

TST issues brief: HEALTH AND SUSTAINABLE DEVELOPMENT¹

Introduction: Health as central to sustainable development

The International Covenant on Economic, Social and Cultural Rights states that, “the enjoyment of the highest standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. The full enjoyment of the right to health is critical for the enjoyment of other human rights. Good health is thus an end in itself and it plays an integral role in human capabilities and well-being.

Health is central to the three dimensions of sustainable development. Health is a beneficiary of and a contributor to development. It is also a key indicator of what people-centred, rights-based, inclusive, and equitable development seeks to achieve². Health is important as an end in itself and as an integral part of human well-being, which includes material, psychological, social, cultural, educational, work, environmental, political, and personal security dimensions. These dimensions of well-being are interrelated and interdependent. Investments in health, particularly prevention of ill health, enhance a country’s economic output through their effects on educational achievement and skills acquisition, labour productivity and decent employment, increased savings and investment, the demographic transition and impacts on the earth’s ecosystem³. For these reasons, three of the eight MDGs are focussed on health, and the rest are key determinants of it.

Yet, ill health remains a significant cause, and a consequence of poverty in all countries. Ill health limits productivity and school attendance, thereby preventing many poor people from escaping poverty. Every year 100 million people are either pushed into poverty by health-care costs, including out-of-pocket expenses for health care, or unable to afford essential health services so that pre-existing sickness is aggravated. The ability to enjoy the rights to work and education, which are, in turn, essential to the enjoyment of an adequate standard of living, is determined by health. At the same time, poverty-related structural disadvantages such as lack of clean water, sanitation and decent work, hinder the prevention and fuel the spread of diseases. Countless people, particularly those with social disadvantages and marginalized and vulnerable populations, face steep economic, environmental, and social barriers to healthy living on a daily basis.

Also, human health relies on ecosystem health. Protecting and improving ecosystems can be an effective means of permanent control over vector-borne diseases, and maintaining biodiversity will maintain the source of traditional and western medicines.

Development policies and programmes can enhance or undermine both individual and population health, by influencing the social, environmental, economic, cultural and political determinants of health, including occupational health. In order to protect and promote public health, it is therefore essential to consider the health implications of policies and programmes in all sectors, for example energy, transport, agriculture, and as part of broader policies concerning labour rights, trade liberalization, intellectual property and environmental protection, among others. Health can therefore serve as an indicator⁴ of whether development and sector policies benefit individuals and their families in ways that are tangible and easily understood. Careful selection of health indicators

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² World Health Organization (WHO), UNICEF, the Government of Sweden and the Government of Botswana (2013) Health in the Post-2015 agenda. Report of the Global Thematic Consultation on Health, April 2013.

³ For example, an estimated 30-50 per cent of the dramatic economic growth in South East Asia between 1965 and 1990 is attributed to higher child survival and lower fertility rates. Bloom DE, Williamson J.G. Demographic transitions and economic miracles in emerging Asia. Cambridge, MA; 1997.

⁴ The future we want, Rio +20 Political Outcome Document. 2012

can also help identify and strengthen synergies among sector policies, human rights protection and human development investments. The achievement of health goals requires policy coherence and shared solutions across multiple sectors: that is, a whole-of-government or health in all policies approach⁵.

I. Stocktaking: lessons from the MDGs, emerging challenges and opportunities

Lessons from work on the MDGs

Adoption of and work toward the health Millennium Development Goals (MDGs) have raised the profile of global health to the highest political level, helped to mobilize civil society, increased some national budgets as well as overall development assistance for health, and contributed to noteworthy improvements in health outcomes in low- and middle-income countries. Globally, the number of deaths of children under-five years of age fell from 12 million in 1990 to 6.9 million in 2011. The proportion of births attended by a skilled health worker has increased globally, and the number of maternal deaths was reduced from an estimated 543,000 in 1990 to 287,000 in 2010. Over the past decade, global new HIV infections declined by 24% and malaria mortality rates decreased by more than 25% globally and by more than 33% in African. Finally, global mortality due to TB has fallen 41% since 1990.⁶

Lesson: Significant progress can be made on seemingly intractable health problems with political support, strategic investments and people-centered policies and programmes.

