

Challenges of sustainable development goal 3

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Abstract

This systematic review analyzes the progress and challenges in achieving Sustainable Development Goal 3 in developing countries, focusing on sexual and reproductive health and demographic trends. The study examines diverse reports and data to show progress in access to reproductive health services, fertility rates reduction, and maternal health. However, there are persistent obstacles such as gaps in health care infrastructure, economic inequalities, and cultural barriers. The analysis emphasizes the correlation between the level of development and the progress towards the United Nations' 2030 Sustainable Development Goals, with a focus on several African countries. The article underlines the importance of boosting current efforts and traces areas that require improvement for full achievement of the Sustainable Development Goal 3 targets.

Keywords: Sustainable development. Reproductive rights. Sexual health. Reproductive health. Family development planning.

Resumo

Desafios do objetivo de desenvolvimento sustentável 3

Esta revisão sistemática analisa o progresso e os desafios para atingir o Objetivo de Desenvolvimento Sustentável 3 nos países em desenvolvimento, com foco na saúde sexual e reprodutiva e nas tendências demográficas. O estudo examina diversos relatórios e dados para mostrar avanços no acesso a serviços de saúde reprodutiva, na redução das taxas de fertilidade e na saúde materna. No entanto, persistem obstáculos como lacunas na infraestrutura de saúde, desigualdades econômicas e barreiras culturais. A análise destaca a correlação entre o nível de desenvolvimento e o progresso em direção aos Objetivos de Desenvolvimento Sustentável das Organizações das Nações Unidas para 2030, com ênfase em vários países africanos. O artigo sublinha a importância de fortalecer os esforços atuais e identifica áreas que necessitam de melhorias para atingir plenamente as metas do Objetivo de Desenvolvimento Sustentável 3.

Palavras-chave: Desenvolvimento sustentável. Direitos sexuais e reprodutivos. Saúde sexual. Saúde reprodutiva. Planejamento familiar.

Resumen

Desafíos del objetivo de desarrollo sostenible 3

Esta revisión sistemática analiza el progreso y los desafíos para alcanzar el Objetivo de Desarrollo Sostenible 3 en los países en desarrollo, con un enfoque en la salud sexual y reproductiva y las tendencias demográficas. El estudio examina diversos informes y datos para mostrar avances en el acceso a servicios de salud reproductiva, en la reducción de las tasas de fertilidad y en la salud materna. Sin embargo, persisten obstáculos como las brechas en la infraestructura de salud, las desigualdades económicas y las barreras culturales. El análisis destaca la correlación entre el nivel de desarrollo y el progreso hacia los Objetivos de Desarrollo Sostenible de las Naciones Unidas para 2030, con énfasis en varios países africanos. El artículo subraya la importancia de fortalecer los esfuerzos actuales e identifica áreas que necesitan mejoras para alcanzar plenamente las metas del Objetivo de Desarrollo Sostenible 3.

Palabras clave: Desarrollo sostenible. Derechos sexuales y reproductivos. Salud sexual. Salud reproductiva. Planificación familiar.

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According to a United Nations report, the world's population of 7.6 billion people is expected to reach 8.6 billion in 2030, 9.8 billion in 2050, and 11.2 billion in 2100, with about 83 million people added each year¹. The group of 47 least developed countries (LDC) continues to have high fertility rates, with 4.3 births per woman in 2010–2015, resulting in rapid growth of 2.4% per year. Although this growth rate is expected to decrease, the population of LDCs, around 1 billion in 2017, is expected to reach 1.9 billion by 2050¹.

Developing countries face several public health challenges, including sexual and reproductive health. The Sustainable Development Goals (SDG), adopted by the United Nations in 2015, include Sustainable Development Goal 3 (SDG3), dedicated to health and well-being². Despite some progress, this goal is still far from being achieved by 2030. Access to health care is inadequate, especially in sub-Saharan Africa, with high maternal and child mortality rates. Lack of proper sex education and health care services contributes to high rates of early pregnancy and sexually transmitted diseases.

