

7.2 Health in the 2030 Agenda for Sustainable Development

Contents

- [In focus](#)
- [Background](#)
- [PHM comment](#)
- [Notes of discussion at EB138](#)

In focus

The 2030 Agenda for Sustainable Development, adopted by the United Nations General Assembly in September 2015, builds on the Millennium Development Goals but has a much broader agenda for all countries. The Secretariat report ([EB138/14](#)) analyses the implications for health, including the role of the Health Assembly in implementing the 2030 Agenda.

Background

The Secretariat paper provides some useful background. More about the SDGs can be found [here](#).

[UN Resolution A/RES/70/1](#) carries the 2030 Agenda for Sustainable Development, the Declaration and the Goals and Targets.

The Addis Ababa Action Agenda on Financing for Development ([A/RES/69/313](#)) is referenced in the 2030 SD Agenda as the blueprint for mobilising the funds needed to implement the agenda.

Further background and some analytical commentary is to be found in the PHM commentary on: [Item 14.1 on WHA68](#).

PHM comment

The 2030 Agenda for Sustainable Development: the need to go beyond inspiring rhetoric

There is much to appreciate in the [2030 Agenda for Sustainable Development](#). Para 3 illustrates the inspiring rhetoric:

We resolve, between now and 2030, to end poverty and hunger everywhere; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources. We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.

The 17 goals and 169 targets are comprehensive and visionary; an inspiring vision can mobilise people to work together for change. However, false promises lead to disillusion and withdrawal or worse.

The Agenda promises action on inequality, human rights, gender equity and protection of the planet. There are repeated references to sustainable production and consumption, as in Para 28:

*28. We commit to making fundamental changes in the way that our societies produce and consume goods and services. Governments, international organizations, the business sector and other non-State actors and individuals **must** contribute to changing unsustainable consumption and production patterns ...*

Goal 12 elaborates a series of targets which might contribute to changing unsustainable consumption and production patterns but the Agenda lacks drivers which could **make** *Governments, international organizations, the business sector and other non-State actors and individuals contribute to changing unsustainable consumption and production patterns.*

In fact the Agenda proposes to rely on economic growth (Goal 8), of at least 7% in the LDCs, and free trade (Goal 17, targets 17.10 - 17.12) to fund the necessary transformations.

There are significant contradictions between economic growth and ecological sustainability. [Woodward \(2015\)](#) has estimated that eradicating poverty (using a \$5 per day benchmark) through economic growth would take 200 years and would only be achieved when per capita GDP exceeds \$1m. Woodward points out that carbon constraints are likely to severely limit such 'growth'. Certainly economic growth does not necessarily require greenhouse gas emissions but it is hard to see the projected economic growth as consistent with the control of global warming.

In terms of de-carbonising economic growth the SDGs are very weak. The following from Goals 12(c) illustrates just how weak:

12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities

The other targets under Goal 12 are equally weak. Consider for example, 12.6:

Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle.

The promises of the SDGs need to be viewed alongside the drive for plurilateral trade agreements, in particular, the TPP and the TTIP, which run counter in major respects to the promises of the SDGs. A recent report by the [World Bank](#) concludes that the TPP will seriously prejudice the export prospects of Thailand and other countries who are not included in the agreement. In large degree the benefits accruing to Vietnam are achieved at the cost of Thailand through trade diversion.

The Agenda for Sustainable Development does not confront the fact that ceaseless economic growth is embedded in the dynamic of capitalism. When the economy is growing capitalist enterprises are making profits; when capitalist enterprises are making profits the economy is likely to be growing.

The SDGs recognise the need to reduce inequality within and among countries (Goal 10) but the specific targets identified in Goal 10 are extremely weak. If ending poverty (Goal 1) and ending hunger (Goal 2) are not going to be achieved through economic growth it seems even less likely that they will be achieved through wealth transfers.

