

Student name: Hannah Serwaah Sasaraku

Student ID: 2127147

Module Code: Independent Project BMHP6030_BIRM

Assignment Title: Component 2 - Report

Lecturer name: Parese Ahmed

Table of Contents

Introduction	3
Section 1- SDG 3: Good Health and Well-Being (Health Impacts of Poverty and Deprivation)	4
Global Policies and Initiatives	4
National Initiative: United Kingdom.....	4
Local Initiative: Birmingham.....	5
Theoretical Framework	6
Critical Evaluation.....	7
Recommendations.....	7
Section 2 - SDG 5: Gender Equality (Every Woman, Every Child).	8
Global Policies and Initiatives	8
National Initiative: United Kingdom.....	9
Local Initiative: Birmingham.....	9
Theoretical Framework	10
Recommendations	11
Conclusion	11
References	13

Health, Wellbeing and Sustainable Development

Introduction

Sustainable development is a worldwide strategy that seeks to balance social advancement, economic development, and environmental sustainability to enhance quality of life for everyone now and in the future (United Nations, 2023). This idea is fundamental to the 2030 Agenda for Sustainable Development, which aims to address issues such as poverty, inequality, health gaps, and human progress through 17 Sustainable Development Goals (United Nations, 2023). Within this framework, health and gender equality are essential for long-term societal well-being. SDG 3 focuses on boosting global health by lowering maternal and child deaths, controlling diseases, and expanding access to universal health coverage (World Health Organisation, 2024). Meanwhile, SDG 5 aims to eradicate gender inequality, enhance women's healthcare rights, and broaden access to sexual and reproductive health services (UN Women, 2024).

Despite some progress, health disparities still disproportionately impact women and children, affecting healthcare access, treatment results, and overall quality of life both globally and nationally (World Health Organisation, 2024). In the UK, ongoing disparities in maternal health, gender-related health inequalities, and uneven service access emphasise the need for policy review at national and local levels (UK Health Security Agency, 2024). Cities like Birmingham exemplify these issues due to their diverse populations, varying economic backgrounds, and different healthcare needs.

This report aims to critically analyse policies and initiatives related to SDG 3 and SDG 5 across global, national, and local levels, with particular focus on health equity and policy effectiveness in the UK. It will end with key findings and evidence-based recommendations to improve health outcomes.

Section 1- SDG 3: Good Health and Well-Being (Health Impacts of Poverty and Deprivation)

According to the World Health Organisation (2024), poverty remains one of the most powerful barriers to good health, shaping disease prevalence, life expectancy, and access to medical care. Health inequality is increasingly recognised as a structural issue, reinforced by economic instability, poor living conditions, limited employment opportunities, and restricted access to public services (Marmot et al., 2020). To achieve SDG 3, efforts must go beyond healthcare alone; they need to include sustained actions that improve the social and economic environments in which people live and work (Solar & Irwin, 2021).

Global Policies and Initiatives

International health policy emphasises that poverty reduction and improved population health are inseparable goals (Kickbusch, 2015). Global frameworks such as the Health in All Policies approach encourage governments to embed health considerations into housing, education, employment, and urban development planning (World Health Organization, 2024). Economic strength alone has not prevented significant internal health gaps within wealthy nations, illustrating that national income does not guarantee equal health distribution (Marmot, 2020). This highlights that health equity must be supported by targeted strategies that focus on vulnerable communities rather than entire populations in general terms (Solar & Irwin, 2010).

National Initiative: United Kingdom

In the UK, poverty is a significant predictor of adverse health outcomes (Marmot, 2020). Recent national data indicates that individuals residing in the most deprived areas have a life expectancy that is more than nine years shorter compared to those living in the least deprived regions (UK Health Security Agency, 2024).

The Core20PLUS5 national strategy was launched to focus on the 20% most disadvantaged populations, aiming to reduce early mortality rates, prevent chronic diseases, and enhance access to local healthcare services (NHS England, 2023).

Moreover, the NHS Long Term Plan highlights the importance of investing in community healthcare, broadening GP networks, and creating earlier diagnosis pathways, particularly in areas with greater levels of deprivation (NHS England, 2024). Nevertheless, differences in healthcare staffing, availability of GP appointments, and uptake of preventive care still obstruct equitable progress throughout the country (The King's Fund, 2022). This indicates that while there are national commitments, their execution is often inconsistent, frequently due to uneven funding distribution and shortages in the workforce across different regions (House of Commons Health Committee, 2023).

