The 2030 Agenda for Sustainable Development | Reflections from the Region of the Americas

Dr. Kira Fortune
Acting Chief, Special Program on Sustainable Development and Health Equity
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Reflections on Regional Progress

The Millennium Development Goals in the Americas:

- Reduction in child mortality
- Combatting infectious diseases
- Increased access to improved water and sanitation
- Poverty reduction
- Increased access to schooling and infrastructure
Inequity at a Glance

- 2.2 billion people world-wide live on less than $2 per day
- Stark differences in economic opportunities explain significant health inequities between and within countries
- There is a 32-year-gap in average female life expectancy between Mozambique and Japan
- The LAC regional ratio of maternal mortality per 100,000 live births is nearly ten times that of the European region, and less than one-tenth that of the African region
- Life expectancy in Dominican Republic is 73.5 whereas in Haiti it is 62.2 (a gap of 11.3 years within the same island)

Sources: World Bank 2011; World Health Organization 2011 and 2014
Despite the fact that Latin America and the Caribbean is a middle income region, the Region is one of the most unequal region in the world with regards to income levels (PAHO, 2012).

Recent evidence demonstrates that more than 1 in 4 residents of the Region lives in moderate poverty (on less than US $4 a day) (World Bank, 2015).

28 million people in the Region live in extreme poverty (on less than US $1.25 a day) (World Bank, 2015).
The Shift from MDGs to SDGs
The SDGs & Equity

Equity is the defining principle of the SDGs.

Our responsibility is to become more compelling advocates for Health in and beyond SDG 3.
### SDG 3 and its 13 Targets

**Ensure healthy lives and promote well-being for all**

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<th>Target</th>
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<td><strong>By 2030, end preventable deaths of newborns and children under 5 years of age</strong>, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</td>
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<td><strong>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</strong></td>
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<td><strong>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</strong></td>
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<td><strong>By 2020, halve the number of global deaths and injuries from road traffic accidents</strong></td>
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<td><strong>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</strong></td>
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<td><strong>Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</strong></td>
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<td><strong>By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</strong></td>
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<td><strong>By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</strong></td>
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<td><strong>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</strong></td>
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**Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.**

**Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.**

**Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.**

**Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.**

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Links Between Health and the Wider SDGs Agenda

Ensure healthy lives and promote well-being for all

1. **No Poverty**: Target 1.3: Implement social protection systems for all

2. **Zero Hunger**: Target 2.2: End malnutrition, achieve targets for reductions child stunting and wasting

3. **Peace and Justice**: Target 16.1: reduce all forms of violence and related death rates everywhere

4. **Quality Education**: Target 4.2: ensure access to early childhood development, care and pre-primary education

5. **Gender Equality**: Target 5.2: End all forms of violence against all women and girls ....

6. **Clean Water and Sanitation**: Target 6.1: achieve universal and equitable access to safe and affordable drinking water

Other goals and targets e.g. 10 (inequality), 11 (cities), 13 (climate change)
Implementing the Vision: Delivery of Key Documents

PAHO’s 53rd Directing Council 2014

- First effort to support implementation of SDGs, especially SDG 3
- Compares SDG targets with current country health policies and programs
- Highlights most relevant mandates & relevant partnerships

Compares the targets and indicators of the SDGs with the targets and indicators of PAHO’s Strategic Plan 2014-2019, the Health Agenda for the Americas and the current mandates of PAHO.

Our responsibility is to become more compelling advocates for Health in and beyond SDG 3.
Region of the Americas is a global leader in driving forward this initiative being the first Region to establish a Plan of Action with training being rolled out by PAHO across the Americas.

Our responsibility is to become more compelling advocates for Health in and beyond SDG 3 and encourage global, regional, national and local actors to use multi-sectoral approaches.

Every SDG Requires Multi-sectoral Collaboration

- **Ensure healthy lives and promote well-being for all**
- **8 DECENT WORK AND ECONOMIC GROWTH**
- **2 ZERO HUNGER**
- **4 QUALITY EDUCATION**
- **6 CLEAN WATER AND SANITATION**
Implementing the Vision:
On-going National Consultations

Collaboration with Partners:
FioCruz and Sustainable Development Solution Network
Goal: Strengthen country capacity on the actual implementation of the SDGs.

Colombia (November 2015): regional workshop
Goal: Provide an opportunity for dialogue between PAHO and country representatives on programmatic and technical resources, a platform to cross-reference national experiences and a recognition of the need for a multi-sectoral strategy to address health inequities.

