gains of MDGs and SDGs stand to be negated unless services to these groups are sustained.

***“We focused on fighting COVID-19 and overlooked other existing deadly infectious diseases.”***

# COMBINATION OF INTERSECTING CRISES



**Natalia Kanem**  
Executive Director, UNFPA



***“We need to do much more – and faster.”***

**COVID-19, conflict, climate change, and other hardships have formed a deadly combination of intersecting crises** that threaten to derail decades of progress, particularly in humanitarian and fragile settings.

We need to do much more – and faster. The 2030 Agenda and humanity itself are in danger. Accelerating progress for women’s health has never been more urgent. The right to sexual and reproductive health is central to gender equality and empowerment, which in turn accelerate attainment of all 17 Sustainable Development Goals.

Sexual and reproductive health and rights are the foundation upon which women’s full participation in their societies is built. If a girl stays in school, she acquires skills that will raise her lifetime earnings, benefiting her children and future generations, increasing her resilience, and reducing vulnerability to violence, various forms of inequality, and climate-related shocks.

UNFPA estimates that disruptions in the first 12 months of the pandemic led to 12 million women in 115 countries losing access to family planning services. Today, over 200 million women and adolescent girls cannot readily access contraceptives, hindering equitable recovery from the pandemic – and holding back our collective efforts to realize the SDGs.

Sustained investment is needed to build crisis-resilient sexual and reproductive health systems that are prepared and equipped for emergencies. We must ensure sexual and reproductive health – essential for women and girls’ well-being and very survival – is prioritized in every crisis response.

The world is facing a global shortage of nearly one million midwives. The COVID-19 pandemic has only exacerbated this crisis, with midwifery services being disrupted and midwives being deployed to other health services. That’s why UNFPA is working with partners to close the midwifery gap and is prioritizing support to women-led organizations.

It is time to accelerate progress and keep pushing forward for women’s health and rights, whatever the challenges. This is imperative if we are to achieve the Sustainable Development Goals by 2030.

**\*UNFPA** is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.



Over 200 million women and adolescent girls cannot readily access contraceptives, hindering equitable recovery from the pandemic.

## "THE GREATEST SOLVABLE PROBLEM IN THE WORLD" AND THE INVISIBILITY OF THE 85 PERCENT



### Ladislaus Ludescher

Research assistant at the Goethe-University Frankfurt and Lecturer at the University of Mannheim



### How much money is spent for what in the world:

Expenses for military, development cooperation and fight against hunger in the year 2020 as comparison (in billion USD)



**1.984 USD**

Military expenses worldwide



**161.2 USD**

Public expenditure on development cooperation worldwide



**12 USD**

International expenditure to combat hunger

**The situation is dramatic:** According to the current UN World Food Report, the number of people chronically suffering hunger worldwide has risen to 828 million. This means that about every tenth person goes hungry; more than two billion people suffer from malnutrition. Every 13 seconds, a child under the age of five dies as a result of starvation – that is almost 2.5 million children each year.

85 percent of the world's population live in the Global South. What causes great astonishment is that dramatic catastrophes such as global hunger are only marginally addressed by the media or are not addressed at all. The current hunger situation is extremely worrying, but it is particularly distressing because it is a solvable problem. In fact, the United Nations World Food Program has called hunger "the world's greatest solvable problem." The successes in combating global hunger over the past few decades prove that. Since 2003, the number of hungry people has fallen steadily from almost 950 million to 780 million in 2015. Now, after the effects of the corona pandemic, the numbers are rising again.

**Hunger and poverty go hand in hand.** Three prerequisites appear to be essential for solving the global problem: First, a stable flow of money: while, for example in 2020 almost 2,000 billion USD were spent on armaments in the world, the sum for fighting hunger was only around 12 billion USD. In addition, there needs to be political and public willingness to change the situation. More

Quellen: SIPRI, OECD, IISD



## Every 13 seconds

a child under the age of five dies as a result of starvation – that is almost

# 2.5 million children each year.

than 6,600 children under the age of five are starving to death every day. This needs to be newsworthy news as a fundamental problem. Otherwise, it will not exist in the everyday horizon of people's consciousness.