Local Initiative: Birmingham

Birmingham City Council (2023) states that Birmingham, the UK's second largest city, faces significant health inequalities driven by socioeconomic disadvantage across its neighbourhoods. Although the city boasts a diverse and expanding population, large portions of its residents live in areas identified as some of the most deprived in England, where poverty is strongly linked to poorer health outcomes and shorter life expectancy (ONS, 2023).

There is a notable difference in life expectancy among neighbourhoods, with people in high-deprivation areas living shorter average lives and having a greater chance of developing preventable long-term health issues, such as cardiovascular disease, chronic respiratory conditions, and type 2 diabetes (BCC, 2023). These health outcomes are intricately connected to non-clinical factors, particularly the quality of housing.

Many low-income families live in overcrowded or poorly maintained homes, where exposure to dampness, mould, and pollution heightens the risk of respiratory and immune-related issues (BCC, 2023).

Healthcare access also reveals clear disparities. Reports from local health authorities show that the availability of general practitioners, waiting times for appointments, and continuity of care are disproportionately affected in deprived regions compared to more prosperous areas (NHS Birmingham and Solihull ICB, 2024). Additionally, digital exclusion presents a contemporary barrier to access, as numerous low-income households struggle with online appointment systems, virtual consultations, and health applications, which further postpones care and diagnosis (Roberts & Mehrotra, 2020).

This local data illustrates that health inequality in Birmingham is not merely a clinical concern but rather a systemic issue influenced by factors such as housing, income, accessibility of services, and social infrastructure.

Theoretical Framework

The Social Determinants of Health model explains these patterns by emphasising that factors like economic stability, education, housing, and community infrastructure play a major role in health, more so than medical care alone (Marmot et al., 2020). In Birmingham, this model shows that enhancing clinical services alone will not substantially decrease health disparities unless issues like poverty, housing, and resource distribution are also addressed (Dahlgren & Whitehead, 2021).

Critical Evaluation

Although UK and local policies recognise deprivation as a key factor influencing health, several shortcomings hinder substantial progress:

- Healthcare efforts are often focused on treating illness rather than preventing it through early intervention and structural poverty alleviation (The King's Fund, 2023).
- Resource distribution does not always align with local needs, resulting in shortages of workforce and services in high-demand areas (National Audit Office, 2022).
- Collaboration among health, housing, and economic policies remains inadequate, causing deprivation to persist as a driver of health inequality despite existing targeted programmes (Local Government Association, 2023).

Recommendations

To reduce the health impacts of poverty and deprivation and strengthen progress toward SDG 3, the following actions are recommended:

- Increase primary care capacity in high deprivation areas by expanding GP staffing and community healthcare roles to decrease waiting times and improve continuity of care (NHS England, 2023).
- Strengthen cross sector collaboration between healthcare, housing, and employment services to address the root social drivers of poor health outcomes (Local Government Association, 2023).
- Enforce community-based and mobile health screening services to sustain early diagnosis and preventative care for underserved populations (Public Health England, 2021).

- Expand digital inclusion support by providing non-digital appointment options and community technology support to reduce digital barriers to healthcare access (Roberts & Mehrotra, 2020).

Section 2 - SDG 5: Gender Equality (Every Woman, Every Child).

UN Women (2024) emphasises that gender equality is a vital factor influencing health, safety, and social opportunities. Women and children often face disparities in access to healthcare, autonomy, and economic security worldwide. SDG 5 focuses on ending gender discrimination, enhancing sexual and reproductive health rights, and lowering preventable maternal and newborn mortality (UN Women, 2024). Although progress has been made globally, disparities still exist in access to maternity care, reproductive health services, and gender-sensitive healthcare systems (WHO, 2024).

Global Policies and Initiatives

The Every Woman Every Child initiative is a worldwide plan aimed at enhancing maternal, newborn, and adolescent health by emphasising safe childbirth, immunisations, and reproductive support (United Nations, 2020). Likewise, the Global Strategy for Women's, Children's, and Adolescents' Health aim to decrease mortality rates through strengthening health systems, investing in quality services, and promoting women's rights in healthcare decision-making (WHO, 2024). Nevertheless, reports indicate that systemic barriers such as poverty, cultural traditions, and unequal healthcare funding continue to hinder women's access to reliable and safe maternal care (Temmerman et al., 2021).

