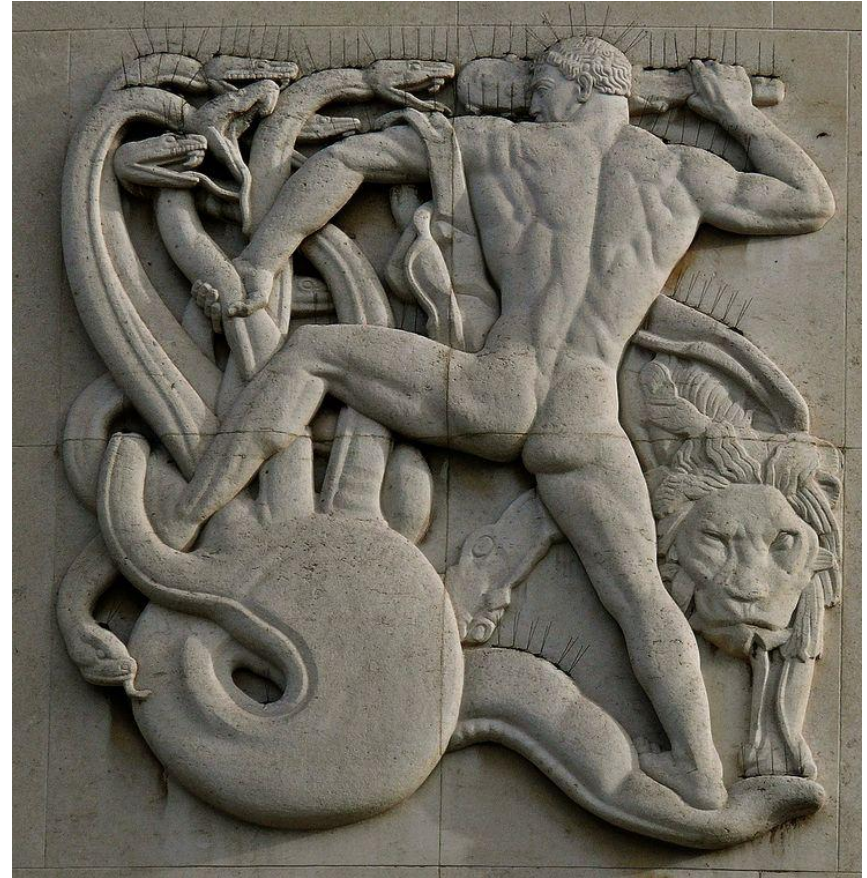
A photograph of a man and a young child standing on a balcony. Both are wearing white face masks. The man is wearing a grey jacket and a dark cap, and the child is wearing a light blue jacket and a white cap. They are looking towards the camera. In the background, a city skyline is visible under a hazy sky, with several tall buildings. The overall tone is somewhat somber due to the masks and the hazy atmosphere.

Ready for change? What does the SDG agenda mean for health?

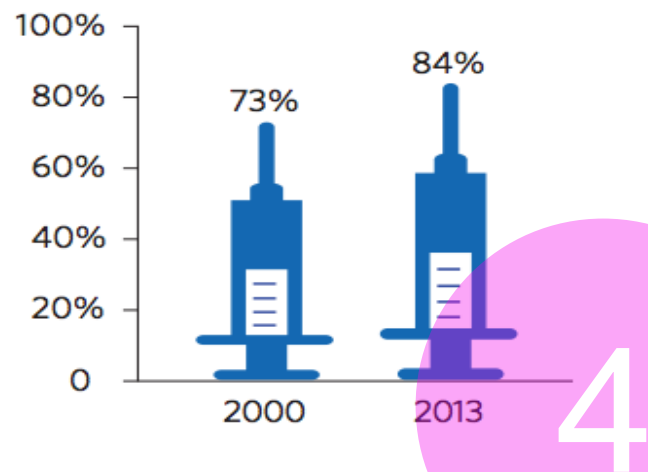
Kent Buse, UNAIDS, Geneva
Sarah Hawkes, University College
London