The SDGs make gestures but do not provide any credible strategy for addressing:

- an unfair trading regime (which sanctions the dumping of subsidised agricultural products driving small farmers off their lands and into huge informal settlements in the cities);
- an unstable financial regime (in which policy priority is given to banks which are too big to fail rather than the communities who suffer as a consequence of greed and lack of effective regulation);
- a global tax regime which drives tax competition and facilitates capital flight and tax avoidance;
- an IP regime which is a major barrier to urgently needed technology transfer;
- an investment regime which privileges the interests of transnational corporations at the cost of reducing the regulatory and policy space of sovereign governments (as in ISDS provisions in contemporary trade agreements).

The contradictions and weaknesses embedded in the SDGs should not take away from the inspiring vision that they project. However, they do underline that the SDGs are not enough;

that there remains an urgent need for more fundamental reforms in the structures and flows of the global economy and the power relations which maintain those structures and flows.

Implications the SDGs for WHO

[EB138/14](#) is a thoughtful exploration of the implications for WHO of the emergence of the SDGs. It hints at some of the contradictions embedded in the SDGs, for example:

... only if the governments of developed countries do more to tackle inequality and insecurity at home, as part of their contribution to the Sustainable Development Goals, will they have the political space to pursue the idea of global solidarity that underpins the new Agenda

EB138/14 lists a range of important issues that the Board may wish to discuss under the headings of:

- governance for health,
- progress reporting,
- priority settings,
- finance and resource mobilisation, and
- WHO staff competencies.

Para 49 comments that:

While the new Agenda attaches greater weight to issues such as noncommunicable diseases than was the case in the past, there is no guarantee, given the continued reliance on voluntary funds from official development assistance and development cooperation agencies, that funding to WHO will follow suit.

This may be a reference to the underfunding of NCDs, health systems and action on the SDH as reflected in [Fig 1 of WHA68/6](#) (May 2015).

The Secretariat report is somewhat thin in working through the implications for WHO of the new goals. If WHO is to effectively engage in the intersectoral collaboration suggested by the new goals PHM proposes that an early step would be a fuller review of the implications for health of each of the other SDGs and the flow on implications for WHO priorities and programmes.

In working through the implications for WHO of the SDGs delegates should make a realistic assessment of the drive for change arising from the Agenda.

PHM urges WHO to respond to the SDGs in ways which gain leverage from the inspiring rhetoric but which also raise awareness of the need for more fundamental reforms in the structures and flows of the global economy and the power relations which maintain those structures and flows.

Elements of a resolution

The Secretariat paper is presented for 'noting'. The report does not suggest a resolution or a decision from the Board. However, the implications of the SDGs for WHO, as set out in this

report, could be quite far-reaching and not all member states will support the direction outlined in this paper. There may be a draft resolution or decision in the wings aiming to restrict the scope of WHO's work in this space.

If a resolution were to be considered PHM would suggest the following core elements:

- PP1: Having considered the report on the implications of the SDGs for health and WHO;
- PP2: recalling [a range of relevant resolutions including ICESCR and obligations of states regarding health];
- OP1: UNDERLINES the importance for global health of the 2030 Agenda for Sustainable Development, noting in particular:
 - the applicability of the SDGs to all countries; not just those in receipt of development assistance;
 - the breadth of scope and significance and ambition of the goals and mooted targets;
 - the focus on equity and the recognition that tackling inequality and insecurity in the rich world may be a pre-condition for achieving the global solidarity that underpins the new Agenda; and
 - the central importance of health systems to support the role of the health sector in progressing the Agenda;
- OP2: RECOGNISES that realising the vision projected by the SDGs will require a profound transformation of the structures, stocks and flows of the global economy and of the power relations which presently sustain those structures, stocks and flows;
- OP3: RECOGNISES the challenges facing WHO if it is to play its full role in advancing the Agenda, including:
 - the inadequate and inflexible funding provided to WHO on account of the freeze on assessed contributions and the refusal of donors to untie their donations;
 - the barriers to One WHO as a consequence of the competition for visibility and funding of units, departments and clusters;
 - the lack of accountability of member states for implementing resolutions, decisions and guidelines adopted by the Assembly;
 - the lack of accountability of the regional structures of WHO
- OP4: URGES Member States
 - OP4.1: to lift the freeze on assessed contributions;
 - OP4.2: untie their donations to WHO;
- OP5: Requests the Director General:
 - OP5.1: to undertake a review of each of the non-health SDGs to identify issues with significant health implications and to suggest how, in the spirit of intersectoral collaboration and recognising the integrated and indivisible nature of the SDGs, WHO might ensure that the health dimensions are appropriately considered at global, regional and national levels;