National Initiative: United Kingdom

In the UK, the health of women and children is supported through national policies such as the NHS Maternity Transformation Programme, which focuses on enhancing maternity safety, personalised care, and neonatal results (NHS England, 2023). The UK has also pledged to decrease maternal mortality rates and enhance birth experiences, implementing targeted policy measures in response to national reports highlighting disparities among ethnic minority and low-income mothers (Knight et al., 2022).

A key example is the Better Births initiative, which established continuity of midwifery care and safer birthing environments, particularly for high-risk populations (National Maternity Review, 2016). However, national statistics still reveal that women in impoverished or marginalised communities experience higher rates of pregnancy complications, delayed access to care, and maternal mortality (MBRRACE, 2023). This indicates that while policy implementation is leading to improved outcomes for certain groups, it is not being distributed equally across all demographics.

Local Initiative: Birmingham

Birmingham City Council (2023) states that Birmingham boasts one of the UK's most diverse birth populations, yet it also faces some of the most significant maternal and infant health disparities in the nation. Women from disadvantaged communities or ethnic minority backgrounds are at a higher risk of preterm births, have limited access to antenatal services, and experience worse maternal health outcomes compared to the city's averages (MBRRACE-UK, 2023).

A local effort to combat this issue is the Birmingham and Solihull Local Maternity and Neonatal System (LMNS), which offers focused assistance for safer pregnancies,

community midwifery initiatives, and maternity care that is sensitive to cultural needs (NHS Birmingham and Solihull LMNS, 2024). Yet, obstacles remain, such as disjointed care pathways, extended waiting periods for specialist maternity services, and challenges in early pregnancy engagement stemming from language, cultural, or socioeconomic barriers (Sandall et al, 2022).

Theoretical Framework

The Gender and Power Theory (Connell, 2013) explain how societal power dynamics unfairly affect women's ability to access healthcare, make decisions, and achieve favourable health outcomes. When applied to Birmingham, this theory emphasises how economic hardships, cultural obstacles, and institutional biases can restrict women's access to reliable maternal support, even in the presence of available services (Pratley, 2016).

Critical Evaluation

Despite the dedication shown by national and local maternity programs to enhance the health of women and children, three significant challenges persist:

- Access to specialised maternity services varies across different communities, with delays particularly challenging low-income and ethnic minority women (UK Health Security Agency, 2024).
- Engagement with antenatal and postnatal care is still hindered by cultural and language barriers (Birmingham City Council, 2023).
- While maternity care policies focus on clinical enhancements, they place less importance on social support systems that affect maternal well-being (NHS, 2024).

Recommendations

To advance progress toward SDG 5 and enhance outcomes for women and children, the following measures are recommended:

- Enhance maternity services that are culturally sensitive, including the availability of interpreters and community advocacy, to improve engagement during antenatal care (BCC, 2023).
- Enlarge the availability of continuous midwifery support in communities facing high risks and deprivation to minimise disjointed maternity care (NHS, 2024).
- Launch outreach programs for early pregnancy via partnerships with community health organisations to promote prompt and consistent access to care (Every Woman Child, 2024).
- Support mental health services for mothers by incorporating psychological support into standard pre- and post-natal care (UKHSA, 2024).

Conclusion

In conclusion, this report highlights that while there is a clear policy commitment to advancing Sustainable Development Goal 3 (SDG 3) and Sustainable Development Goal 5 (SDG 5), progress is hindered by structural and social barriers. Global and national frameworks emphasise the importance of improving health outcomes and reducing inequality; however, implementation is often uneven, particularly in socioeconomically disadvantaged communities (Marmot et al., 2020).

Evidence shows that poverty significantly impacts health outcomes, often more so than healthcare provision alone. This reinforces the notion that social determinants such as housing, income, and employment are critical health issues rather than separate policy concerns (WHO, 2024). In the United Kingdom, national strategies including the Core20PLUS5 approach and long-term investment plans, demonstrate a commitment to reducing disparities. Yet, challenges persist, particularly due to overstretched services and inconsistent regional delivery (UKHSA, 2024).

At the local level, Birmingham mirrors national trends, where deprivation, unequal access to primary care, and housing instability continue to lead to preventable illnesses and shorter life expectancies (BCC, 2023). Although maternal and child health outcomes have improved in certain targeted areas, they remain disproportionately poorer among ethnic minority and low-income women, highlighting that the benefits of maternity policies are not distributed equitably (EWECC, 2024).

