Briefing
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A new vision for global health
Sustainable Development Goal No 3

SUMMARY

Agenda 2030, agreed by 193 United Nations member states in September 2015, has transformed the global health agenda. Moving away from the narrow approach taken by the Millennium Development Goals (MDGs), the new Sustainable Development Goals (SDGs) – and, more specifically, the third goal to 'encourage healthy lives and promote the well-being for all at all ages' (SDG 3) – propose a more comprehensive and horizontal vision for health. The MDGs focused solely on maternal and child health and on a limited number of communicable diseases that burden the developing world in particular. SDG 3's nine targets and four means of implementation, however, encompass universal access to treatment of a large number of communicable and non-communicable diseases, as well as their prevention, addressing several major social, economic and environmental determinants of health and strengthening underlying health systems and research. The renewed health agenda's broad scope will demand political courage to reform the fragmented global health architecture and make it fit for the purpose of implementing the targets at global level.

A strong advocate of a systemic and human rights-grounded approach to health, the European Parliament recently called upon the Commission to present and implement the long overdue programme for action in global health as well as a plan for establishing universal health coverage.

In this briefing:

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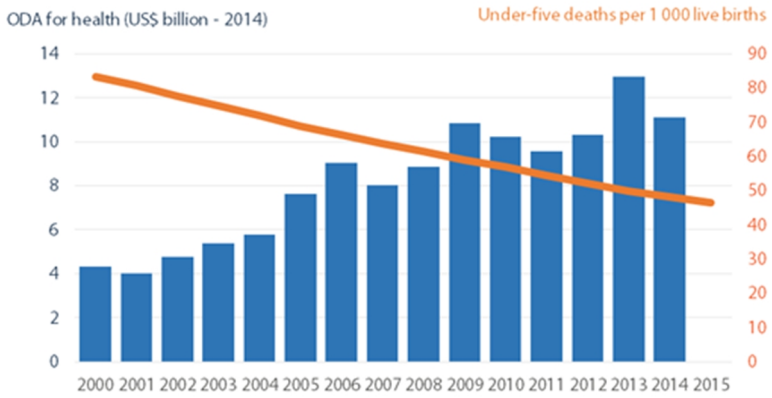
Health: the gulf between rich and poor countries

Health, historically considered a personal responsibility, has gained large recognition as being a common good, requiring collective responsibility up to the global level. The 2000- 2015 Millennium Development Goals (MDG) period saw an unprecedented mobilisation of resources, including the rise of international aid for health. However despite significant progress made in areas such maternal health and child mortality, the gap separating poor and rich countries' populations' access to treatment and prevention continues to claim lives: around six million children die each year in the developing countries from curable diseases, four out of five in sub-Saharan Africa and Southern Asia. Of an estimated 35 million people living with human immunodeficiency virus (HIV) at end of 2014, only 13.6 million had access to antiretroviral therapy.

Figure 1 – Official development aid for health and child mortality during the 2000-2015 MDG period



Data source: OECD, UNICEF, 2015.

Figure 2 – The health goal in the context of the other SDGs

Source: WHO.

The new Agenda 2030 acknowledges those problems and proposes to scale up efforts to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.

Topics such as the social and economic determinants of health, universal health coverage and the human rights approach that dominated the debate in recent years during the preparation of the 2030 agenda are reflected in the new framework to varying degrees.

The health targets of the Millennium Development Goals and Sustainable Development Goals: between continuation and far-reaching ambition

At first sight, with only one out of 17 Sustainable Development Goals, health has lost its prominence in the 2030 Agenda compared with the Millennium Development Goals where three of the eight goals were focused on health. However a deeper analysis shows that this is not a case. On the contrary,[1] the new health agenda, with at its core the **very general but ambitious SDG 3** to 'ensure healthy lives and promote well-being for all at all ages', aspires to **universal applicability** and is built into a set of interconnected SDGs that address many of the environmental, social and economic determinants of health. In contrast to the MDGs, focused exclusively on selected urgent issues, SDG 3 covers the comprehensive range of health problems relevant to both developing and developed parties and identifies means for action. Henceforth, it will be the global health agenda's aim to fight **both communicable and non-communicable diseases** as well as burdens such as **substance abuse, road traffic accidents and pollution**. Table 1 summarises nine SDG 3 targets and four means of implementation within the general framework of the 17 SDGs.