Recommendations to support countries in SDG implementation:
Roadmap and regional network
Implementing the Vision: Regional Review of Health Inequalities

- Gender
- Ethnicity
- Equity
- Human Rights

**Spotlight: Regional Review**

- Partnership with Institute of Health Equity at University College London
- Purpose is to gather and synthesize quantitative and qualitative data concerning the associations between gender, equity, human rights, ethnicity and health in thirteen focus countries
- Key output is actionable recommendations that Member States can use to ensure that the CCTs are addressed effectively in their health policies
Implementing the Vision: Interagency Collaboration
PAHO-OAS Working Group (September 2015)

Aims to identify preliminary joint Inter-American and UN System actions for the SDGs and their targets

1. Mapping document with an analysis of each SDG will help align the SDGs with existing mandates and interagency collaborations

Five Year Goal (2016-2021)

Promote synergies, expand cooperation and establish a broader interagency alliance on the SDGs, with a focus on equity and social inclusion, that will unite other Inter-American and UN system agencies and Champion Countries.

- ECLAC, UNDP-LAC
- Colombia, Ecuador and Mexico

Enable the flow of information, promote dialogue between health and foreign affairs ministers, and identifying existing means and mechanisms that will facilitate the process.
Implementing the Vision: Health in All Policies

“An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”

2013 Helsinki Statement on Health in All Policies

Health in All Policies (HiAP)
Focus on reducing health inequities using multi-sectoral approaches and identifying win-win situations with other sectors.

Region of the Americas is a global leader in driving forward this initiative, being the first Region to establish a Plan of Action on HiAP.

1. White Paper: options and opportunities

2. Task Force and Working Group on HiAP in the SDGs: Reference Note and Work Plan on harmonizing HiAP and SDGs agenda

3. Capacity building: training being rolled out by PAHO across the Americas
HiAP provides core examples of Public Private Partnership: Mexico

• Since 1980, overweight and obesity prevalence has tripled and continues to grow at alarming rate
• Complexity of issue calls for participation of various government sectors, civil society and private sector

National Agreement for Healthy Nutrition

Goal: Create a comprehensive, multisectoral, multilevel policy with participation of government and civil society, including industry, NGOs and academia

Some of the core objectives require partnership with food industry:

• Physical activity
• Consumption of plain water
• Diminish sugar and fats in drinks
• Increase consumption of fruit, vegetables, whole grain cereals, legumes and fiber
• Useful labeling and nutritional alphabetization
• Breastfeeding
• Reduce sugar and other sweeteners in food
• Diminish saturated and trans fats in processed food
• Reduce portion sizes
• Reduce use of salt
Multisectoral Participation

Public Sector + Private Sector + Academia + Government

[Logos and names of various sectors and institutions]
Commitments

• Worked with food and beverage industry to introduce Code of ‘Self Regulation’ on Advertising of Food and Non-Alcoholic Beverages to Children
• Code respects current national legislation on advertising and marketing to children and youth, as well as recommendations from the WHO
• Demonstrates private sector’s contribution to achievement of agreement's objectives

Example: Companies now provide simplified and more understandable front labeling of their products in order to promote health literacy and informed decision-making

Challenges

• Harmonization between industry interests and public health objectives
• Technical discussions on definitions and concepts
• Accountability and transparency

Lessons Learned

• Negotiations should be evidence-based
• Same companies that produce unhealthy foods also produce healthy foods
• Public-private partnerships can expedite adoption of product changes across competing companies
MDG 5 not achieved in the Americas. Looking forward there is a need to apply the equity lens and use new strategies and technologies to reach those left behind with a view to:

- Develop booklet and audio phone services to assist mothers
- Facilitate orders for drugs and medical supplies via SMS
- Share journal of pregnancy via SMS to medical provider
- Further strengthen “Casas Maternas” for remote areas - register via SMS so hospitals can prepare necessary specialists and appropriate equipment based on participants
International community has called upon private sector to contribute to NCD prevention:

- Take measures to implement WHO recommendations to reduce impact of marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;
- Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible;
- Promote and create enabling environment for healthy behaviors among workers, including by establishing tobacco-free workplaces and safe and healthy working environments;
- Work towards reducing use of salt in food industry in order to lower sodium consumption;
- Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs.
Framework of Engagement with Non-State Actors (FENSA)

• Four years of negotiation, approved in May 2016

• Safeguards the WHO’s independence from private interests and undue influences from industry, particularly those that affect NCD control (i.e. alcohol, food, beverage industries)

Sets strict rules and processes for WHO to follow in engaging with non-state actors (NSA) to prevent undue influence and conflicts of interest from outside actors

• Specifies rules of engagement for NGOs/non-profits, philanthropic foundations, academic institutions and private sector

• WHO required to create publicly-available online register of every NSA it engages with at global, regional or country level

• Impacts everything from who is allowed to participate in governance meetings to the ways WHO can collaborate with local NGOs
Next Steps: coordinated efforts will be of upmost importance

1. Move past and stand alone approaches towards comprehensive and integrated approaches addressing multiple objectives across all sectors

2. Draw upon lessons learnt from the Health in All Policies in the Region of the Americas as SDGs agenda is implemented

3. Clearly define roles, responsibilities, expectations and ensure sound monitoring of progress
THANK YOU

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