Overview

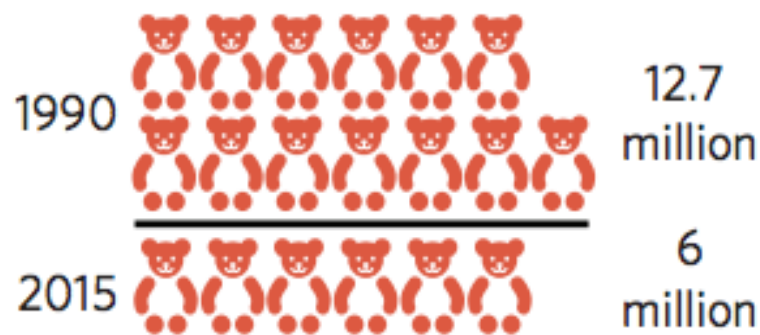


MDG successes

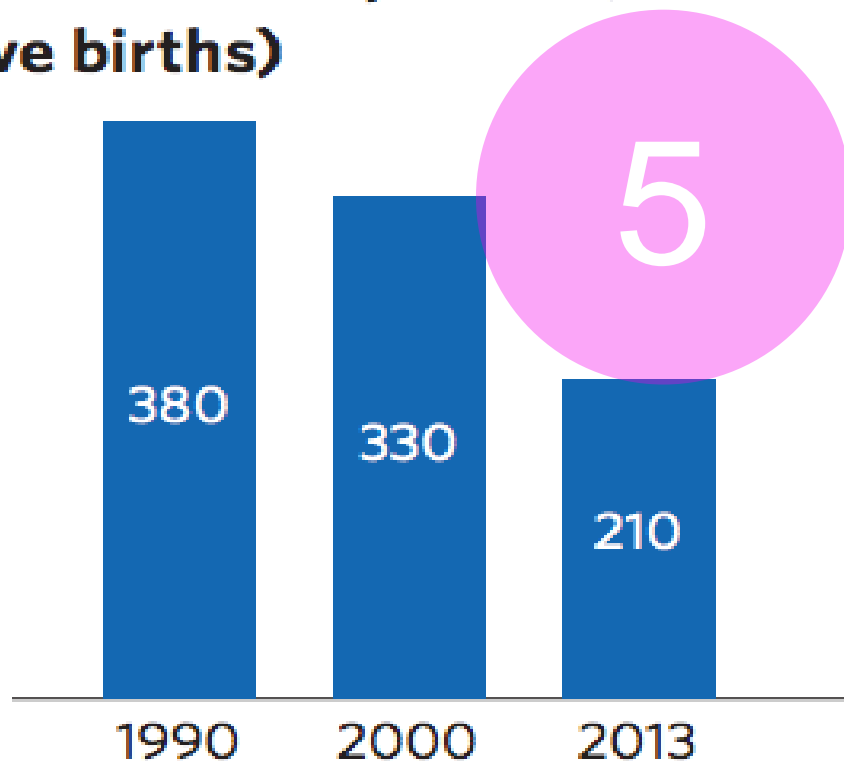
Global measles vaccine coverage



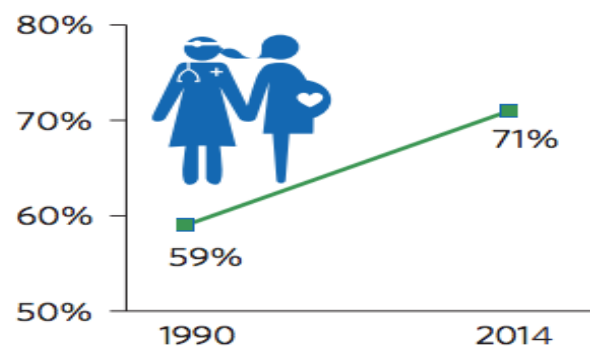
Global number of deaths of children under five



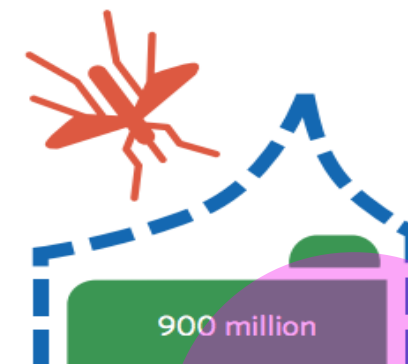
Global maternal mortality ratio (deaths per 100,000 live births)