To achieve SDG3 targets, it is essential to improve health care infrastructure, increase budget allocation, train more professionals, and promote awareness-raising campaigns. It is also essential to tackle gender inequalities and ensure equitable access to health care services. Collaboration with international partners and non-governmental organizations (NGO) is fundamental. Although donor-funded programs have progressed, local capacity needs to be strengthened and ongoing funding tailored to the country's needs should be secured³.

SDG3 is essential for developing countries, which face unique and complex challenges, particularly in the areas of sexual and reproductive health and demographic trend management. This analysis aims to provide practical recommendations to strengthen current initiatives and develop more effective strategies to achieve the SDG3 targets. The ultimate goal is to improve the health and living conditions of people in developing countries by ensuring that no one is abandoned in the pursuit of sustainable and equitable development.

Theoretical framework

The SDGs were adopted by the United Nations in 2015 to eradicate poverty, protect the planet, and ensure prosperity for all by 2030⁴. SDG3, which is focused on health and well-being, is particularly crucial for underdeveloped countries, where health care infrastructures are often inadequate and sanitary conditions are often precarious. In line with the goals of the Programme of Action of the International Conference on Population and Development (ICPD), SDG3 aims to ensure that, by 2030, every birth is safe and that every child has a healthy start in life.

The goals are to reduce maternal mortality to less than 70 deaths per 100,000 live births and to end preventable deaths of newborns and children aged below 5 years. An additional goal is to reduce neonatal mortality to 12 per 1,000 live births and mortality of children aged below 5 years to 25 per 1,000 live births. These efforts include improving access to prenatal care, safe childbirth, family planning, and reproductive health services that are accessible, affordable and high-quality⁵.

According to the United Nations Population Fund (UNFPA), sexual and reproductive health is a state of complete physical, mental and social well-being in relation to reproductive system⁶. The Programme of Action of the International Conference on Population and Development (ICPD) of 1992 was the first of the international development frameworks to address sexuality, sexual and reproductive health, and reproductive rights⁷.

Since 1994, reproductive health and rights and other population and development-related issues—such as poverty eradication, human immunodeficiency virus (HIV), migration, education and gender equality—have been central in United Nations discussions, which note the importance of these associations in poverty reduction strategies⁸. In 2012, the Commission on Population and Development reiterated the need for governments to ensure that all women and men have access to comprehensive information and a choice within the widest possible range of modern, safe, effective, affordable and acceptable family planning methods, including

long-acting contraceptive methods and male and female prophylactics⁸.

According to the International Institute of Peace⁹, underdevelopment, marked by extreme poverty, disparities in social services, poor infrastructure, weak governance and insecurity, combined with resource scarcity and environmental degradation, threatens human safety as it affects more than one billion people with limited economic and political prospects, while undermining the State's capacity to provide services and promote economic growth.

The 2030 Agenda can only be achieved with full enjoyment of sexual and reproductive health and rights, as women and girls must be active participants in development, with full autonomy over their own bodies¹⁰. When sexual and reproductive health needs are not met, individuals are denied the right to make crucial choices about their own bodies and future, with a cascade effect on the well-being of their families and future generations⁶.

Related works

World Health Organization (WHO) publications show that, in 2020, almost 800 women died every day due to preventable causes related to pregnancy and childbirth, that is, one maternal death every two minutes. About 95% of these deaths occurred in low-income and middle-income countries^{3,11}. These results demonstrate the fact that adequate and quality sexual and reproductive health services remain inaccessible to marginalized populations in several countries:

In developing countries, sexual and reproductive health issues are a leading cause of health problems and death among women and girls of reproductive age. Poor women suffer disproportionately from unwanted pregnancy, unsafe abortion, maternal death and disability, sexually transmitted infections (STI), gender-based violence, and other issues related to pregnancy and childbirth¹².