Despite such progress, much remains to be done to achieve the health MDGs. In 2011, about 19,000 children under age of five died every day from preventable causes with deaths in the immediate period after birth accounting for 43 per cent of all child deaths. Every day in 2010, approximately 800 women died from preventable causes related to pregnancy and childbirth. An estimated 222 million women, mostly in low and middle income countries, who do not want to become pregnant lack access to modern contraception. Every day an estimated 7,000 people in low- and middle-income countries are newly infected with HIV, including 1,000 newborns, and 40 per cent of new infections are in young people ages 15-24. Only 54 per cent of people in need of HIV treatment are able to access it. An estimated 219 million cases and 660,000 deaths occurred from malaria in 2010. In 2011, an estimated 8.7 million new cases and 1.4 million deaths resulted from tuberculosis.⁷ Violence causes half a million deaths annually.⁸

Many of these challenges reflect persistent inequities, within and among countries, in access to health information and services. For example, maternal mortality ratios (MMR)⁹ show that developing regions, on average, have a MMR (240 deaths per 100,000 live births) 15 times higher than that of developed regions (16 deaths per 100,000 live births). Eighteen of 26 countries with the largest decreases in under-5 mortality have also seen a simultaneous widening of the mortality gap between the poorest and richest 20 per cent of their populations.¹⁰

Health patterns and priorities also vary within and across regions and countries. For example, children's health, women's and adolescents' sexual and reproductive health, HIV and AIDS, and other infectious diseases continue to be dominant priorities in sub-Saharan Africa, in fragile states outside of Africa, and among the poor and other disadvantaged groups in many other countries including higher income countries. For high- and middle-income countries, the most important risk factors are those associated with non-communicable diseases (NCDs).

⁵ Health in the Post 2015 agenda, Final Report of the Health Thematic Consultation (April 2013), page 8

⁶ Above, note 5, page 23

⁷ Health in the post 2015 Agenda: Report of the Global Thematic Consultation on Health", World Health Organization, UNICEF, the Government of Sweden or the Government of Botswana, April 2013, page 46.

⁸ Geneva Declaration, Global Burden of Armed Violence, Cambridge University Press, 2011

⁹ WHO, UNICEF, UNFPA and The World Bank, Trends in Maternal Mortality, 2012, page 24

¹⁰ UNICEF. Progress for Children: Achieving the MDGs with Equity (No. 9). New York, UNICEF, 2010.

***Lesson:** Achieving equity, equality and eliminating discrimination in health requires strategic goal and target-setting and sound implementation, monitoring, evaluation and reporting systems. The unfinished health MDGs must remain health priorities in the post 2015 period.*

The MDGs did not fully address the broader concept of development enshrined in the Millennium Declaration, which includes human rights, equity, democracy, and governance. The MDGs have also contributed to fragmented approaches to development: among the different health MDGs; between the health MDGs and other MDGs, such as gender equality or environment; and between the MDGs and priorities omitted from the MDG agenda. Neither have the MDGs addressed the enormous challenge to development posed by NCDs.

***Lesson:** Further progress in improving health and well-being will require reducing health inequities not only through health system strengthening and financial protection but also through integrated approaches for health and other SDGs.*

Emerging Challenges

Continued progress toward the health MDGs faces at least four significant challenges. The first is **major shifts in the age structures of countries**, such that the lower income countries have unprecedented numbers of people, and proportions of their populations, under age 24. With appropriate investments these young people can be a vital resource for development, a “demographic dividend”. In contrast, population aging is a feature in high and middle income countries which will increase over the next decades.

Aging, combined with unsustainable patterns of consumption and lifestyle, is leading to a massive increase in the burden of NCDs, including heart and chronic respiratory disease, strokes and diabetes. NCDs accounted for 34.5 million deaths a year in 2010, 80% of which were in middle and low income countries. NCD-related mortality is expected to increase by 50% by 2030, with the largest increase in Sub Saharan Africa and South Asia. This is one of the foremost challenges to sustainable development in the 21st century.

