
Progress in the implementation of the 2030 Agenda for Sustainable Development

Report by the Secretariat

1. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.11 on Health in the 2030 Agenda for Sustainable Development. This report reflects the subsequent deliberations of Member States during the sessions of the regional committees. The regional committees considered the creation of better systems to ensure the centrality of health in the 2030 Agenda. They emphasized that the Goals should build on the achievements made in working towards the Millennium Development Goals, expanding the scope of health in sustainable development, but always focusing on implementation at country level.

2. The report is in two parts. First, because the central role of health in development is still not widely appreciated, part I explains how health can be transformed by, and play a transformative role in, achieving the 17 Sustainable Development Goals. Part II describes some of the ways in which the 2030 Agenda is reshaping WHO's work at country level, with coordination at regional and global levels. Since the adoption of the Sustainable Development Goals, the Secretariat's provision of support to countries is focusing on practical methods to achieve the health-related goals and their associated targets.

I. CENTRAL AND TRANSFORMATIVE ROLE OF HEALTH IN SUSTAINABLE DEVELOPMENT

3. Sustainable development, as defined by *World Commission on Environment and Development*, is: "development that meets the needs of the present without compromising the ability of future generations to meet their own needs".¹ Owned by every country, the Sustainable Development Goals form a blueprint for satisfying the needs of the present by overcoming constraints and which is based on social inclusion, shared prosperity and environmental stewardship. Understanding the fundamental role of health in development, centred on Goal 3 (Ensure healthy lives and promote well-being for all at all ages) but linked to all other goals, is a prerequisite for successful collective action on the social, economic and environmental determinants of health.

¹ Report of the World Commission on Environment and Development: Our common future, available at: <http://www.un-documents.net/our-common-future.pdf> (accessed 30 November 2016).

4. Good health is a precondition for, and an outcome and indicator of, sustainable development.¹ The health of individuals and populations is determined partly by the effectiveness of health systems, but it is also influenced by, and contributes to, progress towards most other social, economic and environmental goals. A strength of the 2030 Agenda is that opportunities to improve health can be found across the entire set of Sustainable Development Goals.

5. The drivers of good health are neither linear nor unidirectional; rather, good health outcomes depend on multiple inputs that are shared across work towards other Goals, and the outcomes often feedback to reinforce the inputs. Thus the provision of health services and financial protection also stimulates innovation and contributes to employment and economic growth. Good health is itself a means of alleviating poverty and hunger, and facilitates learning and the ability to work. By encouraging joint action across different sectors of society, and by taking advantage of positive feedback loops, synergies, co-benefits and cost efficiencies, the Sustainable Development Goals offer new ways to confront today's major challenges to health, including in particular: ageing and disabilities, antimicrobial resistance, the consequences of climate change, environmental degradation and pollution, sustainable financing, health inequities within and between countries, migration, urbanization and rural poverty.

6. As the Goals apply globally but health needs vary greatly within and among countries, so therefore will the priorities set by each country to achieve Goal 3 and other health-related Goals. Whatever the local priorities, the Goals offer a more comprehensive view of ways to improve health. Six instruments of change and enabling factors are listed in the Table below. Intersectoral action by multiple stakeholders and strengthening of health systems per se will help to make health systems more effective. The necessary enabling factors within and beyond the health sector include the realization of equity and fulfilment of human rights, sustainable finance, scientific research and innovation, and monitoring and evaluation.

Table. Opportunities for change offered by the 2030 Agenda

| Six instruments of change and enabling factors | New opportunities provided by the 2030 Agenda |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intersectoral action by multiple stakeholders | Placing health in all sectors of policy-making; combining the strengths of multiple stakeholders |
| Health systems strengthening for universal health coverage | Disease control programmes embedded in a comprehensive health system that provides complete coverage of fully-staffed and well-managed health services with financial risk protection |
| Respect for equity and human rights | Improving health for whole populations by including all individuals, "leaving no one behind", and empowerment of women |
| Sustainable financing | Attracting new sources of funding; emphasizing domestic financing, with alignment of financial flows to avoid duplication of health system functions |
| Scientific research and innovation | Reinforcing research and innovation as foundations for sustainable development, including a balance of research on medical, social and environmental determinants and solutions |
| Monitoring and evaluation | Exploiting new technologies to manage large volumes of data, disaggregated to ascertain the needs of all individuals; tracking progress towards Goal 3 and all other health-related Goals |

¹ The future we want. United Nations Conference on Sustainable Development (Rio de Janeiro, Brazil, 20–22 June 2012), outcome document. United Nations General Assembly resolution 66/288.