The media is called upon to repeatedly bring the topic into the public discourse to draw attention to it. How long could politics resist solving “the world's greatest solvable problem” if the leading media makes global poverty and hunger its top priority? The decisive question therefore is not only how much money a world without poverty and hunger is worth to us, but also how much media time and attention are we dedicating to this goal.

More information on media neglect of the Global South:  
[www.ivr-heidelberg.de](http://www.ivr-heidelberg.de)



**Byron Haynes**

Chairman of the Supervisory Board at NOVO BANCO

**All evidence and research analyses indicate that the COVID-19 pandemic has significantly affected progress in realizing the 17 Sustainable Development Goals by the year 2030.** Overall results indicate that SDG 1 (No Poverty) and SDG 8 (Decent Work & Economic Growth) are the most directly impacted goals resulting from the current gloomy economic outlook. The impact of the COVID-19 pandemic has contributed significantly to the recent slow-down of economic growth and can be seen as the root cause of the key risk and threat that many of the global economies are now facing; the need to tackle soaring inflation rates.

At the same time, the crisis is a great catalyst to put a number of the SDGs back on the priority agenda for global economies, countries, governments, companies and people. The need for the global economies to protect and secure essential products and services has forced countries and governments to accelerate investment in alternative cleaner energy production and manufacturing (significantly reducing carbon emissions). Active labor market policies, procedures and regulations need to be redesigned and changed to accommodate and facilitate shifting worker preferences.

***“Finally, global economies, countries and governments are cognizant that COVID-19 has not been defeated.”***

Finally, global economies, countries and governments are cognizant that COVID-19 has not been defeated. There can be a resurgence of this pandemic at anytime and anywhere in the world, which will require continued future investment in healthcare, healthcare access and other containment measures. Ultimately, the 17 SDGs can only be realized in the medium term through sustained global economic growth across countries. This will only be possible if wealthy countries deliver on already agreed, overdue investment commitments and make the necessary increase in future investment to help poorer countries.

# SEVEN APOCALYPTIC HORSEMEN

## Is a better world possible despite climate change?



The world should become a better place for everyone. That is the idea. When the United Nations agreed on 17 Sustainable Development Goals for humanity in 2015, the fight against climate change was included in the package as a global development goal by 2030. Seven years later, it is apparent that we are far from having climate change under control. On the contrary, it is becoming clear that unchecked climate change is also undermining the other development goals and causing them to topple – without exception. Looking at climate change, we now see seven "apocalyptic horsemen".



**First, the rise of CO<sub>2</sub>:** More carbon dioxide in the air drives plant growth, but dilutes valuable nutrients such as protein, iron, magnesium or zinc. Tomatoes, lettuces or potatoes boosted with over-abundant CO<sub>2</sub> are less nutritious. To make matters worse, a lot of CO<sub>2</sub> in the air we breathe is unhealthy for us humans. Important: In the end, CO<sub>2</sub> is behind all measurable effects of climate change.



**Second, air warming:** There is not a single sustainable development goal that is unaffected by warmer temperatures. Warming is shifting rain and dry zones and threatening to thaw permafrost. Great heat is increasingly deadly, leading to droughts, hunger, migration, and ultimately war.



**Andreas Jaeger**  
Meteorologist, author & CARE climate ambassador



**Third, melting glaciers:** Fresh glacial water dilutes saltwater, weakens oxygen mixing in the oceans, threatening fisheries, and will raise sea levels for centuries. In a future without glaciers, clean drinking water for humans and animals will be scarce in many places.



**Fourth, melting sea ice:** Retreating white sea ice will release darker seawater, exacerbating the greenhouse effect and threatening the rich ecosystem of the ice seas, at the end of which is the polar bear. There will be conflicts over released resources and transport routes.



**Fifth, sea level rise:** Stronger storm surges erode coasts and flooding salinizes groundwater. Hunger and poverty will increase, economies will suffer, and social tensions can be expected. There is hardly a Sustainable Development Goal that is not affected by rising seas.



**Sixth, ocean warming:** The warm surface water acts as a lid, suppressing exchange with nutrient-rich deep water. As a result, fishing is expected to decline. In addition, the warmed water returns CO<sub>2</sub> dissolved as carbonic acid to the atmosphere, increasing climate change. In addition, warm water is increasingly leading to toxic algal blooms with subsequent oxygen depletion – death zones without life are spreading.