Table 1 – SDG 3 targets and means of implementation

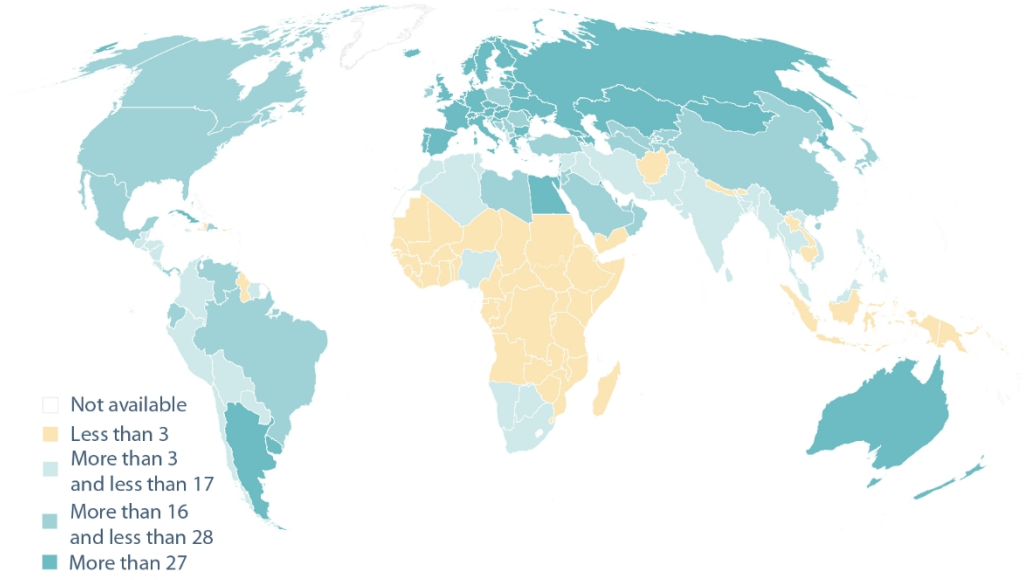
SDG 3 targets (in bold **continuation of MDGs)**	Means of implementation
3.1 By 2030**, reduce global maternal mortality**	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control
3.2 By 2030, **end preventable deaths of new-borns and children under 5 years of age**	
3.3 By 2030**, end the epidemics of AIDS, tuberculosis, malaria** and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.b Support the research and development of vaccines and medicines, provide access to affordable essential medicines and vaccines
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases	
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.c Substantially increase health financing and the recruitment and retention of the health workforce in developing countries
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	
3.7 By 2030, achieve universal access to sexual and reproductive health-care services	3.d Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks
3.8 Achieve universal health coverage	
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	

Source: The 2030 Agenda for Sustainable Development.

The new health agenda places **health systems** at its centre, with the ambitious target 3.8 of achieving **universal health coverage** (UHC), increasing health financing and the **health workforce** (3c) and providing **access to medicines** and **supporting research** (3b).

The universal health coverage idea is strongly promoted by the World Health Organization (WHO) which defines it as access of all people to the health services they need without suffering financial hardship when paying for them. It requires strong and efficient health systems and financing mechanisms and includes access to essential medicines and technologies and a sufficient capacity of well-trained, motivated health workers. However commentators stress the lack of agreement about the meaning of UHC, the scope (primary health care or broader) and the best way to achieve it (public or private, mandatory or voluntary health insurance, etc.) making it quite a divisive issue in the SDG negotiation process.

Figure 3 – Number of doctors per 1 000 people



Data source: World Bank, 2015.

While the majority of commentators welcome the inclusion of universal health coverage in Agenda 2030 as a key achievement, some regret that it did not obtain full goal status, while others express concern that the promotion of universal health coverage in developing countries with low capacity to increase public health spending will open the door to the privatisation of the public health system, and thus increase the inequality of care if proper funding solutions are not forthcoming. Brolan and Hill point out that in order to be comprehensive and equitable, universal health coverage needs to be grounded in the human right to health.