All countries will need to develop effective ways to prevent and end tobacco use, misuse of alcohol and other substances, obesity and physical inactivity as well as unsafe sex and endemic violence against women and girls, mental health problems and occupational diseases.

These health issues require health policies, programmes and services to give far more attention to the young, especially adolescents; develop more effective and participatory approaches to prevention of health risks; empower adults, especially older people, to manage chronic diseases; and strengthen health systems, and national and global strategies and policies, to prevent and manage both communicable and non-communicable diseases and conditions simultaneously.

The second challenge is that all countries need to **develop capacities and to think creatively and innovatively to deliver health and wellness** not only for each of the life stages, but also for every person throughout life, regardless of the socio-economic, health, gender, and other status of that person, a new way of acting in the health sector.

The third challenge is that **new diseases** frequently appear, for example SARS, or the newer H7N9 virus. These increasingly spread globally, and will require continuing development, maintenance, and prioritization of national and global public health institutions, data collection, analysis and technical capabilities. These and other diseases and conditions such as disability (15 percent of the world population lives with disability) and multiple health problems in one person (“co-morbidities”) require increased research capacity, R and D for new drugs and devices, and prevention strategies.

The fourth challenge is that vast **populations are moving to urban areas** and face a lack of infrastructure and services. One-third of the world's urban population and over 60% of city dwellers in Sub Saharan Africa and South Asia live in slums, and are exposed to a large number of environmental and social risks to health such as indoor and outdoor air pollution, crowding, lack of water and sanitation, and poor working conditions. Production and consumption patterns that generate NCDs also create local environmental damage and global climate change which affects the health of generations to come. Air pollution alone is estimated to cause several million preventable deaths each year, as well as to cause short and long term climate change impacts¹¹. Estimates suggest that one-quarter of the global burden of disease can be attributed to environmental risks, including climate change.

***Lesson:** There are many opportunities for health and development that have not been explored. A better nexus between health and other possible SDGs such as on sustainable energy and transport, could address some of the key challenges, from NCDs to climate change. Health systems will need to be strengthened to respond to increasing expectations and shifting epidemiological, demographic, and a wide range of environmental and social risk factors. Health financing strategies are needed to ensure equal access for all, and to provide protection against catastrophic health expenditures by individuals and ruinous costs to national economies.*

Opportunities

Increasingly, new and improved technologies, national, regional and global connectivity, and citizens' participation in health policy development and implementation and in quality assurance and accountability mechanisms in health and other sectors, offer significant opportunities to meet the challenges outlined above. A post-2015 agenda grounded in human rights and focused on equity, equality and non-discrimination would provide a rallying point and tool for civil society, especially the 1.8 billion young people acting in their own right and for the wellbeing of others. A development agenda designed to maximize the synergies among sectors will help ameliorate both financial and natural resource constraints.

Clean and sustainable home energy solutions exist to reduce indoor air pollution, and have additional benefits such as reduced burns and scalds, and reduced cooking time, which frees girls to go to school and women to engage in economic activities. Promoting sustainable transport, based on rapid transit, cycling and walking, along with compact cities, will increase physical activity and help reduce outdoor air pollution, traffic injuries, obesity and heart disease. New technologies such as tele-epidemiology are useful to remotely monitor environmental factors and help in predicting epidemic risks. Also, the role of chemicals and their contribution to improve living standards needs to be balanced with recognition of their potential adverse impacts on the environment and human health.

II. Overview of goals proposed: Health at the heart of the SDGs

Principles

The wide-ranging consultations on health in the post 2015 agenda yielded consensus around six principles for defining goals, targets and indicators:

- **Universal relevance.** Large numbers of people in every country are affected by the health issues reviewed above, including both those addressed by the health MDGs and those that are emerging. Many people in almost every country lack the financial means, nutrition, knowledge and information, medicines and care to prevent, treat, or cope with ill health. The post-2015

¹¹ Shindell, D. et al. *Science* 335, 183-189 (2012).l.

health agenda must be designed to improve the health of those who are disadvantaged in every country, including in conflict affected areas, and to protect human rights, while recognizing that countries' priorities may vary according to the demographic profile and health circumstances of each country.