Intersectoral action by multiple stakeholders

7. The 2030 Agenda presents a major opportunity to place health in all sectors of policy-making (“Health in All Policies” and “whole of government” approaches), and to drive action through the combined skills and energy of multiple stakeholders. The Goals are a tool for breaking down barriers and building partnerships, to bring coherence to policies and actions (as is explicit in Goal 17 on strengthening the means of implementation). In every country, health (Goal 3) stands on common ground with social inclusion and poverty alleviation (Goal 1). Universal health coverage (also called for in Goal 3) contributes more broadly to public security (part of Goal 16 on promoting peaceful and inclusive societies). Considering environmental risks, ending hunger and achieving food security and improved food safety and nutrition (Goal 2) are vital for health and development. The provision of clean water and sanitation (Goal 6) could reduce the number of deaths from diarrhoeal diseases: currently hundreds of thousands each year. Clean household energy (Goal 7 on access to affordable, reliable, sustainable and modern energy) can cut air pollution indoors, while sustainable transport, waste management, buildings and industry (Goal 11 on inclusive, safe, resilient and sustainable cities and settlements) will lead to cleaner air in cities. Those policies could prevent more than six million deaths each year due to air pollution and mitigate climate change and its impacts (Goal 13). Urban planning (covered by Goal 11) is an opportunity to better the lives of more than 800 million people who live in slums worldwide. Occupational health and safety measures, particularly for migrants, women, health workers and workers with informal and precarious employment, contribute directly to full and productive employment and decent work for all (Goal 8) and would prevent many deaths from occupational and work-related diseases and injuries. The reduction of food losses from contamination and the safe use and disposal of chemicals and toxic waste are crucial elements of sustainable consumption and production (Goal 12). The “One Health” approach promotes multisectoral and multidisciplinary action to combat health risks at the interface between humans, animals and the environment.

8. The responsibility for health in sustainable development extends well beyond the health sector. Gaining the most from the framework of the Goals requires collaborations among multiple stakeholders – across the United Nations system, in the public and private sectors, in nongovernmental and civil society organizations, and supported by individual citizens who should also have the knowledge and resources to become agents for change. Intersectoral action will also open up new financing mechanisms (see paragraph 16).

Health systems strengthening for universal health coverage

9. In the domain of health and well-being, the Millennium Development Goals focused on programmes tailored to specific health conditions, mainly maternal and child health and communicable diseases (notably HIV/AIDS, malaria and tuberculosis). Far less attention was given to the performance of whole health systems, including health services; the benefits of doing so were therefore neglected. The Sustainable Development Goals remedy this by emphasizing universal health coverage: full access to and coverage of health services with financial risk protection (target 3.8) in equitable and resilient health systems. Universal health coverage is not an alternative to the disease control programmes of the previous era; rather it embraces these programmes, so that increased population coverage can be sustained within a comprehensive package of health services. The need for integration among the different components of Goal 3 is as important as intersectoral action across all the Sustainable Development Goals.

10. Under the umbrella of universal health coverage, Goal 3 distinguishes three broad aims:¹
- accelerate progress towards better health made under the Millennium Development Goals by setting more ambitious targets for communicable disease control, for improved nutrition, and for maternal and child health;
 - expand health outcomes so as to include noncommunicable diseases, mental health and injuries and associated interventions;
 - promote practical ways of implementing health interventions through means and instruments such as the WHO Framework Convention on Tobacco Control; increasing access to, and accelerating the development of, medicines and vaccines; adequate financing for health and a stronger health workforce; and early warning and the management of health risks.
11. Universal health coverage encompasses integrated, people-centred health services through the life course, recognizing that, especially with regard to chronic diseases, the health of individuals depends on their past and present experiences of society, economy and environment, with consequences that run over years, and may even cross generations.