Notes of discussion at EB138

[Items considered in Fifth meeting (am, Day 3)]

Doc:

- [EB138/13](#): MDGs
- [EB138/14](#): SDGs

NEPAL: Take suggestion for comprehensive report, speaking on behalf of SE Asia. Health is an integral part of the broader scope. Reiterate their commitment towards achieving SDGs. It is important to take into account the learning from MDGs and from the challenges faced when implementing MDGs. Disparities between the countries. SDGs have a broad scope and are integral to most projects. MS should focus on strengthening capacities for multisectoral actions, importance of PHC, access to affordable medicines vaccines and diagnostics should continue, WHO should develop appropriate capacities. WHO should support the regional and country-level capacities.

SOUTH AFRICA: MDGs provide catalyst for the world to improve quality of life, reduce deaths, etc. Although achievements have been made, the MDGs remain an unfinished agenda. The SDGs provide us with an opportunity to complete this agenda in a more integrated and complete way. Working in this intersectoral environment will position ourselves to commit to this agenda. Need to strengthen health systems so that these can be achieved, members in our region rely heavily on guidance, technical support and program support. Necessary for the regional office to be supported, WHO needs clear monitoring tools and evaluation tools. We encourage all member states and have been working with others in the room to take an active role in the negotiation.

MALTA: speaking on behalf of EU and member state. Rep of Macedonia, Ukraine. Welcome agenda for sustainable development. achievement of the 2030 agenda we demand the focus on health goals. We are convinced of a human right-based approach is important for the implementation of the agenda. There must be universal health care approach to achieve quality health. Supports universal health care with a public health approach for achieving sustainable health. Given the national ownership agenda urges member states to step-up their commitment towards the agenda by providing resources. Support who in building data management capacity in monitoring the process. Stress the importance of global commitment in addressing poverty.

SWEDEN: Brazil, Colombia, Denmark, Estonia, Finland, Netherlands, Uruguay, UK, and Sweden. In light of the new 2030 agenda, sexual and reproductive health rights is further needed. The right to comprehensive information about choices for family planning. No one will be left behind. Time to translate these words into action. Several goals and targets of the new agenda are relevant to sexual and reproductive human rights.

CHINA: The SDG report provides important guidance to our future health is higher target. important lessons china has learned with MDG is the integrated health approach to

achieving target. it echoes holistic views that helps in achieving SDGs. health related MDGs requires the mobilisation of strategies. China supports the WHO in the achievement of the SDGs.

DPRK: Align with Nepal's statement. Ambitious agenda. Amongst the goals, we are convinced that health is the final objective of the SDGs and will help to promote the other goals. Need to end epidemics of aids, TB, malaria and achieve UHC. We consider that these goals are not only rosy hope or rainbow like ideals but attainable goals. UN resolution adopted last year, declaration on SDGs, with each govt setting its own national targets by taking into account national circumstances. Each country has primary responsibility for its own economic and social development. WHO's role should not be diminished but further strengthened to support its MS to meet the SDGs.

ARGENTINA: speaking on behalf of the Americas. Commends progress made by the world health in the last 15 years. we have seen major advances in Maternal health, HIV.AIDs and tuberculosis. health is very important within the framework in the achievement of MDG and SDG. we do acknowledge the importance of Universal Health care in this agenda. we have to look at the question of governance in health. we are putting in place national plans and a regional plan is ongoing. We underscore the importance of monitoring the new objectives. and also see the importance of improving the communications.

