

Expert Group Meeting on Integrated Approaches to Implementing Sustainable Development Goal 3 in preparation for the 2017 HLPF, June 16 2017

Summary

In September 2015, Member States adopted “Transforming our World: the 2030 Agenda for Sustainable Development.” This Agenda was universal, applying to developing and developed countries alike, and it took a truly integrated approach to development, recognizing that only with simultaneous social, economic and environmental progress would lasting change be possible. The High Level Political Forum (HLPF) is an annual opportunity for Member States, UN System Organizations, Major Groups and other stakeholders to gather, share experiences and lessons learned, and exchange ideas to further implementation of the 2030 Agenda and its 17 Sustainable Development Goals (SDGs).

In the Ministerial Declaration of the 2016 HLPF, Member States decided that while the indivisible and inter-related nature of all 17 SDGs would be respected, each subsequent HLPF would devote intensive analytical attention to a subset of goals. For 2017, the HLPF will shine the spotlight on SDGs 1, 2, 3, 5, 9 and 14, in addition to 17, which will be given focused attention every year.

To provide Member States with additional substantive inputs to the HLPF, UN system entities organized an expert group meeting to explore integrated approaches to implementing SDG 3. The meeting took place 15 and 16 June 2017 in New York City and was organized by the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the UN Department of Economic and Social Affairs (UN-DESA), the United Nations Children’s Fund (UNICEF), UNAIDS, and the UN Foundation.

The meeting gathered experts (see attached list) from a range of sectors to come together and discuss challenges, opportunities and emerging issues that could have an impact on SDG 3 implementation. The indivisible nature of the SDGs was a fundamental assumption of the discussions. The discussion on 15 June took place at the UNFPA Headquarters in New York. On 16 June, participants convened at the UN Headquarters to brief Member States on the previous day’s outcomes.

Overview of key messages

The meeting focused on four integrated, complementary and mutually reinforcing dimensions of the implementation of Goal 3:

- 1) Equity
- 2) Multisectoral approaches
- 3) Health in high risk settings
- 4) Data

Participants identified the following important issues:

1) Equity

Health equity means everyone has a fair opportunity to live a long healthy life and should not be disadvantaged because of their income, age, gender, sexual orientation or other factors. Governments are already working on equity in health, and in the full implementation of the 2030 Agenda; continued efforts in this area must take into account what is already being done. It is also important to note that equity is not and cannot be addressed as a stand-alone issue; it requires a comprehensive and integrated approach across multiple sectors. At the Expert Group Meeting, the issue of equity was integrated into the discussions in all other sessions.

Governments and stakeholders need to further build on the recognition that health is “too important to be left to doctors” alone, and that it has environmental and social determinants—many of which are perpetuated across generations— that are linked to many other factors and stakeholders. Health is a human right, and in realizing that right, we must recognize that not everyone starts at the same place, depending on birthplace, socioeconomic circumstances and other factors. Implementation of SDG 3 requires that we are aware of these differences and seek to mitigate the risks of inequality through prioritization of equity, inclusivity and social justice.

Health also plays an important role in innovation and economic development. Globally, the health sector is a significant platform for innovation in many areas, such as biotechnology, nanotechnology, imaging and information technology, with major potential for impact on progress in other SDGs as well. Policies and mechanisms to harness the economic and productive potential of the health field should be reinforced at the global and national levels.

Universal health coverage (UHC) is central to realizing equity in health, and the 2030 Agenda is doing much to advocate and plan for increased access to quality health services. Still, UHC does not automatically or fully address “missing” or “hidden” populations and other vulnerable groups. One such demographic often overlooked and unable to access services is adolescents. Another hidden population—and a major data challenge— is made up of uncounted births and stillbirths. Delivering on equity therefore means using many tools—including data as well as actions outside the health sector—to include such populations currently at risk of being left behind.

Finally, it is essential to deliver on the “well-being” component of SDG 3. Health workers, policy makers and academics need to re-engage with well-being, and recognize how to integrate, measure and deliver it in an equitable fashion, with particular focus on marginalized and hidden populations, including young people, older persons and those with disabilities.

2) Multisectoral Approaches

Health is a precondition, indicator and outcome of sustainable development. A holistic approach supported by evidence, system analysis and integrated assessments will be important to address the connections between health and other SDGs. It is widely recognized that many of the gains in health MDGs were driven by progress in other sectors (for example, an estimated 50% of the progress in child mortality reduction in low- and middle-income countries between 1990 and 2010). The example of early childhood development, from conception to 8 years, is highly illustrative. Health and education sectors see the same children during this period, at different times and from very different perspectives. They

need to be much more effectively integrated, to set the stage for transitions to adolescence and adulthood. Similarly, improving girls' education and learning outcomes is one of the best investments to improve adolescent, women's and children's health and contribute to broader development.

The recent oceans conference and the review of SDG 14 at this year's HLPF recognize the implications of oceans for health – particularly in terms of the dangers that undermining the world's ocean systems (via pollution, overfishing, climate change, etc.) poses to human health and nutrition. Improvements in the environment sector (SDG 14, 13, 15) are essential to the achievement of SDG3 and represent a mutually beneficial opportunity for multisectoral collaboration as accelerating changes in natural systems increasingly threaten health and well-being. There are also important health implications, both positive and negative, linked to mining and industrial development, international trade and other sectors. The "One Health" perspective, which deals with health determinants integrating human, animal and ecosystems health, with a special focus on emerging and reemerging infectious diseases, is another example of an important tool for multisectoral efforts. In the same vein, the justice sector plays a vital role in delivering health, particularly with greater recognition of the frequency and health implications of violence, including gender-based violence and elder violence, and the need for stronger systems to address it. "Health in all sectors" is an approach that should be considered as countries work to meet the multi-sectoral demands of their populations. This approach will depend on technical experts within other sectors understanding how to address health issues, but also vice versa, i.e. an understanding by the health sector of other sectors' core business and interests.