Respect for equity and human rights

12. Apart from being inefficient at the population level, inequity denies the principle, set out in WHO's Constitution, of the right to the highest attainable standard of health by compromising the freedoms and entitlements of individuals. Equity is an enabling factor and an objective in its own right. The lack of attention paid to inequities within countries was a widely acknowledged deficiency of the Millennium Development Goals. To correct this, the Sustainable Development Goals aim explicitly to improve health for whole populations by improving the health of all individuals, "leaving no one behind" as the United Nations Secretary-General called for.

13. In seeking health equity,² there is mutual support between activities towards achieving Goal 3 and work towards the Goals that promote gender equality (Goal 5), equality within countries more generally (Goal 10 on reducing inequality), and transparency, accountability and nondiscriminatory laws (Goal 16 on promoting peaceful and inclusive societies). To make the movement towards equity a real force for change, specific programmes of work are needed to identify objectively who is being left behind, and to test and implement possible solutions. The approach to equity favoured by WHO is "progressive universalism", where the disadvantaged, whoever they may be, benefit at the least as much as those who are more fortunate.

¹ See <https://sustainabledevelopment.un.org/sdg3> (accessed 1 December 2016).

² The terms "equity" and "equality" are widely used but not always defined. Equity is the absence of avoidable, unfair or remediable differences among groups of people (www.who.int/gho/health_equity/about/en/, accessed 1 December 2016). Equity implies that everyone should have a fair opportunity to attain their full health potential. Health inequity is a normative concept and cannot be precisely measured. In contrast, health inequality – observable differences between subgroups within a population – can be measured and monitored, and serves as an indirect means of evaluating health inequity.

Sustainable financing

14. Sustainable financing underpins any system that aims to improve health. According to the high-level Taskforce on Innovative Financing,¹ between two thirds and three quarters of spending within the health sector should be allocated to health systems, which were greatly underfunded in comparison with disease control programmes in the era of the Millennium Development Goals. An unintended consequence of that focus on disease control programmes was the creation of parallel financial flows and the duplication of health system functions, such as those for information gathering and procurement. The inclusion of universal health coverage within Sustainable Development Goal 3 should lead to a more comprehensive approach to health financing.

15. The Addis Ababa Action Agenda of the Third International Conference on Financing for Development sets out a global framework with action areas for overhauling global financing practices and generating investments for tackling the range of economic, social and environmental challenges embodied by the Sustainable Development Goals.² The Heads of State and Government and High Representatives who adopted the Agenda made commitments to reversing the decline in aid to the poorest countries, but emphasized that each country has primary responsibility for its own economic and social development. Within this context, guiding principles for health financing include, for example, enhancing domestic tax administration and reducing tax avoidance to increase overall capacity for public spending (including for health). Besides the principles set out in the Addis Ababa Action Agenda, good practice would reduce fragmentation of financial flows and pool health revenues so as to maximize redistributive capacity; and match funds to priority health services and populations by linking allocations to population health needs and provider performance.

16. Working across sectors offers new opportunities for joint funding where goals are aligned. For example, the Global Energy Assessment in 2012 found that, if policies to meet targets for energy use, climate change, air quality and health were made together rather than separately, 40% of total costs could be saved, amounting to US\$ 80 billion annually.³ Initiatives of this kind will help to finance preventive health services which are gravely under-resourced, accounting for just 3.6% of the US\$ 7400 billion spent on health globally in 2013. Under the United Nations Secretary-General's initiative on Sustainable Energy for All,⁴ countries are developing national action agendas in support of Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all); health ministries could include energy needs in the health sector. Most least-developed countries recognize that health is vulnerable to the impacts of climate change, yet less than 1.5% of international funding for climate adaptation has been allocated to health projects.⁵ Climate change financing is also available to protect health, particularly the US\$ 100 billion/year that has been committed through the

¹ World Health Organization (2010). Constraints to Scaling Up the Health Millennium Development Goals: Costing and Financial Gap Analysis. Background Document for the Taskforce on Innovative International Financing for Health Systems Working Group 1: Constraints to Scaling Up and Costs.