**Seventh, ocean acidification:** Mollusks, crustaceans and corals find it difficult to build their shells and skeletons in the acidic environment. This threatens fisheries and tropical coasts protected from waves and storm surges by coral reefs.

***“There is not a single Sustainable Development Goal that is unaffected by warmer temperatures.”***



To sum up: Climate change threatens all the development goals we have set for a better world, without exception. There is no alternative to weaning ourselves off all fossil fuels and their CO<sub>2</sub> emissions. However, thinking further, the conflict with Russia – with the resulting forced restructuring of the energy system – is a great opportunity to make Europe a sustainable role model for the world.



## THE SEVEN MEASURABLE CHANGES FROM CLIMATE CHANGE

FROM CO<sub>2</sub> INCREASES TO SEA LEVEL RISE - ALL IMPACT 16 SUSTAINABLE DEVELOPMENT GOALS (SDGS).



Climate indicators and relevant Sustainable Development Goals

	 SDG 1	 SDG 2	 SDG 3	 SDG 6	 SDG 7	 SDG 8	 SDG 9	 SDG 10	 SDG 11	 SDG 13	 SDG 14	 SDG 15	 SDG 16
 CO <sub>2</sub> concentration		X	X							X	X		
 Ocean acidification	X	X				X			X		X		X
 Global mean surface temperature	X	X	X	X	X	X	X	X	X	X	X	X	X
 Ocean heat content	X	X	X			X			X	X	X		X
 Sea-ice extent	X	X		X						X	X	X	X
 Glacier mass balance	X	X		X	X	X	X		X	X		X	
 Sea-level rise	X	X		X		X	X	X	X		X	X	X



# CLIMATE CHANGE EXACERBATES POVERTY

**We can no longer talk about climate change as a future event.** Its effects are already seen and felt by millions now. Impoverished and vulnerable communities are hardly responsible for the increases in natural disasters, droughts and air pollution to the extent that it is already impacting their lives and livelihoods. Climate change is massively exacerbating existing vulnerabilities and will continue to do so.

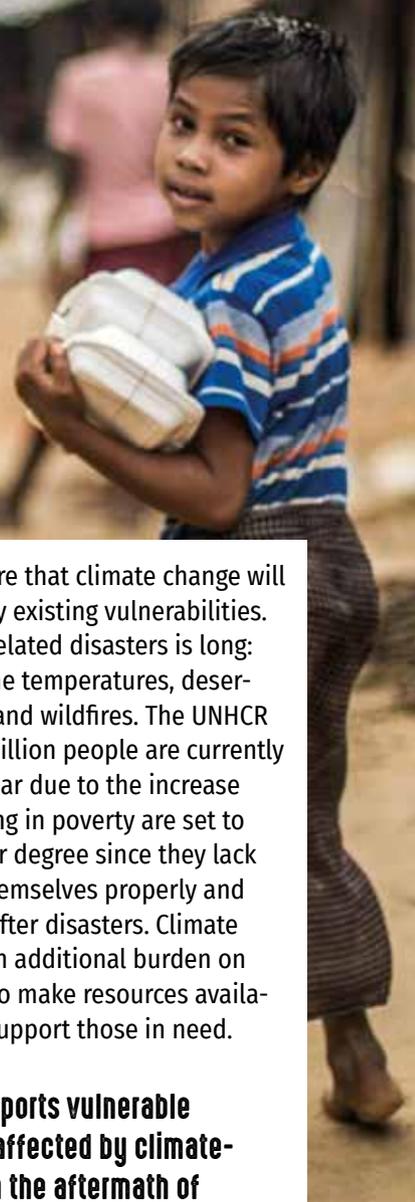
Many regions in the Global South, due to their climatic and geographical setup, are those that have been impacted first. Limited financial resources make vital adaptation difficult. Many of the world's poor have to rely on subsistence agriculture to get by and feed their families. Drier soils and less rain will make that necessity an ever more difficult undertaking. There are certainly crops that will grow in harsher conditions and methods to make sure that this will be a success, but methods of adaptation are often expensive and not made available to those whose survival depends on it. The impact of climate change will make the struggle to reduce poverty globally even harder and is set to undo decades of improvements. It will also be an obstacle in the path towards achieving SDG 1.

