UNECE Regional Forum on Sustainable Development
Peer Learning Round Table on SDG 3: Health

Strengthening Health Systems for a Healthier, Longer Life

3 April 2025, Geneva

First panel

Distinguished delegates,

My name is Natasha Dokovska from Journalists for Human Rights, speaking on behalf of ECE-RCEM.

To respond meaningfully to demographic change and promote healthier, longer lives, we must address three critical dimensions: **prevention across the life course**, **care gaps caused by migration**, and **inclusive approaches to ageing for marginalized groups**.

1. A Lifespan Approach to Prevention – start early

We need to move away from reactive care models and invest in **preventive health across the lifespan**. A strong example comes from Portugal, where health systems focus on early intervention and continued support throughout life.

Prevention must start young — whether through **mental health, nutrition, or physical activity** — and continue into older age. This includes **teaching hygiene, promoting balanced diets, and encouraging active lifestyles** to prevent chronic illness in later years.

Central to this is **education and access to accurate health information**. Promoting healthy living through **school programs, public campaigns, and community outreach** empowers individuals to take charge of their health from an early age. If we support people across their life journey with the right knowledge and tools, we will build healthier, more resilient ageing populations.

2. Migration and Care Gaps

The second issue is the growing **care gap created by the migration of young people**. In countries like North Macedonia, there are fewer than 100 care beds for older people in cities like Skopje. Many elderly women over 70 live alone, with no family nearby and no community support. The situation is even worse in rural areas, where entire communities are left behind with little to no health infrastructure. In other countries, including the UK older adults also resist entering residential care due to lack of standards or for financial reason, leading to isolation and mobility issues.

But beyond infrastructure, we must also address the preparedness **and distribution of the healthcare workforce**. The training of healthcare providers does not always reflect the needs of ageing populations. We need to ensure that **health professionals are continuously trained and educated**, particularly in geriatrics and long-term care. It's not only about having more staff, but about having the **right training and the right care in the right places**.

Additionally, many doctors leave the public sector for better opportunities in private practice, creating **equity gaps** in access to care. Ensuring **fair compensation and support for healthcare workers**, especially in underserved areas, is essential if we want them to stay and serve where the need is greatest.

To ensure care in ageing, we must **invest not only in physical infrastructure but also in a workforce model that is regionally responsive, well-trained, and sustainable**.

3. Inclusive Ageing: Gender, Identity & Data

Third, we must address the **exclusion of marginalized groups in ageing policy and research**. Older women often go unstudied, and key health issues like menopause remain under-researched — even though post-menopausal suicide rates are high. Trans and gender-diverse individuals face even more precarious situations. In some global contexts, trans women's life expectancy is estimated at just 30 to 35 years. Ageing becomes a privilege — not a given.

Moreover, we need **disaggregated data** on older people, especially in rural areas and post-disaster zones. In Kazakhstan, populations impacted by nuclear testing

face intergenerational health effects — but are rarely included in long-term health strategies. Without data, these communities remain invisible in policy.

In conclusion, to promote healthy ageing for all, we need systems that are **preventive, place-sensitive, and inclusive**. Services must be tailored — especially for those most often left behind: **older women, rural communities, and LGBTI+ people**. An inclusive ageing strategy is not just a health priority — it's a justice issue. Thank you

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Second panel

Thank you, Chair, for giving me the floor.

My name is Kaisha Atakhanova, from ARGO, speaking on behalf of ECE-RCEM.

As we focus on building **resilient and inclusive health systems**, we' d like to highlight three critical areas that are central to this work: **responsive primary care, empowered communities, and digital inclusion**.

1. Strengthening Primary Healthcare and Workforce Flexibility - add evidence based solutions, mention disasters and wars

Resilient health systems begin with **strong, adaptable primary care**, but in many rural, remote, and crisis-affected areas, there is a clear mismatch between available healthcare workers and community needs. This is especially evident, for example, in regions impacted by **conflict, displacement, or climate-related disasters** like floods or droughts, where fragile systems are quickly overwhelmed.

Evidence-based solutions include **mobile and rotating care models**, which bring healthcare professionals to underserved areas and ensure continuity of care where permanent services are not viable. Additionally, **task-shifting to trained community health workers** has improved access and outcomes in some countries, for example, in maternal and child health. Tailoring primary care to local contexts, and training providers for evolving needs, is essential for building long-term resilience.

2. Recognizing Community Power: Volunteerism & Civil Society

The second pillar is the **power of community-based care**. Volunteer networks of various groups are already providing crucial support, particularly in areas with little or no formal infrastructure. These groups are often **trusted** and uniquely placed to reach those who are otherwise excluded.

However, they are often **chronically underfunded and underrecognized**. If we are serious about inclusion, we must **ensure proper support for civil society** — not as a side note, but as a strategic partner in care delivery. **Collaborative models**, where healthcare professionals and community actors work together, are not only more inclusive but also more **cost-effective and sustainable**.

3. Technology and Cross-Sector Collaboration

Finally, **digital health solutions** hold enormous promise — but must be implemented equitably. **Telemedicine and mobile health tools** can bring specialized care to underserved communities, but digital inclusion requires more than just tools — it requires **investment in internet infrastructure and digital literacy**, especially for older adults and rural communities.

We must also see healthcare as part of a broader ecosystem. This includes **education, technology, telecommunications, and media**. These sectors are essential in expanding health literacy and combating misinformation. For example, partnerships between countries like **Japan and Kazakhstan**, who share experience with radiation-related health impacts, show how **international knowledge-sharing** can strengthen localized responses.

In conclusion, to build resilient health systems, it is essential:

- Customize **primary care** to regional realities,
- **Empower communities** and civil society with funding and inclusion,
- And invest in **technology and literacy in its use**

Resilience isn't only about systems — it's about people. And, together and in partnership, we must build systems that work for all people.

Thank you.