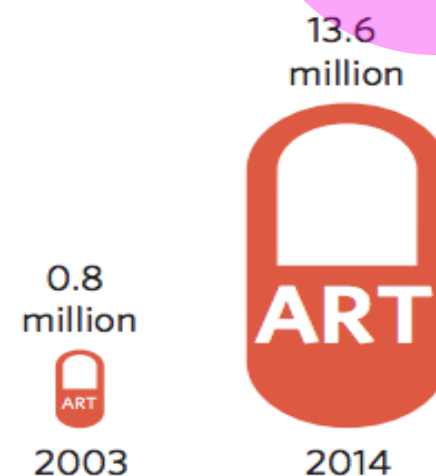
Global births attended by skilled health personnel



Number of insecticide-treated mosquito nets delivered in sub-Saharan Africa, 2004-2014



Global antiretroviral therapy treatment



MDG limitations

Lack of response to changing burden of disease



Fragmented health systems



Top down approach, lack of systems of accountability



SDGs: New opportunities

Goal 3: 9 Health Targets

Directly related targets in other goals:

Goal 2 (nutrition)

Goal 5 (gender equality)

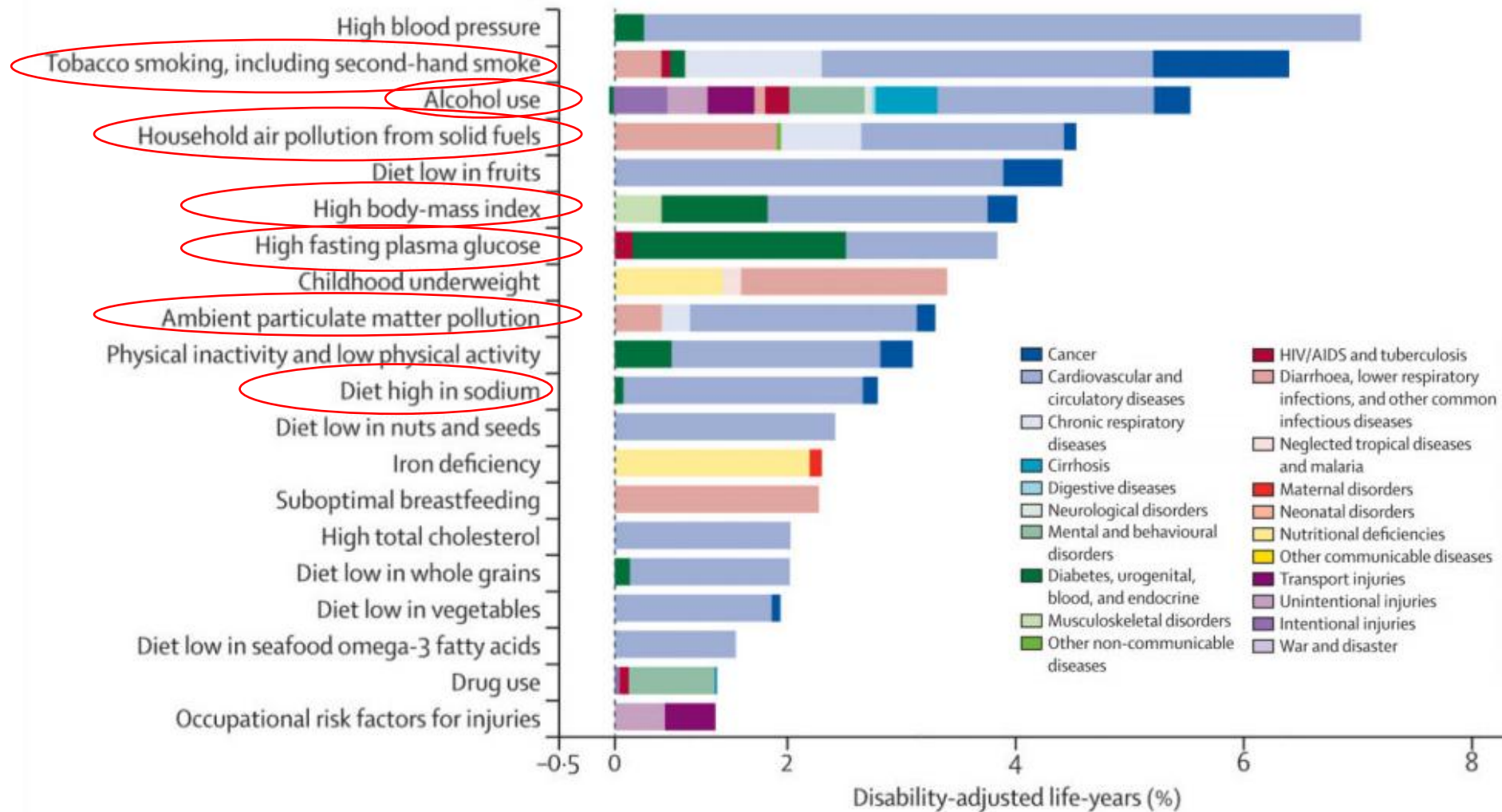
Goal 6 (water and sanitation)