USA: Align with America's statement, and recognize important comments made by SA on behalf of Afro region. Reaffirm commitment to meeting unfinished agenda of health MDGs. Emphasize importance of reaching vulnerable populations in order to leave no one behind. For 2030 agenda, we affirm intrinsic value of good health and WHO's continued leadership will be critical to accelerate joint efforts to reaching maternal and child health care. As WHO has noted, cross cutting and linked nature of SDGs may require rebalancing of priorities and approaches. Increased need for data and measurement. Need meaningful indicators. WHO and MS then need to work together to validate + use this to reach targeted populations. US pleased to work with Japan, Panama, SA, Zambia and Zimbabwe to introduce comprehensive agenda item under 7.2. Informal discussion in Salle C on Thurs.

JAPAN: as a long standing supporter of universal health coverage. the pendulum swings between ... Our prime minister expressed his commitment to addressing health in a life cycle approach and universal health coverage in the lancet.

THAILAND: Ebola is the best test of health systems resilience. Happy to see that all unfinished MDGs are included in the SDGs with more ambitious targets. SDGs are interlinked and inclusive. Poverty eradication, access to food, nutrition, etc. and Thailand fully supports the statement made by Sweden. Should not lose sight of other bigger health challenges like NCDs, UHC. Thailand would like to make a request to the secretariat to include the SDGs to be discussed annually at the WHO's governing bodies meetings to make sure that we progressing in the right way.

EGYPT: on behalf of the eastern mediterranean region. There is the need to take stock of the last 15 years to be able to address the shortfalls. consideration of cross-cutting issues of

health quality care is of extreme importance. there is the need for adequate financial support for the achievement of the SDGs.

KAZAKHSTAN: Support draft resolution, would like to associate ourselves with it. Consider that documents from UN and WHO on SDGs have encouraged many people to become involved in the development of the health sector as part of a state program. We recognize that the health related goals are goals that have a significant impact on the other sustainable development goals. We think that intersectoral cooperation is crucial. This has to take place at local national, regional levels. Fundamental goals of the SDGs are to ensure cooperation on a sustainable basis at both national and international levels. In Kazakhstan, we have appropriate mechanisms to promote health and go beyond the health sector, which allows it to interact with other sectors. We need to look at primary health care. That is they key step that has to be taken. You will automatically improve the quality of health care across the board and improve health equity. We need regular high level meetings and events at the regional and global level to stimulate interest, find new opportunities and ways to improve health. Want to be a co-sponsor of the resolution.

JORDAN: We support the views of EGYPT on monitoring the achievement of the MDGs and SDGs. Our achievements were hampered with many difficulties which is not different from any other countries. The biggest burden has to do with the influx of refugees which affected the use of resources. Request for global support in resources to countries affected by the influx of refugees in achieving the development goals.

KUWAIT: Highlight certain issues related to MDGs. Integral and have to be implemented all together at the same time. They may be called development goals, but they don't concern developing countries on their own. We need to build on what was not finished in terms of MDGs. Especially for NCDs. We need an overall comprehensive plan that will meet all requirements whereby social determinants are considered all together. If we were to achieve these goals, we need to start with developing capacities at the national level and learn our lessons where we failed when it came to the implementation of MDGs. Indicators needed more thoroughly. We would like to ensure that all MS in this organization are involved in achieving goal #3. Increasing demands of data.

BRAZIL: appreciate report on the mdgs. mdgs were widely accepted by countries and were incorporated in the national agenda. aligns with statements on the integrated elements of the agenda. highlight the strengthening of the national health information systems. it is crucial to ensure transparency of issues.

CANADA: Nature of SDGs calls for multisectoral collaborations at the country level to achieve successes. WHO to use convening power at different levels to support 2030 agenda. Happy to see SDGs tackled a major shift in the health patterns, such as a double burden of disease in developing countries. Please to see UHC featured centrally in the health goals. Achieving UHC in the rest of the 2030 agenda will require overcoming persistent inequalities, including gender inequality. Welcomes comments made by Sweden. Monitoring Rio declaration of Social determinants of health.

Russia: support the documents and resolutions that shows the interest of WHO. the achievement of the goals would require the involvement of WHO at all levels. the 2030 target

is a feasible target. the inclusion of maternal health and road safety is an important goal. the inclusion of AMR is also very important and must be included among the goals. requires who to be closely related to ... body.