This report finalises that while policies are in place, their long-term impact is constrained by workforce shortages, fragmented service coordination, digital exclusion, and limited engagement in preventive health initiatives (NHS, 2024). Therefore, achieving SDG 3 and SDG 5 will require sustained cross-sector collaboration, strengthened community healthcare capacity, and service delivery models that prioritise equity rather than relying solely on universal approaches. Without addressing the underlying social determinants of health, progress will remain partial rather than transformational.

References

Birmingham City Council (2023) Health and wellbeing in Birmingham: Annual report. Available at: <https://www.birmingham.gov.uk> (Accessed: 12 November 2025).

Connell, R. (2013) Gender and power: Society, the person and sexual politics. 2nd edn. Cambridge: Polity Press.

Dahlgren, G. and Whitehead, M., 2021. The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. Available at <https://resources.equityinitiative.org/bitstream/handle/ei/192/2006%20WHO%20EURO%20Concepts%20and%20principles%20for%20tackling%20social%20inequities%20in%20health%20-%20part1.pdf?sequence=1> (Accessed: 12 November 2025).

Every Woman Every Child (2024) Global strategy progress report. Available at: <https://www.everywomaneverychild.org> (Accessed: 12 November 2025).

House of Commons Health Committee (2023) Workforce challenges in the NHS. Available at: <https://committees.parliament.uk> (Accessed: 12 November 2025).

Kickbusch, I. (2015) 'Health in all policies: The evolution of the concept', Health Promotion International, 30(2), pp. 301–311.

Knight, M. et al. (2022) MBRRACE-UK: Saving lives, improving mothers' care. Available at: <https://www.npeu.ox.ac.uk/mbrrace-uk> (Accessed: 12 November 2025).

Local Government Association (2023) Health inequalities and local government in England. Available at: <https://www.local.gov.uk> (Accessed: 12 November 2025).

Marmot, M. et al. (2020) Health equity in England: The Marmot Review 10 years on. Available at: <https://www.health.org.uk> (Accessed: 12 November 2025).

MBRRACE-UK (2023) Maternal mortality surveillance report. Available at: <https://www.npeu.ox.ac.uk/mbrrace-uk> (Accessed: 12 November 2025).

National Audit Office (2022) Tackling health inequalities in England. Available at: <https://www.nao.org.uk> (Accessed: 12 November 2025).

National Maternity Review (2016) Better Births: Improving outcomes of maternity services in England. Available at: <https://www.england.nhs.uk> (Accessed: 12 November 2025).

NHS Birmingham and Solihull ICB (2024) Integrated health performance update. Available at: <https://www.birminghamsolihull.icb.nhs.uk> (Accessed: 12 November 2025).

NHS Birmingham and Solihull LMNS (2024) Local maternity and neonatal system report. Available at: <https://www.england.nhs.uk/midlands> (Accessed: 12 November 2025).

NHS England (2023) Core20PLUS5: An approach to reducing health inequalities. Available at: <https://www.england.nhs.uk/about/equality/core20plus5> (Accessed: 12 November 2025).

NHS England (2024) The NHS long term plan progress update. Available at: <https://www.longtermplan.nhs.uk> (Accessed: 12 November 2025).

Office for National Statistics (2023) Life expectancy and deprivation in England. Available at: <https://www.ons.gov.uk> (Accessed: 12 November 2025).

Pratley, P. (2016) 'Women's empowerment and access to healthcare', Social Science & Medicine, 169, pp. 119–131.

Public Health England (2021) Improving access to community health screening. Available at: <https://www.gov.uk/government/organisations/public-health-england> (Accessed: 12 November 2025).

Sandall, J. et al. (2022) 'Continuity of midwifery care and birth outcomes', Cochrane Database of Systematic Reviews, 11.

Solar, O. and Irwin, A. (2010) A conceptual framework for action on the social determinants of health. Available at: <https://www.who.int> (Accessed: 12 November 2025).

The King's Fund (2022) Understanding inequalities in healthcare access. Available at: <https://www.kingsfund.org.uk> (Accessed: 12 November 2025).

Temmerman, M. et al. (2021) 'Maternal health inequality and systemic barriers', The Lancet Global Health, 9(2), pp. 230–241.

UK Health Security Agency (2024) Health inequalities monitoring report. Available at: <https://www.gov.uk/government/organisations/uk-health-security-agency> (Accessed: 12 November 2025).

World Health Organisation (2024) World health statistics 2024: Monitoring health for the SDGs. Available at: <https://www.who.int/publications/i/item/9789240094703> (Accessed: 12 November 2025).