These statements demonstrate that, in underdeveloped countries, achieving health goals requires a holistic approach, including infrastructure

investments, policy reforms, and international cooperation¹³. Omran's theory of epidemiological transition¹⁴ proposes that economic development leads to improved health conditions and reduced communicable diseases. The United Nations stated, in implementing the sustainable development goals:

We recognize that each country faces specific challenges to achieve sustainable development and we underscore the special challenges facing the most vulnerable countries and in particular African countries, least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries. Countries in situations of conflict also need special attention¹⁵.

This suggests that developing countries can make significant progress towards SDG3 through targeted investments, effective governance and international cooperation. The challenges are many and require an integrated and sustainable approach to achieve long-lasting results. The United Nations declared that:

To achieve the SDGs, it will be essential to achieve sustained and sustainable economic growth, boost job creation in LDCs and expedite the structural transformation of their economies. In particular, it will be essential to achieve the annual growth rate of 7% foreseen in the Istanbul Programme of Action for the Least Developed Countries for the 2011–2020 Decade and reaffirmed in MDG8¹⁶.

At this pace, some developing countries with low economic growth, most of them in sub-Saharan Africa, may still be much below the sustainable development goals set by the Millennium Development Goals in 2015.

Some countries in sub-Saharan Africa had a slower rate of increase in life expectancy, which abandoned them in terms of health progress. For some of them, mortality has even begun to rise again, sometimes dramatically, as a result of the acquired immunodeficiency syndrome (AIDS) epidemic¹⁷; countries classified as having low human development, such as Sierra Leone, Guinea, Yemen, Burkina Faso, Mozambique, Mali, Burundi, the Central African Republic, Niger, Chad, South

Sudan, according to the Human Development Index (HDI) report of the United Nations Development Programme¹⁸, including Haiti, have made modest progress on certain health indicators, such as reducing infant mortality rates and increasing vaccination coverage. However, limited financial resources and weak institutional capacity remain the main obstacles.

Method

This systematic literature review adopts a rigorous methodology; the article begins by clearly defining the research objectives and questions, as well as the inclusion and exclusion criteria for the studies. Databases such as PubMed, Our World In Data, and Google Scholar were searched using specific keywords and Boolean operators to refine the results. Article titles and abstracts were reviewed to eliminate irrelevant ones and, subsequently, the full reading of the pre-selected articles was conducted. An extraction sheet was used to systematically collect key information about each study, such as authors, year of publication, study design, study population, interventions, results, and conclusions.

A narrative summary of the results traces recurring themes, discrepancies, and gaps. Whenever possible, a meta-analysis is performed to quantitatively combine compatible results. The results are interpreted in terms of the research questions, with discussions on practical and theoretical implications and recommendations for future research. The article follows the PRISMA guidelines, and its structure follows the SBC model¹⁹. There is a plan to regularly update the review to incorporate new studies, ensuring a comprehensive, unbiased and reliable synthesis of available evidence.

Concepts

Developed and developing countries

The concepts of development and underdevelopment are vast and often interpreted

subjectively, which makes universal definitions difficult. Therefore, for clarity, it is essential to specify the context of each definition. In general, the definition of “development” encompasses reducing poverty, improving the health and education of the population, increasing productive capacity and increasing *per capita* income. Although the fundamental concerns of development economics are quite clear, its external limits are difficult to establish and essentially arbitrary²⁰.

At the same time, the typical profile of underdevelopment includes demographic parameters such as high birth and mortality rates and low life expectancy at birth, inadequate nutrition and deficiencies in primary hygiene conditions for a large proportion of the population, as well as urban overconcentration and “slum” phenomena within cities²⁰. The World Bank classifies the world’s economies into four groups: low income (\leq US\$ 1,135), lower middle income (US\$ 1,136–4,465), upper middle income (US\$ 4,466–13,845), and high income ($>$ US\$ 13,846), updated in July 1, 2023 according to the previous year’s gross national income (GNI) *per capita*, and this classification reflects a country’s level of development²¹; since the 1980s, the distribution of countries according to their income level has changed considerably.