DR: Have to focus on intersectoral work. If the WHO cannot advocate strongly enough, economically and socially, then we see that in our country locally there are some areas where we do not occupy enough space to highlight those activities. Tackling extreme health is important if we want to reach our goals. Developing countries shouldn't only be mentioned on GDP, but we should also look at the HDI. Overall promotion of health. people are falling ill, we need a health system that is overall: health promotion, prevention. integrated

Philippines: great challenge to member states. much broader and comprehensive SDG's. stress goal 16: political factors, such as peace and security. MDG's had not explicitly addressed this. All goals contribute to broader social determinants of health. Need of strong leadership and commitment cannot be overemphasized. opportunity for the organization to demonstrate its leadership, capitalize countries help countries to attain goals.

New Zealand: Wish to endorse comments made by DR, Sweden and others. Wish to highlight that improving health outcomes is not an end in itself but a prerequisite to achieve the other SDG goals and targets. Need to address wider social and economic determinants of health. Importance of accelerating implementation of health regulations within the context of UHC.

Suriname: argentina statement alignment. input from caribbean community. Recognize necessity of intersectoral cooperation. New caribbean corporation for health (strengthening?). New human resources needed, and new kind of support for ms. namely ..

Republic of Korea: appreciate and encourage leadership and initiative of WHO on MDG's and SDG's. intersectoral collaboration such as FWO and WIE

Colombia: Aligns with Argentina and Sweden on sexual reproductive health. SDGs are integrated and interrelated. Need balanced and coordinated implementation to bring the 2030 agenda into life. need of balanced use of resources. Opportunity to bring in public policy and start with 'health IN all'.

Monaco: Need holistic approach, need new ways of working internally and externally to work cooperatively. Need more detail as to the role of the WHO in achieving these health goals.

Bangladesh: there is promise and hope in achieving the SDG. In goal 3 target 8 provided what is required in achieving the SDGs. MDGs created vertical and fragmented programmes. The SDGs risks same. countries need to develop new ways of monitoring intra and inter organisations.

Malta: need of guidance and support from WHO. health is both a goal, result and indicator. SDG's and especially UHC is opportunity. Resilience and health security are essential. UHC is central to achievement of all goal, not only goal 3. Importance of strong health system. Support of initiative "healthy systems, healthy lives"

Finland: aligns with Malta and the United States. the target of goal 3 would be achieved by integrated health care by primary health care. It would require sustainable funding. finland has had informal consultations that would be provided to the EB tomorrow.

Vietnam: UHC, health systems strengthening are priorities. Would like to emphasize important strategies for health related SDGs. Need more multisectoral collaborations. Would like to co-sponsor the resolution.

Belgium: Aligns with Malta's statement. SDGs mutually reinforce each other. Their greatest strength and weakness. Can't tackle them in a fragmented manner. Asks WHO to develop a plan with clear priorities and emphasizing the leadership role of the WHO in health.

Morocco: Stress value added for the health development in the SDGs, refers to the core status of health. Health is an independent goal but it is directly/indirectly related to other targets. Minister of health of Morocco has established an integrated plan to translate global targets into national ones. Need technical and nontechnical supports.

Sudan: Aligns with statement from Egypt. Challenges of the conflicts have become a difficulty to the achievement of MDGs. Health systems need to be accommodative, open and adaptable (and able to work with other stakeholders). Implementation is needed. Implementation of SDGs is not easy (health for all, UCH - this needs a global movement with a unified move).

Panama: Aligns with statement by argentina and united state. How can we bring up economic growth and other social issues to ensure universal access to health care? Making good use of financial resources, readiness for early warning systems, monitoring of resources and accountability is required from all.

Australia: Critical that domestic revenue is utilized to fund health systems. Specific challenges faced by Pacific islands. WHO should be proactive in shaping global follow up and review process for the 2030 agenda including at the high level political forum at 2016. Cooperation among UN bodies will be key. Acknowledge contribution of the WHO to this process and welcome contribution of indicators. Welcome views of secretariat on how it proposes to coordinate these discussions particularly in the lead up.

End of Member States.