² United Nations General Assembly resolution 69/313 (2015).

³ Johansson TB, Patwardhan A, Nakicenovic N, Gomez-Echeverri L, eds. Global Energy Assessment: Toward a sustainable future. England: Cambridge University Press, 2012 (http://www.iiasa.ac.at/web/home/research/Flagship-Projects/Global-Energy-Assessment/Global_Energy_Assessment_FullReport.pdf, accessed 1 December 2016).

⁴ Sustainable Energy for All (www.se4all.org, accessed 29 November 2016).

⁵ Climate Funds Update (www.climatefundsupdate.org/Home) (accessed 29 November 2016).

Green Climate Fund by 2020.¹ In addition, funds from the Global Environment Facility² could help to mitigate environmental health risks, for example by phasing out hazardous substances such as lead or mercury (Goal 12, Ensure sustainable consumption and production patterns).

Scientific research and innovation

17. Research and innovation, and the use of new technologies, are prerequisites for achieving the Sustainable Development Goals. However, innovation refers not only to the invention and development of new technologies, but also to finding novel means of implementation, including legal and financial instruments, ways to expand the health workforce outside the medical profession, and the use of common platforms for health delivery. Further investigation of the interrelations between Goal 3 and all other Goals will help to create a narrative of change,³ as a basis for taking action on health. To carry out such investigations requires a systematic approach to building research capacity and fostering innovation in each country.⁴

18. Successful innovation also entails the application of existing technologies from outside the health sector into the delivery of primary care, including information and communication technologies and other digital approaches. The widespread use of tools such as cell phones offers a way to promote universal access to health services. Digital health has the potential to support the attainment of a range of Sustainable Development Goal targets, including access to knowledge for disease prevention and behavioural change (target 3.4), health workforce training (target 3.c), investment by the public and private sectors in research (Goal 9, Build resilient infrastructure, promote sustainable industrialization and foster innovation) and cross-sectoral collaboration and partnerships (Goal 17, Revitalize the global partnership for sustainable development).

Monitoring and evaluation

19. Monitoring of progress towards defined targets was a major strength of the Millennium Development Goals, both to measure progress per se and to foster accountability. In the Sustainable Development Goals framework, health both benefits from, and contributes to, all the other goals besides Goal 3, so the measurement of progress must traverse the whole framework. Goal 3 has 13 targets for health, but there are also targets related to health in other goals, including Goals 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), 6 (Ensure access to water and sanitation for all), 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), 8 (Promote inclusive and sustainable growth, employment and decent work for all), 11 (Make cities inclusive, safe, resilient and sustainable), and 12 (Ensure sustainable consumption and production patterns) which includes environmentally sound management of chemicals and waste.

¹ Green Climate Fund (<https://www.greenclimate.fund/home>, accessed 1 December 2016).

² Global Environment Facility (www.thegef.org/topics/chemicals-and-waste) (accessed 29 November 2016).

³ ICSU, ISSC (2015). Review of Targets for the the Sustainable Development Goals: the science perspective. Paris: International Council for Science, 2015 (<http://www.icsu.org/publications/reports-and-reviews/review-of-targets-for-the-sustainable-development-goals-the-science-perspective-2015/SDG-Report.pdf>, accessed 1 December 2016).

⁴ WHO. The world health report 2013: research for universal health coverage. Geneva: World Health Organization; 2013.

20. Health research, and monitoring and evaluation, have been boosted by the huge growth in technologies to collect and manage increasingly large volumes of primary data becoming available, disaggregated to reveal individuals and populations most in need.¹ The advent of “big data” is a stimulus to build links between databases in different sectors, to provide greater access to data, and to develop new analytical methods that will lead to a better understanding of disease and open up pathways to new interventions.