## Achieving SDG 1 – No Poverty – despite the additional hurdles

The Sustainable Development Goal 1 has set the ambitious target of ending poverty in all its forms everywhere. Impoverished communities are at higher risk due to climate change because they lack the means and possibilities to adapt themselves to these develop-

ments. We have to make sure that climate change will not superimpose on already existing vulnerabilities. The list of climate change related disasters is long: Prolonged droughts, extreme temperatures, desertification, flooding, storms and wildfires. The UNHCR estimates that around 20 million people are currently being forced to flee each year due to the increase in these events. People living in poverty are set to be affected to a much larger degree since they lack the resources to prepare themselves properly and to rebuild their livelihood after disasters. Climate change is already placing an additional burden on the world's poor. It is vital to make resources available, share knowledge and support those in need.

**What CARE does:** CARE supports vulnerable communities and people affected by climate-related poverty such as in the aftermath of cyclones in Mozambique or massive droughts in Chad and Niger. CARE argues that combating climate-related poverty and taking climate action is not an act of generosity, but necessary justice. Even though the effects of climate change have been seen and felt first in the Global South, the people affected are hardly responsible for the overwhelming majority in emissions and the rise in greenhouse gases.



## CLIMATE CHANGE IMPACTING HEALTH AND WELL-BEING

The COVID-19 pandemic continues to impact the health and well-being of billions of people. Simultaneously, another health crisis is looming. The World Health Organization (WHO) called climate change “the single biggest health threat facing humanity”. Extreme temperatures, devastating droughts and natural catastrophes such as hurricanes or floods will become ever more frequent. These developments will have both direct and indirect impacts on the health and well-being of millions of people around the globe for the coming decades. Deaths, injuries and illnesses linked to climate change will increase rapidly due to an increase of extreme weather events, vector-borne and airways diseases, malnutrition and water-shortages. The WHO expects 250,000 additional deaths annually caused by the effects of climate change by the year 2030.

## Ensuring SDG 3 – Good Health and Well-Being – under different circumstances

SDG 3 aims at ensuring healthy lives and promoting well-being for all at all ages. The goal of ending all epidemics including malaria and other neglected tropical diseases is coming increasingly under pressure. Rising temperatures prolong the season and widen the geographical area where disease carriers such as viruses and microbes can survive and thrive. Vulnerable populations are affected to a much more significant degree due to their limited access to medication and health services. Pollution of air, water and soil often exacerbates the impacts of climate change. Soils that no longer yield sufficient food and rivers that no longer provide enough fish lead to malnutrition and result in destroyed livelihoods across the Global South.

Vulnerable populations often lack access to a functioning medical infrastructure as well as health services. Building capacities, sharing knowledge and properly funding health facilities and providing much needed medicine will be key. Access to sufficient food, clean drinking water, shelter for the displaced will prove vital for the survival of millions, whose health and well-being is impacted by climate change.

**What CARE does:** Regarding the climate related impacts on good health and well-being, CARE works towards providing access to clean water and supports those affected by malnutrition. CARE’s JANO project in Bangladesh, funded by the EU and co-funded by the ADA shares knowledge about good nutrition and alternative farming practices with local communities, thereby enabling adaptation processes. >

Mimi, a student from the Rangpur province in Bangladesh, has turned a previously unused piece of her family’s land into a little vegetable garden. With knowledge that she gained from CARE’s JANO project, she is able to improve the nutrition of her family and neighbors. Climate resistant farming practices are needed in the fight against global malnutrition due to less rain and drier soils. Her family recognizes the importance of these skills: “With her vegetable garden, Mimi made sure that we had enough to eat.”





Did you know, that...?

**20 million people**

are being forced to flee each year due to the increase in climate change related disasters

**natural catastrophes**

have proven to be much more fatal for women and girls. The probability is about 14 times higher than for men

**the WHO expects**

250,000 additional deaths annually caused by the effects of climate change by the year 2030

## CLIMATE CHANGE IS PUTTING ADDITIONAL PRESSURE ON WOMEN

It is a staggering truth that in 2022, gender equality is still not a reality for the majority of women and girls around the world. Every little step forward is hard-fought, and all too often stands on shaky ground. Climate change is now posing a major threat to the many achievements of the past decades whilst simultaneously exacerbating persisting inequalities. In addition, the consequences affect women and girls to a greater degree. Gender roles and social norms place them at a greater risk. Additionally, due to the limited access to resources women more often than men lack the ability to mitigate and adapt to the effects of climate change. This seems even more unfair since women are contributing to climate change to a significantly smaller degree in general.