- **Crosscutting attention to equity, equality and non-discrimination.** The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized. Explicit targets should be included to significantly reduce socioeconomic, gender, age and other forms of inequity as a matter of priority. Achieving equity and equality requires focussed attention not only on inclusion of disadvantaged groups of people such as women, adolescents, elderly, ethnic minorities and migrants, but also to their differentiated health needs.
- **Participation, accountability and access to information.** Communities and civil society should be meaningfully involved in developing, implementing and monitoring progress towards attainment of the health goals and targets. Strengthening national health information systems, civil registration and vital statistics, down to the district level and below, is an essential prerequisite for measuring and improving equity and equality. Access to information is vital for people, especially for the marginalized groups, in order to take decisions, access health programmes and hold decision-makers accountable.
- **Country specificity and global relevance.** Countries should develop targets relative to their own baselines and include indicators based on their priority health needs, relevant health determinants and outcomes. A common set of indicators to be used and reported regularly by all countries should also be agreed to enable tracing of progress globally and also across countries and regions.
- **Synergies with other goals and with sustainable development goals overall.** Positive synergies between health and the other sectors, and avoidance of contradictions among sector goals and strategies, might be achieved by framing the goals in such a way that attainment requires policy coherence and shared solutions across multiple sectors. Potential risks to health generated by other sectors, such as pollution, climate change, loss of biodiversity and patterns of consumption and production, should be considered early in the process of designing possible goals and targets for these sectors. The same should be done to maximize positive synergies such as those between health and education, especially of girls, or health and social protection schemes.

Health metrics should be used to measure outcomes of SDGs.¹² Given the contribution of health to sustainable development, and the critical importance of the multi-sector determinants of health, a “health-in-all-policies” approach could be adopted. This approach would recognize that health-related targets be included under other sector goals. This approach could encourage integration of health risk reduction and health promotion in all stages of life into the framing of overall development policies and thinking. Norms and standards, operations research, documentation and sharing of good practice, evidence-based policy guidance and enhanced management competence and capacity would all be needed to sustain such an effort.

- **Sustainability.** The health of future generations should be protected, by providing them with skills and education, by bequeathing a clean and biodiverse environment and preventing health risks from climate change and other long-term environmental threats.
- **Human rights and gender equality.** The framing of goals, targets and indicators for health must be compatible with protection and fulfilment of all human rights and fundamental freedoms for all, including gender equality. A human rights-based approach would buttress the complementarity between post-2015 commitments and existing international obligations. It would also ensure the systematic integration of human rights standards and principles in health sector interventions.

¹² The future we want, Rio 20 political outcome document, 2012.

Proposed goals and targets

During the consultation process, consensus emerged around the following key points:

- The guiding principles for the new development agenda should include human rights, equity, gender equality, accountability, and sustainability.
- The most disadvantaged, marginalized, stigmatized, and hard-to-reach populations in all countries should be prioritized. Equity can be made explicit in all the goals by disaggregating indicators and targets at all levels, and including targets for closing gaps.
- The post-2015 health agenda should: 1) include specific health-related targets as part of other development sector goals; 2) take a holistic, life-course approach to people's health with an emphasis on health promotion and disease prevention; 3) accelerate progress where MDG targets have not been achieved and set more ambitious targets for the period to come; and 4) address the growing burden of NCDs, mental illness, violence, and other emerging health challenges. Sexual and reproductive health and rights must be addressed, and young people require special attention, including comprehensive sexuality education, as well as protection from sexual violence and abuse.