In 1987, 30% of countries were classified as low-income economies, compared to only 12% in 2022, illustrating a general trend of improvement in income levels. However, there are significant regional disparities in this increase for higher income categories. For example, in Sub-Saharan Africa, the proportion of low-income countries fell from 74% to 46%, while in East Asia-Pacific it fell from 26% to 3% and in South Asia from 100% to 13%²¹. These trends highlight not only the progress made globally in terms of economic development, but also the persistent challenges in certain regions.

Improvement in the economic ratings of many countries indicates progress in terms of development, infrastructure, and governance capacity. However, regional disparities show that some countries and regions continue to face significant obstacles, particularly in terms of

unequal access to resources, infrastructure and political stability. The data show that 87% of African countries and 44.89% of Asian countries have low or intermediate income, which indicates low living standards. In Asia, the reduction in the number of low-income countries reflects rapid economic growth and higher global integration. In Africa, on the other hand, slower progress highlights the need for specific strategies to overcome persistent challenges and improve living conditions. These statistics highlight contrasting dynamics between the two continents, with Asia benefiting from more favorable trends than Africa.

Analysis and discussions

Human development index

These indicators measure three main dimensions of development: long and healthy life, access to knowledge, and a decent living standard. It is the geometric mean of the standardized indices of these dimensions²²; minimum and maximum limits are defined in order to transform the indicators expressed in different units into indices between 0 and 1. These limits serve respectively as “natural zeros” and “aspirational targets” based on which the component indicators are standardized; they are defined with the values in Table 1²²:

Table 1. Measurement of human development indices according to UNDP

Dimension	Indicators	Minimum	Maximum
Health	Life expectancy at birth (years)	20	85
	Expected years of schooling	0	18
Education	Expected years of schooling	0	15
	GNI <i>per capita</i> (\$PPP) 2017	100	75,000
Standard of Living	Very high human development	0.800	Above
	High human development	0.7	0.799
HDI	Average Human Development	0.55	0.699

This low financial allocation contributes to insufficient infrastructure and health care services, exacerbating inequalities in health care, especially compared to developed countries that invest more in their health care systems.

Ratio between health care expenditure and gross domestic product per capita

Developing countries often allocate an insufficient portion of their national budget to health care, limiting access to health care, especially for marginalized populations. Gross domestic product (GDP) *per capita*, an indicator of average wealth *per capita*, is often low in these countries, affecting individuals' capacity to pay for health care services. Countries with high GDP *per capita* tend to have higher health care expenditures, improving access to and quality of health care. In contrast, developing countries, with their low GDP *per capita*, are often dependent on international aid, which creates instability. Families often bear a large part of health care costs; thus, they are pushed into poverty in case of serious illness, aggravating inequalities.

In Sub-Saharan Africa and some South Asian countries, as well as Haiti, public health care expenditures are low despite economic progress. In Burundi, with a population of 13,570,236, GDP *per capita* in 2021 was US\$ 267 and health expenditure *per capita* was US\$ 24. In comparison, developed countries invest much more in health care. In the United States, GDP *per capita* was US\$ 69,185, with *per capita* expenditure on health care of US\$ 12,012²³. To improve health care systems, it is crucial to increase public spending and promote economic growth that increases GDP *per capita*. Adequate investments and effective management of resources are essential to ensure equitable access to health care and improve human development indicators.

Developed and developing countries

Health Care Access and Quality Index

The Health Care Access and Quality (HAQ) Index, developed by the Institute for Health

Metrics and Evaluation (IHME), assesses the access to and quality of health care in different countries. Based on mortality from preventable causes, it compares the performance of health care systems worldwide²⁴. A high score indicates better access to quality health care, while a low score shows deficiencies. Calculated based on 32 preventable causes of death, the index assigns specific weight to each cause, and scores range from 0 to 100.