Goal 11 (sustainable cities)

Goal 16 (inclusive institutions and societies)

- Agenda is all-encompassing
- Indivisible, inter-dependent goals and targets
- Wide ownership based on unprecedented consultation
- Health targets reflect (better) burden of disease (than MDGs)

Burden of disease attributable to leading risk factors in 2010



Achieving the goals: 5 *shifts* needed

- 1) ensuring leadership for intersectoral coherence and coordination on the structural drivers of health;
- 2) shifting the focus from treatment to prevention through locally-led, politically-smart approaches to a far broader agenda;
- 3) identifying effective means to tackle the commercial determinants of ill-health;
- 4) further integrating rights-based approaches;
- 5) enhancing civic engagement and ensuring accountability.

Shift 1: Intersectoral leadership & coordination

- Action across sectors to achieve health goals raises questions of:
 - Governance
 - Prioritization
 - Planning
 - Investment

“The problem is that the health sector is very strong in convincing itself that other sectors should do something. And it is very weak in speaking the language of the other sectors...” Gopinathan et al, 2015, DOI: 10.1186/s12992-015-0128-6

- How to align interests and incentives across sectors?
- What can we learn from other sectors?

Shift 2: Politically smart approaches to a broad agenda - emphasis on prevention

Health systems are vital, but primary prevention likely more effective and potentially more equitable


- **Restrict** – taxes on tobacco and alcohol, access to alcohol sales,
- **Regulate** – smoke-free public places, bans on advertising of tobacco and alcohol, control salt level in food
- **Replace** – trans fats with polyunsaturated
- Regimens of health care – aspirin, immunisation (HBV, HPV)
- Reinforce positive images – diet and physical activity

Challenges in shifting from treatment to prevention

- “Culture of treatment” predominates:
 - Biomedicine
 - Law and human rights
 - Global Health
- Economic and political incentives allied with promoting treatment

Preventing epidemics: Responsible framing of responsibility?

**The Faithful
Have Nothing
To Fear.**



Not everyone has to worry about AIDS. You're safe if you're in a long-term sexual relationship with someone who is just as faithful to you. And if neither of you is using needles for drugs. For more facts and further reassurance, call the AIDS Hotline in Northern California at 1-800-367-2437, or in Southern California at 1-800-922-2437.

AIDS.
It's Up To You.

State of California AIDS Education Campaign

sauce (15
salt, Waxy Maize
e (3%) (Colour (Annatto)
, Black Pepper.

Nutrition Information		Per 100g	Per pack
Typical Values		386 kJ	1000 kJ
Energy Value		92 kcal	257 kcal
Protein		4.5 g	13 g
Carbohydrate		9.8 g	27 g
of which sugars		0.2 g	0.6 g
Fat		3.9 g	11 g
of which saturates		2.3 g	6.3 g
		3.2 g	9.0 g
Salt		0.2 g	0.6 g
		0.5 g	1.4 g