Discussions at the March 2013 High Level Dialogue on Health resulted in the following suggestions for the framing of goals and targets in the post 2015 Agenda:

- **Maximizing healthy lives** could be the specific health goal, in which the health sector would play a larger but far from exclusive role. This goal can be achieved by accelerating the health MDG agenda; reducing the burden of NCDs; ensuring universal health coverage and access; and improving determinants of health through inter-sectoral action and development policies. Achieving better health at all stages of life (childhood, adolescence, reproductive age, older ages) is a goal that is relevant for every country. Interventions from all sectors of society will be required.
- **Accelerating progress on the health MDG agenda** should build on national and global efforts that have already resulted in significant progress in reducing child and maternal deaths and controlling HIV, tuberculosis, malaria, and neglected tropical diseases. The new agenda should be even more ambitious, and reaffirm the targets of ongoing initiatives such as: ending preventable maternal and child deaths; eliminating chronic malnutrition and malaria; providing universal access to sexual and reproductive health services, including family planning; protecting women's and adolescents' reproductive rights; increasing immunization coverage; eliminating violence against women and girls, including sexual violence and abuse and realizing the vision of an AIDS- and tuberculosis-free generation.
- **Reducing the burden of major NCDs** requires focusing on prevention of the main risk factors (tobacco use, misuse of alcohol and other substances, obesity and physical inactivity) for cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes (the four NCDs causing the most deaths), and mental illness. Some targets could be based on the World Health Assembly resolution of a 25% reduction of deaths due to these four NCDs by 2025. Other targets could be aimed at prevention by reducing the main risk factors, as well morbidity and disability from NCDs and mental illness at all ages.
- **Ensuring universal health coverage and access** is suggested as the central contribution by the health sector to achieving health goals and targets. Providing all people with access to affordable, comprehensive, and high-quality services that address basic health requirements and country health priorities is essential to achieve better health outcomes. It is also a desirable goal because people value the security and protection that derives from it. Universal health coverage and access should include the whole continuum of care, especially at the primary health care level (promotion of health, prevention of ill health, treatment, rehabilitation, and palliation) through all stages of life.

- ***Taking action on the social and environmental determinants of health***¹³ through cooperation with other sectors and inclusion of health-related indicators to monitor progress towards achieving other sector's goals. For example, departments of health and agriculture could collaborate to develop sustainable food systems that enable access to a balanced diet and can be monitored by levels of stunting and of obesity; tele-epidemiology technologies could monitor factors affecting health; a sustainable energy for all goal could measure progress by deaths and diseases attributed to air-pollution. Health indicators such as these track not only progress towards achieving the goals but also related benefits to individuals and population groups. Such feedback also helps identify needed adjustment to the policies to avoid costs to society and permit greater health protection.

The report of the High-level Panel on the Post-2015 Development Agenda¹⁴ reflects in many ways the above suggestions. 'Ensure Healthy Lives' was proposed as an illustrative goal for health. It includes the following health related targets: end preventable infant and under-5 deaths; increase the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated; decrease the maternal mortality ratio; ensure universal sexual and reproductive health and rights; reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases. The High-level Panel's proposal does not provide targets for universal health coverage and NCD risks, or explicitly address health determinants – areas which found significant support in the health consultation process.

III. The way forward

Prioritizing a global health goal is essential for sustainable development as indicated above. It is imperative that the health sector address its weaknesses, not least of which are poor governance and weak accountability mechanisms; low status compared to other sectors in the view of finance and planning ministries; serious shortages of well-trained, motivated and supported health workers and unfair distribution of them within and across countries; and lack of knowledge or capability in many key areas such as quality assurance. In the face of such challenges, continuing progress depends, to an important extent, on empowering communities and people as the agents for their own health and as advocates with government.

Long-term, predictable, and sustainable financing for health, from domestic as well as international resources, is required just to provide an irreducible minimum of preventative and curative health services and capacity building in the sector. The post-2015 framework offers an opportunity to generate innovative financing mechanisms, while also reducing inefficiencies and wastage in the sector. In these circumstances, it is important that the global health architecture evolve in order to better respond to countries' needs and priorities and to play a fully effective role in achieving health for all.

¹³ Political Declaration from the World Conference on Social Determinants of Health, Rio de Janeiro, 2011

¹⁴ A New Global Partnership: Eradicate Poverty and Transform Economies Through Sustainable Development. Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, May 2013