II. ORGANIZATION OF WHO’S WORK ON THE 2030 AGENDA

21. Changes in working practices in order to achieve the Sustainable Development Goals are enabling the Secretariat to provide better support to Member States as they implement the 2030 Agenda. The Secretariat is placing greater emphasis on practical methods of attaining the goals and their associated targets. WHO is in a strong position to support the development of better systems to improve health, within and beyond the health sector, given the Organization’s normative role in health: to provide leadership and engage in partnerships, shape the research agenda, set norms and standards, articulate ethical and evidence-based policy options, provide technical support and build sustainable institutional capacity, and monitor and assess health trends. Its approach in the era of the Sustainable Development Goals is consistent with the objectives of WHO reform, leading to a more effective, efficient, transparent and accountable Organization worldwide. Three themes of WHO’s work on the 2030 Agenda are illustrated below with a small selection of examples: orienting WHO’s work to the 2030 Agenda; supporting country implementation; and deepening and expanding partnerships.

Orienting WHO’s work to the 2030 Agenda

22. **WHO’s action at country level, with coordination at regional and global levels.** As the Sustainable Development Goals are owned and led by national governments, WHO’s action is driven by its country offices, with regional and global coordination. Following training courses held in 2016, WHO country representatives are better prepared to incorporate health-related targets of the Goals into national health plans and strategies, and to engage partners and stakeholders within and beyond the health sector, including non-State actors. The regional offices and headquarters have established coordination mechanisms to communicate a coherent WHO vision for achieving the Goals of the 2030 Agenda, and to identify examples of good practice that could be applied more widely.

23. **Aligning the programme budget with the Sustainable Development Goals.** WHO’s programmatic priorities described in the Twelfth General Programme of Work, 2014–2019 and the corresponding programme budgets cover the objectives of Goal 3 on health. Other goals related to health are also covered, including those for poverty (Goal 1), hunger (Goal 2), education (Goal 4), gender equality (Goal 5), water and sanitation (Goal 6), economic growth (Goal 8), inequality (Goal 10), urbanization (Goal 11), consumption and production (Goal 12), climate change (Goal 13), peace and justice (Goal 16), and partnerships (Goal 17). As the Twelfth General Programme of Work and the Programme budget 2016–2017 were prepared before the Sustainable Development Goals were adopted, further alignment is needed in the areas of, for example, ageing and health, antimicrobial resistance, disabilities and rehabilitation, and nutrition and food safety. The Proposed programme budget 2018–2019 and the Thirteenth General Programme of Work, 2020–2024 will align work on the 2030 Agenda within the Organization and also with other bodies in the United Nations system, partners and donors.

¹ The health data ecosystem and big data (www.who.int/ehealth/resources/ecosystem/en/) (accessed 29 November 2016).

Supporting country implementation

24. **Regional frameworks for country support.** Within the framework of the Sustainable Development Goals, the regional offices, guided by the respective regional committees, have developed road maps, plans of action and specific initiatives to support country implementation. Within these frameworks, there are regional specific priorities based on their assessment of national health needs and how best to support Member States. Examples of these priorities include: innovative financing in the African Region, as part of the Organization's transformation agenda in the Region;¹ health equity in Region of the Americas;² the coverage of front-line health services in the South-east Asia Region;³ health in national development plans in European Region, in line with the Health 2020 policy framework;⁴ acute emergencies and protracted health crises in Eastern Mediterranean Region, with universal health coverage and stronger health information systems;⁵ and country-specific health targets with robust methods for monitoring and review in the Western Pacific Region.⁶ In addition to the work of the WHO regional offices on health, the United Nations regional commissions provide a platform to support implementation of all the Sustainable Development Goals by Member States.⁷

25. **Strengthening health systems: foundation, institutions, transformation.** Guided by resolution WHA69.1 (2016) on Strengthening essential public health functions in support of the achievement of universal health coverage, the Secretariat has developed three different strategies to support countries in strengthening health systems: (a) building the foundations of health systems in least-developed countries and fragile States with limited prospects for fiscal growth; (b) strengthening health system institutions in stable least-developed countries with good prospects for growth and stability; and (c) transforming complex health systems in more developed countries that nonetheless face challenges in achieving or sustaining universal health coverage and health security. In support of this approach, the Secretariat is establishing health system technical networks with responsibilities for governance, financing, information, workforce, pharmaceuticals and medical products and service delivery.