Between 1990 and 2015, most countries saw their human development index (HDI) improve. However, some countries in Africa, the Middle East, and South Asia lag behind similar regions²⁵. For example, the analysis of the level of wealth and quality health care provided to the population in the ten richest countries in the world and in the ten poorest countries in the world in 2024²⁶ shows that only India, among the rich countries, has a HAQ index below 60; in contrast, all low-income countries have HAQ index below 50, according to the Institute for Health Metrics and Evaluation²⁷.

The data show global progress in the human development index between 1990 and 2015 in most countries, while highlighting persistent disparities in some regions, such as southern Sub-Saharan Africa, the Middle East, South Asia, and Haiti. The data also show that, even among the richest countries, there are marked differences in the quality of health care provided to the population, with India being an example of a rich country that still faces significant health care challenges. In contrast, low-income countries continue to face major human development challenges, with lower HAQ indices than those of wealthier countries.

World demographic trend

According to the United Nations, the world population is expected to increase by 2 billion by 2050, reaching 9.7 billion, and could reach approximately 11 billion by 2100. More than

half of this growth will be concentrated in Africa, which is expected to undergo the strongest demographic change²⁸. In turn, the Asian population is expected to reach 4.96 billion by 2030, 5.17 billion by 2040, and stabilize around 4.79 billion by 2099²⁹. In Sub-Saharan Africa, the population is expected to reach 1.7 billion by 2030, 2.09 billion by 2040, and 3.91 billion by 2099²⁹. The data indicate future challenges and opportunities associated with population growth in these regions, particularly in terms of social and economic infrastructure and services.

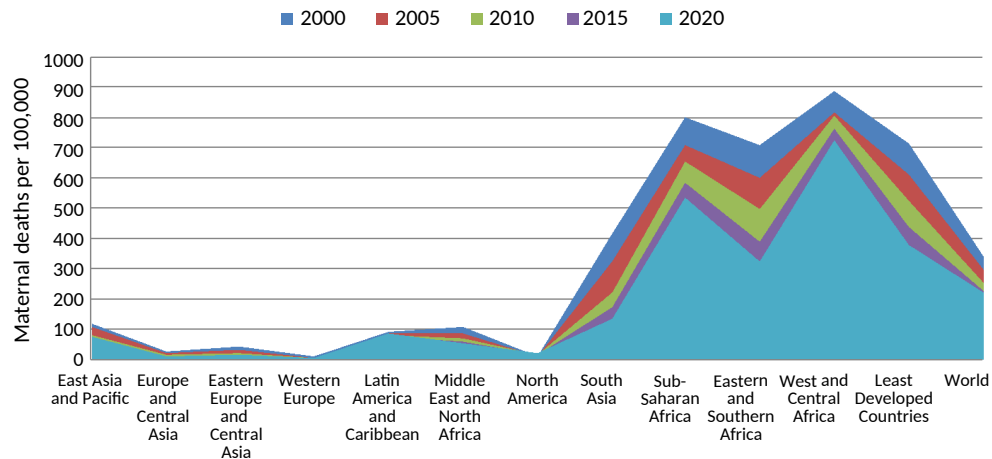
Health indicators in developing countries

Maternal mortality indicator

Maternal mortality refers to a woman's death during pregnancy or in the 42-day period after its end, regardless of the causes³⁰. The main reasons include complications directly related to pregnancy, such as bleeding and hypertension, as well as infections and complications resulting from unsafe deliveries. This problem is most critical in low-income and middle-income countries, where access to quality maternal care is limited.

Maternal deaths are mainly due to a lack of funding for primary health care, qualified staff, reliable supply chains and availability of medical products. Worldwide, about one-third of women do not receive the recommended prenatal care and essential postnatal care, according to the WHO³⁰. In 2020, the Central and West Africa region recorded an average of 724 maternal deaths per 100,000 live births, a reduction from previous figures of 890 in 2000, 817 in 2005, 807 in 2010 and 766 in 2015 (Figure 1)³¹.