In addition to the targets specified within SDG 3, there are several health-related targets under other goals. Among the most important are those relating to ending hunger and malnutrition (2.1 and 2.2), eliminating all forms of violence against women and girls (5.2), ensuring access to water and sanitation (6.1, 6.2, 6.3) and reducing violence and violence-related deaths (16.1). Moreover SDG 10 on reducing the inequality within and among countries applies to all policy areas including health.

EU policy on global health: the difficult path from policy framework to implementation

Since the 2010 **EU Council** conclusions on the EU role in global health, the EU has been committed to reinforcing its action to protect health beyond its borders, in particular in developing countries. As is outlined in the corresponding **European Commission** communication, the EU role in promoting global health concerns the global, regional and national levels, and aims to address three main challenges:

- guaranteeing access to health services for all by helping fragile countries to reinforce all aspects of their health systems (access to medicines, infrastructure and logistics and the availability of medical personnel);
- increasing EU policy coherence for development in the key areas (trade, financing, migration, security, climate change and security) that cover the main socio-economic determinants of global health; and
- supporting health-related research and innovation strategies that benefit all.

The Commission recognises that with more than 140 international initiatives focused on specific health problems, international support for global health is fragmented and disparate and can represent an additional burden to fragile national health systems when they become the centre of international attention.

However, despite its innovative systemic approach, the EU global health agenda has lost some of its momentum. As noted by Aluttis, Krafft and Brand, the EU programme for action on global health that was supposed to define concrete action and activities has never been published, and the European health programme 2014-2020 mentions global health only occasionally, mostly in the context of cross-border health threats.

In its resolution of 27 October 2015, the **European Parliament** reiterated its support for the Commission's 'holistic vision on comprehensive health systems' and its 'endeavour for universal health coverage' presented in its 2010 communication on global health. The MEPs asked the Commission to review its communication in the light of the new insight gained in particular during the Ebola crises, and 'to present and implement a programme for action in a timely manner'. Parliament stressed that 'publicly funded universal health coverage free at the point of use' should be the basis for resilient and equitable health systems and called upon the Commission, together with partner countries and donors, to 'submit as soon as possible a programme for establishing universal health cover, which will guarantee the mutualisation of health risk'. The call for the EU to support the establishment of universal health cover was reiterated in Parliament's resolution of 7 June 2016 on the EU 2015 report on policy coherence for development.

Parliament has also on several occasions welcomed the inclusion of SDG 3 in the 2030 Agenda, stressing already in its resolution of 25 November 2014 on the EU and the global development framework after 2015 that health is human right. In its resolution of 12 May 2016 on the follow up to Agenda 2030, Parliament called on the Commission to prepare the Sustainable Development Strategy, to encompass all relevant internal and external policies and a concrete implementation plan to coordinate the achievement of all 17 goals and the corresponding targets.

Prospects for implementation

The coherence challenge

Commentators note that taking into account the universal, integrated and interrelated nature of the SDGs, inter-sectoral coherence will be a key prerequisite for achieving them. In addition to policy coherence for development, SDG 17, aimed at strengthening the means for implementation and revitalising the global partnership for sustainable development, covers the reinforcement of some of the most critical points in this regard, such as:

- mobilising financing, both domestic and external, including the commitment by many developed countries to achieve the target of earmarking 0.7 % of gross national income (GNI) for official development assistance (ODA) to developing countries, debt relief and external investment promotion regimes for the least developed countries;
- increasing developing countries' access to technology;
- enhancing international support for capacity-building in developing countries for the national implementation plan and data collection, monitoring and accountability;
- helping developing countries to increase their exports.

The implementation of the SDGs will be monitored by means of global reporting mechanisms using a common framework of indicators developed under the auspices of the Inter-agency Expert Group on SDG Indicators. The proposal endorsed by the UN Statistical Commission in March 2016 has 229 indicators for the 169 targets, including 26 indicators for the health goal. The UN World Data Forum in Cape Town, South Africa, in January 2017 will serve as a platform for intensifying cooperation on data for sustainable development.