26. **WHO Health Emergencies Programme.** Target 3.d underlines the importance of strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. More than 100 outbreaks of infectious disease are reported to WHO each year, and more than 200 million people are affected annually by natural and man-made disasters. The new WHO Health Emergencies Programme defines and sharpens the Organization's role in emergency responses, adding stronger operational capabilities to the

¹ WHO Regional Office for Africa. The transformation agenda of the World Health Organization Secretariat in the African Region 2015 – 2020. Brazzaville: WHO Regional Office for Africa, 2015 and document AFR/RC66/7.

² Implementation of the Sustainable Development Goals in the Region of the Americas, document CD55/INF/6.

³ WHO Regional Office for South-East Asia. Health in the Sustainable Development Goals: where are we now in the South-East Region? What next? New Delhi: WHO Regional Office for South-East Asia, 2016 and Ministerial Roundtable: Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC), document SEA/RC69/4.

⁴ Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region, document EUR/RC66/17.

⁵ Universal health coverage and development of a package of essential health services, document EM/RC63/INF.DOC.5.

⁶ Resolution WPR/RC67.R5, Sustainable Development Goals.

⁷ See <http://www.regionalcommissions.org/category/sustainable-development/> (accessed 1 December 2016).

traditional technical and normative roles. The Secretariat is providing support to countries to equip themselves with the full risk-management cycle of prevention, preparedness, response and early recovery. The Programme is streamlined with one workforce, one budget, one line of accountability, one set of processes, and one set of benchmarks, and underpinned by the objective of creating stronger and more resilient health systems

Deepening and expanding partnerships

27. Strategic planning, implementation and reporting across the United Nations system. WHO's country cooperation strategy is an instrument for harmonizing the Organization's work in countries with that of other bodies in the United Nations system and development partners, for instance through the United Nations Development Assistance Framework. The latest guide for formulating a WHO country cooperation strategy presents steps towards achieving the health-related targets in all the Sustainable Development Goals, within the framework of national health policies, strategies and plans.¹ These health-related targets, which have been identified by a planning process that began at country level, will inform the development of the proposed programme budget 2018–2019. WHO actively engages with numerous bodies in the United Nations system (both intergovernmental and interagency entities) with the aim of aligning their work on the Sustainable Development Goals at global, regional and country levels. The United Nations General Assembly draft resolution on the quadrennial comprehensive policy review could provide additional guidance.²

28. WHO's partnerships beyond the United Nations. WHO is engaging more strategically with a variety of stakeholders to achieve the Sustainable Development Goals, for instance, with global health partnerships, philanthropic foundations, the private sector, nongovernmental organizations, international professional associations, financial agencies, research institutes and academia, the media, and civil society. The Framework of engagement with non-State actors, adopted in resolution WHA69.10 (2016), provides WHO with a basis for strengthening such partnerships, incorporating specific mechanisms to ensure transparency and accountability. An example of a response to the demand for better coordination in strengthening health systems is the transformation, in September 2016, of IHP+ into the International Health Partnership for UHC 2030.³

¹ <http://apps.who.int/iris/handle/10665/251734> (accessed 5 December 2016).

² Draft resolution due to be considered by the Economic and Financial (Second) Committee of the United Nations General Assembly in mid-December 2016; see also documents on the quadrennial comprehensive policy review of operational activities for development of the United Nations system: Report of the Secretary General, A/71/63 – E/2016/8 and A/71/292/Rev.1.

³ See <http://www.internationalhealthpartnership.net/en/> (accessed 1 December 2016).

29. **WHO as a leader and partner in global health initiatives.** Taking advantage of partnerships within and beyond the United Nations system, WHO plays a leading and collaborative role in work and partnerships that cut across many of the Sustainable Development Goals, including: the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030);¹ the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases; the Energy for Women and Children’s Health Initiative; Water, sanitation and hygiene for accelerating progress on Neglected Tropical Diseases: a global strategy 2015–2020; the United Nations Decade of Action on Nutrition (2016-2025); the High-Level Commission on Health Employment and Economic Growth; and the Interagency and Expert Group on Sustainable Development Goal Indicators of the United Nations Statistical Commission.

ACTION BY THE EXECUTIVE BOARD

30. The Board is invited to note the report.

= = =

¹ See also document EB140/34.