In West and Central Africa, despite a 19% drop between 2000 and 2020, maternal death rates remained three times the world average in 2020 (724 deaths per 100,000 live births compared to 223 in the world). It is noted that the SDGs aim to reduce maternal mortality and promote better maternal health beyond simple survival³¹.

Figure 1. Maternal mortality by region from 2000 to 2020

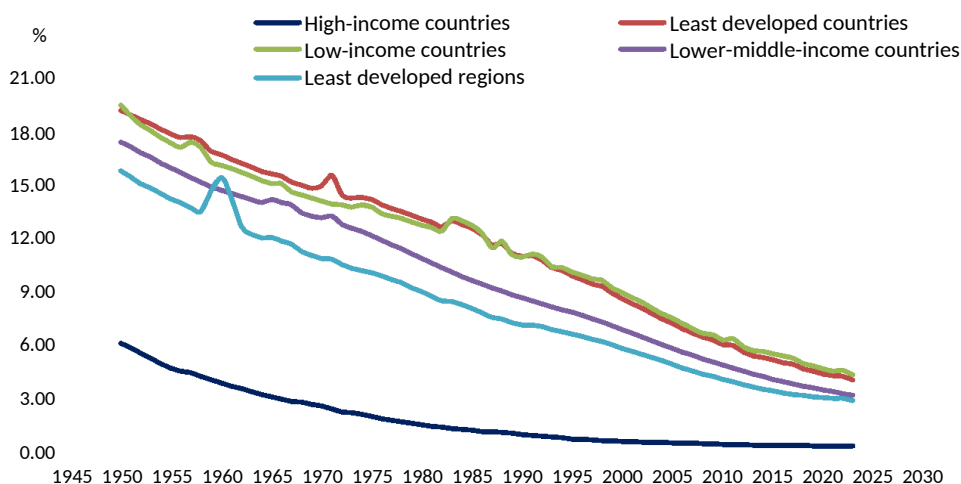
Source: prepared based on *Maternal mortality in the world in the light of the sustainable development goals*³¹.

Neonatal and infant mortality index

In 2022, 2.3 million children died in the first 20 days after birth, which equates to approximately 6,500 newborn deaths per day, representing 47% of all deaths of children under 5 years of age, according to the WHO³². Sub-Saharan Africa, while accounting for only 30% of global births, recorded 57% of deaths of children under 5 years of age, approximately 2.8 million deaths, highlighting the disproportion in child mortality compared to the rest of the world. To expedite progress in neonatal survival and in the promotion of health and well-being, we must improve the

quality of health care and ensure that sick and low birth weight newborns benefit from quality health care services³².

However, despite progress, 2022 saw 4.9 million children worldwide die before their fifth birthday, which represents one death every 6 seconds³³. At the current rate, 59 countries will fail to meet the SDG targets for under-5 mortality, and 64 countries will fail to meet the neonatal mortality target. An estimated 35 million children will die before their fifth birthday by 2030, most of them in sub-Saharan Africa, Southeast Asia, or low- and lower-middle-income countries³³.

Figure 2. Evolution of infant mortality rates in the world from 1950 to 2023

Source: prepared based on *Infant mortality rate, 1950 to 2023*³⁴.

Figure 2 illustrates a significant improvement in under-5 mortality rates worldwide between 1950 and 2021, with higher progress in developed countries. In 1950, high-income countries had a mortality rate of 6.54%, while low-income countries had a much higher rate of 20.03%³⁴. In 2021, mortality rates declined significantly in both groups of countries, reaching 0.41% in developed countries and 4.14% in developing countries. This decrease reflects advances in health care, access to medical technologies, and socioeconomic conditions, despite persistent disparities between regions.

HIV/AIDS index

The SDG3 HIV/AIDS index, mainly measured by the number of new HIV infections per 1,000 uninfected inhabitants, aims to end the epidemic by 2030. Strategies include reducing new infections through prevention programs, increasing access to antiretroviral (ARV) treatment, eliminating mother-to-child transmission, raising awareness to reduce stigma, and strengthening health care systems. In 2022, according to data from the Joint United Nations Programme on HIV/AIDS, 39 million people were living with HIV, including 1.5 million children. A total of 1.3 million new infections were recorded, and 630,000 people died from HIV/AIDS-related diseases³⁵.