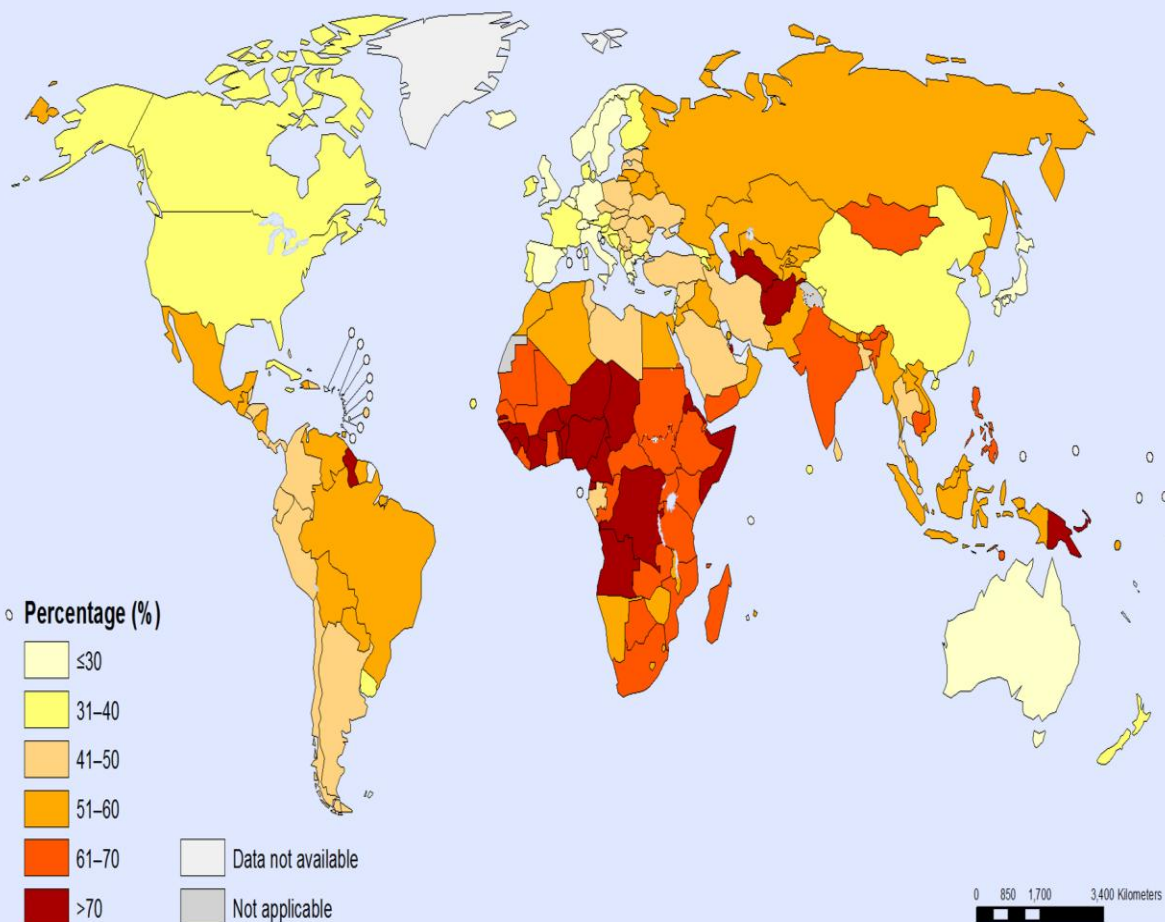
Amounts - Normal Diet
Men 2500
Women 257
11 g

Shift 3: Putting people before profits?