IGOs & NGOs

UNFPA: Welcomes this report. Maternal mortality rate has been better, but inequalities remain. From PH perspective we know how to avoid maternal mortality - but need of more legal, economic, social barriers to avoid maternal mortality. UNFPA helps WHO in that, together with Human Right Council technical guidance. Women need to have their own freedom and reproductive rights (including use of contraceptives), and guidance is rolled up at regional and country levels.

IFRC: concerned with the unfinished agenda, the people who are out of reach in health. IFRC aims to improve resilience of communities and to strengthen the means to addressing health between the haves and have nots.

NGOs:

- International Alliance of Patients' Organizations (IAPO)
- International Council of Nurses (ICN)
- International Federation of Medical Students' Associations (IFMSA)
- The Save the Children Fund (Save the Children)
- Union for International Cancer Control (UICC)

See their statements under 7.2 in <https://apps.who.int/ngostatements/meetingoutline/7>

Doctor Flavia from ADG/FWC: transformative nature of SDG's. how do we make a transition from MDG to SDG? how do we achieve, how do we make sure we don't wait five years for governments to take action? good hopes after this discussion. Driving to ends of epidemic. at center of goal 3. centrality of sexual and reproductive rights. universality of agenda is best, and leaving no one behind. rethink approach we used in the past. how to use UHC on this matter. look at this in an integrated manner. health is not just a goal, plays a role in all the goals. already so many of our indicators are in targets, such as social protection linked to poverty (again mentioning UHC). I could go on for twenty minutes on this list! this is a big shift that calls into question our working methods in content, approach and partnerships and internal work of secretariat. What have we already begun to do? started working with agenda before it was finalised. like global strategy on women, adolescent, and children's health to be implemented. Also on how to report, there has been a meeting on it.

thinking group with regional directors has demanded. Next WHA we should already be advanced. Mainstream all these issues in different sectors.

Thank all ms for the comments. we have to continue this debate.

**Chair:EB to take note of [EB138/5](#) (Item 7.1 concluded).
Item 7.2 suspended**

[Consideration of Item 7.2 to be resumed Tenth Meeting (pm of Day 5)]

Secretariat:

Briefing on health situation on Libya at 12:45 Salle A

Working group on Reform will meet at lunchtime at Salle C

Item 7.2 Health in the 2030 Agenda for Sustainable Development

[Discussion of this item resumed Twelfth meeting (pm of Day 5) from Fifth meeting (am, Day 3)]

Docs:

- [EB138/14](#)
- [EB138/CONF./8](#) Draft resolution, *Health in the 2030 Agenda for Sustainable Development*, proposed by Japan, Panama, South Africa, Thailand, United States of America, Zambia and Zimbabwe
- Financial and administrative implications ([EB138/CONF./8 Add.1](#))

South Africa: gives the floor to Zimbabwe

Zimbabwe: Item 7.2 Health in the 2030 Agenda for Sustainable Development yesterday informal meeting. We didn't have enough time to make the resolution. There were different proposals.

Chair: taken during the intersession and re discuss in the WHA.

Discussion of Item 7.2 resumed Thirteenth Meeting (am of Day 6) from Twelfth meeting (pm of Day 5) from Fifth meeting (am, Day 3)]

Doc:

- [EB138/14](#)
- [EB138/CONF./6](#) Draft Resolution: Strengthening essential public health functions in support of the achievement of universal health coverage proposed by Georgia, Japan, Norway, Thailand, Zambia and European Union Member States

Proposal by Finland and Sweden

Finland: about outcome on informal discussion, which made the following amendments to the text:

- EP1.1, first line, "primary" is deleted.
- OP2.2, 5th line, "threat to public health" → "public health event".
- OP2.4, after "to the world health assembly" and after "resolution" the wording "as a contribution to the achievement" has been added, in replacement of "as part of the achievement...". At the end of the paragraph, delete "as appropriate".

Secretariat: pp 11 first line , the world primary before responsibility is removed.

operative paragraph 2.2. the word threat to public health is removed.

paragraph 2.4 to report to world health assembly as a contribution

CHAIR: No objection, the resolution is therefore adopted as amended.

Item 7.2 Closed.