The SDGs converge to impact the life of a human being. Therefore, multisectoral and multistakeholder implementation should be people-focused and community-driven; individuals and communities have been working in concert for some time and represent vital sources of learning to this end. Effective preventative health care, which is a foundational building block for addressing the scourge of non-communicable diseases, will in particular require people-centered, multisectoral approaches involving education, food security and nutrition, taxation and other financial tools, and cultural drivers. Holistic local SDG plans will provide useful frameworks in this regard.

An important role of government is to develop institutions and processes that aid in building and maintaining political commitment and accountability on health. One effective approach is to identify an inter-ministerial single body, made up of all the relevant sectors, to drive the process. This body would bring ministers, departments and agencies together, reporting to the highest level, and would be institutionalized. This can allow for joint programme design, common risk analysis, comprehensive solutions, joint targets, joint accountability, and finally joint success. Joint financing can lead to budgetary savings, and it incentivizes work across sectors. The success of multisectoral approaches to addressing the HIV epidemic provides much to build on in this context.

Capacity building for multisectoral work is essential, between governments and with other stakeholders across ministries and at the community level. It is important to encourage increased openness and exchange in data collection and analysis, research and innovation. In general, joint work also requires effective communication via a language that is understood across different fields, and between government and community.

3) Health in High-Risk Settings

We are facing a widely recognized increase in conflict settings, natural disasters, outbreaks, as well as a complex mix of all three. This rising trend has resulted in a marked increase in displaced populations, including migrants and refugees. In many countries there are pockets of marginalized, vulnerable populations and those living in informal settlements that have major health needs that are not being met. There is also an increasing trend towards violence, including physical, sexual, gender-based and psychological violence. Health workers, as well as health facilities, are being targeted.

Adequate, robust and resilient health services are a vital part of risk reduction, mitigating the impact of crisis and helping a return to normal operations. These kinds of health services can endure sudden events, provide assistance to the most high risk and left behind populations, and meet people's demands for health services in crisis, including the sexual and reproductive health needs of adolescents as well as the needs of older populations that have limited mobility. Sufficient, committed and motivated health workers, who are effectively trained, paid and supported, and have the security they need to continue to do their jobs, are essential to resilient health systems and a huge asset that must be protected. Overall stewardship alongside long term planning, including contingency planning, is necessary to make this happen.

Populations in humanitarian and high risk settings are also becoming more diverse, including those from religious and ethnic minorities as well as other groups that may want to remain out of sight. They have health needs and require services, even in the absence of data indicating their presence. In addition, major demographic, epidemiological and nutrition changes are occurring and need to be taken into account. For instance, youth bulges, meaning high proportions of young people and adolescents, bring positive opportunities as well as new demands. Another shift countries must be prepared for is rapid population ageing and nutrition patterns; the needs of older people as well as nutrition quality and personal habits must be acknowledged and factored into national plans in the health sector and more broadly. These changes are associated with a changing burden of disease, particularly the rise of non-communicable diseases and the need to meet health needs associated with them in crisis. Furthermore, countries must be prepared for the anticipated increase in displaced communities and human conflict instigated by global environmental changes including climate change.

Throughout, the most important principle is respecting and acting to realize the human rights and dignity of our citizens, and providing the services needed to ensure rights and dignity.

4) Data

It is essential to recognize how vital data are for generating knowledge for action, to assist in tracking that knowledge, and to hold ourselves accountable to making progress towards SDG3 and the other health related goals. At the same time, data are needed to understand more closely how such gains are distributed across populations. These factors represent the steps in the health impact pathway with a focus on equity.

The need for robust data systems has grown larger in the SDG era. In the health sector, indicators have expanded from mortality to encompass determinants and indicators of well-being. We need to measure health system performance and the contributions of other SDG indicators and actions in both directions.

The ethos of universality and equity that permeates the SDGs needs to be captured by data systems. Health systems have managed to create reasonable data systems over the years, including during the MDG era. Still, gaps remain in these data systems, which we need to address while seizing the opportunity to invoke innovation and new technology. We need to build and sustain a culture that recognizes the power and value of data, including building on multistakeholder partnerships with private sector, academia and individual users.

We need real time, representative, reliable data systems. These systems must be country owned, principally anchored to the SDG indicators, and directly related to the health goal as well as other relevant goals. Beneficiaries need an integral role in data production, analysis and use. The private sector can also contribute much to data capacity and availability, but PPP must stand for “partnership for public purpose,” reflecting that the interests of people and communities must be paramount in these partnerships. Going beyond specific aggregate indicators, disaggregation is vital, with a focus on equity and vulnerability assessment. It is also necessary to integrate analysis across sectors, including through clustering of health, socioeconomic, and environmental indicators across SDGs to produce a composite profile of progress towards health and well-being.

As the global community faces more complex, systemic challenges in its development agenda, qualitative data will also be needed. Both in its own right and linked to quantitative data, qualitative information provides insights on barriers to action, means of achieving progress, and sources and instances of stigma and vulnerability, as well as insight into community knowledge and actions. Tools to enhance synergies with other sectors can be built upon, including geospatial data for health equity mapping.

Accountability is vital for effective implementation towards the SDGs, and data are central to it. We must aim for data sharing within countries, as well as between countries. Making good quality data more accessible for wider examination and analysis will be an essential step in implementing the 2030 agenda.