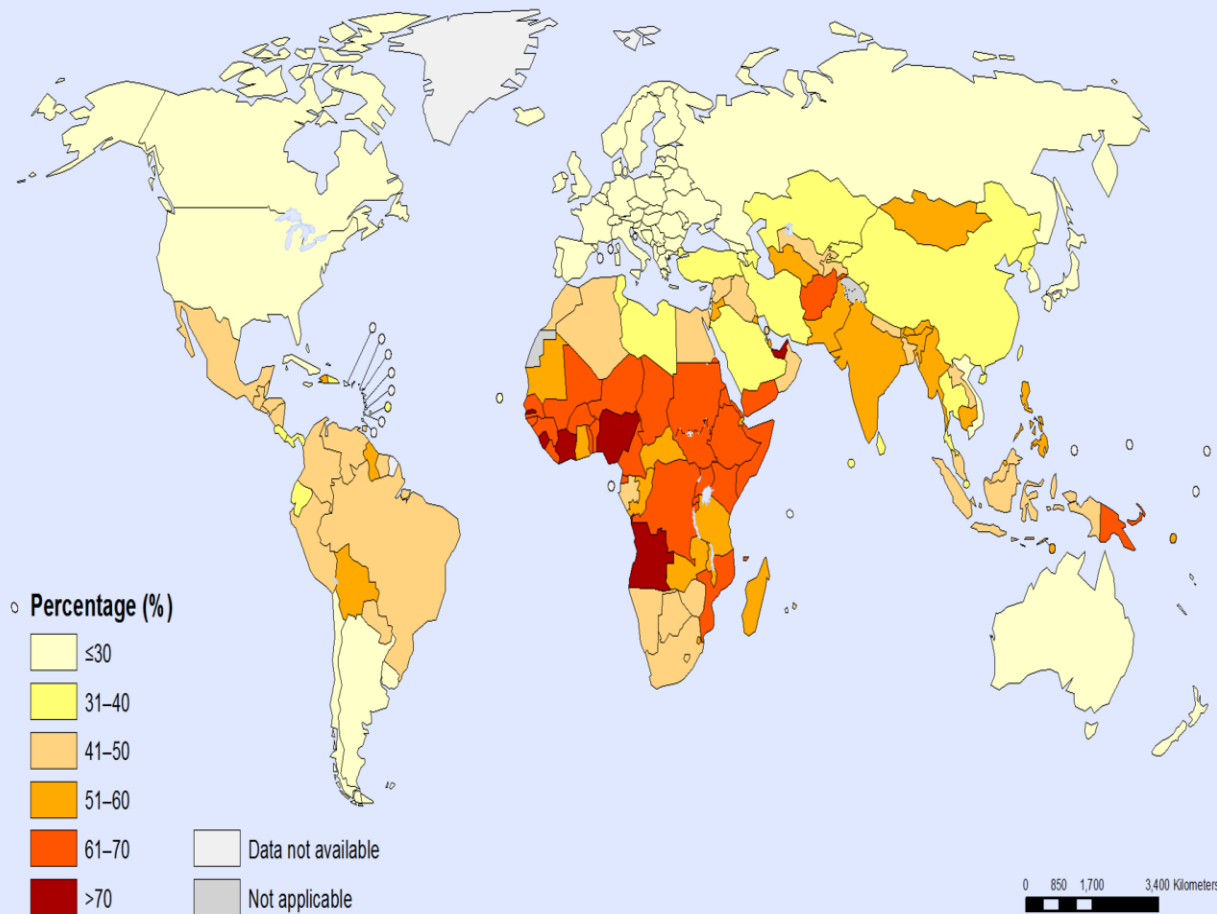
- Governing the profit-driven determinants of disease

NCDs are largest contributor to premature mortality in LMICs

Percentage of deaths due to noncommunicable diseases occurring under age of 70
Male, 2012



Percentage of deaths due to noncommunicable diseases occurring under age of 70
Female, 2012