For Buse and Hawkes the particular coherence challenges inherent to the new holistic health agenda require urgent attention be given to sensitive transversal issues such as the marketing of unhealthy food and alcohol, and pollution-intensive industry. In order to prioritise health over commercial interest, a clear reinforcement of the current global health governance structure is needed, in parallel to its enhanced collaboration with actors from other sectors, crucial for prevention of 'profit-driven diseases'.

The governance challenge

The reinforcement of global health governance and of the inter-institutional coherence of the UN system are also proposed in order to avoid the fragmented delivery at country level and the competition for funds (on behalf of one target or another) that characterised the MDG era. Several recently formulated proposals for reorganising the global health architecture fall within the following three categories[2]:

- Reforming the WHO and /or the UN system for health in order improve leadership and establish a multi-sectorial, horizontal response to global health challenges: the solutions proposed range from radical consolidation of the global health architecture (for example by limiting it to three agencies (on norms, financing and accountability/advocacy)) to more incremental reform enhancing the performance and independence of the WHO.
- Streamlining and scaling up funding for health: there are a range of proposals for increasing health funding, including innovative tax-based mechanisms (for example a small levy on international financial transactions), solidarity mechanisms (such as a global Social Health protection Fund based on a weighted burden-sharing formula spread across the countries), and market mechanisms (using the global carbon market model).

- R&D in favour of health for all: the proposals in this respect range from a coordination mechanism to a binding convention that would complement existing intellectual property and innovation rules while promoting technology transfer to developing countries.

The enforceability challenge

For the advocates of a human rights based approach to global health, the SDG may leave a feeling of disappointment. Despite the efforts of many countries, except from the general reference to human rights in the preamble, the right to health is not formulated *per se*. Commentators point out that under these circumstances SDG 3, more a political goal than a human right, does not empower people to make claims against their government or international community. Global South social movements call for a radical paradigm shift from the approach underpinned by institutionalised charity to obligatory international wealth redistribution based on the solidarity principle and clearly defined in international law. The rights-based approach and local participation in the global health governance structure would empower social movements that seek systemic reform in order to implement Agenda 2030 effectively.[3] In addition it has been stressed that a rights-based and people-centred approach to universal social protection, tackling structural inequalities by ensuring income security and support for all people across the life cycle, is key to equitable human development in general. In this perspective, some authors advocate rooting the human rights-based approach in a new international Framework Convention on Global Health enshrining domestic and international obligations, and the 'right to the enjoyment of the highest attainable standard of physical and mental health' and aimed at reducing health inequities.[4] This solution proposes a legally binding international treaty including capacity building measures along with a support fund and comprehensive regime of compliance and accountability at domestic, regional and international levels that would help to fill the implementation gaps in the global health agenda. However some commentators point at the possible shortcomings of this option. Indeed the duplication of efforts and interference with existing structures and initiatives may add to the highly fragmented nature of the international health architecture. The lack of feasibility both in political and financial terms and the high cost of its negotiation and implementation also give cause for concern. While the impact looks likely to be questionable at least in the short and medium term, the internationally endorsed right to health may remain a dead letter for the people concerned because the barriers to realising the right to health lie first and foremost at national level.

Further reading

Brolan, C. E., Hill, P.S., Ooms, G., Everywhere but not specifically somewhere: A qualitative study on why the right to health is not explicit in the post-2015 negotiations, *BMC International Health and Human Rights*, 15:22 (2015).

Kickbusch, I., Global Health Governance Challenges 2016 – Are We Ready?, *International Journal of Health Policy and Management*, 2016, 5(6), pp.349–353.

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Endnotes

[1] K. Buse, S. Hawkes, Health in the sustainable development goals: ready for a paradigm shift?, *Globalization and Health*, 2015, 11:13.

[2] M. Schäferhoff, C. Schrade, E. Suzuki, Analysing Proposals for Reform of the Global Health Architecture, Chatham House, August 2015.

[3] N. Meisterhans, Health for all: Implementing the right to health in the post-2015 Agenda. Perspectives from the Global South, *Social Medicine*, Vol.9, Number 3, March 2016.

[4] E. A. Friedman, An Independent Review and Accountability Mechanism for the Sustainable Development Goals: The Possibilities of a Framework Convention on Global Health, *Health and Human rights Journal*, Vol.18, 1, January 2016.

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