Natural catastrophes caused by climate change will increase drastically over the coming years. They have proven to be much more fatal for women and girls, the probability of dying in a disaster is about 14 times higher for women than for men. Up to 80 percent of refugees are women. That increases the risk of gender-based violence including human trafficking and child marriage. According to the United Nations, women and girls struggle to a larger extent to recover after a crisis, caused by circumstances such as generally lower incomes. In many cases they will be unable to reestablish their life.

## Making SDG 5 – Gender Equality – a reality in a changing climate

SDG 5 sets the goal of achieving gender equality and empowering all women and girls. But gender-based violence, harmful practices and other forms of discrimination will become more frequent as climate catastrophes surge. Ensuring women's full and effective participation and equal opportunities for leadership at all levels of decision-making are vital when it comes to climate change. At the moment women are too often excluded from decisions. Women need equal rights to economic resources, as well as access to ownership and control over land and other

forms of property to independently mitigate the effects of climate change. For instance, by having the ability to plant climate-resistance crops on self-owned land or possessing reserves to fall back on in case of emergency. Accessing resources and knowledge as well as active participation in decision-making processes will enable women and girls to be prepared for short-term events as well as long-term developments.

Understanding that men and women are affected differently by the effects of climate change is essential. Realizing SDG 5 will require gender-sensitive policies and approaches when it comes to dealing with the impacts of climate change, now more than ever. Most importantly, women and girls need to be part of all conversations concerning climate change, no matter the forum.



**What CARE does:** Gender equality is a key focus of CARE's work. CARE supports women and girls across the globe in realizing their human rights and breaking up gender norms. Fighting poverty as well as gender specific vulnerabilities is viewed as essential in enabling women to adapt to climate change independently. CARE strengthens women by teaching climate resistant farming practices, establishing saving groups to promote financial independence as well as making sure that their voices are heard. CARE works tirelessly to establish shelter as well as safe spaces for women and girls who are forced to flee due to changing climatic conditions.

Climate Sources:  
<https://www.care.at/sources-sdg-report-care-austria-part-2/>



## GLOSSARY

### **Adaption:**

Taking steps to adjust to the changing climate and subsequent developments: This could mean reforestation, improved disaster preparedness as well as climate migration.

### **Climate-smart agriculture:**

Agricultural practices such as switching to more resistant crops enabling farmers to continue to operate within the changing realities of climate change.

### **Gender-based violence (GBV):**

Violence that is directed against a person because of the person's gender, mainly affects women. GBV includes psychological, physical, sexual and socio-economic violence.

### **Gender Equality:**

Equal access to resources and opportunities regardless of gender. Precondition for lasting social transformations and the empowerment of women.

### **Global North/South:**

Grouping of countries according to socio-economic and political characteristics replacing valuing terms such as developed (Global North) and developing (Global South).

### **Food insecurity:**

Insufficient access to nutritious food necessary for a healthy and active lifestyle. The availability of food and economic resources are further preconditions.

### **Reproductive health:**

Various forms of well-being concerning sexuality and reproduction. Access to services and independent decision-making are vital components.

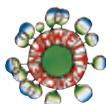
### **Sustainable Development Goals (SDGs)/Agenda 2030:**

Comprehensive framework agreed upon to by all 193 UN member states in 2015 to realise a lasting social and ecological transformation benefiting all people and the planet. The 17 Sustainable Development Goals are an urgent call for action by all countries in a global partnership.

### **Subsistence agriculture:**

Farming that is generating just enough output to feed the own family. The main aim is not to trade and sell products, but the survival of oneself.

**Vector-borne diseases:** Diseases caused by parasites, viruses and bacteria that are transmitted by living organisms such as Malaria, Dengue, Yellow Fever or Zika.



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**“I believe we  
can achieve this!”**

**Alexander Van der Bellen**  
Federal President of the Republic of Austria  
(since 2017)