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

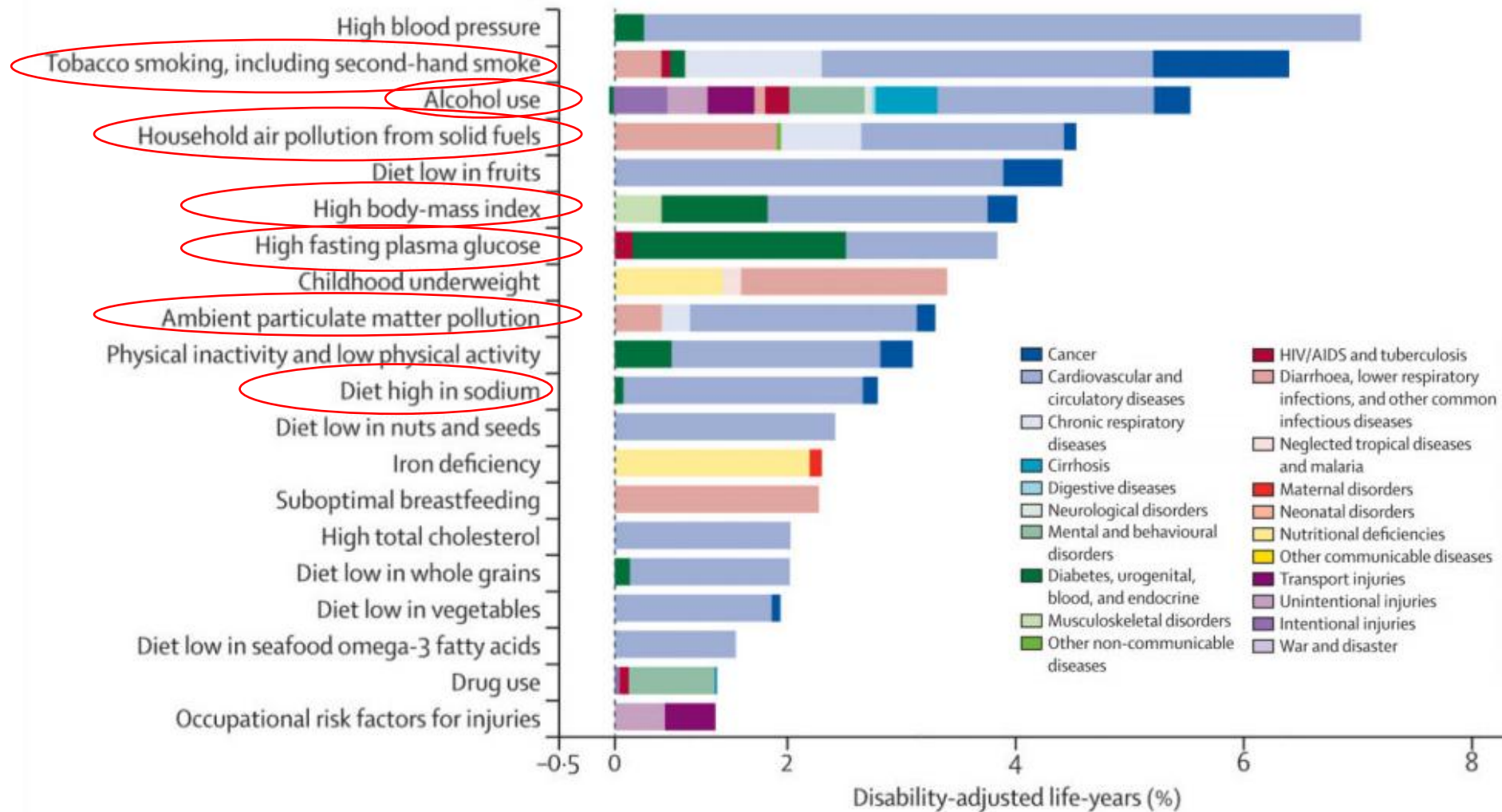
 **World Health Organization**
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World Health Organization

 **World Health Organization**
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Burden of disease attributable to leading risk factors in 2010



THE BIG KILLERS

1



2



alcohol

Air pollution



diet



4

Models of public/private regulation

- Self-regulation by private sector
- Co-regulation – e.g. public private partnerships
- Public sector regulation
- How to safeguard public health interest in all 3 models? *See next 2 slides!*

Shift 4: Promoting the Right to Health

- **Universal Declaration of Human Rights: Article 25 1.** Everyone has ***the right to a standard of living adequate for the health and wellbeing*** of himself and of his family, including food, clothing, housing and medical care and necessary social services
- **International Covenant on Economic, Social and Cultural Rights: Article 7 - *the right of everyone to safe and healthy working conditions*; Article 12(b) *The improvement of all aspects of environmental and industrial hygiene*;**

Right to a health-promoting environment

Realising right to healthy environment will have substantial and sustained impact on population health and health equity

Commission on Social Determinants, Lancet, 2008

- Potential actions:
 - Reframing of rights
 - Expansion of mandate and resources for Special Rapporteur
 - Greater use of Human Rights Council

Shift 5: Engagement and accountability

- Multistakeholder (and multidisciplinary/multisectoral) platform as governance structure
- Implement accountability mechanisms
 - National level mechanisms e.g. NAC
 - Global – e.g. COIA for Women and Children's Health
 - Enhanced and resourced role for civil society

Conclusion

- SDGs offer opportunity for a ‘paradigm shift’ - **“a series of peaceful interludes punctuated by intellectually violent revolutions”** (*Kuhn, 1962*)
- Achieving SDG3 means thinking outside the health system box
 - Health as intersectoral issue
 - Shift discourse to promotion of health capabilities & disease prevention alongside treatment of illness
 - New platform for governance for health – including governance of prevention
- Think more politically about what will it take to fulfil the 2030 health agendas



thank you

s.hawkes@ucl.ac.uk

busek@unaids.org