Since 2010, new infections have decreased by 38% and 58% among children, and 29.8 million people have had access to antiretroviral therapy. Since the beginning of the epidemic, 85.6 million people have been infected and 40.4 million have died³⁵. Global HIV prevalence is 0.7% among adults (aged 15–49 years); however, it is significantly higher among at-risk populations such as sex workers (2.5%), gay men (7.5%), injectable drug users (5%), transgender people (10.3%), and prisoners (1.4%). These figures show that HIV disproportionately affects vulnerable groups; therefore, targeted interventions are needed to reduce transmission in these populations³⁵.

In 2022, 53% of people living with HIV were women and girls. In sub-Saharan Africa, adolescents and young women represented in 2023 more than 77% of new infections among young people aged 15–24 years, being three times

more likely to contract HIV than their male peers. The data show that, every week, 4,000 young women in this age group were infected, of which 3,100 were in sub-Saharan Africa. Only 42% of high incidence districts in Sub-Saharan Africa had prevention programs for these groups in 2021³⁵.

In 2023, of the 39 million people living with HIV/AIDS in the world, 20.8 million will be in Eastern and Southern Africa, where 260,000 deaths are recorded annually; according to the Joint United Nations Programme on HIV/AIDS (UNAIDS), there are 500,000 new infections in this region, including 400,000 in adults over the age of 15 and 58,000 in children aged 0–14 years³⁵. This concentration of cases and deaths in eastern and southern Africa underscores the urgent need to boost prevention and treatment efforts in the region.

Comparing the AIDS situation in East and Southern Africa with that of developed countries, it is clear that underdeveloped countries, especially in Africa, bear a disproportionate burden. In these regions, limited access to health care, education and prevention programs contributes to a high rate of new infections and deaths. In contrast, developed countries—due to better health care systems, higher access to antiretroviral treatment, and effective awareness-raising campaigns—have managed to significantly reduce the number of new infections and prolong the lives of people living with HIV/AIDS.

Final considerations

This literature review demonstrates that achieving SDG3 in developing countries remains a complex challenge. Despite notable progress, several obstacles persist, hampering these nations' capacity to ensure healthy lives and promote the well-being of all. Global and local initiatives, through international partnerships and educational programs, have improved access to sexual and reproductive health services. However, inequalities in access to health care, lack of skilled medical staff, and cultural barriers remain problematic. Rapid population growth in least developed countries puts pressure on health care systems and economic resources, complicating the provision of quality services.

To overcome these challenges and achieve the SDG3 targets, it is crucial to strengthen health care infrastructures, especially in rural areas, and train more health care workers. The budget allocation for public health care needs to be increased, with support from international donors. Awareness-raising campaigns should promote reproductive health services and address gender inequalities, ensuring equitable access. Collaboration with international partners, non-governmental organizations and local organizations is essential to strengthen local capacities and ensure the sustainability of

programs. By improving infrastructure, adopting inclusive policies, and mobilizing the international community, developing countries can significantly improve the health care and well-being indices of their populations.

In conclusion, despite the progress achieved, developing countries should boost efforts to overcome obstacles and ensure a healthy life and well-being for all. Integrated strategies, strong partnerships and continuous engagement are essential to achieve the SDG3 targets and create a healthier, more equitable future.


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André Souza dos Santos and Ana Cristina Santos Duarte supervised the writing and analysis of the article and provided detailed guidance to ensure the scientific coherence and relevance of the content presented. Sérgio Donha Yarid, Maria Madalena Souza dos Anjos Neta and Charles Souza Santos contributed significantly to the research with vast academic knowledge, in addition to directly supervising crucial aspects of the work and collaborating in the formulation of hypotheses, data analysis and validation of conclusions.

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